

Wakefield District Pharmaceutical Needs Assessment 2025-2028

Final version 1.2

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Public Health Intelligence Team
Wakefield Council

Version Control

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1.1	1 April 2025	Draft version shared for consultation.
1.2	25 September 2025	Final version approved by Health and Wellbeing Board.

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1. Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services. Pharmaceutical services are provided from Pharmacies, Dispensing Appliance Contractors, Dispensing Doctors, and Local Pharmaceutical Services Providers. The PNA is required to be published by each Health and Wellbeing Board (HWB) in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Part 2, which can be found here: [Regulations](#).

This PNA document provides details of current pharmaceutical service provision as well as information about other services that may impact upon the provision of pharmacy services (such as primary care provision and secondary care services).

This PNA has taken a strong focus on identifying gaps, and potential gaps, in pharmaceutical service provision and understanding how population changes will affect both the future requirements for necessary and other relevant service provision, and the providers of those services. Patient views of pharmaceutical services were obtained through a public consultation questionnaire, and the views of pharmacy contractors were sought through a pharmacy contractor questionnaire.

The PNA has found that, whilst the provision of pharmaceutical services for the majority of the Wakefield Metropolitan District area meets the current and future needs, there are some areas that need attention now and some dependent on a single pharmacy. The methodology used within this PNA looks to provide a more resilient approach to supporting the pharmaceutical market to meet the needs of the population.

The construction of a sizeable new housing estate in the City Fields area of Wakefield has seen a large increase in population within the area. As a result, there exists a current need for a community pharmacy (within the boundary specified in Section 9) to provide the following necessary services, Monday to Friday between the hours of 09:00 and 18:00 and on Saturday between 09:00 and 12:00:

- All Essential Services
- New Medicine Service
- Pharmacy First Service
- Flu Vaccination Service

This PNA has also identified seven communities that are deemed to rely on a single pharmacy to provide their pharmaceutical services. Whilst there are currently no gaps in provision in these areas, the PNA has concluded that should any of the pharmacies identified in these areas close during the life of this PNA (2025-2028), then a current need for provision of pharmaceutical services would be created at that point. Section 8 provides more detail around this.

The PNA also concludes that access to necessary services within the Wakefield city centre could be improved by their provision on Sundays between the hours of 11:00 and 17:00.

Given the population growth and increased long term health condition demand, the Wakefield Metropolitan District area must remain vigilant to the demand on community pharmacy. Supplementary statements to the PNA will be made if the provision of pharmaceutical services changes.

2. Main Findings

- All residents can access a pharmacy in (or within 6km of the boundary of) Wakefield District within ten minutes by car.
- Most residents can access a pharmacy in (or within 6km of the boundary of) Wakefield District within 30 minutes by public transport. The areas with travel times of higher than 30 minutes are generally more rural areas, with a lower population density.
- Six pharmacies are open on a Sunday in Wakefield District. With the 2023 closure of the Lloyds pharmacy in Sainsbury's, Wakefield centre, there is currently no provision of necessary services in the centre of Wakefield on Sundays. Within the centre of Wakefield there is the King Street Walk in Centre, which is open 10:00-22:00 every day of the week. Should patients be prescribed medication from this service on a Sunday, the nearest pharmacy is Asda in Sandal, which would be over an hour round trip by bus. As a result, better access to necessary services could be secured within the centre of Wakefield City on a Sunday.
- In 2023-24, just 5.5% of prescriptions were dispensed by a distance selling pharmacy.
- There is a current need within the City Fields community (boundary identified in Section 9) for a pharmacy to provide the following necessary services, Monday to Friday 09:00-18:00 and Saturday 09:00-12:00:
 - All Essential Services
 - New Medicine Service
 - Pharmacy First Service
 - Flu Vaccination Service
- Seven communities identified as single pharmacy dependent areas (see Section 8):
 - Eastmoor
 - Lupset
 - Flanshaw
 - Ryhill and Havercroft
 - Kinsley and Fitzwilliam
 - Ackworth
 - Upton

3. Introduction

3.1. Purpose and Scope

Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish, and keep up to date, a statement of the need for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Broadly, the PNA should describe the current range of pharmaceutical services, the need for such services and potential future need (for example, to support an ageing population or new housing development). It should identify any service gaps and highlight any new services that may be required.

The PNA is used by the NHS Integrated Care Board (ICB) for the relevant area to assess applications for new pharmacies, to determine if the proposed pharmacy meets an identified need. Market entry is the term used to describe this process, by which applications for new premises are made, processed, and determined.

PNAs are also used by the ICB and local commissioning bodies, in making decisions on which other NHS and local authority funded services need to be provided by local community pharmacies.

PNAs need to be sufficiently robust to withstand potential legal challenges from potential market entrants. The NHS Resolution, Primary Care Appeals will refer to the PNA when hearing appeals on ICB decisions. The PNA is an important document to ensure that the right pharmaceutical services are commissioned and available for the residents of Wakefield District.

This PNA draws on work undertaken in producing the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy (H&WBS). The PNA will not duplicate the details of the JSNA or H&WBS but will refer readers to those documents where they should be read in conjunction with this PNA.

3.2. Pharmaceutical Services

The services that a Pharmaceutical Needs Assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board.
- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the Health and Wellbeing Board.
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board.
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the Health and Wellbeing Board.

NHS England (NHSE) is responsible for preparing, maintaining, and publishing these lists. In Wakefield District there are 67 pharmacies and three dispensing practices as of May 2025.

3.2.1. Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan was published in July 2019 and sets out the agreement between the Government, NHS, and Pharmaceutical Services Negotiating Committee (PSNC) on how community pharmacy will support the delivery of the NHS Long Term Plan. More details can be found [here](#).

The start of April 2024 marks the end of the five-year Contractual Framework arrangement which was agreed in the summer of 2019. At the time of writing this PNA, negotiations on the arrangements for the financial years 2024/25 and 2025/26 are still in progress between Community Pharmacy England, the Department of Health and Social Care (DHSC) and NHS England.

Community pharmacies provide three types of Pharmaceutical Services which fall under the contractual framework:

- Essential Services – services all pharmacies are required to provide
- Advanced Services – services pharmacy owners can choose to provide
- Enhanced Services – services commissioned by NHS England and the ICBs

3.2.2. Necessary Services

For the purpose of this Pharmaceutical Needs Assessment, necessary services are defined as:

- All essential services provided at all premises included in the pharmaceutical lists
- The advanced services of New Medicine Service, Pharmacy First Service and Flu Vaccination Service

Section 7 sets out the provision of these services.

3.2.3. Essential Services

All community pharmacies are required to provide all essential services. These are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances (only applicable to those pharmacies who have chosen to dispense appliances during their normal hours)
- Repeat dispensing
- Discharge medicines services
- Public health campaigns
- Signposting
- Support for self-care
- Disposal of unwanted medicines
- Healthy Living Pharmacy

All these services are provided under a clinical governance framework which includes clinical audit.

NHS England is responsible for ensuring that all pharmacies deliver all the essential services as specified. Each pharmacy must demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide evidence will be asked to provide an action plan, outlining with timescales how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

3.2.4. Advanced Services

In addition to essential services, the community pharmacy contractual framework allows for community pharmacy contractors to provide Advanced Services as long as they meet the requirements set out in the Secretary of State Directions. There are currently nine advanced services:

- Appliance Use Reviews (AUR)
- New Medicine Service (NMS)
- Flu Vaccination Service
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service
- Hypertension Case Finding Service

- Pharmacy First Service
- Pharmacy Contraception Service
- Lateral Flow Device Tests Supply Service (LFD Service)

Further information on each of these advanced services can be found in Appendix B: Description of Pharmacy Services.

3.2.5. Enhanced Services

These services are commissioned by NHS England and the ICBs. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIE of the Drug Tariff.

There is currently one National Enhanced Service in Wakefield District: the COVID-19 Vaccination Service.

3.2.6. Locally Commissioned Services

Wakefield Council and Wakefield sub-ICB may also commission services from pharmacies and dispensing appliance contractors. These services fall outside the definition of pharmaceutical services, and, for the purposes of this document, are referred to as locally commissioned services. There are currently seven locally commissioned services within Wakefield District:

- Emergency Hormonal Contraception (EHC)
- Needle Exchange
- Take Home Naloxone (THN)
- Chlamydia Screening
- Condom Distribution C-Card Scheme
- Supervised Consumption
- Stop Smoking Service

Further details about the provision of these services can be found in Section 7.4.

3.2.7. Opening Hours

Pharmacies have two different types of opening hours: core and supplementary. Core hours are usually 40 or 100.

Since April 2005 primary care trusts were required to grant applications for inclusion in the pharmaceutical list where the applicant agreed to provide pharmaceutical services for a minimum of 100 hours per week. From May 2023, existing 100-hour pharmacies have been able to apply to the ICB to reduce their core opening hours to a minimum of 72 hours.

40-hour pharmacies must also apply to the ICB if they want to change the core opening hours of their pharmacy.

Supplementary hours are those over and above the core hours. If a pharmacy is decreasing their supplementary hours, they need to give five weeks' notice to the ICB. If a pharmacy is increasing its hours, it must notify the ICB in advance but there is no specified notice period.

3.2.8. Distance Selling Pharmacies

Whilst most pharmacies provide their services on a face-to-face basis, distance selling pharmacies are restricted from delivering services in this way. Distance selling pharmacies can sometimes be referred to as internet or mail order pharmacies. They are required to provide essential services and promote healthy living just like any other pharmacy; however, these services must be delivered remotely. For example, a patient asks for their prescription to be sent to a distance selling pharmacy via the Electronic Prescription Service

(EPS) and the contractor dispenses the item and delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email, or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge.

3.2.9. Local Pharmaceutical Services

Local Pharmaceutical Services are provided outside of the contractual framework, with a contract between NHSE and pharmacies. This allows more flexibility in commissioning than is available under the national pharmacy arrangements set out in the 2013 regulations and allows NHSE to commission services tailored to meet local requirements. There are currently no Local Pharmaceutical Services contracts within Wakefield District and no plans to commission such contracts within the lifetime of this Pharmaceutical Needs Assessment.

3.2.10. Dispensing Appliance Contractors

Dispensing appliance contractors are contracted by West Yorkshire ICB, and they provide the following services for appliances (not drugs), which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma Appliance Customisation (SAC)
- Appliance Use Review (AUR)

Dispensing appliance contractors are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours.

3.2.11. Dispensing GP Practices

These are for patients living in a 'controlled locality.' A controlled locality is one where NHSE have agreed the area is rural in character. In order for a patient to have their prescription dispensed by a GP practice they must live more than 1.6km (measured in a straight line) from a pharmacy. Currently there are three dispensing GP practices registered to Wakefield sub-ICB, two of which reside within the Wakefield District. The third Practice has been included in this PNA due to its proximity to Wakefield District (just over the border in Leeds authority) and the number of patients registered to this Practice who reside in Wakefield District. More details about these can be found in Section 7.5.

3.3. Other NHS Services

These are services that are commissioned or provided by the ICB, local authority, or NHS Trust. These are included within the Pharmaceutical Needs Assessment where they may affect the need for pharmaceutical services. The following other NHS services are commissioned within Wakefield District:

- Hospital pharmacies
- GP out of hours services
- Pontefract Urgent Treatment Centre
- King Street Walk in Centre
- Prison services
- Substance use services
- End of life services / hospices
- Dental services

Further details around these services can be found in Section 7.6.

3.4. Integrated Care Systems

Integrated Care Systems (ICS) are a partnership of health and care organisations working together to plan and deliver joined up services and to improve population health. They comprise an integrated care partnership which is the broad alliance of organisations concerned with improving health and wellbeing, and an integrated care board (ICB) which brings together the local NHS organisations.

ICBs replaced Clinical Commissioning Groups (CCGs) on 1 July 2022. They are statutory organisations responsible for planning services to meet the health needs of the population.

Since April 2023, ICBs have become responsible for all local commissioning previously undertaken by regional NHSE teams under the pharmaceutical services contract. This includes Local Enhanced Services and Local Pharmaceutical Services.

West Yorkshire ICS brings together organisations in Bradford and Craven, Calderdale, Kirklees, Leeds, and Wakefield.

3.5. Our Approach

Wakefield Council published its last Pharmaceutical Needs Assessment document in 2022 and made subsequent revisions and updates, which have been published [here](#). This document will replace the 2022 document once approved.

This Pharmaceutical Needs Assessment, led by Public Health in the Local Authority, presents a background of health issues in Wakefield District whilst providing a comprehensive depiction of health and wellbeing in the district and existing pharmaceutical provision. It further describes those services currently commissioned and explores how they may be configured in the future to meet population needs.

The PNA should be read alongside our existing [Joint Strategic Needs Assessment](#) (JSNA) which will be regularly updated with content reflecting the district's population need. As part of the PNA process, we are required to produce and maintain a [map of pharmaceutical services](#) that are provided within the area of our Health and Wellbeing Board. We have created this in electronic format alongside a list of current pharmaceutical contracts and their address details.

4. Process

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

4.1. Steering Group and Working Group

Each Health and Wellbeing Board is responsible for publishing a PNA, however it was agreed there would be benefits to undertaking some aspects of the work jointly across West Yorkshire, with each Health and Wellbeing Board retaining overall responsibility for its own area. A joint steering group was established to produce the 2022-2025 PNA by the five West Yorkshire Health and Wellbeing Boards (Bradford, Calderdale, Kirklees, Leeds, and Wakefield) in November 2021 and has continued in existence to produce the current PNA. The steering group consists of representatives from each Local Authority's Public Health Intelligence team, West Yorkshire ICB Medicines Optimisation, West Yorkshire ICB, Community Pharmacy West Yorkshire (CPWY), the Local Medical Committee (LMC) and Healthwatch (a full list of members is provided in Appendix C: West Yorkshire Steering Group Membership).

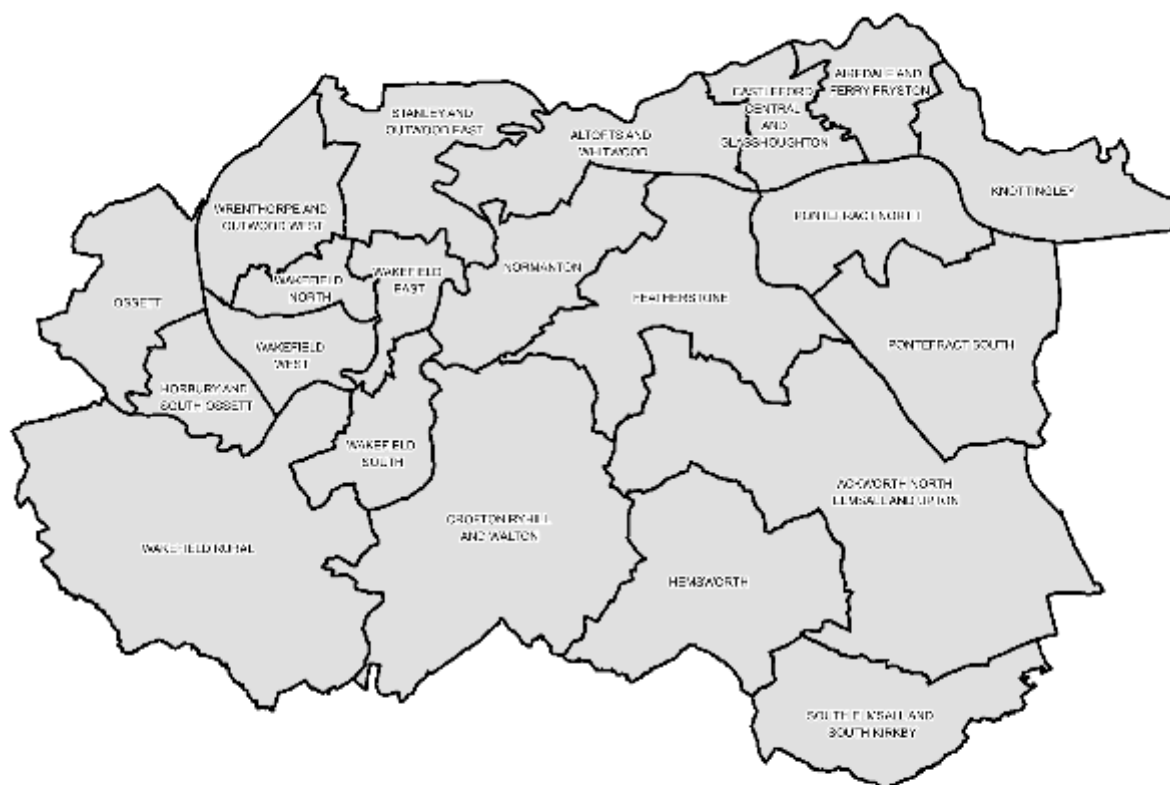
The steering group has been responsible for overseeing the development of each area's PNA and ensuring that the PNAs meet statutory requirements before submission to its respective Health and Wellbeing Board for final approval. This steering group approved the timetable, outline of the PNA, and the draft for consultation.

Following a few closures in Wakefield in recent years, it was decided to also create a PNA working group in Wakefield to specifically look at PNA related notifications and changes specific to Wakefield District. This working group has a primary function to determine the correct course of action following a change in pharmacy provision in Wakefield, but it has also contributed to the development of the PNA. Thoughts and suggestions from the Wakefield Specific Pharmacy Working Group have been fed into the overarching West Yorkshire steering group throughout the process. Membership of the group includes multiple Public Health professionals who have a link to pharmacy within their role, as well as representation from the primary care team and the Wakefield sub-ICB (a full list of members is provided in Appendix D: Wakefield Specific Pharmacy Working Group Membership)

4.2. Localities

For the purpose of this PNA we have used the already established geographical boundaries of electoral wards for the basis of the localities presented throughout. This is a geography that is familiar to all our stakeholders and is consistent with the use of ward level analysis that can be found throughout the Wakefield District JSNA. Throughout the document, health needs and service provision are considered against these localities, as shown in Figure 1 below.

Figure 1: Wakefield District ward map



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4.3. Data Collation

Data from the Census, ONS population estimates and planning information on known housing developments within the lifetime of the PNA, were collated to help identify current and likely future population size and characteristics (e.g. age, ethnicity).

The Joint Strategic Needs Assessment and the Office for Health Improvement and Disparities (OHID) Fingertips Health Profiles and National General Practice Profiles were used to identify health needs of the population.

Information regarding current service provision was obtained from NHSE and the NHS Business Services Authority (NHSBSA). In addition to this, data on locally commissioned services was provided by the commissioners at Wakefield Council. Data from the Strategic Health, Planning and Evaluation (SHAPE) tool was utilised to create maps of pharmacies locations and associated travel times, to enable assessment for any gaps in the provision of services by location and opening times. Data on pharmacy service provision was collated between September and December 2024.

To identify provision of pharmaceutical services by contractors both within and outside of the Health and Wellbeing Board's area, data on the number and location of prescriptions dispensed was obtained from the NHS Business Services Authority.

4.4. Data Limitations

Whilst every effort has been made to make the data included in this PNA accurate and timely, there are some limitations to the data that need to be considered:

- Data was collated on 20 September 2024. The data provides a snapshot in time only.
- Pharmacy service data may be inaccurate. For some services, provision of the service has been used as a proxy for a pharmacy being accredited for a service. This will not give an accurate picture of service availability. For example, a pharmacy who has undergone a change in ownership will not have service delivery activity although they may now be accredited to provide the service.
- Pharmacy contracts that have undergone a change of ownership may provide a different set of services.
- Pharmacy services may not be openly commissioned. By this we mean that the commissioner may limit the number of pharmacies providing the service. Gaps in these services are created by the commissioner rather than gaps being created by lack of pharmacy provision.
- Surveys were not completed by all contractors. The responses may not be representative, although 21 out of 68 pharmacies open at the time did respond giving a response rate of almost 31%.

4.5. Public and Pharmacy Surveys

In addition to the population health information and relevant demographic data used to support this PNA process, a survey to members of the public was carried out. The survey, which asked about pharmaceutical service use, was developed by the steering group then made available online for members of the public to complete between 23 October 2024 and 6 December 2024. The survey was promoted by each area's communications departments to ensure a good response.

At the same time, a survey was emailed directly to pharmacies, asking about the services they provide and their willingness to provide future services.

4.6. Consultation

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to publication of the final Assessment.

A short consultation survey was developed to capture views and comments, with letters sent to key stakeholders directing them towards an online version of the draft PNA and consultation response form. A list of the key stakeholders can be found in Appendix I: Consultation Contacts. The draft report was also circulated to Healthwatch contacts and voluntary sector contacts.

Consultation on this PNA commenced on 1 April 2025 and remained open until 31 May 2025. Following the consultation period, the PNA has been revised accordingly and submitted to the Health and Wellbeing Board for final approval. Following publication, this PNA will be valid for three years.

However, during this period the PNA will be reviewed periodically, and if there are any major initiatives, health requirements or population changes which could have a significant impact on the Assessment, the steering group will decide as to whether a revised Assessment is required.

A Supplementary Statement explaining changes to the availability of pharmaceutical services since the publication of this PNA will be issued whenever:

- There has been a change to the availability of pharmaceutical services and this change is relevant to the granting of applications to open a new pharmacy, to relocate or to provide additional services; and
- The HWB is satisfied that the publication of a revised PNA would be a disproportionate response or is already in the process of producing an updated PNA but is satisfied that there is a need for a Supplementary Statement order to prevent significant detriment to the provision of pharmaceutical services.

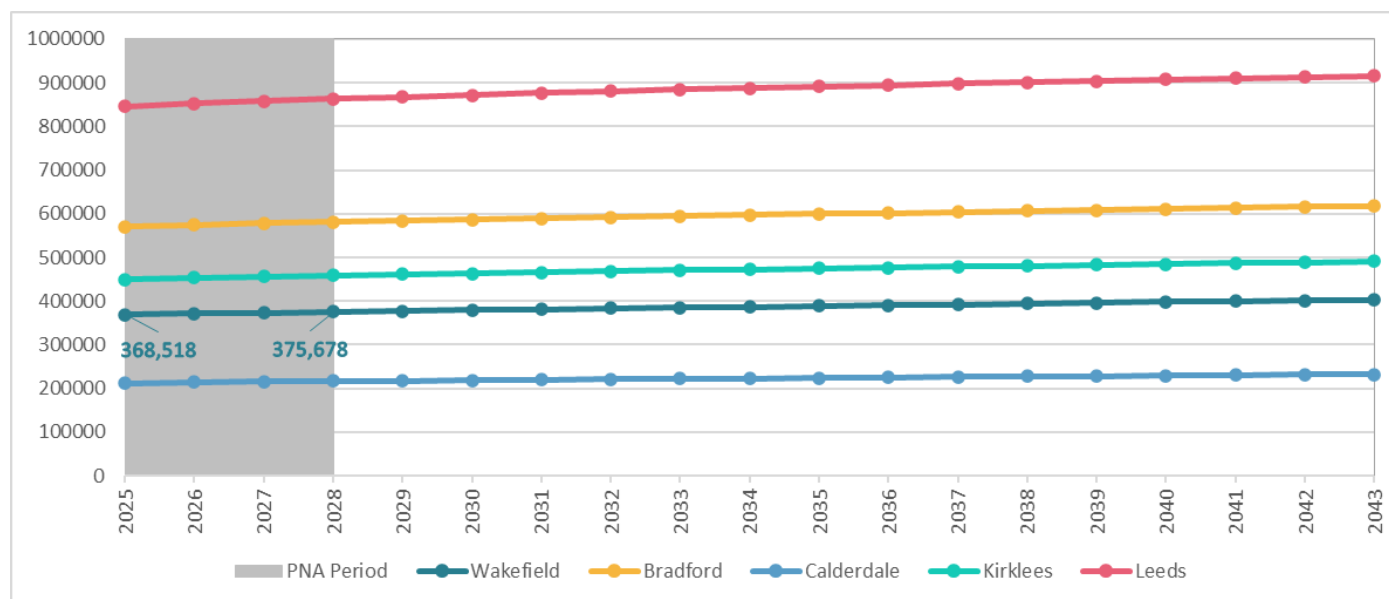
5. Local Information and Protected Characteristics

5.1. Population

The size of the resident population of Wakefield District is estimated to be 357,729, making the district the 25th largest lower-tier local authority in England in 2022. The resident population is estimated to rise by around 7,000 persons between 2025 and 2028. NHS Wakefield sub-ICB, which is coterminous with the local authority, has a registered population of around 373,000 people who are resident within Wakefield District.

Figure 2: By 2028, the population of Wakefield District is expected to rise by 7,000 persons.

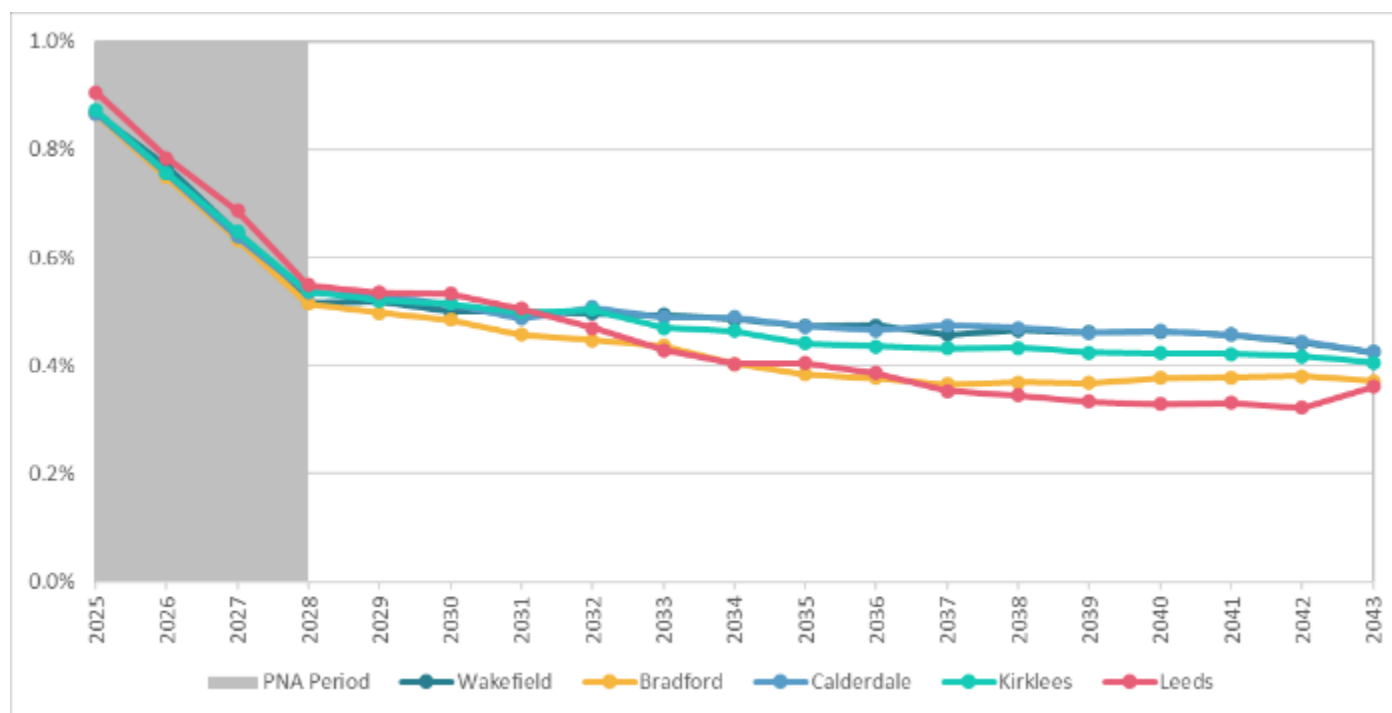
Counts of residents within local populations, projected until 2043. Source: ONS 2023-rescaled subnational principal population projections for local authorities.



Over the next three years, the population is estimated to grow by between 1,900 to 3,200 additional persons per year, equating to a 0.5% - 0.9% growth rate. This growth rate is then predicted to steadily decline to between 0.4% and 0.5%, or approximately 1,800 additional residents per year. The main component for this is continuing high net internal migration as the number of people moving to Wakefield District from elsewhere in the UK is greater than the number of people leaving, due to housing growth locally.

Figure 3: The growth rate in Wakefield District is steadily declining during this PNA period but is predicted to remain higher than other West Yorkshire Local Authorities from 2030.

Growth rate of additional annual residents within local populations, projected until 2043. Source: ONS 2023-rescaled subnational principal population projections for local authorities.



5.2. Age

As is typical nationally, the Wakefield District age profile shows the effect of baby-boom years of the 1950s and 1960s and greater numbers of women (48,743) aged 60+ than men (43,096). Total population numbers are projected to continue increasing, with improved life expectancy resulting in a greater proportion of the population being made up of people in older age groups.

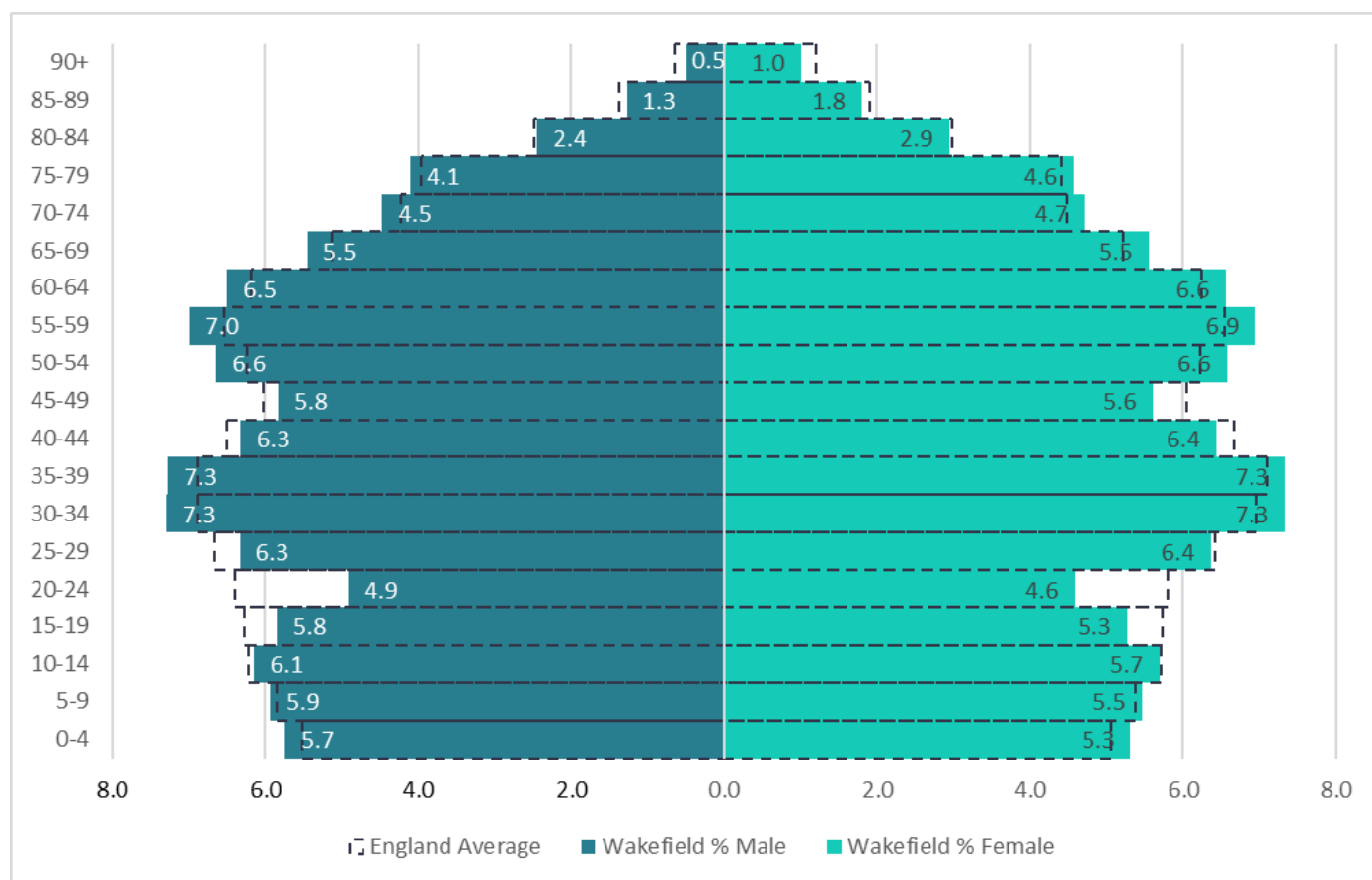
In addition, the number of people aged 80+ is predicted to increase by 29% in the next ten years (2025 to 2035). However, these predictions, rescaled in 2023, from 2018 estimates may alter due to updated population estimates scheduled to be published in March 2025.

When compared to other local authority areas, Wakefield District's age profile has smaller than average proportions of people in the late-teen and early 20's age bands. This reflects the absence of any sizeable university presence within Wakefield District. By contrast, in large university cities such as Leeds, 9% of the population are aged 20-24, compared to 4.7% in Wakefield District.

Figure 4: Wakefield District has smaller than average proportions of people in the late-teen and early 20's age bands and a greater proportion of the population in older age groups.

Distribution of Wakefield District's 2025 estimated population projection compared to England averages.

Source: ONS 2023-rescaled subnational principal population projections for local authorities.

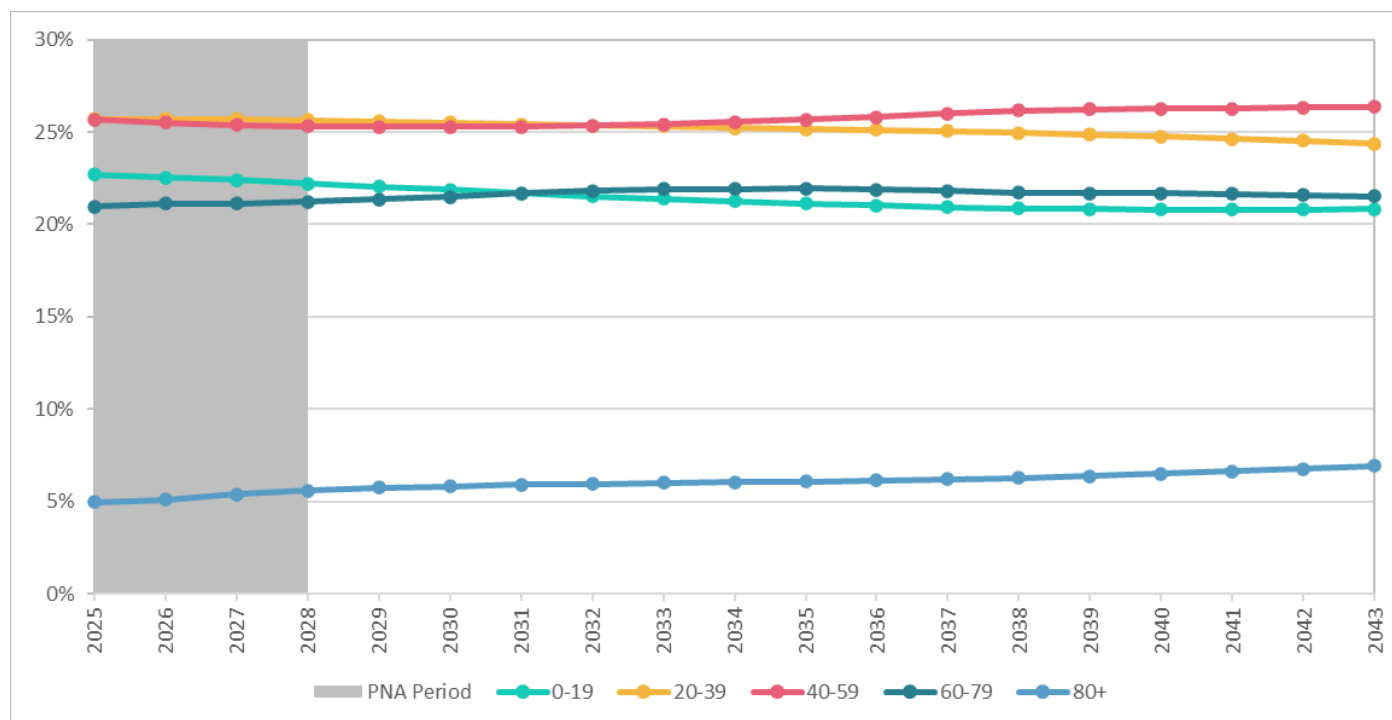


When assessing population projections, there are expected to be shifts in the population structure in the medium-to-long term, as the proportion of the population aged over 60 increases.

The proportion of the population in the 60-79 age range, has been steadily increasing since 2018 and will continue to do so in this PNA period, with the 2025 population projection estimate of 77,239 expected to rise to 79,724 persons in 2028. After which, there is predicted to be a continued rise, plateauing in 2033.

An increase in the population size is also seen in the 80+ age range, which is predicted to steadily increase from 18,361 in 2025 to 21,016 in 2028. This increase will continue for the foreseeable future. Implications of an ageing population are wide in terms of people living longer into older age, with an increased demand for health and wellbeing services, a reduced contribution to the economy and lower incomes, and increased human resources for care services (paid and unpaid carers).

Figure 5: Expected shift towards an ageing population as the proportion of those aged 80+ increases. Percentage of Wakefield District's population, split by age band, projected until 2043. Source: ONS 2023-rescaled subnational principal population projections for local authorities.



Key issues for this characteristic

Living arrangements are important because older people living alone may place a greater demand on personal social services compared to older people with other living arrangements.

Most people aged over 65 years of age report at least one chronic condition, and the number of conditions reported increases with age. The most common problems relate to movement, vision, and hearing.

Uptake of seasonal flu and COVID-19 vaccine in older people is essential to preventing premature mortality and exacerbation of existing conditions.

5.3. Ethnicity

In the 2021 Census 88.2% of Wakefield District residents identified as 'White: British, English, Welsh, Scottish and Northern Irish' ethnicity. Wakefield District has a relatively small but growing ethnic minority population. In the 2011 Census, 7.2% of the population defined their ethnicity as 'Other than White British', which increased to 11.8% in the 2021 Census. The census also reports 8.5% of people in Wakefield District reported being born outside the UK.

The most reported ethnic minority groups in Wakefield District were 'White: Polish' (2.1%) and 'Asian or Asian British: Pakistani or British Pakistani' (2.0%)

In the 2023/24 school census 79.4% of children were of White British ethnicity, 5.8% identified as 'White-other', 5.1% as Asian ethnicity, 2.9% of Black ethnicity, 4.1% of mixed ethnicity and 1.2% of another ethnic group with 1.6% being unclassified.

Key issues for this characteristic

Wakefield Health Needs Assessment for Residents Born Outside the UK (2023/2024)¹ found the following:

- Smoking is more common in non-UK born residents at 21.6% compared with UK born residents (15.0%).
- Health and wellbeing is perceived to be lowest for those who do not want to be identified by their ethnicity, people from Pakistan and Iraq or South Asia more broadly, as well as those identifying as Kurdish nationality.
- There are four key issues affecting the health and wellbeing of non-UK born residents:
 - Getting used to the UK health system.
 - Social connections here and abroad.
 - Employment and housing circumstances.
 - Green spaces and a healthy lifestyle.
- In relation to service provision, non-UK born residents were less confident about knowing where to get help and understanding information, which was partly affected by their migration reason.

GOV.UK Ethnicity Facts and Figures for Health:²

- Cigarette smoking among adults in England: July 2024: (Source APS 2022)
 - 17.0% of adults in the mixed ethnic group, 13.6% of adults in the other ethnic group and 13.2% of adults in the white ethnic group are smokers – higher than the national average (12.7%). The percentage of adults who smoked is lower than average in Chinese (8.4%), Asian (7.4%) and Black (4.7%) ethnic groups.
- Healthy eating and obesity among adults: April 2024: (Source Active Lives Survey 2022)
 - The percentage of adults in Black, Asian, Chinese, and mixed ethnic groups who ate five a day is lower than the national average (34.4%). 70.8% of Black adults and 65.2% of White British adults are overweight or living with obesity - higher than the national average (63.8%)
- Physical Activity: January 2024: (Source Active Lives Survey 2022)
 - People from Asian (55.0%), Black (56.1%), and 'Other' (54.7%) ethnic groups are less likely to be physically active than the national average (63.1%). In the seven years preceding November 2022, the percentages of physically active people in the Asian, Black, and 'Other' ethnic groups are consistently lower than the national average.

Research from the Bristol Centre for Public Health and Wellbeing³ in 2019 reviewed studies about the barriers and facilitators of physical activity among Black and minority ethnic groups in the UK. It identified:

- Poor work-life balance as a barrier. For example, South Asian men worked extra hours to support their family, so had less time to take part in physical activity.
- The financial costs associated with some physical activities may also act as a barrier. In addition, language barriers can discourage a person from taking part in physical activity in public, and there may be a lack of knowledge and understanding about the benefits of exercise.
- Some barriers to physical activity specific to women from ethnic minority groups. For example, because of cultural expectations that South Asian women are homemakers, these women felt that their lifestyle meant that they were already physically active, or that pursuing physical activity would be a hindrance to this role. Also, people from some ethnic groups perceived certain forms of exercise as culturally inappropriate, and which could endanger modesty.

1 Health Needs Assessment for Residents Born Outside the UK - Wakefield District JSNA.

2 Health - GOV.UK Ethnicity facts and figures.

3 Barriers and facilitators of physical activity among adults and older adults from Black and Minority Ethnic groups in the UK: A systematic review of qualitative studies - PMC.

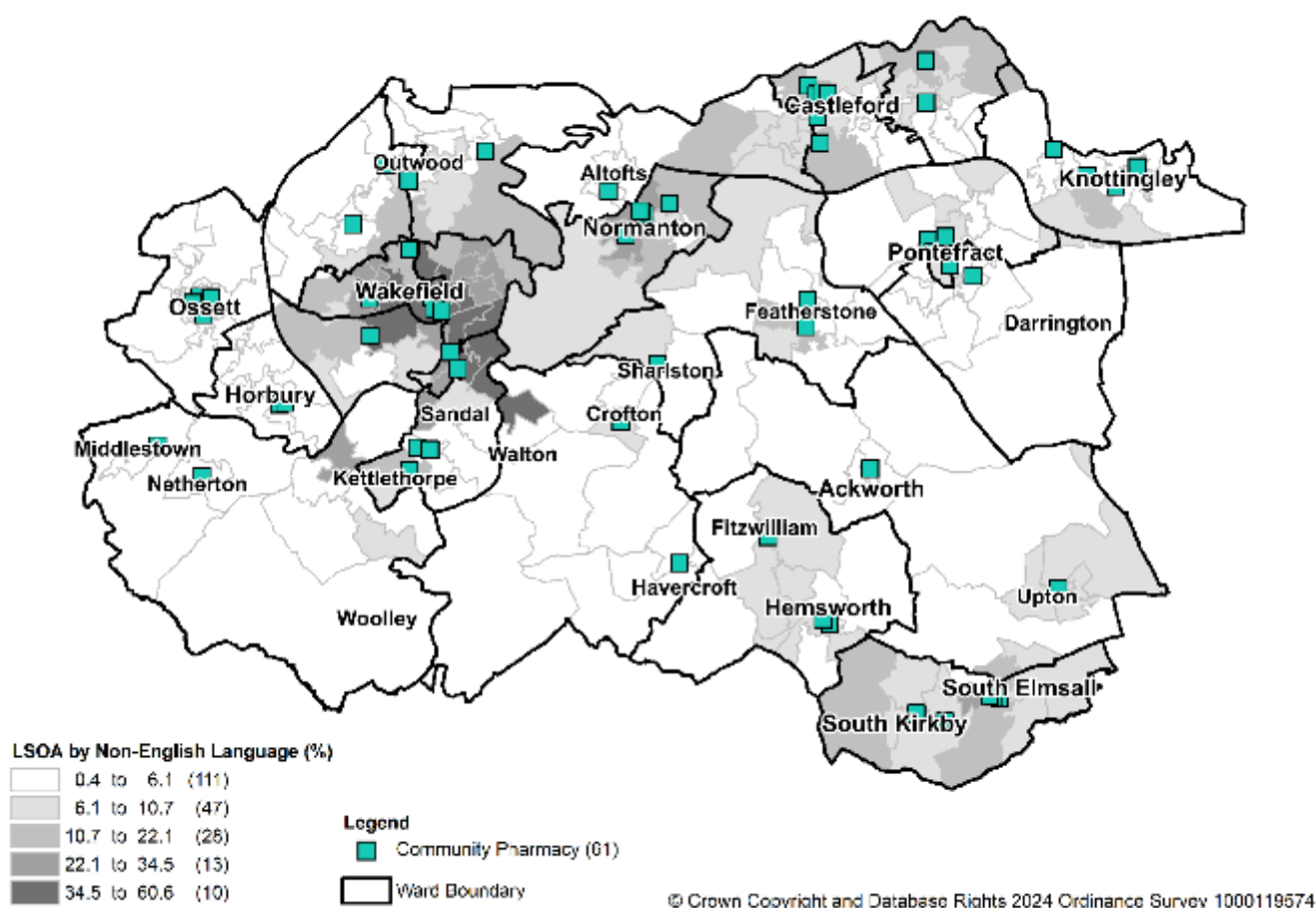
5.4. Language

Due to increasing ethnic diversity, there are around 170 different languages spoken within the district. Where the language has been recorded, just over 10% of the registered population on SystmOne, do not have English as their first language. The most common non-English main languages are Polish (9,936 people); Urdu (2,907 people); Punjabi (1,630 people); Romanian (1,305 people) and Kurdish (1,044 people).

In the 2023-24 school year in Wakefield District a total of 6,580 children had a first language other than English, 11.9% of the total, this was lower than the percentages for Yorkshire and Humber (17.5%) and England (20.8%) as a whole.

Figure 6: LSOA level thematic map of the GP registered population who are recorded as not using English as their main language compared to community pharmacy provision.

Source: SystmOne registered Wakefield District population as of 3 December 2024 with a main language recorded.



The greatest concentration of the registered population who are recorded as not using English as their main language are located around the Central Wakefield area. This will be relevant for pharmacies in those locales.

Key issues for this characteristic

Healthwatch Lost for Words Report (2022)⁴ concluded the following:

- People who experience language barriers struggle at all points of their healthcare journey.
- Lack of interpretation support further compounds their issues. They may not be aware of professional interpreters, find it difficult to access one, or misunderstand them if interpreters don't speak their dialect.

⁴ Lost for Words: Healthwatch evidence on how language barriers contribute to health inequalities, March 2022.

- Some people preferred to use family or friends to translate for them, but others felt uncomfortable doing so. We also heard that cultural and privacy concerns can affect someone's preferences, for example women wanting same sex interpreters.

5.5. Sexual Orientation

According to the 2021 Census, 2.7% of people living in Wakefield District (aged 16+) said their sexual orientation is not heterosexual, which is slightly lower than the regional (3.0%) and national (3.2%) levels. 0.5% of people living in Wakefield District (aged 16+) said their gender identity is different from the sex they were registered at birth, which is similar to the regional and national levels. A regional proportion of 2.7% (aged 16+) would suggest there are approximately 7,850 people who identify as lesbian, gay, or bisexual in Wakefield District. The percentage of people identifying as LGBTQ+ is higher in younger age groups.

Key issues for this characteristic:

The Wakefield 2023 Adult Population Health Survey and the Wakefield 2024 School Health Survey⁵ found the following key issues:

- Mental Health
 - The LGBTQ+ population are significantly less likely than the non-LGBTQ+ population to have a high mental wellbeing score.
 - LGBTQ+ Year 12 students tend to have lower mental wellbeing, and this exhibits itself in a number of ways including being less satisfied with their life, feeling more lonely and being less optimistic about the future.
 - LGBTQ+ Year 12 students are more likely to have a SCOFF score of 2 or more, indicating a possibility of an eating disorder. They are also more likely to say they have been bullied.
 - LGBTQ+ adults are more likely to have experienced distressing events in childhood and are also more likely to say they had thoughts about harming themselves.
- Physical health and Behaviours
 - LGBTQ+ adults are less likely than non-LGBTQ+ adults to say their health in general is 'Good' and more likely to say they have a lot of problems accessing support.
 - LGBTQ+ adults are more likely than non-LGBTQ+ adults to be a 'high risk' drinker, more likely to be a drug user, a tobacco user and a vape user.
 - There are no significant differences in frequency of smoking, vaping, drinking alcohol or taking drugs when comparing LGBTQ+ and non-LGBTQ+ Year 12 students.
- Sexual Health
 - When thinking about accessing free STI testing, LGBTQ+ Year 12 students compared to non-LGBTQ+ Year 12 students, are more likely to say they're worried their parents/carers might find out, they're embarrassed about going, and they're nervous/scared to go. They are also more likely to say they've felt pressure to have sex.

The Government Equalities Office National LGBT Survey (2018)⁶ found the following key issues:

- 80% of respondents had accessed public healthcare services in the 12 months prior to completing the survey. Access was higher among trans women (87%) and trans men (89%).
- 24% of respondents had accessed mental health services in the 12 months preceding the survey.
- 27% of respondents had accessed sexual health services in the 12 months preceding the survey.

⁵ LGBTQ+ - Wakefield District JSNA.

⁶ National LGBT Survey: Summary report.

Stonewall (LGBT in Britain: Health (2018) and TransActual Trans Lives Survey (2021),⁷ reports the following key issues in relation to Health:

- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.
- Seven in ten trans people (70%) report being impacted by transphobia when accessing general health services.
- Trans people of colour also experienced transphobia from trans-specific healthcare providers at more than double the rate of white respondents (13% compared to 6%)

5.6. Gypsies and Travellers

In the 2021 UK Census approximately 500 people identified as Roma, Gypsy or Irish Traveller ethnicity or heritage across Wakefield District. Though a relatively small number of people identify this way they are a group who can face discrimination and difficulties accessing services including healthcare. The majority of people of Roma ethnicity live in the Agbrigg & Belle Isle and Wakefield Central areas of Wakefield and people with other types of traveller backgrounds living in Castleford and Upton and in other areas across the district.

According to the July 2024 Traveller Caravan Count, there were 60 caravans on socially rented sites and 106 caravans on private sites in the Wakefield District, all of which were authorised sites with planning permission.

The bi-annual Traveller Caravan Count indicates an average of 130 Traveller caravans over the last six counts (January 2022 to July 2024). Of these, 50.4% were on authorised social rented sites, 49.4% were on private sites and 0.3% were on unauthorised sites.

The annual Travelling Showperson Caravan Count (undertaken each January) indicates an average of 67 Travelling Showperson caravans in the past six counts (January 2018 to January 2024). Of these, 94% were on authorised private sites and 6% were on unauthorised sites.

According to the January 2024 Traveller Caravan Count, there is one authorised permanent council-owned Gypsy and Traveller site in Wakefield District, which has 38 residential plots with space for 76 caravans.

Key issues for this characteristic

The Wakefield District Gypsy and Traveller Health Needs Assessment (HNA)⁸ was undertaken in 2022, coordinated and produced by Leeds Gypsy and Traveller Exchange in partnership with Wakefield Council. It highlighted the following key issues:

- Health
 - Mental health: The burden of suicide within the community was highlighted as a health issue. Conversations around mental health remain uncommon amongst Gypsies and Travellers (particularly men) - this can act as a barrier for accessing support and contribute to deteriorating mental health.
 - Physical health: Interviewees highlighted the reduced life expectancy experienced by Gypsies and Travellers, with suggested causes of poor health (by community members) including experiencing a hard life, loss, racism, accommodation standards and cultural pressures. Common physical health conditions identified included diabetes, musculoskeletal issues,

⁷ LGBTQ+ facts and figures | Stonewall.

⁸ Gypsy and Traveller Health Needs Assessment (HNA) - Wakefield District JSNA.

asthma, and cardiovascular diagnoses (hypertension, heart attack and stroke). Gypsies and Travellers additionally identified cancer as a cause for concern.

- Access to health and social care: The importance of facilitating in-person appointments was emphasised. Barriers to accessing services included literacy skills, digital literacy, language used by healthcare professionals, fear of the consequences of hospital admission and a general lack of trust in the healthcare system.
- Wider Determinants of Health
 - Nationally there is an excess prevalence of miscarriages (29% compared with 16% in a matched comparison group), stillbirths, neonatal deaths and infant mortality.
 - Several community members shared that they, or a relative or friend, were unable to read. This was highlighted as a potential barrier to navigating and accessing health and wider care services, engaging with health service correspondence, and independently managing finances. There was also a reported lack of digital literacy within the community.
 - One participant referred to the negative health impact of domestic violence, but suggested things were improving due to increased availability of support. Leeds GATE feel it is likely that domestic violence was an underreported issue in these interviews.

The UK Parliament Women and Equalities Committee, Tackling Inequalities Faced by Gypsy, Roma, and Traveller communities (2017- 2019),⁹ highlighted the following key issues:

- Gypsy, Roma and Traveller people have the worst outcomes of any ethnic group across a huge range of areas, including education, health, employment, criminal justice and hate crime.
- Health outcomes for Gypsy, Roma and Traveller communities are very poor compared to other ethnic groups. Some problems seem to stem from the consequences of living on Traveller sites or actively travelling, but others stem from direct and indirect discrimination.
- Common healthcare problems cited are with registering and accessing GP services, immunisation services, maternity care and mental health provision due to discrimination or language and literacy barriers, and problems associated with a lack of trust leading to a lack of engagement with public health campaigns.

A 2024 report by the Traveller Movement, to the Committee on the Elimination of Racial Discrimination on the rights of Romani, Roma, and Irish Traveller communities in the United Kingdom¹⁰ found that:

- There is no comprehensive governmental data on the health outcomes and experiences for Romani (Gypsy), Roma and Irish Traveller communities apart from the 2021 Census data.
- Romani (Gypsy), Roma and Irish Traveller have some of the worst health outcomes of any ethnic group even when controlling for other factors, such as socio-economic background.
- They are more than twice as likely to report bad or very bad health (12.5%) compared with the full England and Wales population (5.2%)
- The life expectancy of these communities is ten to 12 years lower than the general population.
- 42% of Romani (Gypsies) report having a long-term condition, as opposed to 18% of the general population.
- The 2021 Census reporting that those who identify as 'Gypsy' or 'Irish Traveller' were almost twice as likely to provide 50 or more hours of unpaid care per week than the England and Wales population (5.2% and 2.7%, respectively).
- Gypsy and Traveller men are 12 times more likely than their White British counterparts to report multimorbidity, defined as two or more physical conditions of high blood pressure, diabetes, heart disease, lung disease and cancer or another clinically diagnosed chronic health condition

⁹ Tackling inequalities faced by Gypsy, Roma, and Traveller communities - Women and Equalities Committee.

¹⁰ The Rights of Romani, Roma, and Irish Traveller Communities in the UK, 2024.

- There is no official data on deaths by suicide among the Romani (Gypsy), Roma and Irish Traveller population of the UK. The Irish Traveller organisation Pavee Point conducted a longitudinal study on the mental health of Irish Travellers in Ireland and found that Irish Travellers experience a 6.6 times higher suicide rate when compared with non-Travellers, accounting for approximately 11% of all Irish Traveller deaths.
- Traveller Movement believe that accommodation insecurity, poor living environment, low education attainment, economic exclusion, community isolation and discrimination all have a negative impact on Romani (Gypsies), Roma and Irish Travellers physical and mental health.
- When all permanent and transit traveller sites across the UK are mapped, 'a sizeable proportion of sites present a risk to residents' health due to their geographical proximity to pollutants and that many are infested with vermin and flies and separated from settled communities which can result in isolation and exclusion'

5.7. Homelessness

According to the Department for Levelling Up, Housing & Communities, there were 312 households living in temporary accommodation in Wakefield District as of 30 June 2024. The majority of which (55.1%) were single adult households, but there were 140 households (44.9%) with children.

A total of 420 households were assessed for statutory homelessness duties in Wakefield District between April to June 2024. Of which, 231 were assessed as threatened with homelessness and a prevention duty owed; 173 were assessed as homeless and a relief duty owed.

Table 1: Recorded support needs for households owed a prevention or relief duty.

Source: Department for Levelling Up, Housing & Communities Statutory Homelessness April to June 2024.

Support Need	Count	Percentage
History of mental health problems	119	29.5%
Physical ill health and disability	95	23.5%
At risk of / has experienced domestic abuse	53	13.1%
Offending history	41	10.1%
History of repeat homelessness	32	7.9%
Drug dependency needs	27	6.7%
History of rough sleeping	24	5.9%
Alcohol dependency needs	23	5.7%
Difficulties budgeting	17	4.2%
At risk of / has experienced abuse (non-domestic abuse)	14	3.5%
At risk of / has experienced sexual abuse / exploitation	11	2.7%
Learning disability	8	2.0%
Old age	6	1.5%
Access to education, employment, or training	5	1.2%
Care leaver aged 18-20 years	5	1.2%
Young person aged 16-17 years	5	1.2%
Young parent requiring support to manage independently	5	1.2%
Served in HM Forces	5	1.2%
Former asylum seeker	4	1.0%
Young person aged 18-25 years requiring support to manage independently	2	0.5%
Care leaver aged 25+ years	2	0.5%
Care leaver aged 21-24 years	1	0.2%

Key issues for this characteristic

The Local Government Association Impact of Homelessness on Health (2017)¹¹ guide found the following:

- People who are homeless report much poorer health than the general population.
- Homelessness, and the fear of becoming homeless, can result in ill health or exacerbate existing conditions.
- Homelessness in early life can impact on life chances and the longer a person experiences homelessness the more likely their health and wellbeing will be at risk.
- Co-morbidity amongst the longer-term homeless population is not unusual; the average age of death of a homeless person is 47, compared to 77 years amongst the general population.
- People who experience homelessness can struggle to access quality health care and social care.

5.8. Asylum Seekers and Refugees

According to data from the Home Office, at the end of September 2024 the initial accommodation at Urban House was housing around 230 people waiting for their requests for asylum support to be assessed. Another 269 people were being housed in contingency accommodation, mostly hotels, and 296 people were in dispersed accommodation while awaiting a decision on their asylum claim or appeal. As of September 2023, 29 people were receiving subsistence support only.¹²

There were also 21 unaccompanied asylum-seeking children [UASC] being cared for by the local authority at the end of March 2023.¹³ These are children who are in the UK without family and have claimed asylum in their own right. They are separate to the dispersal system for asylum seekers described above.

Key issues for this characteristic

Wakefield Health Needs Assessment for Residents Born Outside the UK (2023/2024)¹⁴ found the following:

- Asylum seekers and refugees may have experienced traumatic events and as a result their needs may differ greatly when compared to UK-born residents. In addition, the term 'mental health' is often poorly understood and stigmatised in their country of origin. There is a wide range of mental health needs for health and wellbeing interventions to more serious mental conditions. These have a range of causes and risk factors including social isolation, loss of social networks, circumstances surrounding an individuals' journey to the UK and political policy amongst others.

The Local Government Association Resettling Refugees (2017) guide found the following key issues:

- Many refugees have health issues that require long-term care and resources, while some refugees' mental health needs may not have been apparent initially but will emerge later.
- It is well-established that refugees who have experienced war and upheaval may present delayed symptoms. Therefore, it is likely that some clients will need access to mental health support for some time after arrival in the UK.

Local health providers need to anticipate that while some medical conditions will have been identified and treated upon arrival to the UK, the health needs of some resettled refugees might increase during the subsequent period.

5.9. Marriage and Civil Partnership

Marriage and Civil Partnership are not considered significant factors in the assessment of pharmaceutical services in Wakefield District.

11 The impact of homelessness on health: a guide for local authorities | Local Government Association

12 Immigration system statistics data tables: Asylum seekers in receipt of support by local authority detailed datasets.

13 Education Statistics: Unaccompanied asylum-seeking children.

14 Wakefield District JSNA: Health Needs Assessment for Residents Born Outside the UK.

6. Health Needs

6.1. Health and Wellbeing Strategy

Wakefield's current aim is for the people of Wakefield District to live longer, healthier lives as laid out in the Wakefield District Health & Wellbeing Strategy 2022-2025 and informed by the JSNA, are:

A healthy standard of living for all.

The Council is leading a five-year strategy for economic growth, which will focus on developing the local economy so that it enables people to live in better health. Our Health and Wellbeing Strategy will link in with this and with the Wakefield Council Corporate plan to address challenges that affect people's health.

- We will focus action on reducing health inequalities in our most deprived neighbourhoods by connecting people with services and with each other.
- To help reduce poverty, we will encourage more apprenticeships and employment opportunities for people who may find it harder to get work such as care leavers, people with disabilities and minority ethnic groups.
- To reduce in-work poverty we will support programmes that help people on low incomes to improve their employment prospects.
- We will help people to get access to benefits if they cannot work or have a low income. We will also help them make the most of their income by providing financial advice and support.
- We will make it easier to get healthy food and give advice on how to choose and cook healthy meals on a budget to help people on low incomes to eat well.
- We will tackle issues that push families further into poverty such as smoking and harmful alcohol drinking, which is higher in less well-off communities.
- We will support schemes that provide good quality, warm and affordable housing and address fuel poverty.
- We will offer financial advice to households and train workers to support people who are at risk of becoming homeless. We will improve support to homeless people and rough sleepers and make sure they can access health care.
- We will encourage employers to develop carer friendly workplaces and will improve direct support to unpaid carers, including children with caring responsibilities.

A healthy start in life for every child.

Our Wakefield Families Together programme puts families at the heart of improving the health of all children in the district, targeting support from health professionals, social care, and education to those who need it most.

- We want every child born in Wakefield District to sign up to the Born and Bred in Wakefield District programme. The programme (based on the successful *Born in Bradford* programme) monitors the lives and health of children from birth and throughout their childhood. The Born and Bred in Wakefield District programme will work with families to find out why, whilst most families are healthy and happy, some are not. We will use the learning from this programme to develop activities to support families and children, working with community groups, education, and health professionals to make the district a better place to grow up
- We will continue to roll out the national Better Births programme, to improve safety and care during pregnancy and childbirth. More women will be cared for by the same team of midwives throughout their pregnancy and the birth and midwives and health visitors will work more closely with each other.
- We will support more women to stop smoking when they are pregnant and will improve access to mental health support for new mothers.

- We will promote schemes to support parents across the whole of the Wakefield District. Our 'Team Around' approach, which involves professionals such as social workers, nurseries, schools, and health workers supporting families and young children who are most in need, will be further developed.
- More than 1000 families have signed up to a programme of activities to prepare children for school: '50 things to do before you are 5'. We will continue to promote this to families. As well as the Imagination Library, which provides books to families. All staff working in services for children aged 0-19 across the district will be trained to identify problems with speaking and language and we will support the delivery of a speech, language, and communication strategy.
- We will also continue to focus on helping families get financial support so that fewer children have health problems linked to poverty. This will include improving access to affordable, high-quality food and engaging with families so that we understand better what is working well to address food poverty.

Preventing ill-health.

Health and care organisations already work very closely with each other and with communities, families, and individuals. We will focus on actions that will have greatest impact on improving health and put more effort into early interventions that prevent people becoming unwell. This will include closer working between GP practices and communities to identify and tackle local health issues.

- Mental ill-health is a concern for many people and suicide rates in the district are higher than many other parts of the country, so we will invest time and money into helping people stay emotionally well, tackling the underlying causes of mental illness and supporting people who have mental health problems. This will include targeted support for children and people up to the age of 25 to prevent mental health problems in young people having a life-long impact.
- We will work with other organisations to do more to prevent, support and treat common causes of ill health, such as obesity, pollution, smoking, alcohol, and substance use.
- We will encourage and enable people to be more physically active, creating a shift towards people exercising more often.
- We will support schemes to improve access to walking and cycling routes and public transport to change the way people get about the district to reduce traffic pollution.
- Our aim will be to make more public spaces and workplaces smoke free to reduce people's exposure to second-hand smoke and we will continue to support people to stop smoking. This will include work with law enforcement services to tackle illegal sales of tobacco.
- As well as maintaining good levels of immunisation, we will increase screening to identify common health problems such as heart disease and cancer. We will continue to work with GPs to provide annual health checks for people with a learning disability.
- We will ensure the whole health and care system works well together to help people live in good health for longer and reduce the need for people to be admitted to hospital.
- We will work with voluntary and community organisations to help people stay connected with their communities to prevent loneliness, which can affect people's mental and physical health and make them more dependent on services.
- We will also invest in technology to support people to live independently for longer, including aids to reduce the risk of injury caused by falls.
- We will enhance support to the thousands of informal carers in the district, including children and young people, to enable them to continue the vital role they play in looking after family members and friends with disabilities or health conditions.
- Intensive support to care homes and home care services that we put in place during the pandemic will continue and we will maintain housing support coordinators in hospitals to stop housing issues being a barrier to being discharged.

Sustainable communities.

The district's response to the COVID-19 pandemic showed what can be done if organisations and communities work together. We already have strong working relationships across the health and care sector and with voluntary organisations and housing. Our ambition is for ill-health prevention and health and care services to work more closely with all council departments, with public sector organisations, such as police, fire, and education, and with businesses and employers.

- Thousands of people who live in the district work in the public sector. As major employers these organisations can lead by example by being great places to work. We will encourage our large public sector organisations to be 'anchors' that foster employee wellbeing through positive employment practice, promote environmental sustainability and support local growth through their buying power.
- We will revitalise the employee well-being charter that health and care organisations have already signed up to and will roll it out to more organisations. We will encourage more employers to adopt health promoting practices such as physical activity, emotional wellbeing support and facilities to enable mothers to carry on breast feeding after they return to work.
- We will make services more sustainable by supporting growth of the voluntary, community and social enterprise sector and strengthening their links with primary care to improve access to support and health improvement activities in local communities. This will include working with people with health needs to ensure services are designed around their needs and creating more opportunities that enable people to connect with activities in their communities.
- As part of the wider Council development plan, we will support the creation of safer, more attractive and healthier places to live and improve green space in our city and town centres. We will work with planners and developers to ensure the impact of population growth on health services is planned for.
- We will work to make people feel more engaged with their communities and more empowered to make a difference.

There are several areas of health challenge that community pharmacy can play a significant role in improving health outcomes and closing inequalities. The following section outlines the health challenges within Wakefield District and the role that pharmacies play in addressing some of these issues.

6.2. Life Expectancy and Mortality

Overall life expectancy

Life expectancy at birth (3-year average, 2020-2022) in Wakefield District is lower than the England average for both males¹⁵ and females.¹⁶ As is the pattern nationally, females are expected to live longer than males.

Male life expectancy has seen very little change over the last six years, with it being around 78 years for most of that time. The most recent time point in 2020-22 shows a slight decline to 77.0, although this will be in part due to the large increase in mortality in 2020 due to the COVID-19 pandemic. Males born in the most deprived areas are expected to live around 9.6 years less than those in the least deprived areas.

Increases in female life expectancy have also stalled over recent years being between 81.9 and 82.0 years since 2012-14. The most recent time point (2020-22) also shows a slight decrease as seen for males, so life expectancy for females in Wakefield District is currently 80.9 years, again in part this will be due to effects of the COVID-19 pandemic. There is an inequality gap of 8.4 years between females living in the most deprived and least deprived areas of the district. Life expectancy was lowest in Wakefield East (77.7) and highest in Crofton, Ryhill and Walton (81.3) for males and lowest in Wakefield East (79.0) and in highest in Ackworth, North Elmsall and Upton (85.0) for females.

15 Fingertips public health profiles: Life expectancy at birth (Male, 3-year range), 2020-2022.

16 Fingertips public health profiles: Life expectancy at birth (Female, 3-year range), 2020-2022.

Mortality rates

Mortality rates across many disease areas are consistently higher in Wakefield District when compared to the national average. The table below (Table 2) shows the premature mortality rates (under 75) for several key disease areas, compared to both the national and regional rates.¹⁷

Table 2: Premature (under 75) mortality rates for Wakefield District (2023).

Source: Public Health Outcomes Framework, OHID, 2024.

Indicator	Wakefield District	Yorkshire & Humber	England
Under 75 mortality rates for cancer	129.8	128.9	120.8
Under 75 mortality rates for cardiovascular disease	80.9	88.1	77.4
Under 75 mortality rates for respiratory disease considered preventable*	25.9	21.3	18.0
Under 75 mortality rates for all causes considered preventable	190.1	175.9	153.0

* 3-year average (2021-2023) due to small numbers.

6.3. Respiratory Diseases

Overview

Respiratory disease covers a range of conditions that affect the lungs, airway and breathing including asthma, chronic obstructive pulmonary disease (COPD), bronchitis, and emphysema. It affects one in five people and is the third biggest cause of death in England (after cancer and cardiovascular disease). Lung cancer, pneumonia and chronic COPD are the most common causes of death in this category.

Asthma

The prevalence of asthma is 7.7%, this is significantly higher than the England average of 6.5%.¹⁸ Hospital admissions for asthma (under 19 years) are not significantly different to the national average.¹⁹

The age standardised rate of asthma is greater in the East of the district, with wards such as Airedale and Ferry Fryston (8.4 per 100), Hemsworth (8.1 per 100) and South Elmsall and South Kirkby (8.1 per 100) having the highest levels.

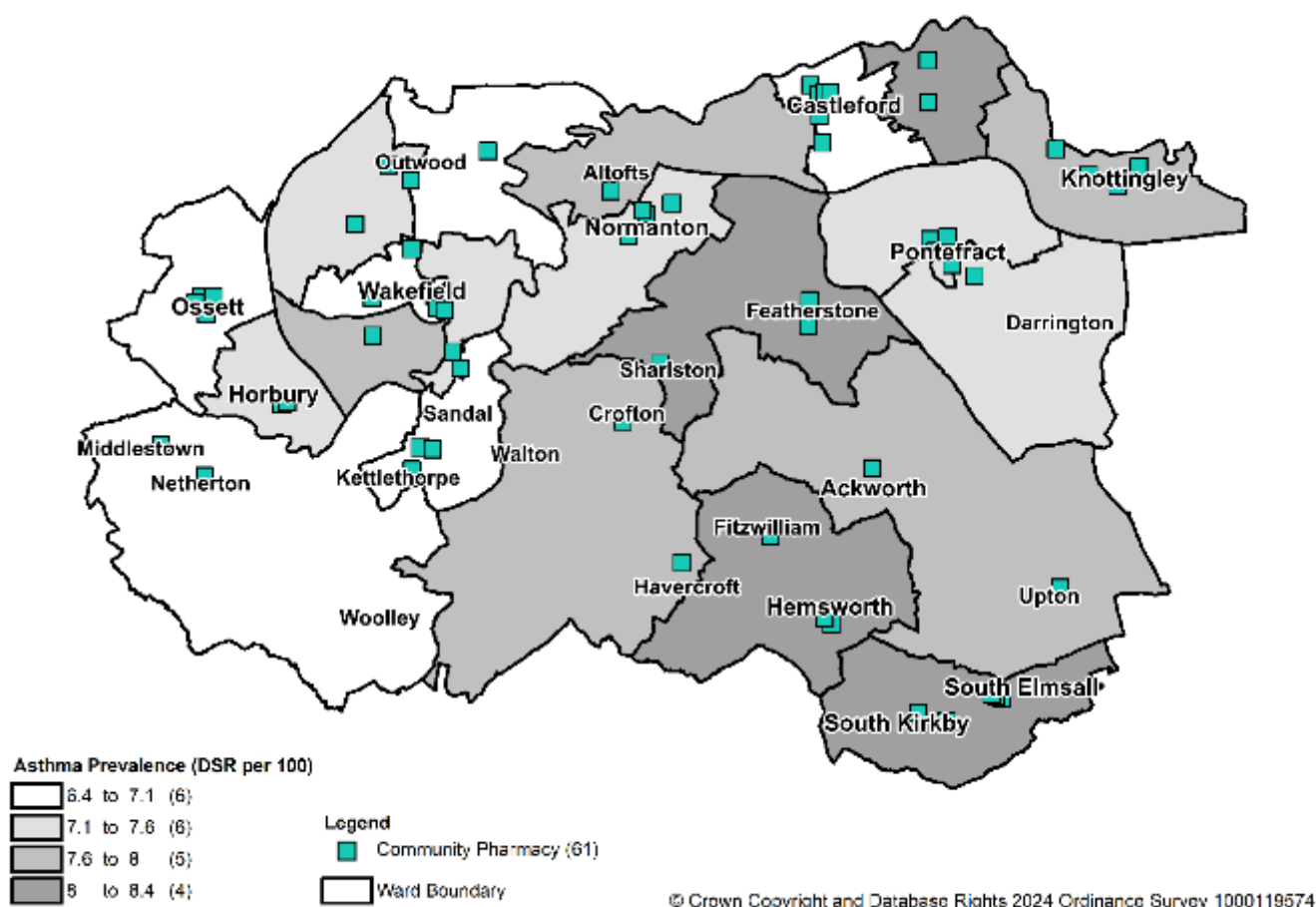
¹⁷ Fingertips public health profiles: Mortality profile, 2023.

¹⁸ Fingertips public health profiles: Asthma QOF prevalence (6+ yrs), 2023/24.

¹⁹ Fingertips public health profiles: Hospital admissions for asthma (under 19 years), 2022/23.

Figure 7: Asthma prevalence (6+) compared to all community pharmacy provision.

Directly standardised rate per 100 people, SystmOne registered Wakefield District population aged 6+ with an active asthma diagnosis. Source: ICB Linked Data Model, 1 October 2024.



Chronic Obstructive Pulmonary Disease (COPD)

COPD is the name for a collection of lung diseases including chronic bronchitis and emphysema. Smoking is the main cause of COPD – at least four out of five people who develop the disease are, or have been, a smoker. Exposure to other people's smoke also increases the risk of COPD. Of COPD deaths, it is estimated that around 86% are attributable to smoking.²⁰

The prevalence of COPD in Wakefield District is significantly higher than the England average. Sitting at 2.7% (close to 10,000 persons), it is about average compared to our nearest statistical neighbours (a group of local authorities with similar socio-economic characteristics to Wakefield District derived by NHS England). However, the prevalence of COPD is decreasing.²¹ Emergency hospital admissions for COPD (aged 35 and over) are also significantly worse than England's average.²²

Projections for bronchitis and emphysema

It is estimated that the number of people with a longstanding health condition that is caused by bronchitis, or emphysema is going to increase over time, as the size of the elderly population increases (Table 3).

20 Public Health England (2015) Press release: Chronic smoking-related lung disease blights over 1 million lives in England.

21 Fingertips public health profiles: COPD QOF prevalence (All ages) 2023/24.

22 Fingertips public health profiles: Emergency hospital admissions for COPD (aged 35 and over) 2022/23.

Table 3: Projections of longstanding health condition being caused by bronchitis and emphysema.

Source: pansi.org.uk and poppi.org.uk, Crown copyright 2020.

Bronchitis\emphysema - all people	2023	2025	2030	2035	2040
People aged 65-74	620	636	719	783	766
People aged 75 and over	582	616	671	738	830

Role of pharmacies

- Promote and provide advice and support in relation to smoking cessation.
- Provision of the smoking cessation service (where commissioned).
- Medicines optimisation including the provision of the NMS service.
- Seasonal influenza and COVID-19 vaccination services.

6.4. Cardiovascular Diseases

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

In Wakefield District, the under 75 mortality rate from all cardiovascular diseases is 80.9 per 100,000, this is not significantly different to the England average of 77.4 per 100,000.²³ The rate for males (111.2 per 100,000) is significantly higher than for females (52.2 per 100,000). Like many health conditions, those living in the more deprived parts of our communities are more likely to suffer from cardiovascular diseases and to have a premature death as a result. Nationally, the rate of mortality in under 75-year-olds for CVD is more than twice as high in the most deprived 10% (69.8 per 100,000) than the least deprived 10% (30.8 per 100,000). This is an inequality that is replicated locally in Wakefield District.

Diabetes

Diabetes is a condition where the blood sugar level is higher than normal. There are two main types of diabetes:

- Type 1 diabetes or insulin-dependent diabetes - usually diagnosed in young people and is primarily an auto-immune condition.
- Type 2 diabetes – usually non-insulin-dependent diabetes, tends to affect adults over 40 and people who are overweight. It's thought Type 2 diabetes is related to factors associated with a western lifestyle, since it's most common in people who are overweight and who don't get enough exercise.

The prevalence of diagnosed diabetes (Type 1 and Type 2) among people aged 17 years and older in Wakefield District has increased in recent years to 8.6%, this is significantly higher than the England average (7.7%).²⁴

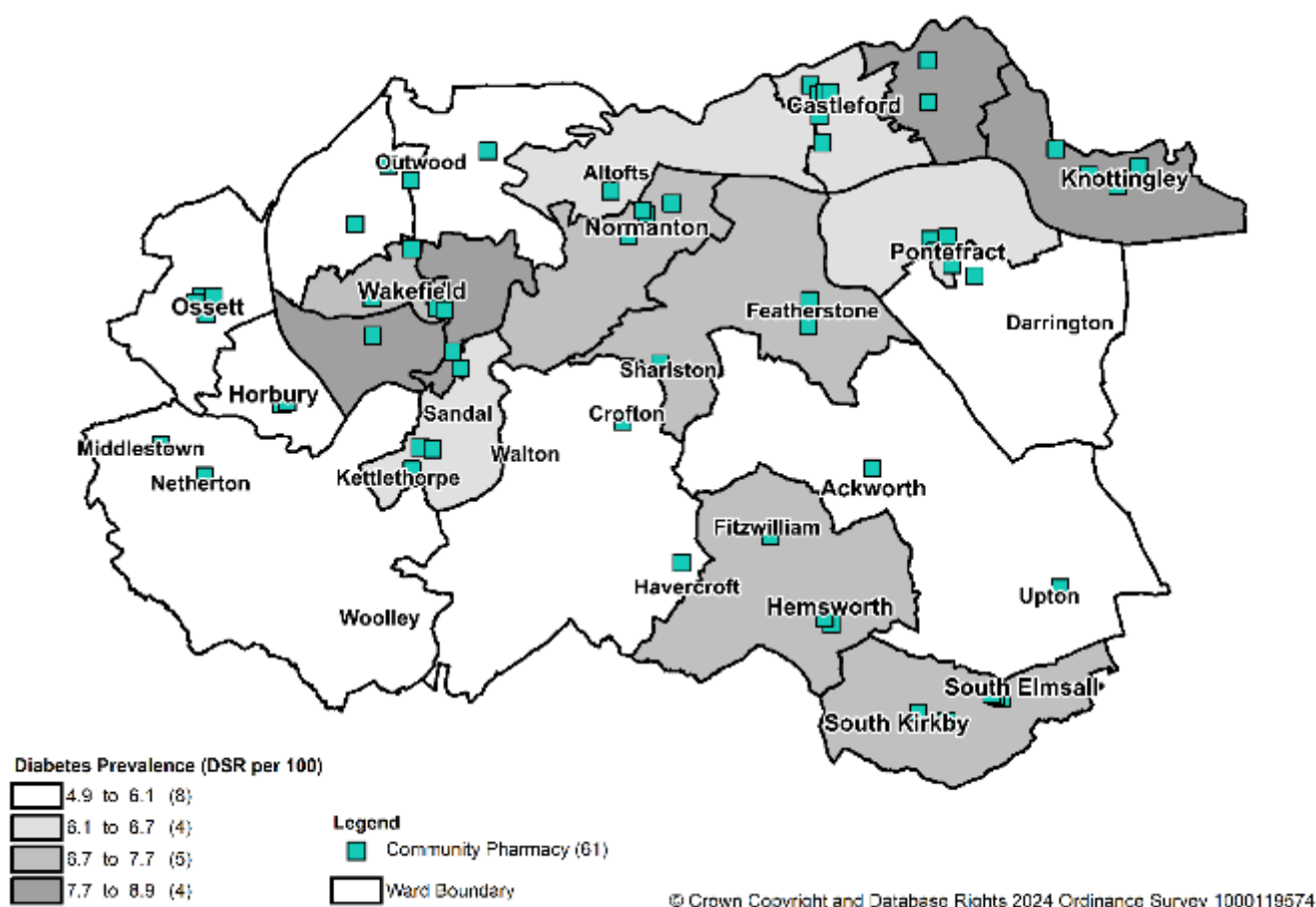
Figure 8 shows the areas of the district that have the highest levels of diabetes prevalence (aged 20+). This appears to be focussed around Wakefield city and the North East around Knottingley and Airedale. The three wards with the highest prevalence of diabetes are Wakefield East (8.8 per 100), Knottingley (7.9 per 100), and Wakefield West (7.9 per 100).

23 Fingertips public health profiles: Under 75 mortality rate from cardiovascular disease (Persons, 1 year range), 2023.

24 Fingertips public health profiles: Diabetes QOF prevalence (17+ yrs), 2023/24.

Figure 8: Diabetes prevalence (20+) compared to all community pharmacy provision.

Directly standardised rate per 100 people, SystmOne registered Wakefield District population aged 20+ with an active diabetes diagnosis. Source: ICB Linked Data Model, 1 October 2024.



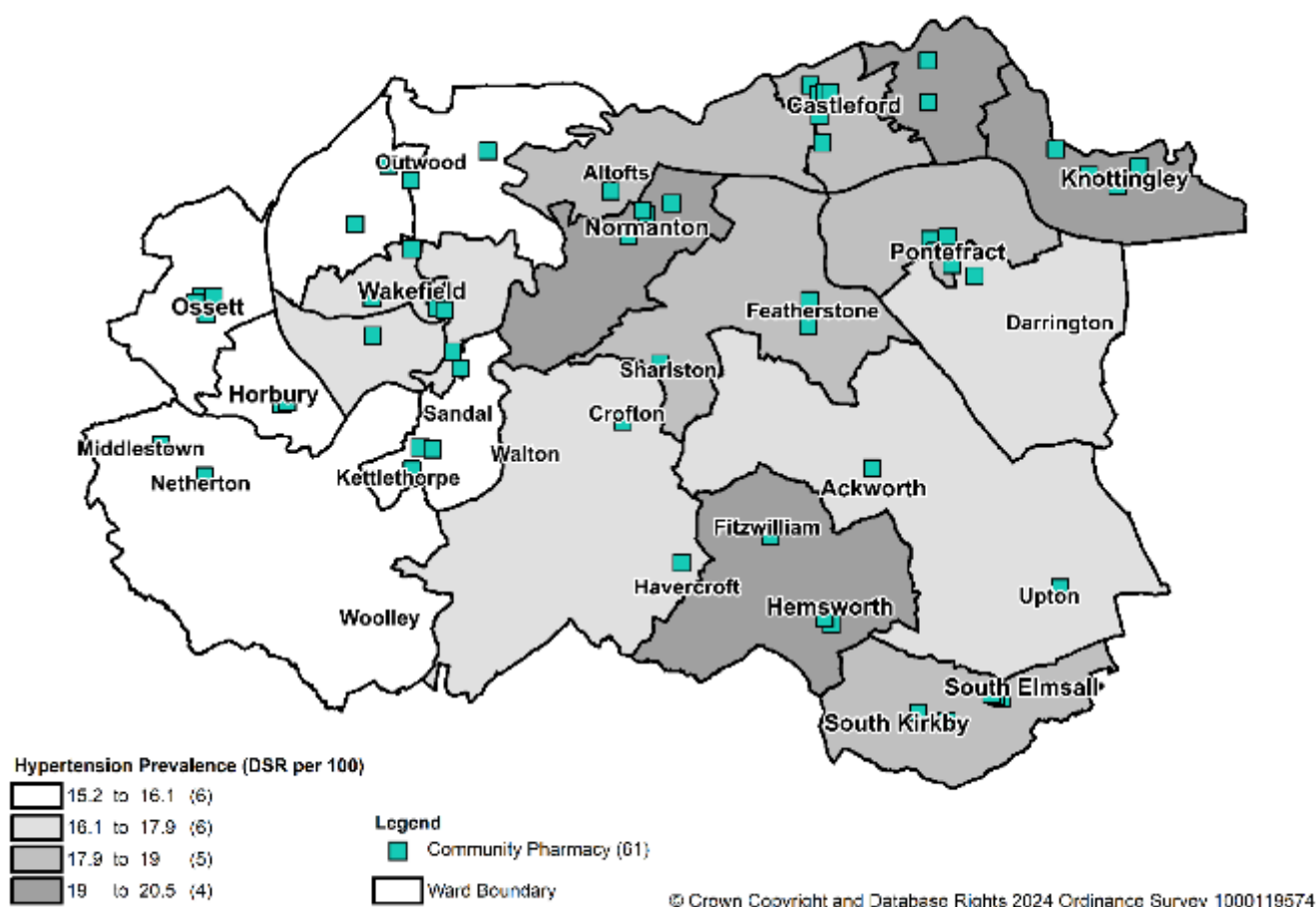
Hypertension

Wakefield District has a significantly higher prevalence of hypertension (16.7%) compared to the national average (14.8%).²⁵ It is about average compared to our nearest statistical neighbours (a group of local authorities with similar socio-economic characteristics to Wakefield District derived by NHS England). Our prevalence has recently started increasing, with approximately 61,000 persons on the hypertension register.

25 Fingertips public health profiles: Hypertension QOF prevalence (All ages), 2023/24.

Figure 9: Hypertension prevalence compared to all community pharmacy provision.

Directly standardised rate per 100 people, SystmOne registered Wakefield District population with an active hypertension diagnosis. Source: ICB Linked Data Model, 1 October 2024.



As illustrated in Figure 9, the east of the district has higher rates of recorded hypertension. Knottingley has the highest level of hypertension (20.4 per 100), with Airedale and Ferry Fryston (19.7 per 100), Normanton (19.3 per 100) and Hemsworth (19.1 per 100) also having high levels. Areas to the west of the district have lower rates of recorded hypertension with the lowest being in Horbury and South Ossett (15.2 per 100).

Coronary Heart Disease (CHD)

CHD is the most common type of heart disease. It is the most common cause of heart attack and is the single biggest killer of both men and women worldwide. It is also the single biggest premature killer (before the age of 75) in the UK.²⁶ Wakefield District has a recorded CHD prevalence of 3.4% compared to the national average of 3.0%.²⁷ Our prevalence rate has steadily fallen over the past twelve years, with approximately 12,300 persons now on the CHD register.

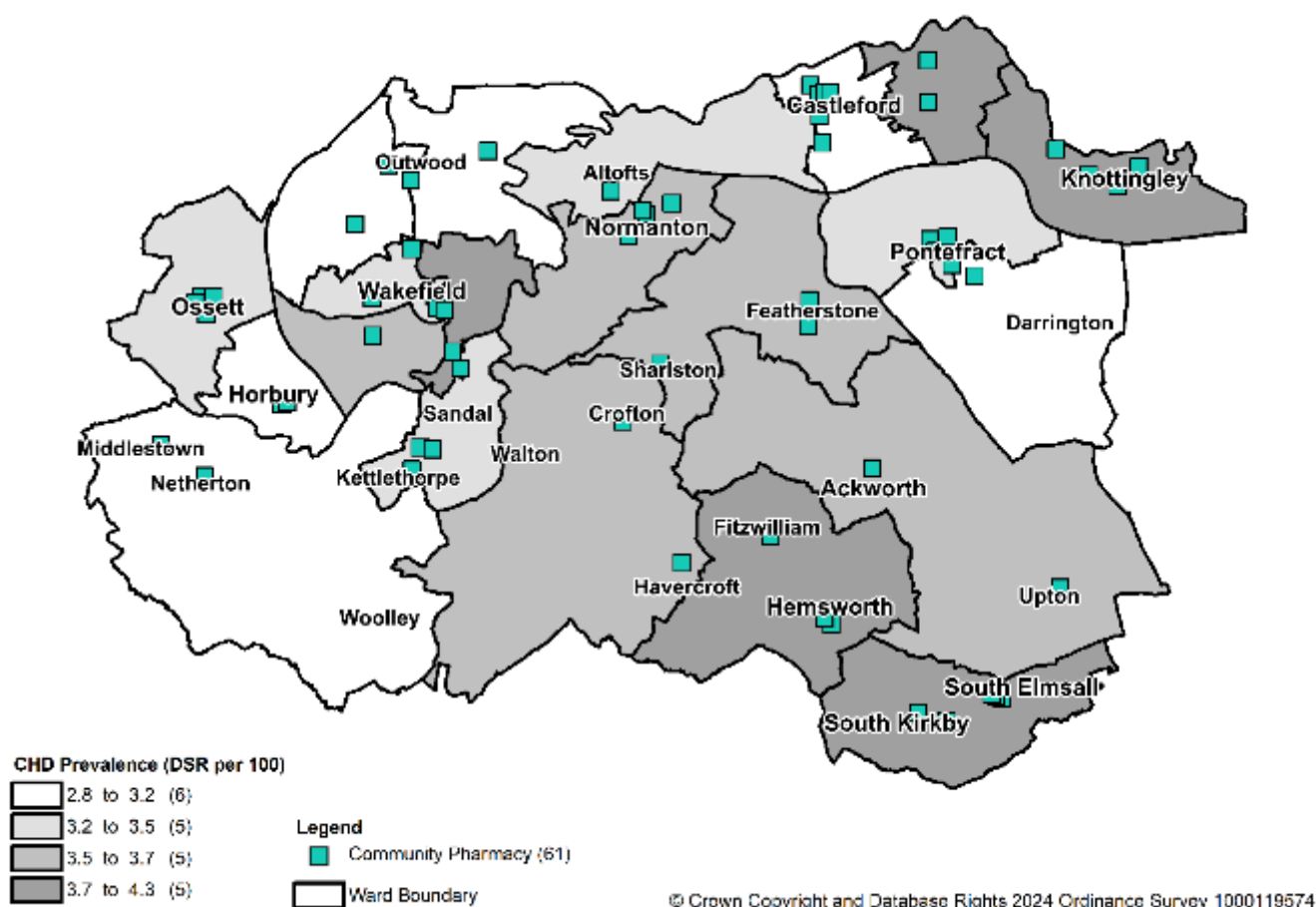
Figure 10 shows the areas of the district that have the highest levels of CHD. Airedale and Ferry Fryston (4.2 per 100), Knottingley (4.2 per 100) and Hemsworth (4.1 per 100) have the highest rates of CHD in Wakefield District.

²⁶ British Heart Foundation: Facts and Figures, September 2024.

²⁷ Fingertips public health profiles: CHD QOF prevalence (All ages), 2023/24.

Figure 10: CHD prevalence compared to community pharmacy provision.

Directly standardised rate per 100 people, SystmOne registered Wakefield District population with an active chronic heart disease diagnosis. Source: ICB Linked Data Model, 1 October 2024.



The management of blood pressure amongst people on the CHD register is significantly higher than the England average. The control of blood pressure under 150/90mmHg amongst those aged 80+ with CHD in Wakefield Sub-ICB was 87.6%, compared to the England average of 85.5%.²⁸ Local treatment with aspirin, APT or ACT within Wakefield Sub-ICB is 91.9% and currently significantly higher than the England average of 90.8%.²⁹

Stroke & Transient Ischaemic Attack (TIA)

Wakefield District's stroke register is about 2.2% of the population, compared to a national average of 1.9%.³⁰ This is representative of about 8,100 people in the registered population. The control of blood pressure under 150/90mmHg amongst those aged 80+ with a stroke/TIA in Wakefield Sub-ICB was 85.5% and is similar to the England average of 83.9%.³¹

Related CVD Outcomes

Wakefield District continues to have a high smoking-attributable death rate, at 266 per 100,000.³² This is equivalent to approximately 545 deaths per year. By most comparators, Wakefield District does not perform well and is outside the upper quartile nationally, within metropolitan districts and within our deprivation decile.

28 Fingertips public health profiles: Last BP reading of patients (80+ yrs, with CHD) is <= 150/90mmHg, 2023/24.

29 Fingertips public health profiles: For patients with CHD, a record that aspirin, APT or ACT is taken exists, 2023/24.

30 Fingertips public health profiles: Stroke QOF prevalence (All ages), 2023/24.

31 Fingertips public health profiles: Last BP reading of patients (80+ yrs, with stroke or TIA) is <= 150/90mmHg, 2023/24.

32 Wakefield District JSNA: Smoking attributable mortality 2020-22.

However, Wakefield District is close to the median for its ONS peer group. Although the trend is decreasing, it is at a rate that does not close the gap with the national averages.³³

The under-75 mortality rate from cardiovascular diseases considered preventable is significantly higher in Wakefield District (34.4 per 100,000) than the England average (30.5 per 100,000).³⁴ This is heavily skewed towards males. Out of the number of deaths per year under the age of 75, to preventable cardiovascular diseases, 70% will be male.

Projections

As people get older their risk of developing cardiovascular disease increases and the older population in Wakefield District is increasing. Projections for those aged 65 and over in Wakefield District show an increase of people living with cardiovascular disease from 22,671 currently to 30,388 in 2040 (Table 4).

Table 4: People predicted to have any cardiovascular disease.

Source: pansi.org.uk and poppi.org.uk, Crown copyright 2020.

Cardiovascular disease - all people	2023	2025	2030	2035	2040
People aged 65-74 predicted to have any cardiovascular disease	10,068	10,330	11,692	12,745	12,478
People aged 75 and over predicted to have any cardiovascular disease	12,603	13,320	14,487	15,936	17,910
Total population aged 65 and over predicted to have any cardiovascular disease	22,671	23,650	26,179	28,681	30,388

Role of pharmacies

- Medicines optimisation including the provision of the NMS service.
- NHS Hypertension case finding service.
- Promoting awareness of the common signs and symptoms of CVD.
- Promoting the benefits of and signposting to Health Checks.
- Promote and provide advice and support in relation to alcohol consumption, stopping smoking and maintaining a healthy weight.
- In the patient survey 65% of respondents have used or would use blood pressure checks at their local pharmacy and the same figure said they have used or would use health check services e.g. cholesterol, blood pressure, diabetes.
- 75% of respondents to the patient survey had or would use vaccination services at their local pharmacy.

6.5. Cancer

Overview

The overall incidence of cancer in Wakefield District is higher than the national average (Table 5). Some reasons for this may include that the population of Wakefield District has poorer health behaviours than the national average, including higher prevalence of smoking, obesity, and alcohol consumption, all of which are likely to cause greater levels of cancer within the population. Incidence rates can also be affected by the levels of cancer screening that is carried out. Wakefield District has above average levels of cancer screening across cervical and bowel cancer screening programmes, so detection of cancer is more likely, but screening levels are significantly below national levels for breast cancer (Table 6).

33 Fingertips public health profile: Smoking attributable mortality.

34 Fingertips public health profile: Under 75 mortality rate from cardiovascular disease considered preventable (Persons), 2021-23.

The percentage of cancers diagnosed at stages 1 and 2 (the earliest stages) was 52.5% in Wakefield District in 2021, similar to the national average (Table 6). Diagnosis of cancer at earlier stages makes cancer easier to treat which can lead to increased survival times.

Incidence & Mortality

Cancer incidence rates give information on the number of new cancer cases occurring in an area. The latest incidence rate figures (2022) that include Wakefield District are available at West Yorkshire ICB level which includes Wakefield alongside Calderdale, Kirklees, Leeds and Bradford District and Craven areas.³⁵

Exploring several of the most common cancer types: breast, lung, colorectal and prostate gives an illustration of age-standardised cancer incidence rates per 100,000 people in the area. Breast cancer rates for females across the ICB (161) are lower than the England average (175). Lung cancer rates are slightly higher for males (96) than females (89) and both are higher than the national average (males: 83, females: 69). Bowel cancer rates are higher in males (82) than females (53) and female rates are lower than the national average (59) whereas males are similar (86). Prostate cancer rates for males (224) are higher than the national average (212).

Table 5: Age-standardised cancer mortality rates per 100,000 for Wakefield District (All ages).

Source: Fingertips public health profiles, mortality profile.³⁶

Tumour	Geography	2018-20	2019-21	2020-22	2021-23	Wakefield compared to England (2021-23)
Lung	Wakefield	74.0	72.8	67.3	64.5	Higher
	England	51.8	50.2	48.9	47.5	
Colorectal	Wakefield	24.0	22.2	22.7	21.8	Lower
	England	25.9	25.8	25.7	25.6	
Prostate ¹	Wakefield	56.7	51.1	48.3	43.9	Similar
	England	46.3	45.0	44.4	43.7	
Breast ²	Wakefield	27.4	28.1	31.0	31.6	Similar
	England	32.9	31.8	31.3	30.5	
All Cancers	Wakefield	290.3	284.6	279.9	274.5	Higher
	England	258.9	254.3	251.7	248.5	

¹ Males only, ² Females only

Mortality rates for cancer are part of the Fingertips public health data mortality profile and help to give a picture of deaths caused by cancer locally in Wakefield District, regionally and nationally. Table 5 above shows the cancer mortality rates for all cancers and for the four cancers that cause the most deaths in Wakefield District: lung, colorectal, prostate and breast. Of the 2,871 cancer deaths in Wakefield District (2021-23) 44% were caused by one of these four cancer types.

Like mortality rates for all ages, under-75 mortality rates for cancer in Wakefield District are significantly higher than the national average, with an average rate of 132.9 per 100,000 (2021-23) compared to 121.6 per 100,000 nationally. Exploring by cancer site under 75 mortality rates from breast cancer are similar in Wakefield District (17.0 per 100,000) to nationally (18.0 per 100,000), colorectal cancer mortality rates are lower (9.3 Wakefield District vs 11.8 England) and lung cancer rates are higher (34.1 per 100,000) than the national rate (25.3 per 100,000).

35 National Disease Registration Service. Cancer registration Statistics.

36 Fingertips public health profiles: Mortality profile, topic: cancer, 2021-23.

Screening

Table 6 shows that Wakefield District has significantly higher levels of bowel and cervical cancer screening coverage compared to the national average and significantly lower rates for breast cancer screening. One year breast cancer screening coverage stands at 65.5% (2023) compared to the England average of 66.2%. There is room for improvement in screening coverage, and the trend has been going down in recent years and recovery from the impact of the COVID-19 pandemic on screening services may still be affecting these figures.

Bowel cancer screening coverage has been improving recently, moving from 59.0% in 2017 up to 74.4% in 2023. This is in line with the national trend although over this time Wakefield District has moved from being similar to the average to now being significantly higher.

Wakefield District has been consistently above average for cervical screening rates in both 25-49 year olds and 50-64 year olds, with the latest published figures being 71.3% and 76.2% respectively (2023) compared to 65.8% and 74.4% nationally. The trend has remained relatively flat over the last five years, with some evidence of a reducing trend in the last couple of years.

Table 6: Selected cancer services indicators.

Source: Office for Health Improvement and Disparities (OHID), Fingertips, December 2024.

Indicator	Year	Recent trend	Count	Wakefield value	England value	Wakefield compared to England
Cancer Screening coverage:						
Bowel cancer (Persons: 60-74 years)	2023	Increasing	44,900	74.4%	72.0%	Higher
Breast cancer (Female, 53-70 years)	2023	Decreasing	27,779	65.5%	66.2%	Lower
Cervical cancer (Female, 25-49 years)	2023	Decreasing	44,580	71.3%	65.8%	Higher
Cervical cancer (Female, 50-64 years)	2023	Decreasing	26,226	76.2%	74.4%	Higher
Other statistics:						
Percentage of cancers diagnosed at Stage 1 or 2	2021	Unchanged	867	52.5%	54.4%	Similar

Survival

Overall, one-year survival for Wakefield Sub-ICB is comparable to national rates (74.4% compared to 74.6% in 2020). Comparing cancer types, survival for breast cancer is relatively high (96.5%) when compared with colorectal (81.5%) and lung cancer (46.2%).

Role of pharmacies

- Promoting awareness of the common signs and symptoms of cancer.
- Promote the benefits of and signposting to screening programmes for bowel, breast, and cervical cancers.
- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight.
- Provision of the smoking cessation service (where commissioned).

6.6. Musculoskeletal (MSK)

Overview

The GP Patient Survey showed 23.5% of people in Wakefield District reported a long-term musculoskeletal problem (2023), which is higher than the national average of 18.4% and means Wakefield District sits within the worst quartile in England, this is one of the highest levels in the Yorkshire and the Humber region.³⁷ The percentage reporting two or more conditions of which at least one was musculoskeletal was 17.8%, higher than the national average.³⁸ There are inequalities in the prevalence of MSK conditions with higher rates in deprived areas, in people living with obesity, in older people, in some ethnic groups and there are differences in the prevalence of some types of MSK conditions between men and women.³⁹

Some key indicators for musculoskeletal health are found in the musculoskeletal health profile (Table 7). Rheumatoid arthritis is the second most common form of arthritis in the UK after osteoarthritis and the most common inflammatory joint disorder. Prevalence as recorded on practice disease registers is 0.8%, the equivalent to 2,302 people across the district. This is very similar to many of Wakefield District's nearest statistical neighbours (a group of local authorities with similar socio-economic characteristics to Wakefield District derived by NHS England) and is the same as the regional and national average. Wakefield District's hip fracture rate in those 65 and over is 547 per 100,000 and is similar to regional and national rates.

Table 7: Key musculoskeletal (MSK) conditions indicators.⁴⁰

Source: Office for Health Improvement and Disparities (OHID), *Fingertips*, 2024.

Indicator	Year	Recent trend	Count	Wakefield value	England value	Wakefield compared to England
Reporting a MSK problem	2023	-	-	23.5%	18.4%	Higher
Reporting at least two long term conditions one of which is MSK	2023	-	-	17.8%	13.4%	Higher
Back pain prevalence in people of all ages	2012	-	-	18.0%	16.9%	Higher
Hip fractures in people aged 65 and over*	2023/24	Unchanged	360	547	547	Similar
Rheumatoid arthritis: QOF prevalence	2023/24	Unchanged	2,302	0.8%	0.8%	Similar

* Directly standardised rate (DSR) per 100,000 people per year

Role of pharmacies

- Provide over the counter pain relief and other medications for MSK conditions.
- Discuss side effects or whether certain medications can be used in combination.
- Give advice on lifestyle factors that can help people manage their condition e.g. healthy weight, smoking cessation (where commissioned).

37 Fingertips public health profiles: Percentage reporting a long term musculoskeletal (MSK) problem, 2023.

38 Fingertips public health profile: Percentage reporting at least two long term conditions, at least one of which is MSK related, 2023.

39 Versus Arthritis. The state of musculoskeletal health 2024.

40 Fingertips public health profile: Musculoskeletal Health profile.

6.7. Lifestyles and Behaviours

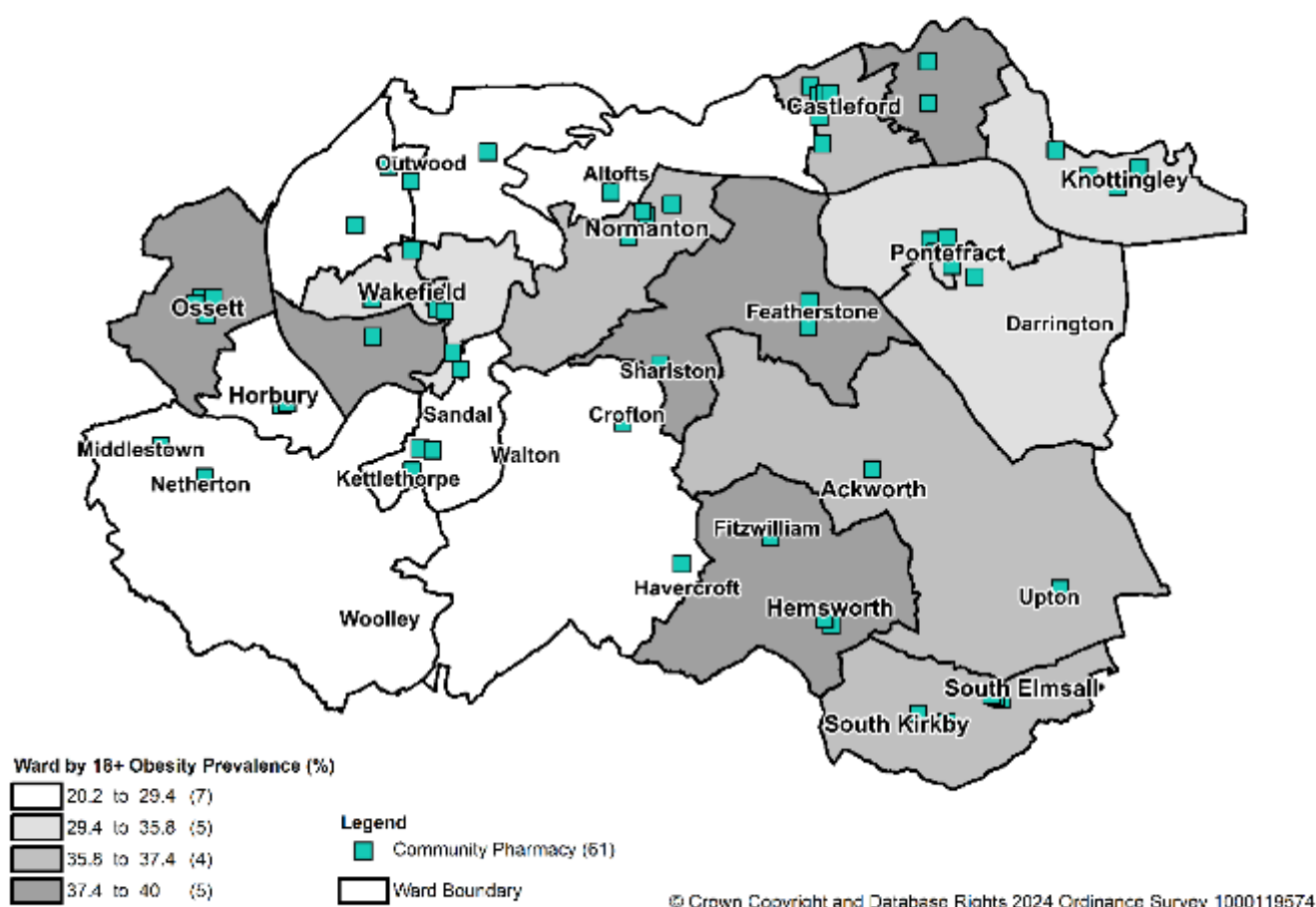
Obesity

Local survey data shows that one third of adults aged over 18 are living with obesity. Problems with being overweight or obese are more common among people in middle age and there is a strong correlation between obesity and deprivation.

Figure 11 below shows that high levels of obesity are prevalent across the district. The wards with the highest levels of obesity are Airedale and Ferry Fryston (39.9%), Wakefield West (39.8%), and Ossett (38.7%). However, even the ward with the lowest obesity prevalence (Horbury and South Ossett) still has one in five adults living with obesity.

Figure 11: Obesity prevalence (18+) compared to all community pharmacy provision.

Source: Wakefield Adult Population Health Survey 2023.



Smoking

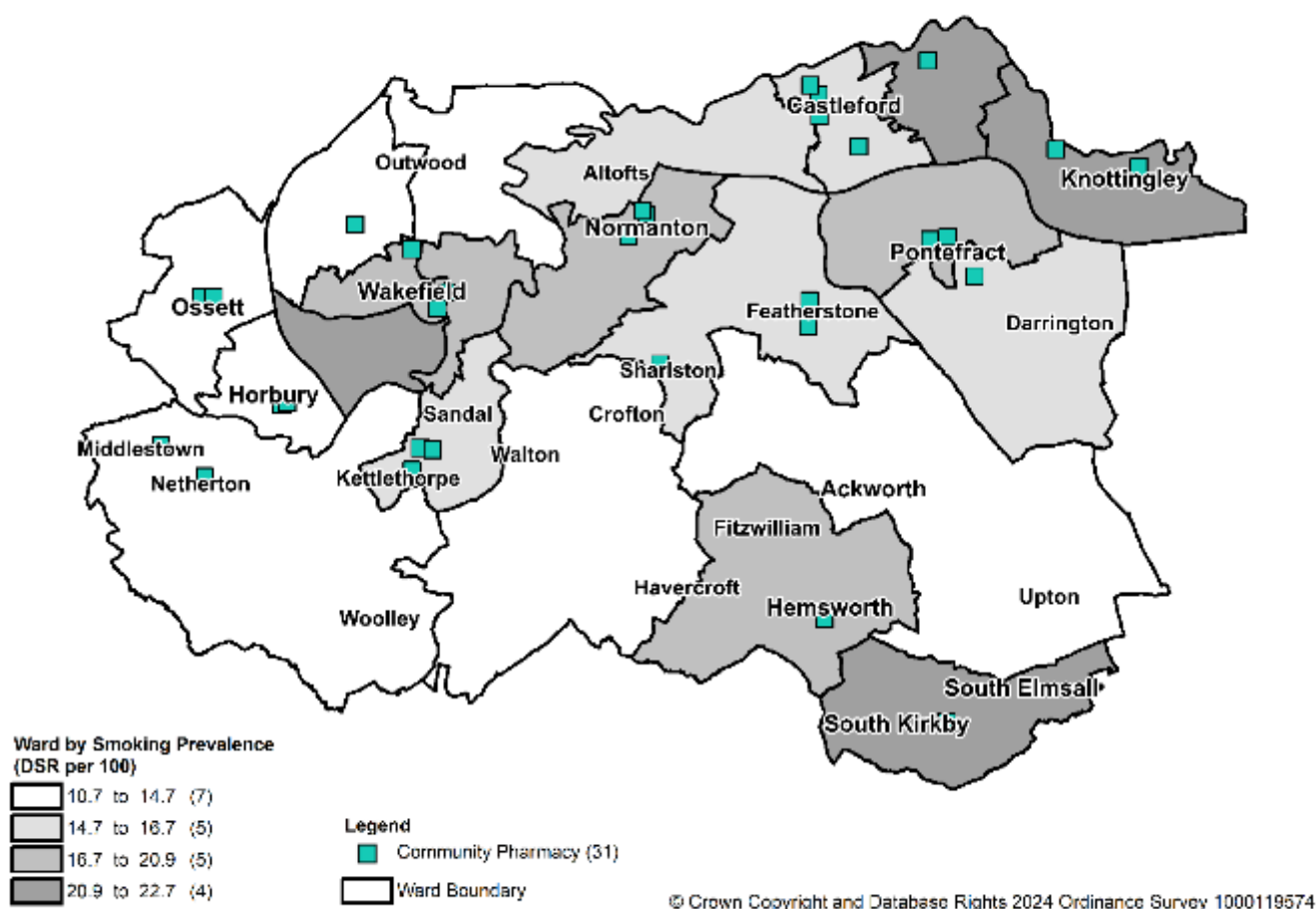
National data show that smoking prevalence has been in gradual decline over the last 15 years. Data from the ONS Annual Population Survey (2023) shows that approximately 12.9% of adults smoke, compared to 11.6% nationally. Smoking is even more common among people in routine and manual occupations, 21.6% of whom smoke in Wakefield District compared to 19.5% across England.

Smoking is the greatest cause of preventable ill health and mortality in Wakefield District. In 2022/23, an estimated 3,499 hospital admissions attributable to smoking, and an estimated 1,636 deaths between 2020 and 2022 also attributable to smoking.⁴¹

Figure 12 shows the rate of smoking across Wakefield District. The highest prevalence rates are closely aligned to areas of deprivation, with the centre of Wakefield and the north-east of the district having the highest rates. The wards with the highest levels of smoking prevalence are Airedale and Ferry Fryston (22.7 per 100), South Elmsall and South Kirkby (22.1 per 100) and Wakefield West (21.9 per 100).

Figure 12: Smoking prevalence (20+) compared to community pharmacies providing smoking cessation.

Directly standardised rate per 100 population, SystmOne registered Wakefield District population aged 20+ with a recorded smoking status in the last 12 months or never smoked since 2004 as of 12 December 2024.



Alcohol

Excessive and unsafe use of alcohol is also a problem within the district. 46.9 deaths per 100,000 were attributed to alcohol⁴² which is significantly worse than the England average and is higher for males than females. Nationally this rate is higher in the more deprived areas. Under-18s admissions to hospital due to alcohol specific conditions were 20.3 admissions per 100,000.⁴³ This is not significantly different to the national rate.

41 Wakefield District JSNA: Smoking attributable hospital admissions 2022/23 and smoking attributable mortality 2020-22.

42 Fingertips public health profiles: Alcohol-related mortality (Persons), 2022.

43 Fingertips public health profiles: Admission episodes for alcohol-specific conditions – Under 18s (Persons), 2020/21-22/23.

Role of pharmacies

- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight.
- Provision of the smoking cessation service (where commissioned).
- General advice and promotion of healthy lifestyles including signposting to other services as required and appropriate.
- Public Health campaigns. There are six mandated campaigns per year, as agreed by NHSE.

6.8. Maternal Health

Overview

In Wakefield District there are approximately 3,500-4,000 births per year, the birth rate in the district has been decreasing over recent years and in 2022 the fertility rate was 54.7 births per 1,000. The teenage pregnancy rate in Wakefield District of 0.9% is similar to the Yorkshire and Humber average (1.0%) but higher than the average for England (0.6%) and has decreased over time (2022/23).

Health during pregnancy

Smoking during pregnancy is a significant problem in Wakefield District, with 10.2% (2023/24) of people from the district smoking at the time of delivery compared to 7.4% across England. This has been on a downward trend over the last ten years nationally, regionally, and locally.⁴⁴

Low birth weight

In 2020, 3.1% of live births at term were at low birth weight (below 2.5kg), this is similar to the England average of 2.9%, rates are also similar to the regional average for Yorkshire and the Humber (3.1%).⁴⁵ The local rate has fluctuated over the years, and this year's rate is similar to previous years. Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight, and a high proportion of low-birth-weight births could indicate lifestyle issues of the mothers and/or issues with maternity services.

Early health of the baby

The 2020-22 infant mortality rate in Wakefield District (4.2 per 1,000 births) is similar to the national average (3.9 per 1,000 births). In Wakefield District in the 2023/24 financial year, around one in three babies are being breastfed at 6-8 weeks from birth (36.7%).⁴⁶ This is significantly lower than the national average (one in two) and this has been the trend for several years.

Role of pharmacies

- Advice on safe medication use during pregnancy and when breastfeeding.
- Sell pregnancy related vitamins and supplements.
- Advice on pregnancy related symptoms e.g. nausea, constipation, tiredness, heartburn and over the counter treatments.
- Promote and provide advice and support during pregnancy in relation to smoking cessation, alcohol consumption and maintaining a healthy weight.
- Provision of the smoking cessation service (where commissioned).

44 Fingertips public health profiles: Smoking status at time of delivery, 2023/24.

45 Fingertips public health profiles: Low birth weight of term babies, 2022.

46 Fingertips public health profiles: Breastfeeding at 6-8 weeks – current method, 2023/24.

6.9. Mental Health

Overview

Mental health problems range from worries about everyday life through to serious long-term conditions. The most common mental health symptoms are depression, anxiety, or panic attacks. There are also more severe forms of mental illness such as bipolar disorder and schizophrenia.

Prevalence in Wakefield District

In Wakefield District 14.5% of the population have a diagnosis of depression, this is similar to the England average (13.2%).⁴⁷ In Wakefield District, a high anxiety score was reported for 30.3% of respondents to the Office of National Statistics Annual Population Survey (APS) section on wellbeing, this was higher than the England average (23.3%).⁴⁸

Nearly 1% of the Wakefield District population have been diagnosed with a more severe mental illness such as schizophrenia, bipolar affective disorder, and other psychoses, which is similar to the England average. Directly standardised rates for hospital admissions for intentional self-harm (153.2 per 100,00 people) are higher in Wakefield District than the national average (126.3 per 100,000 people).⁴⁹

Role of pharmacies

- Provide information for people with common mental disorders who may want advice on low mood, anxiety or depression.
- Signpost people to other local services for support such as primary care, Live Well and Turning Point Talking Therapies.
- Dispense medications related to treatment and management of mental health conditions.

6.10. Drug Use

Overview

Drug use is defined as the use of a substance for a purpose not consistent with legal or medical guidelines. It has a negative impact on health or functioning. The types of drugs that may be used include controlled drugs, the misuse of medicines, and the use of other substances, such as glues, gases, and aerosols.⁵⁰

Prevalence of drug use

The Crime Survey for England and Wales (CSEW) estimated 8.8% of people aged 16 to 59 years in England and Wales reported using any drug in the last 12 months for the year ending March 2024.⁵¹

It is estimated that 2,927 people are using either opiates and/or crack cocaine in Wakefield District (2019/20), of which 1,658 people are using opiates only, and 382 people are using crack cocaine only. The number of people using opiates only per 1,000 population is significantly higher than the England rate, but the number of people using crack only per 1,000 population is similar to the England rate.⁵²

People who use drugs are up to ten times more likely to die suddenly or as a result of chronic diseases than people who do not use drugs, many of these deaths are preventable. People with a long history of drug dependency are more likely to be experiencing ill-health and are at a higher risk of overdose.

47 Fingertips public health profiles: Depression, QOF prevalence, 2022/23.

48 Fingertips public health profiles: Self-reported wellbeing, people with a high anxiety score, 2022/23.

49 Fingertips public health profiles: Hospital admissions as a result of intentional self-harm.

50 Wakefield District JSNA. Drugs.

51 Office for National Statistics (ONS). Drug misuse in England and Wales: year ending March 2024.

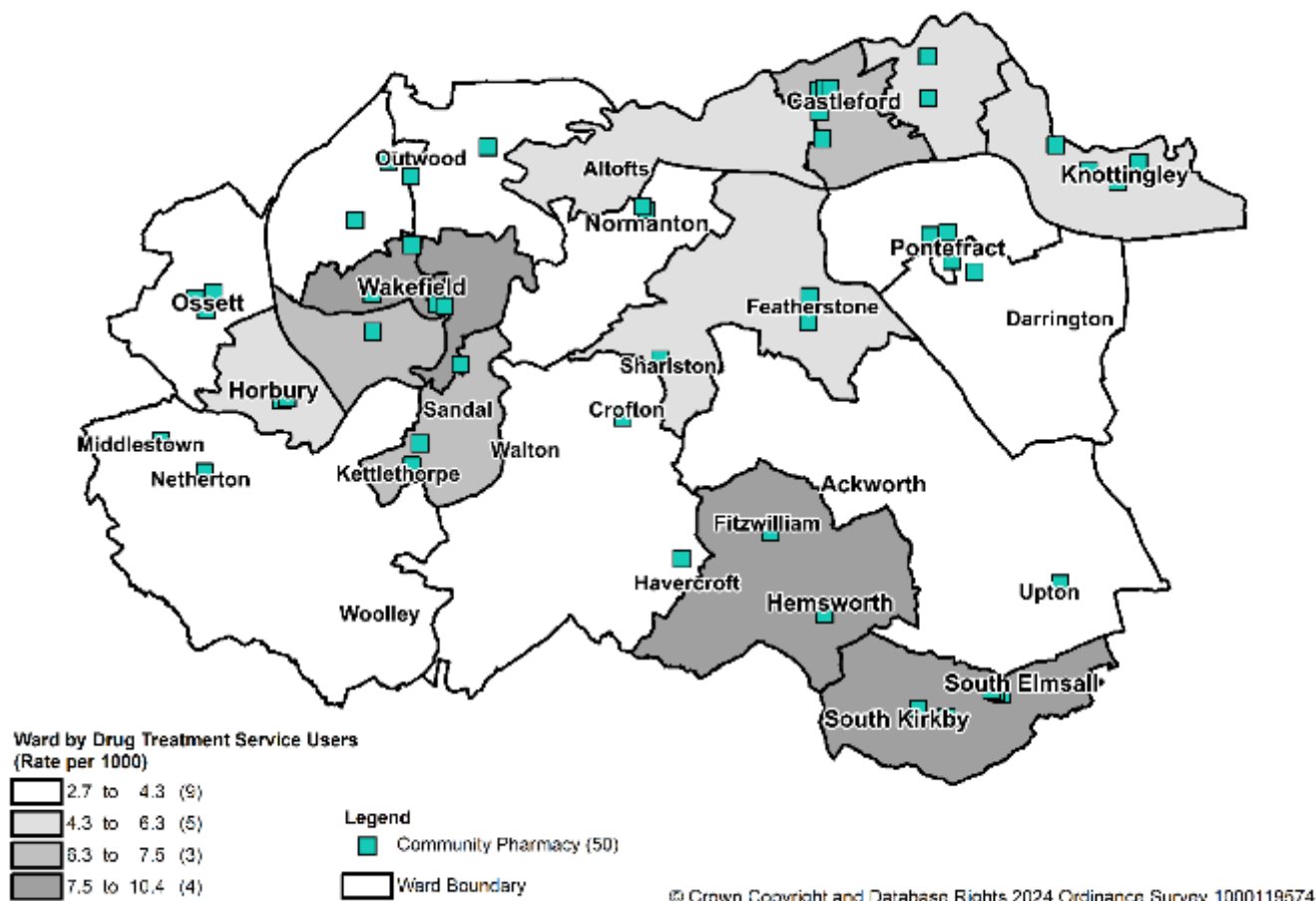
52 Office for Health Improvement and Disparities (OHID). Estimates of opiate and crack use in England: main points and methods.

Drug treatment services in Wakefield District

Treatment services for drug and alcohol use are available in Wakefield District, in 2022/23 there were 1,540 adults in treatment for opiate use, 330 in treatment for non-opiate use, and 175 in treatment for non-opiates and alcohol use (figures rounded to nearest 5).⁵³

Figure 13: Map of drug treatment services users compared to community pharmacies providing supervised consumption.

Drug treatment service users (all ages) rate per 1,000 population. Source: Turning Point (30 September 2024), ONS population estimates 2022.



Role of pharmacies

- Pharmacies can give advice on whether some over the counter or prescribed medications come with a risk of dependence or addiction.
- Some pharmacies are commissioned to provide the following services related to drug use treatment:
 - Needle exchange
 - Take home naloxone
 - Supervised consumption

⁵³ National Drug Treatment Monitoring System, NDTMS ViewIt: Adult profiles: Adults in treatment - Wakefield - All in treatment.

6.11. Ward Summary and Profiles

The above sections summarise the general health needs of the population of Wakefield District and include some analysis and mapping at a ward level. To compliment this, there are a range of Ward level profiles that are created by national organisations such as the Local Government Association (LGA) and the Office for Health Improvement and Disparities (OHID). These ward level profiles can be accessed via our JSNA website at the following link: [Ward Profiles](#).

Table 8 provides an overview of some of the main health topics covered within this section. Certain wards have high levels of health needs across a range of different conditions and behaviours, these wards tend to be the more deprived parts of the district, with Airedale and Ferry Fryston, Hemsworth and Knottingley featuring prominently in many columns.

Table 8: Health needs by ward.

Ward Name	Deprivation Score	Asthma 6+ (DSR per 100)	CHD (DSR per 100)	Diabetes 20+ (DSR per 100)	Hypertension (DSR per 100)	Smoking Prevalence 20+ (DSR per 100)	Obesity Prevalence 18+ (%)
Ackworth North Elmsall and Upton	21.3	7.8	3.5	5.8	16.2	11.7	36.2
Airedale and Ferry Fryston	41.3	8.4	4.2	7.8	19.7	22.7	39.9
Altofts and Whitwood	25.2	8.0	3.4	6.3	18.2	14.7	26.6
Castleford Central and Glasshoughton	28.3	7.0	3.2	6.4	18.8	15.9	36.0
Crofton Ryhill and Walton	19.7	8.0	3.6	6.1	17.9	11.7	23.8
Featherstone	29.8	8.0	3.5	7.2	19.0	16.6	37.8
Hemsworth	40.7	8.1	4.1	7.4	19.1	18.2	37.4
Horbury and South Ossett	17.6	7.2	3.1	5.3	15.2	12.4	20.2
Knottingley	37.0	7.8	4.2	7.9	20.4	20.9	34.1
Normanton	29.8	7.6	3.7	6.9	19.3	17.8	37.4
Ossett	18.1	7.1	3.2	5.6	15.8	12.4	38.7
Pontefract North	28.9	7.3	3.5	6.7	18.6	16.7	35.8
Pontefract South	25.1	7.5	3.1	5.7	17.6	15.6	32.4
South Elmsall and South Kirkby	36.4	8.1	4.0	7.7	18.2	22.1	37.0
Stanley and Outwood East	15.3	6.8	3.1	5.6	15.6	10.7	23.7
Wakefield East	39.5	7.1	3.7	8.8	17.1	20.0	35.5
Wakefield North	31.4	6.8	3.3	7.0	16.2	18.5	32.7
Wakefield Rural	13.6	7.0	3.2	5.0	16.0	11.9	29.2
Wakefield South	22.7	6.4	3.3	6.2	16.1	14.9	26.2
Wakefield West	37.2	7.7	3.7	7.9	16.5	21.9	39.8
Wrenthorpe and Outwood West	15.7	7.2	2.9	6.1	15.8	10.8	29.4

7. Provision of Pharmaceutical Services

The Pharmaceutical Needs Assessment includes the provision of pharmaceutical services in 2023-24 to gain a recent, accurate picture of provision by pharmacies, dispensing appliance contractors and dispensing GP practices. See Appendix B: Description of Pharmacy Services for further information on the services included in this section.

7.1. Essential Services: Provision within Wakefield District

All community pharmacies are required to provide all essential services. These services are:

- Dispensing medicines
- Dispensing appliances
- Repeat dispensing
- Discharge medicines services
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Healthy Living Pharmacies
- Signposting
- Support for self-care

All these services are provided under a clinical governance framework which includes clinical audit.

Under delegation from NHS England and Improvement, West Yorkshire ICB is responsible for ensuring that all pharmacies deliver all the essential services as specified. Each pharmacy must demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide evidence will be asked to provide an action plan, outlining with timescales how it will then achieve compliance. These self-assessments are supported by contract monitoring visits. Further information about these services can be found on the [Community Pharmacy England](#) website.

As of May 2025, there are 67 pharmacy contractors included in the pharmaceutical list for Wakefield District. Of the 67 pharmacy contractors:

- 61 are community pharmacies
- Five are distance selling premises
- One is an appliance contractor

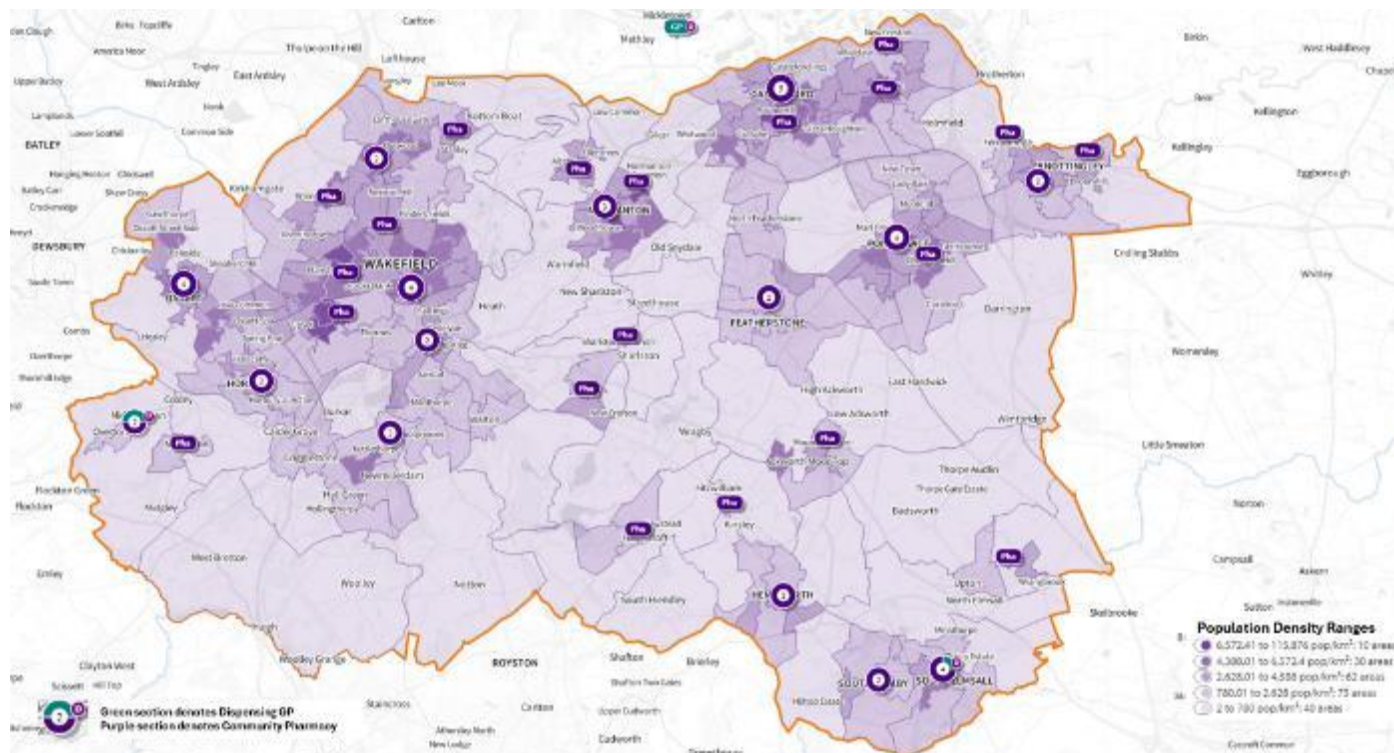
There are 33 GP practices registered to Wakefield sub-ICB. A GP practice may operate additional sites, known as “branch practices.” Three practices dispense items to patients – Middlestown Medical Centre, White Rose Surgery (South Elmsall), and Healthcare First Partnership (Methley). Healthcare First Partnership is located outside of Wakefield District but is included as a dispensing practice as it is registered to Wakefield sub-ICB and due to the number of items it dispenses to Wakefield residents. In September 2024, the three dispensing practices were able to dispense to 7,380 patients (11.4% of the total list size for the three practices) (Table 9).

Table 9: Dispensing and practice list sizes at Dispensing GP Practices, September 2024.

Source: Public Health Outcomes Framework, OHID, 2024.

Practice Name	Dispensing List Size	Practice List Size	%
Middlestown Medical Practice	3,807	9,615	39.6%
Healthcare First Partnership	2,364	30,844	7.7%
White Rose Surgery	1,209	24,343	5.0%
Total	7,380	64,802	11.4%

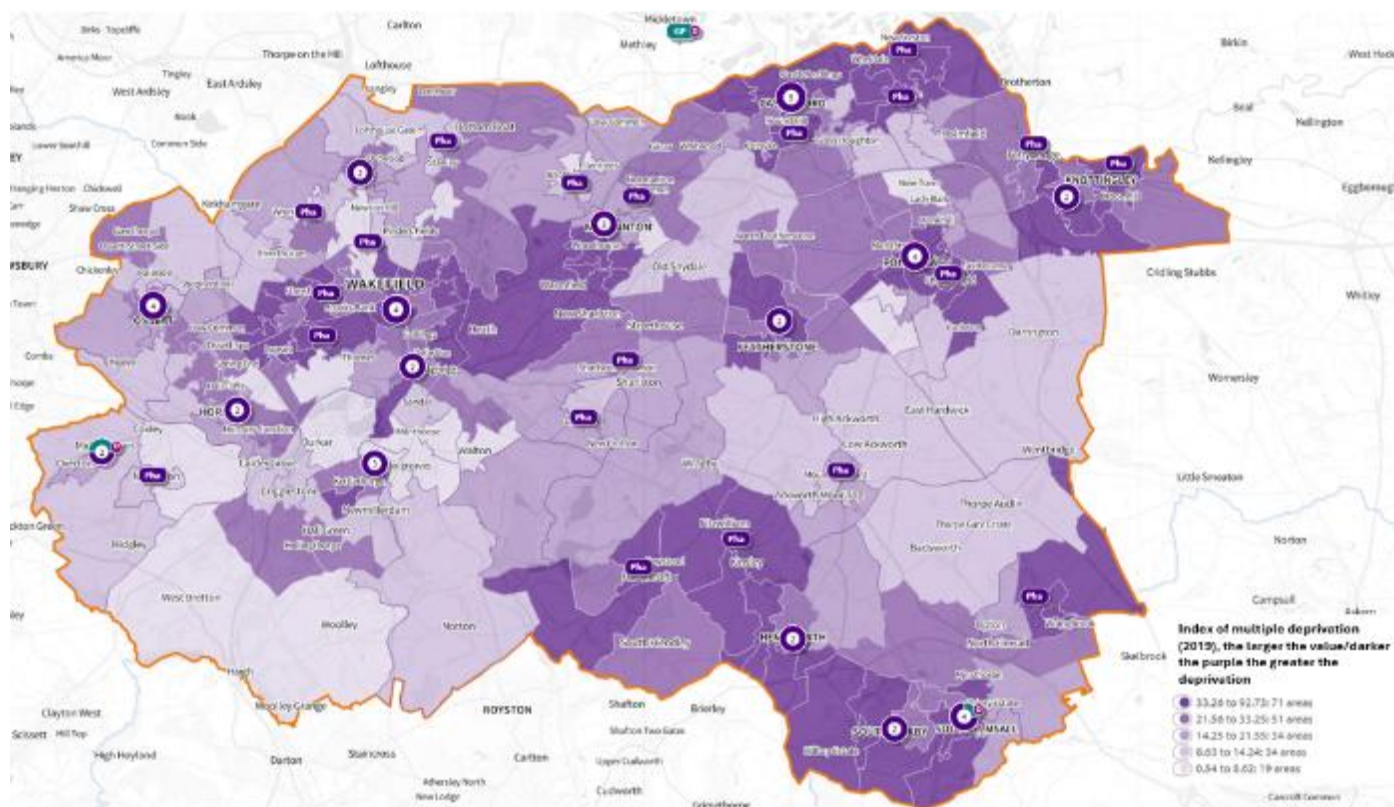
Figure 14: Community pharmacies and dispensing GP practices compared to population density.



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Figure 14 shows the location of community pharmacy and dispensing practice premises within Wakefield District. Not all premises are shown individually. For example, there are four pharmacy premises in the centre of Wakefield. As can be seen, premises are generally located in areas of higher population density (those areas shaded in a darker colour).

Figure 15: Community pharmacies and dispensing GP practices compared to levels of deprivation.



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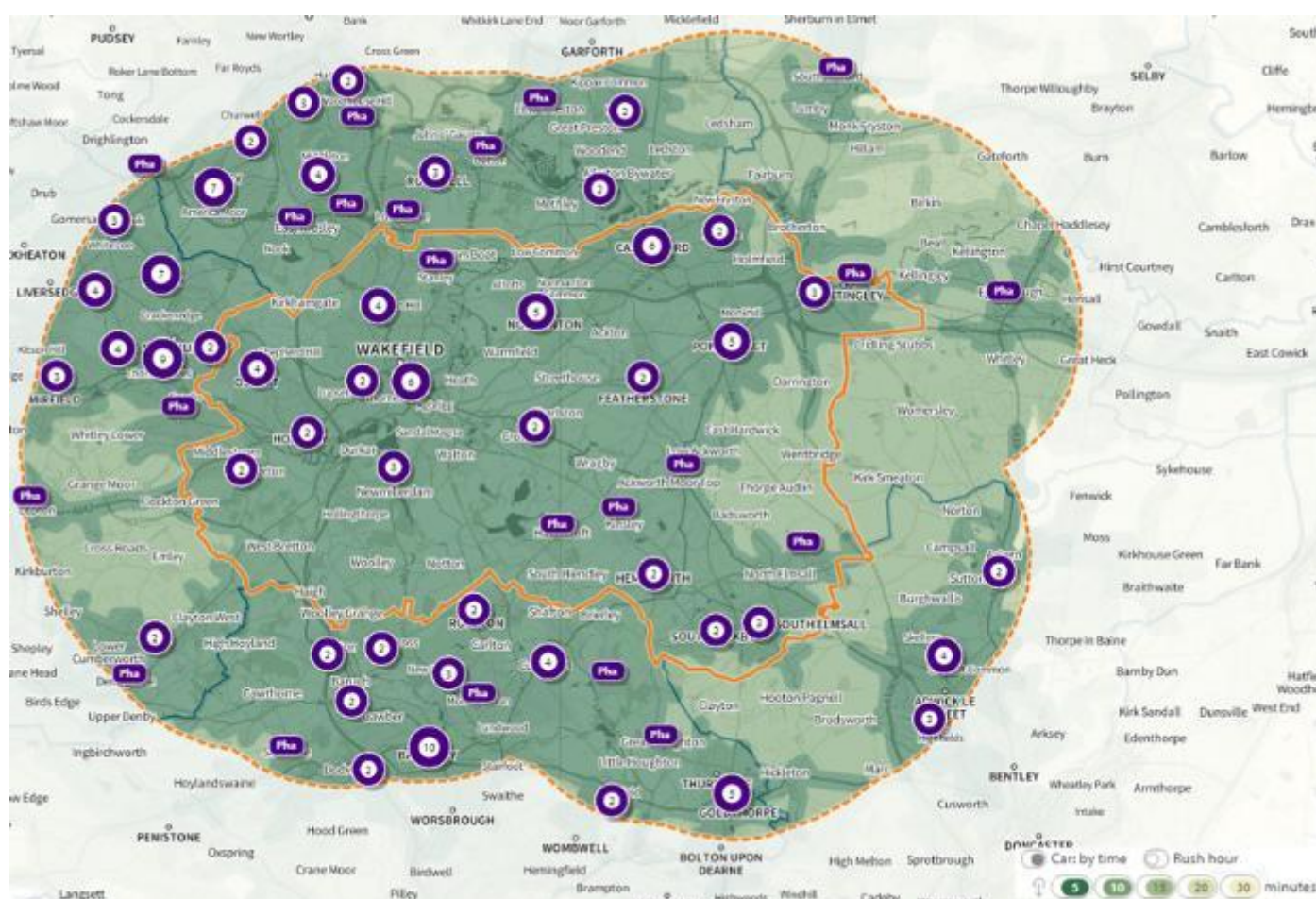
Generally, the greater health need within a community is in areas with higher levels of deprivation. It is encouraging to see, in Figure 15, the correlation between the location of community pharmacies and dispensing practice premises and areas with higher levels of deprivation in the district. In this map, the darker the shading the greater the level of deprivation.

7.1.1. Access to Pharmacy Premises (Service Coverage)

Nationally, standards for access to a community pharmacy are quoted as 99% of the population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.⁵⁴

The Wakefield public engagement survey showed that almost nine in ten (88%) respondents said that the location of the pharmacy was important (those who selected '4' or '5' where '1' was not important and '5' was very important). When asked about specific factors regarding the location of the pharmacy, more than three-quarters (77%) of respondents said that being close to their home was the most important factor and more than half (54%) said that being close to their GP practice was most important to them.

Figure 16: Community pharmacies and dispensing GP practices to show driving distance by time via car to the nearest pharmacy, including a 6km buffer to the Wakefield District boundary.



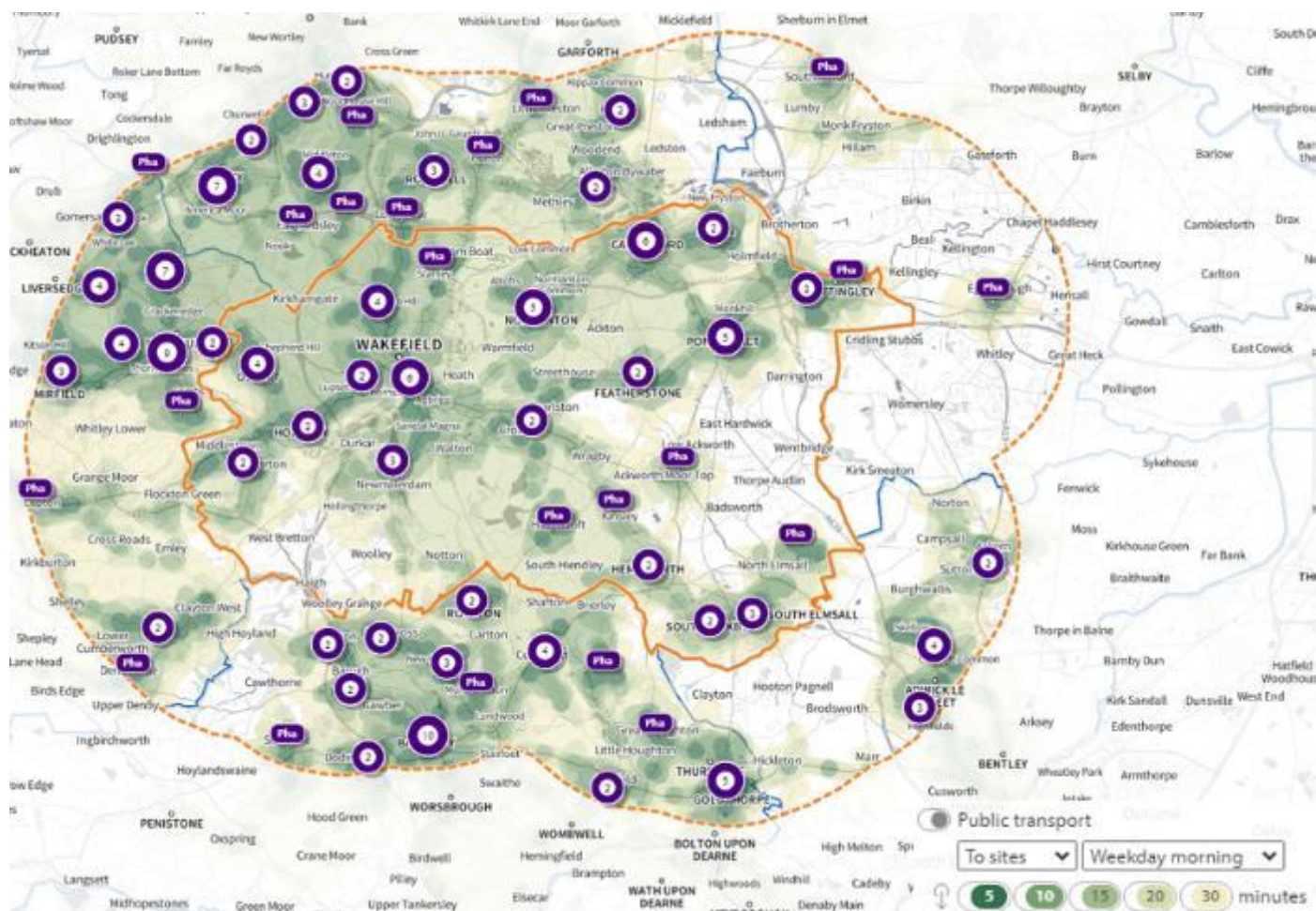
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Figure 16 shows that all residents can access a community pharmacy in (or within 6km of the boundary of) Wakefield District within ten minutes by car.

54 Pharmacy in England. Building on strengths – delivering the future. Department of Health, April 2008.

The public engagement survey showed that most people would use a car or walk to access a pharmacy. Nine in ten (91%) of those using a car said it usually takes 15 minutes or less to get there and, of those that walk, 83% said it usually takes 15 minutes or less.

Figure 17: Community pharmacies and dispensing GP practices to show driving distance by time via public transport to the nearest pharmacy, including a 6km buffer to the Wakefield District boundary.



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Figure 17 shows that most residents can access a community pharmacy in (or within 6km of the boundary of) Wakefield District within 30 minutes by public transport. The areas with travel times of higher than 30 minutes are generally more rural areas, with a lower population density.

One in ten (11%) respondents to the public engagement survey said they had to change pharmacy due to closure. When asked how it impacted them, there were numerous mentions of travelling further to get to a pharmacy and having to queue for longer.

7.1.2. Access to Essential Services and Dispensing Appliance Equivalent Services

Although the public engagement survey (see Appendix F: Public Survey Results) showed that weekdays between 9am and 6pm to be the preference for access to a pharmacy (49% of respondents), there are times when people need or choose to access a pharmacy outside of these times. Just over a third of respondents (34%) said they did not have a preferred time, whilst 29% said Saturday, 14% said Sunday, and 18% said weekdays after 6pm.

Of the 61 community pharmacies in Wakefield District:

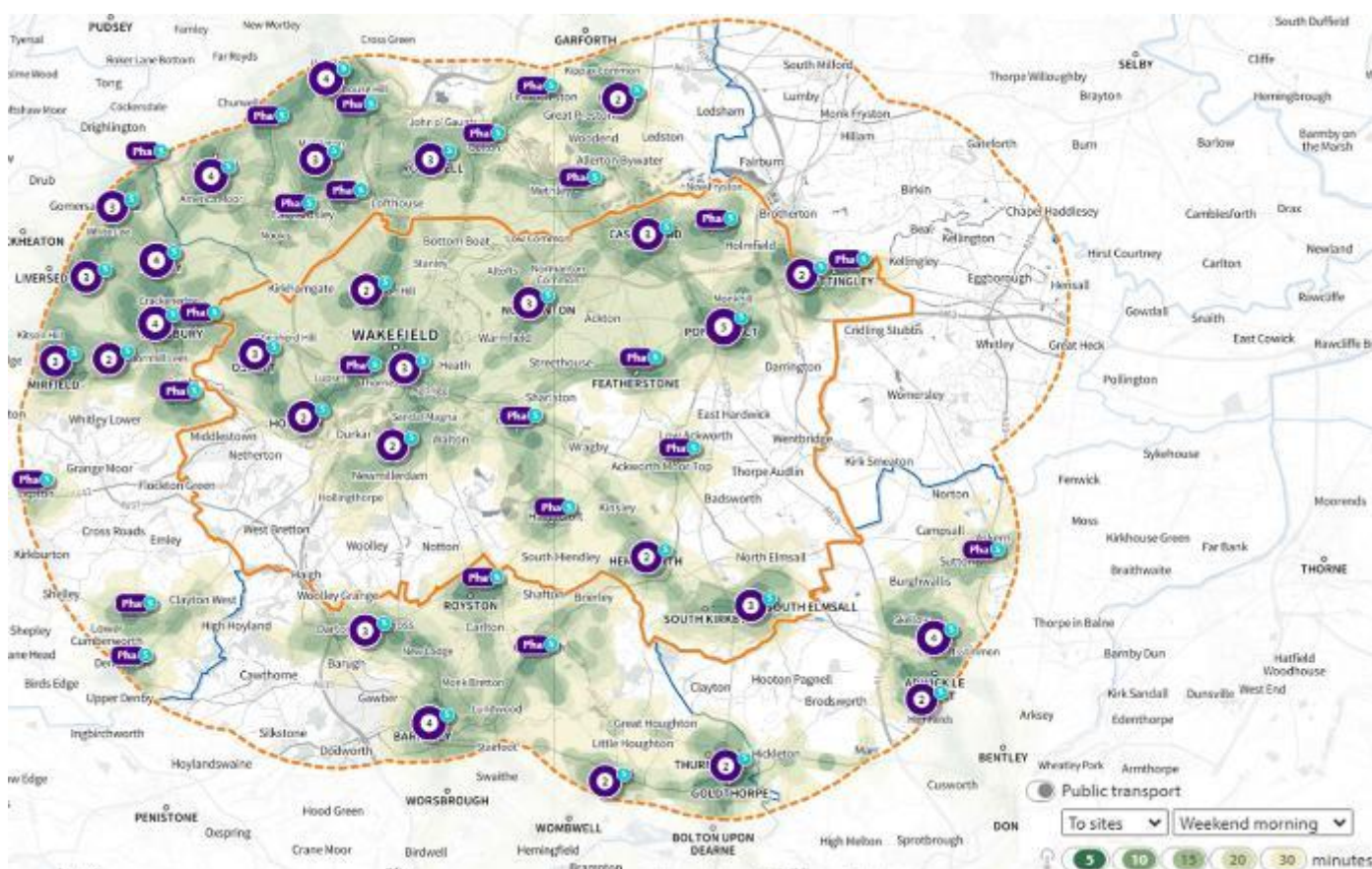
- 50 are open on an evening after 5:30pm (28 open after 6pm)
- 37 are open on Saturdays (for a minimum of three hours)
- Six are open on Sundays
- Six provide services for 72 hours or more per week

The one dispensing appliance contractor, Charles S Bullen Stomacare, is based in Ossett and open Monday to Friday, 10:00-16:00.

7.1.3. Access to Community Pharmacies on a Weekend

Some community pharmacies open on Saturdays and/or Sundays to ensure access to services on a weekend in the district.

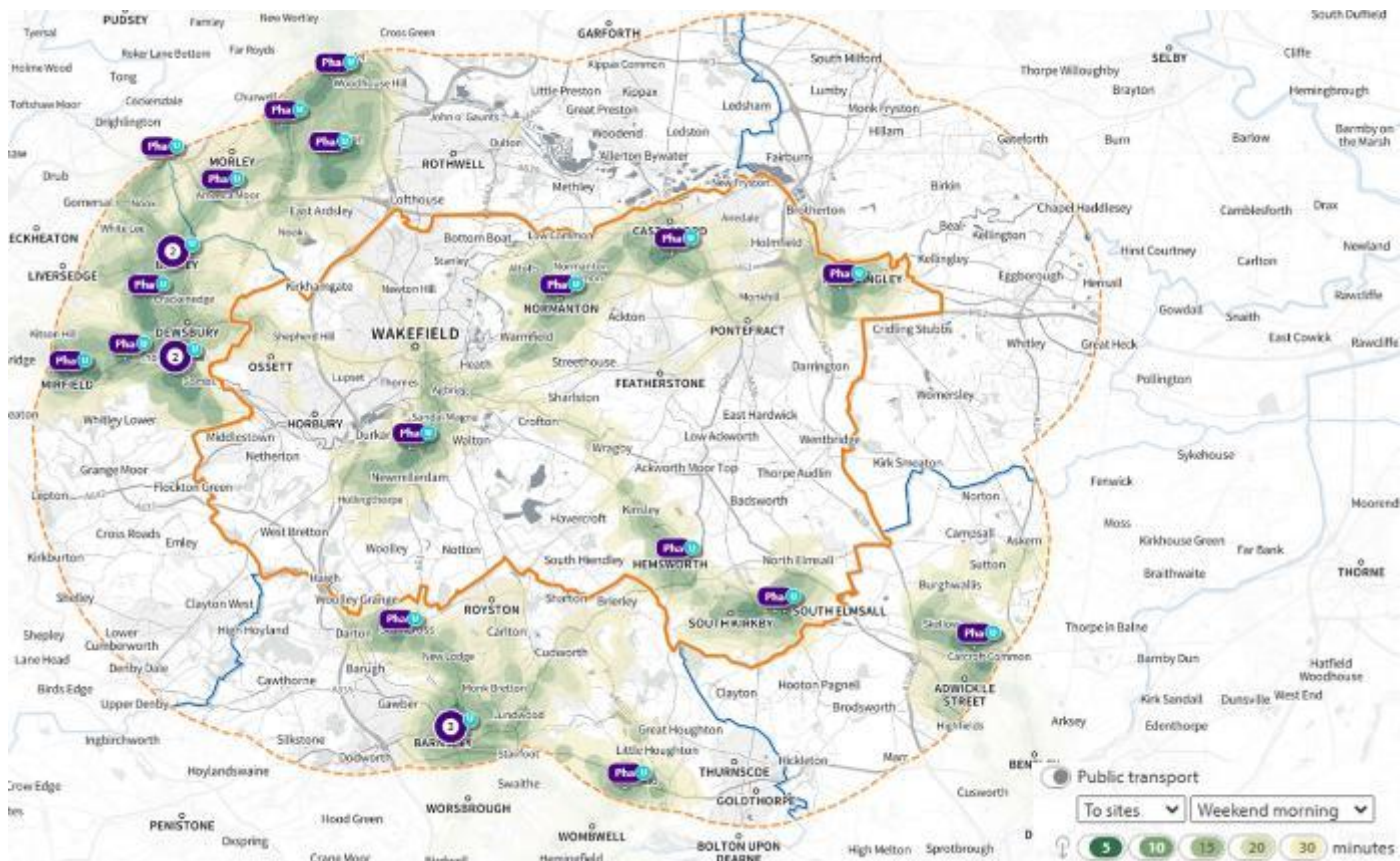
Figure 18: Community pharmacies with Saturday opening hours (for a minimum of three hours) to show driving distance by time via public transport to the nearest pharmacy, including a 6km buffer to the Wakefield District boundary.



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As shown in Figure 18, 37 community pharmacies are open for a minimum of three hours on a Saturday in Wakefield District. Service provision is generally aligned to areas where there is a higher population density.

Figure 19: Community pharmacies with Sunday opening hours to show driving distance by time via public transport to the nearest pharmacy, including a 6km buffer to the Wakefield District boundary.



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Figure 19 shows that six community pharmacies are open on a Sunday in Wakefield District.

With the closure of the Lloyds pharmacy in Sainsbury's, Wakefield city centre, there is currently no pharmacy provision in the centre of Wakefield on Sundays. The King Street Walk in Centre operates in the centre of Wakefield and is open every day (10:00-22:00). Should patients be prescribed medication from this service on a Sunday, the nearest open pharmacy is the Asda pharmacy near Sandal, which is a three-mile drive or 30 minutes by bus.

There is also an Urgent Treatment Centre in Pontefract. Should patients be prescribed medication from this service on a Sunday, there is a pharmacy located within Pontefract Hospital, which is available for hospital dispensed prescriptions only, and is open on Sundays 10:00-13:00.

7.1.4. Electronic Prescription Service (EPS) for Items Prescribed within Wakefield District

The Electronic Prescription Service (EPS) allows prescribers to send prescriptions electronically to a dispenser, such as a pharmacy, nominated by the patient. Although EPS usage is based on how a GP issues a prescription which cannot be influenced by pharmacies, pharmacies can be involved, with patient consent, in the initial set up to become the patient's EPS pharmacy, supporting the roll out of this service.

Usage of the EPS for items prescribed in Wakefield District was steadily increasing prior to the COVID-19 pandemic. With the emergence of COVID-19 and the March 2020 lockdown, the percentage increased rapidly, exceeding 95% just a couple of months later in April 2020 and continued to increase throughout the pandemic period, even when lockdown periods ended. Usage of the EPS continued with 98% of items processed via EPS during 2023-24.

7.2. Essential Services: Provision Outside of Wakefield District

Patients have a choice of where they access pharmacy services. This may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for Wakefield District residents are dispensed within the area.

Almost 92% of items prescribed in Wakefield District were dispensed within the district with the majority being dispensed by community pharmacies. Table 10, below, shows the detailed breakdown. A personally administered medication (PADM) is a prescription item prescribed and administered by a member of a GP practice team, which can include vaccines and anaesthetics.

Table 10: Location of dispensed items between April 2023 and March 2024 (2023-24).

Source: NHS England.

	Type of contractor	Number	Percentage
In area - Wakefield	Community Pharmacy	8,196,098	86.5%
	Dispensing Appliance Contractor	3,705	0.0%
	Dispensing GP	216,348	2.3%
	Distance Selling Pharmacy	167,433	1.8%
	Personally administered medication (PADM)	90,230	1.0%
Out of area	Community Pharmacy	367,376	3.9%
	Dispensing Appliance Contractor	74,744	0.8%
	Distance Selling Pharmacy	355,106	3.7%
Totals		9,471,040	

Of the 797,226 items that were dispensed outside of Wakefield District between April 2023 and March 2024:

- 298,077 (37.4%) were dispensed in Leeds
- 81,291 (10.2%) in North Yorkshire
- 80,578 (10.1%) in Ealing, West London
- 45,021 (5.6%) in Kirklees
- 43,249 (5.4%) in Barnsley
- 37,474 (4.7%) in Bradford
- 32,457 (4.1%) in Doncaster
- 29,456 (3.7%) in Peterborough, Cambridgeshire

Prescriptions that were dispensed out of area were dispensed across the country via community pharmacy, dispensing appliance contractors, and distance selling pharmacy. Of the items dispensed outside of Wakefield District, the percentage dispensed via distance selling pharmacy increased from 29.0% in 2019-20, prior to the COVID-19 pandemic, to just under 40% during the pandemic period. In 2023-24, this increased slightly to 44.5%.

7.3. Advanced Services Provision

In addition to essential services, the community pharmacy contractual framework allows for community pharmacy contractors to provide Advanced Services once accreditation requirements have been met. Currently there are nine advanced services:

- Appliance Use Reviews (AURs)
- New Medicine Service (NMS)
- Flu Vaccination Service
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service
- Hypertension Case Finding Service

- Pharmacy First Service
- Pharmacy Contraception Service (PCS)
- Lateral Flow Device (LFD) Service

The Community Pharmacist Consultation Service (CPCS) ended on 30 January 2024. From 31 January 2024, the service was incorporated into the Pharmacy First Service.

Each of the Advanced Services is intended to support and empower patients to optimise the safe and effective use of their medicines or appliances and to reduce waste. Further information about these services can be found on the [Community Pharmacy England](#) website.

7.3.1. Access to Appliance Use Reviews (AURs)

An AUR aims to help patients use their appliances more effectively.

There is only one appliance contractor in Wakefield District. Information on the AUR services provided by pharmacies and dispensing appliance contractors outside of the district to residents of Wakefield is not available due to the way contractors claim. Some Wakefield residents may access the service from pharmacies and dispensing appliance contractors outside the district.

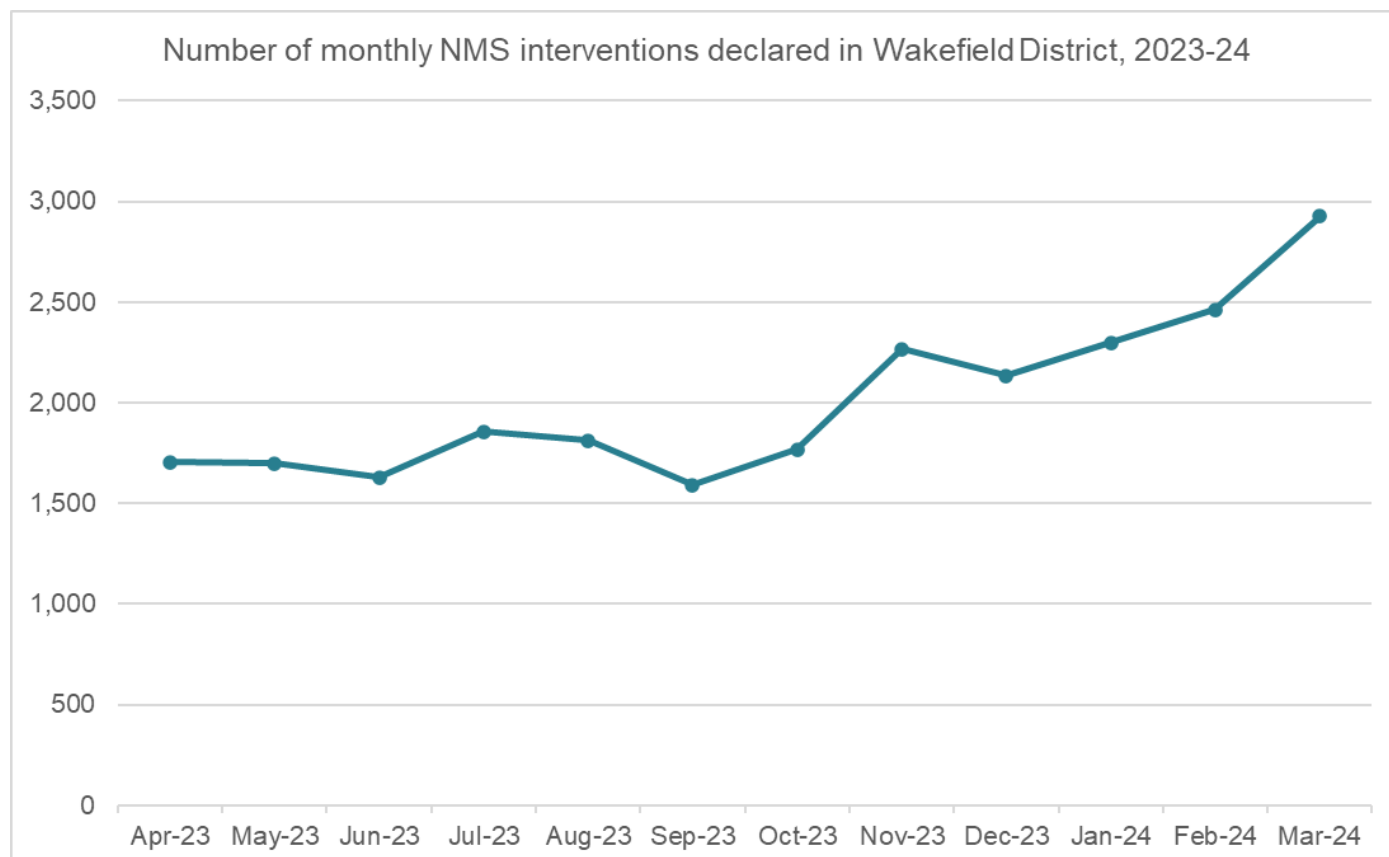
7.3.2. Access to the New Medicine Service (NMS)

The NMS is provided to patients who have been newly prescribed a medicine for a long-term condition, to improve adherence.

According to NHS pharmacy dispensing activity data, most of the district's pharmacies provide the NMS (63), including some distance selling pharmacies. As shown in Figure 20, the number of interventions increased throughout 2023-24 from around 1,700 per month at the start of the year to nearly 3,000 in March 2024.

Figure 20: Number NMS interventions declared in Wakefield District, 2023-24.

Source: NHS BSA Pharmacy Dispensing Data.

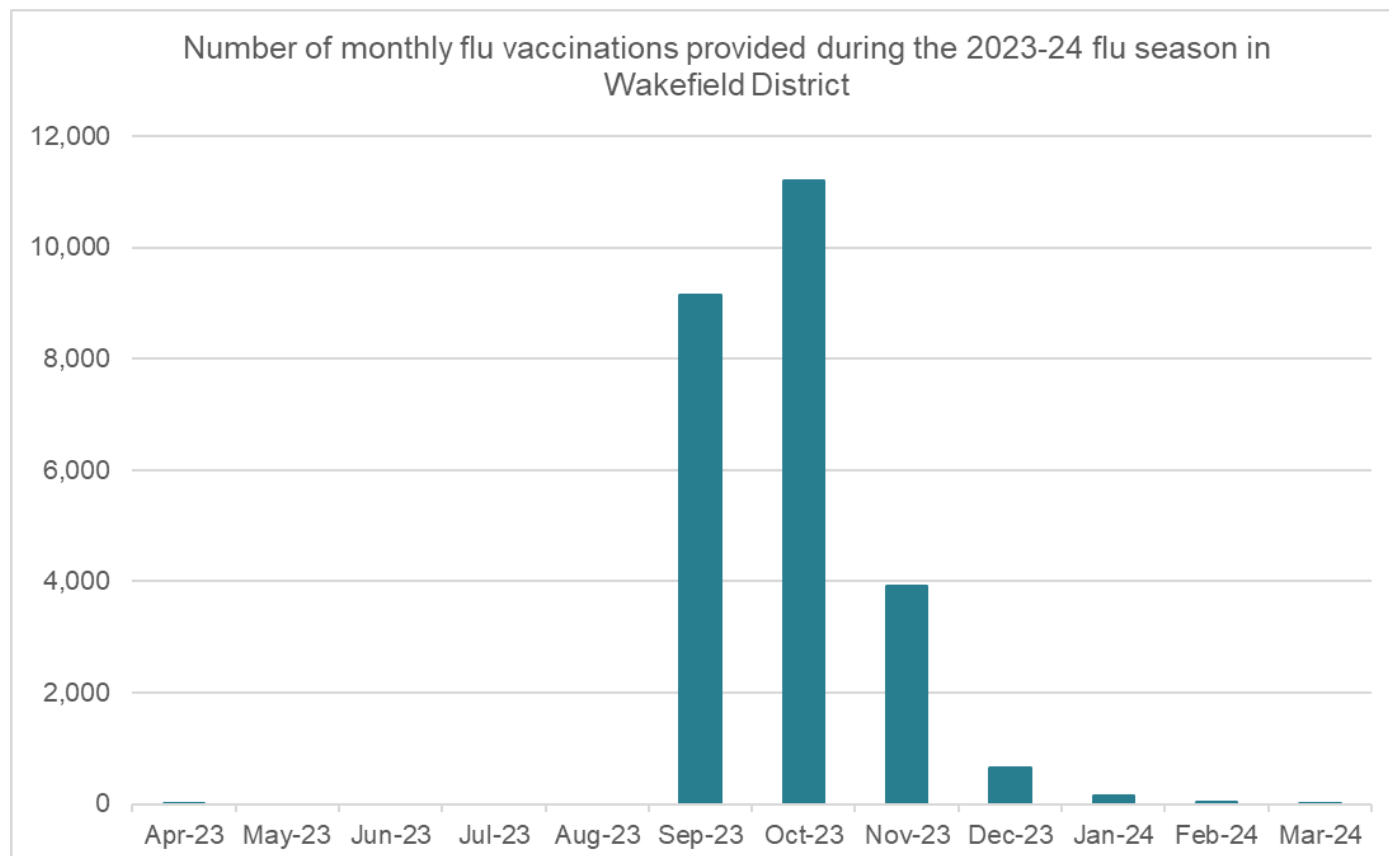


7.3.3. Access to the Flu Vaccination Service

Flu vaccination services are available across the district with all 61 community pharmacies providing the service. During the seasonal flu vaccination campaign period, pharmacy staff will identify adults aged 18 and over who are eligible for seasonal flu vaccination and encourage them to be vaccinated.

Over 25,000 flu vaccinations were administered by community pharmacies in Wakefield District during the 2023-24 flu season between September 2023 and March 2024. The vast majority of these were administered earlier in the season between September and November 2023, as shown in Figure 21.

Figure 21: Number of flu vaccinations provided in Wakefield District during the 2023-24 flu season.
Source: NHS BSA Pharmacy Dispensing Data.



7.3.4. Access to the Stoma Appliance Customisation (SAC) Service

The SAC service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Information on SAC services provided by community pharmacies and dispensing appliance contractors outside of the district to residents of Wakefield is not available due to the way contractors claim. Some Wakefield residents may access the service from a distance, for example online, from pharmacies and dispensing appliance contractors outside of Wakefield.

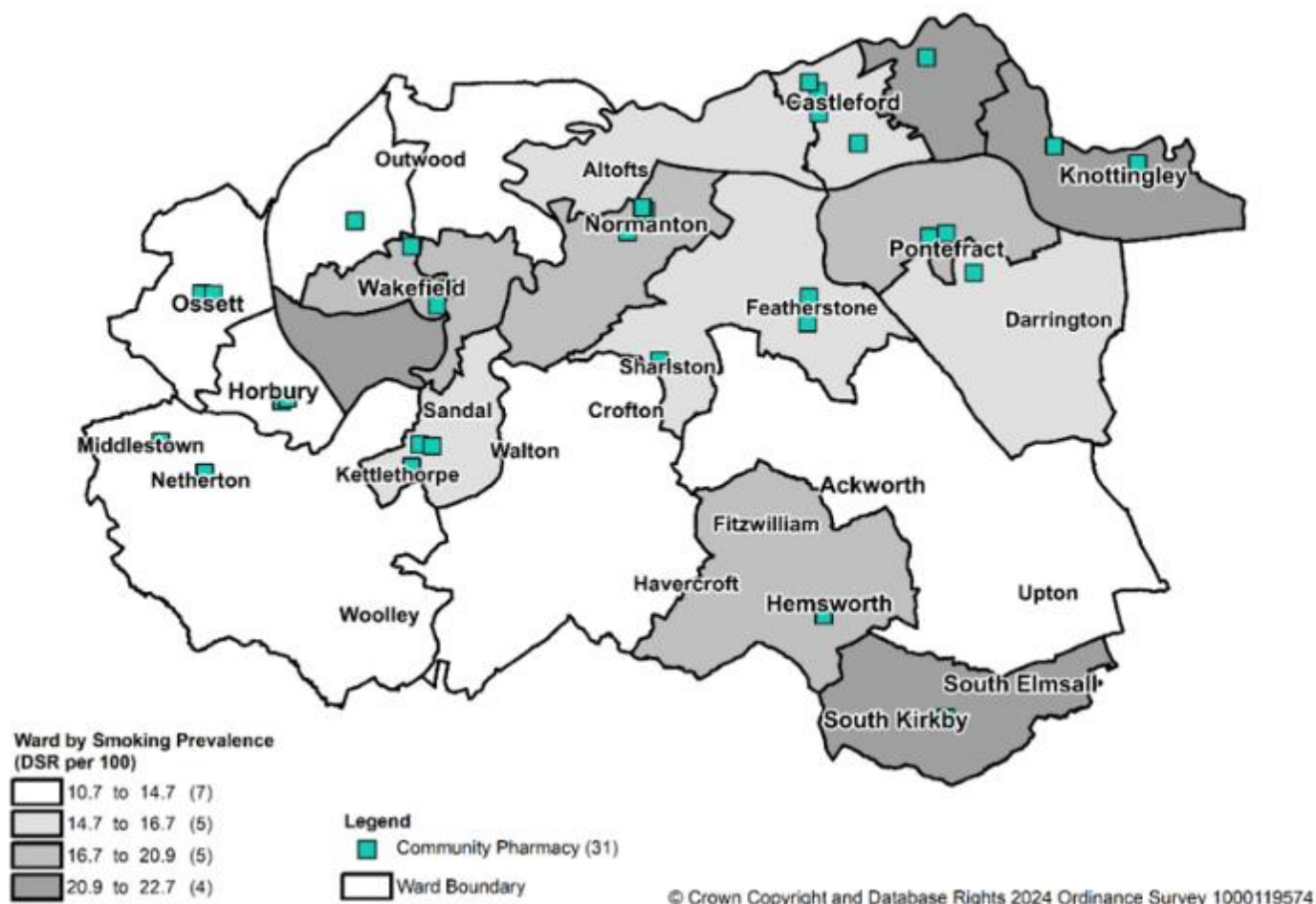
In 2019, 16 pharmacy services provided the SAC service, however the vast majority of stoma customisation activity occurred at the appliance contractor Charles S Bullen Ltd, Ossett. In 2023-24, one pharmacy service, Kingfisher Chemist Ltd, Kirkgate, Wakefield and the appliance contractor Charles S Bullen Ltd, Ossett provided the SAC service in Wakefield District, again with the vast majority of activity occurring in Ossett.

7.3.5. Access to the Smoking Cessation Service

The Smoking Cessation Service provides access to ongoing support and advice on treatments for people who want to stop smoking. It was introduced as an Advanced Service in March 2022 and in Wakefield District, 31 community pharmacies provide the service. Figure 22 shows how smoking cessation services are generally aligned with areas where there is a higher smoking prevalence. There are other stop smoking services within Wakefield District, including NHS Yorkshire Smokefree Wakefield which provides services at GP practices, community centres and other locations.

Figure 22: Community pharmacies providing smoking cessation in Wakefield District compared to smoking prevalence.

Directly standardised rate per 100 population, SystmOne registered Wakefield District population aged 20+ with a recorded smoking status in the last 12 months or never smoked since 2004 as of 12 December 2024.

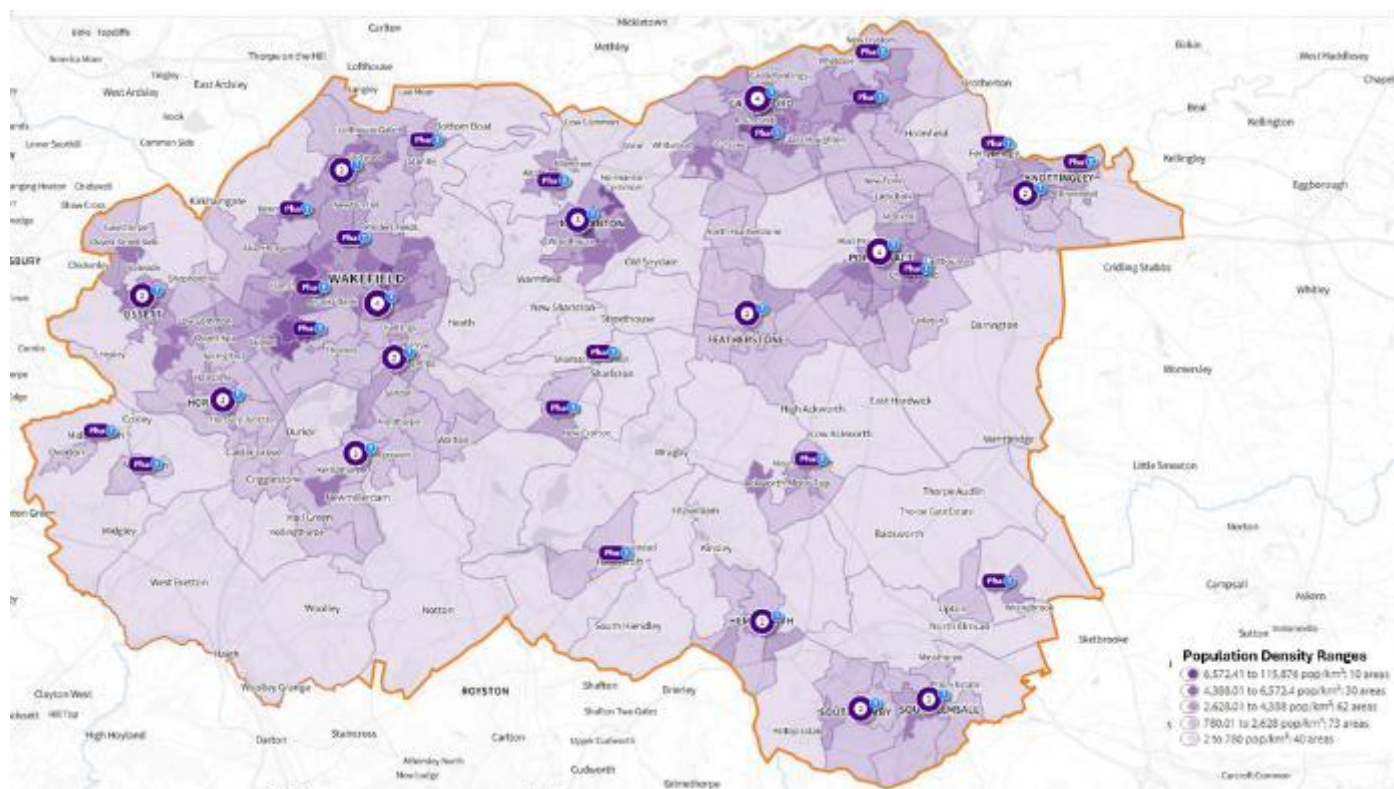


7.3.6. Access to the Hypertension Case Finding Service

Hypertension is the biggest risk factor for cardiovascular disease and is one of the main risk factors for premature death and disability in England. The Hypertension Case Finding Service predominantly aims to identify people aged 40 and above (although it can also include people under 40) with high blood pressure and refer them to general practice to confirm diagnosis and for appropriate management.

Most community pharmacies (57) in the district provide the Hypertension Case Finding Service, as shown in Figure 23. Around half of these (28) provided Ambulatory Blood Pressure Monitoring (ABPM) during the year. ABPM is a method to measure a person's blood pressure at regular intervals over a 24-hour period during daily activities.

Figure 23: Community pharmacies providing the Hypertension Case Finding Service in Wakefield District compared to population density.



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7.3.7. Access to the Pharmacy First Service

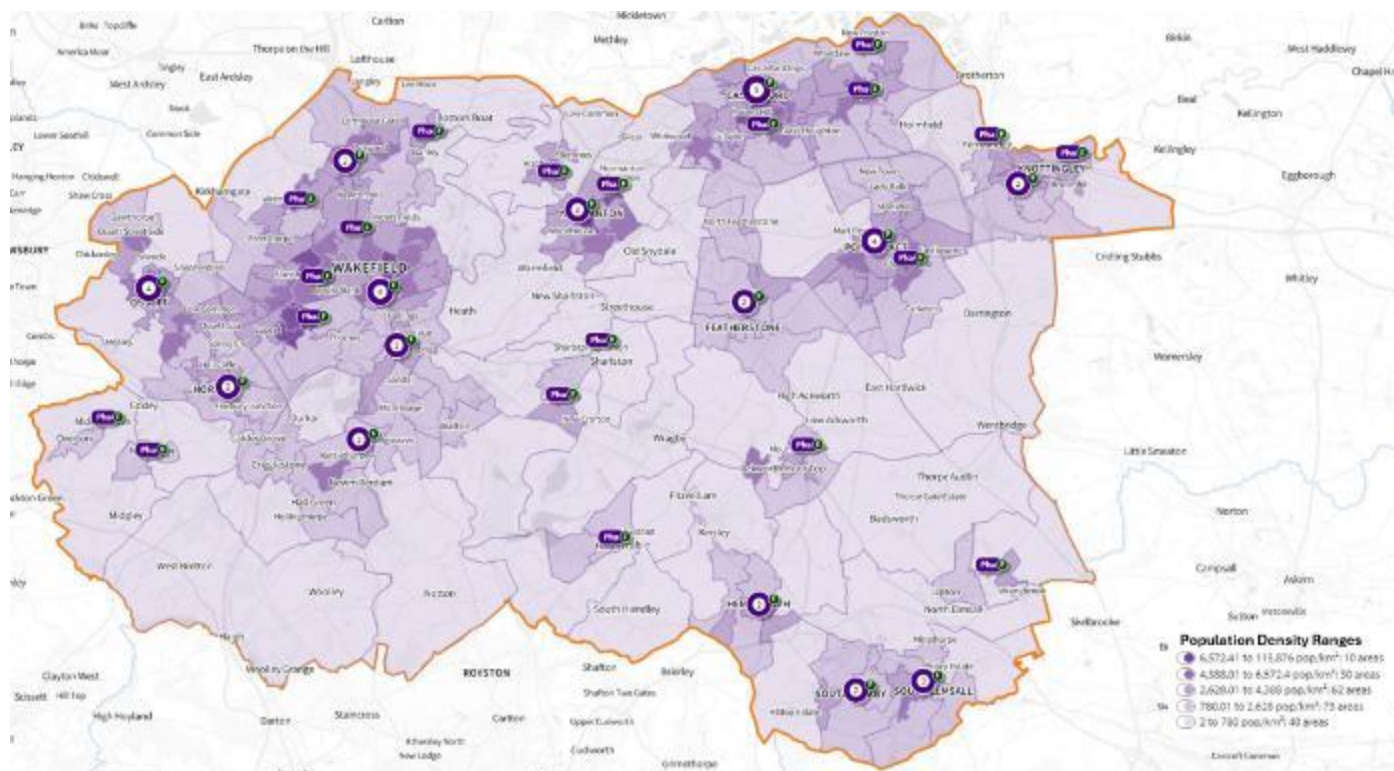
The Pharmacy First Service commenced on 31 January 2024 and involves pharmacists providing advice and NHS-funded treatment, where appropriate, for seven conditions:

- Sinusitis – 12 years and over
- Sore throat – five years and over
- Acute otitis media – one to 17 years
- Infected insect bite – one year and over
- Impetigo – one year and over
- Shingles – 18 years and over
- Uncomplicated urinary tract infection (UTI) – women 16 to 64 years

Pharmacy First aims to enable patients to get these prescription medications directly from a pharmacy, without a GP appointment. The service is expected to free up GP appointments for patients who need them most and will give people quicker and more convenient access to safe and high-quality healthcare. Previously, NHS patients in England had to visit their GP to access prescription only medication, meaning repeated GP visits and potential delays in treatment.

Almost all community pharmacies (60) in Wakefield District provided advice and/or treatment relating to at least one of the seven conditions (Figure 24).

Figure 24: Community pharmacies providing the Pharmacy First service in Wakefield District compared to population density.

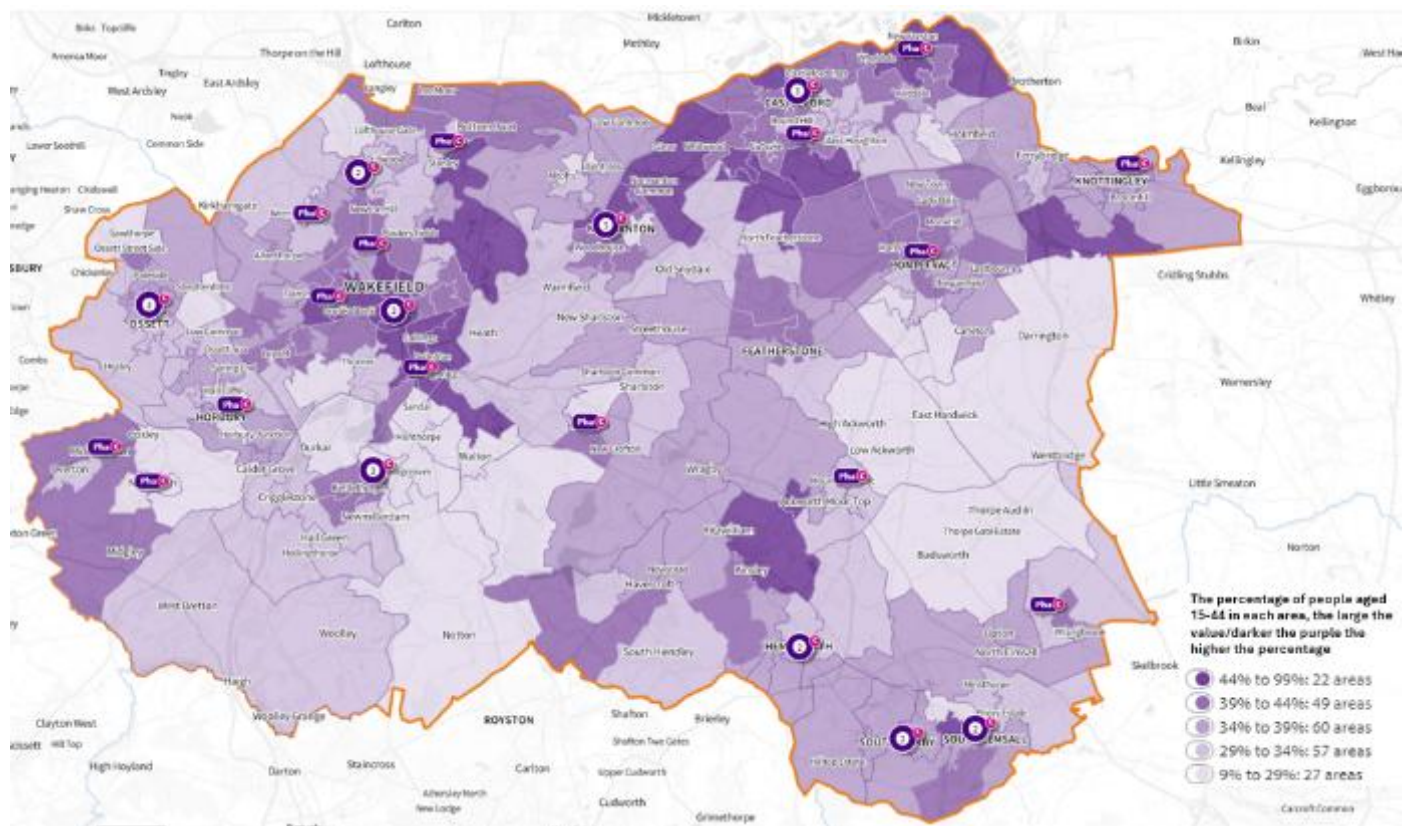


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7.3.8. Access to the Pharmacy Contraception Service (PCS)

The PCS allows the ongoing monitoring and supply of oral contraception from community pharmacies, providing greater choice from where people can access contraception services. Pharmacies can initiate the provision of oral contraception, provide ongoing support, and also continue the provision of supplies initiated in primary care and sexual health clinics. During 2023-24, 38 community pharmacies in the district provided the PCS, as shown in Figure 25.

Figure 25: Community pharmacies providing PCS in Wakefield District compared to people aged 15-44.

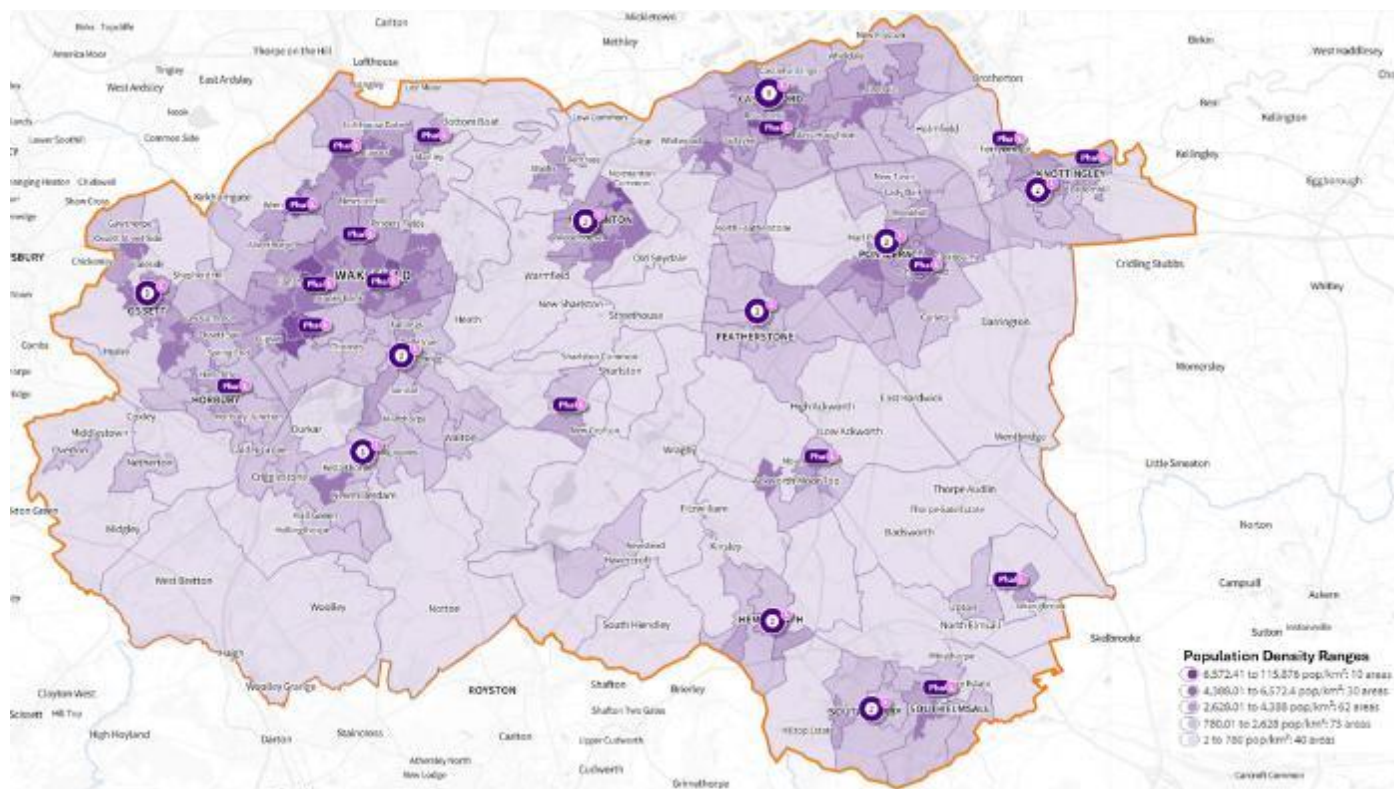


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7.3.9. Access to the Lateral Flow Device (LFD) Service

Commissioned as an Advanced Service in November 2023, the LFD service was introduced to provide eligible patients with access to LFD tests. People who are at risk of becoming seriously ill with COVID-19 are eligible for treatment via the NHS and need LFD tests in advance of developing symptoms. It is a walk-in service where patients or patients' representatives can collect LFD tests from a participating community pharmacy. In Wakefield District, 42 community pharmacies provide the LFD service to patients (Figure 26).

Figure 26: Community pharmacies providing the LFD service in Wakefield District compared to population density.



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7.4. Locally Commissioned Service Provision

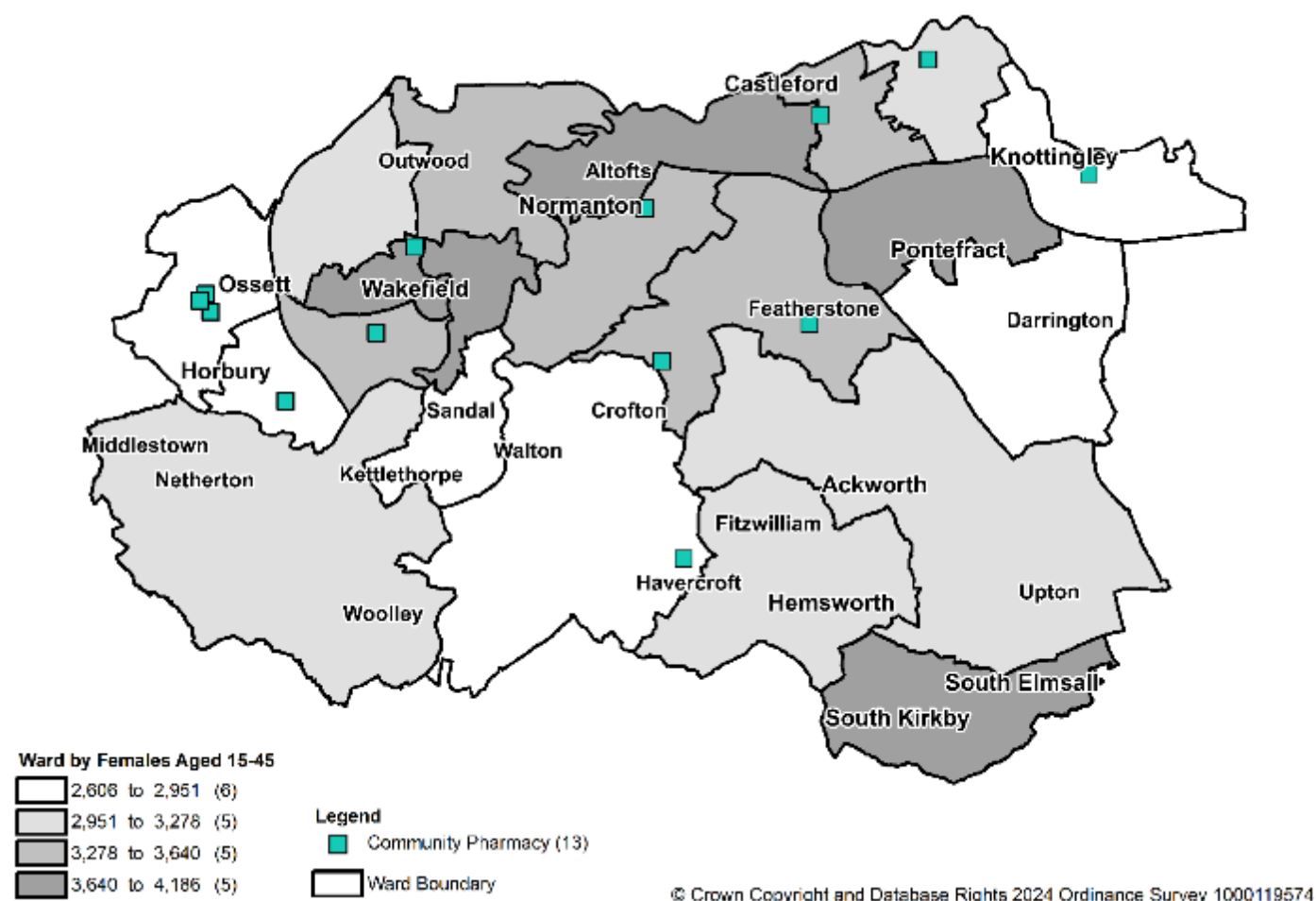
Wakefield Council, Wakefield sub-ICB or another commissioner may also commission services from pharmacies and dispensing appliance contractors. These services fall outside the definition of pharmaceutical services and, for the purposes of this document, are referred to as locally commissioned services.

7.4.1. Access to Emergency Hormonal Contraception (EHC)

Wakefield Public Health commissions the Clinical Sexual Health Service which includes co-ordinating the delivery of EHC in community pharmacies via a contract delivered by Spectrum Community Health Community Interest Company (CIC). In Wakefield District, 13 community pharmacies provide EHC, as shown in Figure 27. As part of their offer, Spectrum aim for at least one community pharmacy per Primary Care Network (PCN) area to be part of the EHC scheme.

Figure 27: Community pharmacies providing EHC services in Wakefield District compared to females aged 15-45 years.

Source: ONS population estimates 2022.



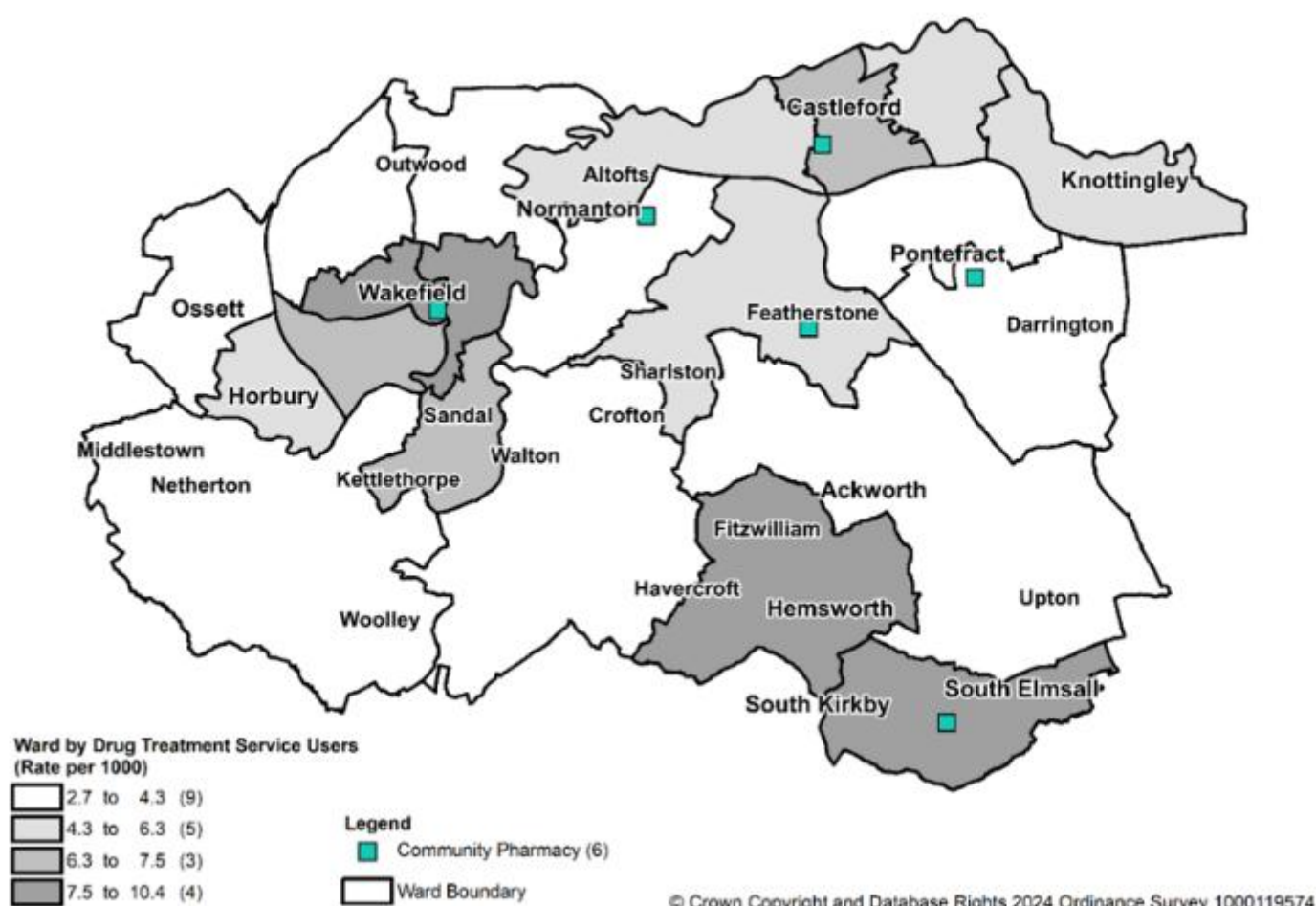
7.4.2. Access to Needle Exchange

The aim of syringe and exchange services is to reduce the rates of equipment sharing amongst injecting drug users, preventing the risks of infection and drug related harm. Six community pharmacies provide needle exchange services in Wakefield District. These are in Wakefield centre, Pontefract, South Kirkby, Normanton, Featherstone, and Glasshoughton (Castleford). Figure 28 shows how needle exchange service provision is aligned to areas where there are higher levels of drug treatment service users.

The pharmacy provision of this service is sub-contracted by the drug treatment service, which is commissioned by Wakefield Council. Currently six community pharmacies provide needle exchange with Expressions of Interest issued periodically by the drug treatment service, based on funding and need. Needle exchange is also provided by the drug treatment service itself, with three separate sites in Wakefield and an app allowing people to order directly.

Figure 28: Community pharmacies providing needle exchange services in Wakefield District compared to drug treatment services users.

Drug treatment service users (all ages) rate per 1,000 population. Source: Turning Point (30 September 2024), ONS population estimates 2022.



7.4.3. Access to Take Home Naloxone (THN)

Naloxone is an emergency antidote for an overdose of heroin, other opiates and opioids such as methadone, morphine, and fentanyl. It works by reversing the effects of the drugs and associated breathing difficulties.

The THN service allows community pharmacies to supply naloxone to people aged 18 years or over for someone who is using or has previously used opioids and is at potential risk of overdose. It can also be supplied to the person's carers, family members or friends who may be on hand in case of overdose.

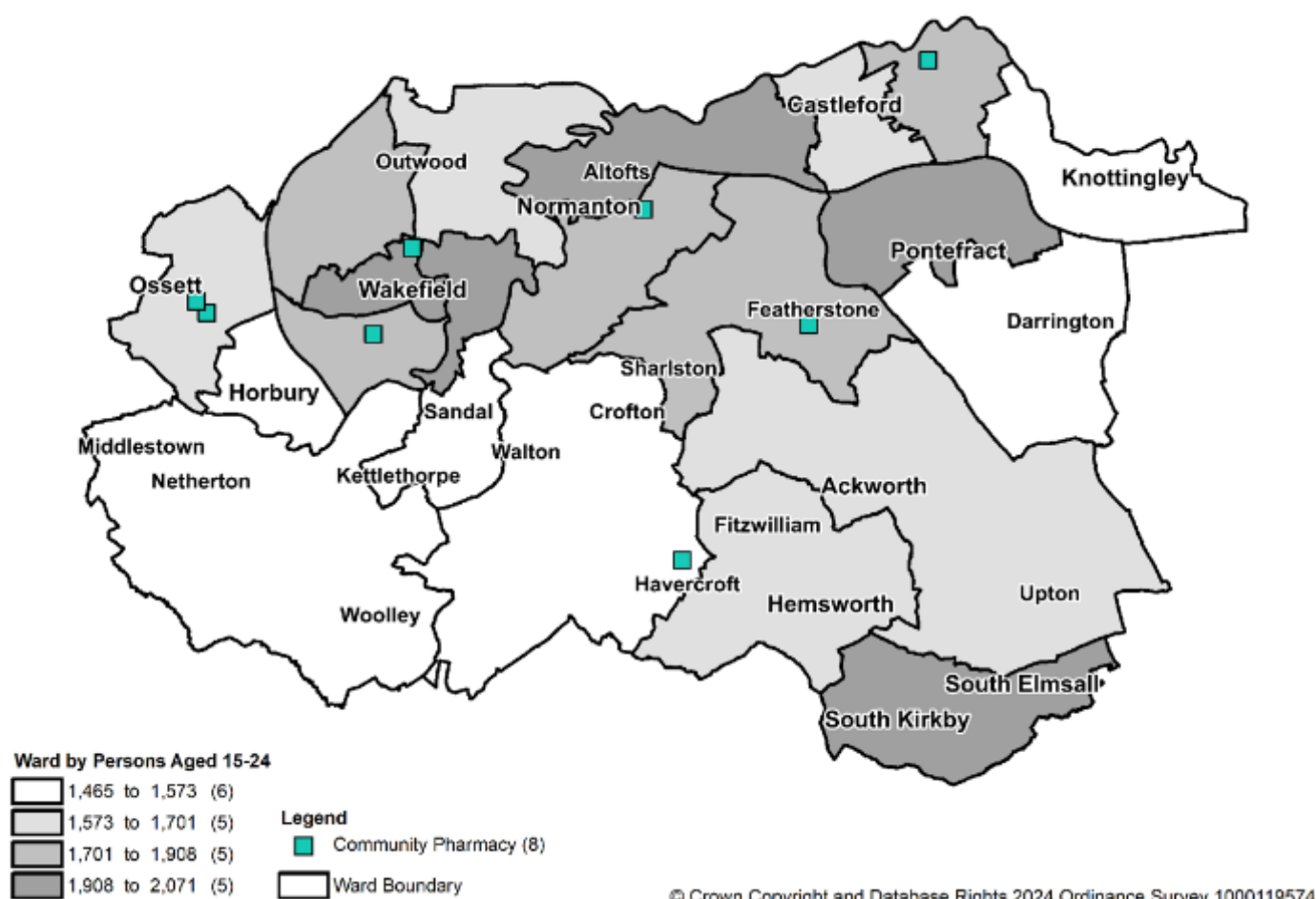
The service is offered by the same six community pharmacies as shown above in Figure 28.

7.4.4. Access to Chlamydia Screening

Pharmacies can provide chlamydia screening kits to sexually active males and females when purchasing condoms, dispensing oral contraceptive pills, and supplying EHC. Chlamydia screening services are provided by eight community pharmacies in Wakefield District, as shown in Figure 29.

Figure 29: Community pharmacies providing chlamydia screening in Wakefield District compared to persons aged 15-24.

Source: ONS population estimates 2022.

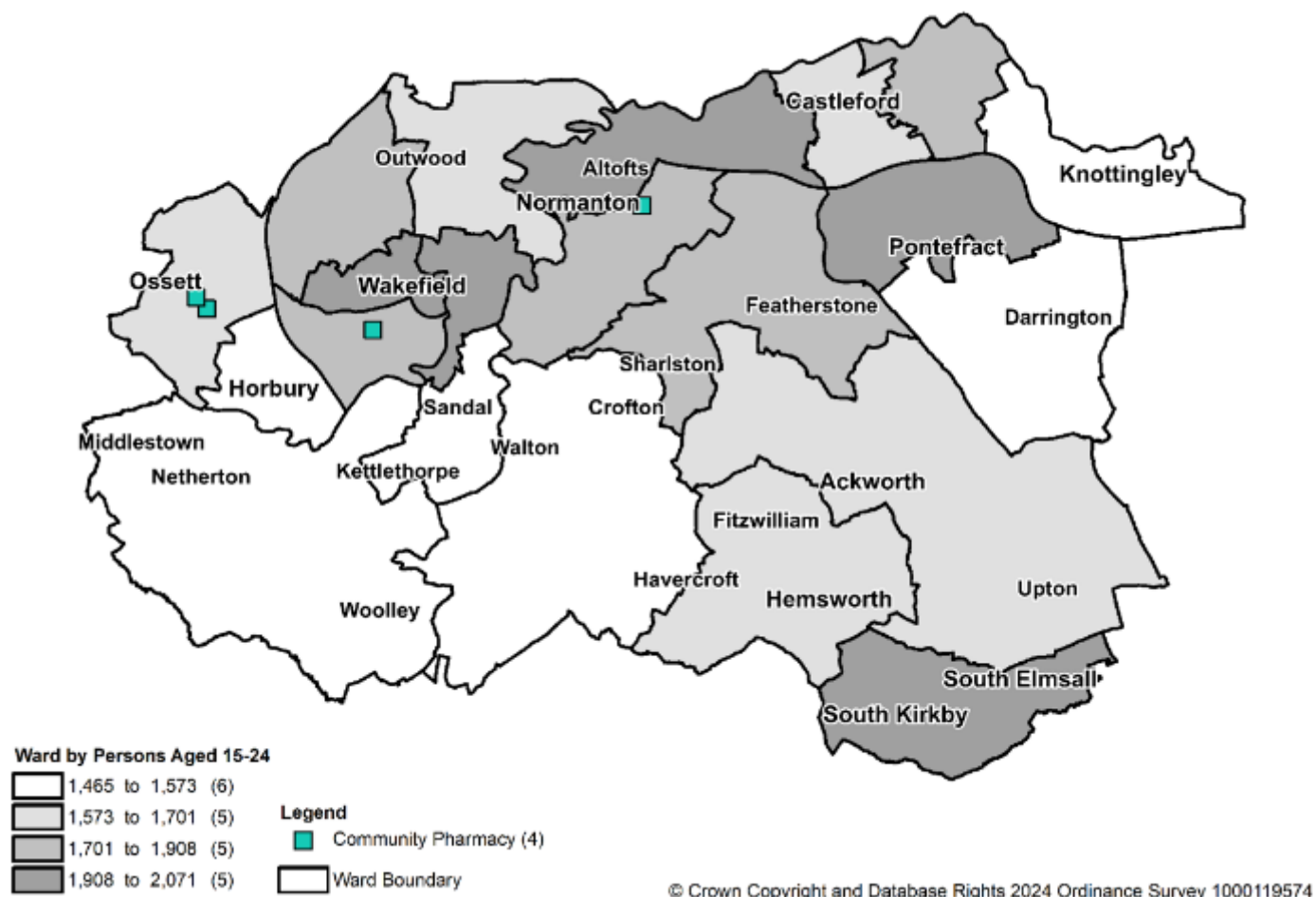


7.4.5. Access to Condom Distribution C-Card Scheme

Condom distribution schemes are a key method of promoting condom use. The C-Card scheme is aimed at young people who can register to get a range of free condoms, information, and advice. The aim of the service is to promote reproductive and sexual health and help young people to access local services. The service in Wakefield is offered by the four community pharmacies as shown in Figure 30.

Figure 30: Community pharmacies providing the condom distribution service compared to people aged 15-45 years.

Source: ONS population estimates 2022.



A wide range of non-pharmacy venues and sites across the district have enrolled on the C-Card scheme to become a distributor. Venues include some family and youth hubs, community interest companies (CIC), support hubs and sexual health services.⁵⁵

In the public engagement survey, almost half (48%) of those aged under 35 said they have used or would use the C-Card scheme at a pharmacy if required.

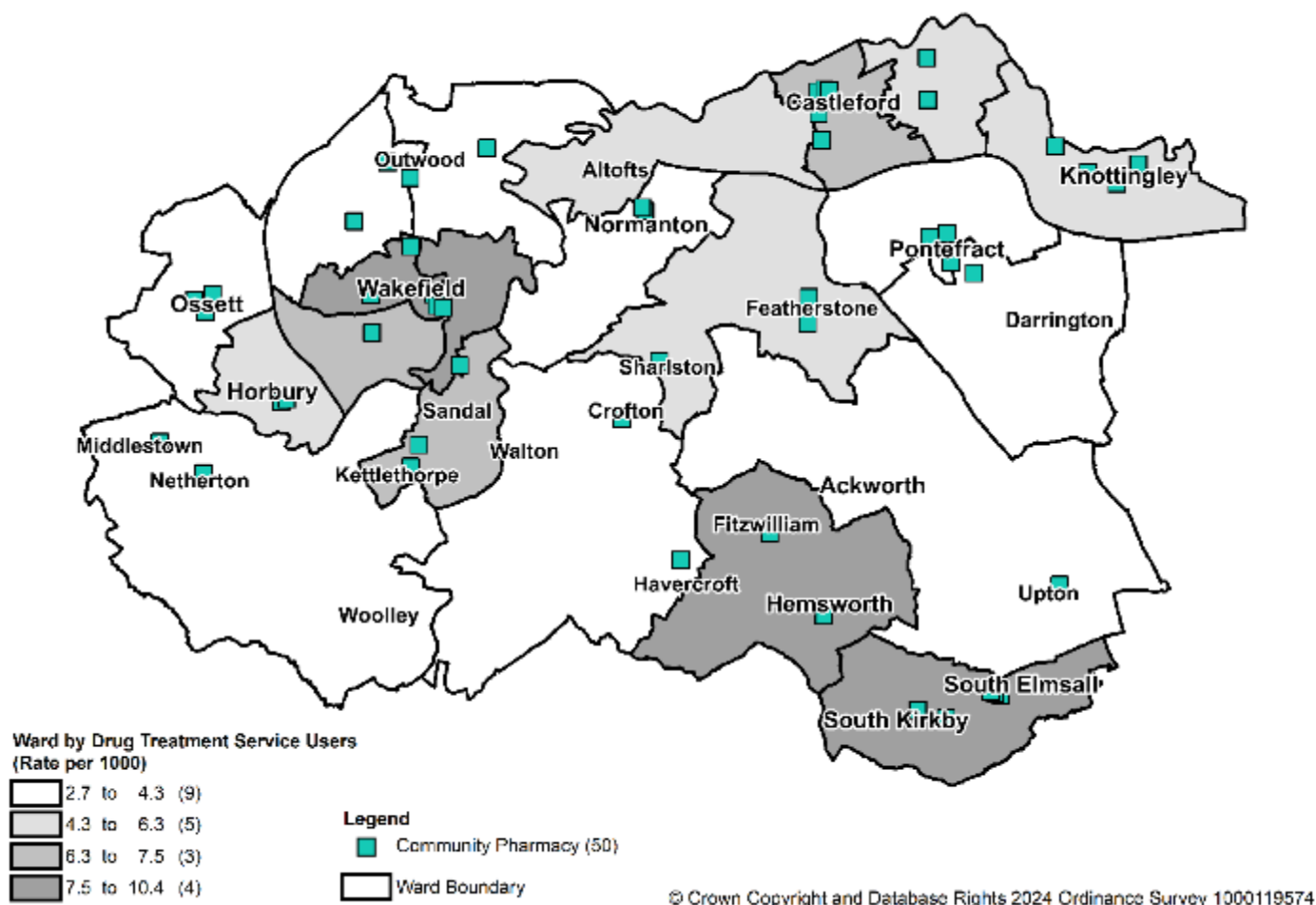
55 Spectrum: C-Card Venues.

7.4.6. Access to Supervised Consumption

Supervised consumption is an NHS service which is used in certain conditions to ensure that patients take their medication at regular intervals. The pharmacist supervises the consumption of prescribed medicines, ensuring that the dose has been administered and consumed as required by the prescription, to the patient. Within West Yorkshire, this service is commissioned for the supervision of drugs used within substance use services. The service is offered by 50 community pharmacies in Wakefield District (Figure 31).

Figure 31: Community pharmacies providing supervised consumption compared to drug treatment services users.

Drug treatment service users (all ages) rate per 1,000 population. Source: Turning Point (30 September 2024), ONS population estimates 2022.



7.4.7. Access to the Stop Smoking Service

The Stop Smoking Service is a locally commissioned service which works with pharmacies to provide smoking cessation advice in the pharmacy setting. There are currently no community pharmacies signed up to offer the locally commissioned service. However, smoking cessation was introduced as an advanced service in March 2022, and there are 31 community pharmacies offering this service. See Section 7.3.5 for more information.

7.5. Non-Standard Pharmaceutical Services Provision

7.5.1. Controlled Locality

A controlled locality is an area which has been determined to be 'rural in character.' The objective of defining rural areas as controlled localities is to help NHS England and NHS Improvement ensure that patients in rural areas have access to pharmaceutical services which are no less adequate than would be the case in a non-controlled locality.

Where NHS England and NHS Improvement has determined that an area is controlled (i.e. rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense medicines for patients. However, GPs may only dispense NHS prescriptions for their own patients who live in a controlled locality and live more than 1.6 km (1 mile), in a direct line, from a pharmacy. The main purpose of this is to ensure patients in rural areas who might have difficulty getting to their nearest pharmacy can access the medicines they need.

7.5.2. Dispensing Appliance Contractors (DACs)

Locally the area has one DAC, Charles S Bullen Stomacare in Ossett. This organisation dispenses devices and appliances to support individual care in the community. GPs and other prescribers can prescribe certain devices listed in the national drug tariff as part of care for patients.

Information on services provided by DACs outside of the district to residents of Wakefield is not available due to the way contractors claim. Some Wakefield residents may access services from a distance, for example online, from DACs outside of Wakefield.

7.5.3. Dispensing GPs

Limited pharmaceutical services are offered directly from GP practices. These dispense to patients who live in a controlled locality. The current dispensing GP practices within Wakefield District are:

- Middlestown Medical Centre
- White Rose Surgery (South Elmsall)
- Healthcare First Partnership (Methley) – Healthcare First Partnership is located outside of Wakefield District but is included as a dispensing practice as it is registered to Wakefield sub-ICB and due to the number of items it dispenses to Wakefield residents.

7.6. Other NHS Services

The following NHS services are deemed by the Health and Wellbeing Board to affect the need for pharmaceutical services within its area:

- **Hospital Pharmacies** reduce the demand for the essential dispensing service as prescriptions written in hospitals are dispensed by the hospital pharmacy service.
- **GP Out of Hours Service.** Whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.
- **Public Health Services Commissioned by Wakefield Council**, including drugs and alcohol services, needle exchange services, and sexual health. These services remove the need for them to be commissioned as enhanced services by NHS England and NHS Improvement.
- **Pontefract Urgent Treatment Centre (UTC).** Services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions. The UTC is part of Pontefract Hospital, which includes a hospital pharmacy.

- **King Street Walk in Centre.** Services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions.
- **Prison Pharmacies** reduce the demand for the essential dispensing service as prescriptions written in prisons will not be dispensed by pharmacies or dispensing appliance contractors.
- **Substance Use Service** generates prescriptions which affects the need for the essential dispensing service.
- **End of Life Service / Hospices** generate prescriptions which affects the need for the essential dispensing service.
- **Dental Services and Orthodontics** provide a wide range of services from general check-up to minor surgery and will issue a small number of prescriptions that require the essential dispensing service.

7.6.1. Hospital Pharmacies

The Mid Yorkshire Teaching NHS Trust (MYTT) is the main hospital trust in Wakefield District. This is made up of hospitals at three different locations:

- Pinderfields Hospital, Aberford Road, Wakefield, West Yorkshire
- Pontefract General Infirmary, Friarwood Lane, Pontefract, West Yorkshire
- Dewsbury District Hospital, Halifax Road, Dewsbury, West Yorkshire

Although Dewsbury District Hospital is not within the Wakefield boundary, it is part of MYTT and as such provides secondary care to Wakefield District patients. MYTT completed a major hospital development programme in March 2011, which involved opening new hospitals in Wakefield at both the Pinderfields and Pontefract sites. Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed.

There is a hospital pharmacy located in each of the above hospital locations.

7.6.2. GP Out of Hours Service

The GP out of hours service for Wakefield District is provided by Local Care Direct, a social enterprise established in 2004 by local GPs in West Yorkshire. The service is open 24 hours a day, 365 days a year.

People contacting the out of hours service will initially be triaged by the national NHS 111 call line. They will ask a set of questions to decide if:

- The problem can wait until their surgery next opens.
- The problem can be dealt with over the phone by a nurse or doctor.
- The patient needs to attend one of the clinical bases.
- The patient needs an emergency ambulance.

If the patient's condition is not urgent, they may be transferred to another service or asked to contact their surgery during normal opening hours. They may also be advised to visit a pharmacy.

Most cases can be dealt with over the phone and the patient's call will be passed to either a nurse or doctor for advice. If the problem cannot be resolved over the phone, then the patient will be invited to attend one of the clinical bases at either Pontefract Urgent Treatment Centre or King Street Walk in Centre.

7.6.3. Pontefract Urgent Treatment Centre

The purpose-built Pontefract Hospital, built on the old Pontefract General Infirmary site opened in 2011. It focuses on the provision of urgent care as well as elective, diagnostics and rehabilitation services and is a single point of access to urgent care services aimed at reducing the need for patients to travel to A&E.

Pontefract's Urgent Treatment Centre (UTC) opened in April 2018. This facility is open 24 hours a day, 365 days a year. No appointment is needed but patients are seen in order of clinical priority, so may have to wait if their condition is not as serious as others.

The site has a pharmacy which is open 09:00-18:00 Monday to Friday and 10:00-13:00 on Saturday, Sunday, and Bank Holidays. It is important to note this is a hospital pharmacy and not a community pharmacy. The pharmacy dispenses prescriptions to outpatients of both Pontefract Hospital and the Urgent Treatment Centre located within Pontefract Hospital. For patients visiting the Urgent Treatment Centre who need a prescription, they will be able to access the pharmacy during the opening hours mentioned above. Outside of these hours, patients visiting the Urgent Treatment Centre requiring a prescription would need to visit a community pharmacy.

It is led by a team of GPs with experience in emergency medicine. They work alongside advanced nurse practitioners and emergency nurse practitioners to see and treat a range of minor illnesses and injuries. The unit treated 43,000 patients in its first year and the numbers making use of the service continue to grow. A direct booking into the UTC via 111 has also been introduced.

7.6.4. King Street Walk in Centre

King Street Walk in Centre is a nurse-led service, open 10:00-22:00 seven days a week, 365 days a year. The centre has a dedicated team of experienced practitioners including nurse practitioners, advanced nurse practitioners and paramedics who are trained to diagnose and treat minor illnesses and injuries. The Centre provides assessment, advice and treatment of minor illnesses and a selection of minor injuries. Examples of illnesses / injuries the centre can deal with are:

- Minor ear, nose, and throat problems
- Sprains and strains
- Wound infections
- Minor burns and scalds
- Minor head injuries
- Skin conditions
- Minor respiratory conditions such as a cough
- Mild abdominal pain or discomfort
- Insect and animal bites and stings
- Minor eye problems
- Minor injuries to the back, shoulder, and chest
- Wound dressings
- Emergency contraception

7.6.5. Prison Pharmacies

There are two major prisons within the Wakefield District:

- HMP Wakefield, a high security Category A facility for men.
- HMP & YOI New Hall, a facility for women and girls.

The prisoner population is over 1,000 at any one time with the throughput of around 3,000 prisoners each year. Prisoners tend to have high levels of health inequalities, a prevalence of long-term conditions, greater incidence of mental disorders and substance use problems. There is also an ageing population at HMP Wakefield.

The aim of healthcare provided in prisons is to improve prisoners' health and to reduce health inequalities by improving access to quality healthcare for prisoners as they could expect if they were living in the wider community. Healthcare provided within the prison service includes primary care and pharmacy service provision, mental health, substance use, dental, optical, urgent, and non-urgent care, and assessment to

ensure sufficient healthcare provision is secured to meet their needs. This therefore would not create additional demand for services from community pharmacies. A clear focus for commissioners is to deliver quality, innovation, productivity, and prevention through better management of medicines and enhanced pharmacy provision. Health Services for prisons will be commissioned by NHS England.

7.6.6. Substance Use Service

Turning Point currently provides substance use support across the Wakefield District. They are located in Wakefield Centre and in Castleford.

Turning Point work with over 2,500 service users to deliver a wide range of treatment methods including brief interventions and structured treatment, access to substitute prescribing and detoxification. They tailor packages to meet individual needs offering MOPSI (Models of Psychosocial Interventions) group work, mindfulness interventions, assistance with physical and mental health needs, in-house Specialist Social Worker support and a robust care pathway for those needing specialist dual-diagnosis interventions.

Turning Point offer three programmes:

- **Inspiring Recovery** is the drug and alcohol services for adults aged 25 and over. This offers support and promotes wellbeing and recovery from drug and alcohol related issues through two main hubs (Wakefield City Centre and Castleford) and satellite sites across the district.
- **Inspiring Futures** is the Young Persons, Young Adults, Families & Carers Drug & Alcohol Service for those under 25 and families.
- **Inspiring Families** is the home-based family and carer support service, prioritising the safety and wellbeing of children and young people.

7.6.7. End of Life Service / Hospices

There are two End of Life Services in Wakefield District provided by the following Hospices:

Wakefield Hospice

Wakefield Hospice is a purpose-built specialist palliative care unit providing eight single ensuite bedrooms and two four bed ward areas, a day therapy unit and bereavement support and education. The hospice endorses a holistic approach in promoting quality of life for patients as well as providing continuing support to families and carers. The Hospice is open 24 hours a day, 365 days of the year.

Prince of Wales Hospice

The Prince of Wales Hospice provides palliative care and support for patients with life-limiting illness and their families across Pontefract, Castleford, Knottingley, Featherstone and Normanton. The Hospice has 13 bedrooms for patients who need 24-hour specialist care.

7.6.8. Dental Services and Orthodontics

The breakdown of dental practices delivering general dental service across Wakefield District is shown below:

- 27 general dental services (GDS) practices
- 11 additional GDS providers that provide flexible commissioning (additional access for specific high need population cohorts, or urgent dentistry)
- Four providers of orthodontic care (two that provide standalone orthodontic care and two that provide GDS with orthodontic care)
- One provider of minor oral surgery
- One provider of community dental services, which serve patients with additional needs
- One provider of secondary care dentistry

8. Single Pharmacy Dependent Areas

This section examines the areas in Wakefield District that are dependent on a single pharmacy and where a future closure of that pharmacy would create a gap in pharmaceutical service provision. By assessing pharmacy provision and access in this way, this PNA provides greater support to future applications in the specified areas should a closure occur. To identify the relevant areas, this section has considered the population, the level of deprivation, current service offerings, accessibility, and the potential consequences for residents should a closure occur.

It is also important to consider the broader implications of pharmacy closures in relation to the additional community benefits and services that pharmacies provide, beyond the essential services. Pharmacies are often the first point of contact for individuals seeking medical guidance, especially in areas with limited access to other healthcare providers. They foster community wellbeing by promoting public health, supporting individuals with health management, and offering services tailored to vulnerable groups, such as the elderly and those with mobility issues. Additionally, pharmacies contribute to social cohesion, providing a trusted space for residents to receive care and advice in a familiar and convenient setting. The areas highlighted in this section only have one pharmacy, and any future closure would remove these community benefits, as well as a reduced level of access to necessary pharmaceutical services.

According to the PNA Public Survey, 88% of respondents travel to their pharmacy in 15 minutes or less and 77% of respondents said their pharmacy being close to their home is important to them when thinking about the location of their pharmacy. Respondents also mentioned 'going into town' being 'difficult.' 42% of respondents said they have never used an internet pharmacy and 37% said they would never use an internet pharmacy. These were both similar across all age groups. These findings indicate the importance to members of the public in having local access to pharmacy services near to where they live, and a reluctance to have to travel outside of their locality or use internet pharmacy services.

When considering accessibility, it is also important to think about the environmental impact of patients being required to travel further to access pharmacy services. At a time when we should be supporting a reduction in carbon emissions, improving the quality of the air we breathe to reduce ill health, we have a responsibility to make services accessible without the need for excess travel. We need to be supportive of system level actions to tackle climate change.

The option of distance selling pharmacies is one that could aid in the dispensing element of pharmacy services but does not fulfil many of the additional roles that a pharmacy provides to a community. As mentioned above, there is currently a lack of desire within the population to utilise distance selling pharmacies to a great extent, although as demonstrated in Section 7, there is a gradual increasing trend in the proportion of prescriptions being dispensed by distance selling pharmacies. This could be through preference or necessity following several closures of community pharmacies in recent years.

8.1. Eastmoor

Overview

Eastmoor is a deprived neighbourhood located within the Wakefield East locality. For the purpose of this section, it is deemed that the community area is that shown below in Figure 32. The Eastmoor community was previously served by two community pharmacies, however following the closure of both these pharmacies in October 2023, another pharmacy re-located into the site of one of the closed pharmacies next to Warrengate Medical Centre. The relocated pharmacy can be seen in Figure 32, just inside the blue boundary.

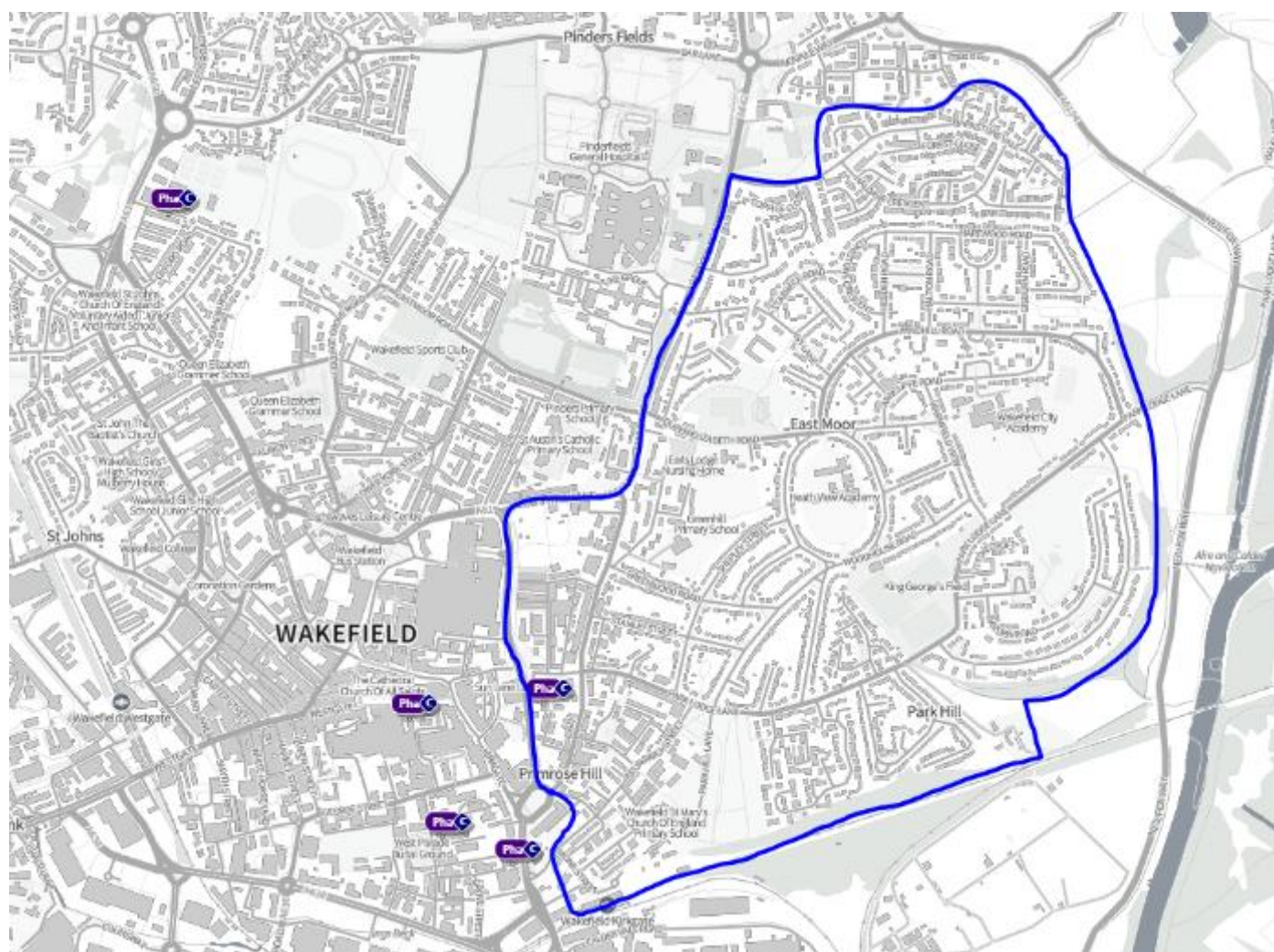
Whilst Eastmoor is geographically located on the edge of Wakefield City, the Health and Wellbeing Board considers this to be a distinct community with high levels of health needs, including smoking, obesity and high numbers of drug treatment service users, as identified in Section 6. The main road (A61) creates a clear

boundary between Eastmoor and the city centre, and whilst it can be crossed, this makes it more difficult for members of the community to visit the city centre. Car ownership is poor in this neighbourhood, making many people reliant on public transport to reach the city centre and this comes at a cost for an already deprived neighbourhood.

Although there are three other pharmacies in the city centre, it is considered that the majority of the population of Eastmoor will rely on the pharmacy located near Warrengate Medical Centre. It is also considered that a requirement to travel further into the city centre would make necessary pharmacy services difficult to access for a sizeable proportion of the Eastmoor population.

Figure 32 shows the community considered to be mainly reliant on a single pharmacy. Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) within the hours stated below within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

Figure 32: Map of Eastmoor Community

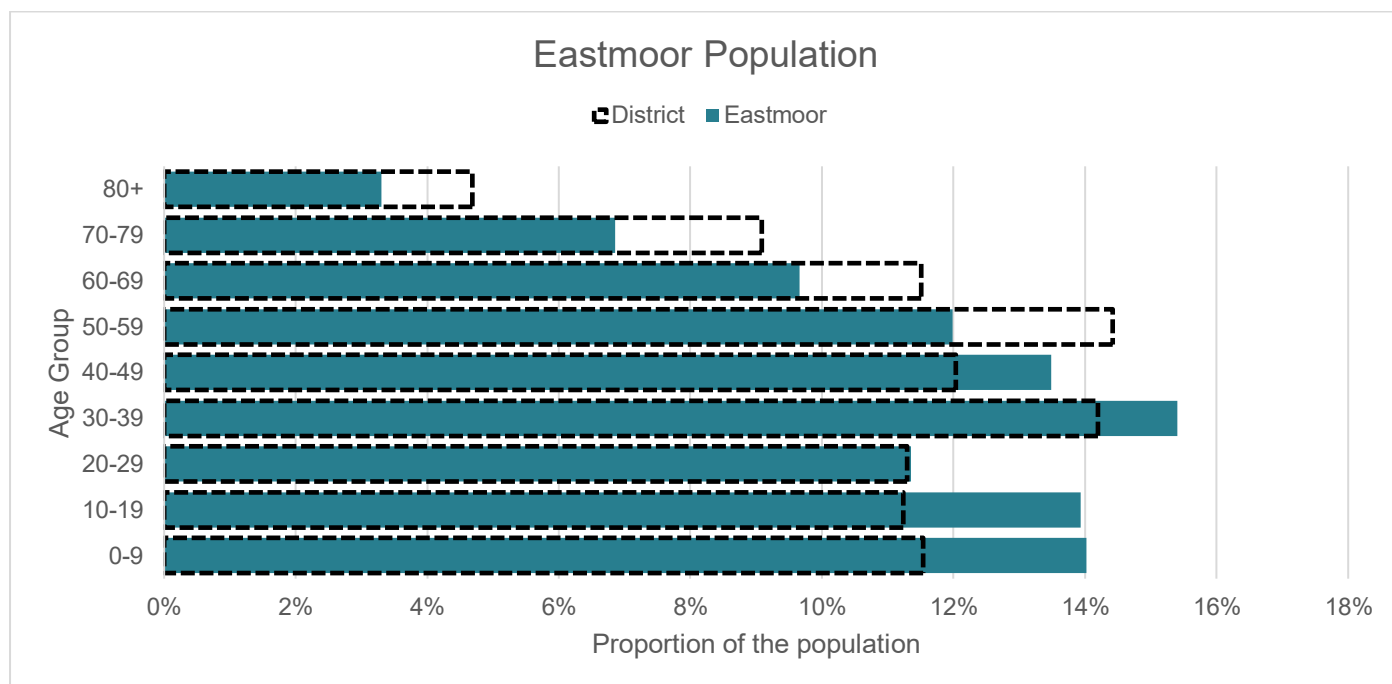


Population

Population size: An estimated 9,963 people live in Eastmoor.

Figure 33: Eastmoor has a higher proportion of children aged 0-19 and adults aged 30-49, indicating the area has a high number of young families.

Source: ONS mid-year population estimates for 2022.



Deprivation

Eastmoor is one of the more deprived neighbourhoods in Wakefield District with around 69% of the residents in this catchment area living in areas considered to be in the 20% most deprived in the country, according to the Index of Multiple Deprivation 2019.

Current pharmacy provision

- The single pharmacy in this catchment area is located at **82 Upper Warrengate, Wakefield WF1 4JZ**.
- This pharmacy relocated in December 2024 from Union Square, Wakefield WF1 1TT and is now on the edge of the Eastmoor neighbourhood.
- Opening times:

Monday	08:30-18:15
Tuesday	08:30-18:15
Wednesday	08:30-18:15
Thursday	08:30-18:15
Friday	08:30-18:15
Saturday	Closed
Sunday	Closed
- Services include all essential services, emergency hormonal contraception, flu vaccinations, new medicines service, smoking cessation, hypertension case finding, Pharmacy First.
- In September 2024 in its previous location, this pharmacy dispensed 7,075 prescriptions; this is less than the district average of 11,000 prescriptions a month. However, the previous pharmacy at the new location dispensed around 8,400 prescriptions per month.
- The pharmacy is located next to Warrengate Medical Centre, and within a ten minute walk of Eastmoor Health Centre. It is expected that patients at these practices will start using this pharmacy since its relocation, however the data is unavailable to see if this is the case.

Accessibility to the next nearest pharmacy

- **Walking:** Parts of the catchment area would have to walk more than 15 minutes, crossing a busy main road and into the centre of Wakefield in order to access the next nearest pharmacy.
- **Public transport:** Bus services are available to Wakefield Centre. Depending on where people live within the community, travel time on the bus to Wakefield Centre would take around 5-10 minutes, however there is a need to factor in the additional time of walking to the bus, waiting for the bus and then the return trip. We estimate, based on the current bus schedules, that a round trip to Wakefield Centre would take approximately 45 minutes. There is also a cost consideration associated with this.
- **Car:** The next nearest pharmacy is within a five minute car journey. However, according to the 2021 Census, 37% of households in the catchment area do not own a car, meaning those residents may need to rely on public transport. This is much higher than the district average of 23%.

8.2. Lupset

Overview

Lupset is a deprived neighbourhood located within the Wakefield West locality. For the purpose of this section, it is deemed that the Lupset community area is that shown below in Figure 34. The Lupset community was previously served by two community pharmacies, one of which was located next door to Lupset Medical Centre. This pharmacy closed in March 2024, leaving the community with the pharmacy located on Horbury Road.

Whilst Lupset is geographically located on the edge of Wakefield City, the Health and Wellbeing Board considers this to be a distinct community with high levels of health needs, as identified in Section 6. Wakefield West, where Lupset is situated, has higher than average levels of smoking, obesity, diabetes, asthma, and CHD. It also has some of the highest levels of deprivation, with around 74% of the Lupset population living in areas that are amongst the 20% most deprived in the country.

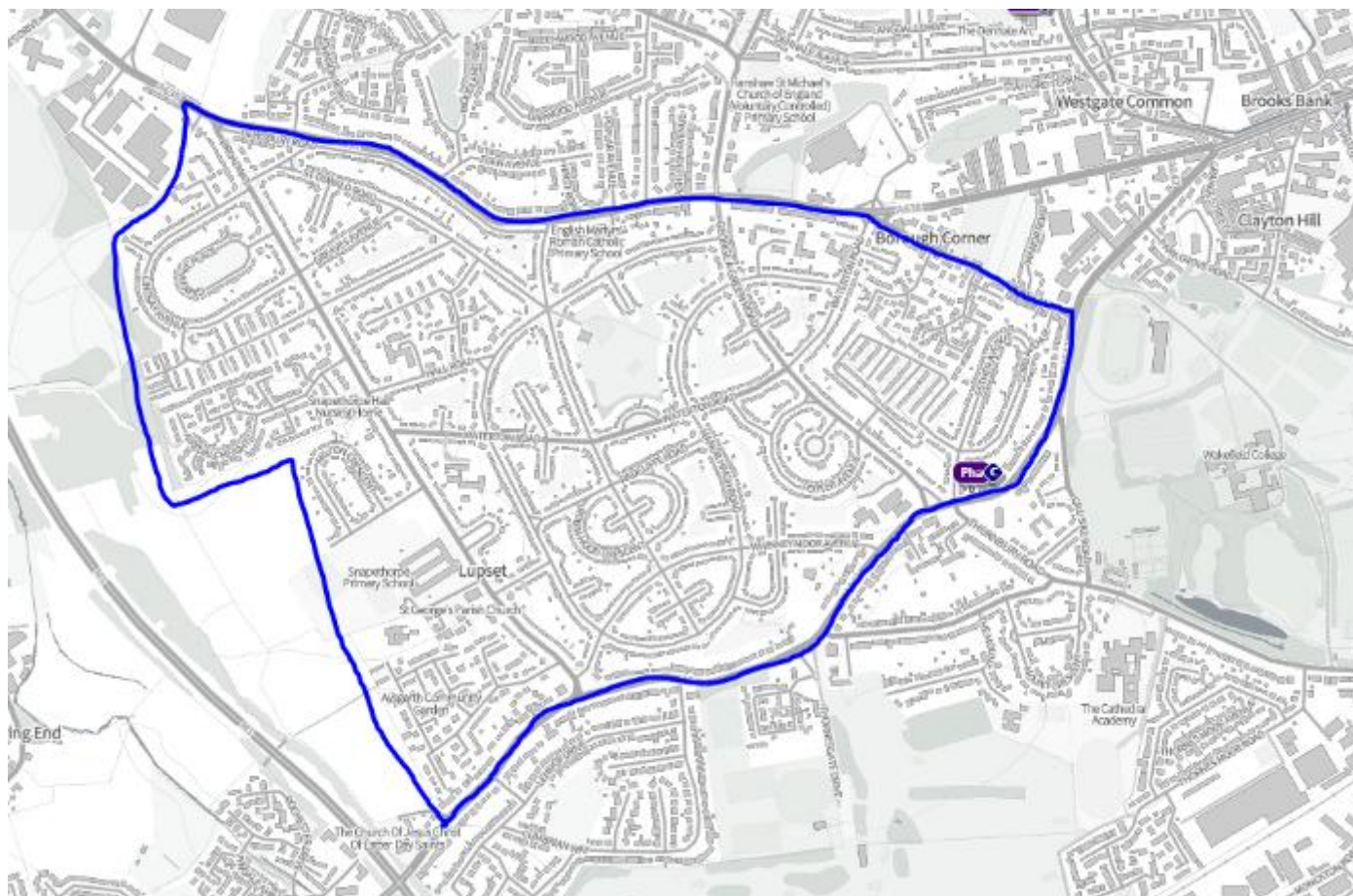
The age profile of the Lupset population is relatively young, with a higher-than-average proportion of children aged 0-19, as shown in Figure 35.

There is a strong link between the local GP Practice (Lupset Health Centre) and the pharmacy on Horbury Road, with around 70% of all prescriptions dispensed by that pharmacy having originated at Lupset Health Centre. The Horbury Road Pharmacy dispenses around 15,000 prescriptions a month, which is far higher than the district average of 11,000. Both these things indicate a high level of need in the area and a requirement for necessary pharmacy services to be available within the Lupset community.

Car ownership is low in the area, with around 30% of households without access to a car. These households may need to rely on public transport for travel, but this is not without cost and time implications.

Figure 34 shows the community considered to be reliant on a single pharmacy. Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) within the hours stated below within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

Figure 34: Map of Lupset community.

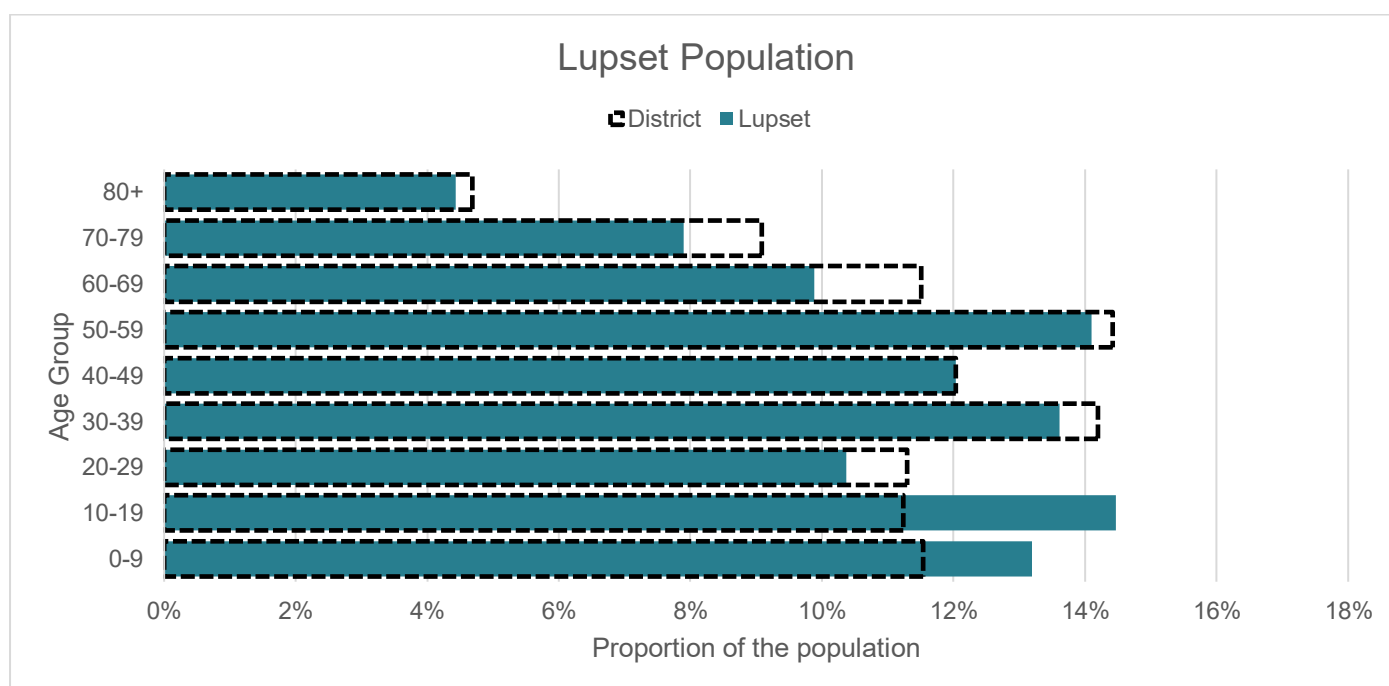


Population

Population size: An estimated 11,022 people live in Lupset.

Figure 35: Lupset has a higher proportion of children aged 0-19.

Source: ONS mid-year population estimates for 2022.



Deprivation

Lupset is one of the most deprived parts of the district with around 74% of the residents in this catchment area living in national deprivation quintile 1, the most deprived quintile.

Current pharmacy provision

- The single pharmacy in this catchment area is located at **186 Horbury Road, Lupset WF2 8BQ**.
- Opening times:

Monday	9:00-17:45
Tuesday	9:00-17:45
Wednesday	9:00-18:15
Thursday	9:00-17:30
Friday	9:00-18:15
Saturday	9:00-12:30
Sunday	Closed
- Services include all essential services, hypertension case finding, Pharmacy First, LFD service, new medicine service, flu vaccinations, chlamydia screening, condom distribution, emergency hormonal contraception and supervised consumption.
- This pharmacy dispenses around 15,500 prescriptions a month. This is considerably higher than the district average of 11,000 prescriptions a month.
- Around 70% of prescriptions that are dispensed were written at Lupset Health Centre, less than five minutes walk away. This indicates a strong link between the two providers and demonstrates that the majority of people visiting this pharmacy are also registered at the nearby GP Practice.
- Lupset Health Centre GP Practice is within a five minute walk from the pharmacy. It is likely that many people will collect prescriptions following a visit to the GP. Closure of this pharmacy could mean multiple journeys for residents.

Accessibility to the next nearest pharmacy

- **Walking:** Over 15 minutes to walk to the next nearest pharmacy.
- **Public Transport:** Bus services are available to Wakefield Centre and to Horbury. Depending on where people live within the community, travel time on the bus to Wakefield Centre would take 15 minutes and to Horbury would take 15 minutes, however there is a need to factor in the additional time of walking to the bus, waiting for the bus and then the return trip. We estimate, based on the current bus schedules, that a round trip to Wakefield Centre would take approximately 60 minutes and a round trip to Horbury would take approximately 45 minutes.
- **Car:** The next nearest pharmacy is within a five minute car journey. However, according to the 2021 Census, around 30% of households in the catchment area do not own a car, meaning those residents may need to rely on public transport. This is higher than the district average of 23%.

8.3. Flanshaw

Overview

Flanshaw is a relatively deprived neighbourhood located within the Wakefield North locality. For the purpose of this section, it is deemed that the Flanshaw community area is that shown below in Figure 36.

Whilst Flanshaw is geographically located on the edge of Wakefield City, the Health and Wellbeing Board considers this to be a distinct community with high levels of health needs, as identified in Section 6. Wakefield North, where Flanshaw is situated, has higher than average levels of smoking, obesity, and diabetes.

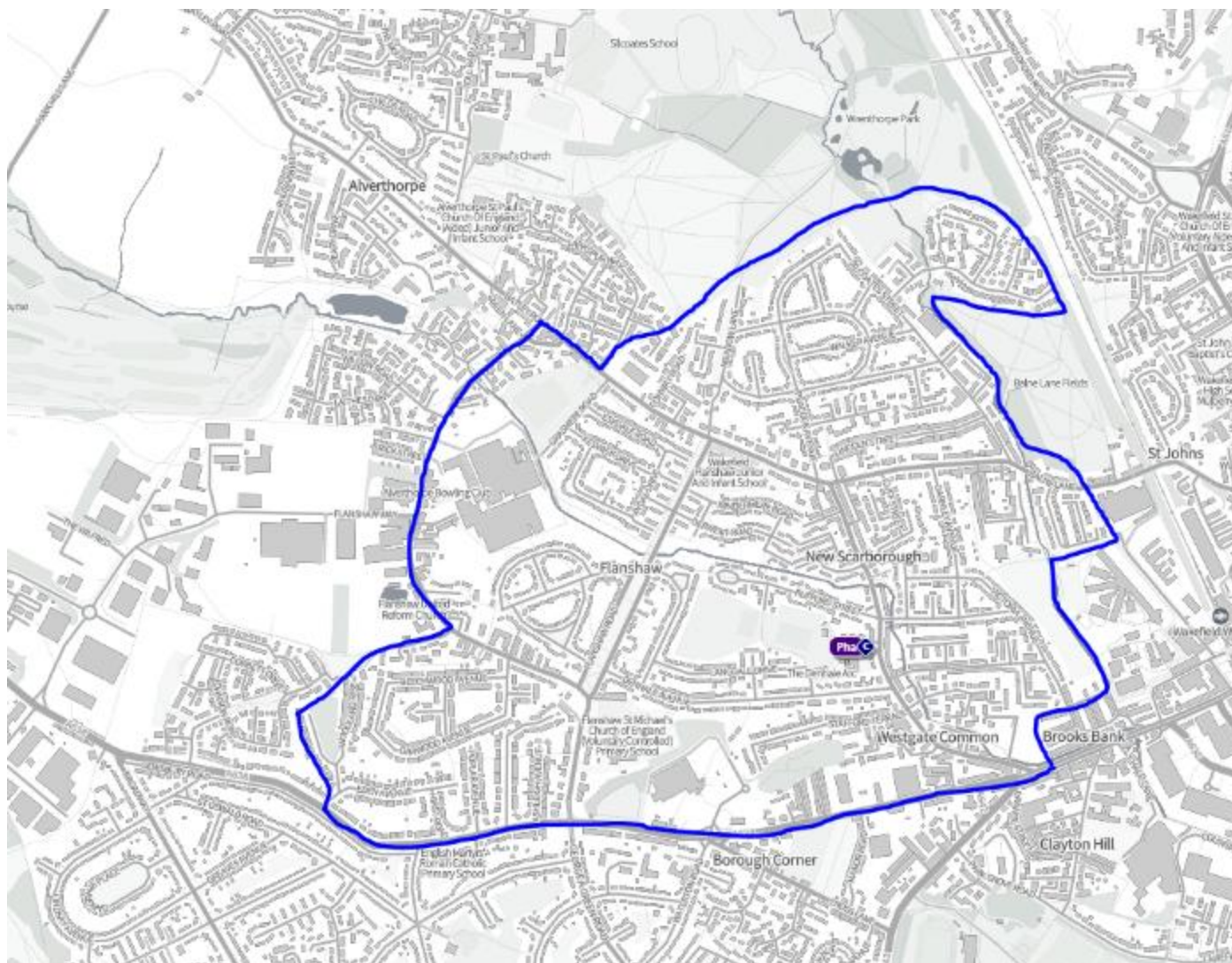
The age profile of the Flanshaw population is relatively young, with a higher-than-average proportions of children and young adults living in the area, as shown in Figure 37.

There is a strong link between the local GP Practice (Homestead Medical Centre) and the Boots pharmacy located in the same building, with around 60% of all prescriptions dispensed by that pharmacy having originated at Homestead Medical Centre. The Boots Pharmacy dispenses around 11,500 prescriptions a month, which is in line with the district average. This shows a clear demand for pharmaceutical services and a reliance of local residents who attend Homestead Medical Centre to access their pharmacy services from the nearby pharmacy.

Car ownership is low in the area, with around 28% of households without access to a car. These households may need to rely on public transport for travel, but this is not without cost and time.

Figure 36 shows the community considered to be reliant on a single pharmacy. Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) within the hours stated below within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

Figure 36: Map of Flanshaw community.

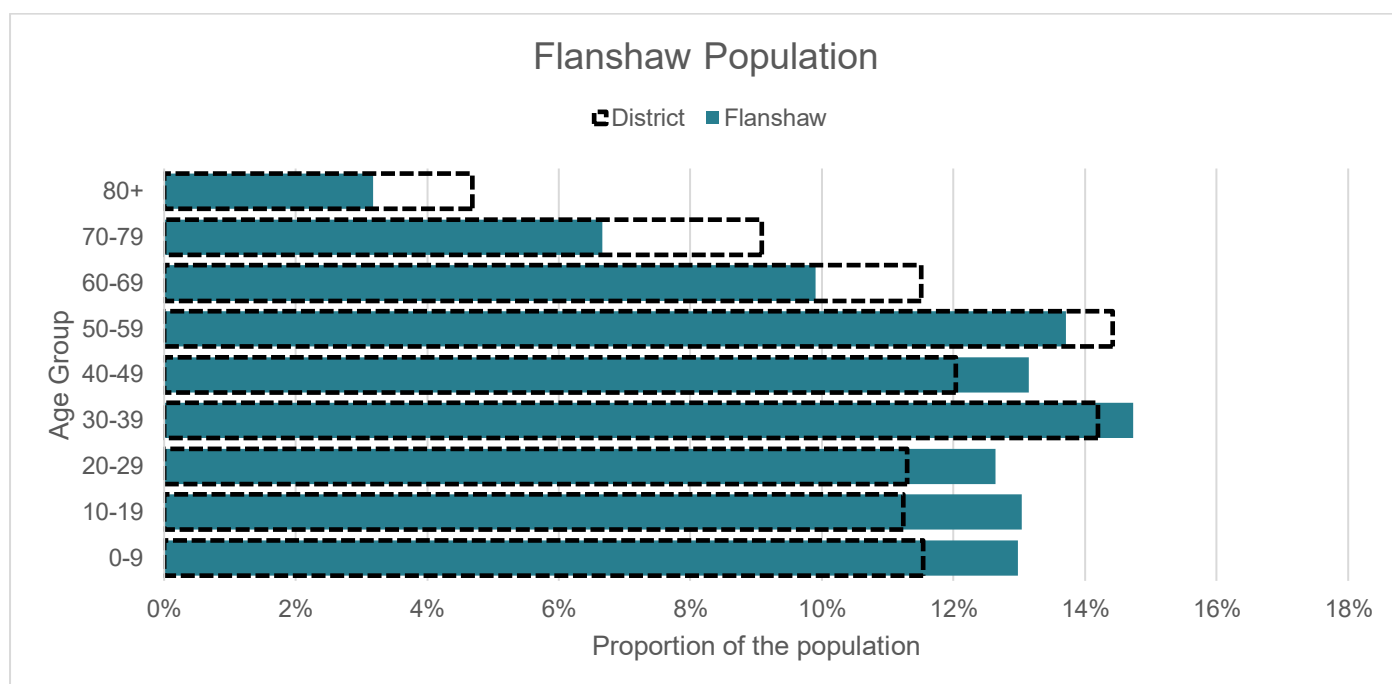


Population

Population size: An estimated 12,077 people live in Flanshaw.

Figure 37: Flanshaw has a higher proportion of children aged 0-19 and adults aged 20-49.

Source: ONS mid-year population estimates for 2022.



Deprivation

58% of the residents in Flanshaw live in areas considered to be in the 20% most deprived parts of the country.

Current pharmacy provision

- The single pharmacy in this catchment area is located at **Homestead Drive, Flanshaw WF2 9PE**.
- Opening times:

Monday	9:00-19:00
Tuesday	9:00-18:00
Wednesday	9:00-18:00
Thursday	9:00-18:00
Friday	9:00-18:00
Saturday	Closed
Sunday	Closed
- Services include all essential services, hypertension case finding, contraception service, Pharmacy First, LFD service, new medicine service, flu vaccinations, supervised consumption.
- This pharmacy dispenses around 11,500 prescriptions a month, which is similar to the district average of 11,000 prescriptions a month.
- Homestead Medical Centre GP Practice is in the same building as the pharmacy. It is likely that many people will collect a prescription following a visit to the GP. Closure of this pharmacy could mean multiple journeys for residents.

Accessibility to the next nearest pharmacy

- Walking:** Over 15 minutes to walk to the next nearest pharmacy.
- Public Transport:** Bus services are available to Wakefield Centre. Depending on where people live within the community, travel time on the bus would take around 15 minutes, however there is a need to factor in the additional time of walking to the bus, waiting for the bus and then the return trip. We estimate, based on the current bus schedules, that a round trip to Wakefield Centre would take approximately 45 minutes.
- Car:** The next nearest pharmacy is within a five minute car journey. However, according to the 2021 Census, around 28% of households in the catchment area do not own a car, meaning those residents may need to rely on public transport. This is higher than the district average of 23%.

8.4. Ryhill and Havercroft

Overview

Ryhill and Havercroft is a relatively deprived neighbourhood located within the Crofton, Ryhill and Walton locality. For the purpose of this section, it is deemed that the Ryhill and Havercroft community area is that shown below in Figure 38.

Ryhill and Havercroft is a relatively rural village, located around a ten-minute drive from the nearest town of Hemsworth and around a 20-minute drive from Wakefield and Barnsley. Although relatively rural, the community is still quite deprived, with around 65% of the population living in areas considered to be amongst the 20% most deprived neighbourhoods in the country.

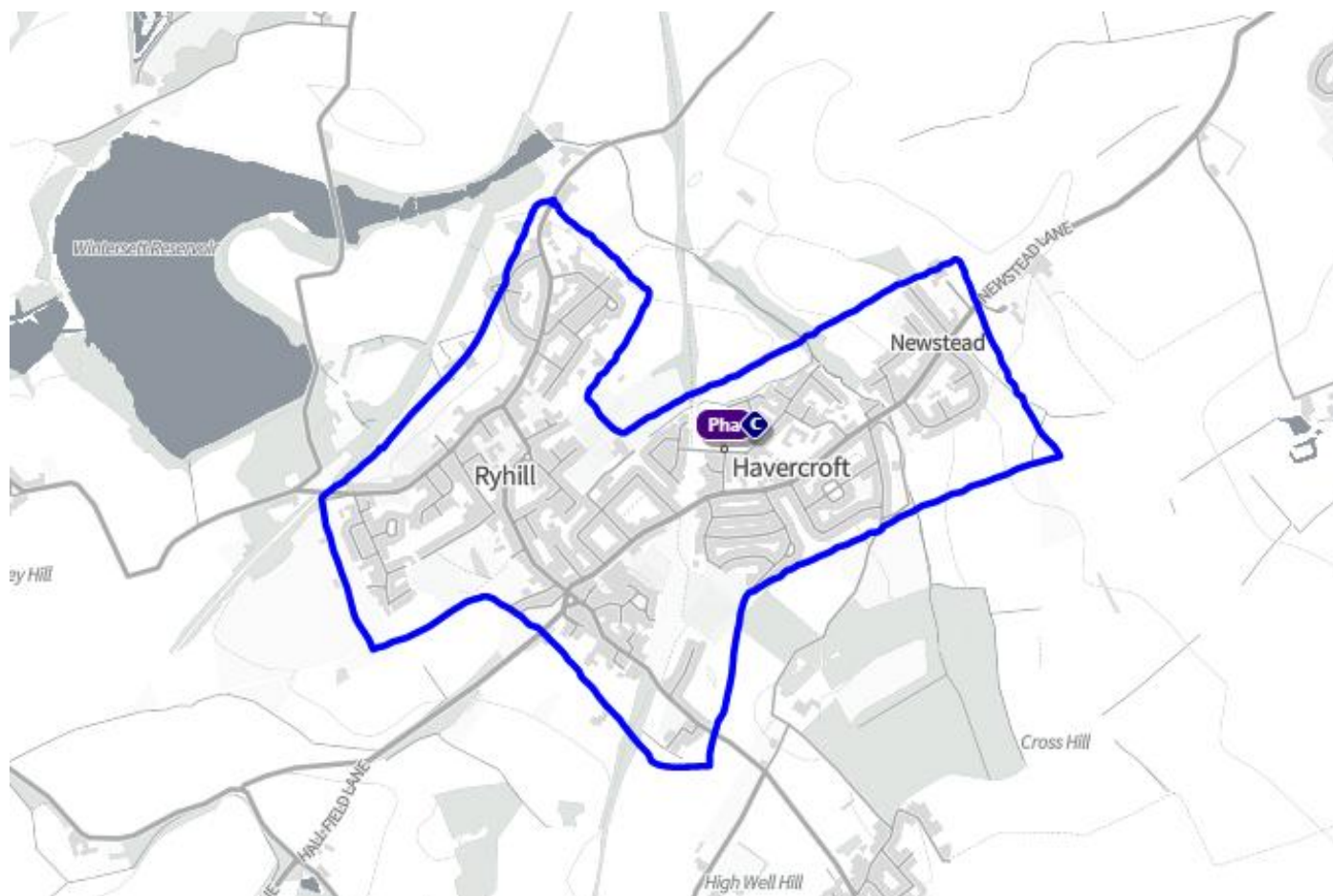
The age profile of the Ryhill and Havercroft population is not too dissimilar to the district profile, with a slightly higher proportion of young children (0-9) and people aged 60-69, as seen in Figure 39.

There is a strong link between the local GP Practice (Rycroft Primary Care Centre) and the pharmacy located around a two-minute walk away. Rycroft Primary Care Centre is a branch surgery of White Rose Surgery in South Elmsall, as a result the data around prescriptions is linked to the main surgery. 95% of prescriptions dispensed at Hughes Chemist in Havercroft are from White Rose Surgery, however it is safe to assume that these prescriptions actually originate from the branch practice located near to Hughes Chemist. Hughes Chemist dispenses around 14,500 prescriptions a month, which is well above the district average. Despite serving a relatively small population (around 4,500 live in Ryhill and Havercroft), there is clearly a high demand for pharmaceutical services in the area, as well as a reliance of local residents who attend Rycroft Primary Care Centre to access their pharmacy services from the nearby pharmacy.

Around 20% of households do not have access to a car, which is slightly lower than the district average. However, this is still a sizeable proportion who may need to rely on public transport. With an estimated round trip to the nearest town of Hemsworth taking at least 60 minutes on a bus, any potential future closure could make accessing pharmaceutical services difficult for sections of this community.

Figure 38 shows the community considered to be reliant on a single pharmacy. Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) within the hours stated below within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

Figure 38: Map of Ryhill and Havercroft community.

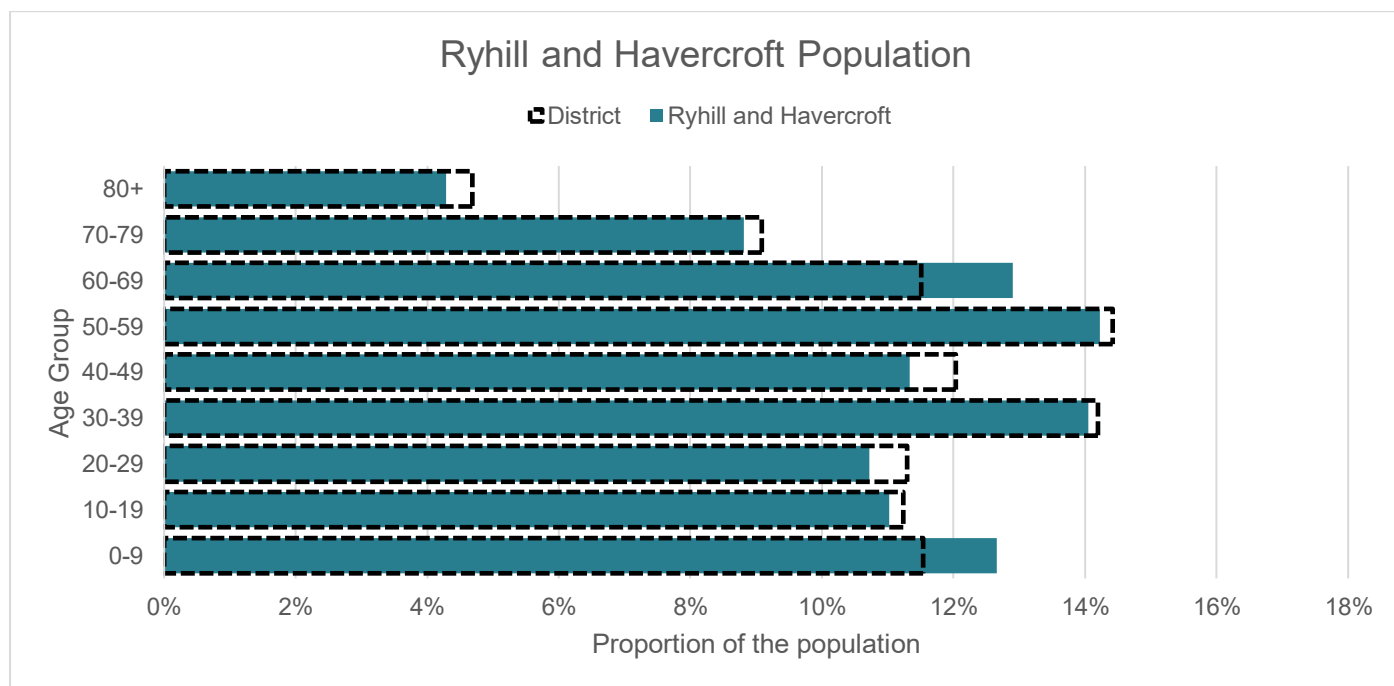


Population

Population size: An estimated 4,598 people live in Ryhill and Havercroft.

Figure 39: Ryhill and Havercroft has a higher proportion of children aged 0-9 and adults aged 60-69.

Source: ONS mid-year population estimates for 2022.



Deprivation

Around 65% of the population of Ryhill and Havercroft live in areas that are considered to be amongst the 20% most deprived parts of the country.

Current pharmacy provision

- The single pharmacy in the specified catchment area is located at **Madeley Road, Havercroft, WF4 2JD**.
- Opening times:

Monday	9:00-13:00,14:00-18:00
Tuesday	9:00-13:00,14:00-18:00
Wednesday	9:00-13:00,14:00-18:00
Thursday	9:00-13:00,14:00-18:00
Friday	9:00-13:00,14:00-18:00
Saturday	9:00-12:30
Sunday	Closed
- Services include all essential services, hypertension case finding, Pharmacy First, new medicine service, flu vaccinations, chlamydia screening, emergency hormonal contraception and supervised consumption.
- This pharmacy dispenses around 14,500 prescriptions a month, this is slightly higher than the district average of 11,000 prescriptions a month.
- Rycroft Primary Care Centre GP Practice is a two minute walk from the pharmacy. It is likely that many people will collect prescriptions following a visit to the GP. Closure of this pharmacy could mean multiple journeys for residents.

Accessibility to the next nearest pharmacy

- **Walking:** Over 15 minutes to walk to the next nearest pharmacy.
- **Public Transport:** Bus services are available to Hemsworth or Kinsley. Travel time on the bus to Hemsworth would take 20 minutes and to Kinsley would take 15 minutes, however there is a need to factor in the additional time of walking to the bus, waiting for the bus and then the return trip. We estimate, based on the current bus schedules, that a round trip to Hemsworth would take approximately 60 minutes and to Kinsley would take approximately 45 minutes.
- **Car:** The next nearest pharmacy is within a ten minute car journey. According to the 2021 Census, around 20% of households in the catchment area do not own a car, meaning those residents may need to rely on public transport. This is slightly lower than the district average of 23%.

8.5. Kinsley and Fitzwilliam

Overview

Kinsley and Fitzwilliam is a deprived neighbourhood located within the Hemsworth locality. For the purpose of this section, it is deemed that the Kinsley and Fitzwilliam community area is that shown in Figure 40.

Kinsley and Fitzwilliam is part of the Hemsworth locality. Data in Section 6 shows that Hemsworth locality has a high level of health needs, in particular for asthma, heart disease, hypertension and obesity. There is also an above average number of drug treatment service users in the locality, indicating a need for easily accessible pharmaceutical services such as supervised consumption.

The age profile, as seen in Figure 41 indicates a younger than average population. This suggests a high number of young families living in the area. All of Kinsley and Fitzwilliam is in the most deprived 20% of neighbourhoods in the country, according to the Index of Multiple Deprivation 2019. Being such a deprived area, it is important to consider how accessible services are for the residents.

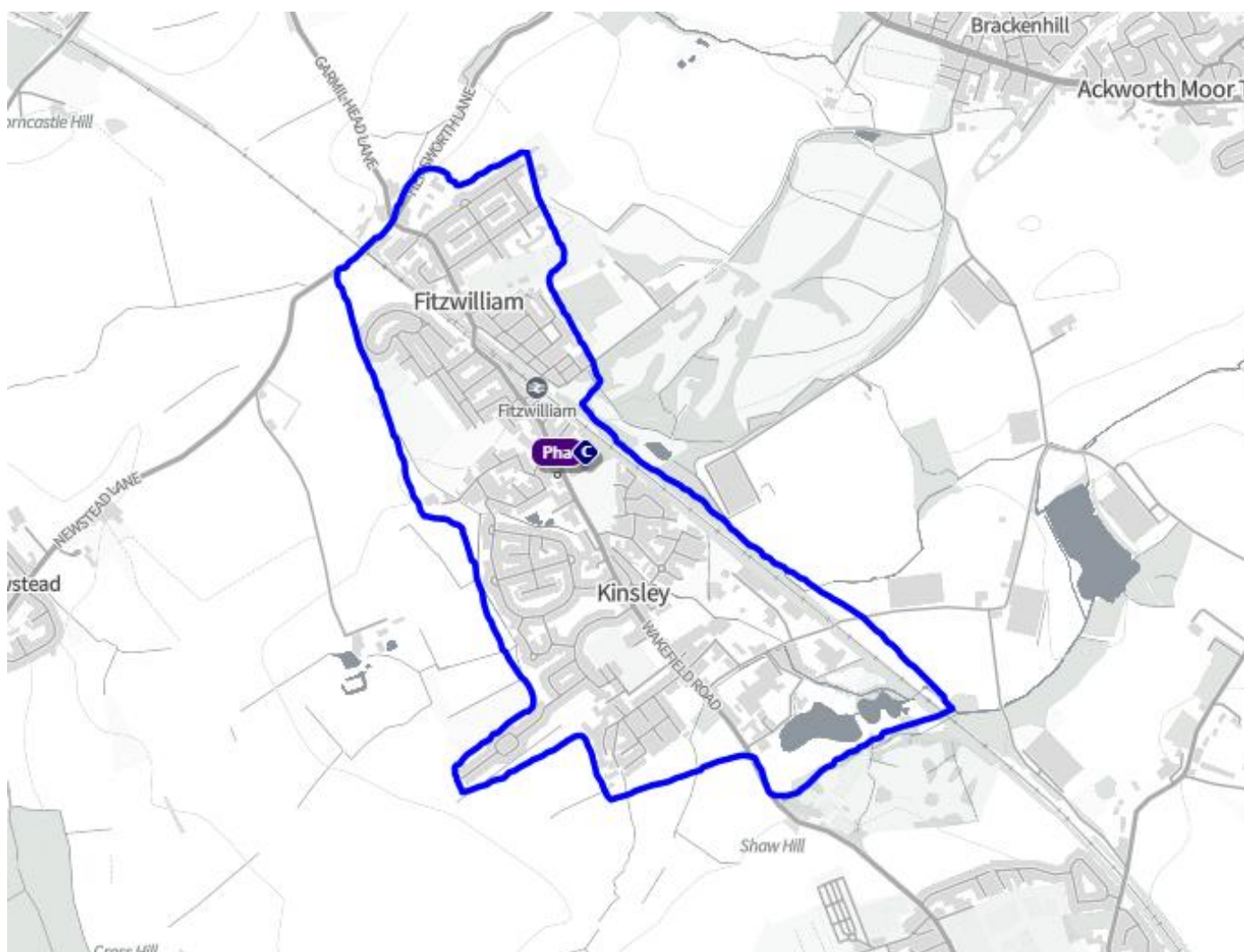
In the centre of Kinsley and Fitzwilliam there is a Kinsley Health Centre, which is a branch surgery of The Grange Medical Centre, which is located in Hemsworth. Kinsley pharmacy is positioned next door to the

health centre, providing straightforward access to pharmaceutical services for the community following a visit to the GP. Kinsley Pharmacy dispenses around 10,000 prescriptions a month, which is slightly below the district average of 11,000. Despite serving a relatively small population (around 5,300 live in Kinsley and Fitzwilliam) there is a strong demand for pharmaceutical services in the area, as well as a reliance of local residents who attend Kinsley Health Centre to access their pharmacy services from the nearby pharmacy.

Around 26% of households do not have access to a car, which is slightly higher than the district average. These households may need to rely on public transport to access services outside of their local community. With an estimated round trip to the nearest town of Hemsworth taking at least 45 minutes on a bus, any potential future closure could make accessing pharmaceutical services difficult for sections of this community.

Figure 40 shows the community considered to be reliant on a single pharmacy. Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) within the hours stated below within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

Figure 40: Map of Kinsley and Fitzwilliam community.

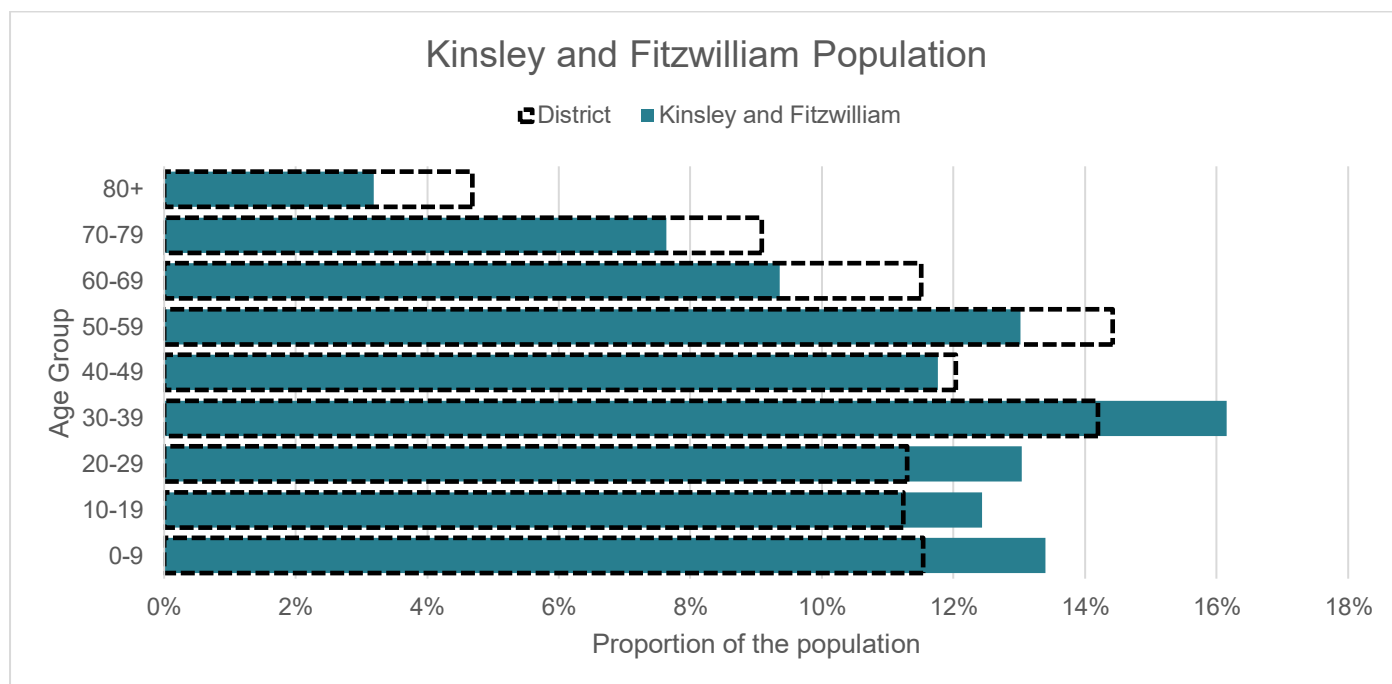


Population

Population size: An estimated 5,330 people live in Kinsley and Fitzwilliam.

Figure 41: Kinsley and Fitzwilliam has a higher proportion of 0-39 year olds, indicating the area has a high number of young families.

Source: ONS mid-year population estimates for 2022.



Deprivation

All residents in this community live in areas considered to be in the 20% most deprived parts of the district.

Current pharmacy provision

- The single pharmacy in the specified catchment area is located at **Kinsley Medical Centre, Wakefield Road, Kinsley WF9 5BP**.
- Opening times:

Monday	9:00-18:00
Tuesday	9:00-18:00
Wednesday	9:00-13:00, 14:00-18:00
Thursday	9:00-18:00
Friday	9:00-18:00
Saturday	Closed
Sunday	Closed
- Services include all essential services, new medicine service, flu vaccinations, supervised consumption.
- This pharmacy dispenses around 10,000 prescriptions a month. The district average is 11,000 prescriptions a month.
- Kinsley Health Centre is located next door to the pharmacy. It is likely that many people will collect prescriptions following a visit to the GP.

Accessibility to the next nearest pharmacy

- **Walking:** Over 15 minutes to walk to the next nearest pharmacy.
- **Public Transport:** Bus services are available to Hemsworth. Travel time on the bus to Hemsworth would take ten minutes, however there is a need to factor in the additional time of walking to the bus, waiting for the bus and then the return trip. We estimate, based on the current bus schedules, that a round trip to Hemsworth would take approximately 45 minutes.
- **Car:** The next nearest pharmacy is within a five minute car journey. However, according to the 2021 Census, around 26% of households in the catchment area do not own a car, meaning those residents may need to rely on public transport. This is slightly higher than the district average of 23%.

8.6. Ackworth

Overview

Ackworth is a relatively rural community located within the Ackworth, North Elmsall and Upton locality. For the purpose of this section, we are just considering the Ackworth community as shown below in Figure 42.

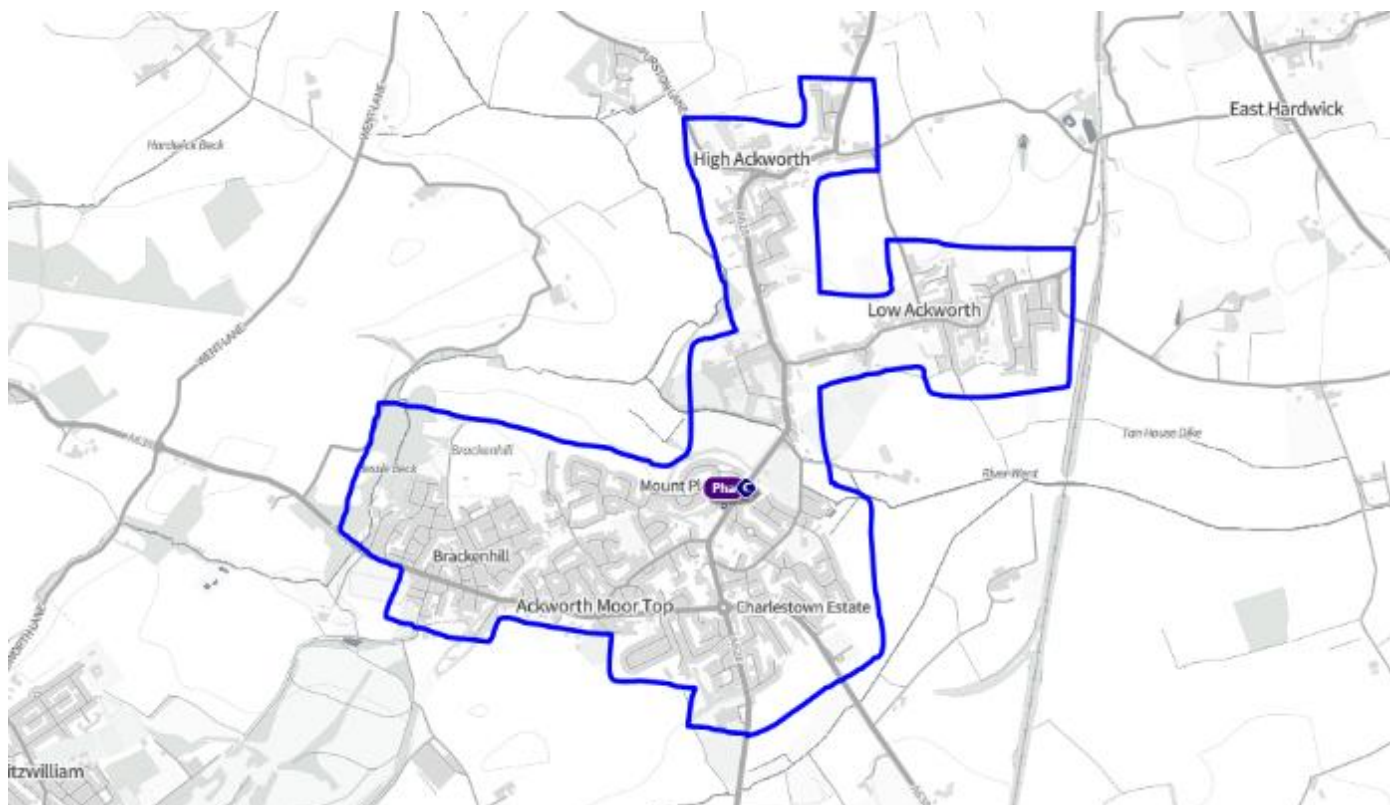
As shown in Figure 43, Ackworth has an older age profile than the district average, with a greater proportion of people aged 60-69 and people aged over 80. An older profile will result in a greater demand for medication to assist with the management of conditions that people develop as they get older. This is demonstrated by the significantly higher levels of dispensing at Lo's Pharmacy in Ackworth of around 17,000 prescriptions a month, compared to the district average of 11,000.

Lo's Pharmacy is located adjacent to the College Lane Surgery and the data suggests a strong link between the two. Around 95% of all prescriptions dispensed by Lo's Pharmacy originate from College Lane Surgery, this is amongst the highest proportions in the district indicating that there is a particularly strong reliance on the local pharmacy for those patients registered with College Lane Surgery.

Outside of Ackworth, the nearest pharmacies that are easy to access would be in either Hemsworth or Pontefract. Both of these locations are estimated to be a 90-minute round trip from Ackworth, making them difficult to access via public transport. Car ownership in Ackworth is high, with only 11% of households without access to a car. However, it is important to consider the environmental and climate change impacts of residents being required to make more car journeys at a time when we should be supporting a reduction in carbon emissions. A car journey to either Hemsworth or Pontefract would take around ten minutes one way and total a seven-mile round trip.

Figure 42 shows the community considered to be reliant on a single pharmacy. Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) within the hours stated below within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

Figure 42: Map of Ackworth community.

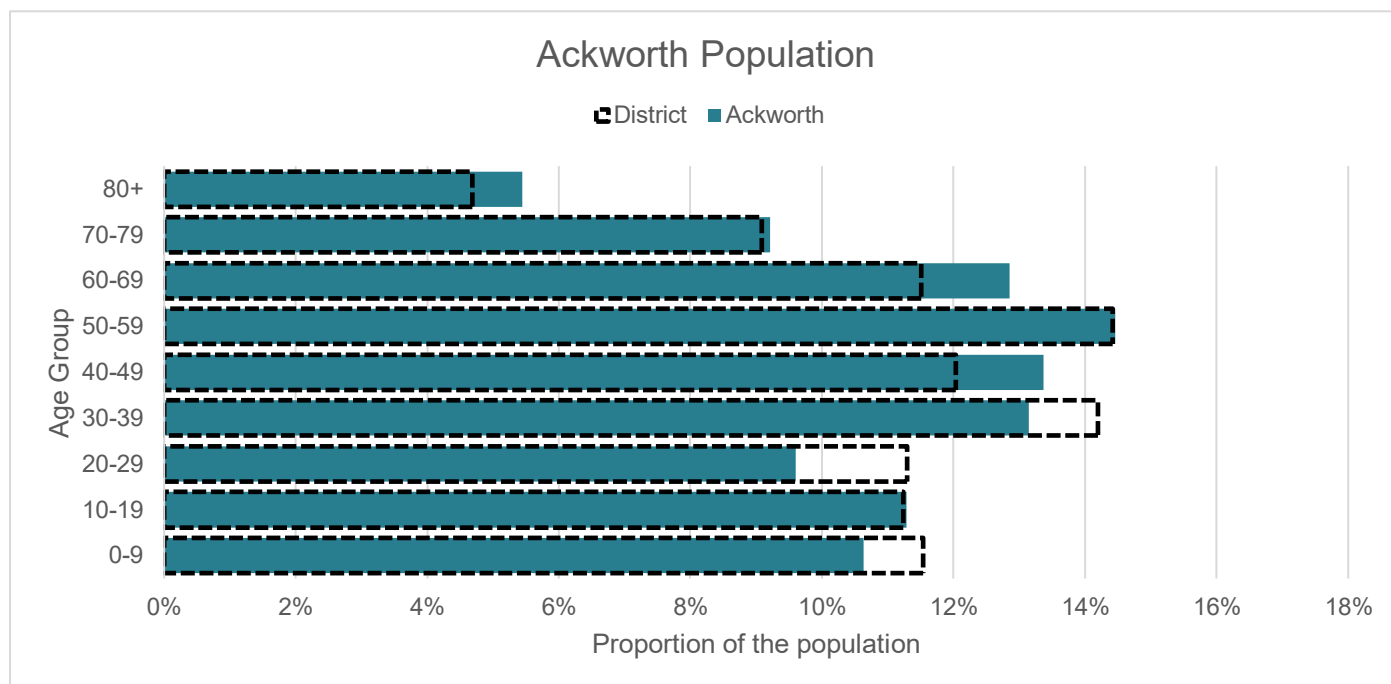


Population

Population size: An estimated 8,315 people live in Ackworth.

Figure 43: Ackworth has a higher proportion of older people than the district profile.

Source: ONS mid-year population estimates for 2022.



Deprivation

Ackworth is considered to be one of the more affluent parts of the district, with no residents living in areas considered to be amongst the most deprived in the country.

Current pharmacy provision

- The single pharmacy in the specified catchment area is located at **29A Barnsley Road, Ackworth WF7 7HZ**.
- Opening times;

Monday	9:00-18:00
Tuesday	9:00-18:00
Wednesday	9:00-18:00
Thursday	9:00-18:00
Friday	9:00-18:00
Saturday	Closed
Sunday	Closed
- Services include all essential services, supervised consumption, hypertension case finding, contraception service, new medicine service, flu vaccinations.
- This pharmacy dispenses around 17,000 prescriptions a month, this is considerably higher than the district average of 11,000 prescriptions a month.
- College Lane Surgery GP Practice is next door to the pharmacy. It is likely that many people will collect prescriptions following a visit to the GP. Closure of this pharmacy could mean multiple journeys for residents.

Accessibility to the next nearest pharmacy

- **Walking:** Over 15 minutes to walk to the next nearest pharmacy.
- **Public transport:** Bus services are available to Hemsworth or to Pontefract. Travel time on the bus to Hemsworth would take 20 minutes and to Pontefract would take 20 minutes, however there is a need to factor in the additional time of walking to the bus, waiting for the bus and then the return trip. We

estimate, based on the current bus schedules, that a round trip to Hemsworth would take approximately 90 minutes and to Pontefract would take approximately 90 minutes.

- **Car:** The next nearest pharmacy is within a ten minute car journey. According to the 2021 Census, around 11% of households in the catchment area do not own a car, meaning those residents may need to rely on public transport. This is much lower than the district average of 23%.

8.7. Upton

Overview

Upton is a neighbourhood located within the Ackworth, North Elmsall and Upton locality. For the purpose of this section, it is deemed that the Upton community area is that shown below in Figure 44.

The age profile, as seen in Figure 45, indicates a profile not too dissimilar to the district average, with slightly higher proportions of people aged 30-39 and 50-59.

In the centre of Upton there is a Greenview Health Centre, which is a branch surgery of The Grange Medical Centre, which is located in Hemsworth. Lo's Pharmacy, Upton is positioned a five-minute walk along the road from the health centre, providing straightforward access to pharmaceutical services for the community following a visit to the GP. Lo's Pharmacy dispenses around 8,500 prescriptions a month,

Around 16% of households do not have access to a car, which is lower than the district average. These households may need to rely on public transport to access services outside of their local community. With an estimated round trip to the nearest town of South Elmsall taking at least 60 minutes on a bus, any potential future closure could make accessing pharmaceutical services difficult for sections of this community.

Figure 44 shows the community considered to be reliant on a single pharmacy. Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) within the hours stated below within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

Figure 44: Map of Upton community.

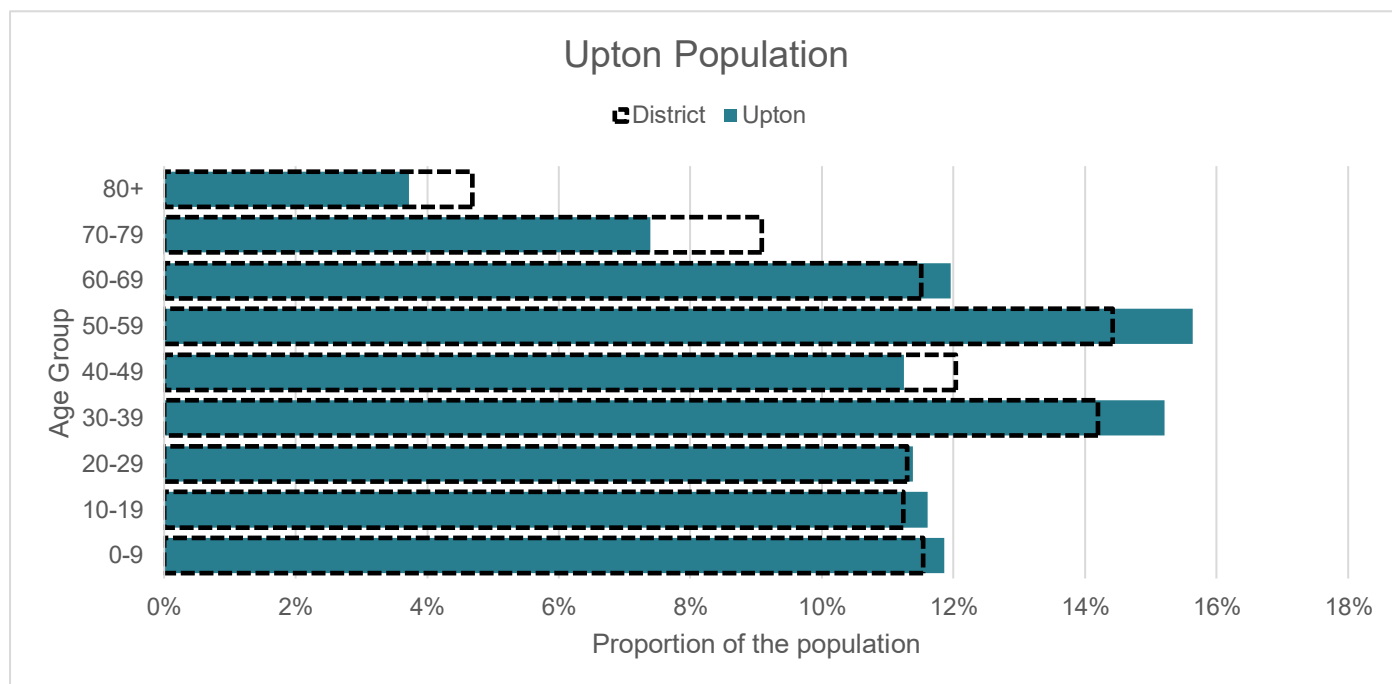


Population

Population size: An estimated 6,266 people live in Upton.

Figure 45: Upton has a higher proportion of 30-39 and 50-59 year olds.

Source: ONS mid-year population estimates for 2022.



Deprivation

Around half (47%) of Upton residents live in areas considered to live in the most deprived 20% of the country.

Current pharmacy provision

- The single pharmacy in the specified catchment area is located at **Wrangbrook Road, Upton WF9 1JU**.
- Opening times:

Monday	9:00-18:00
Tuesday	9:00-18:00
Wednesday	9:00-18:00
Thursday	9:00-18:00
Friday	9:00-18:00
Saturday	Closed
Sunday	Closed
- Services include all essential services, hypertension case finding, contraception service, Pharmacy First, LFD service, new medicine service, flu vaccinations.
- This pharmacy dispenses around 8,500 prescriptions a month, this is lower than the district average of 11,000 prescriptions a month.
- Greenview medical centre is down the road from the pharmacy. It is likely that many people will collect prescriptions following a visit to the GP. Closure of this pharmacy could mean multiple journeys for residents.

Accessibility to the next nearest pharmacy

- **Walking:** Over 15 minutes to walk to the next nearest pharmacy.
- **Public transport:** Bus services are available to South Elmsall. Travel time on the bus to South Elmsall would take 20 minutes, however there is a need to factor in the additional time of walking to the bus, waiting for the bus and then the return trip. We estimate, based on the current bus schedules, that a round trip to South Elmsall would take approximately 60 minutes.

- **Car:** The next nearest pharmacy is within a ten minute car journey. According to the 2021 Census, around 16% of households in the catchment area do not own a car, meaning those residents may need to rely on public transport. This is much lower than the district average of 23%.

8.8. Summary

The pharmacies discussed above are integral to the communities they serve, providing necessary services such as prescription dispensing, health advice, and disease prevention. In many cases, they act as community hubs, offering not only medical support but also community services that improve quality of life for vulnerable groups. Public opinion indicates a strong appreciation for the convenience and accessibility these pharmacies provide, with particular concern from residents who rely on them for regular medication and healthcare support.

Closure of these pharmacies would exacerbate health disparities in already deprived areas, significantly impact residents without access to cars, and increase travel times. The environmental and climate change impacts of increased car use will have a direct impact on carbon emissions and air quality at a time when we should be supporting the majority to participate in active travel or use public transport. To ensure equitable access to healthcare and minimize these impacts, it is vital that these locations continue to have pharmaceutical services available to them. Should any of the existing pharmacies in these locations close at some point, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) within the hours as outlined above.

9. Housing and Transport Developments

9.1. Main Housing Developments

There are a number of ongoing housing developments across the Wakefield District, which will see a growth in the population of these areas as the construction is completed and people start to move in. Table 11 below provides details of the two largest construction sites in the district at the moment. These sites have been in construction for a number of years and have long term development plans up to 2040. The site in Castleford is proposed to be around 670 properties in total when complete, whereas the City Fields development will be around 2,500.

Table 11 shows that to date the majority of properties have been constructed at the Flass Lane site. Around 700 properties have been built so far during the last PNA period (2022-25), and it is anticipated that the outstanding properties will be constructed during this PNA period (2025-28).

Table 11: Constructed dwellings in the two main development sites.

Source: Wakefield Council, Planning Services, December 2024.

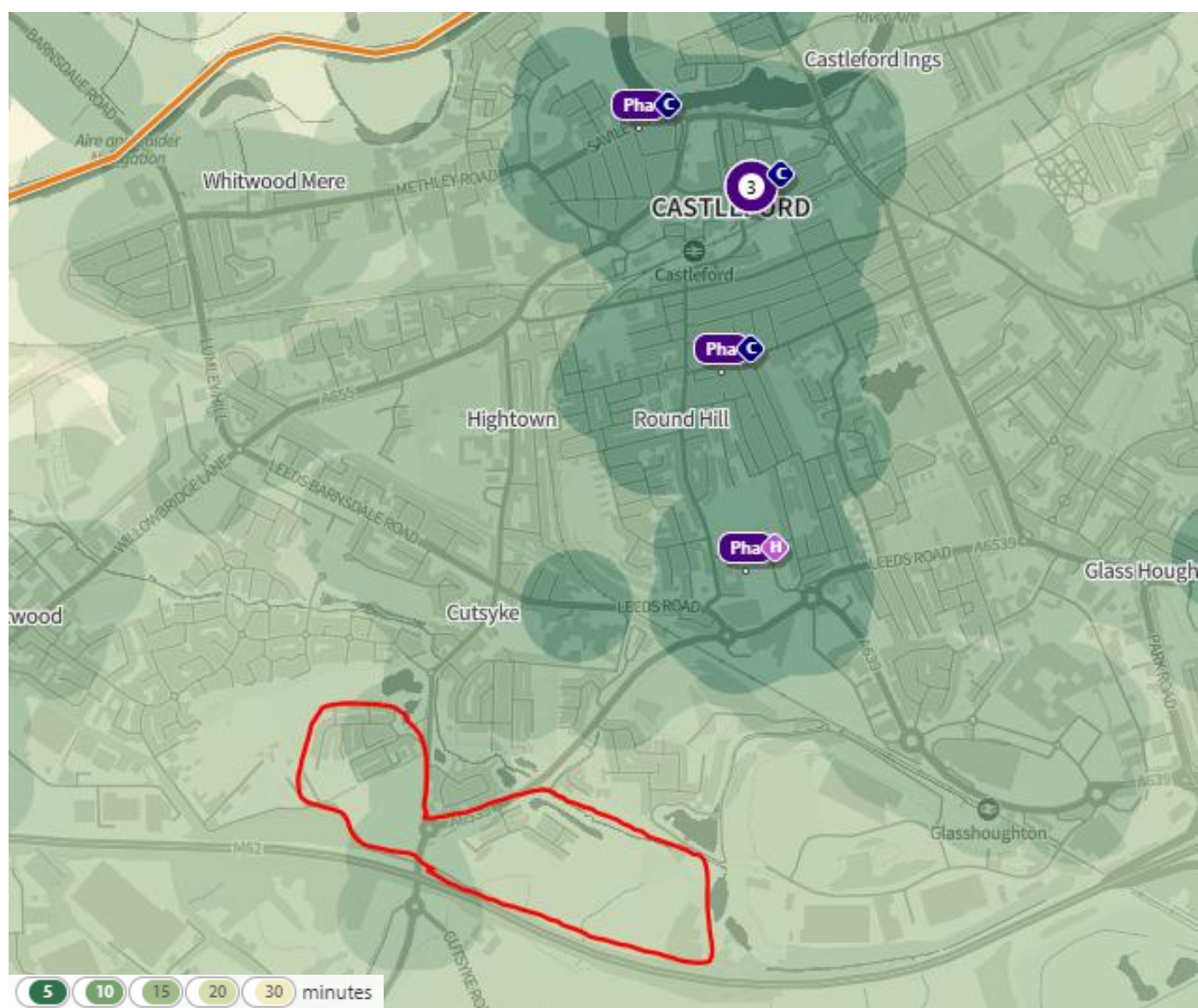
Site	Dwellings approved to 2024/25	Properties constructed pre-2022/23	Properties constructed 2022/23 to Sept 2024	Total complete to Sept 2024	Outstanding
Flass Lane, Castleford	671	361	297	658	13
City Fields, Wakefield	2,342	774	699	1,473	869

There are a further 50 dwellings at Flass Lane and 202 dwellings at City Fields that are yet to be granted planning permission, so there is currently no available timeframe for these.

9.1.1. Flass Lane, Castleford

Figure 46 below shows the location of Flass Lane site in relation to the nearest community pharmacies. The site is within ten to 15 minutes travel time via public transport of a range of pharmacies and within a five-minute drive of a pharmacy also. The average household size across Wakefield District is 2.2 people. Applying this to the 671 approved dwellings at Flass Lane leads to an estimated population growth of 1,476 people. As the map shows, this new population is within easy reach of a number of pharmacies, so there is not considered to be a requirement for additional pharmacy capacity within this area.

Figure 46: Location of Flass Lane with travel times by public transport.



9.1.2. City Fields, Wakefield

Figure 47 below shows the location of the City Fields site, although the full extent of it is to be developed throughout the plan up to 2040. The majority of the site is within 20 minutes of travel time via public transport to the nearest pharmacy and within a five-minute drive of a pharmacy. Based on current projections, it is anticipated that the majority of the outstanding 869 houses will be completed by the end of this PNA period (September 2028). Applying the average household size of 2.2 people to this development leads to a new community of around 5,152 people. The development is spread over quite a large area, with the houses towards the southern edge of the development a lot closer to pharmaceutical provision than the majority of the dwellings at the northern edge.

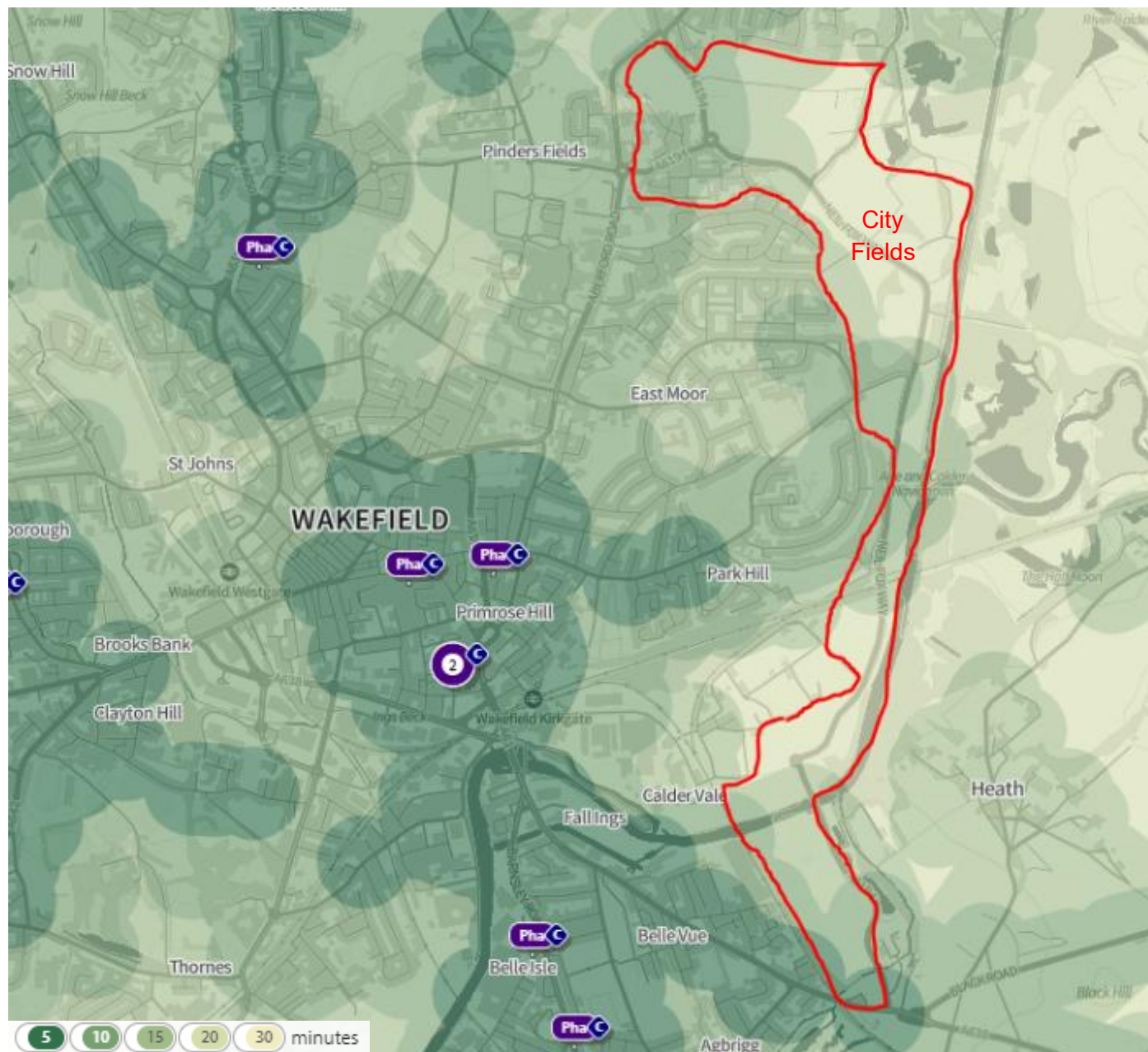
The initial proposals for the City Fields development included the provision of a new district centre, which was granted planning permission in February 2020. The inclusion of this district centre is evidence that City Fields is considered to be a new community being built within the district. This sizeable new population will require access to the relevant amenities and services, including pharmaceutical services.

City Fields is located on the outskirts of Wakefield city, which has seen four pharmacies close since the publication of the last PNA in 2022. This includes a pharmacy in Eastmoor which was the nearest to the City Fields community, and a 100-hour pharmacy in the city centre. As a result, the level of dispensing activity that

is being handled by the remaining pharmacies has increased, potentially limiting the amount of time that can be given to advanced, enhanced and locally commissioned services. Through the pharmacy survey, several pharmacies expressed difficulties with dealing with the additional demand closures are causing them, alongside staffing and recruitment difficulties. It is considered that the growth of the City Fields development, alongside the new district centre being built, has created sufficient need in that community for a pharmacy to serve.

It is therefore considered that there is a current need for a community pharmacy providing the following necessary services: all essential services, new medicine service, Pharmacy First and flu vaccinations, Monday to Friday between 09:00 and 18:00 and on Saturday between 09:00 and 12:00, within the boundary that is shown in Figure 47.

Figure 47: Location of City Fields with travel times by public transport.



9.2. Smaller Developments and Planning Applications

Table 12 below shows the ongoing constructions and known planning applications that could start development during the life of this PNA (2025-2028). It is important to note that any listed as a pre-planning application or awaiting approval may not achieve final approval status, as such this figure should be treated only as a guide at this stage.

The largest development is in Knottingley which will see just over 400 houses built, which could see an increase in the population of around 940 people (based on average household of 2.2). All the developments below are in already urban areas that are well served by community pharmacies.

All the areas detailed in Table 12 are within a five-minute car journey or ten-minute public transport journey of a community pharmacy. Given the current population demographics within these localities and the current distribution of pharmaceutical service providers across Wakefield District, it is evident that the areas of likely future growth detailed in Table 12 have sufficient pharmacy coverage to meet the needs of the population.

Table 12: Smaller developments in Wakefield District.

Source: Wakefield Council, Planning Services, December 2024.

Locality	Proposed properties	Status
Castleford	144	Under construction
Flanshaw	140	Under construction
Wakefield Centre	349	Under construction
Hemsworth	128	Under construction
Upton	143	Under construction
Knottingley	428	Under construction
Knottingley (south)	176	Under construction
Pontefract outer	102	Under construction
South Kirkby	112	With full permission
Whitwood	201	With full permission

10. Survey Analysis

In addition to the population health information and relevant demographic data used to support this PNA process, a survey to members of the public was carried out. The survey, which asked about pharmaceutical service use, was developed by the steering group then made available online for members of the public to complete between 23 October 2024 and 6 December 2024. The survey was promoted by each area's communications departments to ensure a good response. During the same time, a survey was emailed directly to pharmacies, asking about what they provide as well as their viewpoints.

Total number of respondents:

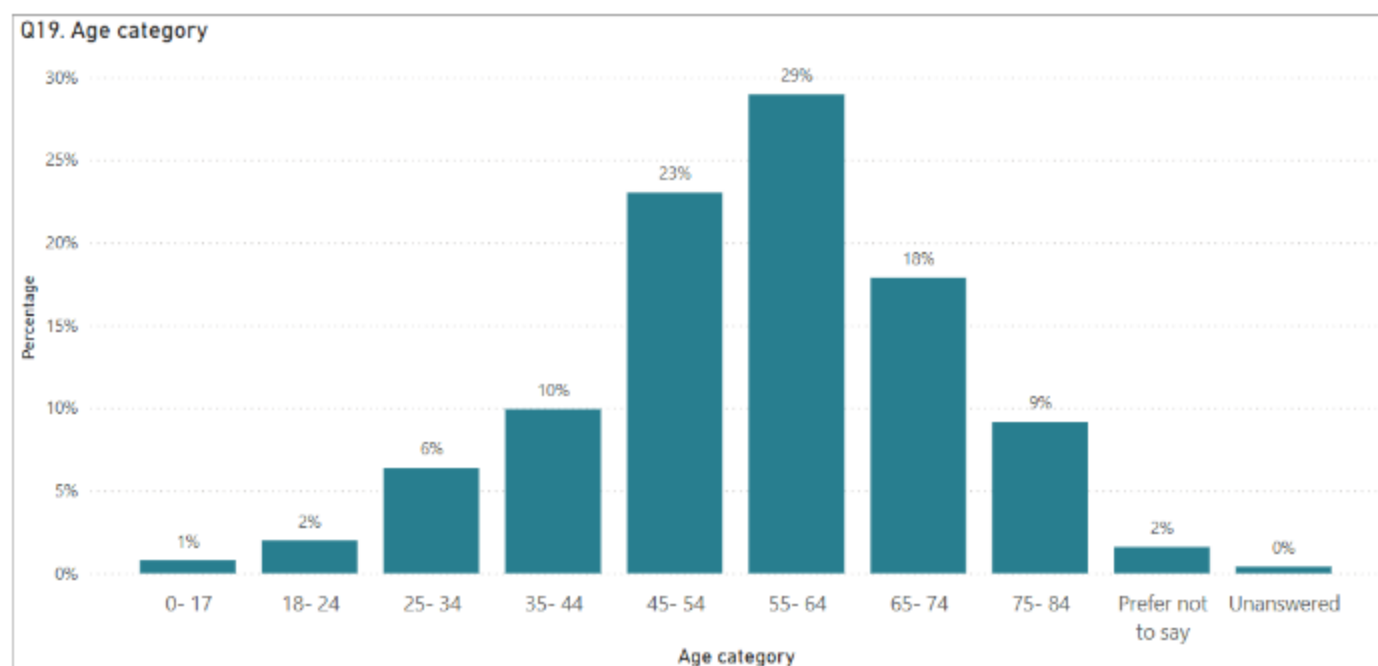
- Public survey – 252
- Pharmacy contractor survey – 21

10.1. Public Survey

Full analysis of the public survey can be found in Appendix F: Public Survey Results.

Around two-thirds (67%) of respondents were women, this means women in this survey were overrepresented compared to the Wakefield District population.

Figure 48: Please state your age category.



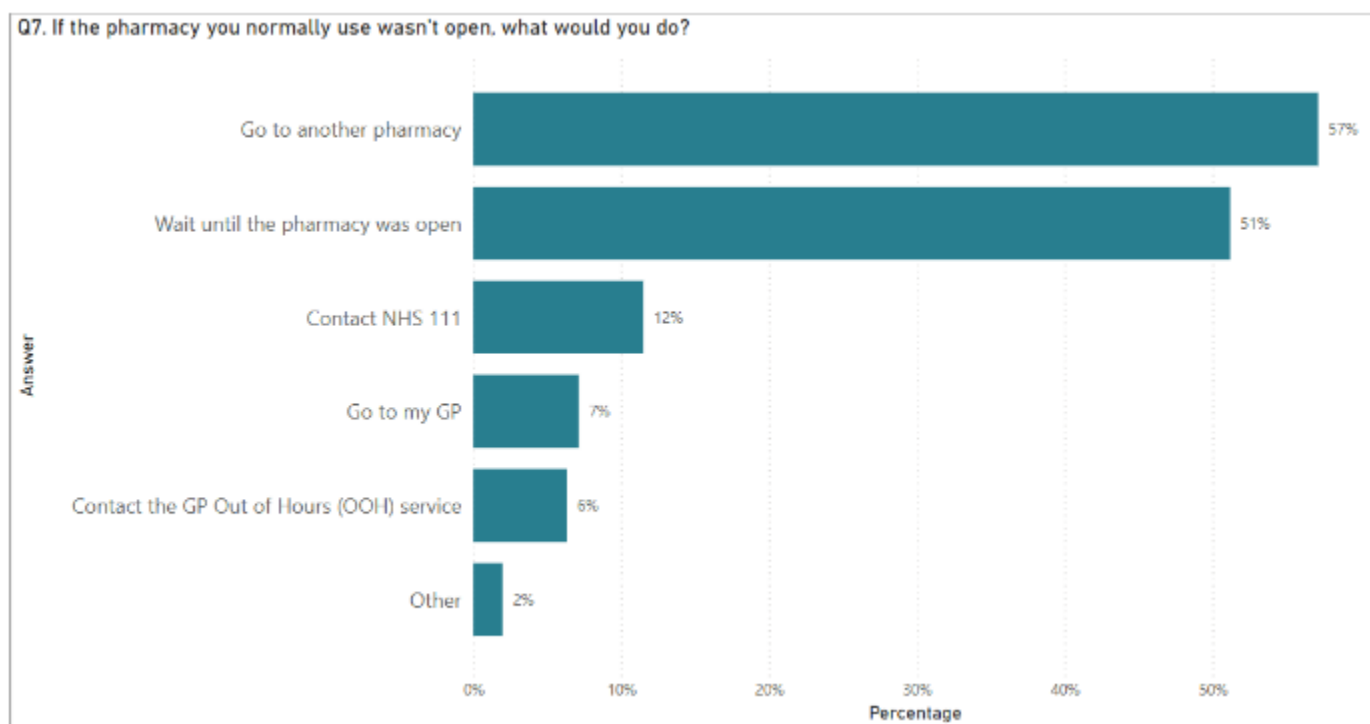
70% of respondents sit in the 45-84 age group. See Figure 48 above.

35% said their health or disability prevents them from doing things 'a little' or 'a lot', this is slightly higher than the 24% identified in the Census.

92% described their race, ethnic or cultural origin as White: English/Welsh/Scottish/Northern Irish/British which is similar to the proportion in Wakefield District (88%).

11% of respondents said they had to change pharmacy due to closure. When asked what the impact was on them, most of the responses were negative. There were numerous mentions of travelling further to get to a pharmacy and having to queue for longer.

Figure 49: If the pharmacy you normally use was not open, what would you do?

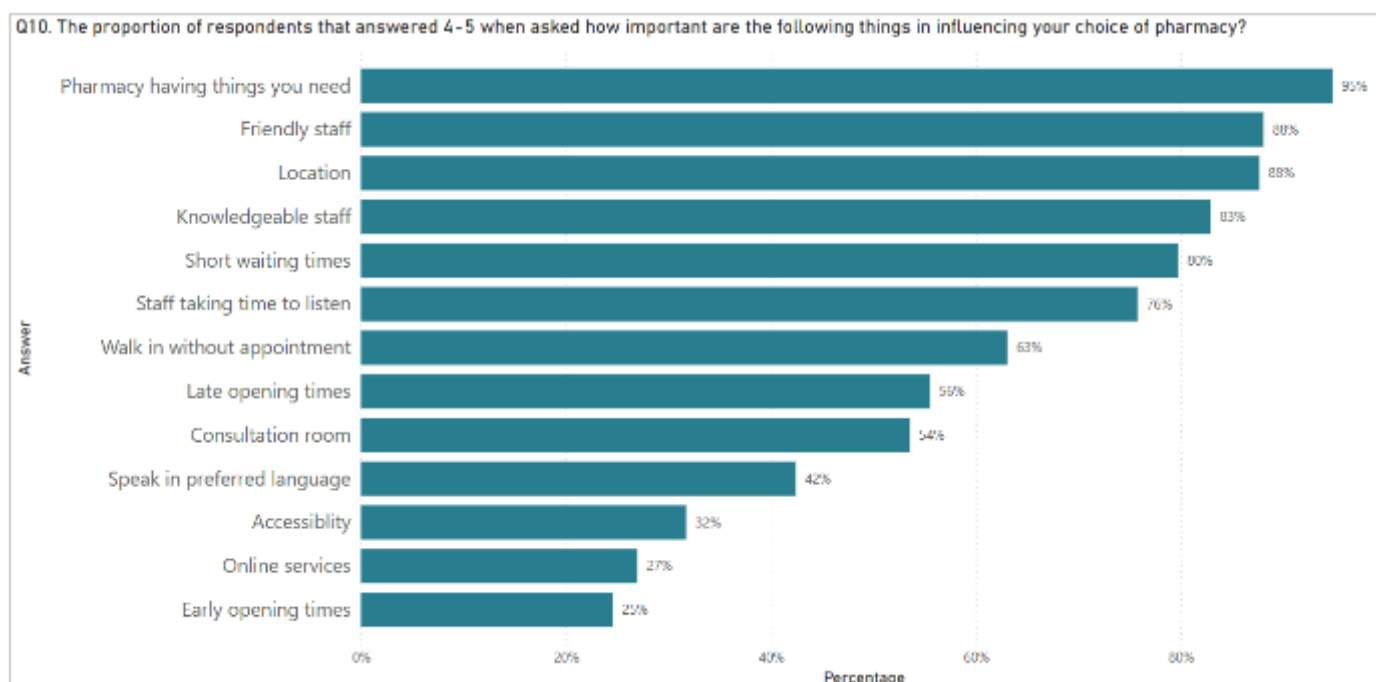


One in four said if the pharmacy they normally use was not open, they would use another service such as NHS 111, their GP or GP Out of Hours, 57% said they would go to another pharmacy and 51% said they would wait until their pharmacy was open. Please note, this question was multiple choice. See Figure 49 above.

77% said their pharmacy being close to their home was important and 52% said their pharmacy being close to their GP was important.

15% said they were not able to visit their pharmacy of choice when they need to. This was slightly higher (20%) for respondents who said their health or disability prevents them from doing things 'a lot' or 'a little'.

Figure 50: On a scale of 1-5, how important are the following things in influencing your choice of pharmacy?

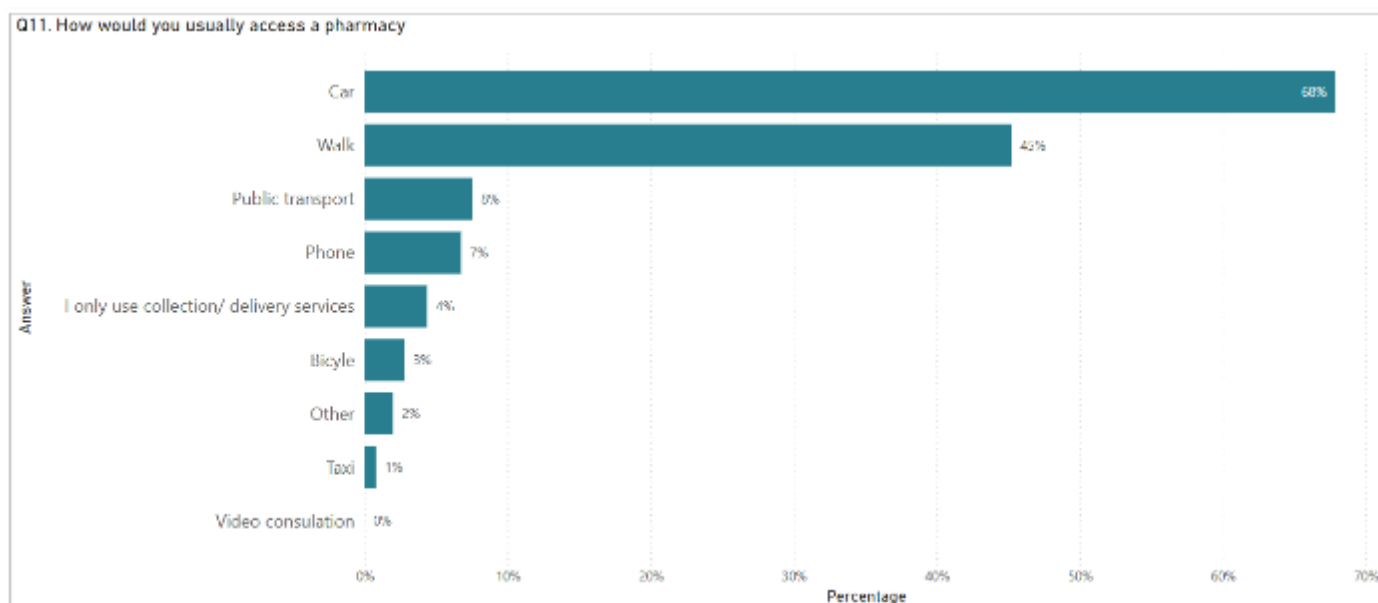


Respondents said the ‘pharmacy having things they need’ is the most important thing in influencing their choice of pharmacy (95% said this was 4-5 on a scale of 1 not important to 5 very important). 88% said ‘friendly staff’ is important and 88% said ‘location’ is important (4-5 on the scale). Please note, this question was multiple choice. See Figure 50 above.

Figure 49 also shows that people value the community asset role that a pharmacy can play. 88% of respondents rated “Friendly staff” as important, 76% rated “Staff taking time to listen” highly and 63% of people appreciated the ability to “walk in without an appointment”. Pharmacies are often a first point of contact for members of the community, especially when seeking advice around a medical issue. These figures are important to demonstrate that these social interactions within pharmacies are still very important to people.

Most people would usually use a car to access a pharmacy. 91% of those said it usually takes 15 minutes or less to get there. 45% said they usually walk and of those, 83% said it usually takes 15 minutes or less to get there. Please note, the method of travel question was multiple choice. See Figure 51 below.

Figure 51: How would you usually access a pharmacy?



78% said they would ‘search the internet’ to find out information about the pharmacy such as opening times or services offered. This was lower (57%) in the 75-84 age group.

Almost half (48%) of under 35 year olds said they have used or would use the C-Card scheme at a pharmacy if required. The same percentage of under 35 year olds said they have used or would use testing for sexually transmitted infections (STIs) at a pharmacy if required.

42% of respondents said they have never used an internet pharmacy and 37% said they would never use an internet pharmacy. These were both similar across all age groups.

When asked if they have anything else to say about pharmacy services in their area 84 respondents made a comment. The main themes were long waiting times, opening hours not being sufficient, issues with stock of medication and issues with staff or levels of staffing.

10.2. Pharmacy Contractor Survey

Full analysis of the pharmacy contractor survey can be found in Appendix H: Pharmacy Contractor Survey Results. All pharmacy respondents were located in Wakefield District.

Just under one in seven (14%) said they do not have sufficient premises and staffing capacity and would have difficulty managing an increase in demand from new housing developments. Almost half (48%) said they do not have sufficient capacity but could make adjustments. It is also worth considering that this does not consider any future nearby closures or changes.

Over half (57%) of pharmacies that responded to the survey said 'Yes' closures and changes to pharmacy provision over recent years has had an impact on their pharmacy. Of these, just over two-thirds (67%) noted an increased demand due to an increase in patients/prescriptions and 42% noted staffing/recruitment issues.

One respondent quoted "More prescriptions and items are sent to us because of other pharmacies shutting near us... [and] we are struggling to keep on top of work and provide services effectively." Another respondent quoted "We have had a drastic increase in the amount of patients we serve and the items per month that we dispense."

11. Conclusions

During the development of this PNA document, we have worked with stakeholders to gather information around current service provision. We have also worked hard to set this against the demography and health needs of the population. This PNA has assessed whether current provision meets the needs of the population of Wakefield and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document. The approach taken in this PNA looks to provide a more resilient approach to supporting the pharmaceutical market to meet the needs of the population.

Wakefield has a growing population, with an estimated increase of between 0.5% and 0.9% each year during the life of this PNA. It is also expected that the profile of the population will continue its gradual shift towards a more elderly population, with an increasing proportion of the population being aged over 60. However, this is a gradual change and is therefore unlikely to significantly affect the need for pharmaceutical services over the next three years. Wakefield also has an increasingly diverse population with around 11.8% of the population being from a non-White British ethnic background and around 10% of people whose first language is not English.

The health of the population of Wakefield is relatively poor compared to the national average for many common health problems, including respiratory disease, cardiovascular disease, and cancer. Wakefield also has worse than average health related behaviours, with a relatively high number of adults smoking and a large proportion of the population considered to be living with overweight or obesity. However, many of these health issues have been evident in Wakefield for some time, with any increases in prevalence being gradual over time. In the main, provision of pharmaceutical services to respond to the health needs of the population remains good and there has been some commissioning of advanced, enhanced and locally commissioned services to provide specific services designed to address some of these health needs.

Wakefield District has 61 community pharmacies, five distance selling pharmacies and one dispensing appliance contractor. Many of the community pharmacies provide advanced and enhanced services commissioned by NHS England and some provide additional services that are commissioned locally. There are three dispensing GP Practices, two of which reside within the district and the third, Healthcare First Partnership, is located just over the border in Leeds but has been included due to the number of Wakefield residents that are registered to this Practice.

For the majority of the population of Wakefield District, access to pharmaceutical services remains excellent, however there have been eight pharmacy closures since the publication of the last PNA in 2022 and that is not without impact. Some people are faced with a more difficult journey to access pharmaceutical services, often in areas of the highest deprivation, and the availability of pharmacies outside the usual working day has reduced following the decision of most of the 100-hour pharmacies in the district to reduce down to around 72 hours. At the same time pharmacies already under pressure are seeing an increased workload.

In 2018, a large new housing development started in the City Fields area of Wakefield. The number of houses that have been built to date is around 1,500 with a further 1,000 anticipated before the end of this PNA cycle (2028). This has brought with it an influx of a new population with additional demand for pharmaceutical services.

Pharmacies continue to operate in a difficult market, with many reporting issues in relation to funding, staffing, and increased demand through the contractor survey. The new pharmacy contractual framework is currently under negotiation, but the ongoing funding issues has led to the members of the NPA voting in favour of potential collective action. Given the uncertainty around the pharmacy industry, it will be important for the Health and Wellbeing Board to continue to carefully assess the suitability of the provision of pharmaceutical services in the district and to respond promptly to any significant changes that might occur in the next three years.

11.1. Necessary Services

This PNA has defined necessary services as:

- All essential services provided at all premises included in the pharmaceutical lists
- The advanced services of
 - New Medicine Service (63 pharmacies providing this)
 - Pharmacy First Service (60 pharmacies providing this)
 - Flu Vaccination Service (61 pharmacies providing this)

Section 7 sets out the provision of these services.

11.1.1. Current Access to Necessary Services

In order to assess the provision of necessary services against the needs of the population this PNA has considered the following elements:

- Health needs of the population in relation to essential pharmaceutical services
- Travel times by foot, car and public transport
- The demographic makeup of the population, including elements such as level of deprivation and age profile
- Opening times of pharmacies
- Public opinion of how and when they would like to access pharmaceutical services
- Population growth, including through housing developments
- The environmental and climate change impacts of patients travelling further to access services

For the majority of the district, access to necessary services is excellent with a good choice of pharmacies within reasonable travel times.

The development of a large new community in City Fields (see Section 9) has led to a population increase of between 5,000 and 6,000 for that part of the district. It is considered that this increase in population has led to an increase in demand in the area that requires additional capacity.

Based on the information available at the time of developing this Pharmaceutical Needs Assessment there is a current need for the provision of the following services:

- **All Essential Services**
- **New Medicine Service**
- **Pharmacy First Service**
- **Flu Vaccination Service**

These services are required Monday to Friday between 09:00 and 18:00 and on Saturday between 09:00 and 12:00, within the City Fields community (across Stanley and Outwood East locality and Wakefield East locality)

This PNA has also assessed communities that are dependent on a single pharmacy, and concludes that the following communities would have a current need, should any of the identified pharmacies close during the PNA period (2025-2028):

- **Eastmoor:** Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) on the hours stated within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.
- **Lupset:** Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) on the hours stated within the boundary identified. If this situation were to

arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

- **Flanshaw:** Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) on the hours stated within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.
- **Ryhill and Havercroft:** Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) on the hours stated within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.
- **Kinsley and Fitzwilliam:** Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) on the hours stated within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.
- **Ackworth:** Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) on the hours stated within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.
- **Upton:** Should the current pharmacy in this area close in the future, the Health and Wellbeing Board considers that this would create a gap in the provision of necessary services (and any other services that the pharmacy provided) on the hours stated within the boundary identified. If this situation were to arise, a new pharmacy would need to provide as a minimum the hours and services provided by the current pharmacy.

11.1.2. Future Access to Necessary Services

This document has considered the forecasted population growth and ongoing housing developments. It has not identified any necessary services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet the anticipated increased need for pharmaceutical services due to the forecasted population growth.

Based on the information available at the time of developing this Pharmaceutical Needs Assessment no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities.

11.2. Other Relevant Services

11.2.1. Current Access to Other Relevant Services

As of September 2024, there are six other advanced services, outside those considered necessary, that are delivered in Wakefield District. These are:

- Appliance Use Review Service (AURs)
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service
- Hypertension Case Finding Service
- Pharmacy Contraception Service (PCS)
- Lateral Flow Device (LFD) Service

There are also seven locally commissioned services in Wakefield District:

- Emergency Hormonal Contraception (EHC)
- Needle Exchange
- Take Home Naloxone (THN)
- Chlamydia Screening
- Condom Distribution C-Card Scheme
- Supervised Consumption
- Stop Smoking Service

For some of these services, pharmacies are not the only option for people wishing to access them. Sexual health services and stop smoking services all provide their services at other community venues. There is also the smoking cessation advanced service that provides a similar service to that of the locally commissioned stop smoking service.

Whilst the advanced and locally commissioned services outlined above are not necessary to meet the need for pharmaceutical services in the area, they are well distributed across the district and have secured improvements or better access for residents.

Based on the information available at the time of developing this Pharmaceutical Needs Assessment no gaps in the current provision of advanced, enhanced or locally commissioned services or in specified future circumstances have been identified in any of the localities.

11.2.2. Future Access to Other Relevant Services

This document has considered the forecasted population growth and ongoing housing developments. It has not identified any advanced, enhanced or locally commissioned services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet the anticipated increased need for pharmaceutical services due to the forecasted population growth.

Based on the information available at the time of developing this Pharmaceutical Needs Assessment no gaps in the need for any advanced, enhanced or locally commissioned services in specified future circumstances have been identified in any of the localities.

11.3. Improvements and Better Access – Gaps in Provision

11.3.1. Improvements and Better Access: Necessary Services

Section 7 of this document outlines the current provision of necessary services, and the levels of access that are available to residents by different means of transport and at different times of the week. For the vast majority of residents, the level of access is excellent across the district, however it is deemed that access could be improved for residents in the city of Wakefield on a Sunday. There are currently no pharmacies providing Sunday hours within the centre of Wakefield. There is also the King Street Walk in Centre located in the centre of Wakefield that is open throughout Sunday and could therefore issue prescriptions. The nearest pharmacy open on a Sunday is Asda in Sandal, which would be over an hour round trip by bus.

Therefore, this PNA concludes that better access to necessary services could be secured within the centre of Wakefield city on a Sunday, between 11:00-17:00.

11.3.2. Improvements and Better Access: Other Relevant Services

Section 6 of this document sets out in detail the level of health need that exists across the Wakefield District in relation to health conditions that may benefit from certain advanced, enhanced or locally commissioned services that pharmacies can provide. Section 7 then considers the current provision of the various advanced,

enhanced and locally commissioned services in relation to these health needs, whilst also considering that some of these services are provided at locations other than pharmacies.

Based on the information available at the time of developing this Pharmaceutical Needs Assessment no gaps have been identified in the provision of advanced, enhanced or locally commissioned services that if provided either now or in the future would secure improvements, or better access, to these services in any of the localities.

Glossary of Terms

Term	Definition
ABPM	Ambulatory Blood Pressure Monitoring
APS	Annual Population Survey
AUR	Appliance Use Review
CCG	Clinical Commissioning Group. Replaced by ICBs on 1 July 2022.
CHD	Coronary Heart Disease
CIC	Community Interest Company
COPD	Chronic Obstructive Pulmonary Disease
CPCS	Community Pharmacist Consultation Service – ended on 30 January 2024
CPWY	Community Pharmacy West Yorkshire
CSEW	Crime Survey for England and Wales
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
DSR	Directly Standardised Rate, comparable rate that controls for the age and gender profile of an area.
ED	Emergency Department
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
eRD	Electronic Repeat Dispensing
GDS	General Dental Services
HNA	Health Needs Assessment
HWB	Health and Wellbeing Board
H&WBS	Health and Wellbeing Strategy
ICB	Integrated Care Boards. They have delegated responsibility for pharmacy services.
Sub-ICB	ICBs are split into sub-ICBs. One sub-ICB covers Wakefield District.
ICS	Integrated Care System. A partnership of health and care organisations working together to plan and deliver joined up services and to improve population health
JSNA	Joint Strategic Needs Assessment. This identifies the current health issues experienced by people in Wakefield District and what their future health, social care and wellbeing needs are likely to be in the next few years.
LFD	Lateral Flow Device Service
LGA	Local Government Association
LGBT/LGBTQ+	Lesbian, Gay, Bisexual, Transgender, queer, questioning and ace. Click here for Stonewall's list of useful LGBTQ+ terms.
LMC	Local Medical Committee
LSOA	Lower Super Output Area. This is a small geography that is nationally agreed and allows the publication of low-level geographical statistics.
LTC	Long-term Condition
MOPSI	Models of Psychosocial Interventions
MSK	Musculoskeletal
MYTT	The Mid Yorkshire Teaching NHS Trust
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NHSHC	NHS Health Checks
NHS Long Term Plan	Set out NHS priorities for healthcare over the next ten years

Term	Definition
NMS	New Medicine Service
NPA	National Pharmacy Association
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ODS code	Organisation Data Service code is a unique code to identify health and social care organisations
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OOH	Out of Hours
PADM	Personally administered medication
PANSI	Projecting Adult Needs and Services Information System
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PGD	Patient Group Directions
PNA	Pharmaceutical Needs Assessment
POM	Prescription only medicines
POPPI	Projecting Older People Population Information System
PSNC	Pharmaceutical Services Negotiating Committee
QIPP	NHS Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
SAC	Stoma Appliance Customisation
SHAPE	Strategic Health, Planning and Evaluation Tool from OHID
STIs	Sexually Transmitted Diseases
SystmOne	Provides a single electronic health record for patients
TIA	Transient Ischaemic Attack
THN	Take Home Naloxone
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
UTI	Urinary Tract Infection
WYICB	West Yorkshire Integrated Care Board

Appendix A: Service Provision Table

Ward	ODS Code	Pharmacy Name	Address	72+ Hour	Chlamydia Screening	Condom Distribution	EHC	Needle Exchange	Take Home Naloxone	Supervised Consumption	NHSE Smoking Cessation	Stoma Customisation	Hypertension Case Finding	Contraception Service	Pharmacy First Service	LFD Service	New Medicine Service	Flu Vaccination Service
Ackworth, North Elmsall and Upton	FR212	Lo's Pharmacy	Wrangbrook Road, Upton, Pontefract WF9 1JU							•			•	•	•	•	•	•
	FPP98	Lo's Pharmacy	29A Barnsley Road, Ackworth, Pontefract WF7 7HZ										•	•	•	•	•	•
Airedale and Ferry Fryston	FQ751	Airedale Pharmacy	25 The Square, Airedale, Castleford WF10 3JJ							•			•		•		•	•
	FEX20	Pharmacy Plus Health – Tieve Tara	Tieve Tara Surgery, Parkdale, Castleford WF10 2QP		•		•			•	•		•	•	•		•	•
Altofts and Whitwood	FPR76	M & A Pharmacies Ltd	1A Lee Brig, Altofts, Normanton WF6 2JJ										•		•		•	•
Castleford Central and Glasshoughton	FAE51	Asda Pharmacy	Leeds Road, Glasshoughton, Castleford WF10 5EL	•				•	•	•			•	•	•	•	•	•
	FXP50	Boots	Units 20-21, Carlton Lanes Shopping Centre, Castleford WF10 1AD							•				•	•	•	•	•
	FTD41	Castleford Pharmacy	119 Carlton Street, Castleford WF10 1DX							•	•		•		•	•	•	•
	FDW30	Cohens Chemist	28 Smawthorne Lane, Castleford WF10 4EN				•			•	•		•		•	•	•	•
	FAX35	My Pharmacy Online (Distance selling)	Unit 9 Sterling Industrial Park, Carr Wood Road, Castleford WF10 4PS								•		•	•	•	•	•	
	FX310	Superdrug Pharmacy	74 Carlton Street, Castleford WF10 1DE							•			•	•	•	•	•	•
	FFX25	Well	Savile Road, Castleford WF10 1PD								•		•	•	•	•	•	•

Ward	ODS Code	Pharmacy Name	Address	72+ Hour	Chlamydia Screening	Condom Distribution	EHC	Needle Exchange	Take Home Naloxone	Supervised Consumption	NHSE Smoking Cessation	Stoma Customisation	Hypertension Case Finding	Contraception Service	Pharmacy First Service	LFD Service	New Medicine Service	Flu Vaccination Service
Crofton, Ryhill and Walton	FT693	Hughes Chemist	Madeley Road, Havercroft, Wakefield WF4 2JD		•		•			•			•		•		•	•
	FNH30	Lo's Pharmacy	45-49 High Street, Crofton, Wakefield WF4 1NG							•			•	•	•	•	•	•
Featherstone	FET43	Cohens Chemist	2 Station Lane, Featherstone WF7 5BE		•		•	•	•	•	•		•		•	•	•	•
	FKJ28	Cohens Chemist	Station Lane Medical Centre, Featherstone WF7 6JL							•	•		•		•	•	•	•
	FGW66	Healthnet Homecare (Distance selling)	Unit 3 Ardane Park, Green Lane Industrial Park, Featherstone WF7 6EP															
	FX148	Pharmacy Wise Sharlston	74 Weeland Road, Sharlston, Wakefield WF4 1DB				•			•	•		•		•		•	•
Hemsworth	FND64	Cohens Chemist	10 Market Street, Hemsworth, Pontefract WF9 4LA							•	•		•	•	•	•	•	•
	FPN45	Kinsley Pharmacy	Kinsley Medical Centre, Wakefield Road, Kinsley WF9 5BP							•							•	•
	FGJ48	Tesco In-Store Pharmacy	Tesco Superstore, Market Street, Hemsworth WF9 4LB	•									•	•	•	•	•	•
Horbury and South Ossett	FCG05	Midway Pharmacy	Cluntergate, Horbury, Wakefield WF4 5AF				•			•	•		•	•	•		•	•
	FR667	Well	Orchard Croft Medical Centre, Cluntergate, Wakefield WF4 5BY							•	•		•		•	•	•	•
Knottingley	FNL06	Allied Healthcare Ferrybridge	6 High Street, Ferrybridge, Knottingley WF11 8NQ							•	•		•		•	•	•	•
	FA513	Ash Grove Pharmacy	Ash Grove Medical Centre, England Lane, Knottingley WF11 0JA	•						•			•		•	•	•	•

Ward	ODS Code	Pharmacy Name	Address	72+ Hour	Chlamydia Screening	Condom Distribution	EHC	Needle Exchange	Take Home Naloxone	Supervised Consumption	NHSE Smoking Cessation	Stoma Customisation	Hypertension Case Finding	Contraception Service	Pharmacy First Service	LFD Service	New Medicine Service	Flu Vaccination Service
	FNG72	Fast Track Pharmacy	44 Cow Lane, Knottingley, Pontefract WF11 9BX							•	•		•	•	•	•	•	•
	FP630	Hill Top Pharmacy	5 Headlands Lane, Knottingley WF11 0LA				•			•			•		•	•	•	•
Normanton	FEV86	Exel Pharmacy	2 St. Michaels Green, Normanton, Wakefield WF6 1PX								•		•	•	•	•	•	•
	FFR23	Exel Pharmacy	56 High Street, Normanton, Wakefield WF6 2AQ	•				•	•	•	•		•	•	•	•	•	•
	FG475	M & A Pharmacies Ltd	146A Castleford Road, Normanton WF6 2EP												•		•	•
	FX230	Pharmacy Plus Health – Normanton	Kings Street Medical Centre, King Edward Street, Normanton WF6 2AZ		•	•	•			•	•		•	•	•		•	•
Ossett	FKE58	A S Carlton Ltd	10 Station Road, Ossett, Wakefield WF5 8AD		•	•	•			•					•		•	•
	FEC64	Giles & Ward Pharmacy	21 Church Street, Ossett WF5 9DG				•				•		•	•	•	•	•	•
	FPG71	Ossett Pharmacy	Ossett Health Village, Kingsway, Ossett WF5 8DF		•	•	•			•			•	•	•	•	•	•
	FYY63	Well	Dale Street, Ossett WF5 9HQ							•	•		•	•	•	•	•	•
Pontefract North	FQY75	Boots	3-5 Beastfair, Pontefract WF8 1AL										•	•	•	•	•	•
	FVV83	Cohens Chemist	Northgate, Pontefract WF8 1HJ							•	•		•		•	•	•	•
	FMA08	Friarwood Pharmacy	Carleton Glen, Pontefract WF8 1SU							•			•		•		•	•
	FHG17	Medichem Pharmacy	Stuart Road Surgery, Stuart Road, Pontefract WF8 4PQ							•	•		•		•	•	•	•
Pontefract South	FP658	Chequerfield Pharmacy	1 The Circle, Pontefract, Wakefield WF8 2AY					•	•	•	•		•		•	•	•	•

Ward	ODS Code	Pharmacy Name	Address	72+ Hour	Chlamydia Screening	Condom Distribution	EHC	Needle Exchange	Take Home Naloxone	Supervised Consumption	NHSE Smoking Cessation	Stoma Customisation	Hypertension Case Finding	Contraception Service	Pharmacy First Service	LFD Service	New Medicine Service	Flu Vaccination Service
South Elmsall and South Kirkby	FJW75	Boots	39 Barnsley Road, South Elmsall, Pontefract WF9 2RN							•			•	•	•		•	•
	FTW24	Lo's Pharmacy	71 Stockingate, South Kirkby, Pontefract WF9 3NU							•			•	•	•	•	•	•
	FVR17	Lo's Pharmacy	62-64 Barnsley Road, South Elmsall, Pontefract WF9 2RF							•			•		•	•	•	•
	FWK26	South Kirkby Pharmacy	Church View Health Centre, Langthwaite Road, South Kirkby WF9 3AP					•	•	•	•		•	•	•	•	•	•
	FX037	White Rose Pharmacy	Exchange Street, South Elmsall, Pontefract WF9 2RD	•						•			•	•	•		•	•
Stanley and Outwood East	FHP26	Boots	Stanley Health Centre, Lake Lock Road, Stanley, Wakefield WF3 4HS							•			•	•	•	•	•	•
	FDL91	Outwood Pharmacy	466 Leeds Road, Outwood, Wakefield WF1 2DU							•			•	•	•		•	•
Wakefield East	FG288	Belle Isle Pharmacy	Belle Isle Health Park, Portobello Road, Wakefield WF1 5PN										•		•	•	•	•
	FLQ71	Door 2 Door Pharmacy (Distance selling)	41 Duke of York Street, Wakefield WF1 3PD														•	
	FLC73	Pharmacy Plus Health – Warrengate	82 Upper Warrengate, Peterson Road, Wakefield WF1 4JZ								•		•	•	•		•	•
Wakefield North	FGC47	Boots	Homestead Drive, Wakefield WF2 9PE							•			•	•	•	•	•	•
	FLK45	Boots	26-28 Upper Kirkgate, Wakefield WF1 1UP							•			•	•	•	•	•	•

Ward	ODS Code	Pharmacy Name	Address	72+ Hour	Chlamydia Screening	Condom Distribution	EHC	Needle Exchange	Take Home Naloxone	Supervised Consumption	NHSE Smoking Cessation	Stoma Customisation	Hypertension Case Finding	Contraception Service	Pharmacy First Service	LFD Service	New Medicine Service	Flu Vaccination Service
	FX318	Kingfisher Chemist Ltd	192 Kirkgate, Wakefield WF1 1UE							•		•	•		•			•
	FPV92	Pharmacy Plus Health – Trinity	Trinity Medical Centre, Thornhill Street, Wakefield WF1 1PG					•	•	•	•		•	•	•		•	•
	FJ286	Well	Buxton Place, Wakefield WF1 3JQ		•		•			•	•		•	•	•	•	•	•
Wakefield Rural	FGL37	Middlestown Pharmacy	97 New Road, Middlestown, Wakefield WF4 4NS							•	•		•	•	•		•	•
	FFT81	Netherton Pharmacy	27 Upper Lane, Netherton, Wakefield WF4 4NG							•	•		•	•	•		•	•
Wakefield South	FGE70	Asda Pharmacy	Asdale Road, Wakefield WF2 7EQ	•						•	•		•	•	•	•	•	•
	FHP23	Lo's Pharmacy	Unit 7 Sandal Castle Medical Centre, Asdale Road, Wakefield WF2 7JE								•		•	•	•	•	•	•
	FL661	Lo's Pharmacy	Standbridge Lane, Kettlethorpe, Wakefield WF2 7NN							•	•		•	•	•	•	•	•
	FLV04	Well	213 Barnsley Road, Wakefield WF1 5NU							•			•	•	•	•	•	•
Wakefield West	FHC99	Charles S Bullen Stomacare Ltd (Dispensing Appliance/ AUR)	Unit 8, Silkwood Park, Wakefield WF5 9AD									•						
	FER20	Horbury Road Pharmacy	186 Horbury Road, Lupset, Wakefield WF2 8BQ		•	•	•			•			•		•	•	•	•
Wrenthorpe and Outwood West	FAH94	Lo's Pharmacy	Outwood Park Medical Centre, Potovens Lane, Outwood, Wakefield WF1 2PE							•			•	•	•	•	•	•

Ward	ODS Code	Pharmacy Name	Address	72+ Hour	Chlamydia Screening	Condom Distribution	EHC	Needle Exchange	Take Home Naloxone	Supervised Consumption	NHSE Smoking Cessation	Stoma Customisation	Hypertension Case Finding	Contraception Service	Pharmacy First Service	LFD Service	New Medicine Service	Flu Vaccination Service
	FME51	Pharmacy Express (Distance selling)	Unit 4, The Office Campus, Paragon Business Park, Wakefield WF1 2UY															
	FWV16	Rowlands Pharmacy	130 Wrenthorpe Road, Wrenthorpe, Wakefield WF2 0JG							•	•		•	•	•	•	•	•
	FWQ51	Wakefield Pharmacy (Distance selling)	Unit 4A Innovate, The Gateway, Wakefield WF5 9TJ														•	

Appendix B: Description of Pharmacy Services

Essential Services

Discharge Medicines Service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified, and patient records are amended accordingly. In addition, patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The NHS Discharge Medicines Service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions and
- Support the development of effective team-working across hospital, community and PCN pharmacy teams and general practice teams and provide clarity about respective roles

Dispensing Appliances

Pharmacies need only dispense appliances if they supply them in their normal course of business.

Dispensing Medicines

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or carer on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

Disposal of Unwanted Medicines

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines.
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

Healthy Living Pharmacy

It has been a requirement since 2020/21 for all pharmacies to become an HLP – this reflects the priority attached to public health and prevention work. Pharmacy owners should support their staff to understand public health needs, support and health and wellbeing ethos, demonstrate team leadership, and communicate appropriate health and wellbeing information to patients and the public.

Public Health (Promotion of Healthy Lifestyles)

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have diabetes or be at risk of coronary heart disease, especially those with high blood pressure or who smoke or are overweight and proactive participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector

Repeat Dispensing and Electronic Repeat Dispensing (eRD)

Service description

At least two thirds of prescriptions in primary care are for patients needing repeat supplies of regular medicines. Patients using this service can receive a repeat prescription without the GP having to issue a new one each time. The service was designed to save GP practices and patients time and improve convenience and access to prescriptions.

Under the repeat dispensing service pharmacy teams will:

- Dispense repeat dispensing prescriptions issued by a general practice
- Ensure that each repeat supply is required
- Seek to ascertain that there is no reason why the patient should be referred back to their general practice.

The majority of repeat dispensing is now carried out via electronic Repeat Dispensing (eRD).

Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services

Support for Self-Care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services

Advanced Services

Appliance Use Review (AUR)

Service description

An Appliance Use Review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

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

New Medicine Service (NMS)

Service description

The New Medicine Service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The New Medicine Service involves three stages, patient engagement, an intervention, and follow up.

Aims and intended outcomes

- Help patients and carers manage newly prescribed medicines for a long term condition (LTC), supporting patients to make shared decisions about their LTC
- Recognise and utilise the important and expanding role of pharmacists in optimising the use of medicines
- Increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention (QIPP) agenda
- Supplement and reinforce information provided by the prescriber, Primary Care Network (PCN) clinical pharmacist and GP practice staff to help patients make informed choices about their care
- Promote multidisciplinary working with the patient's GP practice and other health professionals involved in the patient's care
- Enable the early identification of issues with newly prescribed medicines (e.g. adverse drug reactions or medicines usage problems) and support patients to resolve them or highlight to the prescriber
- Link the use of newly prescribed medicines to lifestyle changes or other non-pharmacological interventions to promote wellbeing and promote health in people with LTCs
- Promote and support self-management of LTCs, and increase access to advice, improving medicines adherence and knowledge of potential side effects
- Support integration of community pharmacy with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- Improve pharmacovigilance
- Through increased adherence to treatment, reduce avoidable medicines-related hospital admissions and improve quality of life for patients

Flu Vaccination Service

Service description

During the seasonal influenza vaccination campaign period, pharmacy staff will identify people eligible (either directly, or through people proposing themselves) for seasonal influenza vaccination and encourage them to be vaccinated. This advanced service covers patients aged 18 years and older who are eligible to receive the seasonal influenza vaccination as set out in the Annual Flu Letter.

Aims and intended outcomes

The aims of this advanced service are:

- To sustain and maximise uptake of seasonal influenza vaccine in at risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance
- To protect those who are most at risk of serious illness or death should they develop seasonal influenza, by offering protection against the most prevalent strains of the seasonal influenza virus through administration of seasonal influenza vaccination to eligible Patients
- To provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

Stoma Appliance Customisation (SAC)

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances

Smoking Cessation Service

Service Description

All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (directly or indirectly and where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

Service Objectives

- The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
- The objective of the service is to ensure that patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the OMSC

Hypertension Case Finding Service

Service description

This is an NHS funded service which is open to patients aged 40 years or more, who do not have a current diagnosis of hypertension. The pharmacy staff will conduct a face-to-face consultation in the pharmacy consultation room and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacy staff will discuss the results with the patient and complete the appropriate next steps. As part of the consultation, the patient should be provided with the details of their blood pressure results. All test results must be sent to patients registered general practices. Some test results indicate urgent referrals are needed and in these cases the pharmacist will telephone the patient's general practice and send their blood pressure test results immediately. All other test results must be sent to patients' general practices in a weekly summary.

Aims and intended outcomes

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Promote healthy behaviours to patients.

Pharmacy First Service

Service Description

The Pharmacy First service incorporates the previous Community Pharmacist Consultation Service (both urgent medicines supply and minor illness elements) and builds on this to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain OTC and prescription only medicines (POM) via Clinical Protocol and Patient Group Directions (PGDs). Patients may access this service either by referral (as for CPCS) or when they are identified as suitable by the pharmacist providing self-care as an essential service.

Service Objectives

The objectives of the Pharmacy First advanced service are:

- To offer patients who contact either, NHS 111 (by telephone or online), or 999 service, or their own GP practice, or a primary care out of hours service, or an urgent and emergency care (UEC) setting (e.g. an ED, UTC), the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting.
- To free up clinician capacity in the above settings, for the treatment of patients with higher acuity conditions.
- To identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent inappropriate use of UEC services in the future.
- To provide urgent access to patients who are not registered with a GP for treatment of low acuity minor illnesses, and to ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine requested.
- To further utilise the clinical skills of community pharmacy teams to complete episodes of care for patients and improve access, displacing activity from general practice and urgent care settings

Pharmacy Contraception Service

Service Description

The aim of the Pharmacy Contraception Service (PCS) is to offer greater choice from where people can access contraception services and create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

People will access the service by one of the following routes: Identified as clinically suitable by the community pharmacist and accept the offer of the service; Self-refer to a community pharmacy; Referred by their general practice; Referred from a sexual health clinic (or equivalent); or referred from other NHS service providers, e.g. urgent treatment centres or NHS 111.

Service objectives

The objectives of the service are:

- To provide a model for community pharmacy teams to initiate provision of oral contraception (OC), and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply will be undertaken using PGDs to support the review and supply process.
- To establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering starting or continuing their current form of OC.

Lateral Flow Device Tests Supply Service

Service description

This is a walk in service where patients/patients' representatives can collect one box of five LFD tests from a participating community pharmacy, on confirmation that the patient is part of the cohort which is potentially eligible for COVID-19 treatments. Eligible patients do not need to be symptomatic to obtain a box of tests. This is to ensure patients can access the assessment pathway for COVID-19 treatments in a timely way if they develop symptoms in the future, given the short efficacy window for treatment following symptom onset.

Service Objectives

The objective of this service is to offer eligible, at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. Wherever possible, eligible patients should obtain LFD tests in advance of developing symptoms.

A positive LFD test result will be used to inform a clinical assessment by the patient's clinician to determine whether the patient is suitable for, and will benefit from, NICE-recommended COVID-19 treatments.

Enhanced Services

COVID-19 Vaccination Service

An aim of this National Enhanced Service is to maximise the uptake and co-administration of COVID-19 and seasonal influenza vaccinations where possible and to ensure that vaccination services are provided from a variety of settings and effectively utilise available staff from across primary care.

Locally Commissioned Services

Emergency Hormonal Contraception & Sexual Health

Pharmacies are commissioned to provide an EHC service as part of a sexual health service which may also include condom distribution, pregnancy testing and a chlamydia screening and other treatment services. Pharmacists providing the service must always refer to the service specification for the service that they are commissioned to provide.

Needle and Syringe Exchange Service

The overall aim of syringe and needle exchange services is to reduce the rates of equipment sharing amongst injecting drug users thereby preventing the risks of infection and drug related harm (individual and community).

Take Home Naloxone (THN)

Naloxone is an emergency antidote for an overdose of heroin, other opiates and opioids such as methadone, morphine, and fentanyl. It works by reversing the effects of the drugs and associated breathing difficulties.

The THN service allows community pharmacies to supply naloxone to people aged 18 years or over for someone who is using or has previously used opioids and is at potential risk of overdose. It can also be supplied to the person's carers, family members or friends who may be on hand in case of overdose.

Supervised Consumption

The pharmacist supervises the consumption of prescribed medicines, ensuring that the dose has been administered and consumed as required by the prescription, to the patient. Within West Yorkshire this service is commissioned for the supervision of drugs used within substance use services.

Stop Smoking Service

Stop Smoking incorporates two separate services.

- Nicotine replacement therapy (NRT) level 1 service enable pharmacies to supply NRT to a client who has been issued a voucher by a Stop Smoking Advisor.
- Stop Smoking Level 2 Service offer a client advice and ongoing support in stopping smoking. Only trained and accredited staff can provide Stop Smoking Advisor services to clients.

Appendix C: West Yorkshire Steering Group Membership

The table below lists the full membership of the West Yorkshire Steering Group.

Organisation	Contact
Bradford Council	Senior Intelligence Analyst
Calderdale Council	Public Health Intelligence Manager
Kirklees Council	Data & Insight Enablement Lead
Leeds Council	Public Health Intelligence Manager
Wakefield Council	Public Health Intelligence Manager
Community Pharmacy West Yorkshire	Chief Executive Officer
West Yorkshire ICB	Primary Care Programme Manager
Medicines Optimisation on behalf of West Yorkshire	Medicines Optimisation Pharmacist
Healthwatch	Operations Manager
GP and Local Medical Committee	GP and Committee Member

Appendix D: Wakefield Specific Pharmacy Working Group Membership

The table below lists the full membership of the Wakefield Specific Pharmacy Working Group.

Organisation	Contact
Wakefield Council	Public Health Intelligence Manager
Wakefield Council	Senior Public Health Intelligence Analyst
Wakefield Council	Public Health Partnership and Programme Manager
Wakefield Council	Associate Director Population Health: Personalisation and Engagement
Wakefield Council	Public Health Commissioning Manager
Wakefield Council	Health Improvement Specialist
Wakefield Council	Service Manager – Healthy and Sustainable Communities
Wakefield Council	Head of Health Protection
NHS Wakefield sub-ICB	Primary Care Manager

Appendix E: Public Survey

Help shape the future of pharmacy services in Wakefield District – have your say! We are trying to find out if the pharmacies in your area meet the needs of the people living there. We would be grateful if you could complete this survey to tell us what you think about the pharmacy services you use. The survey should take no longer than ten minutes to complete.

You do not need to provide your name or any other personal details – all surveys will be anonymous. Your views will be used to inform commissioning decisions by local authorities, NHS England, and Integrated Care Boards (ICB's)

Q1. Why do you usually visit a pharmacy? (please select all that apply)

- ☐ To get a prescription for myself / someone else
- ☐ To buy medicines for myself / someone else
- ☐ I don't – someone else gets my prescriptions / buys medicine for me
- ☐ To get advice for myself / someone else
- ☐ To access services e.g. vaccinations, smoking cessation
- ☐ I don't visit a pharmacy as I use an online pharmacy / delivery service
- ☐ I don't visit a pharmacy – my GP practice dispenses my medication

Q2. How often do you use a pharmacy? (please select the option that most closely reflects how often you use a pharmacy)

- ☐ Daily
- ☐ About once a week
- ☐ About once a fortnight
- ☐ About once a month
- ☐ About once or twice a year
- ☐ I don't use a pharmacy

Q3. When do you prefer to visit a pharmacy? (please select all that apply)

- ☐ Weekdays before 9am
- ☐ Weekdays between 9am and 6pm
- ☐ Weekdays after 6pm
- ☐ Saturdays
- ☐ Sundays
- ☐ No particular time

Q4. Do you tend to use the same pharmacy?

- ☐ Yes
- ☐ No

Q5. Thinking about the pharmacy that you normally use, how has this changed in the last two years?
Tick all that apply:

- ☐ I still use the same pharmacy
- ☐ I had to change pharmacy due to closure
- ☐ I had to change pharmacy to one with opening hours that suited me better
- ☐ I've changed to using an online pharmacy
- ☐ Other, please specify:

Q6. If you have had to change pharmacy, what was the impact on you, if any?

Q7. If the pharmacy you normally use was not open, what would you do? (please select all that apply)

- ☐ Go to another pharmacy
- ☐ Wait until the pharmacy was open
- ☐ Go to my GP
- ☐ Contact the GP Out of Hours (OOH) service
- ☐ Contact NHS 111
- ☐ Other, please specify:

Q8. What is important to you about the location of a pharmacy? (please select all that apply)

- ☐ Being close to my GP practice
- ☐ Being close to my home
- ☐ Being close to my workplace/ place of education
- ☐ Having parking facilities
- ☐ Having public transport nearby
- ☐ Being in a shopping area (e.g. Town centre or Supermarket)
- ☐ Online provision
- ☐ Other, please specify:

Q9. Are you able to visit your pharmacy of choice when you need to?

- ☐ Yes
- ☐ No – if 'No', why not?

Q10. On a scale of 1-5, how important are the following things in influencing your choice of pharmacy?

	1 Not important	2	3	4	5 Very important
Early opening times (before 9am)	☐	☐	☐	☐	☐
Late opening times (after 6pm)	☐	☐	☐	☐	☐
Location	☐	☐	☐	☐	☐
Knowledgeable staff	☐	☐	☐	☐	☐
Friendly staff	☐	☐	☐	☐	☐
Short waiting times	☐	☐	☐	☐	☐
Consultation room to speak to the pharmacist	☐	☐	☐	☐	☐
Accessibility i.e. wheelchair / baby buggy friendly	☐	☐	☐	☐	☐
Being able to speak to the staff in my preferred language	☐	☐	☐	☐	☐
Being able to walk in without an appointment	☐	☐	☐	☐	☐
Provision of online services (e.g. online consultation)	☐	☐	☐	☐	☐
The pharmacy team taking time to listen to you	☐	☐	☐	☐	☐
The pharmacy having things you need	☐	☐	☐	☐	☐

Q11. How would you usually access a pharmacy?

- ☐ Walk
- ☐ Car
- ☐ Public Transport (e.g. bus, train)
- ☐ Bicycle
- ☐ Taxi
- ☐ I only use collection / delivery services
- ☐ Phone
- ☐ Video consultation
- ☐ Other, please specify:

Q12. How long does it usually take to get there?

- ☐ Less than 5 minutes
- ☐ Between 5 and 15 minutes
- ☐ More than 15 minutes, but less than 20 minutes
- ☐ 20 minutes or more
- ☐ Only access pharmacy online

Q13. How do you find out information about the pharmacy – such as opening times or services being offered? (please select all that apply)

- ☐ I would call them
- ☐ I would search the internet
- ☐ I would look at the NHS website
- ☐ I would ask a friend
- ☐ I would visit the pharmacy and ask
- ☐ Other, please specify:

Q14. Do you feel able to talk about something private / sensitive with a pharmacy staff?

- ☐ Yes
- ☐ No
- ☐ Never needed to
- ☐ Don't know

Q15. Have you used any of the following services? (please select all that apply)

	Have used at a pharmacy	Would use at a pharmacy if required	Would not want to use at a pharmacy – prefer to access elsewhere	Would never use this service	No opinion
Health Checks (e.g. cholesterol, blood pressure, diabetes)	☐	☐	☐	☐	☐
Vaccinations (e.g. flu / covid vaccinations)	☐	☐	☐	☐	☐
Support to Stop Smoking	☐	☐	☐	☐	☐
Testing for Sexually Transmitted Infections	☐	☐	☐	☐	☐
Emergency contraception	☐	☐	☐	☐	☐
Needle Exchange Service	☐	☐	☐	☐	☐

Support to lose weight	☐	☐	☐	☐	☐
Blood pressure checks	☐	☐	☐	☐	☐
Pharmacy first – 7 clinical conditions which can be treated via Pharmacist	☐	☐	☐	☐	☐
C-Card scheme (free condoms)	☐	☐	☐	☐	☐

Q16. Thinking about the use of internet pharmacies (those pharmacies where you can only order your prescription online, for delivery to your home), which statement is most appropriate to you?

- ☐ I would never use an internet pharmacy
- ☐ I've never used an internet pharmacy, but would be willing to if I needed to
- ☐ I've used an internet pharmacy once or twice, but prefer to visit a pharmacy
- ☐ I use internet pharmacies regularly

Q17. Please state any other pharmacy services that you have used:

Q18. Is there anything else that you would like to say about pharmacy services in your area, or any further service you would like from your pharmacist that is not currently being provided? If so, please tell us here:

Equality Monitoring Form

We want to make sure that pharmacy services are provided fairly and to those who need them. The information collected helps us get a picture of who contacts us and who uses or does not use our services. It will help us improve what we do and how we do it. Please answer the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but the information we collect will be kept confidential and secure in accordance with the Data Protection Act. If the information we collect is good, it is more likely that our services will meet people's needs.

Q19. Please state your age category:

- ☐ 0-17
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85+

Q20. Does your health or disability prevent you from doing things you want to, need to, or have to? (Your disability or health issue includes one which has lasted, or is expected to last, at least 12 months, and includes problems relating to old age.)

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No
- ☐ Prefer not to say

Q21. If yes, which of the following options best describes your health issue or disability? (Please select all that apply)

- ☐ Physical Disability (including mobility disability)
- ☐ Learning Disability
- ☐ Mental ill Health
- ☐ Autism Spectrum Conditions
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Deaf BSL user
- ☐ Speech impairment
- ☐ Learning difficulties e.g. Dyslexia
- ☐ Other substantial and long-term condition
- ☐ Prefer not to say
- ☐ Other, please specify:

Q22. Which of the following options best describes your gender identity?

- ☐ A man
- ☐ A woman
- ☐ Non binary
- ☐ Prefer not to say
- ☐ Prefer to self-describe (Please state below)

Please state:

Q23. Are you currently pregnant or have you been pregnant in the last year?

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Prefer not to say

Q24. Which of the following options best describes your race, ethnic, or cultural origin?

- ☐ White: English / Welsh / Scottish / Northern Irish / British
- ☐ White: Irish
- ☐ White: Gypsy or Irish Traveller
- ☐ White: Any other white background (Please specify in the box below)
- ☐ Mixed or Multiple ethnic groups: White and Black Caribbean
- ☐ Mixed or Multiple ethnic groups: White and Black African
- ☐ Mixed or Multiple ethnic groups: White and Asian
- ☐ Any other Mixed / Multiple ethnic background (Please specify in the box below)
- ☐ Asian, Asian British or Asian Welsh: Indian
- ☐ Asian, Asian British or Asian Welsh: Pakistani
- ☐ Asian, Asian British or Asian Welsh: Bangladeshi
- ☐ Asian, Asian British or Asian Welsh: Chinese
- ☐ Asian, Asian British or Asian Welsh: Any other Asian background (Please specify in the box below)
- ☐ Black, Black British, Black Welsh, Caribbean or African: African
- ☐ Black, Black British, Black Welsh, Caribbean or African: Caribbean
- ☐ Black, Black British, Black Welsh, Caribbean or African: Any other Black / African / Caribbean background (Please specify in the box below)
- ☐ Other ethnic group: Arab
- ☐ Prefer not to say
- ☐ Other ethnic group

If 'Other', please specify:

Q26. Which of the following best describes your religion or belief?

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Any other religion

If 'Other', please specify:

Q27. Which of the following options best describes your sexual orientation?

- ☐ Bisexual
- ☐ Gay man
- ☐ Gay woman or Lesbian
- ☐ Heterosexual or Straight
- ☐ Prefer not to say

Q28. Which of the following options best describes your relationship status?

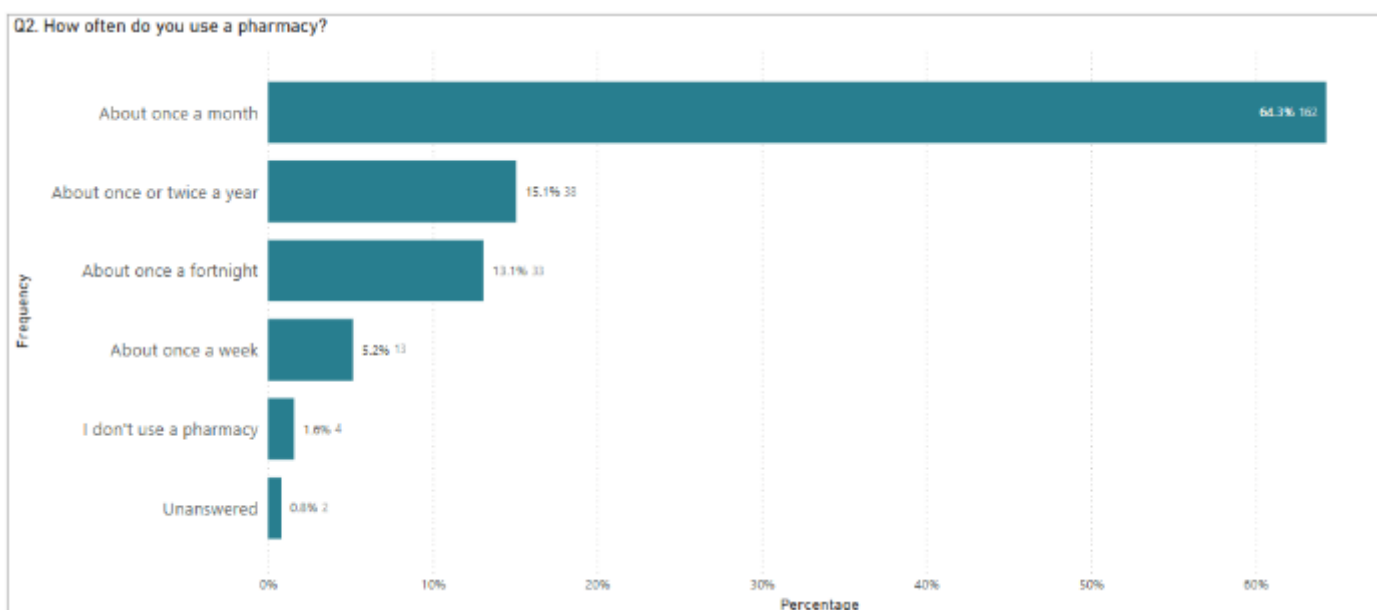
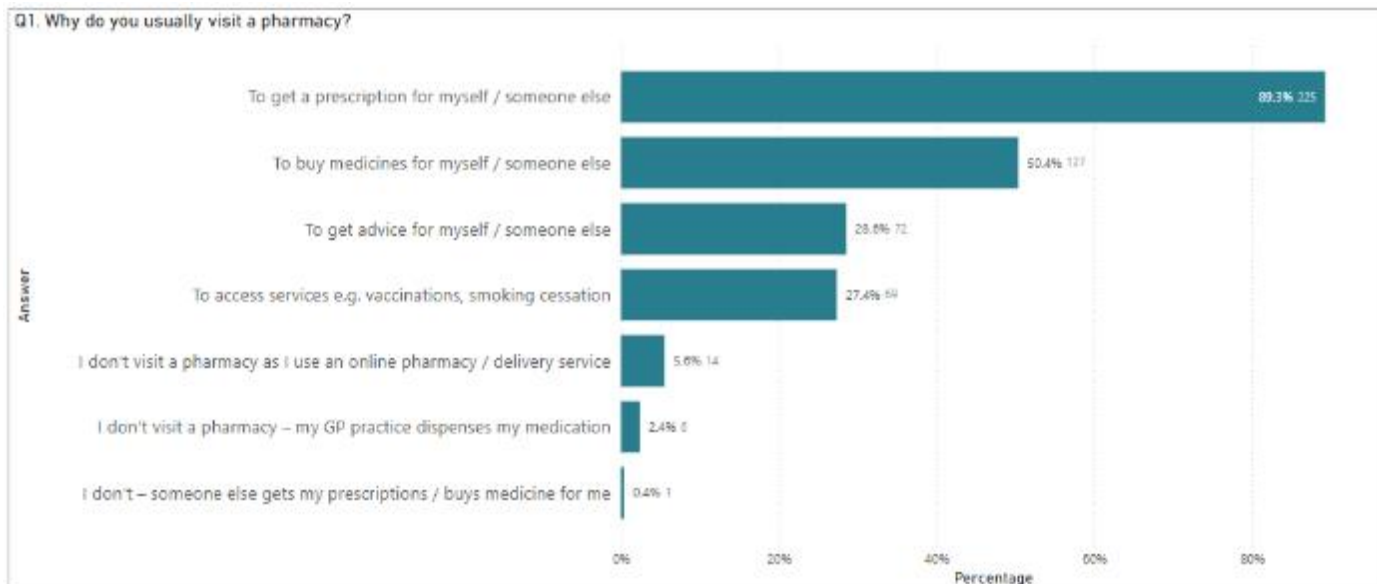
- ☐ Civil partnership
- ☐ Cohabiting
- ☐ Married
- ☐ Single
- ☐ Prefer not to say

Thank you for completing this survey. Please click 'submit' to send your response.

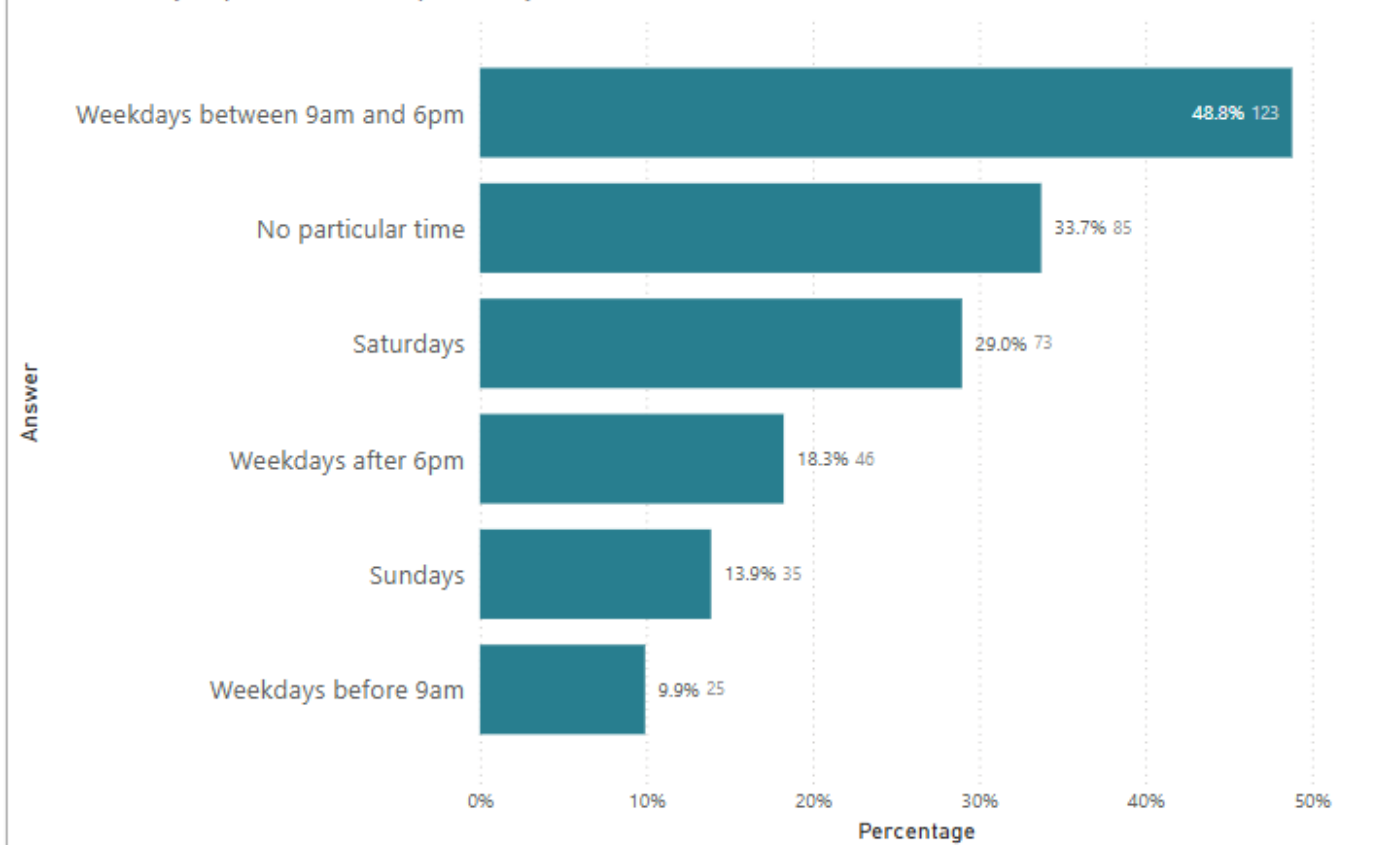
Appendix F: Public Survey Results

A survey to members of the public was carried out, which asked about pharmaceutical service use. It was developed by the steering group then made available online for members of the public to complete between 23 October and 6 December 2024. The survey was promoted by each area's communications departments to ensure a good response.

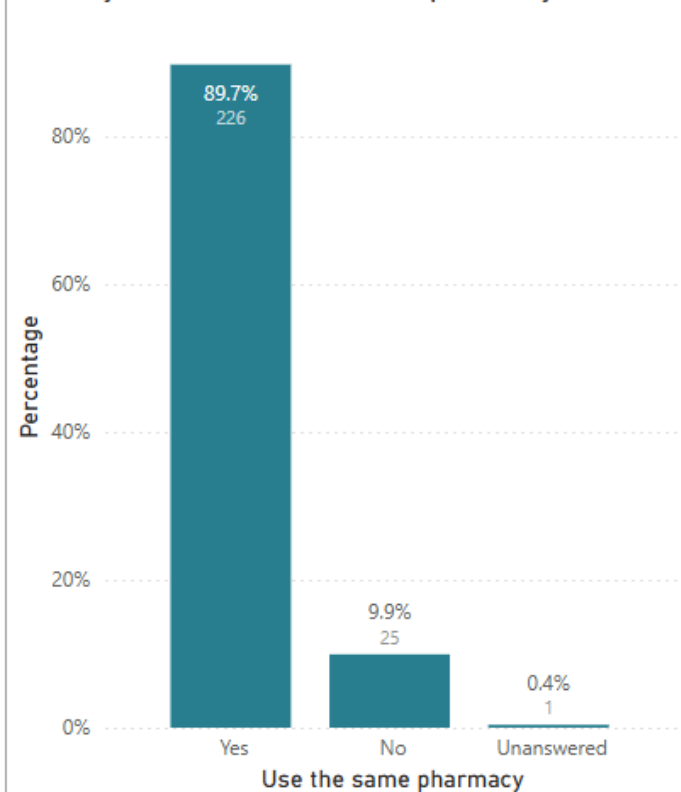
Total number of respondents – 252



Q3. When do you prefer to visit a pharmacy?



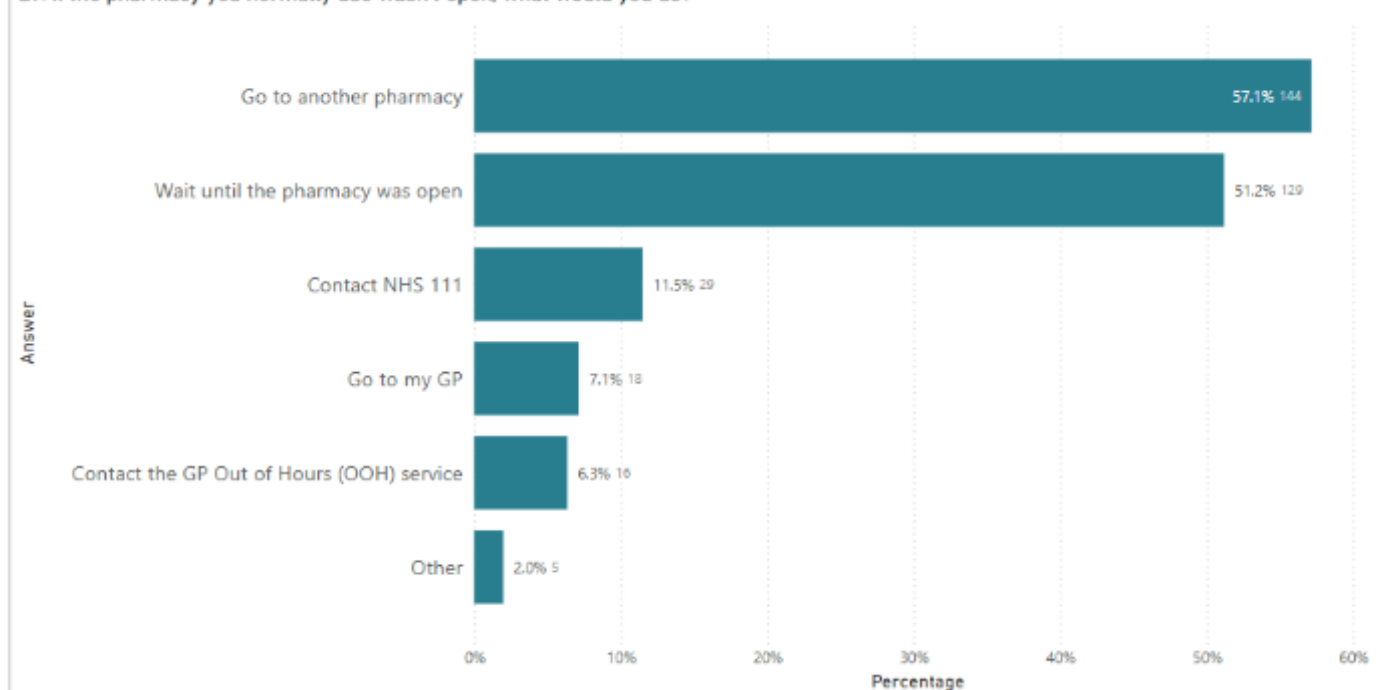
Q4. Do you tend to use the same pharmacy?



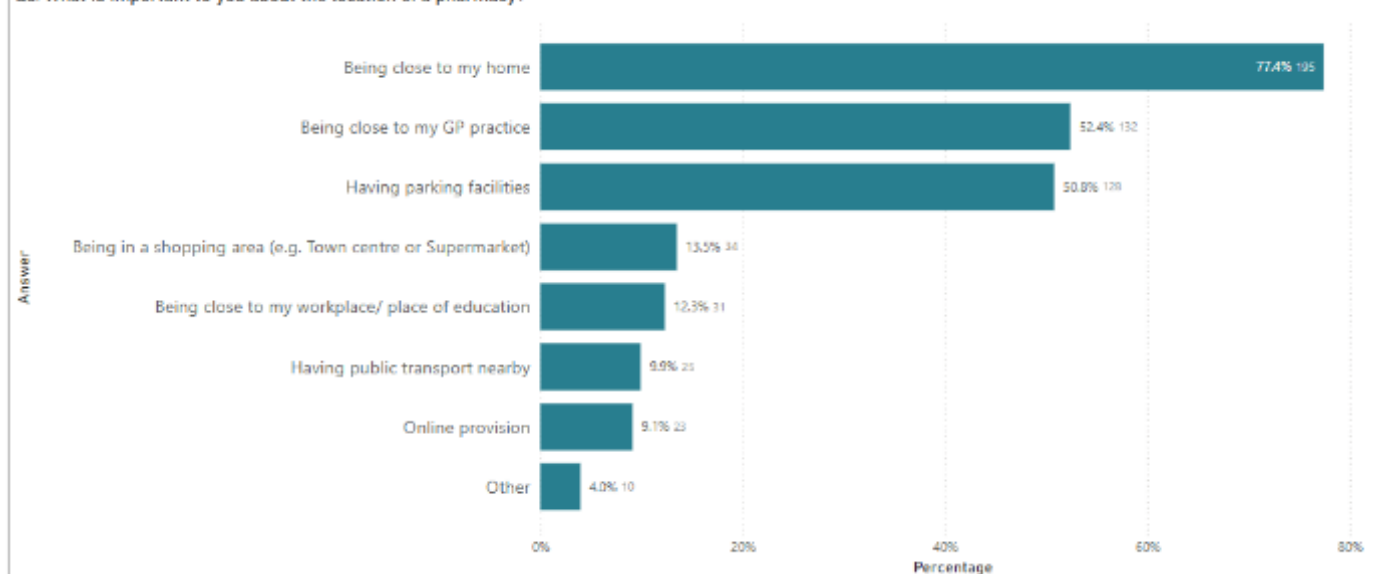
Q5. Thinking about the pharmacy that you normally use, how has this changed in the last two years?

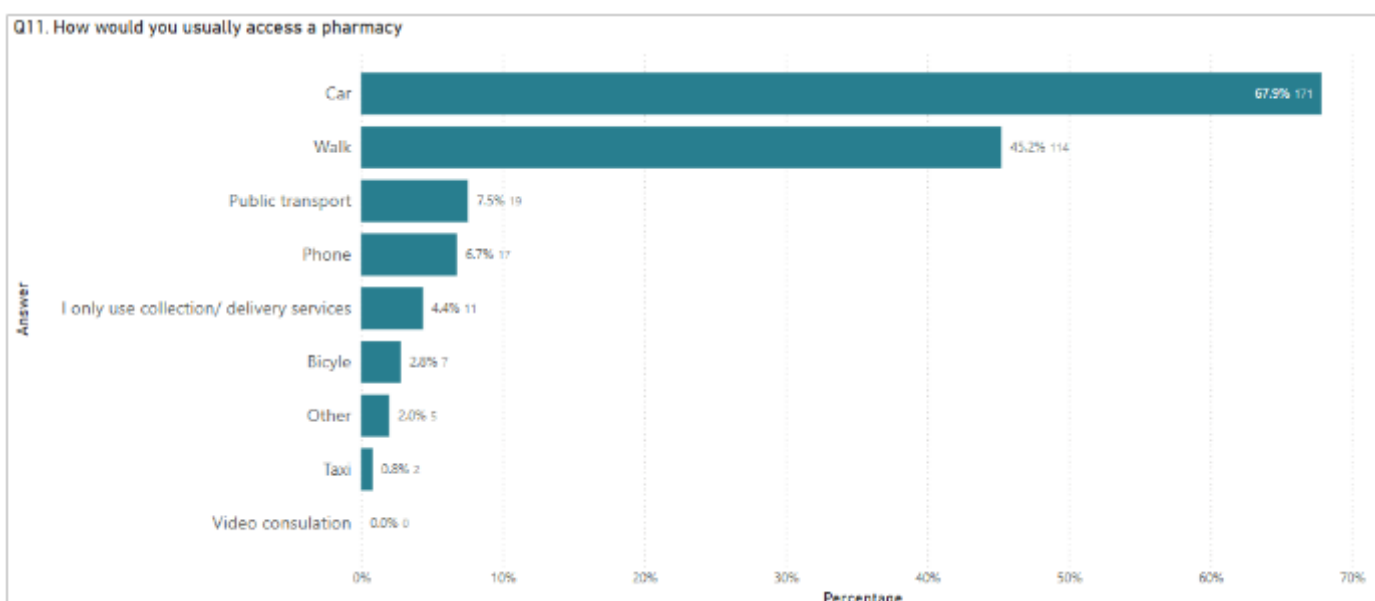
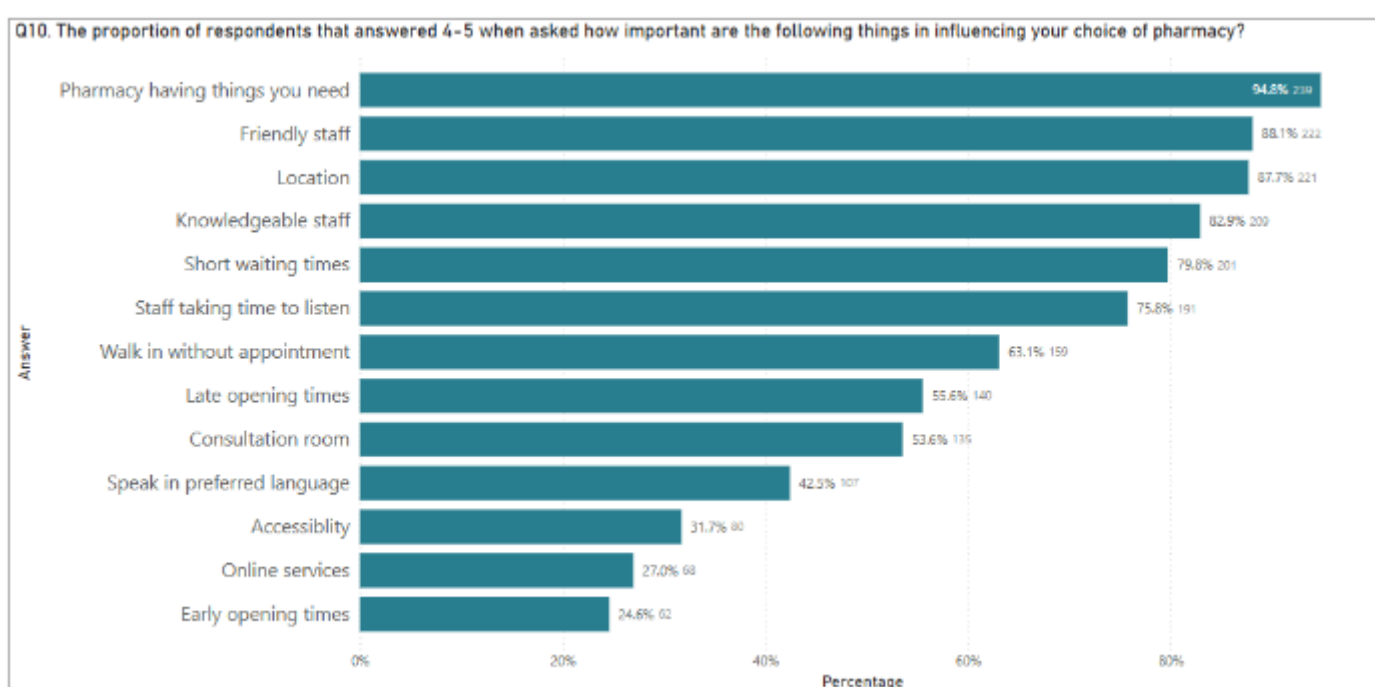
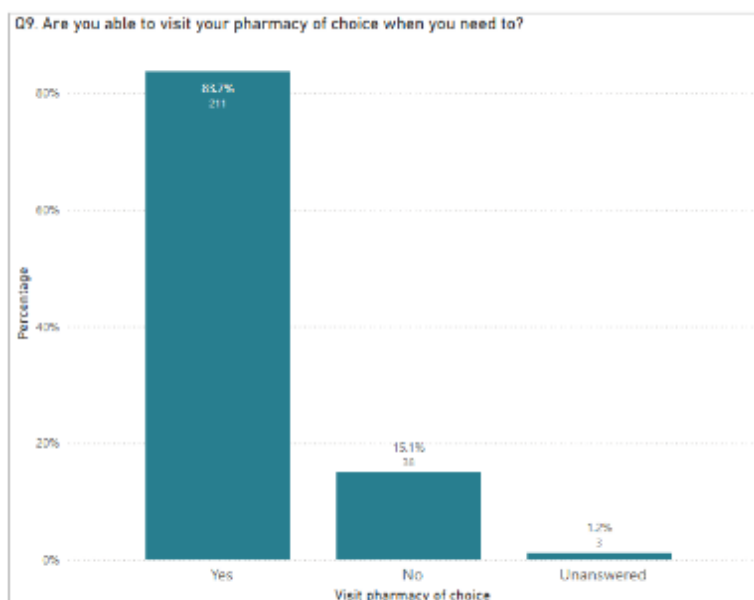


Q7. If the pharmacy you normally use wasn't open, what would you do?

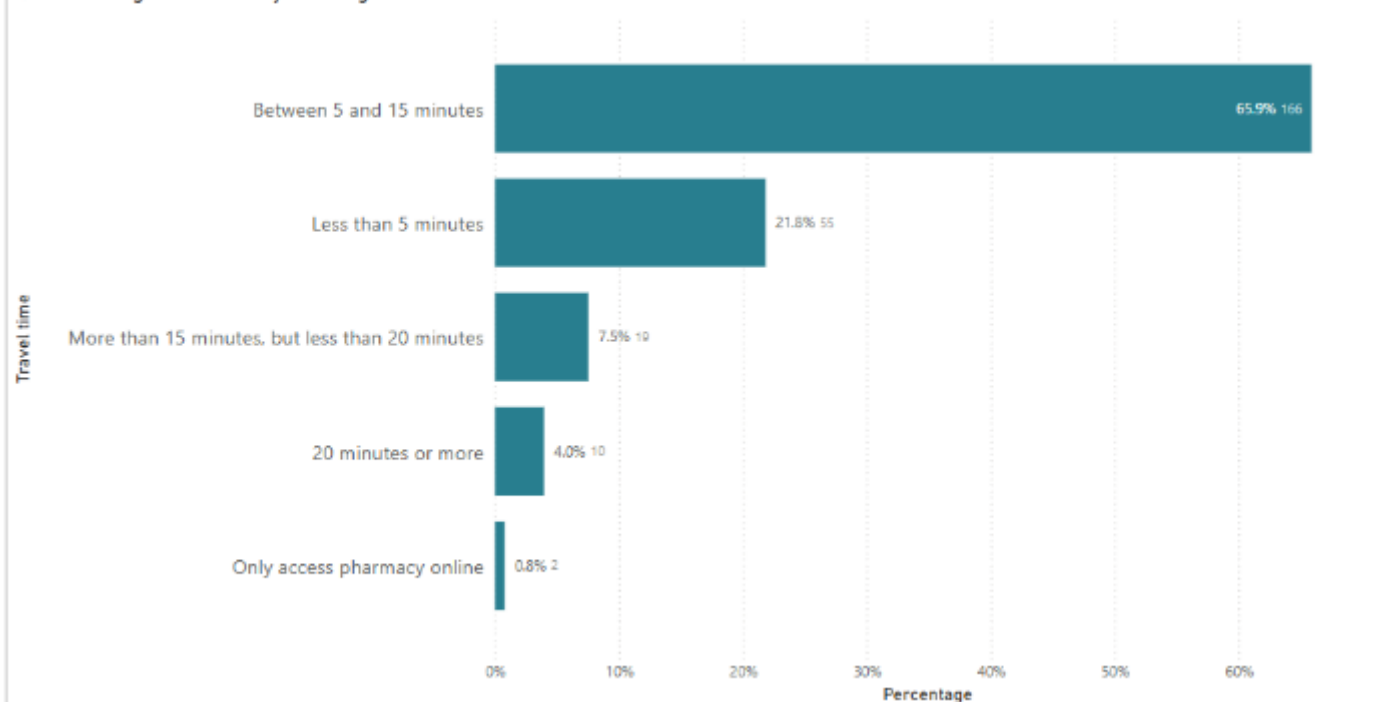


Q8. What is important to you about the location of a pharmacy?

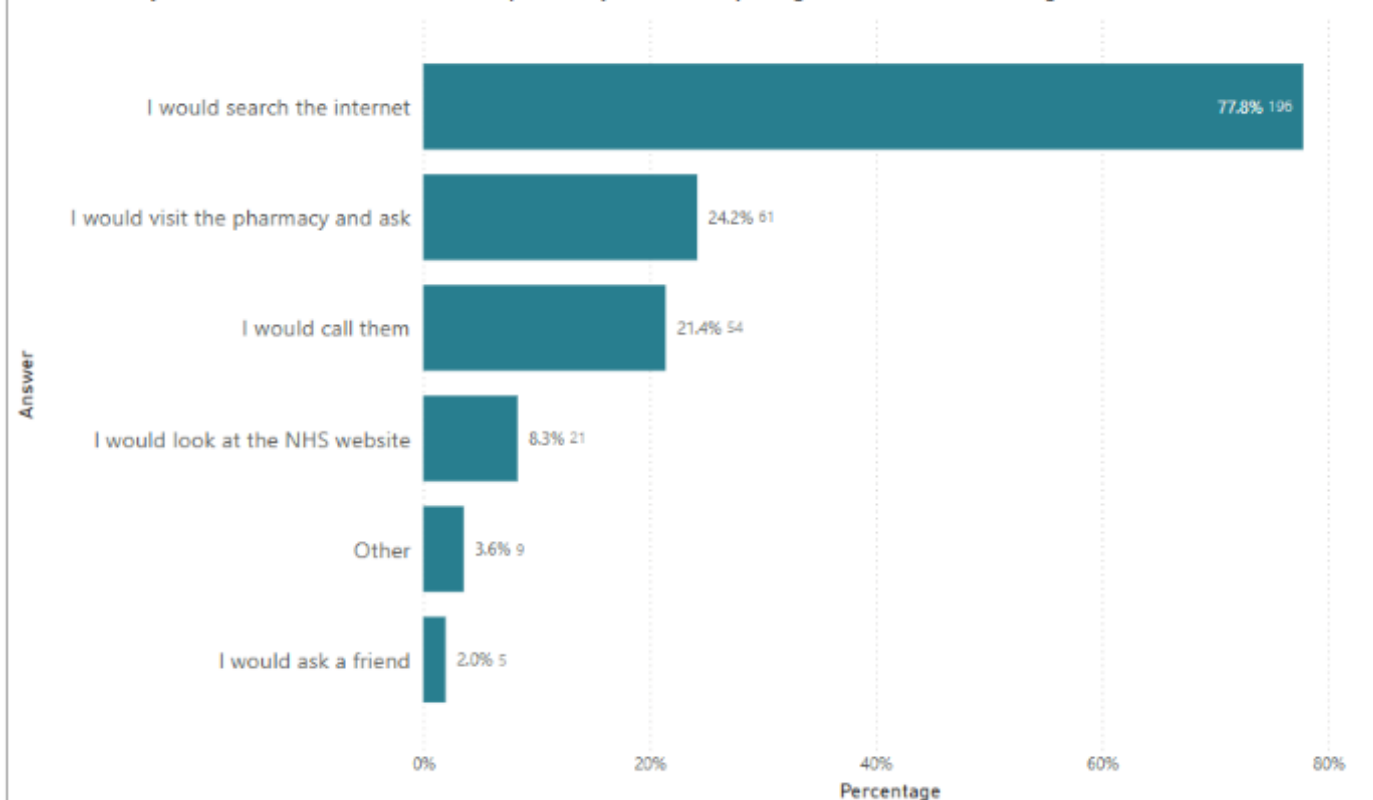




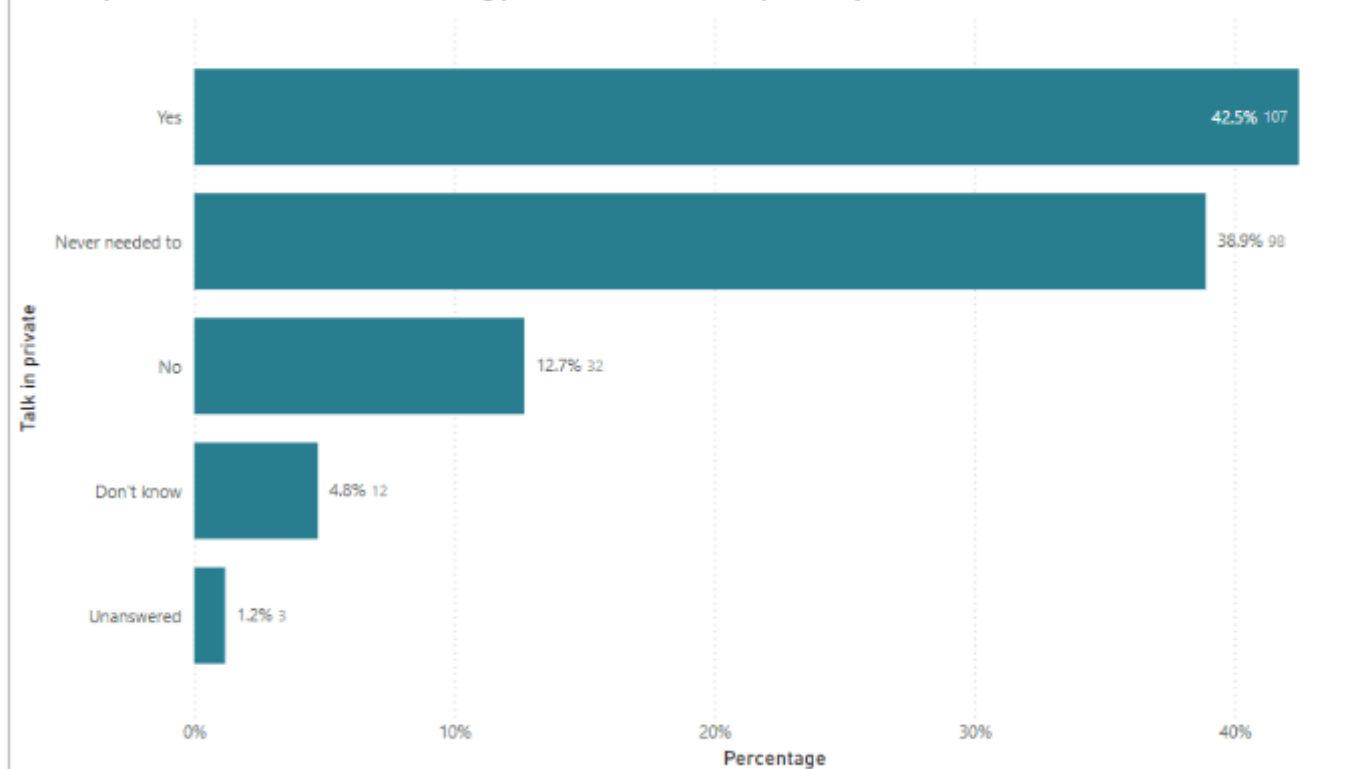
Q12. How long does it usually take to get there?



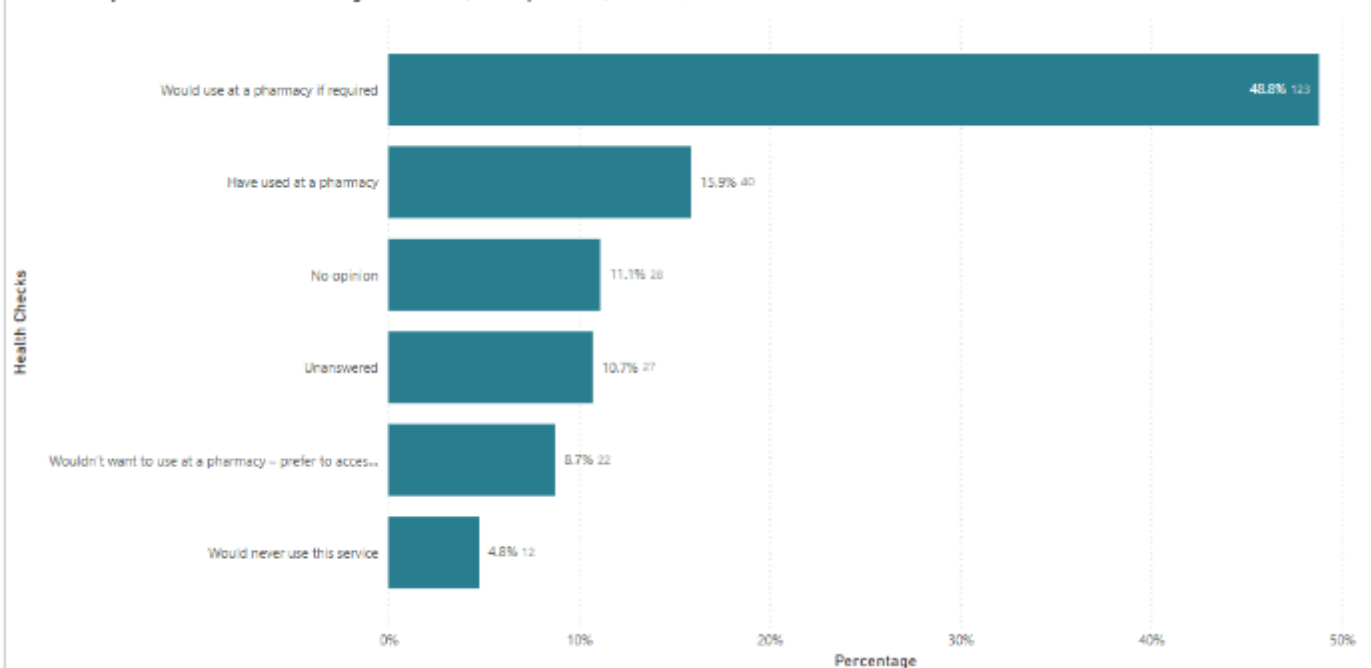
Q13. How do you find out information about the pharmacy - such as opening times or services being offered?



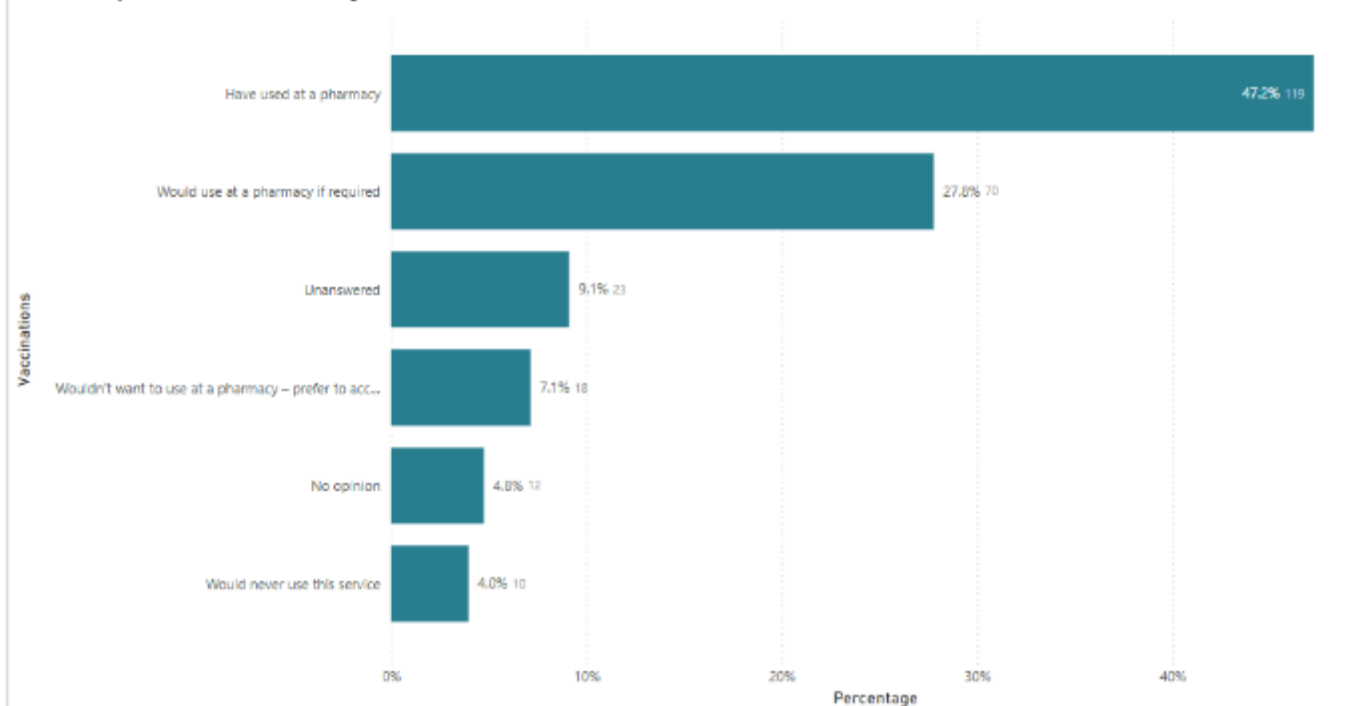
Q14. Do you feel able to talk about something private/ sensitive with a pharmacy staff?



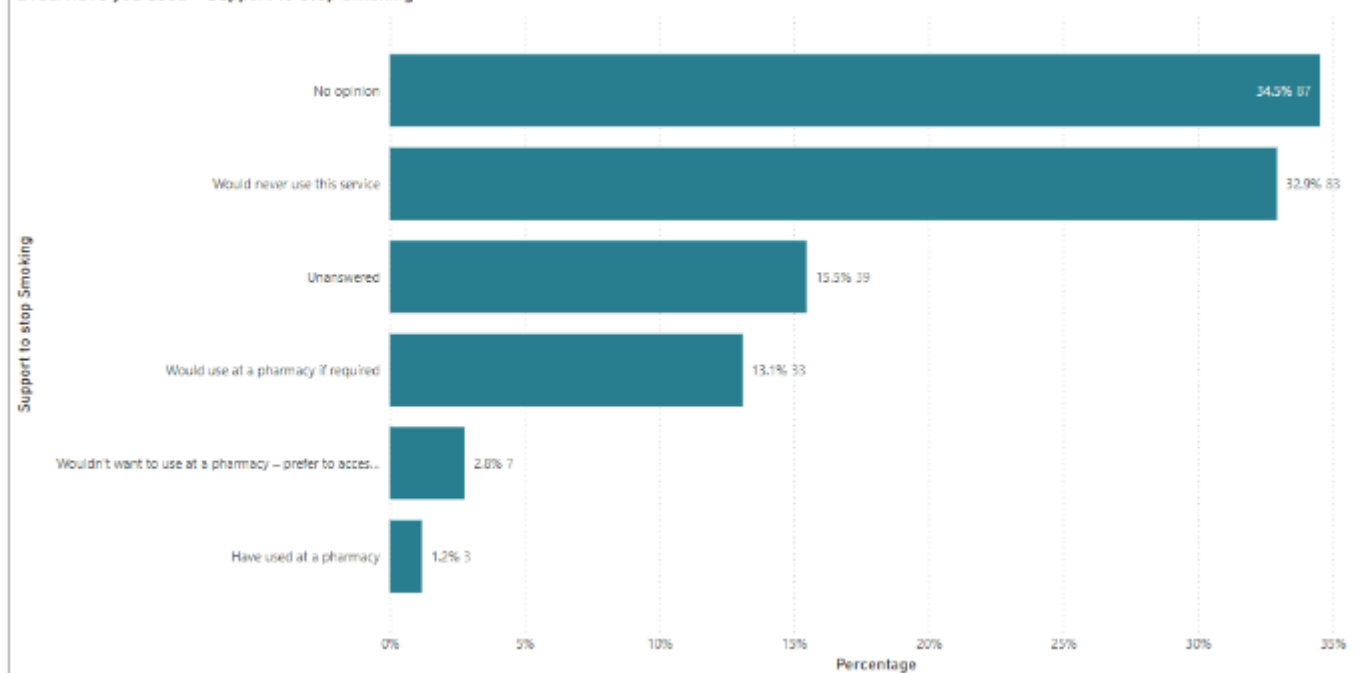
Q15a. Have you used - Health Checks (e.g. cholesterol, blood pressure, diabetes)



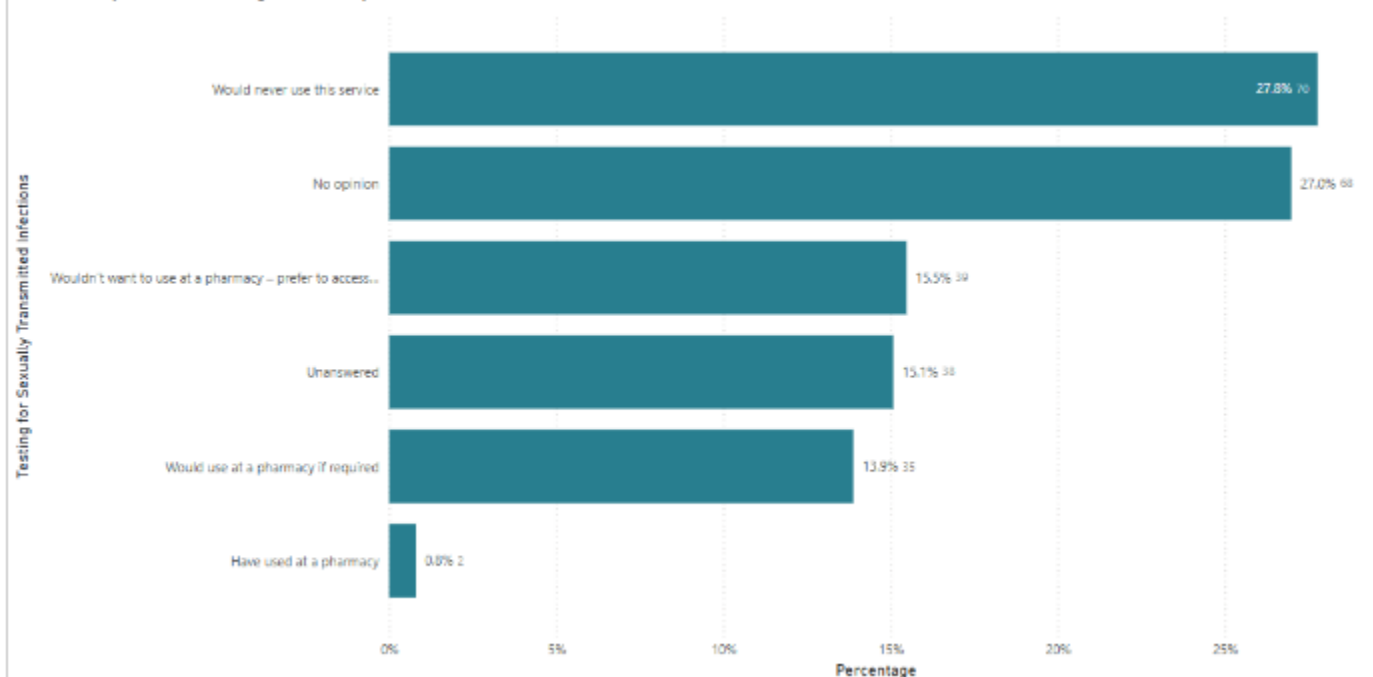
Q15b. Have you used - Vaccinations (e.g. flu/ covid vaccinations)



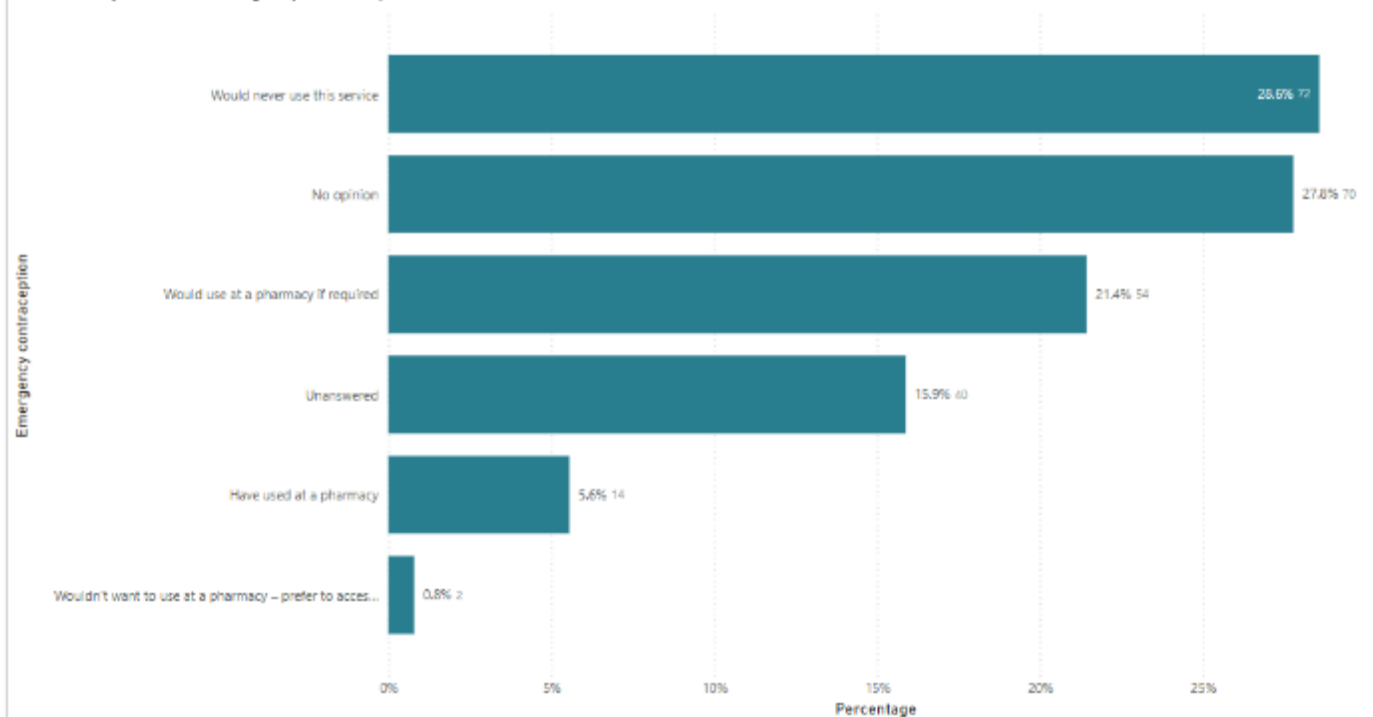
Q15c. Have you used - Support to Stop Smoking



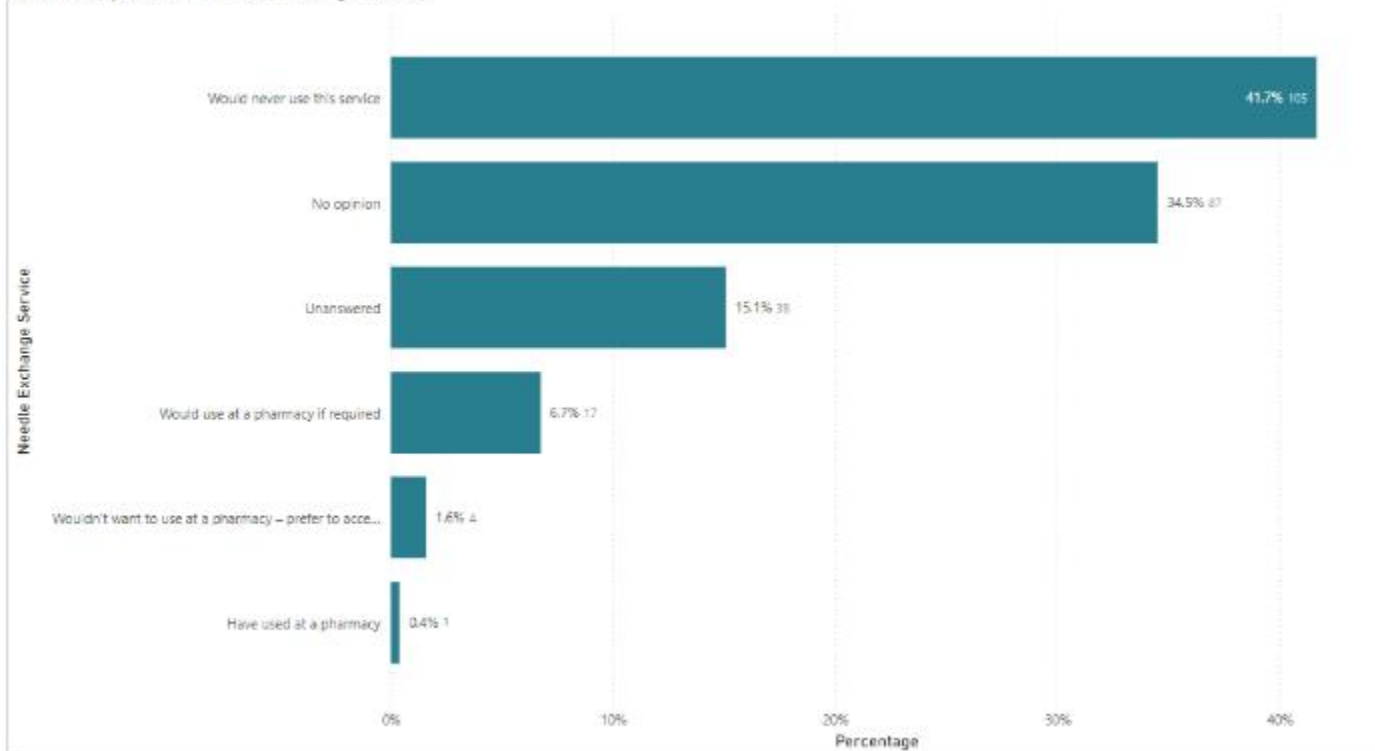
Q15d. Have you used - Testing for Sexually Transmitted Infections



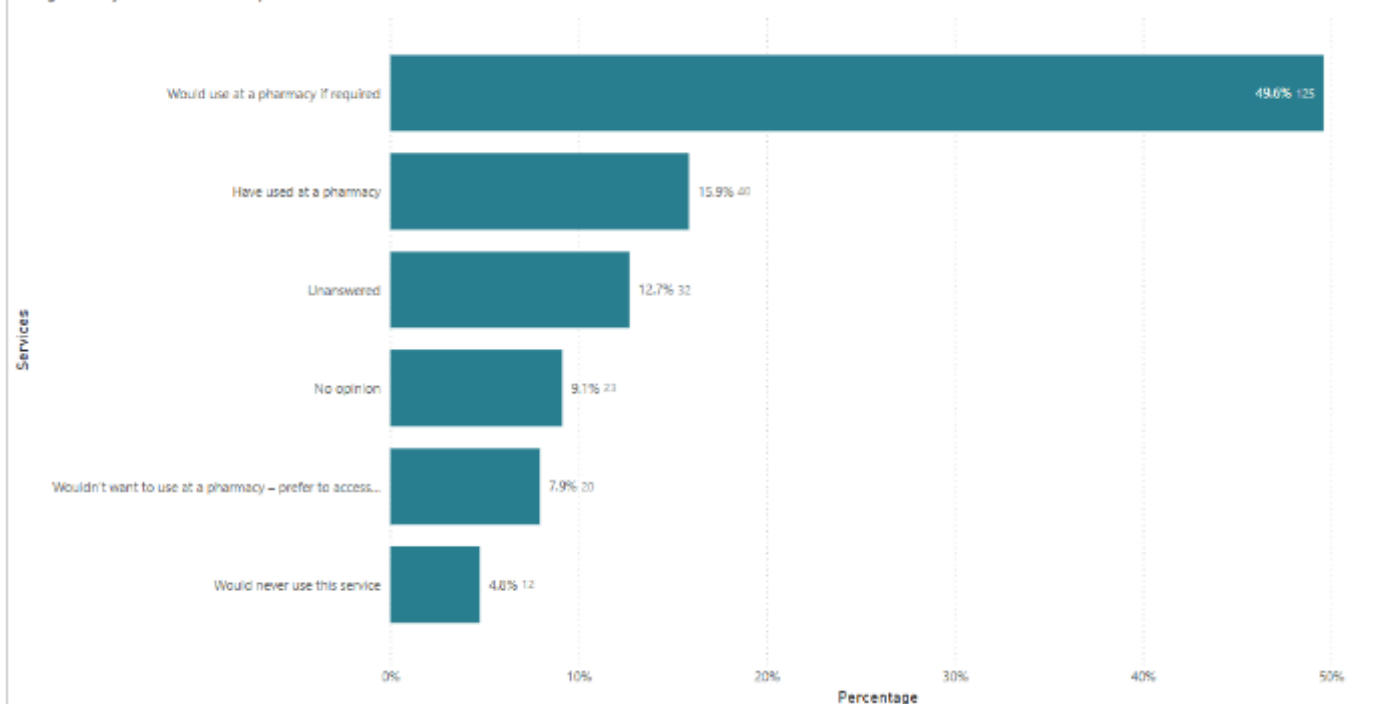
Q15e. Have you used - Emergency contraception



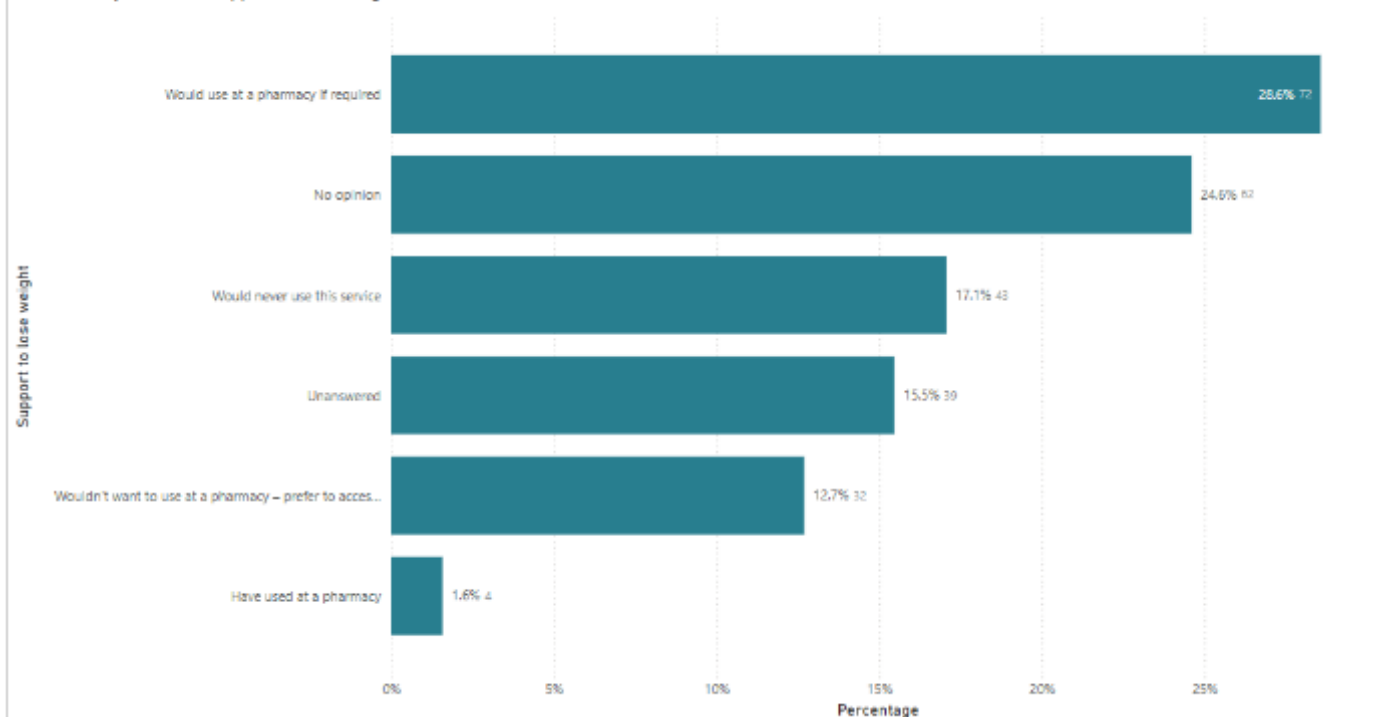
Q15f. Have you used - Needle Exchange Service



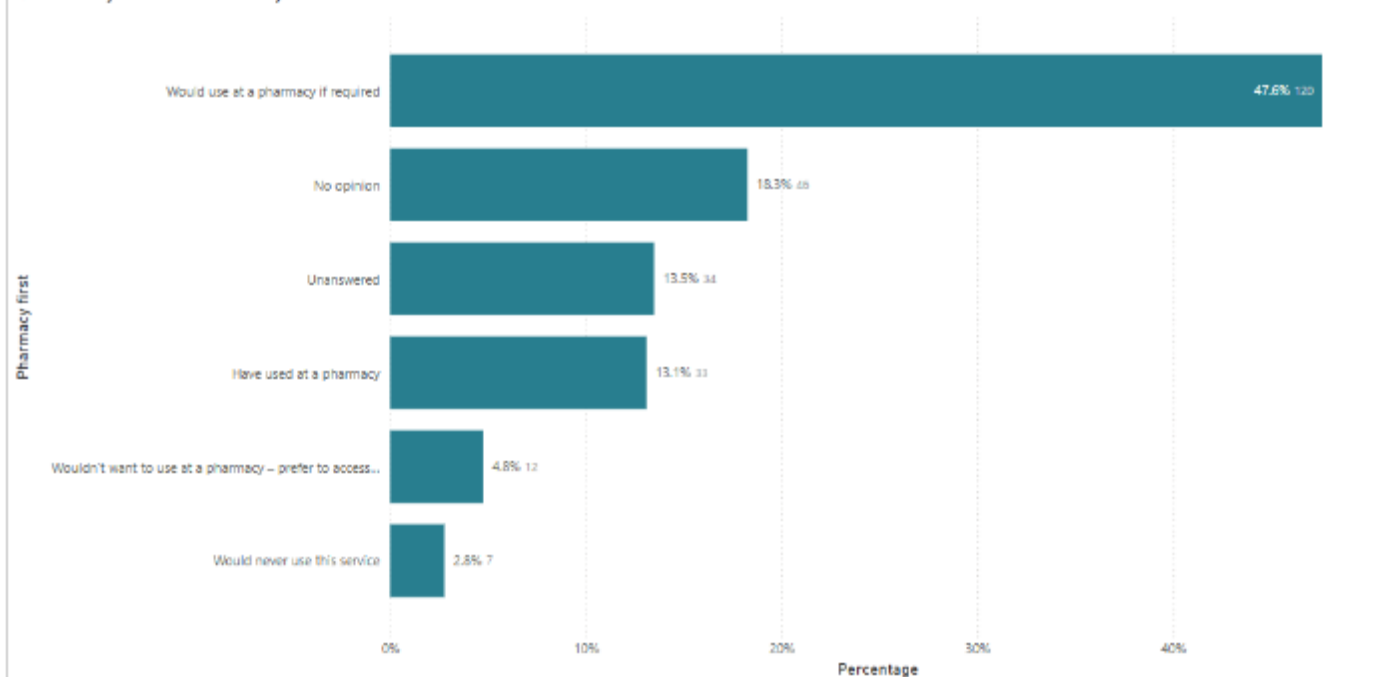
Q15g. Have you used - Blood pressure checks



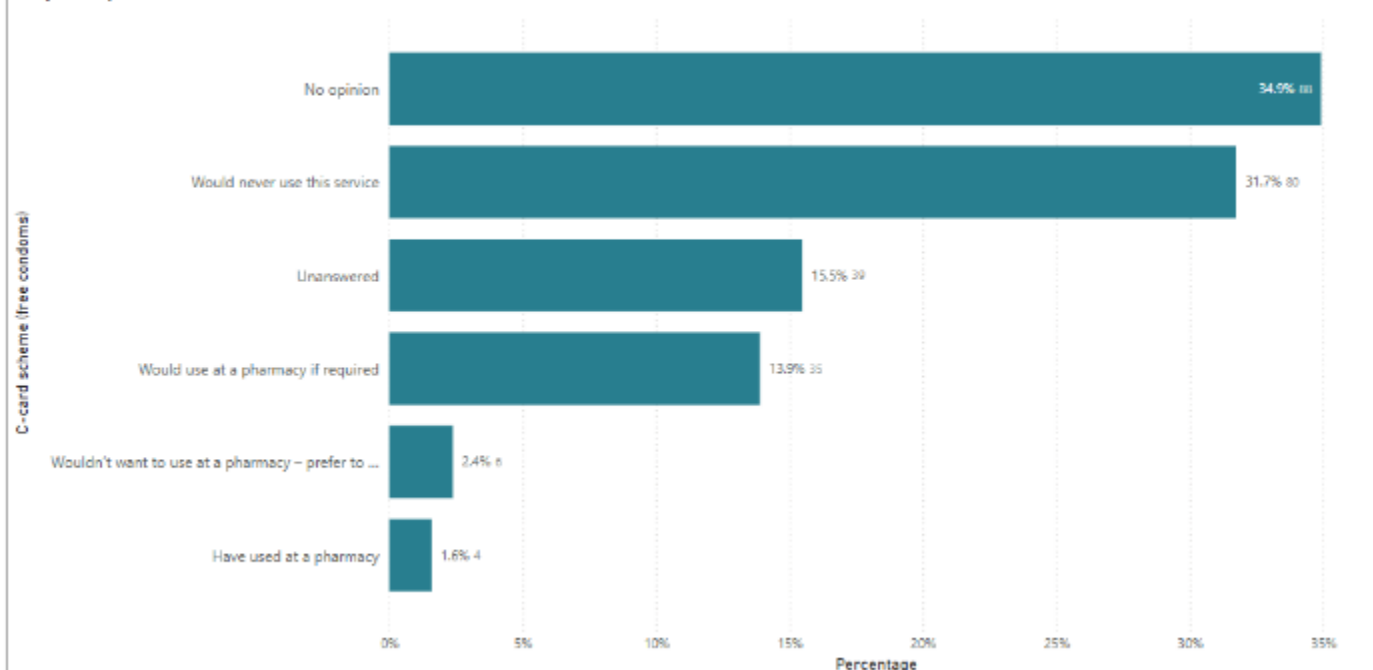
Q15h. Have you used - Support to lose weight



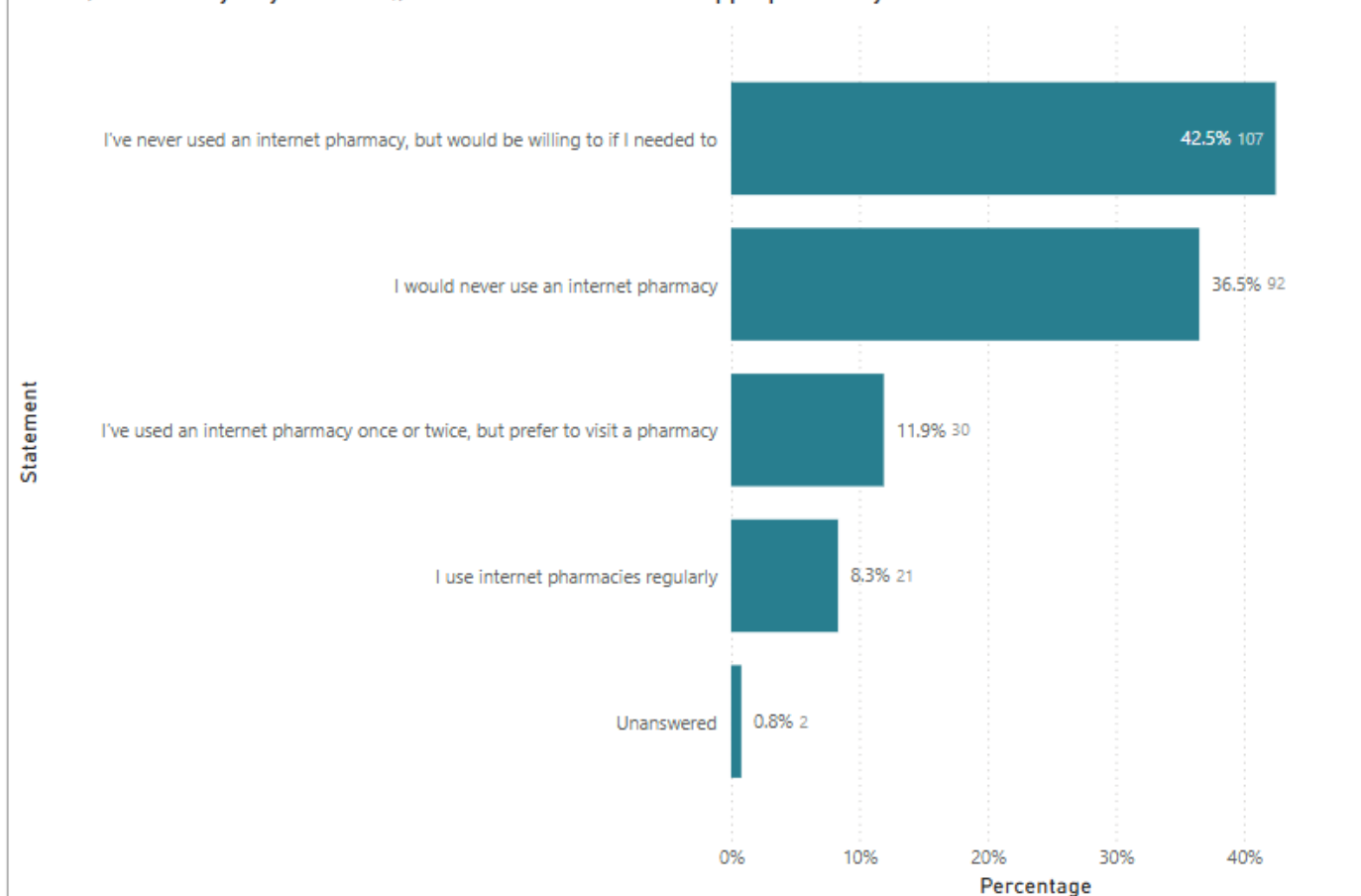
Q15i. Have you used - Pharmacy first



Q15j. Have you used - C-card scheme (free condoms)



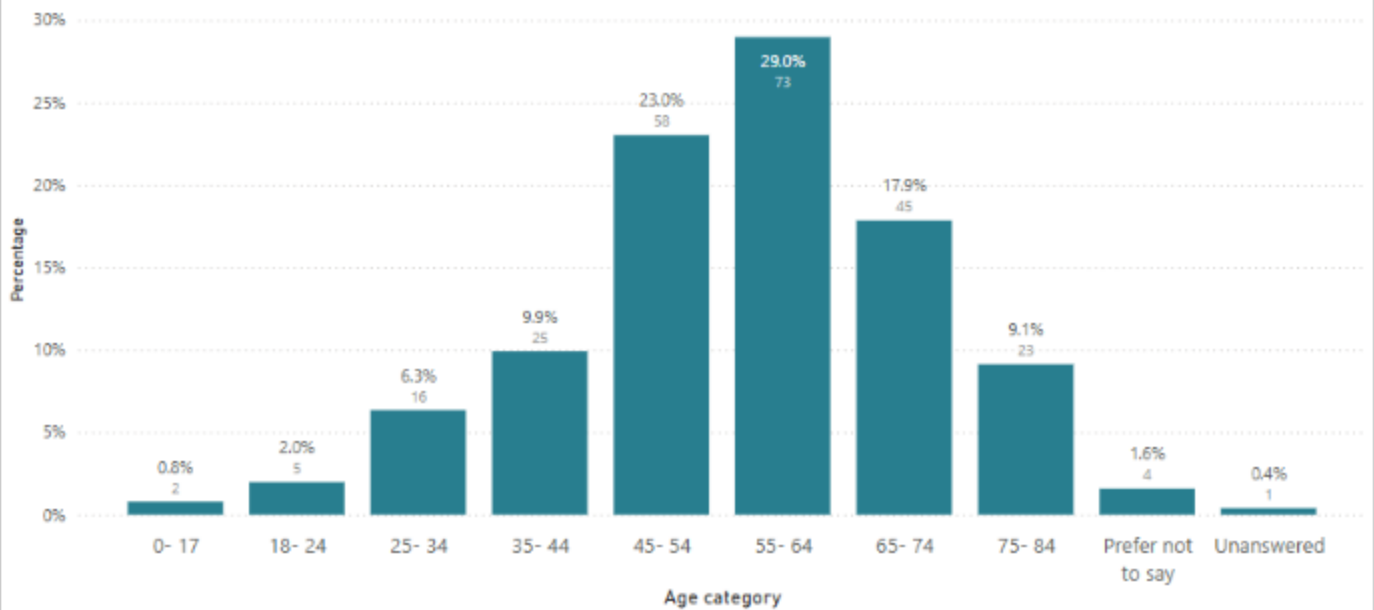
Q16. Thinking about the use of internet pharmacies (those pharmacies where you can only order your prescription online, for delivery to your home), which statement is most appropriate to you?



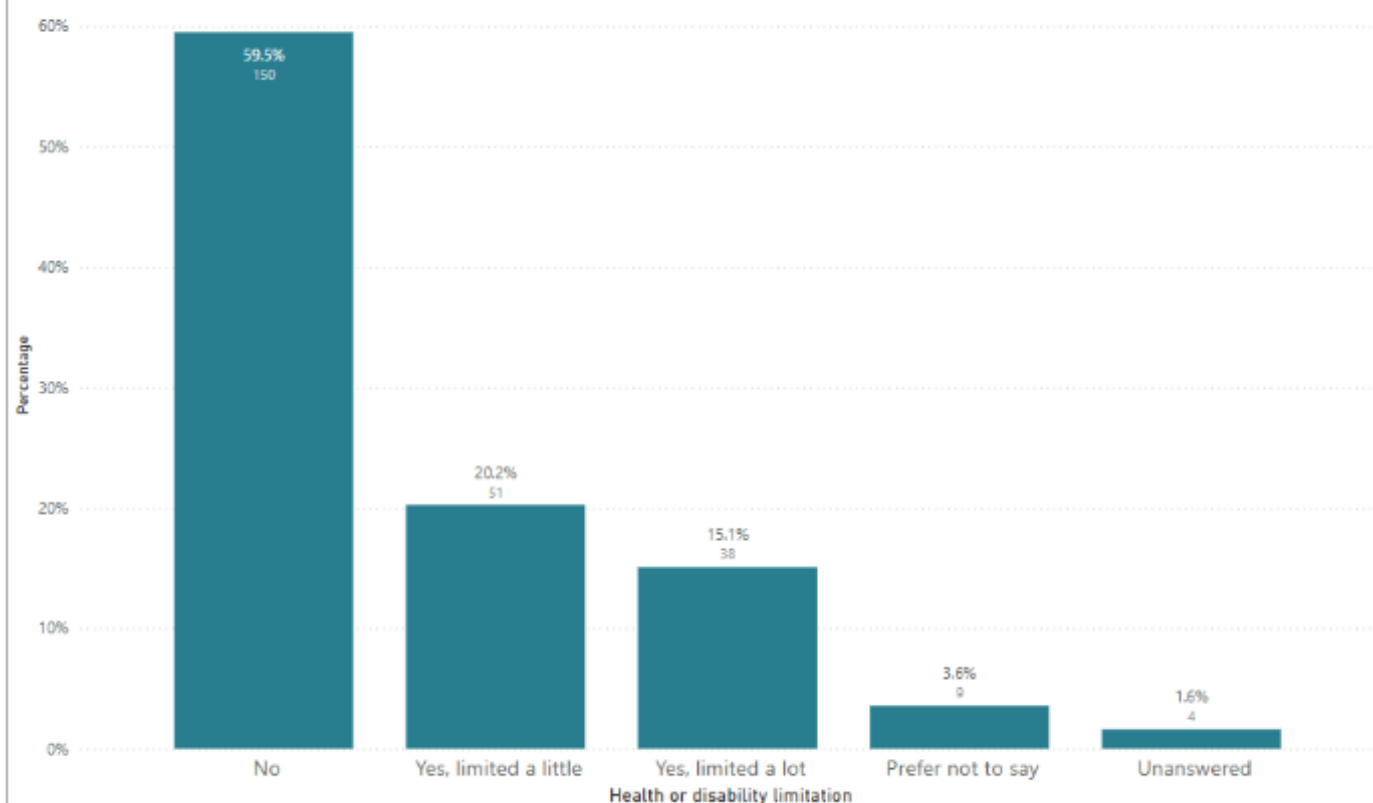
Q18. Is there anything else that you would like to say about pharmacy services in your area, or any further service you would like from your pharmacist that is not currently being provided? (Themes)

Waiting times
Opening hours
Medication/stock
Staff/staffing
Positive changes
Service offers
Closures
Travel
Delivery
Private space
Communication
Choice of pharmacy
Accessibility
Online
Hygiene/PPE
Cost
Advice

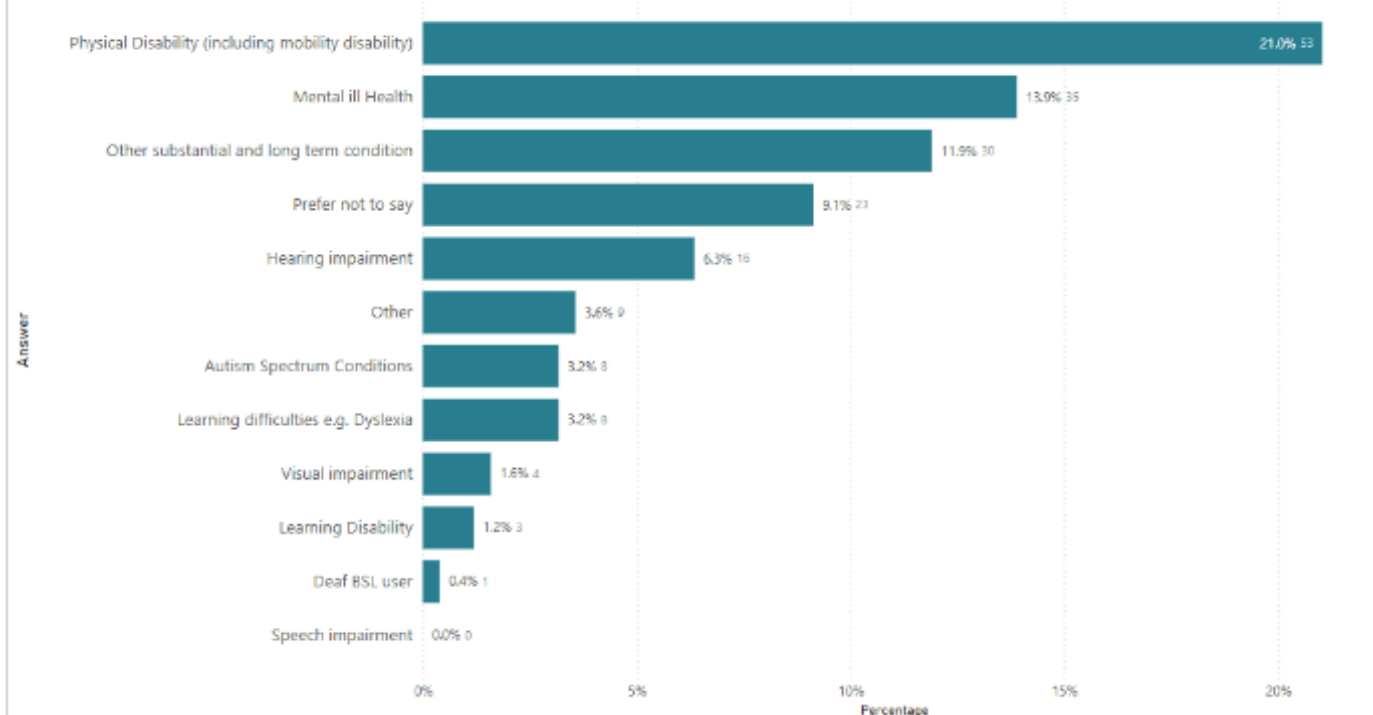
Q19. Age category



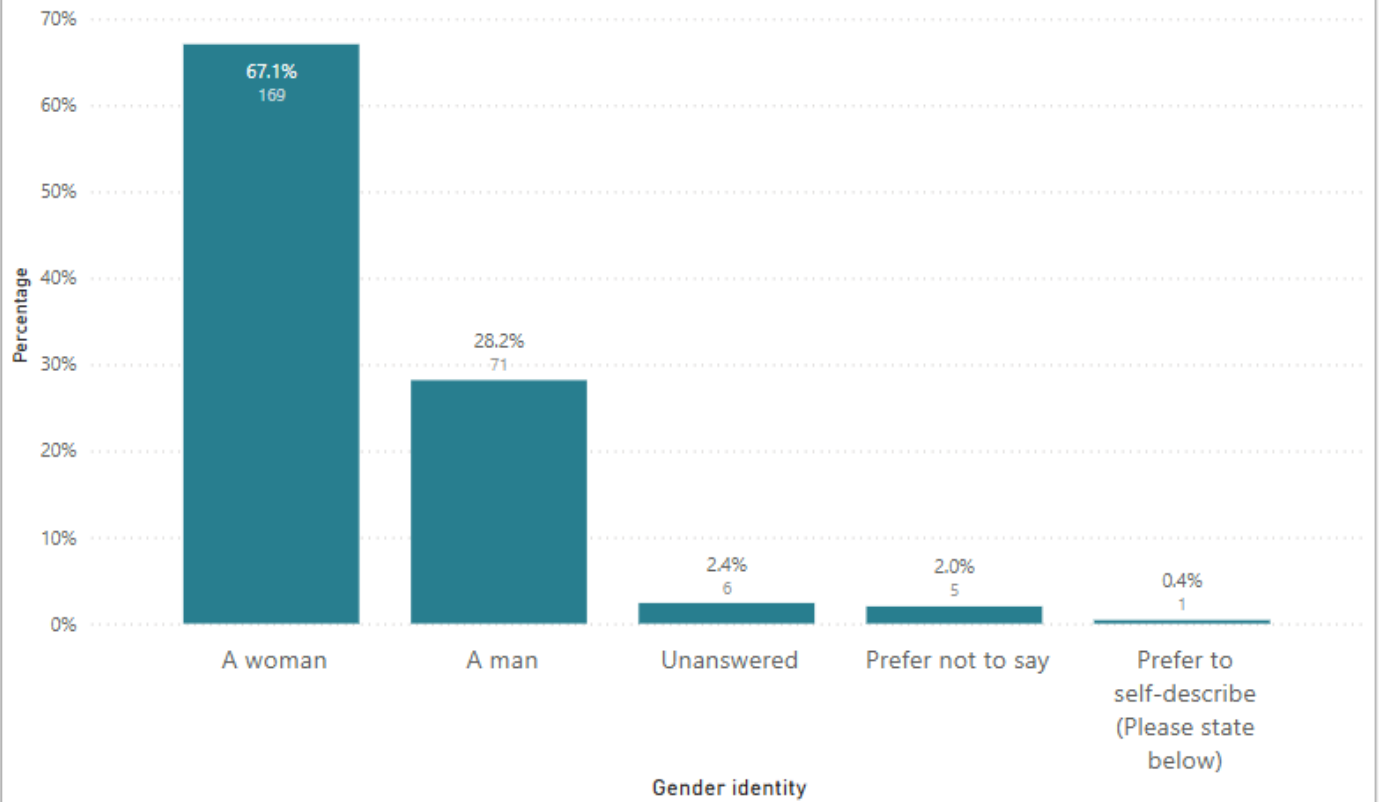
Q20. Does your health or disability prevent you from doing things you want to, need to or have to?



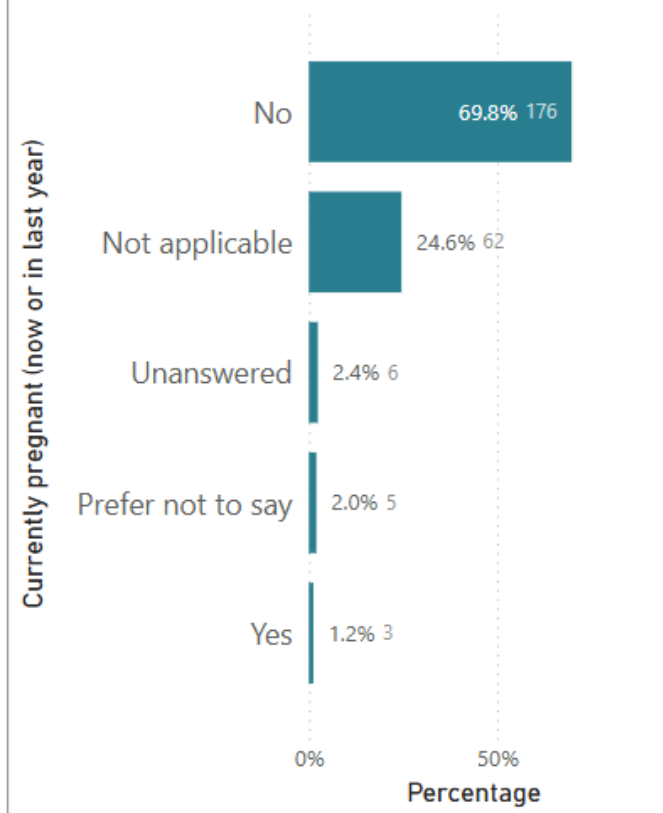
Q21. If Yes, which of the following options best describes your health issue or disability?



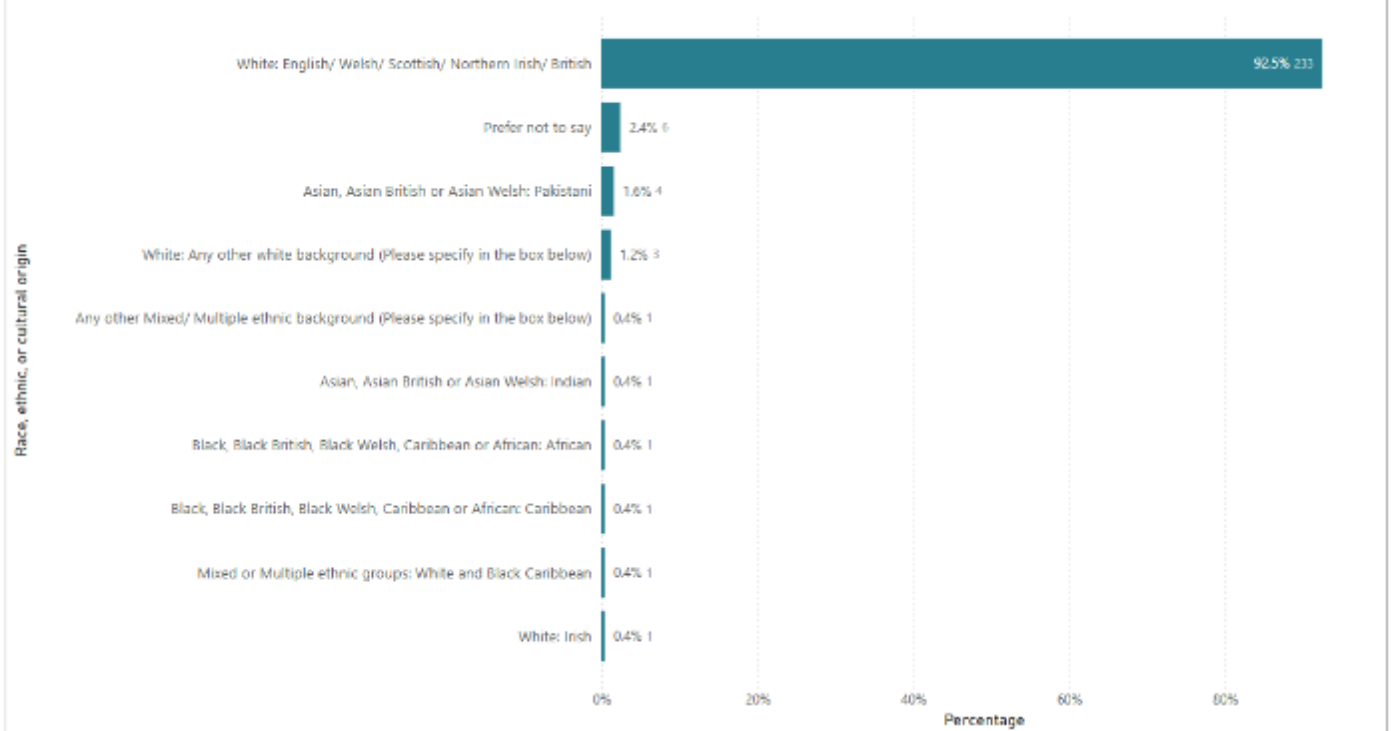
Q22. Gender identity



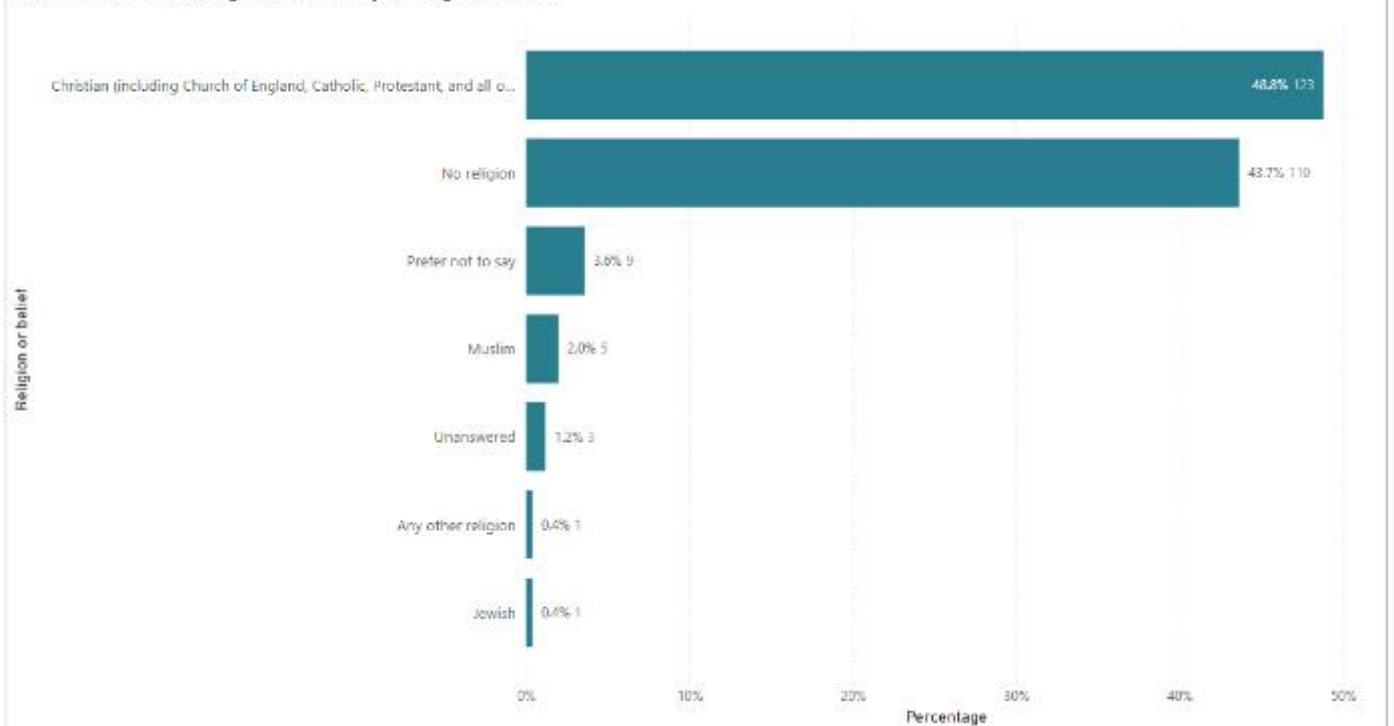
Q23. Are you currently pregnant or have you been pregnant in the last year?

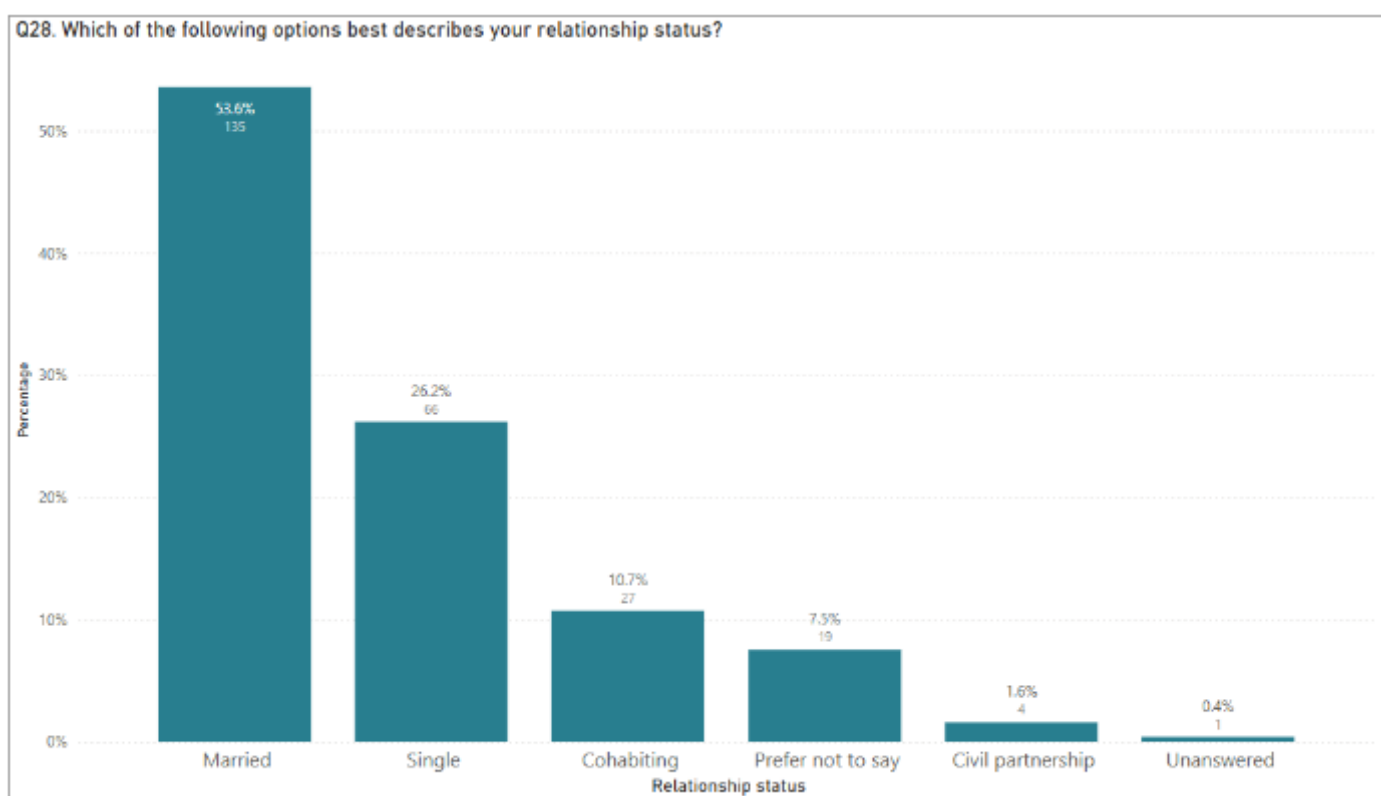
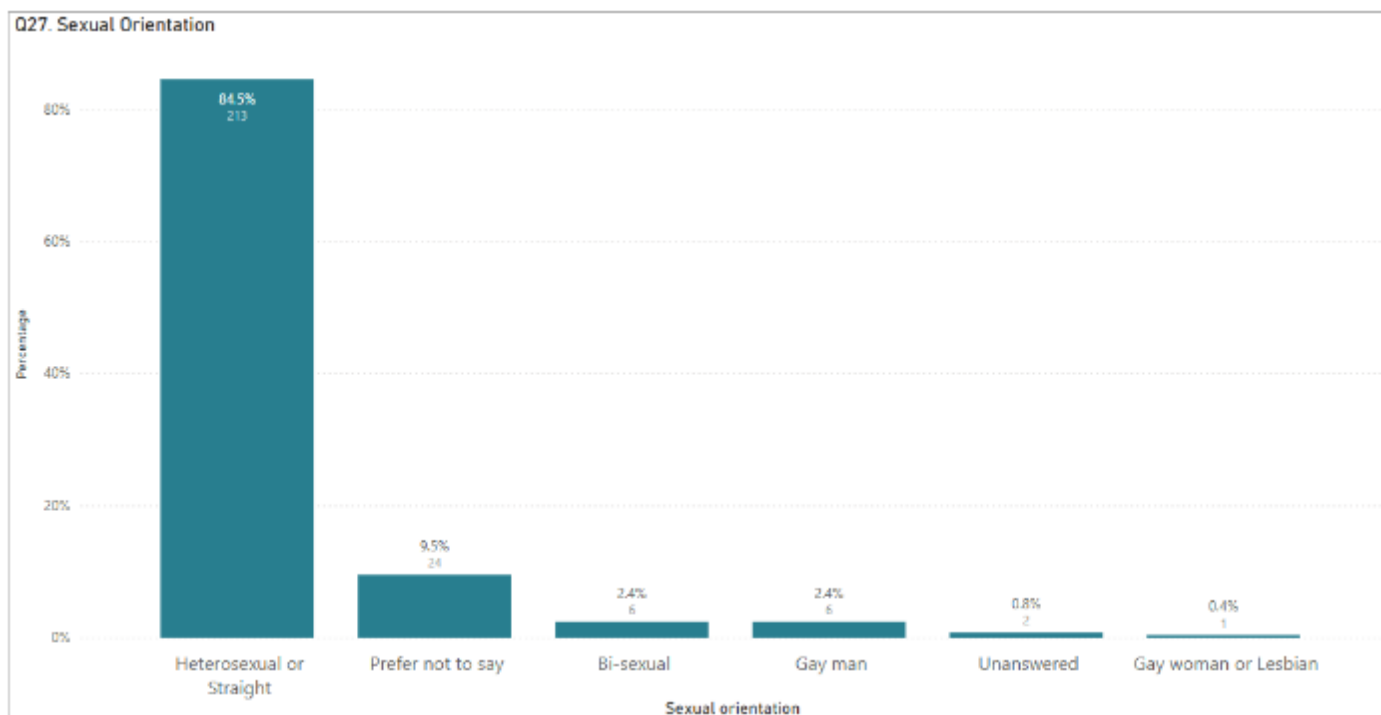


Q24. Which of the following options best describes your race, ethnic, or cultural origin?



Q26. Which of the following best describes your religion or belief?





Appendix G: Pharmacy Contractor Survey

Health and Wellbeing Boards have a statutory duty to carry out a statement of needs for the pharmaceutical services for the population it serves. This is known as a Pharmaceutical Needs Assessment (PNA). PNA is used to ensure that services meet the needs of the current and future population of its population. This includes where services are placed geographically and what services are provided by the pharmacy. To help produce the PNA we want to find out your opinions about what you provide at your pharmacy, and whether there is anything you feel should be changed or improved. We would really appreciate you taking the time to complete the questionnaire. Please can large providers complete one survey per branch, especially if you have branches in different authorities, in order to provide a detailed picture of pharmaceutical services within different communities. Many thanks for your feedback.

About your Pharmacy

Q1. Which local authority is your pharmacy located in?

- ☐ Bradford
- ☐ Calderdale
- ☐ Kirklees
- ☐ Leeds
- ☐ Wakefield

Q2. Contractor code (ODS Code):

Q3. Trading name of Pharmacy:

Q4. Address of Pharmacy:

Q5. Postcode of Pharmacy:

Services

Q6. Does the pharmacy currently provide any of the following services (non-commissioned)?

- ☐ Delivery free of charge to patients
- ☐ Delivery chargeable to patients

Accessibility

Q7. Is the entrance to the pharmacy accessible for wheelchair users?

- ☐ Yes
☐ No

Q8. Do you have any of the following facilities in the pharmacy to support people with disabilities? (select where appropriate)

- ☐ Automatic door assistance
☐ Bell at front door
☐ Disabled toilet facility
☐ Hearing loop
☐ Large print labels / Leaflets
☐ Wheelchair ramp access

Consultation facilities

There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (tick as appropriate)

Q9. Is there a consultation area (meeting the criteria within the Community Pharmacy Contractual Framework Terms of Service) on the premises?

- ☐ None, have submitted a request to the West Yorkshire Integrated Care Board (WYICB) that the premises are too small for a consultation room
☐ None (Distance Selling Pharmacy)
☐ Available (including wheelchair access)
☐ Available (without wheelchair access)
☐ Other

If "Other" please specify:

Q10. During consultations are there any of the following available? (select as appropriate)

- ☐ Hand-washing facilities
☐ Access to toilet facilities

Pharmacy Contractor input on needs of community / population served by the pharmacy.

Q11. Is there a particular need for an additional locally commissioned service in your area? If so, what is the service requirement and why?

- ☐ Yes
- ☐ No
- ☐ Don't know

If "Yes" please explain why:

Q12. What do you feel is needed to better support your community, reduce inequalities and support people from underserved groups?

Q13. There are likely to be a number of housing and other developments taking place across the local area with more planned and the PNA will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacies and dispensing appliance contractor premises.

With this in mind, please select the option that best reflects your situation at the moment:

- ☐ We have sufficient capacity within our existing premises and staffing levels to manage an increase in demand from new housing developments in our area
- ☐ We don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand from new housing developments in our area
- ☐ We don't have sufficient premises and staffing capacity and would have difficulty managing an increase in demand from new housing developments

Q14. We are aware that there have been a number of changes to pharmacy provision over recent years, with a number of pharmacy closures and changes to opening hours. Have these changes had an impact on your pharmacy?

- ☐ Yes
- ☐ No
- ☐ Not sure

If yes, please tell us what kind of impact you have seen:

Q15. Please use the space below to tell us any additional information that you feel is not captured within this questionnaire. You may wish to include comments about additional services you would like to provide if you were commissioned to do so.

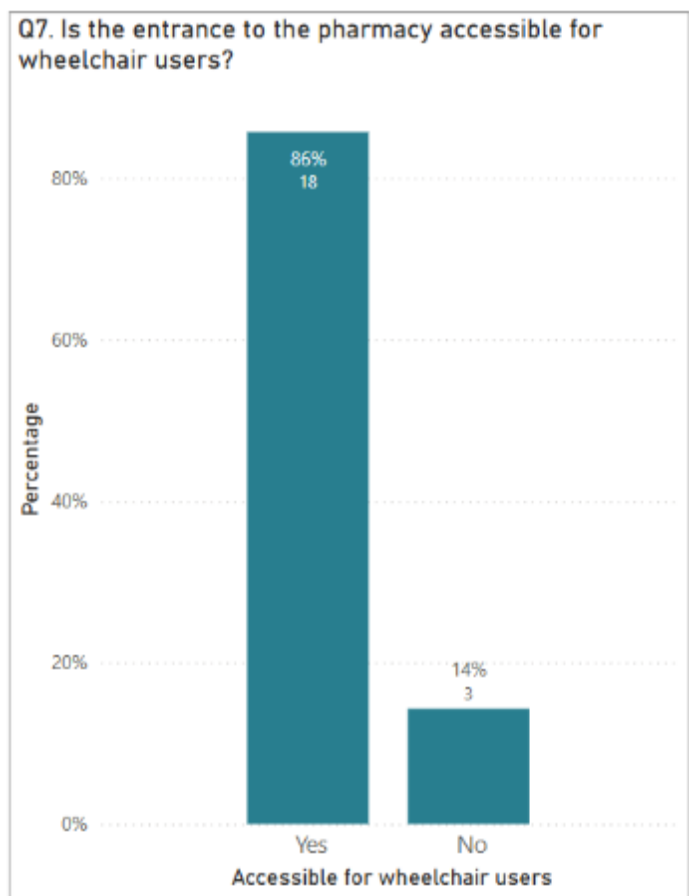
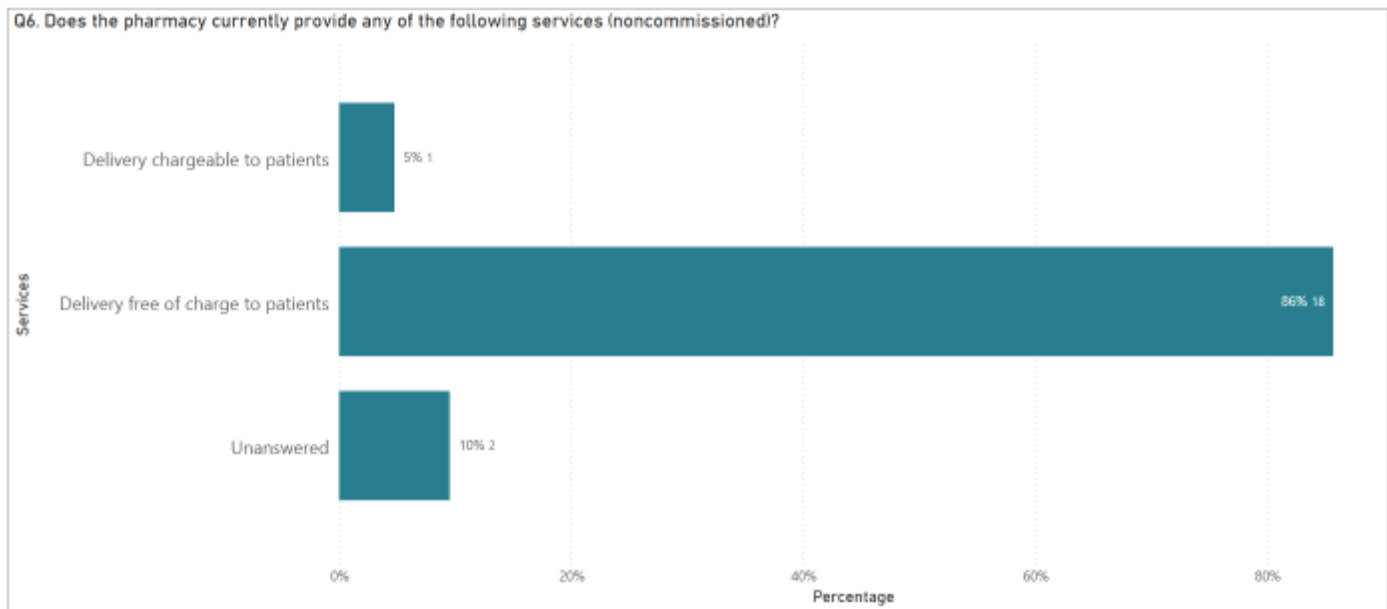
Thank you for completing this survey. Please click 'submit' to send your response.

Appendix H: Pharmacy Contractor Survey Results

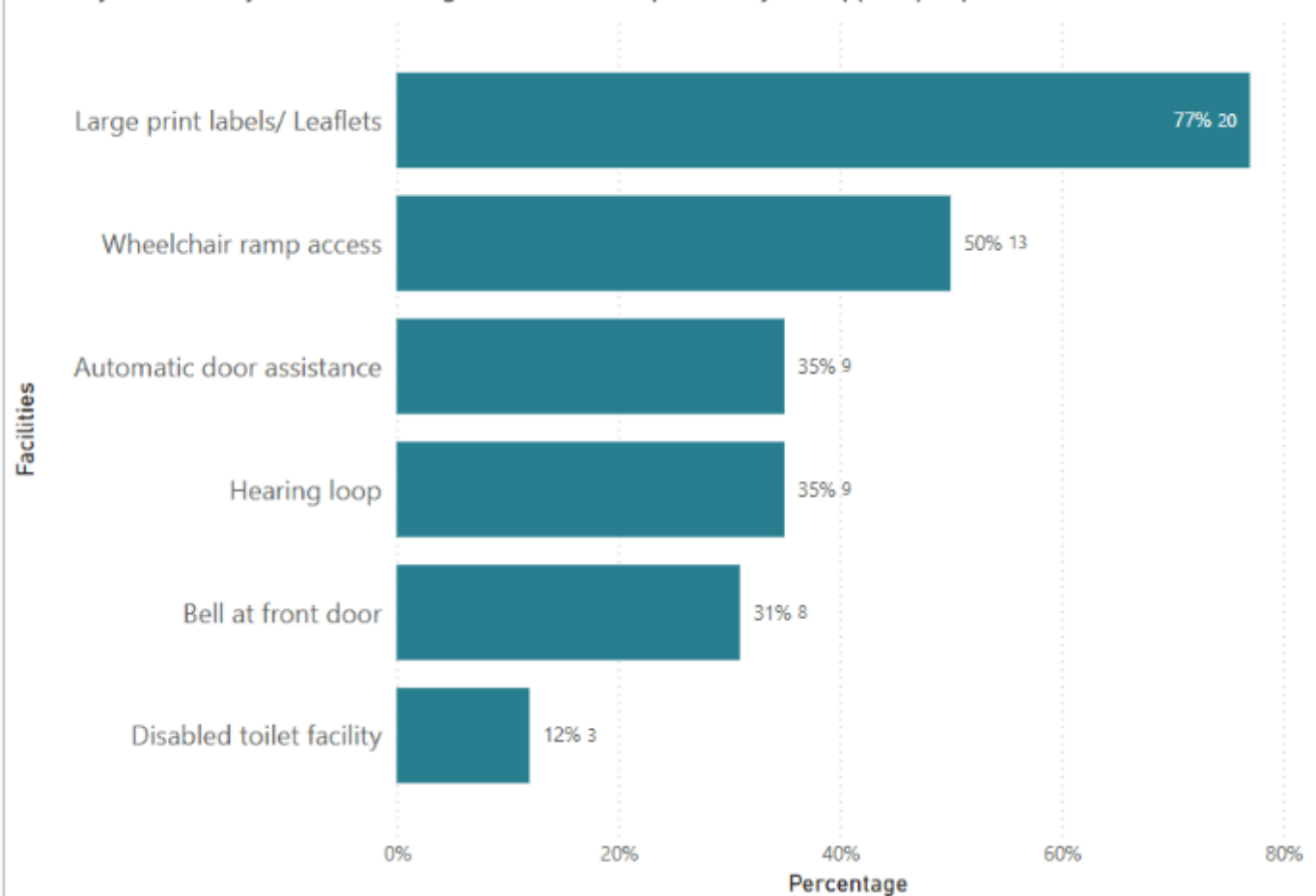
A survey was emailed directly to pharmacies to complete between 23 October and 6 December 2024, asking about what they provide as well as their viewpoints.

Total number of respondents – 21

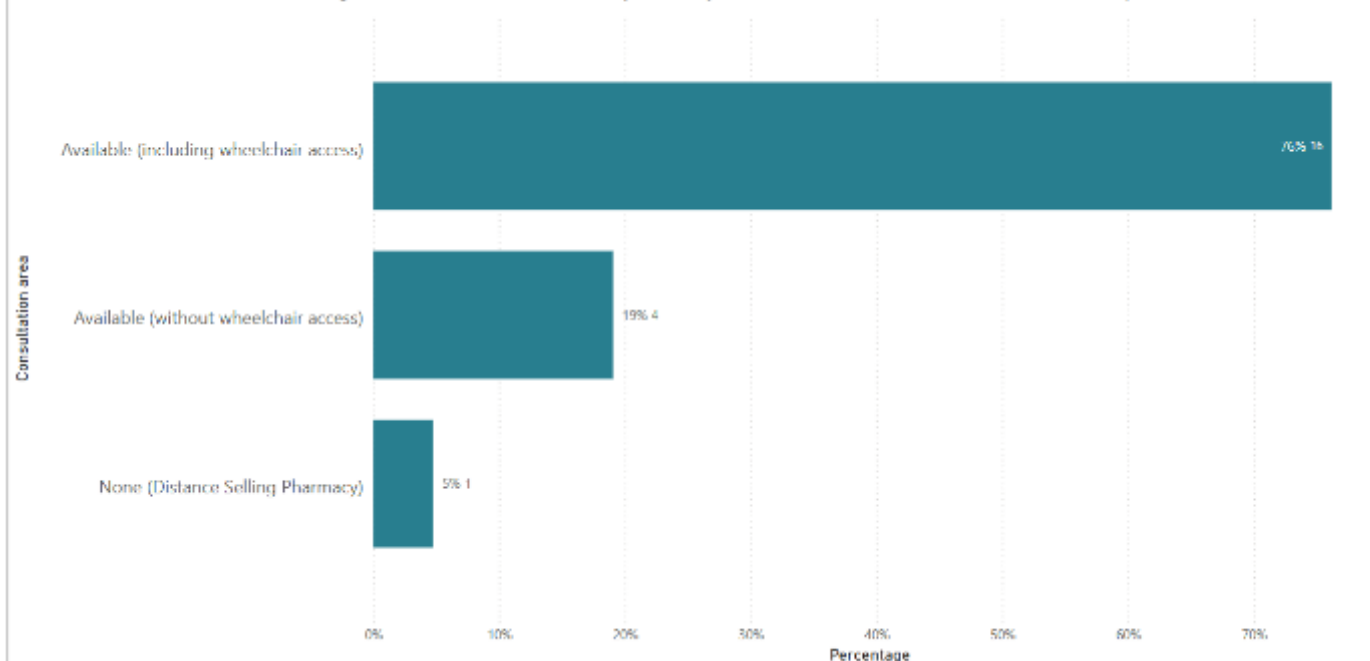
Questions 1-5 asked for identifiable information about the pharmacy.



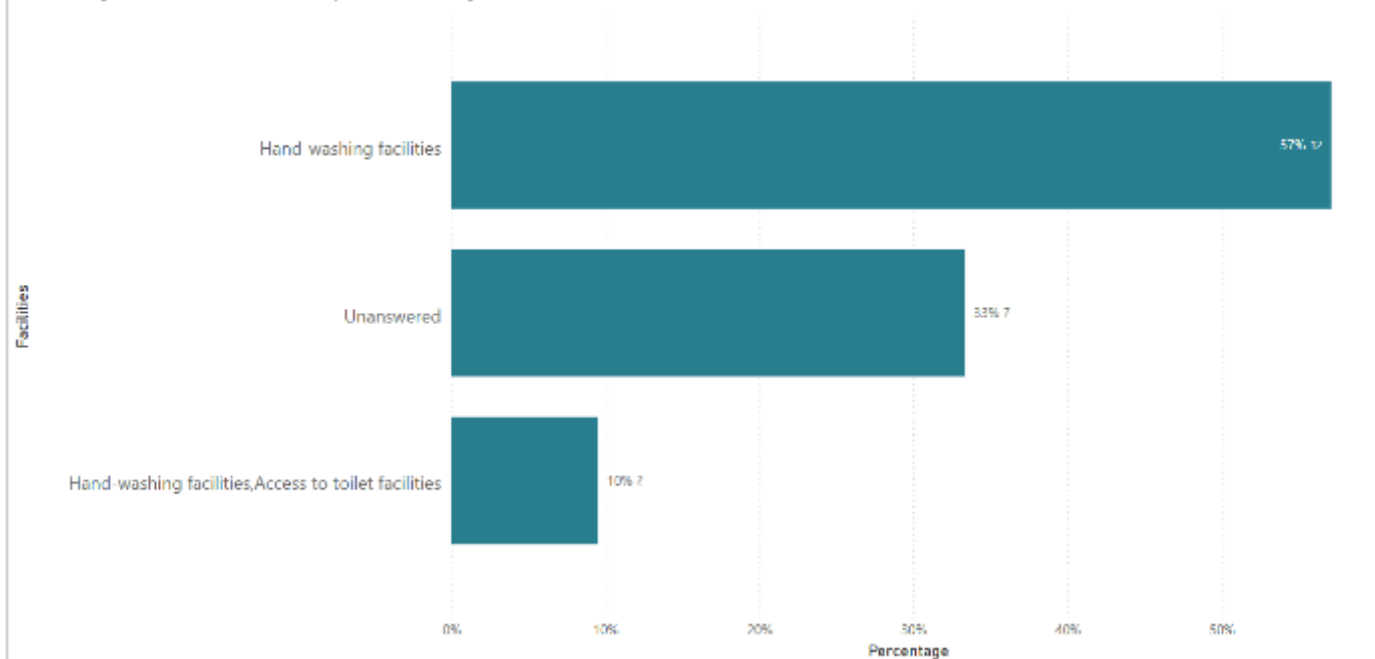
Q8. Do you have any of the following facilities in the pharmacy to support people with disabilities?



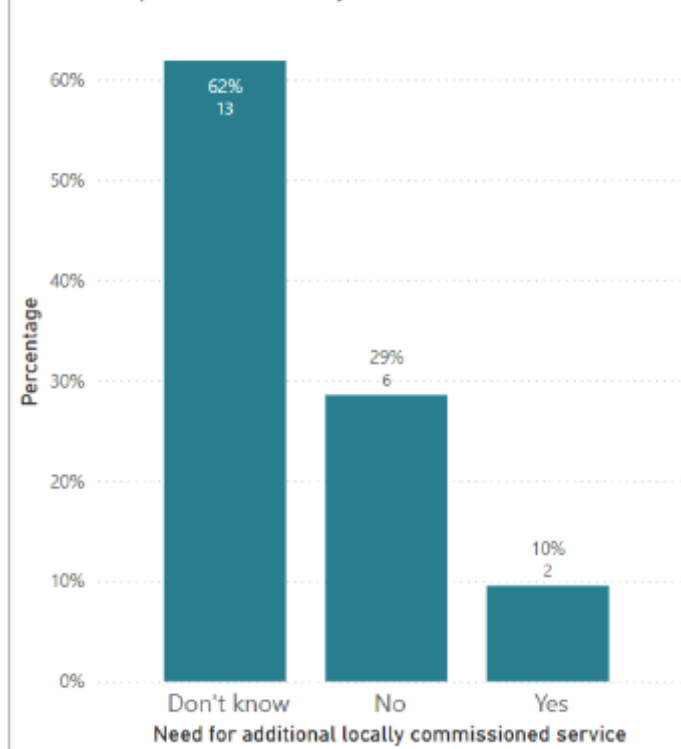
Q9. Is there a consultation area (meeting the criteria within the Community Pharmacy Contractual framework Terms of Service) on the premises?



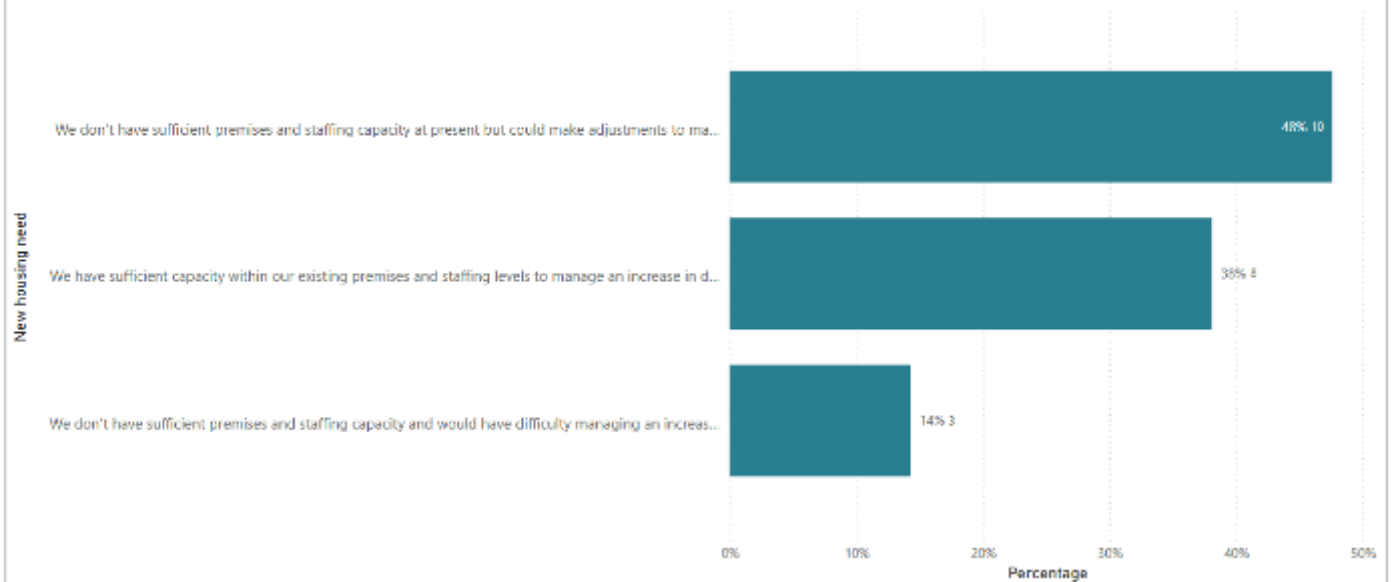
Q10. During consultations are there any of the following available?



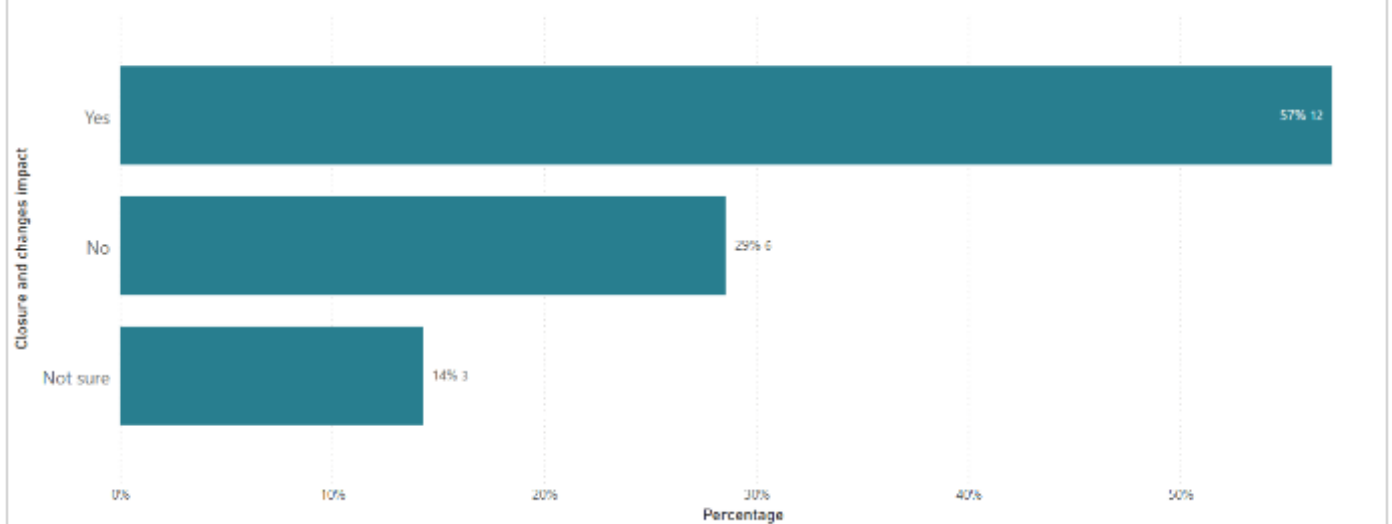
Q11. Is there a particular need for an additional locally commissioned service in your area? If so, what is the service requirement and why?



Q13. There are likely to be a number of housing and other developments taking place across the local area with more planned and the PNA will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacies and dispensing appliance contractor premises



Q14. We are aware that there have been a number of changes to pharmacy provision over recent years, with a number of pharmacy closures and changes to opening hours. Have these changes had an impact on your pharmacy?



Appendix I: Consultation Contacts

The Health and Wellbeing Board are required to consult a specified range of organisations on the draft PNA.

The following lists the organisations consulted:

- Local Pharmaceutical Committee
- Local Medical Committee
- Pharmacy & Dispensing Appliance Contractors included in the Pharmaceutical List for Wakefield Health and Wellbeing Board area
- Dispensing Doctors included in the Dispensing Doctor list for the Wakefield Health and Wellbeing Board area
- Any Pharmacy Contractor that holds a local pharmaceutical services contract with premises that are in the Wakefield Health and Wellbeing Board area
- Healthwatch
- Mid Yorkshire Teaching Trust
- South West Yorkshire Foundation Partnership Trust
- NHS England
- Neighbouring Health and Wellbeing Boards
- NHS West Yorkshire ICB
- NHS Wakefield sub-ICB

Appendix J: Consultation Questionnaire

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations), a person who wishes to provide NHS pharmaceutical services must generally apply to their local NHS England team (see below) to be included on a relevant list.

NHS West Yorkshire Integrated Care Board (ICB) refers to the local Pharmaceutical Needs Assessment (PNA) document to assess the pharmaceutical need in the area and determine whether or not to approve applications to join the pharmaceutical list under the above regulations.

The current Wakefield PNA expires on 30 September 2025, and Wakefield Health and Wellbeing Board has been collecting information from a wide variety of sources, which has helped inform the PNA for the next three years. A draft PNA document has now been produced considering all views which have been received from members of the public, community pharmacies and key stakeholders across the district.

Wakefield Health and Wellbeing Board would be grateful for any views you may have on the draft PNA document during the consultation period which will commence on 1 April 2025 to 31 May 2025.

Q1. I am responding to this questionnaire on behalf of:

- ☐ A dispensing practice
- ☐ A Health and Social Care Provider
- ☐ A Local Authority
- ☐ A local pharmacist
- ☐ A non-dispensing practice
- ☐ A voluntary or community sector organisation
- ☐ As a member of the public
- ☐ As an elected member/MP
- ☐ The Local Medical Committee
- ☐ The Local Pharmacy Committee
- ☐ West Yorkshire ICB
- ☐ Other

If "Other" please state below:

Q2. Has the purpose of the Pharmaceutical Needs Assessment been explained?

- ☐ Yes
- ☐ No

Q3. Does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area?

- ☐ Yes
- ☐ No

Q4. Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the Pharmaceutical Needs Assessment?

Q5. Does the draft Pharmaceutical Needs Assessment reflect the needs of your area's population?

- ☐ Yes
☐ No

Q6. Has the Pharmaceutical Needs Assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

- ☐ Yes
☐ No

Q7. Has the Pharmaceutical Needs Assessment provided information to inform how pharmaceutical services may be commissioned in the future?

- ☐ Yes
☐ No

Q8. Has the Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

- ☐ Yes
☐ No

Q9. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted? If yes, what are those services?

Q10. Do you agree with the conclusions of the Pharmaceutical Needs Assessment?

- ☐ Yes
☐ No

Q11. Do you have any other comments?

Thank you for completing this questionnaire.

Appendix K: Consultation Report

As part of the Pharmaceutical Needs Assessment process, the Health and Wellbeing Board is required to undertake a consultation of at least 60 days. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health and Wellbeing Board's area are accurately reflected in the final Pharmaceutical Needs Assessment document. The consultation is also to ensure the PNA reflects the pharmaceutical needs of the population and assess if these are met.

This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

Consultation process

The Health and Wellbeing Board has consulted with those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended. This was to establish whether the draft Pharmaceutical Needs Assessment addresses any issues they consider relevant to the provision pharmaceutical services. Wakefield Health and Wellbeing Board consulted the following parties:

- Local Pharmaceutical Committee
- Local Medical Committee
- Pharmacy & Dispensing Appliance Contractors included in the Pharmaceutical List for Wakefield Health and Wellbeing Board area
- Dispensing Doctors included in the Dispensing Doctor list for the Wakefield Health and Wellbeing Board area
- Any Pharmacy Contractor that holds a local pharmaceutical services contract with premises that are in the Wakefield Health and Wellbeing Board area
- Healthwatch
- Mid Yorkshire Teaching Trust
- South West Yorkshire Foundation Partnership Trust
- NHS England
- Neighbouring Health and Wellbeing Boards
- NHS West Yorkshire ICB
- NHS Wakefield sub-ICB

The above consultees were contacted via email to explain the purpose of the Pharmaceutical Needs Assessment and that, as a statutory party, Wakefield's Health and Wellbeing Board welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to the Wakefield Joint Strategic Needs Assessment website to access the document and consultation questionnaire.

Consultees were given the opportunity to respond by completing a set of questions and / or submitting additional comments. This was undertaken via an online questionnaire. The questions were developed to assess the current pharmaceutical provision, consider if any changes in future circumstances where the current position may change materially, and identify if there are any current or potential future gaps in pharmaceutical services.

The consultation ran from 1 April 2025 until 31 May 2025.

Consultation responses

The online consultation received a total of 2 responses from the following consultees:

- West Yorkshire ICB – 1
- Other (identified as a pharmacy chain) – 1

Q2. Has the purpose of the Pharmaceutical Needs Assessment been explained?



Q3. Does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area?



Q4. Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the Pharmaceutical Needs Assessment?

"no"

Q5. Does the draft Pharmaceutical Needs Assessment reflect the needs of your area's population?



Q6. Has the Pharmaceutical Needs Assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?



Q7. Has the Pharmaceutical Needs Assessment provided information to inform how pharmaceutical services may be commissioned in the future?



Q8. Has the Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?



Q9. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted? If yes, what are those services?

"no"

Q10. Do you agree with the conclusions of the Pharmaceutical Needs Assessment?



Q11. Do you have any other comments?

"no further comments"

Consultation considerations

Wakefield Health and Wellbeing Board is pleased to note the responses to the consultation have been positive. No concerns have been raised regarding non-compliance with the regulatory requirements. No pharmaceutical service provision has been missed, and the main conclusions are agreed.

Wakefield Health and Wellbeing Board have decided that no amendments to this Pharmaceutical Needs Assessment are required based on the responses to the consultation.

Appendix L: Changes to Community Pharmacy Provision

The tables below detail the changes that have occurred to community pharmacy service provision since the original data collection for the PNA in December 2024.

Two distance selling premises have opened during this period. As this type of pharmacy offers a nationwide service, the provision of pharmaceutical services at a local level has not changed.

Table 13: New premises

ODS code	Pharmacy name	Address	Opening hours	Category	Service start date
FPW34	Bamboo Pharmacy	Charles Waterton House, 6 Almond Avenue, Walton WF2 6UA	Mon: 09:00-13:00, 13:30-17:30 Tue: 09:00-13:00, 13:30-17:30 Wed: 09:00-13:00, 13:30-17:30 Thu: 09:00-13:00, 13:30-17:30 Fri: 09:00-13:00, 13:30-17:30 Sat: Closed Sun: Closed	Distance selling	01/05/2025
FQP27	Eastmoor Online Pharmacy	64A Windhill Road, Eastmoor, Wakefield WF1 4SD	Mon: 09:00-13:00, 13:30-17:30 Tue: 09:00-13:00, 13:30-17:30 Wed: 09:00-13:00, 13:30-17:30 Thu: 09:00-13:00, 13:30-17:30 Fri: 09:00-13:00, 13:30-17:30 Sat: Closed Sun: Closed	Distance selling	01/08/2025

One distance selling premise has relocated. As this type of pharmacy offers a nationwide service, the provision of pharmaceutical services at a local level has not changed.

Table 14: Relocated premises

ODS code	Pharmacy name	Previous address	New address	Category	Effective date
FLQ71	Door 2 Door Pharmacy	41 Duke of York Street, Wakefield WF1 3PD	62/64 Windhill Road, Wakefield WF1 4SD	Distance selling	01/09/2025

One community pharmacy has changed their opening times. The pharmacy now closes slightly earlier during the week and no longer opens on a Saturday. There are other pharmacy options in Castleford for these times.

Table 15: Changes to supplementary hours

ODS code	Pharmacy name	Previous hours	New hours	Category	Effective date
FTD41	Castleford Pharmacy 119 Carlton Street, Castleford WF10 1DX	Mon: 08:00-18:00 Tue: 08:00-18:00 Wed: 08:00-18:00 Thu: 08:00-18:00 Fri: 08:00-18:00 Sat: 09:00-13:00 Sun: Closed	Mon: 09:00-13:00, 13:30-17:30 Tue: 09:00-13:00, 13:30-17:30 Wed: 09:00-13:00, 13:30-17:30 Thu: 09:00-13:00, 13:30-17:30 Fri: 09:00-13:00, 13:30-17:30 Sat: Closed Sun: Closed	Community pharmacy	01/06/2025

From 23 June 2025, the Distance Selling Premises (DSP) exemption was closed, and no new DSP applications can be accepted/are permitted.

From July 2025, the Advanced Flu Vaccination Service was replaced by the Adult Flu Vaccination Service and the Child Flu Vaccination Service.

In addition, upcoming national changes to pharmacy funding will mean that antidepressants will be added to the New Medicine Service (NMS) and Emergency Hormonal Contraception (EHC) will be added to the Contraception Service from October 2025.

The Health and Wellbeing Board have noted these local and national changes and determined that they do not change the conclusions drawn in this Pharmaceutical Needs Assessment.