

Pharmaceutical Needs Assessment 2025

Suffolk
Health and Wellbeing Board

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

Changes as part of the PNA process were included for the final document.

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Abbreviations

AS	Advanced Service
AUR	Appliance Use Review
BSA	Business Services Authority
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CP	Community Pharmacy
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular Disease
CYP	Children and Young People
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
DMS	Discharge Medicines Service
DRUMs	Dispensing Review of Use of Medicines
DSP	Distance Selling Pharmacy
DSQS	Dispensing Services Quality Scheme
EHC	Emergency Hormonal Contraception
ES	Essential Service
GBD	Global Burden of Disease
GFR	General Fertility Rate
GP	General Practitioner
GRT	Gypsy, Roma and Traveller
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JLHWS	Joint Local Health and Wellbeing Strategy
JSNA	Joint Strategic Need Assessment
LCS	Locally Commissioned Services
LES	Local Enhanced Service

LFD	Lateral Flow Device
LGBT	Lesbian, Gay, Bisexual and Transgender
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTLA	Lower Tier Local Authority
LTP	Long Term Plan
NES	National Enhanced Service
NHS	National Health Service
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PANSI	Projecting Adult Needs and Service Information
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCT	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PLPS	Pharmaceutical and Local Pharmaceutical Services
POPPI	Projecting Older People Population Information
PNA	Pharmaceutical Needs Assessment
PYLL	Potential Years of Life Lost
QOF	Quality and Outcomes Framework
RSV	Respiratory Syncytial Virus
SAC	Stoma Appliance Customisation
SCC	Suffolk County Council
SCS	Smoking Cessation Service
SMR	Standardised Mortality Ratio
STI	Sexually Transmitted Infection

TFR	Total Fertility Rate
TIA	Transient Ischaemic Attack
YLD	Years Lived with Disability

Executive summary

Introduction

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

Aim, objectives and methodology

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

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

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

National Health Service (NHS) pharmaceutical services in England

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

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

Pharmaceutical service providers in Suffolk

Suffolk has 127 community pharmacies (as of December 2024), for a population of 776,442. In addition to the 127 community pharmacies, Suffolk has 42 dispensing doctor practices providing pharmaceutical services from a total of 67 sites.

Conclusions

NHS pharmaceutical services are well distributed across Suffolk, serving all the main population centres. There is good access to a range of services commissioned from pharmaceutical service providers. As part of this assessment, no gaps have been identified in provision either now or in the next three years for pharmaceutical services deemed necessary by the Suffolk HWB.

Section 1: Introduction

1.1 Background and context

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

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

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

The PLPS Regulations 2013 (SI 2013/349)¹ came into force on 1 April 2013.

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

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces a statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The PLPS Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the COVID-19 pandemic, and PNAs were published by October 2022

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [Accessed February 2025] www.legislation.gov.uk/uksi/2013/349/contents/made

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

This PNA for Suffolk HWB fulfils this regulatory requirement.

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

- There was an **update to the PLPS Regulations 2013 in May 2023**, which, in the main, was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours.
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
 - Local arrangements with ICBs for the temporary reduction in hours.
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICSs). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association² and Healthwatch England³. Both highlighted that the current rate of **pharmacy closures** for 2024 was higher than previous years, mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year.⁴
- **Pharmacy First Service⁵** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions, which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.

² InPharmacy NPA warns that pharmacy closures are at record high levels. May 2024. [Accessed February 2025] <https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels/>

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

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

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

- **Hypertension Case-Finding Service⁶** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.

1.3 Key upcoming changes

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

- **PLPS Regulations: Ability to change core opening hours:** These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- **DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises,** though remote provision will still be allowed where specified.
- **From 23 June 2025, no new applications for DSPs will be accepted,** following amendments to the PLPS Regulations 2013, which close entry to the DSP market.
- **Funding and fees:** Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.

Service developments:

- From October 2025 (IT allowing), the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception (EHC).
- New Medicine Service will be expanded to include depression from October 2025.
- Childhood Flu Vaccination Service, which covers all children aged 2 and 3 years old, will be trialled as an Advanced Service for one season from October 2025.⁷
- Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable the provision of Varenicline and Cytisine (Cytisine). No dates have been given for this.
- There is a plan to bundle services together to improve service uptake.

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

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

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

1.4 Purpose of the PNA

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

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

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. The JSNA is available on the Healthy Suffolk website and is updated regularly. The JSNA informs Suffolk's Joint Local Health and Wellbeing Strategy (JLHWS).

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

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

1.5 Scope of the PNA

The PLPS Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision.
- Necessary Services: gaps in provision.
- Other relevant services: current provision.
- Improvements and better access: gaps in provision.
- Other services.

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

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

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

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

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

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

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

1.5.1 Pharmacy contractors

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

There are 10,436 community pharmacies in England as of January 2025 at the time of writing (this includes DSPs).⁸ This number has decreased from 11,071 community pharmacies since the previous PNA was published in 2022.

1.5.1.1 Community pharmacies

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

⁸ NHS Open Data Portal. Pharmacy Opening and Closures. January 2025. [Accessed February 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

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

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail-order and internet pharmacies that remotely manage medicine logistics and distribution. The PLPS Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. From 1 October 2025, DSPs will no longer be able to deliver Advanced or Enhanced services face-to-face with patients, onsite, with the exception of the Advanced Flu Vaccination service and Enhanced COVID-19 vaccination service for the 2025 / 2026 season.

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

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

1.5.1.3 Pharmacy Access Scheme (PhAS) providers

The PhAS¹¹ has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

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

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

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

¹⁰ NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed February 2025] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](#)

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

1.5.2 Local Pharmaceutical Service (LPS) providers

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

This contract is locally commissioned by the ICB and provision for such contracts is made in the PLPS Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework, although they may be over and above what is required from a national contract. Payment for service delivery is locally agreed and funded.

1.5.3 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of September 2024¹² there were a total of 111¹³ DACs in England.

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

1.5.4 Dispensing doctor practices

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

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

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

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

¹³ NHS. Dispensing appliance contractors. [Accessed January 2025] <https://www.nhs.uk/service-search/other-health-services/pharmacies/appliancepharmacies>

1.5.5 Other providers of pharmaceutical services in neighbouring areas

There are three other HWBs that border Suffolk:

- Cambridgeshire HWB.
- Essex HWB.
- Norfolk HWB.

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

1.6 NHS Pharmaceutical services

The Community Pharmacy Contractual Framework, last agreed in 2019,¹⁴ is made up of three types of services:

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

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the PLPS Regulations 2013 and includes:

- A patient and public involvement programme.
- A clinical audit programme.
- A risk management programme.
- A clinical effectiveness programme.
- A staffing and staff programme.
- An information governance programme.

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Suffolk.

1.6.1 Essential Services (ES)¹⁵

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

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

¹⁴ DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed February 2025] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

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

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

Suffolk has designated that all Essential Services are to be regarded as Necessary Services.

1.6.2 Advanced Services (AS)¹⁶

There are nine Advanced Services within the Community Pharmacy Contractual Framework. Advanced Services are not mandatory for providers to provide, and therefore, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below, and the number of pharmacy participants for each service in Suffolk can be seen in [Section 3.8](#) and in [Section 6.2](#) by locality.

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

¹⁶ Community Pharmacy England. Advanced Services. February 2024. [Accessed February 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

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

For the purpose of this PNA, the Advanced Services are considered as other relevant services apart from the Smoking Cessation Service, Appliance Use Review and Stoma Appliance Customisation services.

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

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

1.6.3 Enhanced Services

Under the pharmacy contract, National Enhanced Services (NES)¹⁷ are those directly commissioned by NHS England (NHSE) as part of a nationally coordinated programme.

There is currently one National Enhanced Service commissioned in Suffolk.

- **NES1: COVID-19 vaccination service:** This service is provided from selected community pharmacies that have undergone an Expression of Interest Process and are commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service, which is provided for a selected cohort of patients.

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

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

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

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

1.7 Other services

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

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

1.8 Process for developing the PNA

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

Public Health in Suffolk County Council (SCC) has a duty to complete this document on behalf of the Suffolk HWB. Soar Beyond Ltd, through a competitive tendering process, was commissioned to produce a robust and fit-for-purpose PNA.

- **Step 1: Project set up** and governance established between SCC Public Health and Soar Beyond Ltd.

¹⁷ Community Pharmacy England. Advanced Services. February 2025. [Accessed February 2025] <https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

- **Step 2: Steering Group** – On 9 August 2024, the Suffolk PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed on the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 1,542 responses were received. A copy of the public questionnaire can be found in Appendix D.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed on a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. As a total of only 14 responses (11% of the 129 contractors in the area) were received, the Steering Group determined this questionnaire to be statistically not relevant, and the results and analysis were excluded from this PNA. The low response rate was put down to the pressures being faced within community pharmacy, and the completion of non-paid activity was deprioritised at that point in time.
- **Step 5c: Dispensing practice questionnaire** – A questionnaire was agreed and distributed to all dispensing practices (42) across Suffolk. There were no responses to this questionnaire. Due to the low response rate, the Steering Group determined this questionnaire to not be statistically relevant, and the results and analysis were excluded from this PNA. The low response rate was put down to the pressures being faced within general practice, and the completion of non-paid activity was deprioritised at that point in time.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as Necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated December 2024 was used for this assessment.

- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publishing with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.
- **Step 8: Consultation** – In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 12 May and 13 July 2025. The draft PNA and consultation response form were issued to all identified stakeholders. These are listed in the final PNA in Appendix F.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the Steering Group. A summary of the responses received is noted in Appendix G, and full comments are included in Appendix H.
- **Step 10: Production of final PNA** - The collation and analysis of consultation responses were used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by the Consultant in Public Health and subsequently published on the council's website.

Although the Steering Group is aware that during the lifetime of this PNA boundaries may change for ICBs and there may possibly be a change in local governmental structures, the intention is that any successor body will refer to this document for market entry purposes.

1.9 Localities for the purpose of the PNA

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

The majority of health and social care data is available at the Lower-Tier Local Authority (LTLA) level, and this level provides reasonable statistical rigour.

The localities used for the PNA for Suffolk are the following lower-tier local authorities:

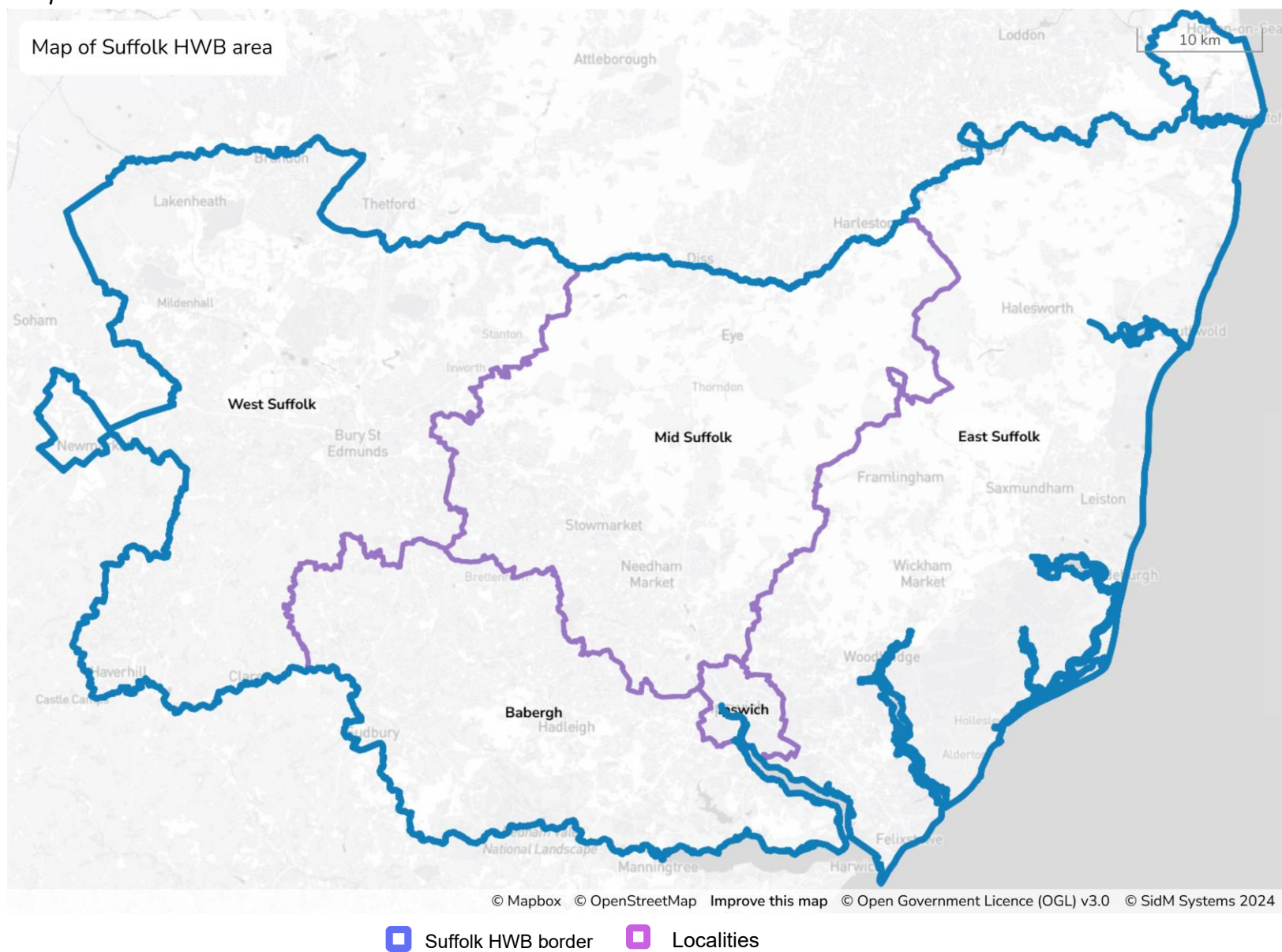
- Babergh.
- East Suffolk (includes Waveney, which is part of Norfolk and Waveney ICB).
- Ipswich.
- Mid Suffolk.
- West Suffolk.

The localities listed above are identical to those that were used in the 2022 PNA.

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

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

Figure 1: Map of Suffolk HWB area



Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and well-being needs of the local population. These are usually laid out in the Joint Strategic Needs Assessment (JSNA) of the local area. Based on the findings of the JSNA, the Joint Local Health and Wellbeing Strategy (JLHWS) should identify priorities and actions to improve health and wellbeing outcomes for the local population.

This section presents health needs data relevant to pharmacy services. It does not interpret the specific pharmaceutical service provision requirements for Suffolk. This document should be read alongside the detailed supporting documents, with relevant links provided in each subsection.

2.1 NHS Long Term Plan (LTP)

The NHS Long Term Plan¹⁸ was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention:
 - Smoking.
 - Obesity.
 - Alcohol.
 - Antimicrobial resistance.
 - Stronger NHS action on health inequalities.
 - Hypertension.
- Better care for major health conditions:
 - Cancer.
 - Cardiovascular Disease (CVD).
 - Stroke care.
 - Diabetes.
 - Respiratory disease.
 - Adult mental health services.

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

- Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’. ‘In community pharmacy, we will work with the government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.

¹⁸ NHS. NHS Long Term Plan. [Accessed February 2025] www.longtermplan.nhs.uk/

- Section 1.10 refers to the creation of ‘fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management’.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable Accident and Emergency (A&E) attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, ‘rapidly treating those identified with high-risk conditions’, including high blood pressure.
- Section 3.86 states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, ‘but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission’.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

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

2.2 Core20PLUS5

‘Core20PLUS5¹⁹ is a national NHSE approach to support the reduction of health inequalities at both national’ and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access i.e. people with a learning disability and hidden deprivation in coastal communities (PLUS). Additionally, there are five key clinical areas:

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

¹⁹ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed February 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

The recent expansion of this framework to Children and Young People (CYP) underscores the importance of early intervention and support. The model emphasises five clinical areas of focus that reflect high burden and unmet need in this age group:

- Asthma.
- Diabetes.
- Epilepsy.
- Oral health.
- Mental health.

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan²⁰ aims to modernise healthcare in England by focusing on three pivotal shifts:

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

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

2.4 Joint Strategic Needs Assessment (JSNA)

The purpose of JSNAs and related JLHWSs is to improve health and wellbeing, reduce inequalities, and inform evidence-based priorities for commissioning for a specific area. They are an ongoing process of strategic assessment and planning. The outputs guide actions for local authorities, the NHS and partners to address health and social care needs and wider determinants of health. The PNA should be read alongside the Suffolk JSNA. The Suffolk JSNA²¹ consists of a suite of reports, analysis and insights, which are regularly updated.

2.5 Joint Local Health and Wellbeing Strategy 2022 – 2027

Building on the evidence provided by the JSNA, the JLHWS²² outlines the key priorities and the actions being taken to meet the health and wellbeing needs of the population of Suffolk.

The four priorities at the time of writing are around:

- Public mental health.
- Good work and health.
- Listening and engaging with local voices.
- Wellbeing of children and young people.

²⁰ NHS. Three Shifts. [Accessed February 2025] <https://change.nhs.uk/en-GB/projects/three-shifts>

²¹ Healthy Suffolk. JSNA. [Accessed January 2025] <https://www.healthysuffolk.org.uk/jsna>

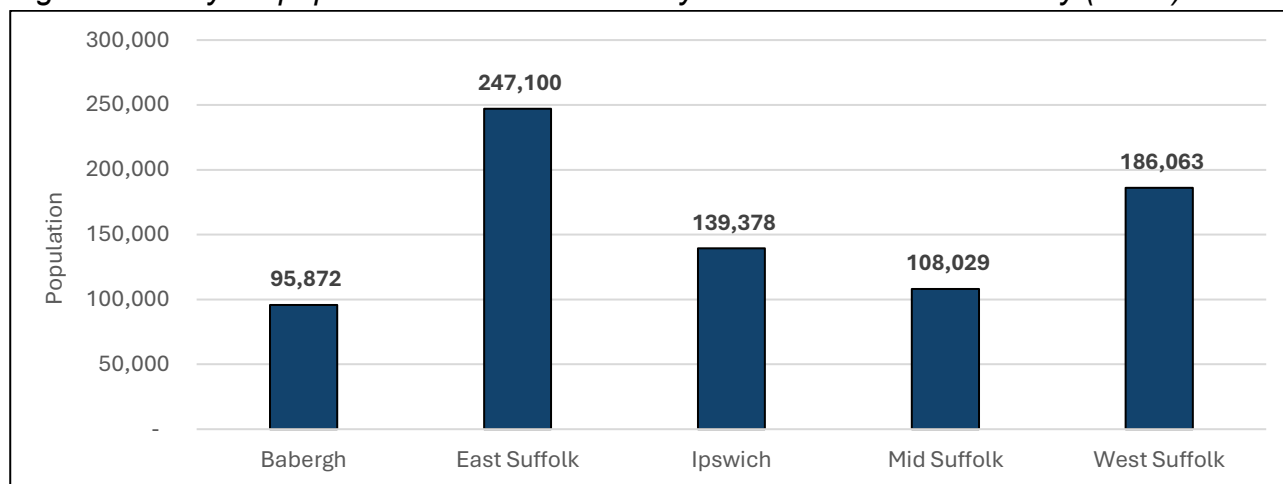
²² Preparing for the Future. Joint Local Health and Wellbeing Strategy 2022 – 2027. [Accessed January 2025] <https://www.healthysuffolk.org.uk/asset-library/Health-and-Wellbeing-Strategy-22-27.pdf>

2.6 Population characteristics

2.6.1 Overview

Mid-year population estimates for 2023 indicate Suffolk has a total population of 776,442 people, with 382,665 (49.3%) males and 393,777 (50.7%) females. The Suffolk population is spread between five LTLA areas: Babergh, East Suffolk, Ipswich, Mid Suffolk and West Suffolk. East Suffolk has the largest population of all Suffolk LTLAs, with 31.8% of the entire Suffolk population residing in East Suffolk.²³

Figure 2: Mid-year population estimates 2023 by Lower Tier Local Authority (LTLA)



Source: Office for National Statistics (ONS) (2024); Population estimates for England and Wales: mid-2023

Table 2: Local authority population estimates for Suffolk, 2023

Suffolk LTLA	Males	Females	Total population	Male %	Female %
Babergh	46,435	49,437	95,872	48.4%	51.6%
East Suffolk	120,347	126,753	247,100	48.7%	51.3%
Ipswich	69,419	69,959	139,378	49.8%	50.2%
Mid Suffolk	53,289	54,740	108,029	49.3%	50.7%
West Suffolk	93,175	92,888	186,063	50.1%	49.9%
Suffolk	382,665	393,777	776,442	49.3%	50.7%

Source: Office for National Statistics (2024); Population estimates for England and Wales: mid-2023

²³ Office for National Statistics (ONS). Population estimates for England and Wales. July 15, 2024. [Accessed August 19, 2024]

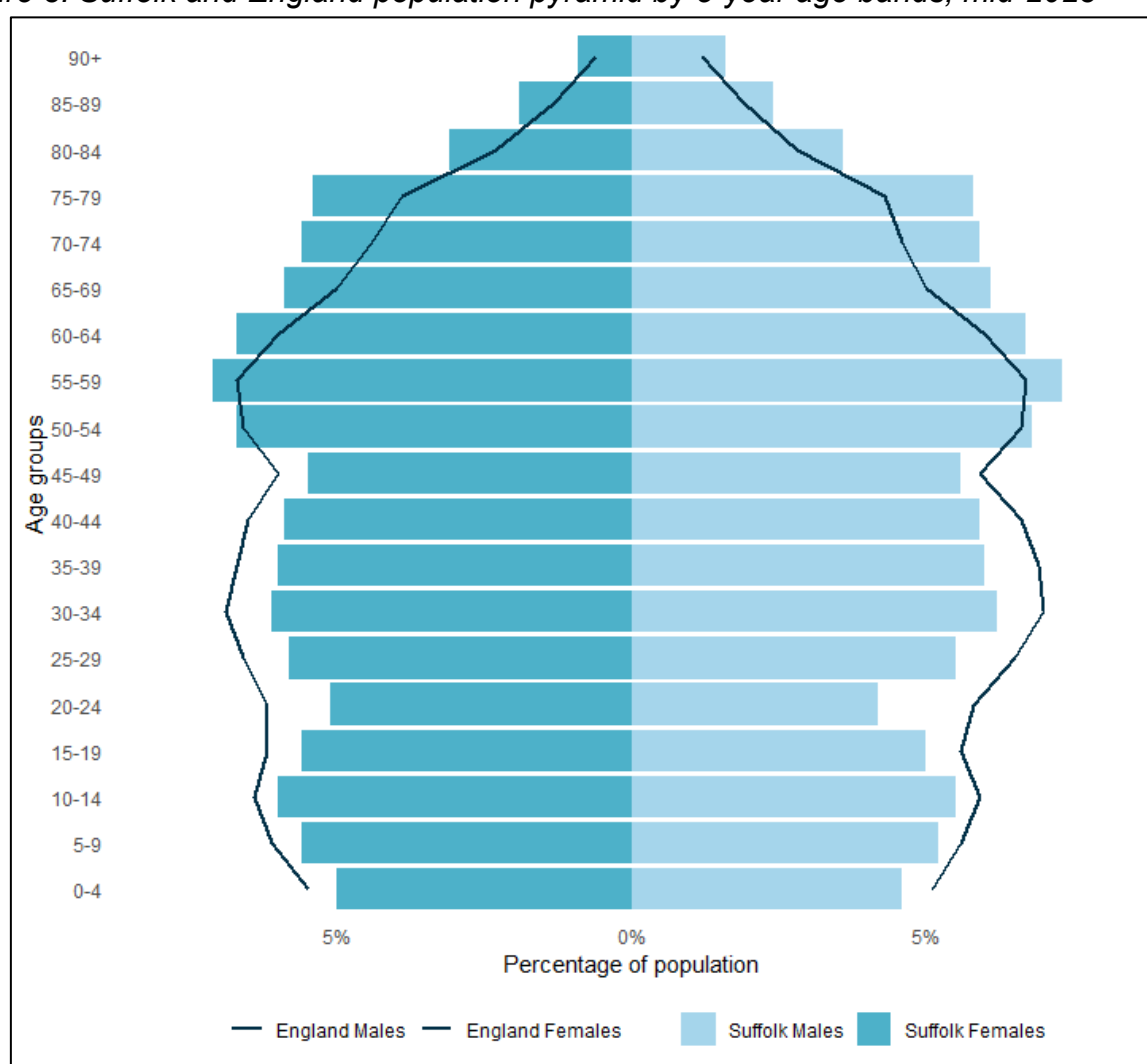
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023>

The population has increased by 6.6% since the 2011 census. Population forecasts indicate that between 2024 and 2043, the population of Suffolk is expected to increase by 6.1% (an estimate of 47,295 people) to nearly 826,480 residents.²⁴

2.6.2 Age

- Suffolk has a larger proportion of residents aged 65 and over compared to the England average. Using the mid-year 2023 population estimates, almost one in four (24.1%) of Suffolk's residents are 65 years of age or older, compared to less than one in five (18.7%) across England.
- There is variation across the county, with East Suffolk having the largest population aged 65 and over at 28.7%, and Ipswich having the youngest population, with the lowest (17.0%) proportion of residents aged 65 and over.²³

Figure 3: Suffolk and England population pyramid by 5-year age bands, mid-2023



Source: Office for National Statistics (2024); Population estimates for England and Wales: mid-2023

²⁴ Office for National Statistics. Subnational population projections for England. March 24, 2020. [Accessed August 19, 2024]

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

The tables below present Suffolk's population by locality, showing the population variation across the county, with some localities having higher or lower proportions of each age group. Those aged 65 and over represent over 20% in four of five Suffolk localities, but only 17.0% of the Ipswich population²³.

Table 3: Number of residents by age band for local authorities in Suffolk, 2023

Suffolk LTLA	All ages	0-17	18-29	30-49	50-64	65-79	80+
Babergh	95,872	17,561	10,497	20,828	21,113	18,579	7,294
East Suffolk	247,100	44,221	25,776	51,508	54,621	50,712	20,262
Ipswich	139,378	31,501	19,552	39,295	25,332	17,126	6,572
Mid Suffolk	108,029	19,601	12,688	24,254	23,960	20,296	7,230
West Suffolk	186,063	37,473	26,126	47,711	36,046	27,579	11,128
Suffolk	776,442	150,357	94,639	183,596	161,072	134,292	52,486

Source: Office for National Statistics (2024); Population estimates for England and Wales: mid-2023

Table 4: Proportion of population by age band for local authorities in Suffolk, 2023

Suffolk LTLA	0-17	18-29	30-49	50-64	65-79	80+
Babergh	18.3%	10.9%	21.7%	22.0%	19.4%	7.6%
East Suffolk	17.9%	10.4%	20.8%	22.1%	20.5%	8.2%
Ipswich	22.6%	14.0%	28.2%	18.2%	12.3%	4.7%
Mid Suffolk	18.1%	11.7%	22.5%	22.2%	18.8%	6.7%
West Suffolk	20.1%	14.0%	25.6%	19.4%	14.8%	6.0%
Suffolk	19.4%	12.2%	23.6%	20.7%	17.3%	6.8%

Source: Office for National Statistics (2024); Population estimates for England and Wales: mid-2023

2.6.3 Children and young people

2023 population estimates indicate that 201,296 Suffolk residents are aged between 0 and 24, representative of 25.9% of the total population. This is lower than the figure for England, where 29.1% of the total population are aged between 0 and 24.

Table 5: Proportion of children and young people by age band in Suffolk and England, 2023

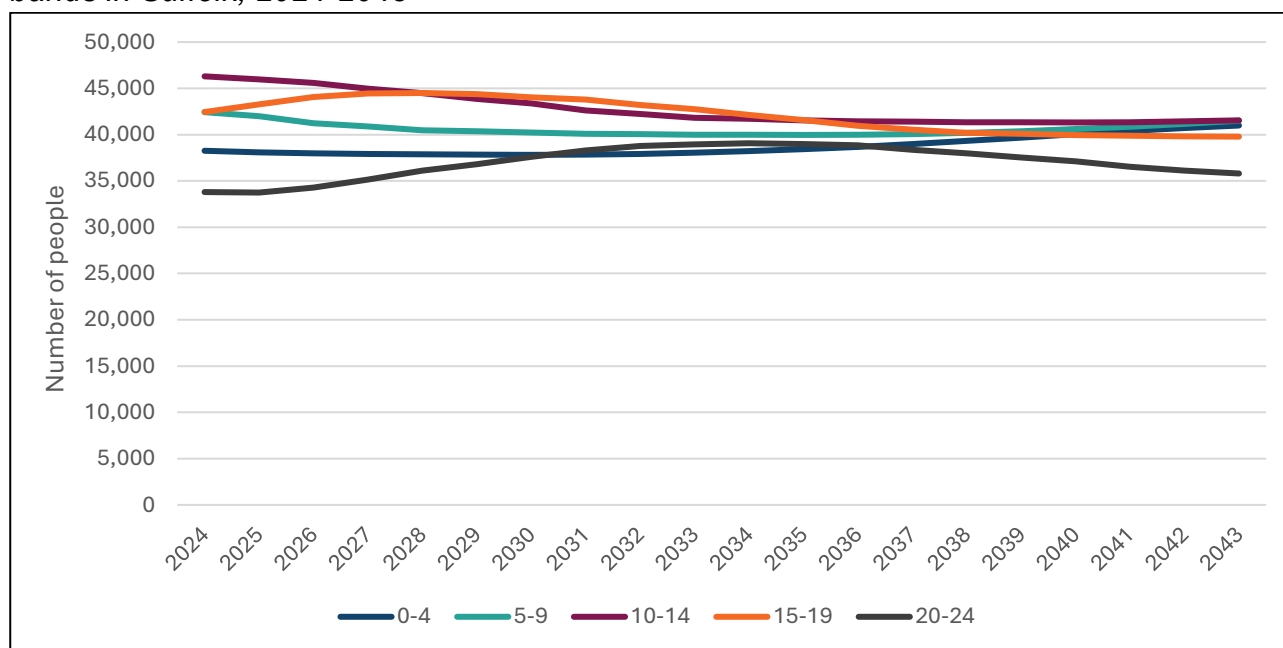
Age band	Suffolk number	Suffolk %	England %
0 to 4	37,453	4.8%	5.3%
5 to 9	42,155	5.4%	5.8%
10 to 14	44,560	5.7%	6.1%
15 to 19	41,143	5.3%	5.9%
20 to 24	35,985	4.6%	6.0%
Total	201,296	25.9%	29.1%

Source: Office for National Statistics (2024); Population estimates for England and Wales: mid-2023

Between 2024 and 2043, the overall Suffolk population is forecast to increase by 6.1%, slightly below the England estimated increase of 6.8% over the same period. The 0-24 population in Suffolk is projected to decrease between 2024 to 2043 by 1.7%, whereas this population is expected to decrease marginally across England by 0.1%²⁴.

The figure below displays the number of children and young people in Suffolk expected to be living in the county each year between 2024-2043 by age band.

Figure 4: Predicted population change among children and young people aged 0-24 by age bands in Suffolk, 2024-2043

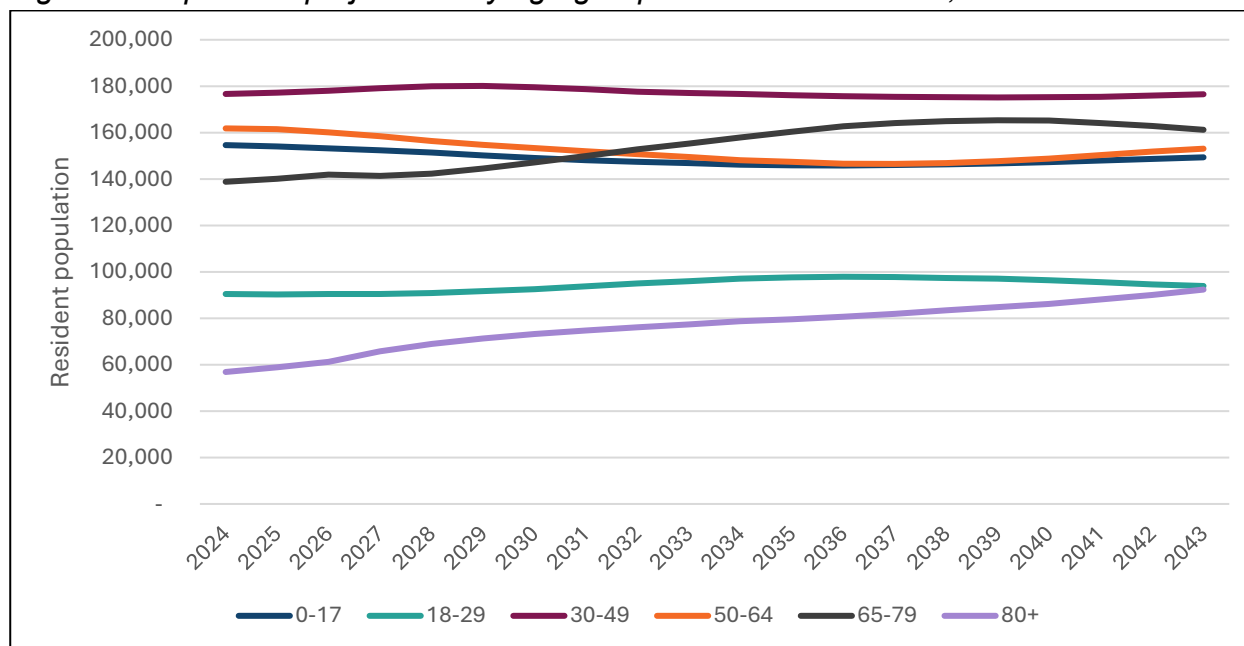


Source: Office for National Statistics (2020); subnational population projections for England: 2018-based

2.6.4 Predicted population growth

Using the Office for National Statistics (ONS) population projections, this suggests that the Suffolk population is estimated to increase to 802,180 by 2033 and 826,480 by 2043. The following figure shows how age groups are predicted to change over the coming years. Older age groups (65-79 and 80 and over) are expected to increase, with these groups combined expected to make up over 30% of the Suffolk population in 2043.²⁴

Figure 5: Population projections by age group between 2024-2043, Suffolk



Source: Office for National Statistics (2020); subnational population projections for England: 2018-based

2.6.5 GP-registered population

As of January 2025, 831,581 people were recorded as registered with a Suffolk General Practice. Some of these may not be Suffolk residents and either live over the border, or other parts of the country (for instance, university students). The following figure displays the Suffolk GP practice list sizes by sub-ICB area.²⁵

The average list size for Suffolk GPs by sub-ICB is as follows:

- Ipswich and East Suffolk: 12,302.
- Waveney: 11,102.
- West Suffolk: 11,670.

2.6.6 International migration

In 2023, Suffolk experienced notable population dynamics influenced by migration trends, according to the 2024 mid-year population estimates. During that year, 5,494 individuals migrated into the county from abroad, while 2,856 people left Suffolk for international destinations, resulting in a net international migration gain of 2,638 individuals. Additionally, internal migration contributed significantly, with a net influx of 6,051 people moving to Suffolk from other parts of the UK.

²⁵ NHS England Digital. Patients Registered at a GP Practice. August 15, 2024. [Accessed August 21, 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/august-2024>

These migration patterns were key drivers of population growth in Suffolk. There were 6,822 births in the county in 2023, but these were outweighed by 8,898 deaths, leading to a natural decrease of 2,076 people. Without the positive effects of both international and internal migration, Suffolk's population would have declined in 2023. Instead, migration bolstered the overall population, which was estimated to reach 776,442 by mid-2023.

Table 6: Components of population change for England and Suffolk, mid-2023

Area	Suffolk	England
Births	6,822	570,747
Deaths	8,898	560,859
Births minus deaths	-2,076	9,888
Internal migration net	6,051	-31,393
International migration inflow	5,494	1,047,686
International migration outflow	2,856	449,247
International migration net	2,638	598,439
Other	1,110	847
Estimated population mid-2023	776,442	57,690,323

Source: Office for National Statistics (2024); Population estimates for England and Wales: mid-2023

2.6.7 Ethnicity

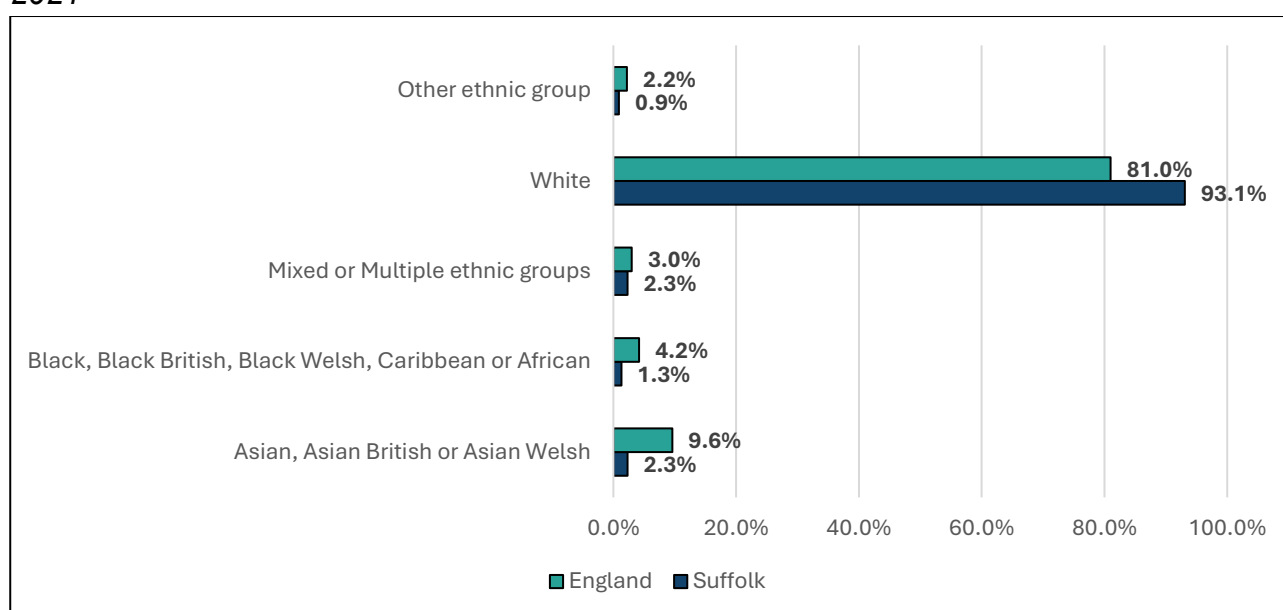
According to the 2021 Census, Suffolk has a less ethnically diverse population compared to England as a whole. In Suffolk, 93.1% of residents identified as White, significantly higher than the national figure of 81.0%. The proportion of Asian, Asian British, or Asian Welsh residents in Suffolk was 2.3%, compared to 9.6% in England, with the largest subgroup being Indian (0.7% in Suffolk, 3.3% in England). Suffolk's Black, Black British, Black Welsh, Caribbean or African population made up 1.3% of residents, lower than the 4.2% seen nationally. Mixed or Multiple ethnic groups comprised 2.3% of Suffolk's population, slightly below the national average of 3.0%. Other ethnic groups accounted for 0.9% of Suffolk's population, compared to 2.2% in England. Overall, Suffolk has a higher proportion of White residents and smaller proportions of other ethnic groups than the national average.²⁶

²⁶ Office for National Statistics. Ethnic group, England and Wales. November 29, 2022. [Accessed August 21, 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021>

The ethnic composition varies across Suffolk's localities, with Ipswich being the most diverse area. Ipswich has the lowest percentage of White residents at 84.3%, compared to over 90% in the other localities. Ipswich also has the highest proportions of Asian (5.5%), Black (3.5%), and Mixed (4.6%) ethnic groups. Mid Suffolk and Babergh are the least diverse, with White populations of 96.9% and 96.7% respectively. East Suffolk closely mirrors the county average, while West Suffolk shows slightly more diversity than the rural localities but less than Ipswich. Notable variations include West Suffolk's higher percentage of White Other groups (likely due to the US Air Force presence), and Ipswich's significantly larger Black and Asian communities. These differences reflect the urban-rural difference within the county, with the more urban areas, particularly Ipswich, attracting more diverse populations.

Figure 6: Proportion of total population by broad ethnic group, Suffolk and England, Census 2021



Source: Office for National Statistics (2022)

2.6.8 Life expectancy

Life expectancy at birth gives the total number of years a person can expect to live from birth based on mortality rates. Data is also available for life expectancy at age 65. This is the average number of additional years a person who has reached the age of 65 can expect to live, based on current mortality rates.

The Office for National Statistics note that life expectancy improvements have slowed over the last decade, and the latest estimates of life expectancy at birth are back to the same level as 2010 to 2012 for females, and slightly below the 2010 to 2012 level for males.²⁷

²⁷ Office for National Statistics. National life tables – life expectancy in the UK . January 11, 2024.

[Accessed August 21, 2024].

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2020to2022>

Suffolk residents typically live longer than the England average, with females more likely to live longer than males. For the three-year combined period between 2021-2023, life expectancy at birth was 84.0 years for females and 80.5 years for males in Suffolk. Both figures are statistically significantly higher than the England life expectancy at birth for females (83.2 years) and males (79.1 years).

Variation exists across Suffolk's localities; all localities apart from Ipswich have a statistically significantly higher life expectancy at birth for males and females compared to England overall. Ipswich, meanwhile, has statistically similar life expectancy to the England average for both males and females, and for males and females at age 65.²⁷

Healthy life expectancy at birth is the average number of years a person would expect to live in good health in a particular area based on mortality rates in that area and the prevalence of self-reported good health. Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health).

Healthy life expectancy for Suffolk females has statistically significantly decreased over the last ten years. In 2021-23, healthy life expectancy at birth for females was 63.6 years, compared with 66.2 years in 2011-13. Suffolk males can expect a healthy life expectancy of 63.3 years in 2018-20, statistically similar to the healthy life expectancy figure of 65.4 years in 2011-13.

Table 7: Life expectancy at birth and at 65 years for England, Suffolk and localities 2021-23

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Female life expectancy at birth	2021-23	83.1	84.0	84.6	83.7	82.7	85.1	84.3
Male life expectancy at birth	2021-23	79.1	80.5	81.6	80.4	79.0	80.8	80.8
Female life expectancy at 65	2021-23	21.1	22.0	22.3	22.0	21.0	22.4	21.9
Male life expectancy at 65	2021-23	18.7	19.5	20.3	19.4	18.7	20.0	19.5

Source: Office for National Statistics (2024)

Key: Compared to England
(Statistically significantly):



People living in the most deprived areas of Suffolk are also expected to live shorter lives than those living in the least deprived areas. The following table shows inequality in life expectancy at birth and at age 65 by locality in Suffolk. This is a measure of the social gradient in life expectancy – displaying how much life expectancy varies depending on deprivation within an area. The Segment Tool estimates the life expectancy gap (the difference in life expectancy between those living in the least deprived areas and the most deprived areas) at 7.0 years for males, and 5.4 years for females between 2020/21.²⁸

²⁸ Office for Health Improvement and Disparities. Segment Tool. January 12, 2023. [Accessed August 21, 2024] <https://analytics.phe.gov.uk/apps/segment-tool/>

Table 8: Inequality in life expectancy at birth and at age 65 for England and Suffolk's localities, 2018-20

Area	Period	Male inequality in life expectancy at birth	Female inequality in life expectancy at birth	Male inequality in life expectancy at 65 years	Female inequality in life expectancy at 65 years
Babergh	2018/20	5.5	3.1	2.6	1.6
East Suffolk	2018/20	7.3	5.4	3.5	2.5
Ipswich	2018/20	8.8	6.5	4.3	4.7
Mid Suffolk	2018/20	5.7	4.9	4.5	3.1
West Suffolk	2018/20	5.6	3.4	2.0	2.8
Suffolk	2018/20	7.4	5.0	3.4	2.7
England	2018/20	9.7	7.9	5.2	4.8

Source: Office for Health Improvement and Disparities (2024)

Quintiles:

Best

Worst

Not applicable

2.6.9 Specific populations

Sexual orientation and gender identity can have a significant impact on physical, mental and sexual health and wellbeing.²⁹ Evidence highlights health disparities for the Lesbian, Gay, Bisexual and Transgender (LGBT) community, with higher rates of ill mental health, substance abuse, risky sexual behaviours, self-harm, and suicide.³⁰

In this next section, the acronym LGBTQ+ is used to encompass lesbian, gay, bisexual, transgender, queer or questioning, and other diverse gender identities. The chart axis labels correspond to the response options in the 2021 census.

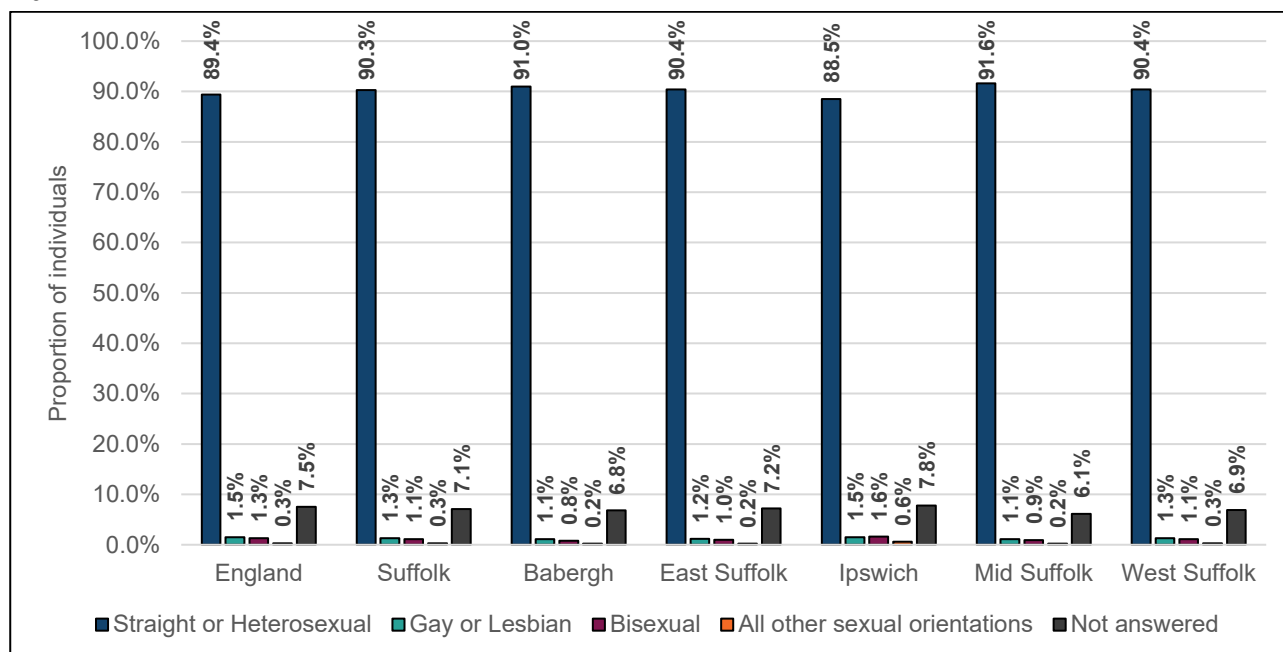
According to the 2021 census data, Suffolk shows a slightly higher proportion of residents identifying as straight or heterosexual (90.3%) compared to the England average (89.4%). The county has marginally lower percentages of gay or lesbian (1.3% vs 1.5%) and bisexual (1.1% vs 1.3%) individuals. Within Suffolk, Ipswich stands out with the highest percentages of LGBTQ+ residents, while Mid Suffolk has the highest proportion of straight or heterosexual individuals. Across all localities, the percentage of people not answering the question is lower than the national average, suggesting a higher response rate in Suffolk for this census question.³¹

²⁹ Government Equalities Office. LGBT Action Plan.; 2018. [Accessed August 22, 2024] <https://assets.publishing.service.gov.uk/media/5b39e91ee5274a0bbef01fd5/GEO-LGBT-Action-Plan.pdf>

³⁰ Medina-Martínez J, Saus-Ortega C, Sánchez-Lorente MM, Sosa-Palanca EM, García-Martínez P, Mármol-López MI. Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A Systematic Review. *Int J Environ Res Public Health*. 2021;18(22):11801. doi:10.3390/IJERPH182211801.

³¹ Office for National Statistics. Sexual orientation, England and Wales. January 6, 2023. [Accessed August 22, 2024]. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualorientationenglandandwales/census2021>

Figure 7: Sexual orientation for England, Suffolk and locality residents, as of census day, 2021



Source: Office for National Statistics (2023)

2.6.9.1 Child ethnicity and first language

The following data summarises the ethnic group for all Suffolk and England school pupils during the 2023/24 academic year. This includes pupils from non-maintained special schools, state-funded Alternative Provision schools, state-funded nursery, primary, secondary, and special schools.

For the 2023/24 academic year, 77.8% of Suffolk school pupils are White British, indicating a less diverse population in Suffolk compared to the England average (61.3% of pupils across England are classified as White British). The largest minority ethnic groups in Suffolk's schools are White, any other White background at 6.9%, and Mixed- Any other Mixed background at 3.1%.

Table 9: Number and proportion of school pupils by ethnicity in Suffolk and England, academic year 2023/24

Ethnicity	England: headcount	England: % of pupils	Suffolk: headcount	Suffolk: % of pupils
Any other ethnic group	203,561	2.4%	1,278	1.2%
Asian - Any other Asian background	188,037	2.2%	454	0.4%
Asian - Bangladeshi	151,875	1.8%	587	0.6%
Asian - Chinese	63,774	0.8%	99	0.1%
Asian - Indian	337,382	4.0%	1,351	1.3%
Asian - Pakistani	388,315	4.6%	237	0.2%
Black - Any other Black background	66,036	0.8%	369	0.4%

Ethnicity	England: headcount	England: % of pupils	Suffolk: headcount	Suffolk: % of pupils
Black - Black African	406,246	4.8%	1,260	1.2%
Black - Black Caribbean	78,817	0.9%	236	0.2%
Mixed - Any other Mixed background	236,814	2.8%	3,181	3.1%
Mixed - White and Asian	143,206	1.7%	1,081	1.0%
Mixed - White and Black African	79,940	0.9%	844	0.8%
Mixed - White and Black Caribbean	134,384	1.6%	1,591	1.5%
Unclassified	141,908	1.7%	2,540	2.4%
White - Any other White background	609,047	7.2%	7,162	6.9%
White - Gypsy/Roma	28,594	0.3%	725	0.7%
White - Irish	20,677	0.2%	135	0.1%
White - Traveller of Irish heritage	6,798	0.1%	28	0.0%
White - White British	5,212,524	61.3%	81,085	77.8%
Total	8,497,935		104,243	

Source: Department for Education (2024)

Diversity in schools both in Suffolk and England has increased over recent years. In 2015/16, 15.7% of Suffolk school pupils (30.7% in England) were from ethnic groups other than White– White British. By 2023/24, this percentage of pupils from ethnic groups other than White– White British has increased by 6.5 percentage points (to 22.2%) in Suffolk, and 8.0 percentage points (to 38.7%) across England.³²

Department for Education School Census data also reveals the proportion of pupils who have a first language other than English. For the 2023/24 academic year, 10.7% of pupils in Suffolk have a first language known or believed to be other than English, accounting for over 11,000 pupils. This percentage is almost half the rate across England, where over one in five (20.8%) have a first language known or believed to be other than English.³²

Table 10: Number and proportion of Suffolk and England school pupils based on first language status, academic year 2023/24

Language	England number	Suffolk %	Suffolk number	Suffolk %
Known or believed to be English	6,685,364	78.7%	92,686	88.9%
Known or believed to be other than English	1,770,160	20.8%	11,192	10.7%
Language unclassified	42,411	0.5%	365	0.4%

Source: Department for Education (2024)

³² Department for Education (DfE). Schools, pupils and their characteristics, Academic year 2023/24. June 10, 2024. [Accessed August 23, 2024] <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

2.6.9.2 Criminal justice – children and young people

Data from the Ministry of Justice provides the rates of juveniles receiving their first conviction, caution or youth caution per 100,000 10 to 17-year-old population by area of residence. Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.

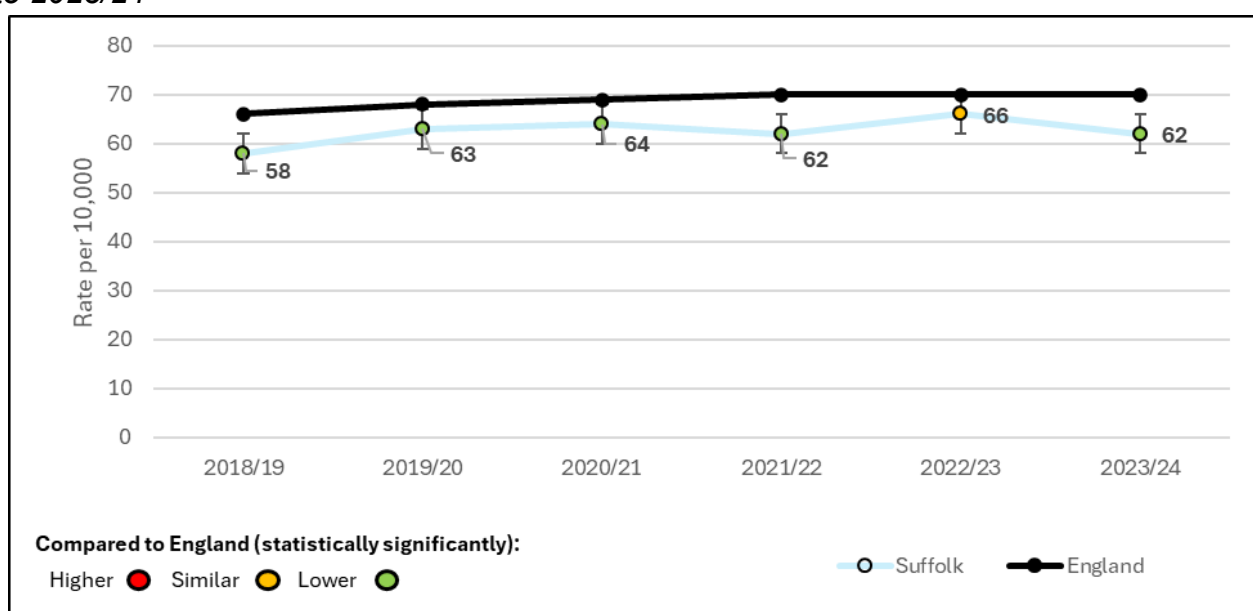
In 2023, the rate of 10 to 17-year-olds entering the criminal justice system in Suffolk was 103.3 per 100,000, statistically significantly lower than the England average (143.4 per 100,000). In 2022, in Suffolk, there were 1,160 first-time offenders of any age, leading to a rate of 169.0 per 100,000, statistically similar to the England rate of 166.0 per 100,000 in the same period.³³

2.6.9.3 Children in care

Children and young people in care are among the most socially excluded children in England. There are significant inequalities in health and social outcomes compared with all children, and these can contribute to poor health later in life.

The number of children in care in Suffolk has remained statistically similar when comparing rates per 10,000 children between 2018/19 and 2023/24. Data for 2023/24 indicates that there were 930 children in care in Suffolk.³⁴

Figure 8: Rate of children in care (<18 years) per 10,000 for Suffolk and England, 2018/19 to 2023/24



Source: Office for Health Improvement and Disparities (2025)

³³ Youth Justice Board. Youth Justice Statistics: 2022 to 2023 (accessible version) - GOV.UK. January 25, 2024. Accessed August 23, 2024. <https://www.gov.uk/government/statistics/youth-justice-statistics-2022-to-2023/youth-justice-statistics-2022-to-2023-accessible-version>

³⁴ Department of Health and Social Care – Office for Health Improvement and Disparities. [Accessed August 23, 2024] <https://fingertips.phe.org.uk/search/care#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E10000029/iid/90803/age/173/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

2.6.9.4 Older people

Approximately 24.1% of adults in Suffolk are 65 years of age or over, compared to 18.7% across England, using mid-year 2023 population estimates.²³ As described in Section 2.6.4, population projections suggest the proportion of Suffolk individuals aged 65 and over is expected to increase to 30.7% by 2043, equating to an additional 57,885 people aged 65 and over.

The population aged 80 and over is forecast to increase from 7.3% of the Suffolk population in 2024 to 11.2% of the entire Suffolk population in 2043, equating to an additional 35,500 people. This estimate predicts that over one in ten individuals in Suffolk will be aged 80 or older in Suffolk by 2043.²⁴

2.6.9.5 Adult prison populations

In Suffolk, there are three prisons:

- Hollesley Bay – a prison and young offender institution for men over 18 in Woodbridge. Almost 500 men are housed in nine residential units.
- Warren Hill – a male adult prison near Hollesley village. There are over 250 prisoners at Warren Hill, housed in single cells.
- Highpoint – a men's prison in Stradishall. Highpoint has around 1,300 prisoners over two sites, with 15 residential units.³⁵

In 2022 in Suffolk, there were 1,160 first-time offenders. This is the total number of offenders recorded as having received their first conviction, caution, or youth caution. The rate for Suffolk (169 per 100,000) was statistically similar to the England rate of 166 per 100,000 in 2022.³⁶

2.6.9.6 Activity limitation

The 2021 census compared disability status, with respondents stating if they were disabled under the Equality Act, with their day-to-day activities limited a little, or a lot.

In Suffolk, 18.3% of residents are classified as disabled under the Equality Act, versus 17.3% in England. The percentage of those with activities limited "a little" is higher in Suffolk (11.0%) than in England (10.0%), while those limited "a lot" are similar (7.2% in Suffolk, 7.3% in England). Consequently, Suffolk has a lower percentage of non-disabled residents (81.7%) compared to England (82.7%).³⁷

³⁵ Prisons in England and Wales - GOV.UK. [Accessed November 6, 2023] <https://www.gov.uk/government/collections/prisons-in-england-and-wales#prisons-g---i>

³⁶ Department of Health and Social Care. First time offenders - Fingertips. February 6, 2024.

[Accessed August 27, 2024]

<https://fingertips.phe.org.uk/search/offenders#page/6/gid/1/pat/15/par/E92000001/ati/502/are/E10000029/iid/92456/age/285/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

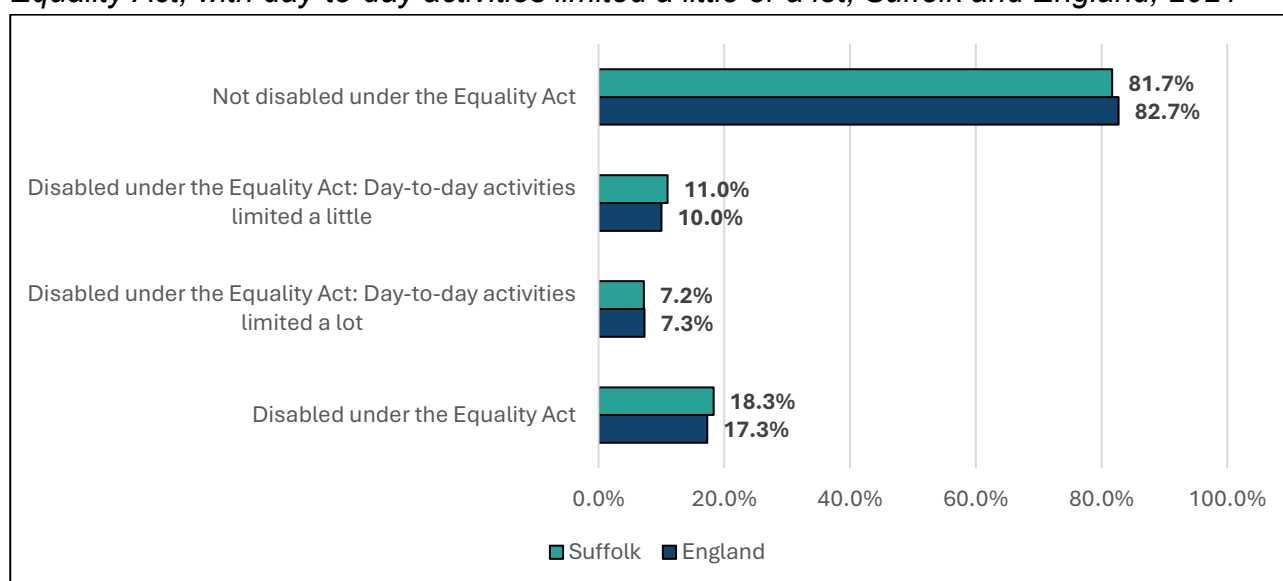
³⁷ Office for National Statistics. Disability. March 28, 2023. [Accessed August 27, 2024] <https://www.ons.gov.uk/datasets/TS038/editions/2021/versions/3>

Table 11: Disability status – percentage of respondents classified as disabled under the Equality Act, with day-to-day activities limited a little or a lot, Suffolk, districts and boroughs, and England, 2021

Area	Disabled under the Equality Act	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little	Not disabled under the Equality Act
Babergh	17.5%	6.7%	10.8%	82.5%
East Suffolk	20.6%	8.5%	12.2%	79.4%
Ipswich	18.0%	7.3%	10.7%	82.0%
Mid Suffolk	17.1%	6.4%	10.6%	82.9%
West Suffolk	16.3%	6.2%	10.1%	83.7%
Suffolk	18.3%	7.2%	11.0%	81.7%
England	17.3%	7.3%	10.0%	82.7%

Source: Office for National Statistics (2023)

Figure 9: Disability status – percentage of respondents classified as disabled under the Equality Act, with day-to-day activities limited a little or a lot, Suffolk and England, 2021

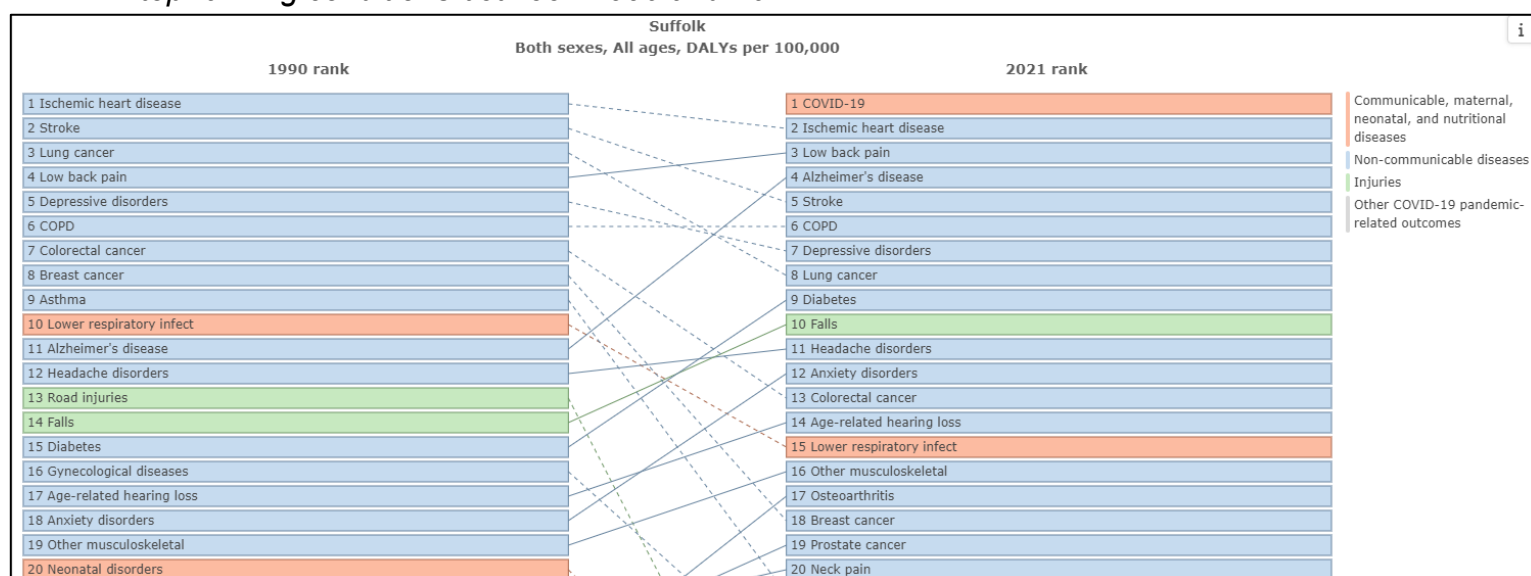


Source: Office for National Statistics (2023)

Data from the Global Burden of Disease (GBD) study shows Years Lived with Disability (YLD) in Suffolk in 2021 compared with 1990. One YLD represents the equivalent of one full year of healthy life lost due to disability or ill-health. Low back pain is the leading cause of YLD in 2021 with a rate of 1,502.5 YLD per 100,000. Diabetes has seen a large increase in YLD from 1990, with an increase of 186.4% and a rate of 822.0 YLD per 100,000 in 2021.³⁸

³⁸ Institute for Health Metrics and Evaluation. VizHub - GBD Compare. 2024. [Accessed August 28, 2024] <https://vizhub.healthdata.org/gbd-compare/>

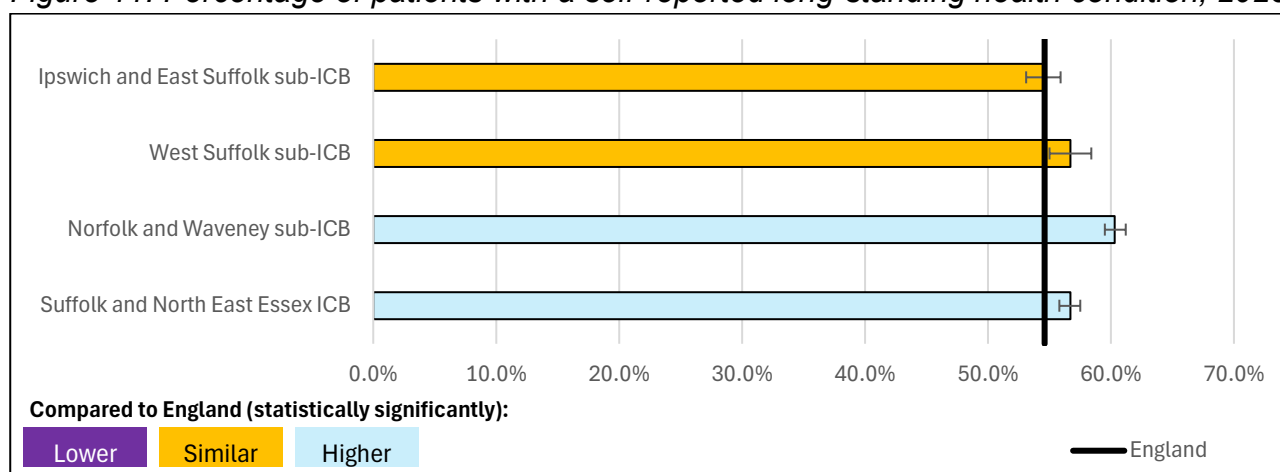
Figure 10: Global Burden of Disease (GBD), Years Lived with a Disability (YLD) in Suffolk, top ranking conditions between 1990 and 2021



Source: GBD Compare (2024)

Due to the way certain data is published, some data is available for health geographies (for example, ICB area). As part of the GP-patient survey, people are asked, “Do you have any long-term physical or mental health conditions, disabilities or illnesses?”. For the Suffolk and North East Essex ICB area, 56.7% of respondents answered yes, statistically significantly higher than the England average of 54.6%. Both Ipswich and East Suffolk sub-ICB areas (54.5) and the West Suffolk sub-ICB area (56.7%) also reported a statistically similar proportion of patients with a long-standing health condition compared to the England average in 2023.³⁹

Figure 11: Percentage of patients with a self-reported long-standing health condition, 2023



Source: Office for Health Improvement and Disparities (2023)

³⁹ Ipsos. GP Patient Survey. 2024. [Accessed August 28, 2024] <https://www.gp-patient.co.uk/surveysandreports>

In 2023, 6.6% of Suffolk and North East Essex ICB GP patients reported deafness or hearing loss as part of the GP Patient Survey. The rates for Suffolk and North East Essex ICB and for West Suffolk (6.3%) and Ipswich and East Suffolk (6.2%) sub-ICB areas are statistically similar to the England average (6.0%).⁴⁰

Across Suffolk, 330 people aged 65-74 are registered blind or partially sighted, with a rate of 362 per 100,000, and 2,105 people aged 75 and over are registered blind or partially sighted, with a rate of 2,277 per 100,000 in 2022/23. Both of these rates for Suffolk are statistically significantly lower than the England average.⁴¹

Table 12: Rate per 100,000 for people blind or partially sighted in Suffolk, compared to the England average, 2022/23

Indicator	Period	Count	Suffolk - rate per 100,000	England - rate per 100,000
People aged 65-74 registered blind or partially sighted	2022/23	330	362	533
People aged 75+ registered blind or partially sighted	2022/23	2,105	2,277	3,031

Source: Office for Health Improvement and Disparities (2023)

Compared to England
(Statistically significantly):

Lower 95%

Similar

Higher 95%

The Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) data repositories provide current and future population estimates for individuals with physical disabilities and learning disabilities. The following table provides prevalence estimates and future projections for Suffolk.

For those aged 18-64, the numbers of individuals with learning disabilities, Down syndrome, and autistic spectrum disorders are expected to remain stable or slightly decrease. Those with impaired mobility and personal care disabilities show a slight increase until 2025, followed by a gradual decline. For the 65 and over age group, there's a projected increase across all categories, with those needing help with domestic tasks rising from about 56,000 in 2023 to nearly 77,000 by 2040, indicating an ageing population with growing care needs.

It is noteworthy that despite stable prevalence projections for learning disabilities and autistic spectrum disorders in the 18-64 age group, Suffolk is experiencing an increasing trend in Special Educational Needs and Disabilities (SEND) diagnoses among children and young people, mirroring the national trend. This rising diagnostic rate may lead to higher-than-projected numbers of adults with these conditions in future years, potentially increasing demand beyond current forecasts.

⁴⁰ Ipsos. GP Patient Survey. 2024. [Accessed August 28, 2024] <https://www.gp-patient.co.uk/surveysandreports>

⁴¹ NHS England Digital. Registered Blind and Partially Sighted People. May 2024. [Accessed August 28, 2024] <https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people>

Table 13: POPPI and PANSI estimates of potential need in Suffolk, 2023-2040

Aged 18-64	2023	2025	2030	2035	2040
Predicted to have a learning disability	10,398	10,399	10,342	10,268	10,272
Predicted to have Down syndrome	268	268	266	263	263
Predicted to have autistic spectrum disorders	4,298	4,300	4,264	4,221	4,219
Predicted to have impaired mobility	25,853	26,171	25,692	24,526	24,307
Predicted to have a moderate personal care disability	18,352	18,487	18,120	17,503	17,443
Predicted to have a serious personal care disability	3,977	3,998	3,933	3,825	3,814
Aged 65 and over	2023	2025	2030	2035	2040
With a limiting long-term illness whose day-to-day activities are limited a lot	40,258	42,017	46,790	52,127	55,731
Who need help with at least one domestic task	56,229	58,717	65,787	71,743	76,627
Predicted to have a learning disability	4,009	4,147	4,592	5,027	5,285

Source: POPPI and PANSI (2024)

2.6.9.7 Births

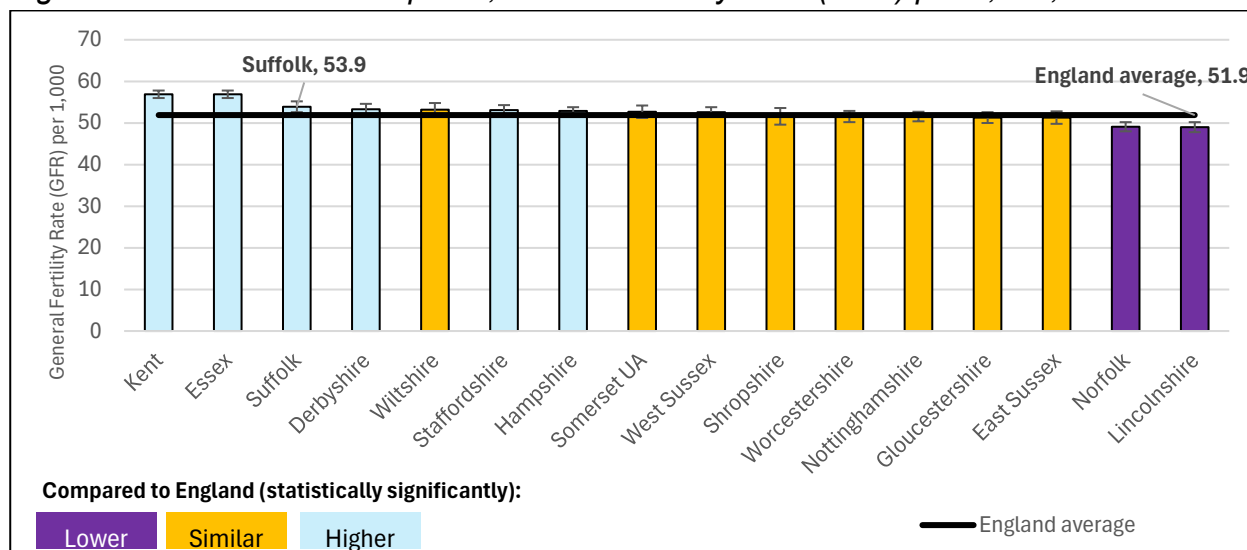
Fertility rates are closely tied to growth rates for an area and can be an indicator of future population growth or decline in that area. In 2022, there were 6,858 live births in Suffolk, equating to a rate of 53.9 live births per 1,000 females aged 15 to 44 years, statistically significantly higher than the England average (51.9 per 1,000 15 to 44 year old females). This General Fertility Rate (GFR) figure includes stillbirths and therefore represents the number of women giving birth rather than the number of babies born.

The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year throughout their childbearing lifespan. The TFR for Suffolk was 1.58 in 2022, slightly higher than the TFR across England for the same year, at 1.48. There were also 32 stillbirths in Suffolk in 2022, producing a stillbirth rate of 4.6 per 1,000 live births.⁴²

⁴² Office for National Statistics. Births in England and Wales: summary tables. February 23, 2024. [Accessed August 28, 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

Figure 12: Suffolk and NHS peers, General Fertility Rate (GFR) per 1,000, 2022



Source: Office for Health Improvement and Disparities (2024)

2.6.10 Teenage conceptions

Children born to teenage mothers experience 60% higher rates of infant mortality and are at increased risk of low birthweight, which impacts the child's long-term health. Teenage mothers are three times more likely to suffer from postnatal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty.

In Suffolk, there were 50 delivery episodes to teenage mothers (aged under 18 years) in 2022, accounting for 0.8% of all pregnancies in Suffolk in the same year. This percentage is statistically significantly higher than the proportion of teenage pregnancies across England (0.6%) for the same period.⁴³

Data is also available for 2021 with the under-18s conception rate per 1,000 and percentage of under-18s conceptions leading to abortion for Suffolk and localities in 2021. Suffolk had a statistically significantly lower percentage of under-18 abortions (44.0%) compared to the England average (53.4%), with Ipswich (30.6%) also statistically lower than England, meaning there is a higher proportion of teenage mothers across Suffolk and particularly in Ipswich. The under-18s conception rate in Ipswich (20.1 per 1,000) is also statistically significantly higher than the England average (13.1 per 1,000), while the Suffolk rate is statistically similar (12.2 per 1,000).

⁴³ Department of Health and Social Care. Child and Maternal Health – Data. Fingertips. March 5, 2024. [Accessed August 28, 2024]

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133222/pat/15/par/E92000001/ati/502/are/E10000029/iid/90811/age/244/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Table 14: Conception data for women aged under 18 in Suffolk, localities 2021

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Under-18s conception rate per 1,000	2021	13.1	12.2	6.8	12.5	20.1	9.1	9.6
Under 18s conceptions leading to abortion (%)	2021	53.4	44.0	54.5	40.8	30.6	53.3	65.4

Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):

Better 95%

Similar

Worse 95%

Lower 95%

Similar

Higher 95%

2.6.11 Homeless populations

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

There are a number of indicators available that show the variation of homelessness within Suffolk's localities. In 2023/24, there were 4,036 Suffolk households owed either a prevention or relief duty under the Homelessness Reduction Act, producing a rate of 11.9 per 1,000 estimated total households. For 2023/24, there were 382 Suffolk households in temporary accommodation.

Overall, Suffolk has statistically significantly lower rates of households in temporary accommodation (1.1 per 1,000) compared to England (4.6 per 1,000). However, the rate of households owed a duty under the Homelessness Reduction Act varies across Suffolk, with Ipswich (18.9 per 1,000) statistically significantly higher than the national average (13.4 per 1,000) and other Suffolk localities. Ipswich also shows higher rates for young (16-24) and older (55+) applicants, as well as households with dependent children. Other Suffolk localities generally have lower rates than the national average across most indicators, with Mid Suffolk consistently showing the lowest rates in the county.⁴⁴

Table 15: Homelessness populations summary, Suffolk and localities compared to England, 2021/22 and 2023/24

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Homelessness: households in temporary accommodation	2023/24	4.6	1.1	1.6	1.1	0.9	0.9	1.2
Homelessness: households owed a duty under the Homelessness Reduction Act	2023/24	13.4	11.9	11.5	9.6	18.9	9.2	11.7

⁴⁴ Department of Health and Social Care. Homeless – Data. Fingertips. [Accessed August 28, 2024]

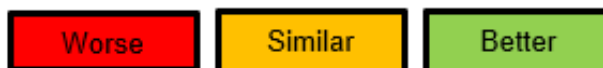
<https://fingertips.phe.org.uk/search/homeless#page/0/gid/1/pat/502/par/E10000029/ati/501/are/E07000200/ii/d/92314/age/-1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant aged 16 to 24)	2021/22	2.4	2.6	1.3	2.1	6.4	0.9	2.2
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant aged 55 and over)	2021/22	2.8	3.0	2.3	2.6	6.0	2.2	2.4
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2022/23	16.1	15.6	13.1	14.2	21.4	12.5	15.6

Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):



2.6.12 Housing projections

Projections for Suffolk's housing are collated from each locality and from local plans. Included in the table below are the net dwellings per annum based on the commitment within each Local Plan, divided by the timeframe of each Local Plan. All figures are based on the government's standard methodology for assessing housing needs. The data spans different time periods for different localities, making direct comparisons challenging. Some figures are from draft plans or consultations, which may be subject to change.

Table 16: Summary of housing targets by Suffolk's localities from published Local Plans, as of August 2024

Suffolk LTLA	Net dwellings per annum	Total commitment	Local Plan timeframe
Babergh	416	7,904	2018-2037
East Suffolk Council - Suffolk Coastal	542	9,756	2018-2036
East Suffolk Council - Waveney	374	8,223	2014-2036
Ipswich	460	8,280	2018-2036
Mid Suffolk	535	10,165	2018-2037
West Suffolk	806	13,702	2023-2040
Suffolk total (aggregated)	3,133	58,030	

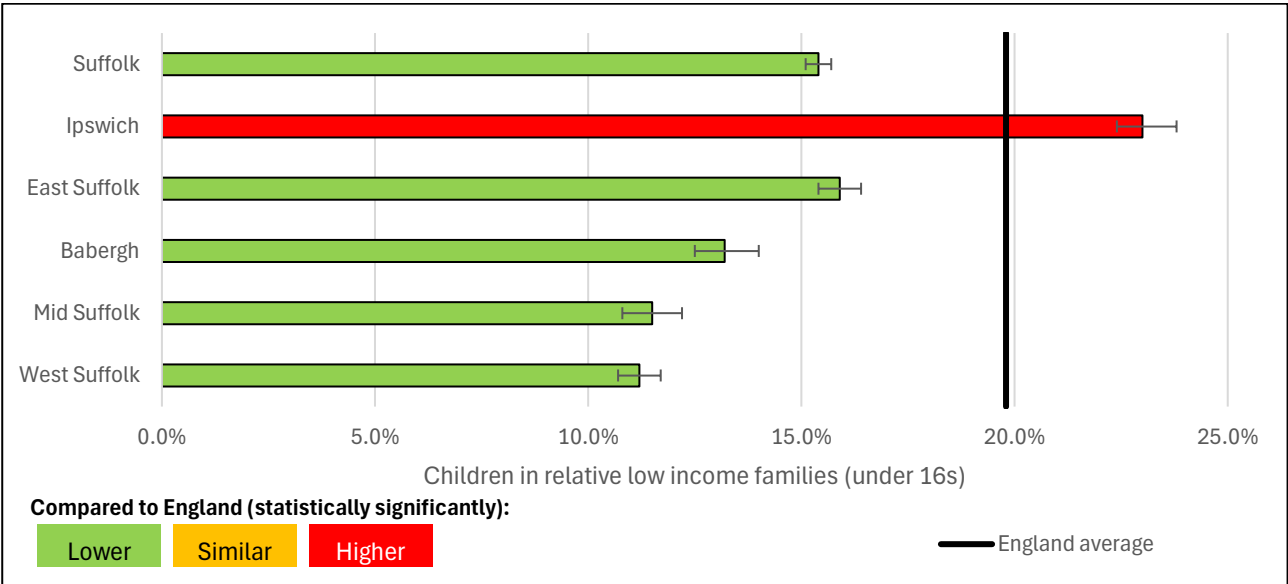
Source: Suffolk County Council (2024)

2.6.13 Children in low-income families

The Marmot Review (2010)⁴⁵ suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the number of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health. The Marmot Review recommended a policy objective of giving every child the best start in life.

For Suffolk in 2022/23, 15.4% of children under the age of 16 were living in relatively low-income families, statistically significantly lower than the England average (19.8%). Ipswich had a statistically significantly higher proportion of children living in relatively low-income families at 23.0%, while all other Suffolk localities in 2022/23 had a statistically significantly lower proportion of children living in relatively low-income families.⁴⁶

Figure 13: Children (under 16) in relative low income families, Suffolk and England, 2022/23



Source: Office for Health Improvement and Disparities (2024)

2.6.14 Fuel poverty

A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below, and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

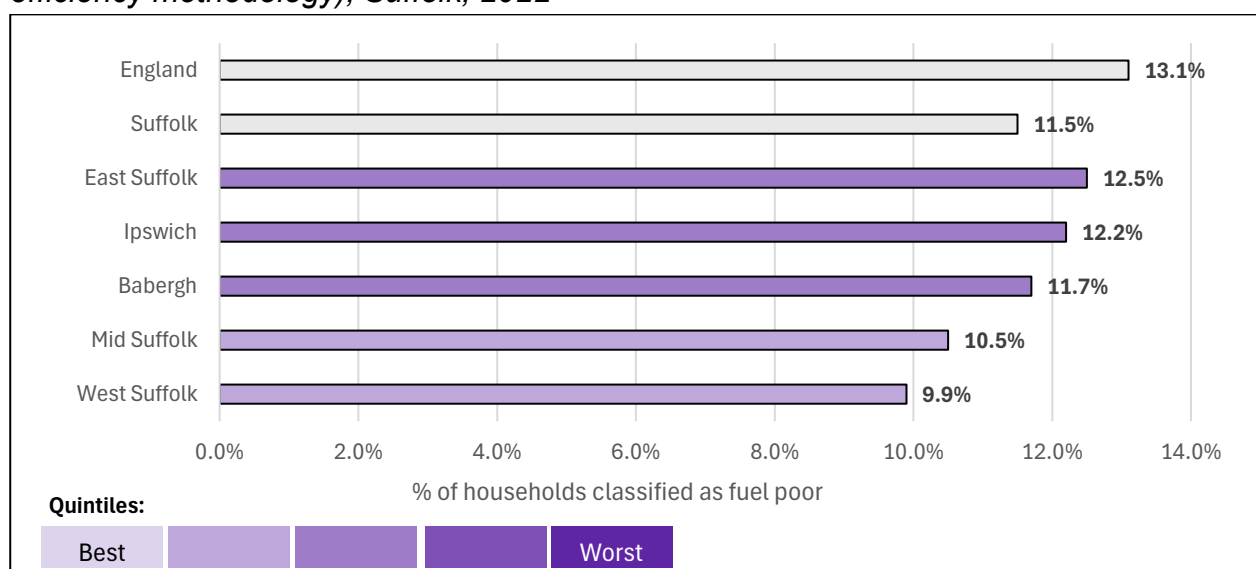
⁴⁵ GOV.UK. Fair society, healthy lives. 1 January 2010. [Accessed February 2025] <https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>

⁴⁶ Department for Work and Pensions. Children in low income families: local area statistics - GOV.UK. March 21, 2024. [Accessed August 29, 2024] <https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics>

There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency, and energy prices) are strongly linked to cold homes.⁴⁷ Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing.⁴⁸

Across Suffolk in 2022, 11.5% of households are estimated to be classified as fuel poor, below the England average of 13.1%. Confidence intervals⁴⁹ are not reported with this dataset, so it cannot be determined if the difference is statistically significant. The estimates display a variation in fuel poverty data across Suffolk's localities, with East Suffolk (12.5%), Ipswich (12.2%) and Babergh (11.7%) in the middle quintile nationally, and Mid Suffolk (10.5%) and West Suffolk (9.9%) in the second lowest quintile nationally.⁵⁰

Figure 14: Percentage of Suffolk households in fuel poverty (using low income, low energy efficiency methodology), Suffolk, 2022



Source: Office for Health Improvement and Disparities (2024)

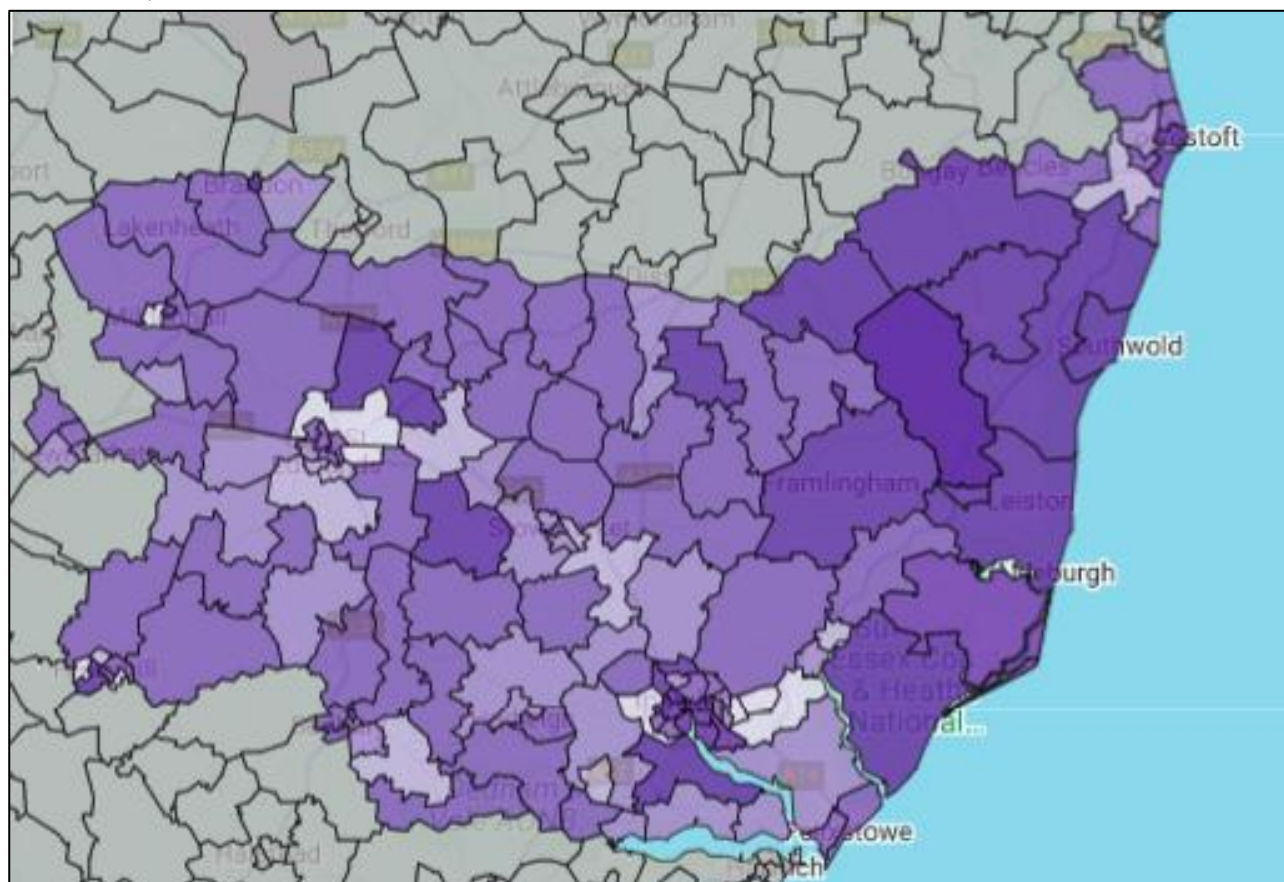
⁴⁷ Paul Wilkinson, Ben Armstrong, Megan Landon. Cold Comfort: The Social and Environmental Determinants of Excess Winter Deaths in England, 1986-1996 | Joseph Rowntree Foundation.; 2001. [Accessed August 29, 2024] <https://www.jrf.org.uk/housing/cold-comfort-the-social-and-environmental-determinants-of-excess-winter-deaths-in-england>

⁴⁸ Friends of the Earth & the Marmot Review Team. The Health Impacts of Cold Homes and Fuel Poverty. Published online May 2011. [Accessed August 29, 2024] www.foe.co.uk

⁴⁹ Confidence intervals are frequently reported in scientific literature and indicate the consistency, or variability of the result. The confidence interval shows the range of values you expect the true estimate to fall between if you redo the study many times.

⁵⁰ Department of Health and Social Care. Fuel poverty (low income, low energy efficiency methodology) - Fingertips. 2024. [Accessed August 29, 2024] <https://fingertips.phe.org.uk/search/fuel%20poverty#page/6/gid/1/pat/502/par/E10000029/ati/501/are/E07000200/iid/93759/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Figure 15: Modelled estimates of the proportion of households in fuel poverty by Suffolk ward area, 2020



Source: Office for Health Improvement and Disparities (2022)

Quintiles: Best Worst

2.6.15 Daytime population (commuter flows)

Workplace flow data represent usual residents aged 16 years and over who were working in the week before the census. They show the location of workplaces in relation to an individual's usual residence. The following data, as of census day 2021, presents the number of resident individuals in Suffolk (aged 16 and over) and their usual workplace location.

For individuals aged 16 and over in Suffolk on census day 2021, almost one in three were working in the UK but not working at or from home (205,116/32.5%), and over one in five were mainly working at or from home, with no fixed place (148,909/23.6%). Almost 2,000 (1,970/0.3%) individuals were classified as other, including working at an offshore installation or working outside the UK. Over four in ten individuals were in the does not apply category (274,371/43.5%) – this would include individuals who were no longer working, and individuals who may have been furloughed during the pandemic.

Of the 352,056 individuals working in Suffolk on census day 2021, 90.6% (319,085) also reported Suffolk as their usual residence. This means that almost 33,000 people who were working in Suffolk on census day 2021 lived in another upper-tier local authority area.

Many Suffolk residents on census day 2021 were working in neighbouring counties. The most common locations for Suffolk residents working outside of the county include Cambridgeshire (10,100), Essex (8,699), Norfolk (11,522), London (City of London and all boroughs – 1,577), and Hertfordshire (559).⁵¹

Table 17: Origin-destination workplace data for Suffolk as the Upper Tier Local Authority of usual residence and as usual workplace, census 2021

Category	Number	Percentage
Suffolk residents (16 and over)	630,366	
Working in Suffolk	319,085	50.6%
Working outside Suffolk or not applicable	311,381	49.4%
Suffolk workplace population (16 and over)	352,056	
Suffolk residents working in Suffolk	319,085	90.6%
Commuters with a usual residence outside Suffolk	32,971	9.4%

Source: NOMIS – ODWP01EW – Location of usual residence and place of work (2023)

2.6.16 Gypsy, Roma and Traveller population

Gypsy, Roma and Traveller (GRT) communities encompass a diverse community with different histories, cultures, and beliefs. Generally, the term describes people from a range of ethnicities following nomadic ways of life. However, the number of ‘settled’ GRT people living in bricks and mortar accommodation has increased in recent years.

The long-standing persecution, displacement, and discrimination against the GRT community has contributed to their overall poorer health compared to the general population. At present, GRT communities are known to face some of the severest inequalities in health and care access and outcomes amongst the UK population, even when compared with other minority ethnic groups. This includes 10-25 years lower life expectancy, poorer maternal and neonatal outcomes, higher prevalence of long-term illness and poorer mental health.⁵²

Internal data as of June 2023, collected from local authorities, indicates a total of 32 GRT sites across Suffolk. West Suffolk has the largest number, with a count of 12, and Ipswich has the fewest, with a count of two.

Whilst census data remains the key data source for estimates of the GRT population and their characteristics (such as self-reported health status and employment status), it is recognised that this is likely to be an undercount of the true GRT population numbers. This is due to multiple factors, including lower literacy levels in GRT communities, and a mistrust by some GRT community members of services/government organisations.

⁵¹ Office for National Statistics. Origin-destination (flow) data. December 11, 2023. [Accessed August 29, 2024] <https://www.ons.gov.uk/census/aboutcensus/censusproducts/origindestinationflowdata>

⁵² Tackling inequalities faced by Gypsy, Roma and Traveller communities - Women and Equalities Committee. April 5, 2019. [Accessed August 29, 2024] <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html#content>

1,892 people said they were Gypsy Roma or Traveller in Suffolk, representing approximately 0.3% of Suffolk's total population. This is an increase of 1,288 people (213.25% increase) compared to the 2011 Census (604 people).

Suffolk's GRT population are generally younger compared to non-GRT populations, with 65% of Suffolk residents identifying as 'White: Gypsy or Irish Traveller' and 72% of residents who described themselves as 'White: Roma' below 40 years of age, compared to 44% of Suffolk's general population.

The main language for over half of Suffolk's GRT population (52%) is not English, and levels of literacy remain lower in GRT communities compared to non-GRT communities.

The most concentrated occupations within the GRT population are elementary occupations, accounting for 12.1% of employment within the community, statistically significantly higher than the non-GRT population (4.9%).

A statistically significantly higher proportion of the GRT population either does not work or works part-time compared to the non-GRT population.⁵³

2.6.17 Refugees and asylum seekers

Asylum is protection given by a country to someone fleeing from persecution in their own country. An asylum seeker is someone who has applied for asylum and is awaiting a decision on whether they will be granted refugee status.

An asylum applicant who does not qualify for refugee status may still be granted leave to remain in the UK for humanitarian or other reasons. An asylum seeker whose application is refused at the initial decision may appeal the decision through an appeal process and, if successful, may be granted leave to remain. More than one applicant can be included in a single application for asylum. In 2023, asylum seekers and refugees made up 11% of immigrants to the UK. For the same year, 33% of asylum applications were refused at the initial decision.⁵⁴

Across the UK, the COVID-19 pandemic reduced the number of asylum seekers arriving by air routes in 2020 and 2021. However, during this time, the number of people arriving in small boats across the Channel (most of whom applied for asylum) rose substantially. The number of small boat arrivals rose again in 2022 despite the reopening of other travel routes.

As of the end of March 2024, there were 97 asylum seekers in Suffolk receiving support, producing a rate of 1.3 asylum seekers per 100,000 population. The Suffolk local authority with the highest number of asylum seekers receiving support in March 2024 was Ipswich (79 total), followed by East Suffolk (9) and Ipswich (8). The following table breaks down the number of asylum seekers receiving support in Suffolk by the type of support received.

⁵³ Suffolk County Council. Gypsy, Roma, and Traveller Communities in Suffolk. 2023. [Accessed August 29, 2024] <https://www.healthysuffolk.org.uk/asset-library/JSNA/Gypsy-Roma-and-Traveller-Health-Needs-Assessment.pdf>

⁵⁴ Sturge G. Asylum statistics. House of Commons Library. Published online May 2024. [Accessed August 29, 2024] <https://commonslibrary.parliament.uk/research-briefings/sn01403/>

Table 18: Asylum seekers receiving support, by type of support, Suffolk, March 2024

Suffolk LTLA	Contingency accommodation - Hotel	Contingency accommodation - Other	Dispersed accommodation	Initial accommodation	Total
Babergh	1	0	0	7	8
East Suffolk	0	0	8	1	9
Ipswich	2	0	63	14	79
Mid Suffolk	0	0	0	0	0
West Suffolk	0	0	0	1	1
Suffolk	3	0	71	23	97

Source: House of Commons Library (2024)

2.6.18 Communal establishment residents

A communal establishment is an establishment with full-time or part-time supervision providing residential accommodation. The census 2021 identified the number of usual residents who lived in communal establishments, including local authority care homes with and without nursing, and other care homes (non-local authority) with and without nursing facilities.

In 2021, Suffolk had 12,182 usual residents living in communal establishments, representing a diverse range of living arrangements. Medical and care establishments accounted for 43.4% of this population, higher than the England average of 35.1%.

Across Suffolk, there were notable variations among localities. Babergh (696) and East Suffolk (2,077) had the highest proportions of residents living in communal establishments living in medical and care establishments at 59.2% and 56.9% respectively, while West Suffolk (1,055) had the lowest at 23.7%.

Care homes without nursing were the most common type of medical and care establishment in Suffolk, housing 23.3% of communal establishment residents, followed by care homes with nursing at 17.3%.⁵⁵

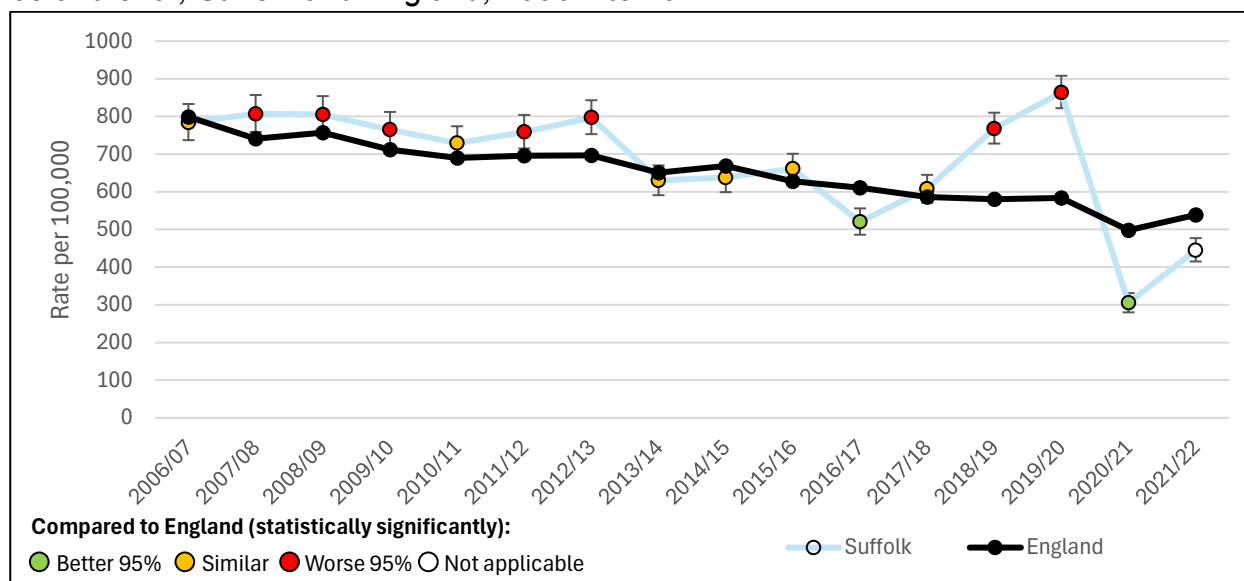
Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests where possible, people prefer to stay in their own home rather than move into residential care. In 2021/22, there were 808 permanent admissions to residential and nursing care homes for adults aged 65 and over in Suffolk, leading to a rate of 445 per 100,000.⁵⁶

⁵⁵ Office for National Statistics. Communal establishment residents, England and Wales. January 5, 2023. [Accessed August 30, 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/communalestablishmentresidentsenglandandwales/census2021>

⁵⁶ NHS England Digital. Adult Social Care Outcomes Framework. December 7, 2023. [Accessed August 30, 2024] <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/adult-social-care-data-hub/dashboards/adult-social-care-outcomes-framework-ascof>

Figure 16: Permanent admissions to residential and nursing care homes per 100,000 aged 65 and over, Suffolk and England, 2006/7 to 2021/22



Source: Office for Health Improvement and Disparities (2023)

2.6.19 Claimant of specific benefits / allowances in Suffolk

Attendance Allowance helps with extra costs if an individual has a disability severe enough that requires someone to help look after them. It does not require an individual to have a carer in order to claim. Entitlement data for February 2024 indicates there were 22,409 individuals entitled to Attendance Allowance in Suffolk, with 8,747 cases in East Suffolk.

There were 279 people in Suffolk in receipt of incapacity benefit and severe disability allowance in February 2024, and 13,216 people in receipt of Disability Living Allowance. There were also 9,545 people entitled to Carer's Allowance in Suffolk as of February 2024 (including both those actively receiving payments and those whose payments have been temporarily interrupted or suspended), with the highest proportion coming from East Suffolk (3,676).⁵⁷

Table 19: Disability Living Allowance, cases in payment, February 2024

Suffolk LTLA	0-17	18-64	65 to 84	85 and over	Total
Babergh	893	145	367	62	1,470
East Suffolk	2,873	260	1,356	239	4,732
Ipswich	1,926	120	555	128	2,717
Mid Suffolk	1,085	79	388	69	1,623
West Suffolk	1,802	99	650	127	2,672
Suffolk	8,581	676	3,324	630	13,216

Source: Stat-Xplore (2024)

⁵⁷ Ministry of Housing C& LG. English indices of deprivation 2019 - GOV.UK. September 26, 2019. [Accessed August 30, 2024] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

2.7 Deprivation

The English Indices of Deprivation measure relative levels of deprivation in 32,844 small geographical neighbourhoods in England, called Lower Super Output Areas (LSOAs). It is important to note that these statistics are a measure of relative deprivation, not affluence, and to recognise that not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas.

The English Index of Multiple Deprivation (IMD) 2019 was published by the Ministry of Housing, Communities and Local Government in September 2019. The IMD provides a way of comparing relative deprivation across England using seven domains: income, employment, health and disability, education, crime, barriers to housing and services, and the living environment. Relative deprivation shows how deprived an area is relative to other areas in England, so an area may become more or less deprived even if the absolute level of deprivation remains the same. This is different to absolute deprivation, which defines a minimum level of need enabling a person to subsist and to participate actively in society.

The map in this section shows Suffolk categorised into deprivation quintiles, with the most deprived quintile in England shown in dark red and the least deprived quintile shown in dark blue. Areas of greater relative deprivation can be found in more built-up areas such as Beccles, Bury St Edmunds, Felixstowe, Ipswich, Lowestoft and Stowmarket.

Ipswich is the most deprived LTLA in Suffolk: 28 of its 85 LSOAs are in the 20% most deprived areas nationally (33% or one-third of the total LSOAs in Ipswich). The large area that East Suffolk covers masks the concentration of deprived LSOAs in the Lowestoft area. For example, in total, only 20 of the 146 LSOAs in East Suffolk (14%) are in 20% most deprived nationally. However, of these 20, 18 (90%) are in the Waveney/Lowestoft area in the north of East Suffolk.⁵⁸

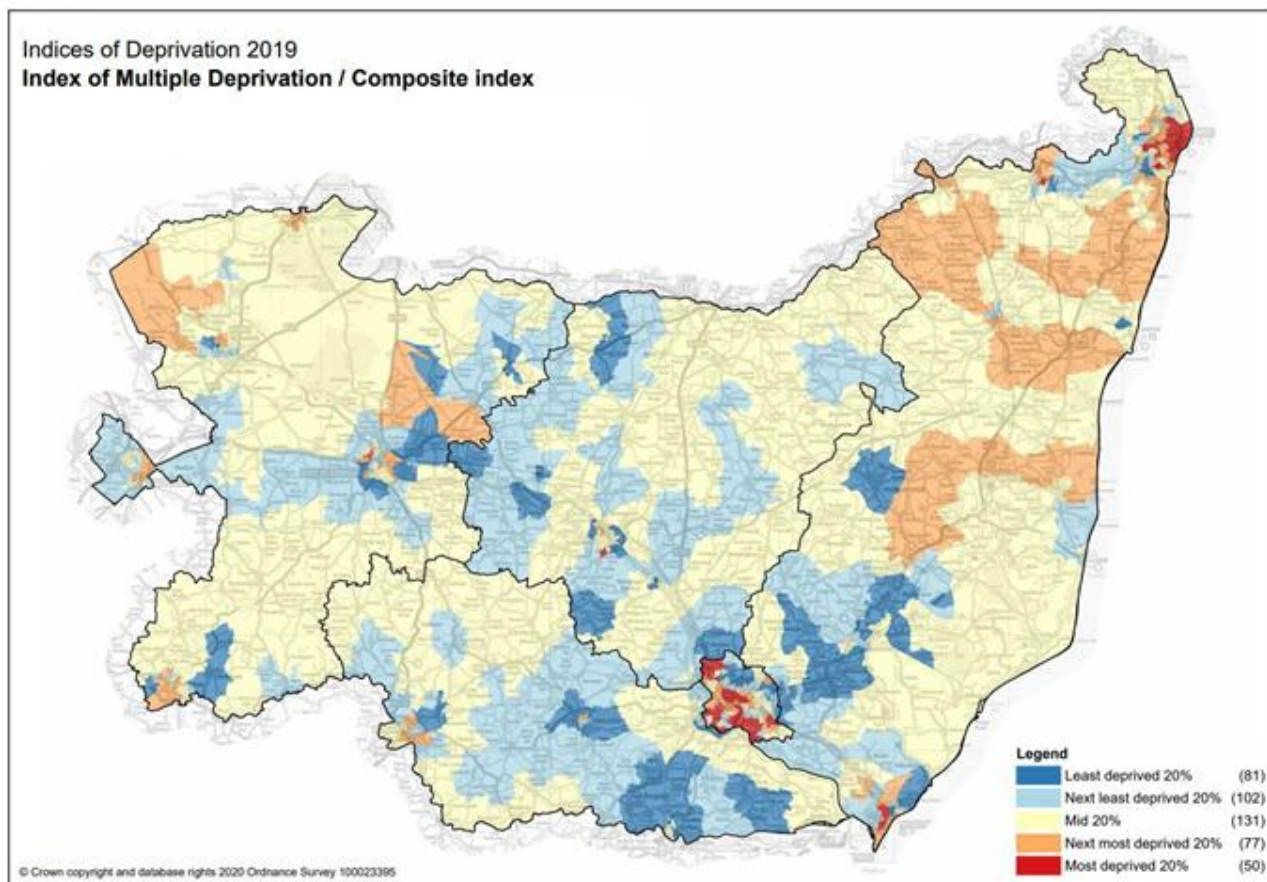
Although the most deprived areas in Suffolk are concentrated in towns and other urban areas, highly localised rural deprivation occurs when small pockets of deprivation are masked in the data by areas of relative affluence. Very small areas of deprivation are difficult to identify and may mean people do not receive the same levels of resource and intervention that a larger and more defined area would.

Deprivation in Suffolk as a whole is predominantly driven by several of the IMD domains:

- Education, skills, and training deprivation: Poor educational attainment and low skill levels among adults are continued priorities for improvement in Suffolk.
- Barriers to housing and services: This domain may, in part, reflect issues related to the rurality of the county.
- Living environment: This domain looks at indicators such as housing condition and central heating availability, as well as air quality and road traffic accidents to non-motorists.

⁵⁸ Ministry of Housing C& LG. English indices of deprivation 2019 - GOV.UK. September 26, 2019. [Accessed August 30, 2024] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Figure 17: Deprivation in Suffolk – Index of Multiple Deprivation (IMD) by Suffolk Lower Super Output Area (LSOA), 2019



Source: Ministry of Housing, Communities & Local Government (2019)

Table 20: IMD score and rank of average score, Suffolk, 2019

Suffolk LTLA	IMD - average score	IMD - rank of average score (1/highest = most deprived)
Babergh	14.3	209
East Suffolk	19.6	136
Ipswich	25.9	69
Mid Suffolk	13.2	227
West Suffolk	16.2	179
Suffolk	18.5	101⁵⁹

Source: Ministry of Housing, Communities & Local Government (2019)

- Despite relatively low levels of overall rural deprivation in Suffolk, small, distinct pockets of rural deprivation do clearly exist; these can be hidden by the IMD being calculated at the LSOA level.
- The cost of providing services in rural areas is estimated to be significantly higher than the cost of providing services in urban areas.

⁵⁹ Suffolk is ranked out of 152 UTLAs. Localities and boroughs are ranked out of 296 LTLAs across England.

- Suffolk's rural population is older than its urban population, and the proportion of older people in Suffolk's rural population is increasing faster than the proportion of older people in urban areas. This trend, combined with the higher cost of providing services in rural areas, housing stock (which is often difficult to heat and maintain), poor transport and more limited social networks, is likely to lead to high and increasing needs and costs for Suffolk's rural population now and in the future.

2.8 Causes of ill health

2.8.1 Cardiovascular disease

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. It can also be associated with damage to arteries in organs such as the brain, heart, kidneys and eyes. CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle. There are many different types of CVD – the four main types are described below:

- Coronary Heart Disease (CHD): occurs when the flow of oxygen-rich blood to the heart muscle is blocked or reduced, putting an increased strain on the heart, which can lead to angina, heart attacks or heart failure.
- Strokes and Transient Ischaemic Attack (TIA): where the blood supply to part of the brain is cut off, which can cause brain damage and possibly death. A TIA is similar, but the blood flow to the brain is only temporarily disrupted.
- Peripheral arterial disease: occurs when there's a blockage in the arteries to the limbs, usually the legs.
- Aortic disease: a group of conditions affecting the aorta – the largest blood vessel in the body, which carries blood from the heart to the rest of the body.⁶⁰

The British Heart Foundation in 2023 produced estimated prevalence figures on heart and circulatory disease for all United Kingdom lower-tier local authorities. These estimates indicate a prevalence of 104,000 people, or 12.8% of all GP-registered patients with Suffolk GPs, who have heart and circulatory diseases in Suffolk.⁶¹

⁶⁰ Cardiovascular disease NHS. April 22, 2022. [Accessed September 2, 2024] <https://www.nhs.uk/conditions/cardiovascular-disease/>

⁶¹ British Heart Foundation. Heart & Circulatory Disease Statistics 2023. 2023. [Accessed September 2, 2024] <https://www.bhf.org.uk/what-we-do/our-research/heart-statistics/heart-statistics-publications/cardiovascular-disease-statistics-2023>

Table 21: Heart and circulatory disease estimated prevalence, 2022-23

Suffolk LTLA	Heart and circulatory disease estimated prevalence %	British Heart Foundation - Heart & CVD estimate	Practice list size
Babergh	14.0%	13,000	90,354
East Suffolk	15.0%	37,000	245,201
Ipswich	12.9%	18,000	182,369
Mid Suffolk	12.6%	13,000	98,191
West Suffolk	12.7%	23,000	197,888
Suffolk	12.8%	104,000	814,003

Source: British Heart Foundation (2023)

The summary table below displays a series of indicators relating to cardiovascular disease for Suffolk, compared to the England average. Hospital admissions for coronary heart disease, heart failure, and stroke were all statistically significantly lower in Suffolk compared to the England average. Additionally, the under-75 mortality rates for ischaemic heart disease and stroke were statistically significantly below the England average, and a higher proportion of heart failure deaths occurred at home or the usual place of residence in Suffolk.

Table 22: Cardiovascular disease indicators for Suffolk compared to England

Indicator	Period	England	Count	Suffolk
Hospital admissions per 100,000 due to coronary heart disease	2022/23	387.1	3,340	373.9
Hospital admissions per 100,000 due to heart failure	2022/23	170.4	1,515	156.4
Under 75 mortality rate per 100,000 from ischaemic heart disease	2020-22	40.6	733	31.8
Proportion of deaths at home (or usual place of residence) from heart failure	2021-22	59.70%	1,782	79.9%
Hospital admissions per 100,000 due to stroke	2022/23	168.4	1,235	131.7
Under 75 mortality rate per 100,000 from stroke	2020-22	12.6	230	9.9
Over 74 mortality rate per 100,000 from stroke	2020-22	408.0	1,083	408.0

Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):



2.8.2 Cancers

Cancer is the cause of just over a quarter of all deaths in England in a typical year. Across England, incidence rates (new cases of cancer diagnosed) rose between 1995 to 2013, but have changed little since, with only a slight fall. One in two people will develop some form of cancer during their lifetime, and over half of the people newly diagnosed with cancer are aged over 70. There are more than 200 different types of cancer; however, over half of cancers fall into four types: prostate, breast, lung and colorectal.⁶² With an ageing population, Suffolk should expect the number of residents living with cancer to continue to increase in future years. The rise in cancer diagnoses is also partly due to changes in our health behaviours.

The number of deaths from cancer across England has increased by 6% since 2001, but given the growing national population, the rate of cancer deaths in England has fallen by 23% for men, and 16% for women.⁶³

Cancer Research UK estimates that almost 40% of cancer cases are considered preventable, with 15% of cancers caused by smoking and 6% caused by obesity.⁶⁴

For all cancer types between 2015-19, 24,599 cases of cancer were diagnosed in Suffolk. Summarising cancer screening and mortality data for Suffolk compared to England reveals:

- Bowel screening coverage at 76.1% in 2023 is statistically significantly better than the England average (72.0%).
- Breast screening coverage at 74.8% in 2023 is also statistically significantly higher than the England average (66.2%).
- Cervical screening for 25 to 49 year olds (72.8%) and 50 to 64 year olds (77.4%) in Suffolk in 2023 is statistically significantly higher than the England average (25 to 49 is 65.8%; 50 to 64 is 74.4%).
- Mortality rate from cancer for all persons, all ages in Suffolk in 2022 was statistically significantly lower than the England average (2,165 deaths for a mortality rate of 229.3 per 100,000, compared to 250.7 per 100,000 for England).

The table below compares Suffolk to England in relation to deaths and the rate of deaths from all cancers as a Standardised Mortality ratio (SMR) over the five-year period between 2016-20. The ratio is the sum of the age-specific number of deaths from all cancers that would be expected if the local area experienced the same age-specific mortality rates as England. Ratios above 100 are where there is higher mortality than England. Ipswich has a statistically similar SMR (103.1) to the England average, whereas all other Suffolk localities have a statistically significantly lower SMR compared to the England average.

⁶² NHS England. Cancer. October 13, 2022. [Accessed September 3, 2024] <https://www.nhs.uk/conditions/cancer/>

⁶³ Baker C, Mansfield Z. Cancer statistics for England - House of Commons Library. Published online February 7, 2023. [Accessed September 3, 2024]

⁶⁴ Cancer Research UK. Statistics on preventable cancers. [Accessed September 3, 2024] <https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-Two>

Table 23: Cancer screening and mortality indicators for Suffolk and England

Indicator	Period	Suffolk			England		
		Recent trend	Count	Value	Value	Worst	Best
Percentage of cancers diagnosed at stages 1 and 2 (persons, all ages)	2021	➡	2,137	56.5%	54.4%	46.5%	61.2%
Cancer screening coverage - bowel cancer (persons, 60-74 years)	2023	⬆	109,812	76.1%	72.0%	53.3%	79.5%
Cancer screening coverage - breast cancer (female, 53-70 years)	2023	⬇	71,815	74.8%	66.2%	34.3%	78.9%
Cancer screening coverage - cervical cancer (female, aged 25 to 49 years)	2023	⬇	86,231	72.8%	65.8%	42.4%	75.9%
Cancer screening coverage - cervical cancer (female, aged 50 to 64 years)	2023	➡	58,256	77.4%	74.4%	55.1%	87.7%
Mortality rate from cancer, all ages, (persons, 1 year range) (rate per 100,000)	2022	➡	2,165	229.3	250.7	333.3	192.3
Mortality rate from lung cancer (persons, all ages) (rate per 100,000)	2020-22	-	1,135	41.1	48.9	93.4	26.9
Under 75 mortality rate from cancer (persons, <75 yrs, 1 year range) (rate per 100,000)	2022	➡	834	109.1	122.4	174.1	85.6
Under 75 mortality rate from cancer (persons, <75 yrs, 3 year range) (rate per 100,000)	2020-22	-	2,598	112.0	123.2	172.7	82.9
Under 75 mortality rate from breast cancer (female, < 75 yrs, 3 year range) (rate per 100,000)	2020-22	-	185	16.0	18.3	24.7	11.6

Indicator	Period	Recent trend	Count	Value	Value	Worst	Best
Under 75 mortality rate from colorectal cancer (persons, < 75 yrs, 3 year range) (rate per 100,000)	2020-22	-	252	11.0	11.9	17.6	6.4
Under 75 mortality rate from cancer considered preventable (persons) (rate per 100,000)	2020-22	-	1,034	44.2	50.5	85.9	26.6
Under 75 mortality rate from cancer considered preventable (male) (rate per 100,000)	2020-22	-	638	56.2	63.5	106.1	33.7
Under 75 mortality rate from cancer considered preventable (female) (rate per 100,000)	2020-22	-	396	32.9	38.3	72.5	19.7

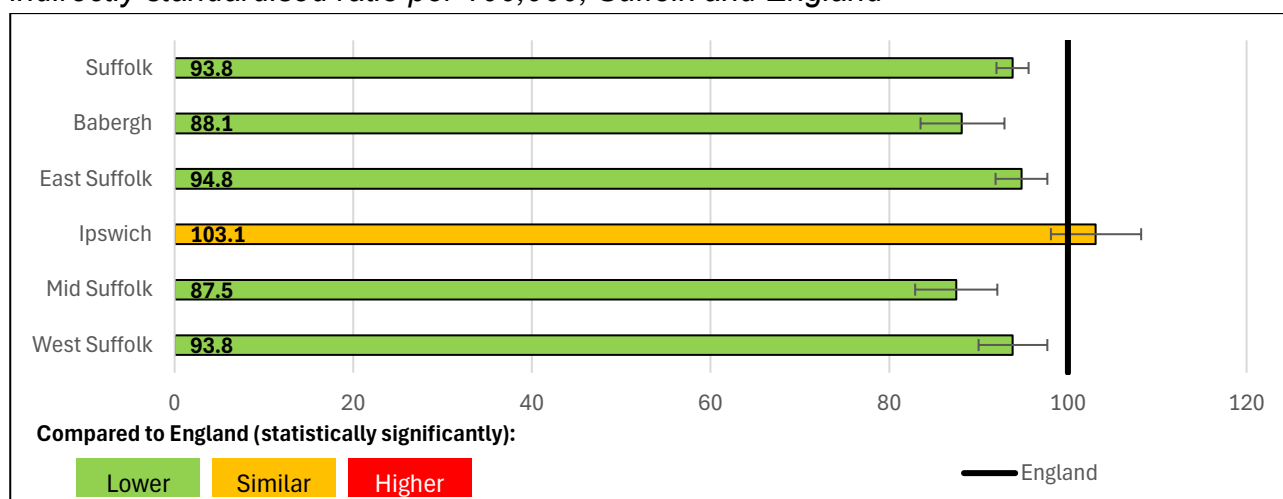
Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):



Figure 18: Deaths from all cancer, all ages, Standardised Mortality Ratio (SMR) 2016-20, indirectly standardised ratio per 100,000, Suffolk and England



Source: Office for Health Improvement and Disparities (2024)

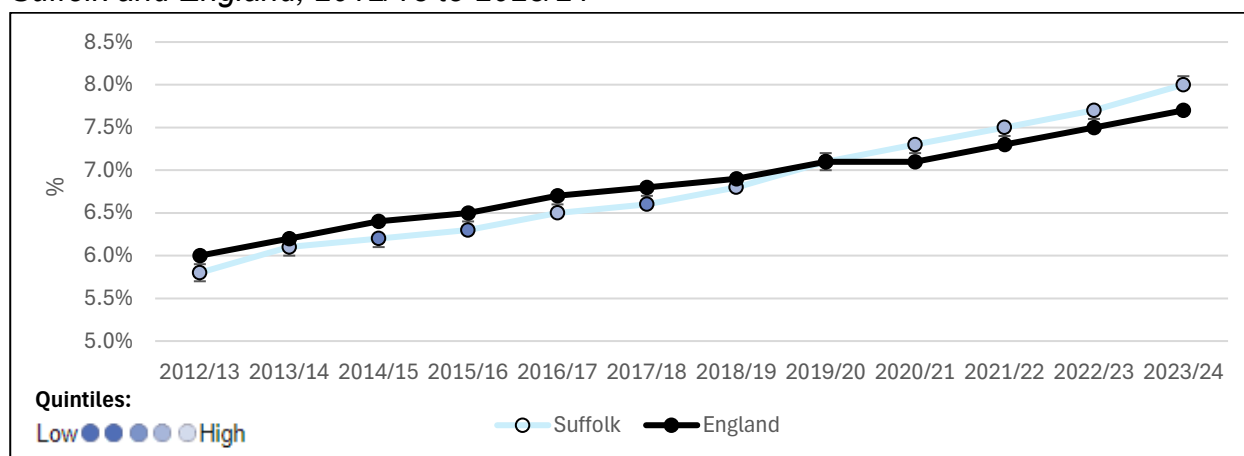
2.8.3 Diabetes

Diabetes mellitus is one of the common endocrine diseases affecting all age groups, with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes, is undertaken by the GP and members of the primary care team.

In 2023/24, 54,803 individuals on Suffolk GP registers aged 17+ years were living with diabetes mellitus, representing 8.0% of the entire GP registered population. This was statistically significantly higher than the England average over the same period (7.7%).

The number and proportion of people living with diabetes are increasing across Suffolk and England. In 2012/13, 35,835 (5.8%) individuals registered with Suffolk GPs were living with diabetes, increasing to 54,803 (8.0) a decade later in 2023/24.

Figure 19: Diabetes: Quality and Outcomes Framework (QOF) prevalence (17+ years), Suffolk and England, 2012/13 to 2023/24



Source: Office for Health Improvement and Disparities (2024)

The National Institute for Health and Care Excellence (NICE) recommends nine care processes for diabetes. These are five risk factors for further complications causing deteriorating health (body mass index measure, blood pressure check, smoking status recorded, blood tests for glucose levels (HbA1c) and a measure of cholesterol) and four tests to identify early signs of complications (urine albumin creatinine ratio, serum creatinine, foot nerve and circulation examination, and eye screening).⁶⁵ Data for eye screening was previously unavailable through the National Diabetes Audit. Because of this, previously, only data on '8 care processes' was available.

For children under 12 years of age, '8 care processes' is defined as receiving an HbA1c blood test only, as other care processes are not recommended in the NICE guidelines for this age group.

⁶⁵ Quality statement 6: 9 key care processes. Type 2 diabetes in adults. Quality standards. NICE. Published online March 2, 2023. [Accessed September 3, 2024]
<https://www.nice.org.uk/guidance/qs209/chapter/Quality-statement-6-9-key-care-processes>

Table 24: Diabetes care processes for type 1 and type 2 diabetes across Suffolk sub-ICB locations, 2021/22

Type 1 diabetes	Period	England	Suffolk and North East Essex ICB	Norfolk and Waveney sub-ICB	Ipswich and East Suffolk sub-ICB	West Suffolk sub-ICB	Type 2 diabetes	Period	England	Suffolk and North East Essex ICB	Norfolk and Waveney sub-ICB	Ipswich and East Suffolk sub-ICB	West Suffolk sub-ICB
People who received all 8 care processes (%)	2021/22	35.2	56.3	37.4	54.3	38.7	People who received all 8 care processes (%)	2021/22	47.9	63.0	49.8	60.4	45.6
People who received a blood glucose test (%)	2021/22	78.9	88.7	84.6	92.0	83.2	People who received a blood glucose test (%)	2021/22	90.4	93.8	92.0	93.6	92.6
People who received a blood pressure check (%)	2021/22	78.7	87.9	83.2	87.7	81.6	People who received a blood pressure check (%)	2021/22	88.3	92.2	90.4	91.6	89.4
People who received a cholesterol check (%)	2021/22	72.0	84.9	77.3	86.2	79.9	People who received a cholesterol check (%)	2021/22	84.6	89.0	84.7	87.1	86.7
People who received a serum creatinine test (%)	2021/22	78.2	88.5	82.6	89.4	82.8	People who received a serum creatinine test (%)	2021/22	90.6	94.1	92.7	93.6	93.0

Type 1 diabetes	Period	England	Suffolk and North East Essex ICB	Norfolk and Waveney sub-ICB	Ipswich and East Suffolk sub-ICB	West Suffolk sub-ICB	Type 2 diabetes	Period	England	Suffolk and North East Essex ICB	Norfolk and Waveney sub-ICB	Ipswich and East Suffolk sub-ICB	West Suffolk sub-ICB
People who received urinary albumin test (%)	2021/22	49.8	72.5	57.6	76.2	58.2	People who received urinary albumin test (%)	2021/22	60.7	73.0	65.5	70.0	63.8
People who have received an annual foot check (%)	2021/22	58.5	72.7	58.3	70.3	59.0	People who have received an annual foot check (%)	2021/22	70.2	79.3	70.0	80.1	67.9
People who have had their BMI recorded (%)	2021/22	73.8	86.4	77.7	86.2	79.9	People who have had their BMI recorded (%)	2021/22	81.0	87.1	83.3	86.1	81.2
People whose smoking status is recorded (%)	2021/22	85.1	91.2	88.1	90.7	88.1	People whose smoking status is recorded (%)	2021/22	91.8	94.2	91.5	93.8	91.7

Source: Office for Health Improvement and Disparities (2024)

Compared to England
(Statistically significantly):



The table above summarises the care processes data for type 1 and 2 diabetes across Suffolk's sub-ICB locations. Suffolk sub-ICB locations perform statistically significantly better or similar to the England average for most indicators in 2021/22, excluding:

- Type 2 diabetes: statistically significantly fewer people received all 8 care processes in West Suffolk sub-ICB (45.6%).
- Type 2 diabetes: statistically significantly fewer people in West Suffolk sub-ICB received an annual foot check (67.9%) compared to the England average.

Type 2 diabetes: across Norfolk and Waveney sub-ICB, statistically significantly fewer people had their smoking status recorded (91.5%).

2.8.4 Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of lung conditions that cause breathing difficulties, including emphysema (damage to the air sacs in the lungs) and chronic bronchitis (long-term inflammation of the airways). COPD is a common condition that mainly affects middle-aged or older adults who smoke.

The most effective treatment is smoking cessation. Oxygen therapy has been shown to prolong life in the later stages of the disease and has also been shown to have a beneficial impact on exercise capacity and mental state. Pulmonary rehabilitation has been shown to produce an improvement in quality of life.⁶⁶

In Suffolk in 2022/23, there were 17,178 individuals with a diagnosis of COPD on practice disease registers, representative of 2.1% of the entire GP registered population and statistically significantly higher than the England average (1.8%).

COPD prevalence is statistically significantly higher than the England average for East Suffolk (2.5%), West Suffolk (2.2%) and Babergh (2.0%), statistically similar in Mid Suffolk (1.9%), and statistically significantly lower in Ipswich (1.6%).⁶⁷

While Suffolk has a higher prevalence of COPD compared to the England average, mortality rates per 100,000 from COPD for all persons, males and females are all statistically significantly lower than the England average for the 3-year period between 2020-22.

⁶⁶ NHS England. Chronic obstructive pulmonary disease (COPD). April 11, 2023. [Accessed September 4, 2024] <https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/>

⁶⁷ Department of Health and Social Care. Respiratory disease – Data. Fingertips. 2024. [Accessed September 4, 2024] <https://fingertips.phe.org.uk/profile/respiratory-disease/data#page/3/gid/8000008/pat/502/par/E10000029/ati/501/iid/253/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Table 25: Mortality rate from COPD and QOF prevalence, Suffolk and England, 2022/23

Indicator	Period	Suffolk		England		
		Count	Value	Value	Worst/ Lowest	Best/ Highest
Mortality rate from chronic obstructive pulmonary disease, all ages (persons) (rate per 100,000)	2020-22	880	30.8	42.8	90.2	21.3
Mortality rate from chronic obstructive pulmonary disease, all ages (male) (rate per 100,000)	2020-22	488	38.7	50.9	104.3	23.1
Mortality rate from chronic obstructive pulmonary disease, all ages (female) (rate per 100,000)	2020-22	392	24.9	37.0	91.3	15.2
COPD: QOF prevalence (all ages)	2022/23	17,178	2.1%	1.8%	0.6%	3.7%

Source: Office for Health Improvement and Disparities (2024)

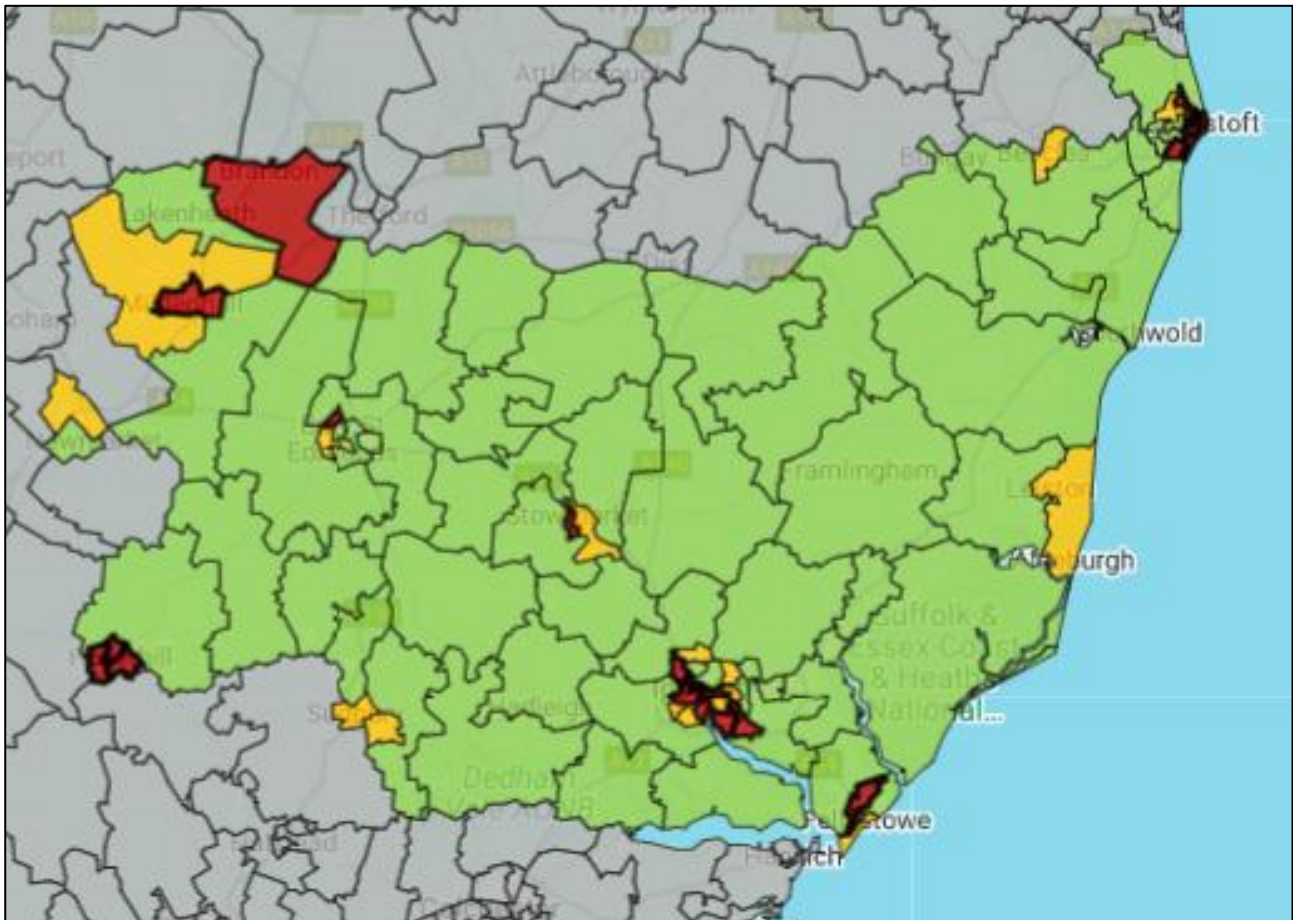
Compared to England

(Statistically significantly):



The figure below displays emergency hospital admissions for COPD as a standardised admission ratio at a local level, which can be compared to the expected admissions, given the age structure of local populations. This indicator is defined as emergency hospital admissions for COPD as an indirectly age-standardised ratio for all ages and all persons. Emergency admissions are defined as “unpredictable and at short notice because of clinical need”. Areas of Suffolk with statistically significantly higher admissions for COPD compared to the England average include Middle Super Output Areas, particularly surrounding Ipswich and Lowestoft, and the surrounding areas of Haverhill.

Figure 20: Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio, 2016/17-2020/21



Source: Office for Health Improvement and Disparities (2024)

Better 95% Similar Worse 95% Not compared

2.8.5 Depression and mental health

Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. Mental health is more than the absence of mental illness, existing on a continuum which is experienced differently by each person.⁶⁸

One in four people will experience ill mental health of some kind each year in England, while one in six people report experiencing common ill mental health, such as anxiety or depression, in any given week in England.⁶⁹

⁶⁸ World Health Organization. Mental health. June 17, 2022. [Accessed September 4, 2024] <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

⁶⁹ Mind. Mental health facts and statistics. June 2020. [Accessed September 4, 2024] <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-facts-and-statistics/>

In 2022, a survey by the ONS found that younger people, women, those with a disability, and those living in more deprived areas were more likely to report symptoms of depression. Although the reasons for differences in prevalence rates between groups vary, a common factor is exposure to different forms of social disadvantage.⁷⁰

Data for 2022/23 reveals that 91,865 people (13.8% of all GP registered patients) in Suffolk have a diagnosis of depression, as recorded on Suffolk practice disease registers, statistically significantly higher than the England average (13.2%).

There is also variation across Suffolk's localities, with Babergh (14.9%, 11,200 people), East Suffolk (14.3%, 28,984 people) and Ipswich (14.3%, 20,709) having a statistically significantly higher prevalence of depression on their practice disease registers. West Suffolk (12.7%, 20,599 people) and Mid Suffolk (12.7%, 10,373 people) have depression, statistically significantly lower than the England average.

The depression prevalence has more than doubled over the last 10 years, increasing from 6.5% in 2012/13 to 13.8% in 2022/23.

There were 217 deaths from suicide in 2021-23 in Suffolk, equating to a rate of 10.8 per 100,000 population. This rate is statistically similar to the England average (10.7 per 100,000). Over 70% (159 deaths) of suicides for this period in Suffolk were males.

Self-harm is defined as an intentional act of self-poisoning or self-injury, irrespective of the type of motivation or degree of suicidal intent. Self-harm is an expression of personal distress, and there are varied reasons for a person to harm themselves, irrespective of the purpose of the act. However, following an episode of self-harm, there is a significant and persistent risk of suicide, which varies markedly between genders and age groups.

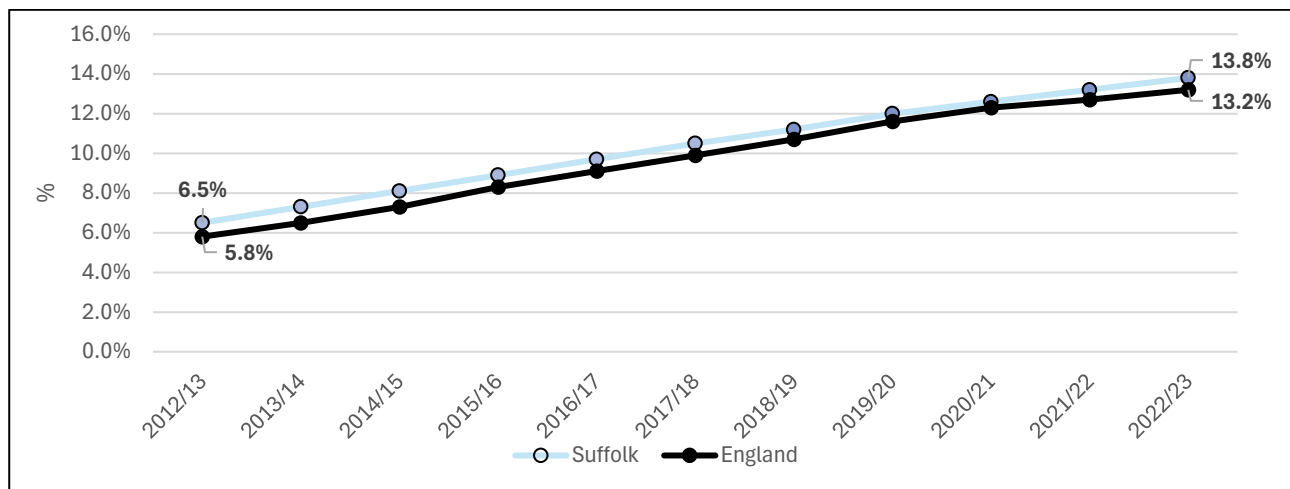
In Suffolk in 2022/23, there were 960 emergency hospital admissions for intentional self-harm, producing a rate of 132.9 emergency admissions per 100,000 – statistically similar to the England average (126.3 per 100,000). The trend for hospital admissions as a result of self-harm for all persons, all ages in Suffolk has also statistically significantly decreased over the last 5 years.

Rates of hospital admissions for self-harm in Suffolk's children and young people aged 15 to 19 are statistically significantly higher than the England average in 2022/23.

⁷⁰ Office for National Statistics. Cost of living and depression in adults, Great Britain. 6 December 2022. [Accessed September 2024]

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/datasets/costoflivinganddepressioninadultsgreatbritain>

Figure 21: Depression: QOF prevalence (18+ years), Suffolk and England, 2012/13 to 2022/23



Source: Office for Health Improvement and Disparities (2024)

Table 26: Self-harm and suicide in Suffolk summary data

Indicator	Period	Suffolk			England	
		Count	Value	Value	Worst	Best
Suicide rate (Persons, 10+ yrs) (rate per 100,000)	2021-23	217	10.8	10.7	19.6	4.2
Suicide rate (Male, 10+ yrs) (rate per 100,000)	2021-23	159	16.3	16.4	30.9	6.7
Suicide rate (Female, 10+ yrs) (rate per 100,000)	2021-23	58	5.7	5.4	12.6	2.1
Years of life lost due to suicide (Persons, 15-74 yrs) (rate per 10,000)	2020-22	198	34.7	34.1	75.9	14.2
Years of life lost due to suicide (Male, 15-74 yrs) (rate per 10,000)	2020-22	142	48.4	51.5	127.0	16.4
Years of life lost due to suicide (Female, 15-74 yrs) (rate per 10,000)	2020-22	56	21.3	17.2	43.4	6.7
Age-standardised rate for suicide by age and sex (Persons, 25-44 yrs) (rate per 100,000)	2019-23	107	12.0	12.6	31.2	4.3
Age-standardised rate for suicide by age and sex (Persons, 45-64 yrs) (rate per 100,000)	2019-23	146	14.6	13.6	24.8	5.2
Age-standardised rate for suicide by age and sex (Persons, 65+ yrs) (rate per 100,000)	2019-23	76	8.3	8.2	15.0	3.6

Indicator	Period	Count	Value	Value	Worst	Best
Emergency Hospital Admissions for Intentional Self-Harm (Persons, All ages)	2022/23	960	132.9	126.3	382.6	40.9
Hospital admissions as a result of self-harm (10-24 years) (Persons, 10-24 yrs) (rate per 100,000)	2022/23	420	345.6	319.0	1058.4	89.0
Hospital admissions as a result of self-harm (Persons, 10-14 yrs) (rate per 100,000)	2022/23	100	227.3	251.2	730.3	38.6
Hospital admissions as a result of self-harm (Persons, 15-19 yrs) (rate per 100,000)	2022/23	215	538.6	468.2	1533.8	130.6
Hospital admissions as a result of self-harm (Persons, 20-24 yrs)(rate per 100,000)	2022/23	100	270.5	244.4	1122.5	40.0

Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):



2.8.6 Accidental injuries

The table below provides a summary of available indicators related to injuries, falls and admissions for these incidents.

Suffolk has statistically significantly lower rates of unintentional and deliberate injury-related hospital admissions for children aged 0-14 (60.6 per 100,000) compared to England (75.3 per 100,000). For young people aged 15-24, Suffolk's rate (87.1 per 100,000) is also statistically significantly lower than the England average (94.1 per 100,000).

Falls remain a significant concern, particularly for older adults. Falls are the largest cause of emergency hospital admissions for older people, and significantly impact long-term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

In Suffolk in 2022/23, emergency hospital admission rates due to falls for those aged 65 and over (1,471 per 100,000) are statistically significantly lower than the England rate (1,933 per 100,000). However, the risk increases dramatically with age, with the 80 and above group in Suffolk experiencing 3,742 admissions per 100,000, compared to 688 per 100,000 for those aged 65-79. This trend aligns with national patterns, highlighting the importance of fall prevention strategies for the elderly population.⁷¹

⁷¹ Department of Health and Social Care. Accidental injuries – Data. Fingertips. 2024.

[Accessed September 4, 2024] <https://fingertips.phe.org.uk/indicator-list/view/JyYh1WyBMk#page/0/gid/1/pat/502/par/E10000029/ati/501/are/E07000200/iid/93754/age/1/sex/4/c-at/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Table 27: Injuries, falls and admissions for Suffolk and localities.

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Killed and seriously injured (KSI) casualties on England's roads (Persons, All ages) (rate per billion vehicle miles)	2022	94.5	77.4	-	-	-	-	-
Children killed and seriously injured (KSI) on England's roads (Persons, <16 yrs) (rate per 100,000)	2020-22	16.5	11.7	-	-	-	-	-
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) (Persons, <15 yrs) (rate per 10,000)	2022/23	75.3	60.6	42.5	78.4	61.2	50.5	50.8
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) (Persons, 0-4 yrs) (rate per 10,000)	2022/23	92	75.1	61.2	86.7	91.7	63.7	65.6
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years) (Persons, 15-24 yrs) (rate per 10,000)	2022/23	94.1	87.1	79.2	100.8	100.5	74.7	70.1
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs) (rate per 100,000)	2022/23	1,933	1,471	1,611	1,154	1,990	1,380	1,709
Emergency hospital admissions due to falls in people aged 65 to 79 (Persons, 65-79 yrs) (rate per 100,000)	2022/23	928	688	740	592	1,028	568	704
Emergency hospital admissions due to falls in people aged 80 plus (Persons, 80+ yrs) (rate per 100,000)	2022/23	4,845	3,742	4,138	2,785	4,779	3,736	4,625

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Mortality rate from accidental falls, all ages (Persons, All ages) (rate per 100,000)	2020-22	12.3	10.3	9.3	10.3	10	7.9	12.3
Mortality rate from accidental falls, all ages (Male, All ages) (rate per 100,000)	2020-22	15.3	12.5	9.6	11.8	13.5	8.8	16.1
Mortality rate from accidental falls, all ages (Female, All ages) (rate per 100,000)	2020-22	10.2	8.4	8.8	9.2	6.3	7.2	9.3

Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):



2.8.7 Asthma

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults.

There is currently no cure, but there are simple treatments that can help keep the symptoms under control, so it does not have a big impact on daily life.

Data for 2023/24 indicates that there are 60,015 people with a diagnosis of asthma registered with Suffolk's GPs. This means across Suffolk's GPs, there is an average prevalence of asthma of 7.7%, statistically significantly higher than the England average (6.5%). Hospital admissions for asthma for young people under the age of 19 in Suffolk are statistically similar to the England average in 2022/23, where there were 210 admissions for a rate of 134.2 per 100,000. However, this trend is statistically significantly decreasing over the previous five years.

There is a differentiation between hospital admissions for Suffolk's young people when split by age group. For young people aged between zero to nine, there were 170 hospital admissions for asthma in 2022/23, providing a rate of 215.3 per 100,000, which is statistically significantly higher than the England average for the same age group. The likelihood of hospital admissions for asthma then decreases for 10 to 18 year olds, where there were 40 admissions for asthma in 2022/23, producing a rate of 51.6 per 100,000, which was also statistically significantly lower than the England average.⁷²

⁷² Department of Health and Social Care. Asthma – Data. Fingertips. 2024. [Accessed September 4, 2024] <https://fingertips.phe.org.uk/search/asthma#page/1/gid/1/pat/15/ati/502/are/E10000029/iid/90933/age/314/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

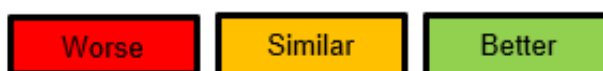
Table 28: Asthma prevalence and hospital admissions for Suffolk and England, 2022/24

Indicator	Period	Suffolk		England		
		Count	Value	Value	Worst/ Lowest	Best/ Highest
Hospital admissions per 100,000 for asthma (under 19 years)	2022/23	210	134.2	122.2	350.7	51.9
Asthma: QOF prevalence (6+ years)	2023/24	60,015	7.7%	6.5%	3.4%	8.3%
Admissions for asthma (0 to 9 years) (rate per 100,000)	2022/23	170	215.3	154.7	483.1	52.4
Admissions for asthma (10 to 18 years) (rate per 100,000)	2022/23	40	51.6	88.2	216.9	0

Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):



2.8.8 Excess weight and obesity

Latest data for Suffolk in 2023/24 reveals that over one in five (21.5%) of 4-5 year olds are overweight or obese, over one in three (34.1%) of 10-11 year olds are overweight or obese, and over two in three (67.1%) of adults aged 18 and over are either overweight or obese. Obesity prevalence is highest among the most deprived groups in society. Children resident in the most deprived parts of the country are more than twice as likely to be living with obesity than those in the least deprived areas.

While the prevalence of Suffolk's Reception (age 4-5) and Year 6 (age 10-11) children classified as obese (including severe obesity) is statistically significantly lower than the England average, these figures remain concerning. Obesity is associated with reduced life expectancy and a range of health conditions, including Type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health.⁷³

The proportion of adults classified as overweight or obese (67.1%) in Suffolk is also statistically significantly higher than the England average (64.0%). There is also variation across the county, with Babergh, Ipswich, Mid Suffolk and West Suffolk having a statistically similar overweight or obese prevalence compared to the England average, while East Suffolk reports a statistically significantly higher proportion of adults classified as either overweight or obese, at nearly three in four (72.5%).

⁷³ Obesity Profile. Fingertips. Department of Health and Social Care. [Accessed September 6, 2024] <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

Table 29: Summary of excess weight and obesity data in Suffolk, 2022/23

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Single year prevalence data for children in Reception (aged 4-5)								
Prevalence of underweight (4-5 yrs)	2023/24	1.2%	0.8%	*	0.5%	1.6%	*	0.9%
Prevalence of healthy weight (4-5 yrs)	2023/24	76.8%	77.7%	77.4%	77.5%	77.1%	79.4%	78.1%
Prevalence of overweight (4-5 yrs)	2023/24	12.4%	12.5%	12.9%	12.7%	11.9%	13.3%	12.3%
Prevalence of overweight (including obesity) (4-5 yrs)	2023/24	22.1%	21.5%	21.9%	22.0%	21.3%	20.0%	21.3%
Prevalence of obesity (including severe obesity) (4-5 yrs)	2023/24	9.6%	9.0%	9.0%	9.4%	9.7%	6.1%	9.0%
Prevalence of severe obesity (4-5 yrs)	2023/24	2.6%	2.5%	2.6%	2.3%	2.9%	2.2%	2.4%
Single year prevalence data for children in Year 6 (aged 10-11)								
Prevalence of underweight (10-11 yrs)	2023/24	1.7%	1.5%	1.2%	1.8%	1.5%	1.5%	1.1%
Prevalence of healthy weight (10-11 yrs)	2023/24	62.5%	64.4%	65.7%	65.9%	61.5%	63.9%	64.9%
Prevalence of overweight (10-11 yrs)	2023/24	13.8%	13.6%	14.5%	13.3%	13.6%	13.9%	13.2%
Prevalence of overweight (including obesity) (10-11 yrs)	2023/24	35.8%	34.1%	33.1%	32.6%	37.0%	35.1%	33.6%
Prevalence of obesity (including severe obesity) (10-11 yrs)	2023/24	22.1%	20.5%	18.6%	19.1%	23.4%	20.6%	20.4%
Prevalence of severe obesity (10-11 yrs)	2023/24	5.5%	4.5%	3.5%	3.8%	5.9%	4.1%	4.9%
Adult prevalence data								
Overweight (including obesity) prevalence in adults (18+ yrs)	2022/23	64.0%	67.1%	61.9%	72.5%	66.0%	66.2%	65.0%
Obesity prevalence in adults (18+ yrs)	2022/23	26.2%	26.8%	21.8%	27.2%	25.3%	32.4%	27.0%

Source: Office for Health Improvement and Disparities (2023)

Compared to England
(Statistically significantly):

Worse

Similar

Better

2.8.9 Physical activity

Physical inactivity is the fourth leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of CVD, CHD and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults, physical activity is associated with increased functional capacities⁷³.

Physical activity data in 2022/23 for Suffolk shows that Suffolk (68.8%) had a statistically similar proportion of physically active adults, compared to the national average (67.1%). Babergh (72.5%) and East Suffolk (71.3%) had the highest physical activity rates for adults and were both statistically significantly higher than the England average.

For children and young people, all Suffolk localities had statistically similar rates of physical activity compared to the England average in 2022/23. Walking and cycling for travel data for 2019/20 reveals rates of active travel in Suffolk were statistically similar compared to the national average, while active travel rates for cycling at least three times a week in Ipswich and Mid Suffolk (1.1%) were statistically significantly below the England average (2.3%).

Table 30: Physical activity summary data, Suffolk and localities, 2022/23

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Percentage of physically active adults (19+ yrs)	2022/23	67.1%	68.8%	72.5%	71.3%	66.4%	68.7%	65.3%
Percentage of physically inactive adults (19+ yrs)	2022/23	22.6%	21.1%	18.5%	16.6%	25.3%	21.8%	25.2%
Percentage of physically active children and young people	2022/23	47.0%	50.0%	50.9%	54.0%	41.0%	48.8%	55.1%
Percentage of adults walking for travel at least three days per week	2019/20	15.1%	13.1%	11.1%	12.3%	13.6%	13.6%	14.8%
Percentage of adults cycling for travel at least three days per week	2019/20	2.3%	1.7%	1.4%	2.5%	1.1%	1.1%	1.7%

Source: Office for Health Improvement and Disparities (2024)

Compared to England
(Statistically significantly):



2.8.10 Palliative care

In 2023 in Suffolk, there were 8,613 deaths for all persons, all ages. This produced a mortality rate of 886 per 100,000, statistically significantly lower than the England mortality rate of 964 per 100,000. Summarising the place of deaths for Suffolk in 2023:

- 2,114 deaths occurred in care homes, 24.6% of all deaths in 2023, statistically significantly higher than the England average (21.0%). This proportion has statistically significantly decreased over the last five years.
- Deaths at home in Suffolk in 2023 (2,506, 29.1%) are statistically similar to the England average. This proportion has also statistically significantly increased over the last five years of data.

371 deaths occurred in hospices (4.3% of all deaths), again statistically similar to the England average; however, this trend has remained statistically similar over the last five years.⁷⁴

Table 31: Place of death data for Suffolk and localities, 2023

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Percentage of deaths that occur in hospital (All ages)	2023	42.8%	39.9%	38.2%	41.5%	41.6%	38.3%	37.8%
Percentage of deaths that occur at home (All ages)	2023	28.4%	29.1%	28.0%	29.0%	28.1%	30.4%	30.0%
Percentage of deaths that occur in care homes (All ages)	2023	21.0%	24.6%	26.8%	24.6%	21.7%	23.6%	25.8%
Percentage of deaths that occur in hospice (All ages)	2023	5.2%	4.3%	5.3%	3.0%	6.1%	5.8%	3.8%
Percentage of deaths that occur in 'other places' (All ages)	2023	2.6%	2.1%	1.8%	1.8%	2.5%	1.9%	2.6%

Source: Office for Health Improvement and Disparities (2023)

Compared to England
(Statistically significantly):



⁷⁴ Palliative and end of life care profiles – Data. Fingertips. Department of Health and Social Care. [Accessed September 6, 2024] <https://fingertips.phe.org.uk/profile/end-of-life/data#page/0/gid/1938132883/pat/402/ati/401/are/E07000200/iid/93474/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

2.8.11 Influenza

Influenza (also known as flu) is a highly infectious viral illness spread by droplet infection. The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch the flu. There is a particular risk of severe illness from catching the flu for older people, very young children, pregnant women, those with underlying disease such as chronic respiratory or cardiac disease, and those who are immunosuppressed.

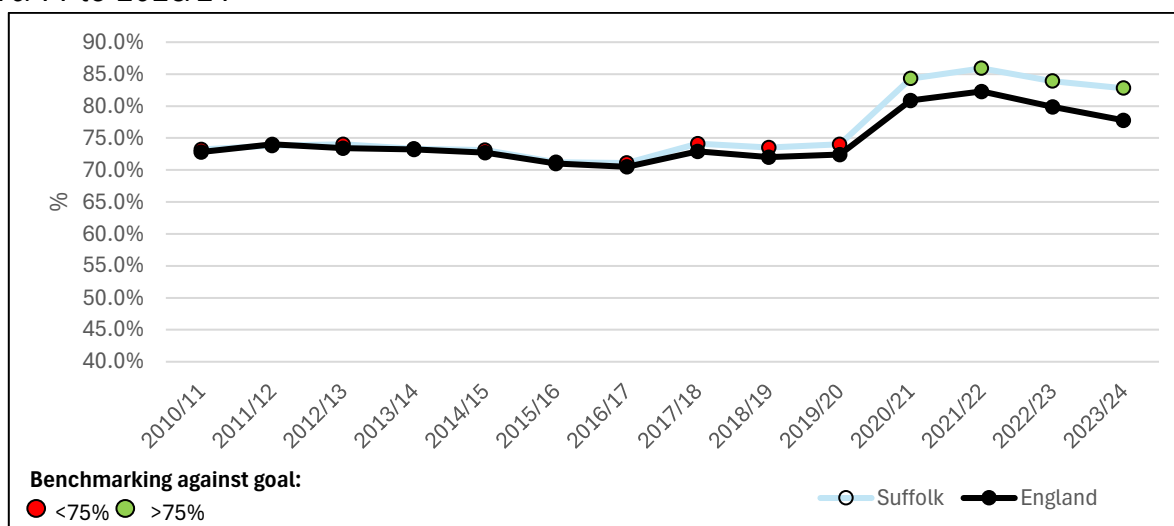
In 2021 to 2022, the national ambition was to achieve at least 85 percent vaccine uptake in those aged 65 and over. Prior to this, the national vaccine uptake ambition was 75 percent, in line with WHO targets.⁷⁵

As of 2023/24, 82.8% of Suffolk adults aged 65 and over received their flu vaccine, exceeding the national target. Suffolk has exceeded the national target for older adults' flu vaccination each of the last four years since the beginning of the pandemic, after being below target between 2010/11 to 2019/20.⁷⁶

Flu vaccination coverage in Suffolk for children and young people was statistically significantly higher than the England average for two to three-year-olds in 2023/24 (52.7% compared to 44.4%); however, the target is to exceed 65%. For primary school-aged children in 2023, 34,901 children (63.6%) received their vaccine, again statistically significantly higher than the England average (55.1%), but below the target of 65%.

The mortality rate from influenza and pneumonia for all persons, all ages in Suffolk between 2020-22 was 27.9 per 100,000 (804 deaths). This rate was statistically significantly lower than the England average over the same three-year period.

Figure 22: Population vaccination coverage: flu (aged 65 and over), Suffolk and England, 2010/11 to 2023/24



Source: Office for Health Improvement and Disparities (2024)

⁷⁵ Annual flu programme - GOV.UK. [Accessed September 6, 2024] <https://www.gov.uk/government/collections/annual-flu-programme>

⁷⁶ Fingertips. Department of Health and Social Care. [Accessed September 6, 2024] <https://fingertips.phe.org.uk/search/influenza#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E10000029/iid/30314/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

2.9 Health behaviours

2.9.1 Drug misuse

As of 2022/23, there were 1,724 individuals in treatment at specialist drug misuse services in Suffolk. There were also 97 deaths from drug misuse in Suffolk over the three-year period between 2020-22, for a rate of 4.6 deaths per 100,000 – statistically similar to the England average for the same period (5.2 per 100,000).

7.1% (84 individuals) of opiate users who left drug treatment successfully did not return to treatment again within six months in Suffolk in 2022. This was statistically significantly higher than the England average of 5.0%. For non-opiate users in the same year, 135 individuals successfully completed drug treatment for a rate of 25.2%, which was statistically significantly lower than the England average (31.4%).⁷⁷

2.9.2 Alcohol and related disease

Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15 to 49-year-olds in the UK. It's also the fifth biggest risk factor across all ages and is a causal factor in more than 60 medical conditions.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society £21 billion annually.⁷⁸

Alcohol treatment is effective. Among those who received treatment, over 60% of service users reported being free of alcohol dependence when they left treatment. Not all the 1.6 million people estimated to have some level of alcohol dependence across England will need specialist alcohol treatment. Some will benefit from a brief intervention consisting of a short alcohol health risk check in a range of health and social care settings.

The rate of hospital admissions for alcohol-specific conditions (387 per 100,000/ 3,026 admissions) in Suffolk was statistically significantly lower than the England average in 2022/23. However, when using the narrow definition (where the primary diagnosis/main reason for admission is an alcohol-related condition), Suffolk had a statistically similar rate of alcohol related admissions (461 per 100,000/3,705 admissions) compared to the England average in 2022/23.

The alcohol-specific mortality rate in Suffolk for 2022 (9.9 per 100,000) was also statistically significantly lower than the England average in the same year (14.5 per 100,000); however, this still accounted for 79 deaths in the county. Suffolk also had statistically significantly lower rates for under-75 mortality from alcoholic liver disease (52 deaths/rate of 7.4 per 100,000), and chronic liver disease for all ages (79 deaths/rate of 9.6 per 100,000) in 2022 compared to the England average.

⁷⁷ Drugs. Fingertips. Department of Health and Social Care. [Accessed September 11, 2024] <https://fingertips.phe.org.uk/search/drug>

⁷⁸ Alcohol Profile. Fingertips. Department of Health and Social Care. [Accessed September 11, 2024] <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

Table 32: Alcohol mortality and admission indicators for Suffolk and England

		Suffolk		England		
Indicator	Period	Count	Value	Value	Worst	Best
Mortality						
Alcohol-related mortality	2023	308	35.6	40.7	76.1	24.6
Alcohol-specific mortality	2023	95	11.8	15.0	31.4	6.7
Under 75 mortality rate from alcoholic liver disease (1 year range)	2023	61	8.8	12.0	25.4	5.3
Under 75 mortality rate from alcoholic liver disease (3 year range)	2021-23	173	8.2	11.7	24.7	5.1
Mortality from chronic liver disease, all ages (1 year range)	2023	90	10.9	15.0	33.5	5.6
Mortality from chronic liver disease, all ages (3 year range)	2017-19	209	8.7	12.2	31.9	5.4
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2023	4,015	1,036	1,246	2,521	639
PYLL due to alcohol-related conditions (Female)	2023	2,015	507	533	1,081	160
Admissions						
Admission episodes for alcohol-specific conditions	2023/24	3,961	497	612	1,713	207
Admission episodes for alcohol-related conditions (Narrow)	2023/24	4,242	523	504	890	240
Admission episodes for alcohol-related conditions (Broad)	2023/24	13,964	1,619	1,824	3,241	1,054
Admission episodes for alcohol-specific conditions - Under 18s	2021/22 – 23/24	116	26.0	22.6	61.7	3.8

Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):

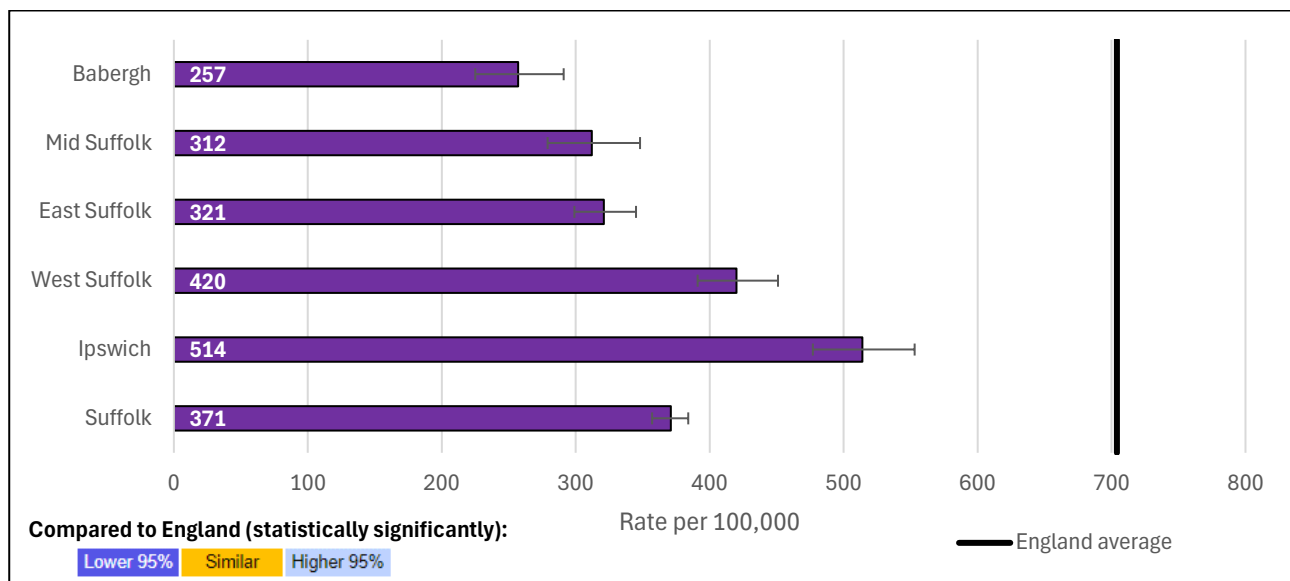
**2.9.3 Sexual health**

Suffolk has lower rates of Sexually Transmitted Infections (STIs) compared to England; however, rates of transmission vary across Suffolk's localities. In 2023, Ipswich had the highest rate of new STI diagnoses per 100,000 across the county at 514, whereas Babergh had the lowest rate at 242 per 100,000. Suffolk's overall rate of new STI diagnoses (371 per 100,000) was statistically significantly lower than the England average (704 per 100,000).⁷⁹

⁷⁹ Sexual and Reproductive Health Profiles – Data. Fingertips. Department of Health and Social Care [Accessed September 11, 2024]

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000035/pat/502/ati/501/are/E07000200/iid/91523/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

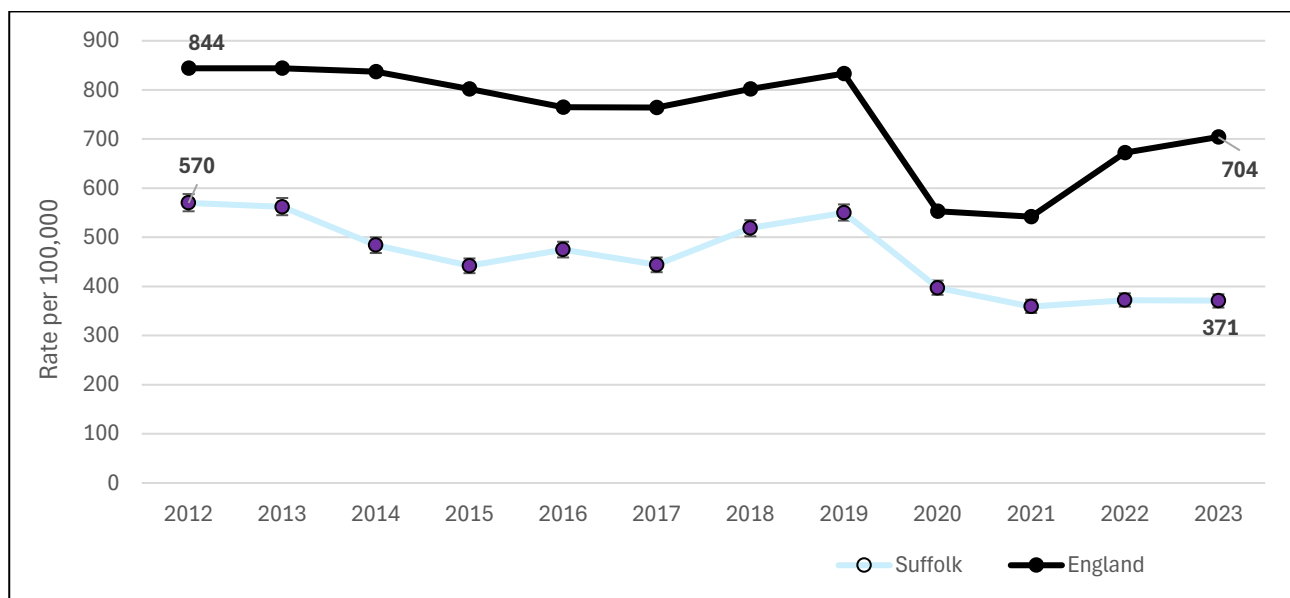
Figure 23: All new STI diagnoses rate per 100,000, Suffolk localities 2023



Source: Office for Health Improvement and Disparities (2024)

The figure below shows that the rate of STIs in Suffolk has consistently been statistically significantly lower than the England average each year between 2012 to 2023. The rate reductions for both England and Suffolk for the years 2020 and 2021 can be accounted for by disruption to sexual health services and behaviour change as a result of the COVID-19 pandemic.

Figure 24: All new STI diagnoses rate per 100,000, Suffolk and England, 2012 to 2023



Source: Office for Health Improvement and Disparities (2024)

STI diagnosis rates for genital warts, gonorrhoea, syphilis and chlamydia (for all persons and for adults aged 25 and older) for Suffolk and all localities were statistically significantly lower than the England average in 2023.

Chlamydia screening for females aged between 15 to 24 in Suffolk is statistically significantly lower than the England average – it is also statistically lower in Babergh, Mid Suffolk and West Suffolk.

Human Immunodeficiency Virus (HIV) diagnosis prevalence rate for 15 to 59-year-old persons in Suffolk and localities is all below the target, meaning each of these areas are classified as low HIV prevalence local authorities. Babergh and Mid Suffolk both have higher rates of late diagnosis of HIV for people with HIV first diagnosed in the UK, with 66.7% and 50.0% of cases classified as diagnosed late between 2020-22.

Table 33: STI diagnoses and prevalence indicators for Suffolk and localities, 2023

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Genital herpes diagnosis rate per 100,000 (Persons, All ages)	2023	47.6	40.5	31.8	42.1	44.5	35.9	42.3
Genital warts diagnostic rate per 100,000 (Persons, All ages)	2023	45.8	30.1	24.4	29.9	28.7	30.3	34
Gonorrhoea diagnostic rate per 100,000 (Persons, All ages)	2023	149	47	23	43	58	37	60
Syphilis diagnostic rate per 100,000 (Persons, All ages)	2023	16.7	5.6	4.2	1.6	9.3	5.7	8.8
Chlamydia diagnostic rate per 100,000 (Persons, All ages)	2023	341	188	133	143	302	161	206
Chlamydia diagnostic rate per 100,000 aged 25 years and older (Persons, 25+ yrs)	2023	223	101	79	68	176	83	114
Chlamydia proportion of females aged 15 to 24 screened (Female, 15-24 yrs)	2023	20.4	18.7	15.8	20.3	19.5	16.5	18.6
New HIV diagnosis rate per 100,000 (Persons, All ages)	2023	10.4	5.2	2.1	1.2	13.6	3.7	6.4
HIV diagnosed prevalence rate per 1,000 aged 15 to 59 (Persons, 15-59 yrs) <2 2 to 5 ≥5	2023	2.40	1.22	0.90	1.02	1.96	0.94	1.16
HIV late diagnosis in people first diagnosed with HIV in the UK (Persons, 15+ yrs) <25% 25% to 50% ≥50%	2021-23	43.5	40.5	71.4	37.5	17.6	50.0	62.5

Source: Office for Health Improvement and Disparities (2024)

Compared to England
(Statistically significantly):

Better 95%
Similar
Worse 95%
Lower 95%
Similar
Higher 95%

2.9.4 Smoking

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

As of 2023, approximately 10.6% of the Suffolk population were current smokers. This percentage for Suffolk and for each of the localities and boroughs within Suffolk was statistically similar to the smoking prevalence across England (11.0%).

Smoking prevalence is also higher for adults working in routine and manual occupations (20.8% are current smokers in Suffolk in 2023), and for adults with a long-term mental health condition (23.4% in Suffolk in 2022/23). For 2023/24, 6.4% of women in Suffolk were known to smoke at the time of delivery. While this proportion was statistically significantly lower than the England average (7.4%), Babergh (6.0%), East Suffolk (8.0%) and West Suffolk (7.3%) all had statistically similar rates of mothers smoking compared to the England average.⁸⁰

Table 34: Smoking prevalence indicators for Suffolk and localities, 2022/23

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Smoking Prevalence in adults (18+) - current smokers (APS)	2023	11.6	10.6	11.8	9.1	9.4	9.7	13.5
Smoking status at time of delivery	2023/24	7.4	6.4	6.0	8.0	4.4	4.9	7.3
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2023	19.5	20.8	16.1*	16.6	26.9*	35.5*	16.9
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2022/23	25.1	23.4	21.9	21.1	30.3	18.0	24.0

*There is a data quality issue with this value.

Source: Office for Health Improvement and Disparities (2024)

Compared to England

(Statistically significantly):



⁸⁰ Smoking Profile – Data. Fingertips. Department of Health and Social Care [Accessed September 11, 2024] <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/gid/1938132885/pat/502/par/E10000029/ati/501/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

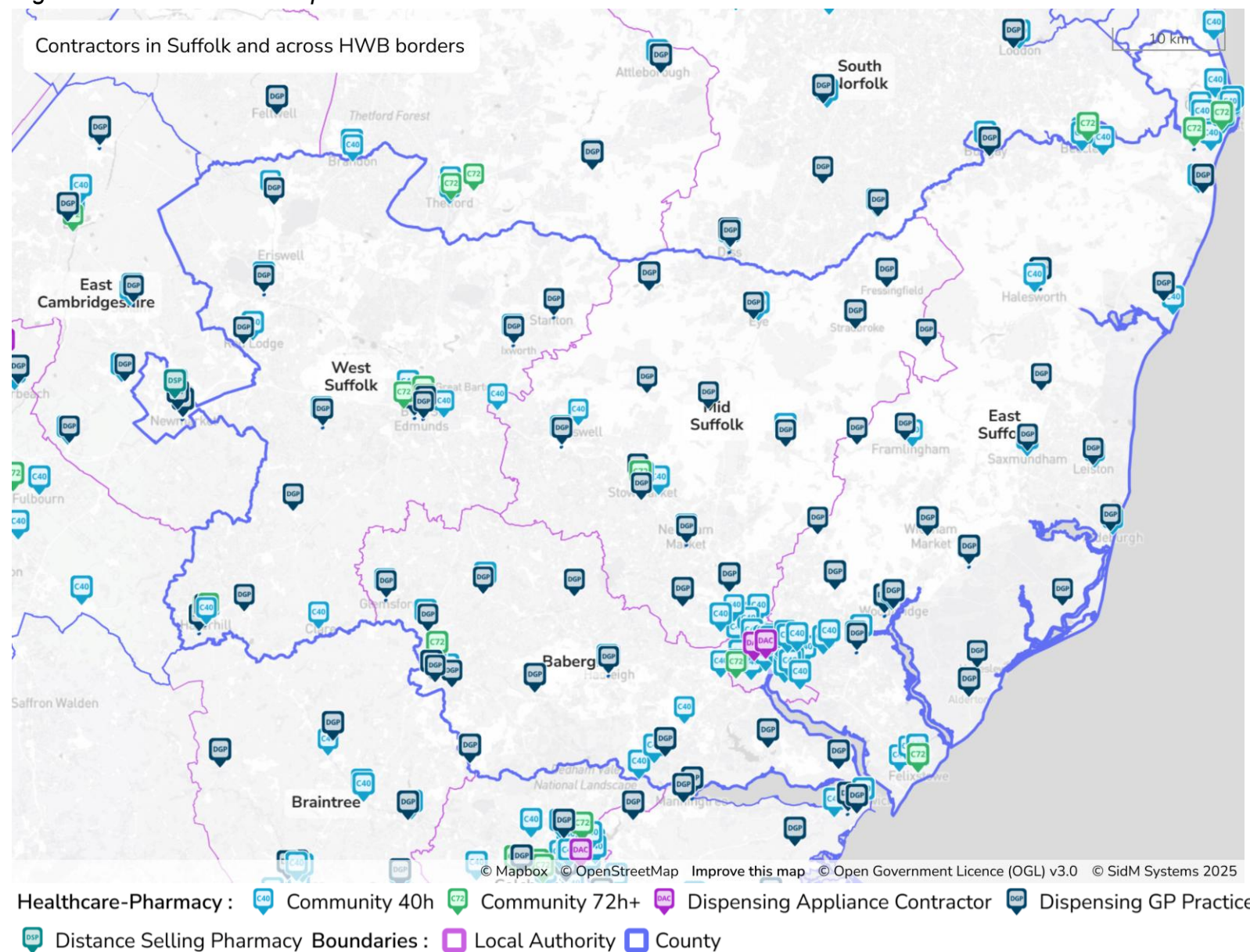
There are a total of 196 contractors in Suffolk, of which 127 are community pharmacies (including one DSP).

Table 35: Contractor type and number in Suffolk

Type of contractor	Number
40-hour community pharmacies (including 32 PhAS)	113
72 hour plus community pharmacies	13
Distance Selling Pharmacies	1
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	2
Dispensing doctor practices	42 main practices (67 including all satellite sites)
Total	171 (196 including all sites)

A list of all contractors in Suffolk and their opening hours can be found in Appendix A. Figure 25 below shows all contractor locations within Suffolk and on the border. More detailed maps per locality can be found in [Section 6.2](#).

Figure 25: Pharmaceutical providers in Suffolk and across borders



3.2 Community pharmacies

Table 36: Number of community pharmacies in Suffolk

Number of community pharmacies	Population of Suffolk	Ratio of pharmacies per 100,000 population
127 (includes 1 DSP)	776,442	16.4

Correct as of December 2024

There are 127 community pharmacies in Suffolk, which has decreased from 134 since the previously published PNA in 2022. Due to this decrease and slight population increase, the ratio of community pharmacies per 100,000 has also decreased from 17.6 to 16.4. There has been a decline in the number of community pharmacies nationally, as previously discussed in [Section 1.2](#).

As shown in Figure 25, there are community pharmacies and other providers in the bordering HWBs which residents of Suffolk may find more accessible and/or more convenient.

Table 37 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality and also vary within the locality. As shown in Figure 28 (Section 3.7, community pharmacies are typically located in areas of high population density and less so in rural areas.

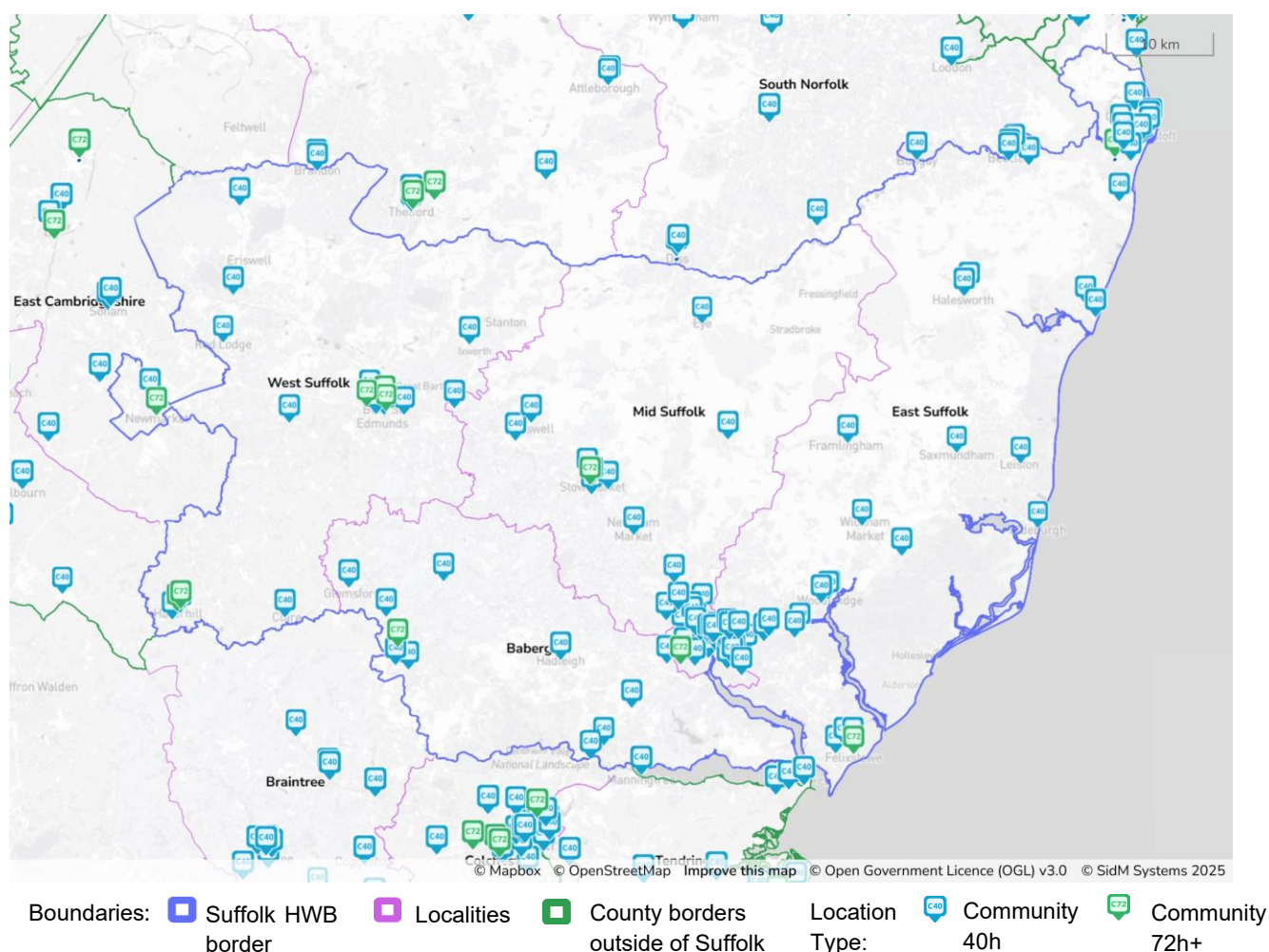
[Section 1.6.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors as per the Community Pharmacy Contractual Framework. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6.2](#).

Table 37: Average number of community pharmacies in 100,000 population by locality

Area	Number of community pharmacies	Total population (ONS mid-2023 population)	Average number of community pharmacies per 100,000 population (December 2024)
Babergh	13	95,872	13.6
East Suffolk	43	247,100	17.4
Ipswich	29	139,378	20.8
Mid Suffolk	13	108,029	12.0
West Suffolk	29	186,063	15.6
Suffolk (December 2024)	127	776,442	16.4
England (2023)	10,046	57,690,323	18.1

Total population source: Office for National Statistics (2024); Population estimates for England and Wales: mid-2023

Figure 26: Community pharmacies in Suffolk and across borders



Analysis of dispensing data highlighted that approximately 1,211,853 prescription items were dispensed each month (between June-August 2024), accounting for an average of 9,542 items per community pharmacy in Suffolk.⁸¹ This is higher than the England average of 7,109 items per pharmacy monthly and the East of England average of 7,760 in 2023-24.⁸²

3.2.1 Distance Selling Pharmacies (DSPS)

Distance Selling Pharmacies are described in [Section 1.5.1.2](#).

There is one DSP in Suffolk, located in West Suffolk. This is the same number of DSPs open at the time of writing the last 2022 PNA. Details can be found in Appendix A.

⁸¹ NHS Business Services Authority (BSA). Dispensing Contractors' Data June-August 2024. [Accessed November 2024] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁸² NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed November 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. Therefore, residents do have access and may access DSPs from outside of Medway. There has been an overall increase in the number of DSPs in England, as mentioned in Section 1.5.1.2, and with the increased uptake of electronic prescription services, it provides more choice and flexibility for patients.

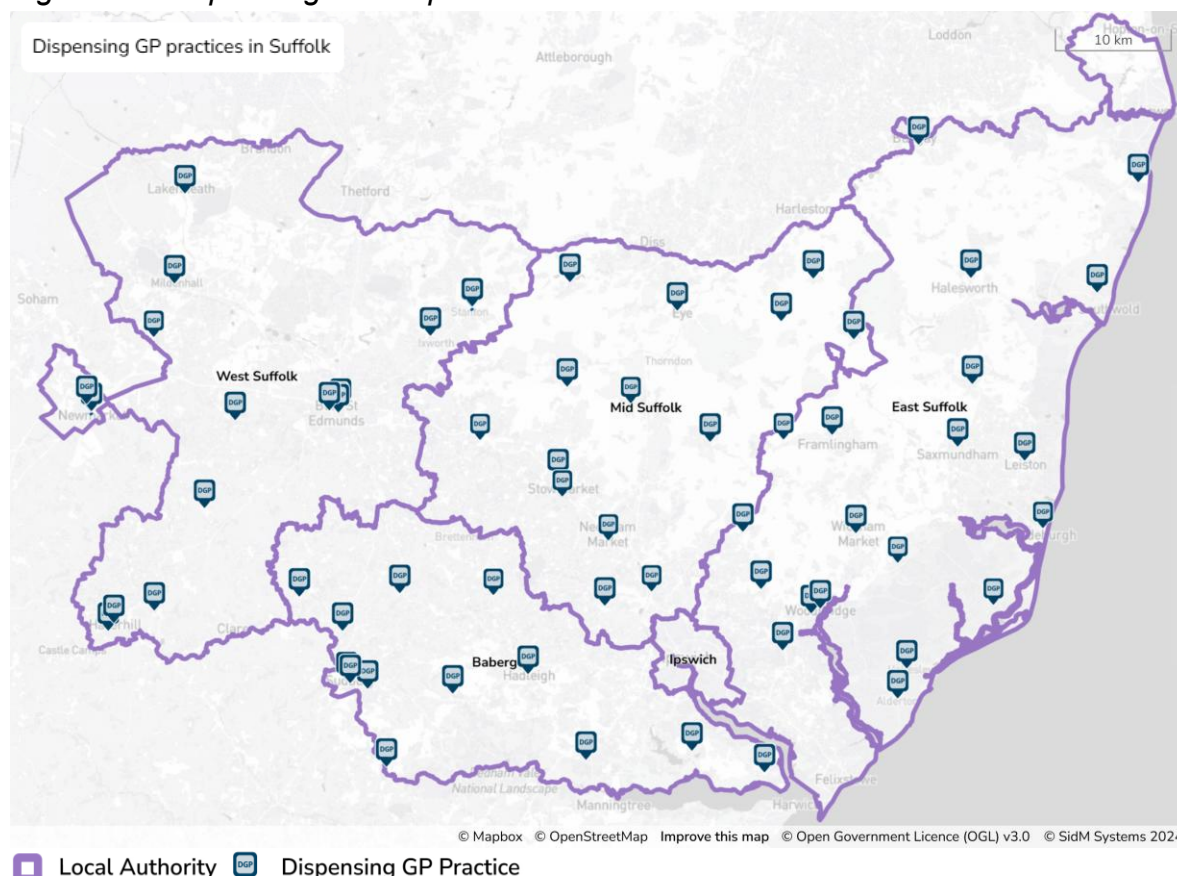
3.3 Dispensing doctor practices

In addition to the 127 community pharmacies (including one DSP), Suffolk has 42 dispensing doctor practices providing pharmaceutical services. These 42 practices dispense prescriptions from a total of 67 dispensing sites. However, it should be noted that dispensing practices can only dispense to a defined list of residents within a controlled locality. Figure 27 shows a map of these practices and Table 38 gives a breakdown of the number in each locality.

Table 38: Number of dispensing doctor practices sites per locality

Locality	Number of dispensing practices (all sites)
Babergh	13
East Suffolk	14
Ipswich	0
Mid Suffolk	20
West Suffolk	20

Figure 27: Dispensing doctor practices in Suffolk



3.4 Dispensing Appliance Contractors (DACs)

As discussed in [Section 1.5.3](#), DACs provide a range of services but do not supply medicines. There are two DACs in Suffolk; however, DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

The two DACs in Suffolk are based in the Ipswich locality. Details are found in Appendix A.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Suffolk. There are 111 DACs in England.⁸³

3.5 PhAS pharmacies

There are 32 PhAS providers in Suffolk. Details are found in Appendix A.

3.6 Pharmaceutical service provision provided from outside Suffolk

Suffolk borders with three other HWBs: Cambridgeshire, Essex and Norfolk. It is anticipated that residents in Suffolk will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

Given the rural nature of some parts of Suffolk, residents will be familiar with longer travel times, particularly in the evenings and at weekends, to access other services such as a supermarket.

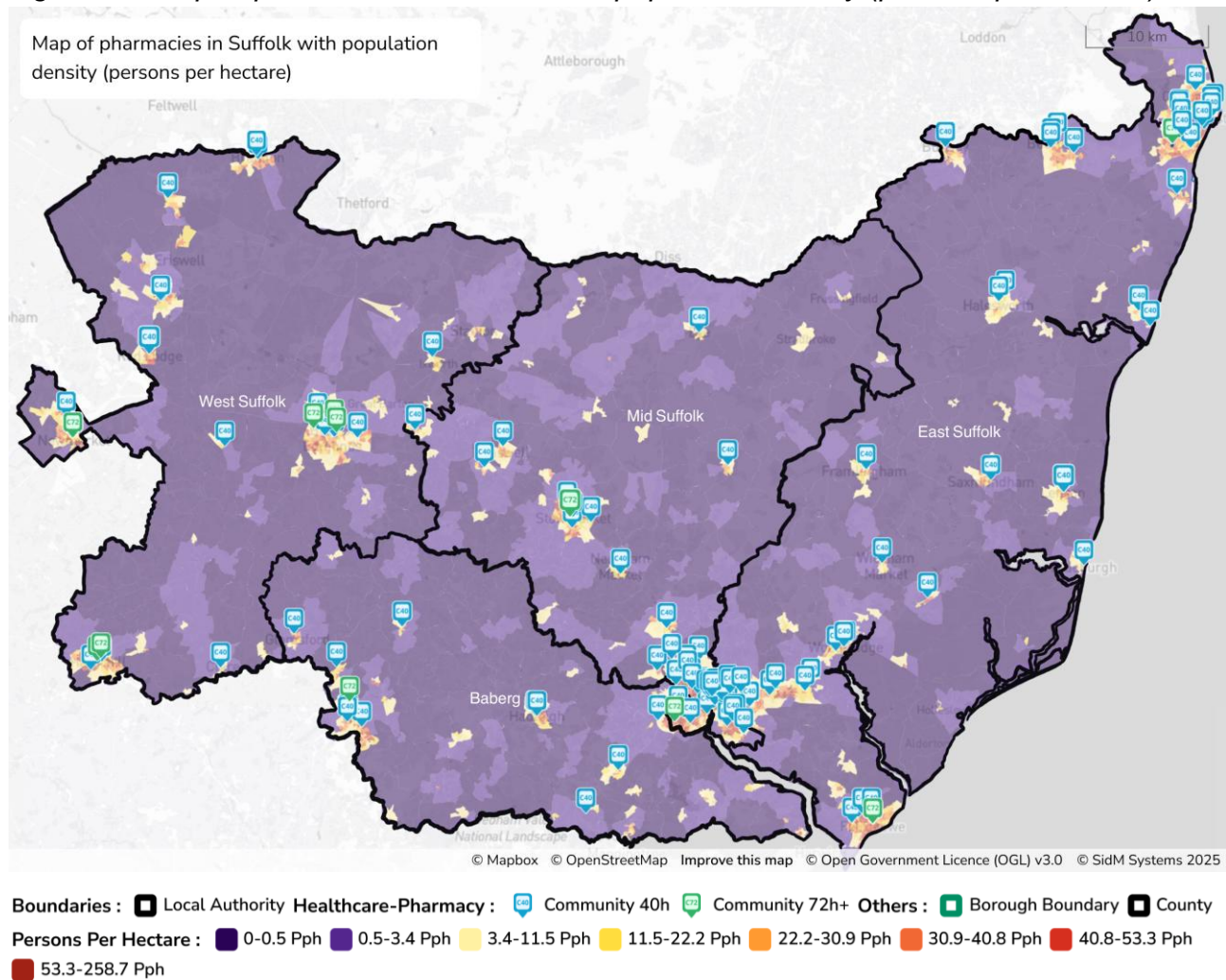
It is not practical to list here all those pharmacies outside the Suffolk area by which Suffolk residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of the Suffolk area boundaries, as shown in Figure 25. Further analysis of cross-border provision is undertaken in [Section 6](#).

3.7 Access to community pharmacies

Community pharmacies in Suffolk are particularly located around areas with a higher density of population, as seen in the map below.

⁸³ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed November 2024] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

Figure 28: Map of pharmacies in Suffolk with population density (persons per hectare)



A previously published article⁸⁴ suggests:

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

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

While this is based on a relatively old publication, it still remains a useful reference in the absence of more recent data. A list of community pharmacies in Suffolk and their opening hours can be found in Appendix A.

⁸⁴ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.7.1 Travel analysis

Census 2021 data shows that the overall percentage of households that have access to a car or van is 84.1% in Suffolk, higher than the national average of 76.5%.⁸⁵

Table 39: Percentage of households across Suffolk with access to at least one car or van

Area	Percentage of households with access to a car or van
Babergh	88.4%
East Suffolk	84.1%
Ipswich	75.2%
Mid Suffolk	90.2%
West Suffolk	85.1%
Suffolk	84.1%
England	76.5%

A detailed travel analysis was completed to understand how long it takes residents across Suffolk to travel to a pharmacy at various times of the day and by various methods of transport. Full details can be found in Appendix E. A breakdown of travel within each locality is analysed in [Section 6.2](#).

Table 40: Time to pharmacy with various methods of transportation across Suffolk: and population coverage (%)

Transport	0-10 minutes	0-20 minutes	0-30 minutes
Walking	32.22%	64.71%	73.06%
Public transport (peak)	32.80%	57.60%	66.10%
Public transport (off-peak)	32.35%	56.72%	66.24%
Driving (peak)	85.94%	98.99%	99.55%
Driving (off-peak)	87.41%	99.14%	99.52%

Table 41: Walking time to pharmacy by locality: population coverage (%)

Area	0-10 minutes	0-20 minutes	0-30 minutes
Babergh	21.87%	46.46%	57.26%
East Suffolk	29.69%	68.75%	78.20%
Ipswich	61.94%	97.74%	100%
Mid Suffolk	21.00%	42.78%	50.41%
West Suffolk	25.12%	56.48%	67.05%
Suffolk	32.22%	64.71%	73.06%

⁸⁵ ONS. 2021 Census Profile for areas in England and Wales. [Accessed November 2024] [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021)

Table 42: Driving time to pharmacy by locality: population coverage (%)

Area	0-10 minutes (off-peak)	0-20 minutes (off-peak)	0-30 minutes (off-peak)	0-10 minutes (peak)	0-20 minutes (peak)	0-30 minutes (peak)
Babergh	76.34%	97.84%	99.42%	74.59%	97.46%	99.47%
East Suffolk	90.99%	98.74%	99.26%	89.99%	98.44%	99.26%
Ipswich	100%	100%	100%	100%	100%	100%
Mid Suffolk	72.29%	99.33%	99.34%	70.07%	99.32%	99.38%
West Suffolk	87.47%	99.47%	99.53%	84.86%	99.46%	99.64%
Suffolk	87.41%	99.14%	99.52%	85.94%	98.99%	99.55%

Table 43: Public transport time to pharmacy by locality: population coverage (%)⁸⁶

Area	0-10 minutes (off-peak)	0-20 minutes (off-peak)	0-30 minutes (off-peak)	0-10 minutes (peak)	0-20 minutes (peak)	0-30 minutes (peak)
Babergh	21.77%	40.98%	53.59%	22.24%	42.44%	52.54%
East Suffolk	30.13%	57.65%	68.57%	30.38%	57.43%	68.57%
Ipswich	61.39%	95.28%	99.36%	62.53%	94.99%	99.28%
Mid Suffolk	20.68%	35.11%	40.13%	20.71%	35.28%	40.11%
West Suffolk	25.71%	47.08%	59.83%	26.17%	50.43%	59.85%
Suffolk	32.35%	56.72%	66.24%	32.80%	57.60%	66.10%

Summary:

- 99% of the population who have access to a car in Suffolk can get to a pharmacy within 20 minutes, whether this is peak or off-peak.
- 65% of the population who are able to walk can get to the pharmacy within 20 minutes.
- 58% can access a pharmacy via public transport within 20 minutes and 66% within 30 minutes.

⁸⁶ Please note there may be a marginal higher coverage in some areas for public transport during peak times compared to off-peak, which is and likely down to better transport links during peak times in those areas.

Figure 29: Average walk times to community pharmacies in Suffolk

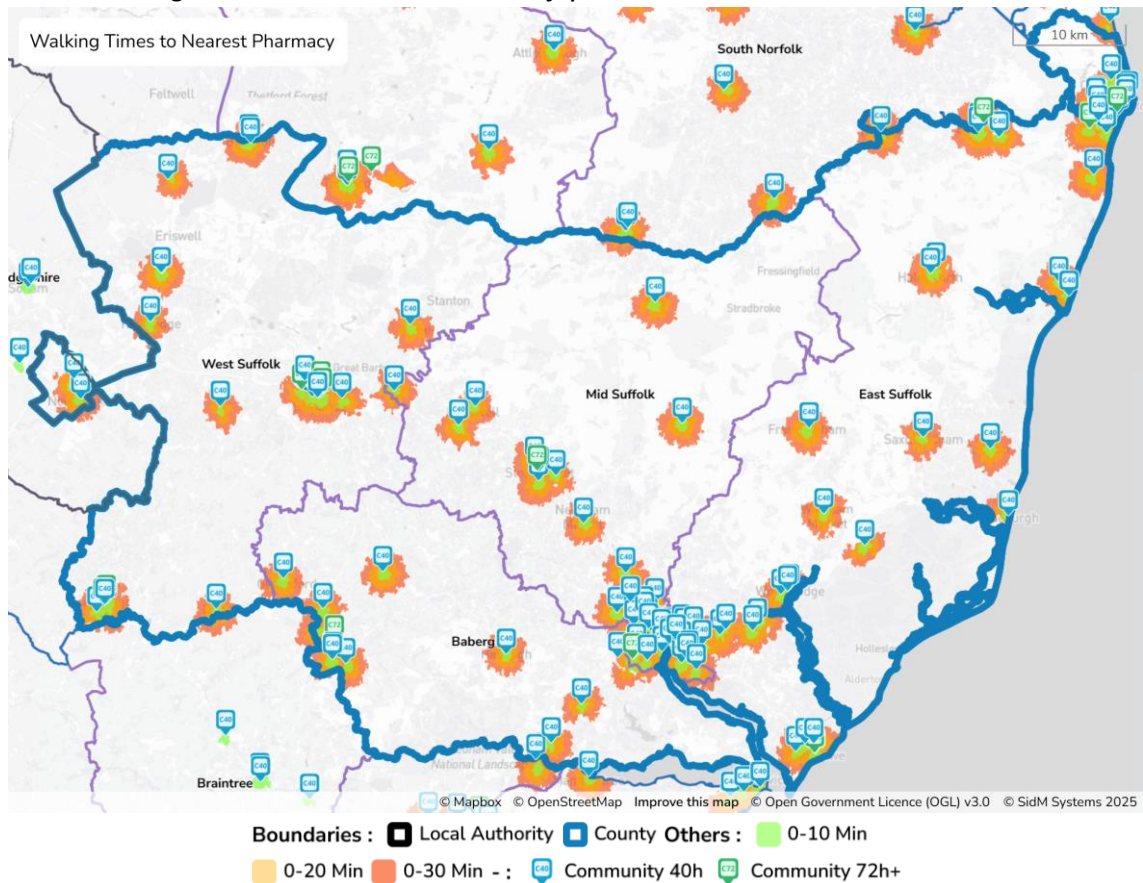


Figure 30: Drive times by car to the nearest pharmacy in Suffolk (off peak)

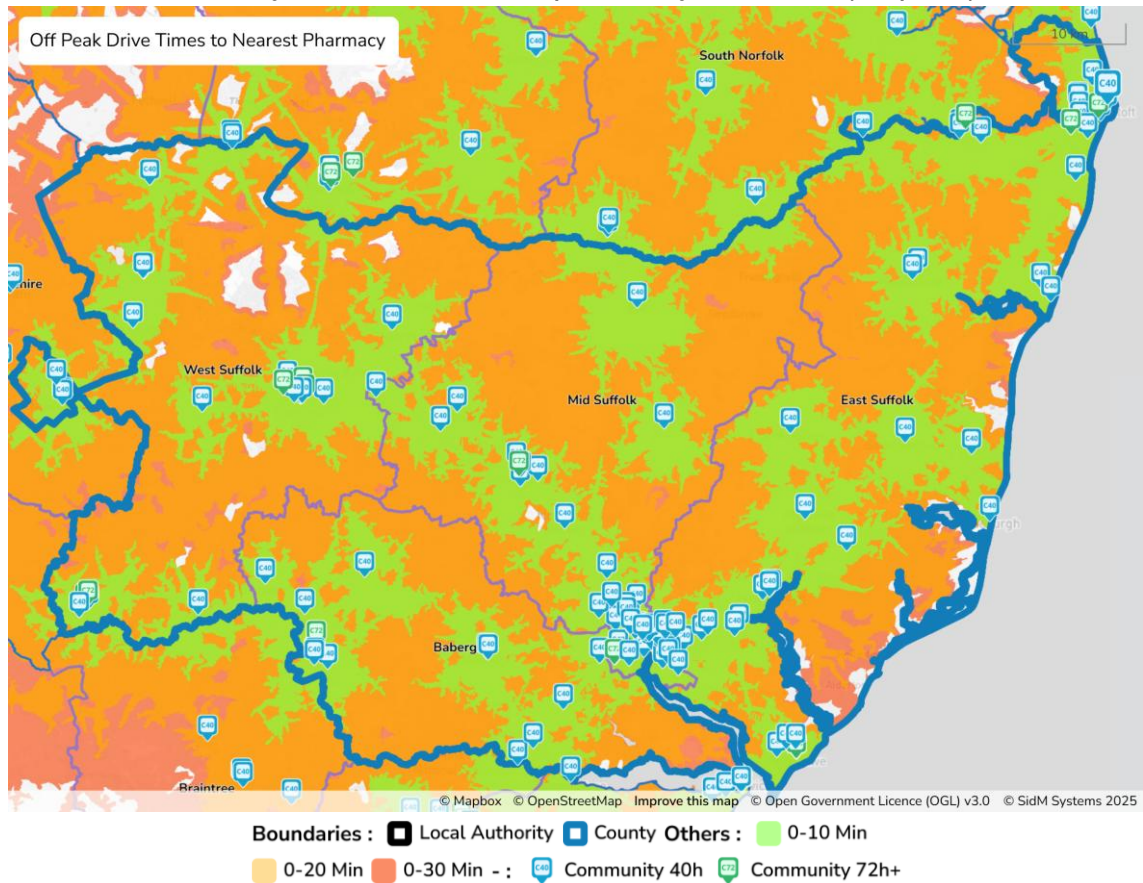


Figure 31: Drive times by car to the nearest pharmacy in Suffolk (peak)

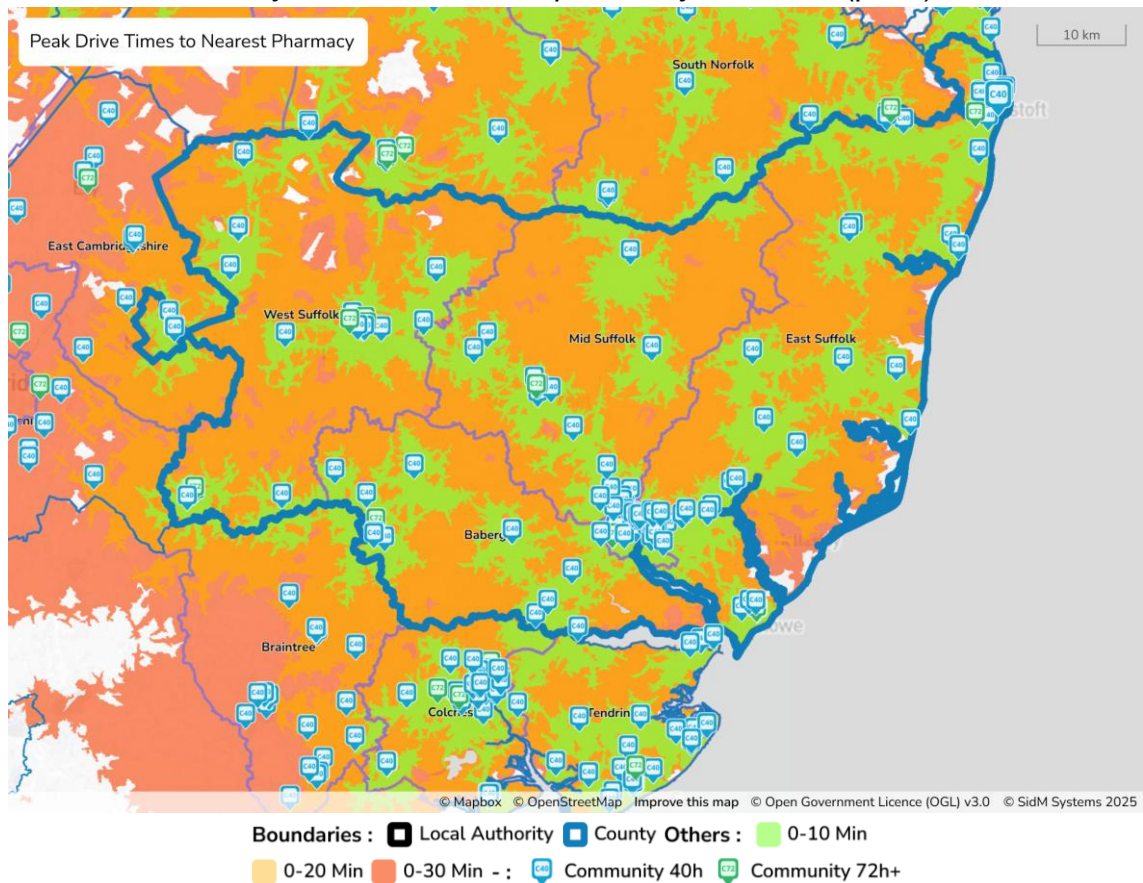


Figure 32: Public transport times to the nearest pharmacy in Suffolk (off peak)

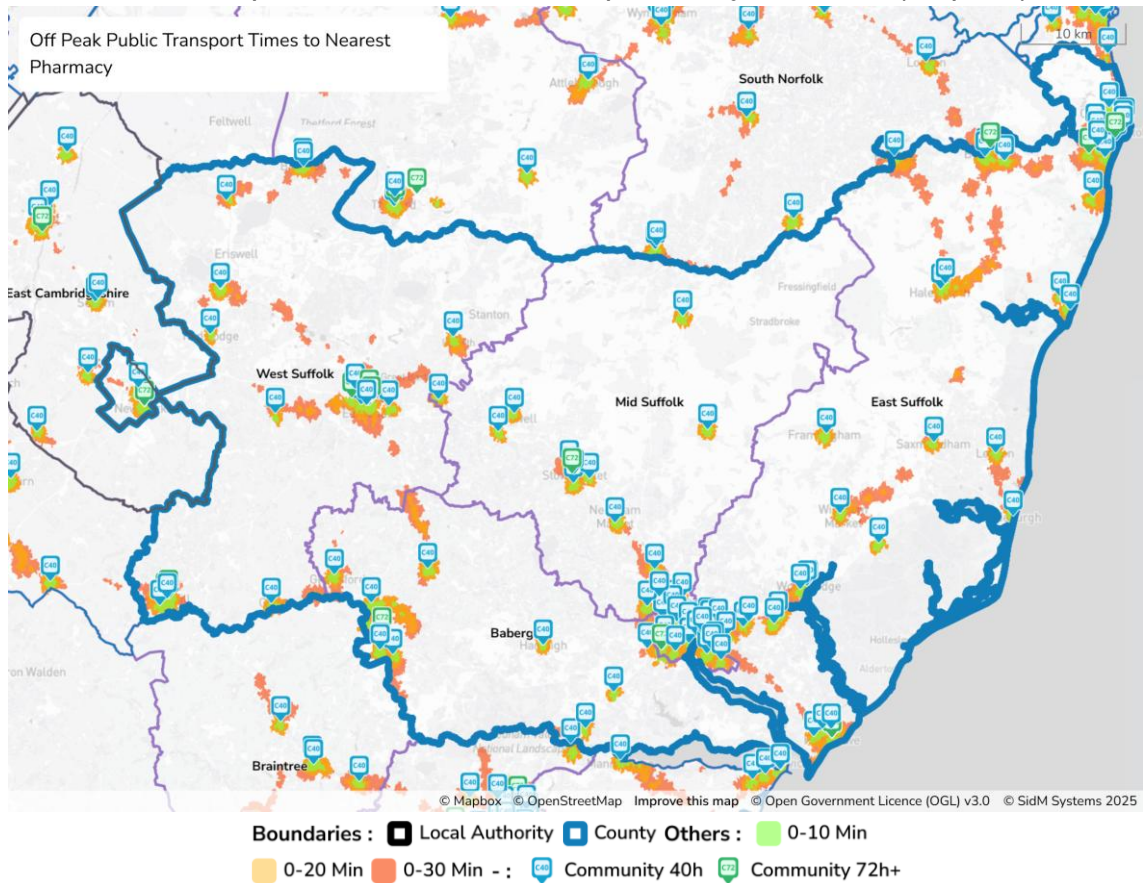
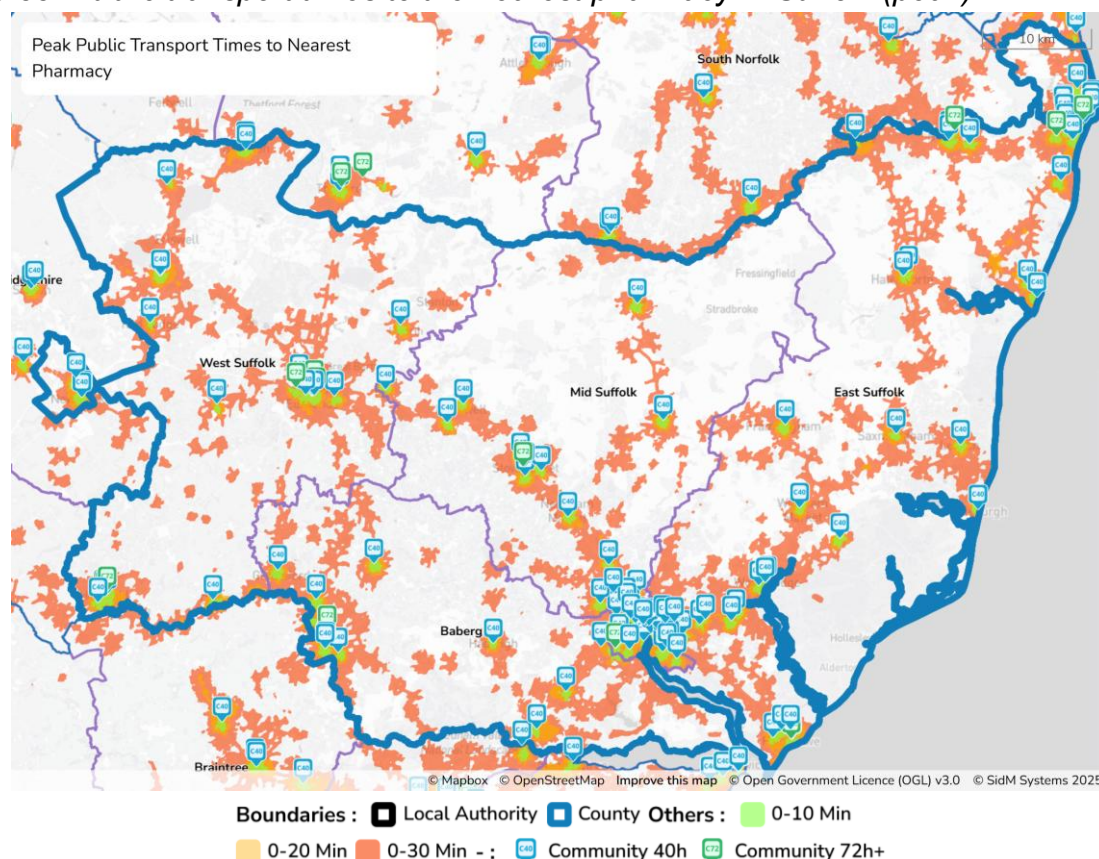


Figure 33: Public transport times to the nearest pharmacy in Suffolk (peak)



3.7.2 Weekend and evening provision

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

In the 2022 PNA, Suffolk had 16 (12%) 100-hour pharmacies compared to the 13 (10%) 72-hour pharmacies now open in December 2024. Nationally, there has been a decline too, with the number of 100-hr community pharmacies in England open in 2022 being 9.4% and now for 72 hours or more per week being 7.7%.

Table 44: Number of 72-hour community pharmacies (and percentage of total)⁸⁷

Area	Number (%) of 72+ hour pharmacies
Babergh	1 (8%)
East Suffolk	4 (9%)
Ipswich	1 (3%)
Mid Suffolk	1 (8%)
West Suffolk	6 (21%)
Suffolk	13 (10%)
England	806 (7.7%)

⁸⁷ NHS BSA. Pharmacy Openings and Closures. November 2024. [Accessed November 2024]
<https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

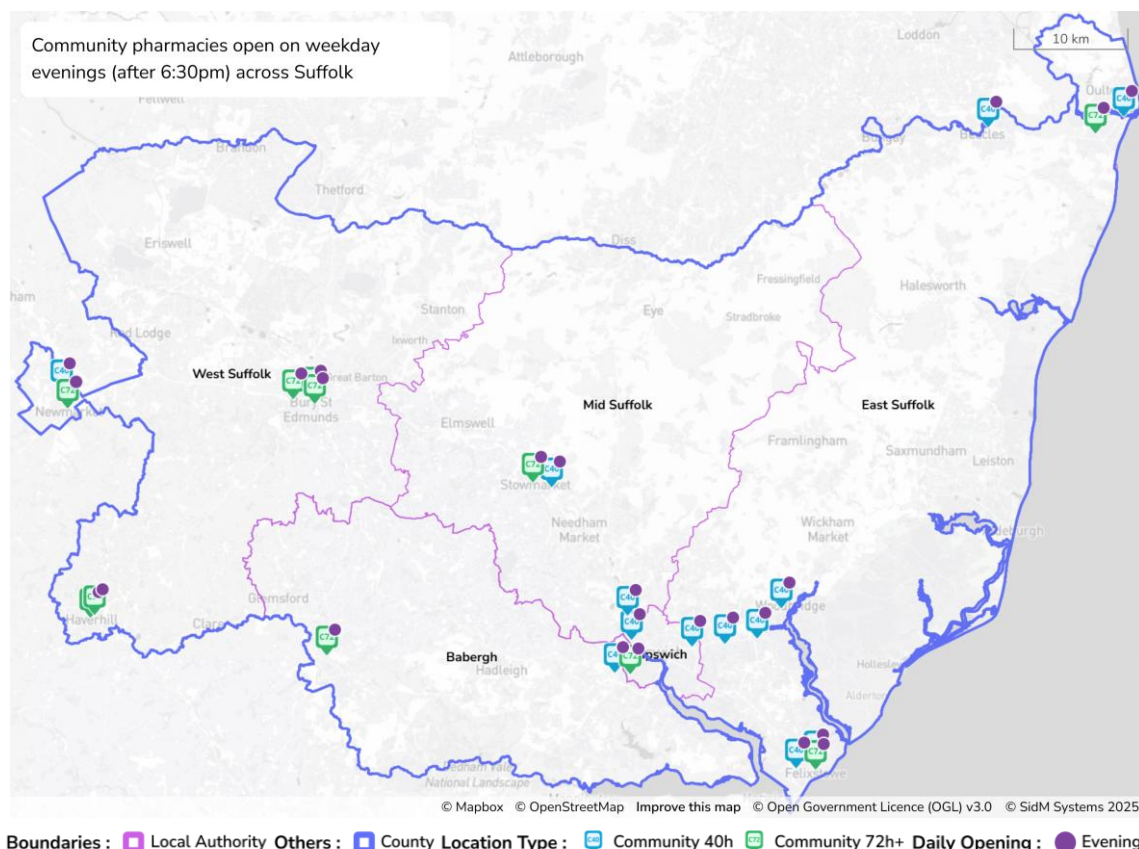
3.7.3 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in the table below and are shown in Figure 34. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at the locality level and can be found in Table 45, which shows that 19% of pharmacies are open beyond 6.30pm across Suffolk.

Table 45: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6.30pm, and on Saturday and Sunday

Area	Number (%) of pharmacies open beyond 6.30 pm	Number (%) of pharmacies open on Saturday am (until 1pm)	Number (%) of pharmacies open on Saturday all day	Number (%) of pharmacies open on a Sunday
Babergh	2 (15%)	10 (77%)	8 (62%)	3 (23%)
East Suffolk	9 (21%)	37 (86%)	20 (47%)	8 (19%)
Ipswich	4 (14%)	22 (76%)	11 (38%)	4 (14%)
Mid Suffolk	2 (15%)	12 (92%)	3 (23%)	3 (23%)
West Suffolk	7 (24%)	22 (76%)	17 (59%)	9 (31%)
Suffolk	24 (19%)	103 (81%)	59 (46%)	27 (21%)

Figure 34: Community pharmacies open on weekday evenings (after 6.30pm) across Suffolk



3.7.4 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Suffolk, 103 (81%) are open on Saturdays, and 59 (46%) remain open into the afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at the locality level in [Section 6.2](#). Full details of all pharmacies open on a Saturday can be found in Appendix A.

Figure 35: Community pharmacies open on Saturday (until 1 pm) across Suffolk

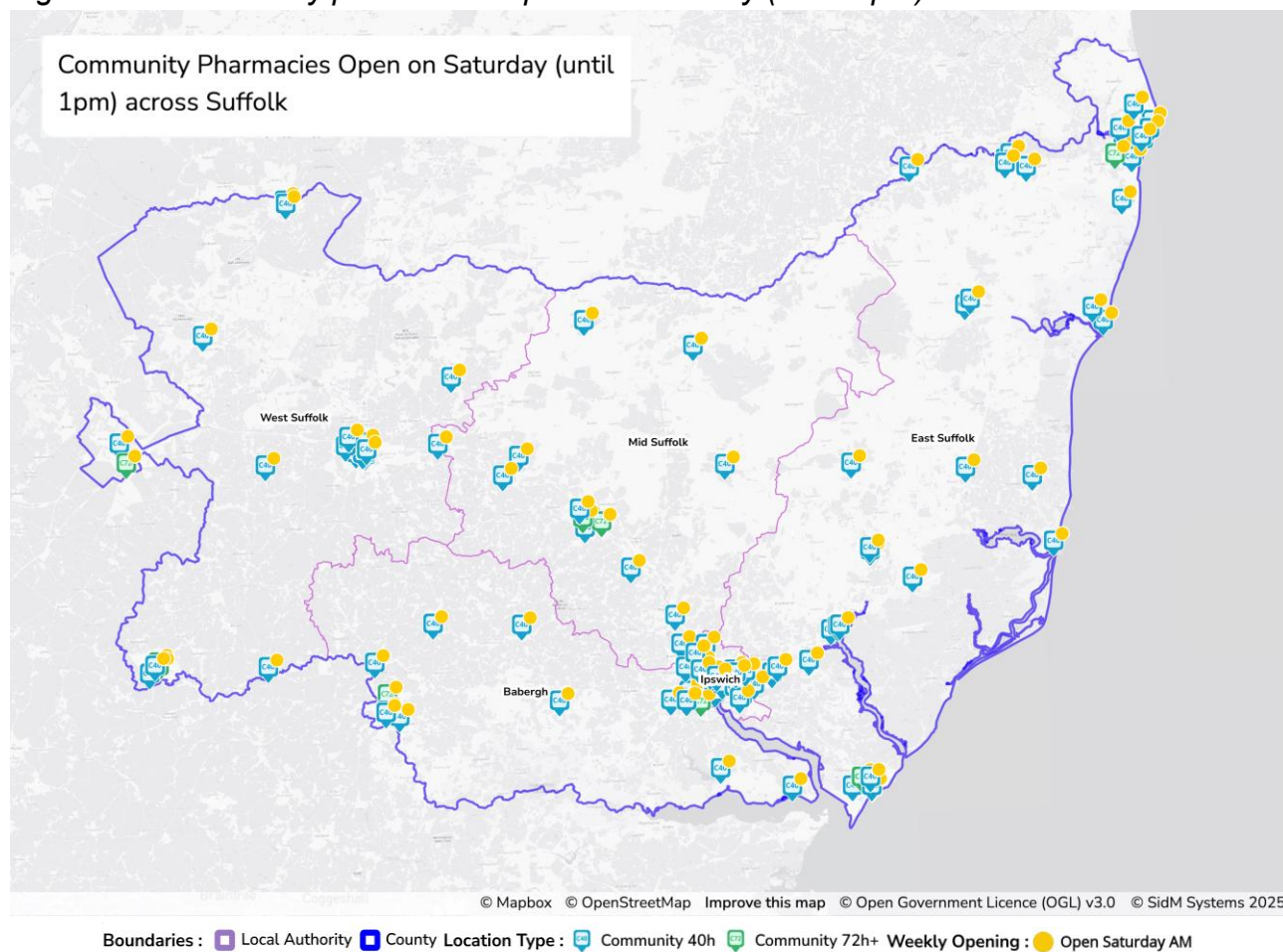
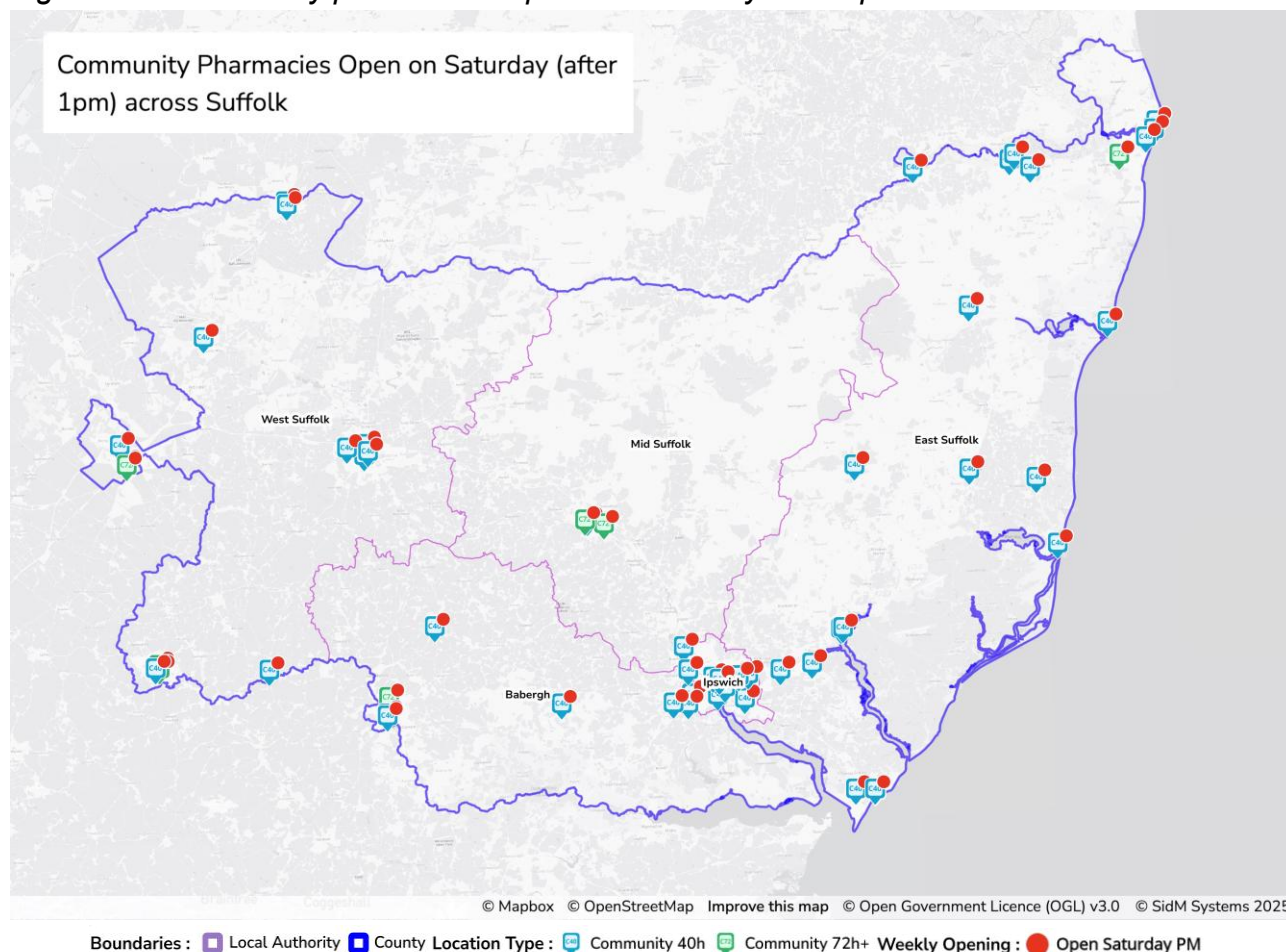


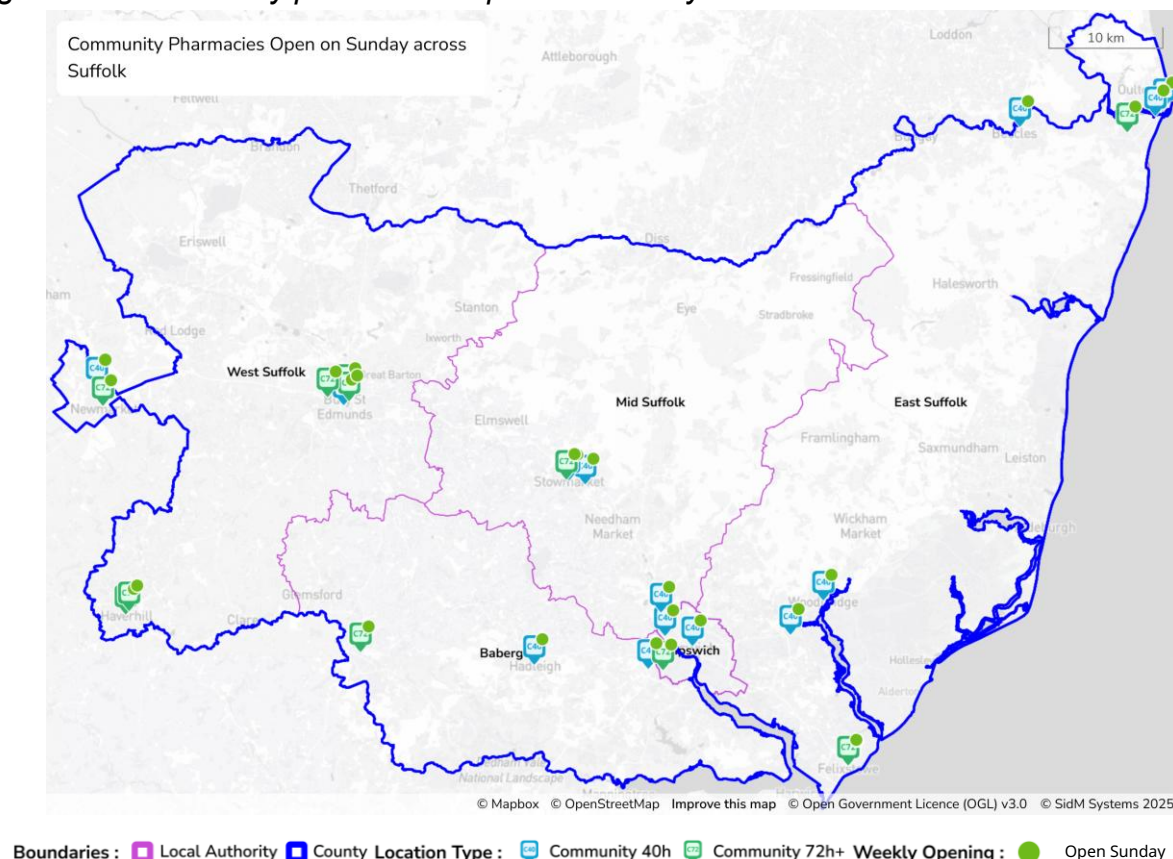
Figure 36: Community pharmacies open on Saturday after 1pm across Suffolk



3.7.5 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (16, 13%) are open on Sundays than on any other day in Suffolk, which typically mirrors the availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A.

Figure 37: Community pharmacies open on Sundays across Suffolk



3.7.6 Routine bank holiday access to community pharmacies

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

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

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

The location of these at the time of writing can be found in Appendix A.

3.8 Advanced Service provision from community pharmacies

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

[Section 1.6.2](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. To understand provision across all localities, data has been sourced by various methods to populate Table 46.

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

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

It is important to note a discrepancy in certain localities where the percentage of pharmacies claiming payment exceeds those listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being delivered.

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

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

The Smoking Cessation Service currently has low uptake locally as well as nationally; however, it should be noted that this service is dependent on referrals being received from secondary care. Therefore, numbers should be interpreted with care as they are low due to referral, not due to the lack of appetite to provide them. There is a separate smoking service commissioned locally, which is discussed in [Section 4.2](#).

Table 46: Summary of service provision across Suffolk

Advanced services	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk	Suffolk
Pharmacy First	100% (85%)	95% (98%)	93% (97%)	100% (100%)	100% (100%)	97% (97%)
Flu Vaccination service	92%	79%	86%	77%	97%	86%
Pharmacy Contraception Service	62% (54%)	33% (53%)	48% (55%)	15% (38%)	62% (55%)	44% (53%)
Hypertension Case Finding Service	92% (69%)	88% (93%)	69% (90%)	100% (100%)	93% (100%)	87% (92%)
New Medicine Service	100%	100%	97%	100%	100%	99%
Smoking Cessation Service	8% (38%)	0% (37%)	0% (41%)	0% (69%)	10% (34%)	3% (41%)
Appliance Use Review*	0%	0%	0%	0%	0%	0%
Stoma Appliance Customisation*	0%	0%	0%	0%	0%	0%
LFD Service	62% (69%)	49% (60%)	52% (69%)	31% (31%)	76% (83%)	55% (65%)
Enhanced services	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk	Suffolk
COVID-19 Vaccination Service**	- (31%)	- (40%)	- (31%)	- (54%)	- (28%)	- (35%)
Bank Holiday Service	1 (8%)	1 (2%)	2 (7%)	5 (38%)	5 (17%)	14 (11%)

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

* This service is typically provided by the DACs

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

3.9 Enhanced Service provision from community pharmacy

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

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

As shown in Table 46, there is a spread across all localities of community pharmacies signed up to provide the services. Actual provision numbers are low for the NES due to the time of writing, as the activity is seasonal. This service is also accessible to residents from other healthcare providers.

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

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

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

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

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

Table 47, Table 48 and Table 49 detail the services provided across Suffolk. A list of all contractors and commissioned services can be found in Appendix A.

4.1 Locally Commissioned Services (LCS)

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, ICBs and NHSE local teams. In Suffolk, most commissioned services are public health services and hence are commissioned by Suffolk County Council.

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

Please note that the number of providers in the tables below is based on pharmacies signed up for the service or having a contract in place at the time of writing.

Table 47: Number and percentage of providers for Suffolk and North East Essex ICB-commissioned services in Suffolk

	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk	Suffolk
COVID-19 Oral Treatment	1 (8%)	4 (9%)	2 (7%)	1 (8%)	5 (17%)	13 (10%)
Specialist Medicines Service	2 (15%)	4 (9%)	1 (3%)	1 (8%)	4 (14%)	12 (9%)
RSV Vaccination	2 (15%)	2 (5%)	5 (17%)	1 (8%)	5 (17%)	15 (12%)

Table 48: Number and percentage of provides for Norfolk and Waveney ICB- commissioned services in Suffolk (Waveney only)

	East Suffolk (Waveney)
COVID-19 Stock and Supply	4 (9%)
Essential Medicines Service	2 (5%)

Table 49: Number and percentage of providers for SCC commissioned services in Suffolk

	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk	Suffolk
Chlamydia screening	-	-	-	-	-	-
Chlamydia treatment	0	0	1 (3%)	0	0	1 (1%)
EHC	3 (23%)	9 (21%)	8 (28%)	1 (8%)	13 (45%)	34 (27%)
Condom distribution card	0	1 (2%)	2 (7%)	0	3 (10%)	6 (5%)
NHS health checks	0	0	3 (10%)	1 (8%)	1 (3%)	5 (4%)
NRT	5 (38%)	19 (44%)	9 (31%)	8 (62%)	13 (45%)	54 (43%)
Supervised consumption	0	3 (7%)	3 (10%)	1 (8%)	2 (7%)	9 (7%)
Needle exchange	0	3 (7%)	2 (7%)	0	2 (7%)	7 (6%)

4.2 Local authority-commissioned services provided by community pharmacies in Suffolk

SCC commissions eight services from community pharmacies in Suffolk.

Currently commissioned services by SCC are:

- Chlamydia screening
- Chlamydia treatment
- Emergency hormonal contraception (EHC)
- Condom distribution card (C card)
- NHS health checks
- Nicotine replacement therapy (NRT)
- Supervised consumption
- Needle exchange

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

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

4.3 ICB-commissioned services

Services across Suffolk are commissioned by two ICBs, Suffolk and North East Essex ICB and Norfolk and Waveney ICB

Suffolk and North East Essex commissions three services across Suffolk.

- COVID-19 Oral Treatment
- Specialist Medicines Service
- Respiratory Syncytial Virus (RSV) vaccination

Norfolk and Waveney commissions two services across Suffolk in the East Suffolk locality, which Waveney is a part of.

- COVID-19 Stock and Supply
- Essential Medicines Service

A full list of community pharmacy providers for each service in Suffolk can be found in Appendix A.

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

4.4 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and are not part of the community pharmacy contractual terms of service.

This would not be considered as part of a determination for market entry.

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

Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England.

4.5 Language services

All community pharmacies in Suffolk can access interpreting and translation services, which are commissioned by the ICBs. The service involves interpreting, transcription and translation of spoken and non-spoken languages. These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, to enhance communication with services.⁸⁸

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

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

4.6 Services for less-abled people

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

As one measure of accessibility, from the 1,542 responders to the public questionnaire, 25% had identified that they had a disability. 26% stated accessibility was an important factor when choosing a pharmacy.

⁸⁸ Interpreting and translation services. [Accessed February 2025] <https://cpns.org.uk/resources/essential-resources/accessible-information-standard-interpreting-and-translation-services/>

4.7 Other services provided by dispensing practices

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

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

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

4.8 Other NHS-commissioned providers

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

4.8.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospitals:

- East Suffolk and North Essex NHS Foundation Trust:
 - Ipswich Hospital, Heath Road, Ipswich IP4 5PD.
 - Colchester Hospital, Turner Road, Colchester, CO4 5JL.
- West Suffolk Hospital, Hardwick Lane, Bury St Edmunds IP33 2QZ.

From outside the HWB area:

- James Paget University Hospitals NHS Foundation Trust, Lowestoft Road.

The Community Pharmacy Contractual Framework has two services that support NHS discharge: the Discharge Medicines Service (DMS) and the Smoking Cessation Service (SCS).

4.8.2 Prison pharmacies

In Suffolk, there are three prisons:

- HMP Highpoint (North and South), Stradishall, Newmarket CB8 9YG.
- HMP and YOI Hollesley Bay, Rectory Road, Hollesley, Woodbridge IP12 3JW.
- HMP Warren Hill, Grove Road, Hollesley, Woodbridge IP12 3BF.

4.8.3 Minor injuries and urgent care

Residents of Suffolk have access to:

- Felixstowe Minor Injuries Unit, Felixstowe General Hospital, Constable Road IP11 7HJ.
- Urgent and Emergency Care Centre, Ipswich Hospital, Heath Road, Ipswich IP4 5PD.

4.8.4 Other providers

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

Privately provided services: Most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy or DAC and the customer or patient.

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

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

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

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Suffolk. This questionnaire was available online through the SCC consultations website page between 16 September and 8 November 2024. Paper copies and alternative language versions were also available on request.

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

- Social media channels including Facebook, X and Next Door with messages, posters and bookmarks.
- Posters displayed in public libraries, mobile library vans and family hubs.
- Suffolk residents' newsletters.
- Suffolk staff and all Suffolk councillors.
- RAF Mildenhall and RAF Lakenheath noticeboards.
- Newsletter for schools, Suffolk Headlines.
- SCC network, including all groups in the different localities, specific ads to engage various demographic cohorts, newspaper articles in the East Anglian Daily Times, and groups supported by the following organisations:
 - Community Action Suffolk.
 - Suffolk User Forum.
 - Ipswich and Suffolk Council for Racial Equality.
 - Ace Anglia.
 - Anglia Care Trust.
 - Thinklusive.
 - Healthy Suffolk.
 - Suffolk Association of Local Councils.
 - Suffolk Chamber of Commerce.
 - Suffolk Refugee Support.
- Healthwatch Suffolk network.
- Suffolk and North East Essex ICB network, including Patient Participation Groups and the Suffolk's Voluntary, Community, Faith and Social Enterprise sector.
- Norfolk and Waveney ICB network.

There were 1,542 responses, of which 1,515 were to the online survey and 27 paper copies, of which four were in Dari (from Afghan respondents) and 11 in Ukrainian (from Ukrainian respondents).

These results were from a total population of 776,442 in Suffolk (0.20%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with certain groups not adequately represented, limiting how generalisable the findings are. Some comments have been provided as to how the survey results align with the demographics of Suffolk residents.

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

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

5.1 Demographic analysis

- 72% of the respondents were female and 27% male.⁸⁹
- The highest number of responses were from those aged 65-74 (30%).⁹⁰
- 25% reported having a disability or long-standing illness.⁹¹
- Majority of the respondents came from a white background (72%), with 4.5% from an ethnically diverse background.⁹²
- Majority of the respondents identified themselves as Christian (52%), followed by 37% with no religion.⁹³
- 91% of the users described themselves as straight or heterosexual.⁹⁴

The table below gives a breakdown of the public questionnaire responses per locality.

⁸⁹ Females were overrepresented in the PNA survey, accounting for 72% of responses. According to the 2023 mid-year population estimates, females accounted for 50.7% of the Suffolk population, compared to 49.3% for males.

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

⁹⁰ Older age groups were overrepresented in the public PNA questionnaire, with 21% of respondents aged 55 to 64 (compared to 14.0% of the Suffolk population), 30% of respondents aged 65 to 74 (compared to 11.7% of the Suffolk population), and 25% of respondents aged 75 and over (compared to 12.4% of the Suffolk population). Almost 8 in 10 (77%) of respondents to the public PNA questionnaire were aged 55 and over.

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

⁹¹ According to the 2021 census, 18.3% (138,987) of the Suffolk population were disabled under the Equality Act, meaning a higher representation of individuals with disabilities in the public PNA questionnaire. 81.7% (621,701) of the Suffolk population were classified as not disabled under the Equality Act.

⁹² The most notable difference is in the ethnic diversity representation: while the Census 2021 reveals a nuanced mix of ethnic groups, the PNA survey is overwhelmingly dominated by White: English (72%) and White: British (18%) respondents, totalling 90% of participants. In contrast, the census shows a more varied ethnic composition, with 87.3% identifying as White: English, Welsh, Scottish, Northern Irish or British. Minority ethnic groups are minimally represented in the PNA survey, with most categories showing zero or very few responses, whereas the census indicates small but significant populations of Asian, Black, Mixed, and other ethnic groups across Suffolk.

⁹³ According to the 2021 census, there was a higher proportion of Christian respondents to the PNA survey (52%) compared to the Suffolk population in 2021 (47.1%). Fewer individuals with no religion (37%) completed the survey, compared to 44.0% of the Suffolk population with a religion categorised as “No religion” as of census day, 2021.

⁹⁴ The percentage of responses to the PNA questionnaire split by sexual orientation aligned closely with the proportion of each sexual orientation of the Suffolk population as of census day, 2021. The prefer not to say group was slightly underrepresented (5% of PNA responses), compared to the Suffolk population as of census day, 2021 (7.1% of the Suffolk population).

Table 50: Public questionnaire – number of responses per locality.

Locality	Number (%)
Babergh	125 (10%)
East Suffolk	579 (47%)
Ipswich	215 (17%)
Mid Suffolk	148 (12%)
West Suffolk	170 (14%)

Based on the ONS 2023 subnational mid-year population estimates. East Suffolk was over-represented in the PNA survey (47% compared to 31.8% of the Suffolk population), while Babergh (10% of PNA responses), Ipswich (17% of PNA responses), Mid Suffolk (12% of PNA responses) and West Suffolk (14% of PNA responses) were all underrepresented based on their proportion of the Suffolk population.

A more detailed report of the results can be found in Appendix D.

5.2 Visiting a pharmacy

- 92% have a regular or preferred local community pharmacy, which is similar to the 90% of respondents in 2022.
- Most of the respondents (41%) visited a pharmacy once a month.
- 38% said the time of day most convenient typically varied.
- 74% said the day that was most convenient for them was Friday.
- 16% said they used an online pharmacy.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (86%) was to collect prescriptions for themselves.
- 61% visited to buy something over the counter.
- 44% sought advice from a pharmacist.
- 20% went to get treatment or support for a minor illness, the most common of which being either for a sore throat (32% / 300) or for infected insect bites (22% / 206).

5.4 Choosing a pharmacy

- Availability of medicines was an important factor (71% felt it was extremely important) when choosing a pharmacy.
- The location of the pharmacy (52%) and quality of service (52%) were also extremely important factors.
- The public transport being available, the pharmacy being accessible, and communication services (language, interpreting) were considered as not being important at all by 67%, 55% and 53% respectively.

- 21% said they chose to use a pharmacy that wasn't the closest or most convenient, mostly due to convenience, accessibility, stock availability or customer service reasons.
- 20% went to get treatment or support for a minor illness, the most common of which being either for a sore throat (32% / 300) or for infected insect bites (22%/206).

5.5 Access to a pharmacy

- 54% usually access a pharmacy by car, and 38% walk.
- 74% reported that they were able to travel to a pharmacy within 15 minutes, and in total, 96% were able to get to their pharmacy within 30 minutes.

Section 6: Analysis of health needs and pharmaceutical service provision

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

6.1 Pharmaceutical services and health needs

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

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

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

6.2 PNA localities

There are 196 contractors in Suffolk, of which 127 are community pharmacies (including one DSP). Table 35 in [Section 3.1](#) provides a breakdown by contractor type and Table 45 in [Section 3.7.3](#) provides a breakdown of the number and percentage of community pharmacies open beyond 6.30 pm and at weekends. Individual community pharmacy opening times are listed in Appendix A.

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

As described in [Section 1.4](#), for the purpose of this PNA, Essential Services have been defined as Necessary Services and the Advanced Services (excluding Smoking Cessation Service, Appliance Use Review and Stoma Appliance Customisation Service) and Enhanced Services as other relevant services for the Suffolk 2025 PNA. The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in [Section 3.8](#), [Section 3.9](#) and [Section 4](#) respectively.

For the purpose of the PNA, the Suffolk geography has five localities:

- Babergh.
- East Suffolk.
- Ipswich.
- Mid Suffolk.
- West Suffolk.

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

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

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

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

6.2.1 Babergh

Figure 38: Community pharmacies across Babergh

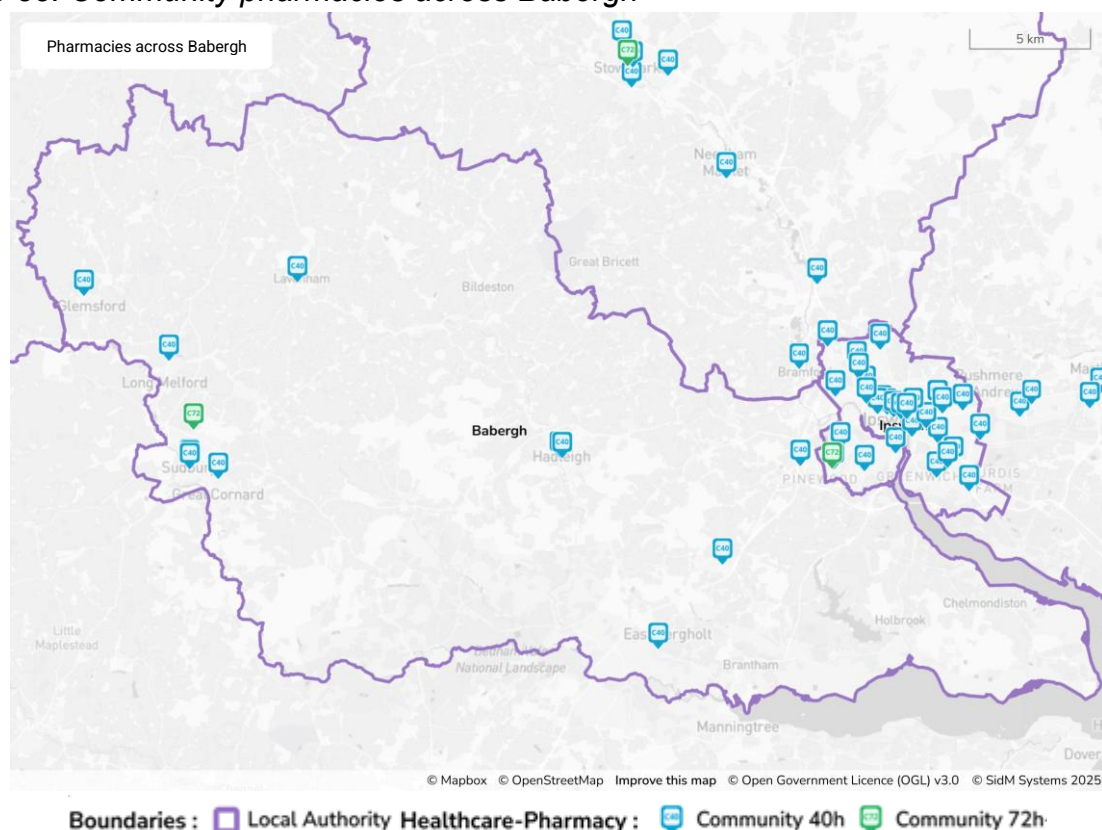


Figure 39: Community pharmacies in Sudbury cluster in Babergh

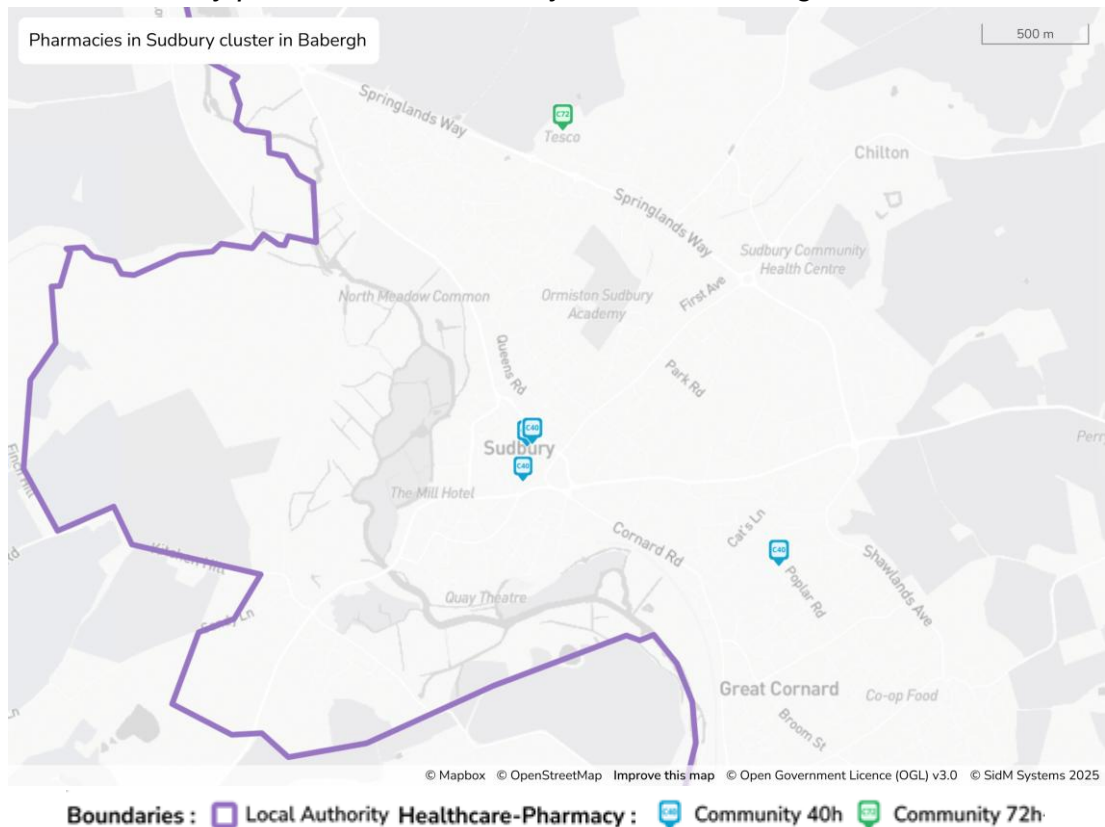
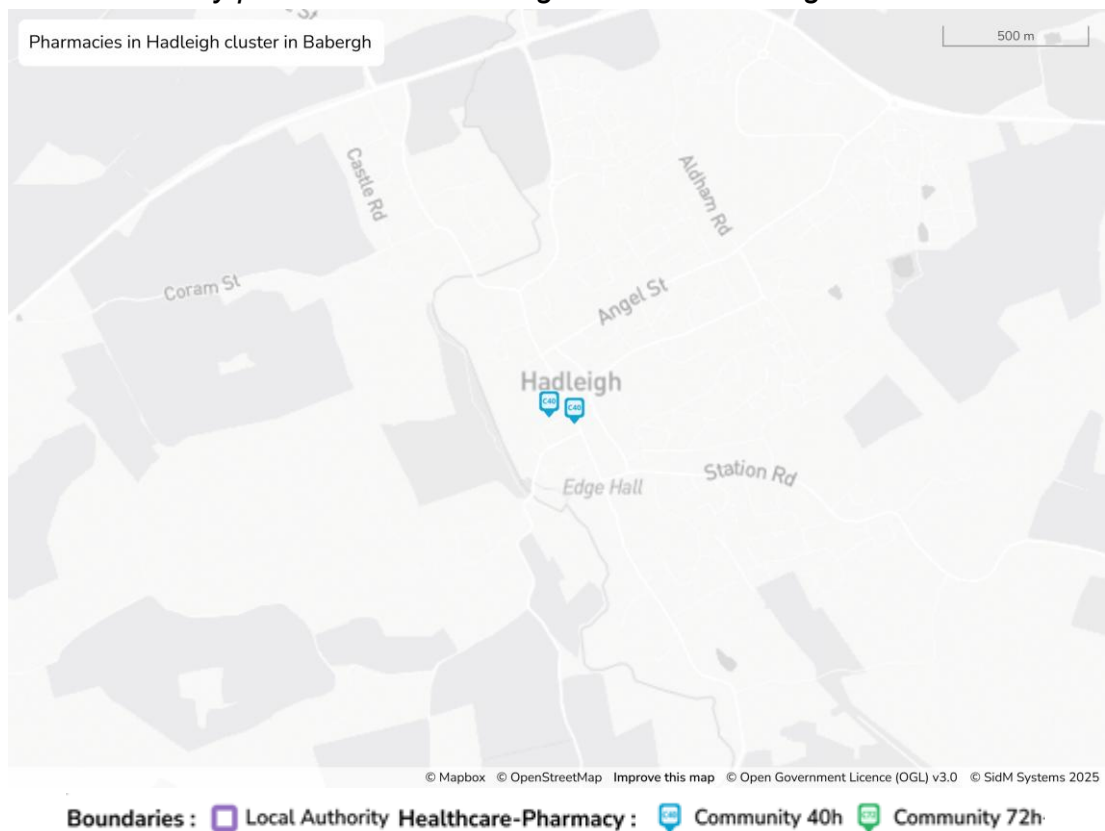


Figure 40: Community pharmacies in Hadleigh cluster in Babergh



6.2.1.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 13 community pharmacies in Babergh. The estimated average number of community pharmacies per 100,000 population is 13.6, which is lower than the Suffolk average of 16.4 per 100,000 population. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of seven dispensing doctor sites across Babergh.

Of the 13 community pharmacies:

- 12 (92%) hold a standard 40-core hour contract.
- One (8%) is a 72+ hour pharmacy.

Only one pharmacy has closed since the 2022 PNA.

The numbers and location of community pharmacies are reflective of the rural nature of Babergh.

Of the 13 community pharmacies:

- Two pharmacies (15%) are open after 6.30 pm on weekdays.
- Ten pharmacies (77%) are open on Saturday morning (until 1pm).
- Eight pharmacies (32%) are open on Saturday after 1pm.
- Three pharmacies (23%) are open on Sundays.

Of the dispensing doctor sites, three of them are open for some hours on Saturday morning.

There are also a number of accessible providers open in the neighbouring localities of East Suffolk, Mid Suffolk and West Suffolk, as well as in Essex.

6.2.1.2 Necessary Services: essential services gaps in provision

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

The current infrastructure allows for the predicted population increase of 3.3% by 2033 and the estimated number of planned dwellings for the next three years of 1,248.

To support access at the weekends and evenings, there is one 72-hour pharmacy in Babergh, supported by others listed above. Details are found in Appendix A.

Travel analysis across Babergh showed:

- 57.3% of the population can reach a community pharmacy within 30 minutes walking.
- 74.6% of the population can reach a community pharmacy by private transport within 10 minutes in peak times, and 76.3% in off-peak times.
- 52.5% of the population can reach a community pharmacy by public transport within 30 minutes in peak times, and 53.6% during off-peak times.

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

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

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

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

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

6.2.1.3 Other relevant services: current provision

Table 51 shows the pharmacies providing Advanced and Enhanced services in the Babergh locality, considered relevant. Although signed up data was not available for all the services, NHS BSA claims being made by the pharmacies demonstrates whether the service was being provided and possibly a better indication of provision.

Table 51: Babergh Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	11 (85%)	13 (100%)
Seasonal Influenza Vaccination	-	12 (92%)
Pharmacy Contraception	7 (54%)	8 (62%)
Hypertension case-finding	9 (69%)	12 (92%)
New Medicine Service	-	13 (100%)
Lateral Flow Device Tests	9 (69%)	8 (62%)
COVID-19 Vaccination Service	4 (31%)	N/A
Bank Holiday Service	1 (8%)	N/A

*Based on pharmacies claiming payment in August-November 2024

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

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

No gaps in the provision of other relevant services have been identified for Babergh locality.

6.2.1.4 Improvements and better access: gaps in provision

No gaps have been identified in either the Necessary Services or any other services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Babergh locality.

6.2.2 East Suffolk

Figure 41: Community pharmacies in East Suffolk

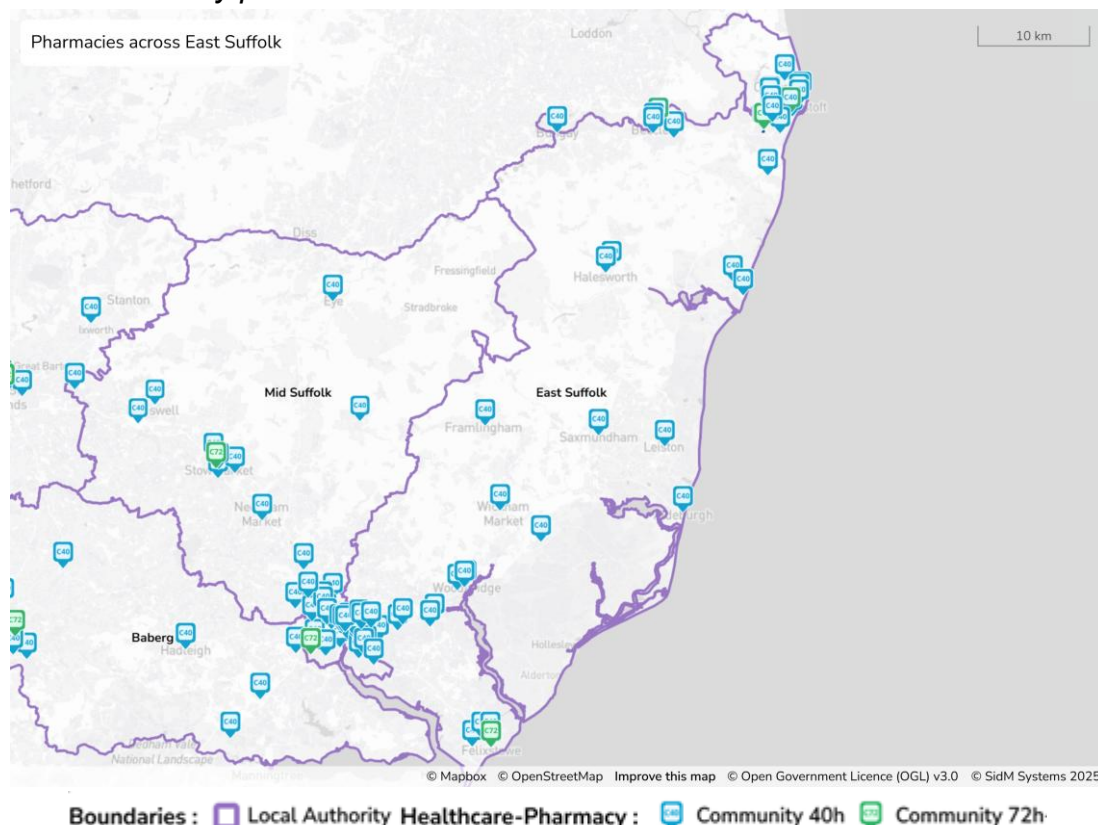
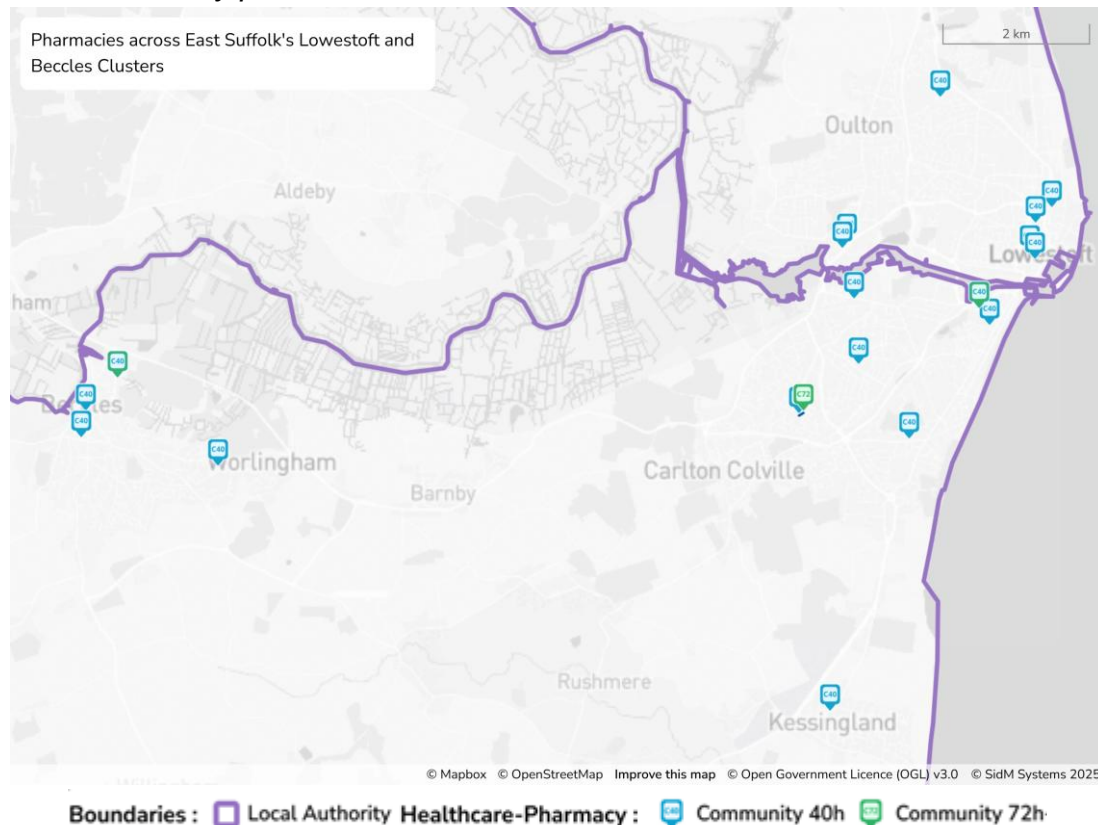


Figure 42: Community pharmacies in Lowestoft and Beccles clusters in East Suffolk



6.2.2.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 43 community pharmacies in East Suffolk, which is a reduction of three community pharmacies from 2022. The estimated average number of community pharmacies per 100,000 population is 17.4, higher than the Suffolk average of 16.4. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of 20 dispensing doctor sites across East Suffolk.

Of the 43 community pharmacies:

- 39 (91%) hold a standard 40-core hour contract.
- Four (9%) are 72+hour pharmacies.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of East Suffolk.

Of the 43 community pharmacies:

- Nine pharmacies (21%) are open after 6.30 pm on weekdays.
- 37 pharmacies (86%) are open on Saturday morning (until 1pm).
- 20 pharmacies (47%) are open on Saturday after 1pm.
- Eight pharmacies (19%) are open on Sundays.

Of the dispensing doctor sites, three of them are open for some hours on Saturday morning.

There are also a number of accessible providers open in the neighbouring localities of Mid Suffolk, Ipswich and Babergh, as well as in Norfolk.

6.2.2.2 Necessary Services: gaps in provision

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

The current infrastructure allows for the predicted estimated population increase of 3.3% by 2033 and the estimated number of planned dwellings for the next three years of 2,748 (including Waveney).

To support access at the weekends and evenings, there are four 72-hour pharmacies in East Suffolk, supported by others listed above. Details are found in Appendix A.

Travel analysis across East Suffolk showed:

- 78.2% of the population can reach a community pharmacy within 30 minutes walking.
- 90.0% of the population can reach a community pharmacy by private transport within 10 minutes in peak times, and 91.0% in off-peak times.
- 68.6% of the population can reach a community pharmacy by public transport within 30 minutes in peak times, and 69.6% during off-peak times.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents; however this would be no different in accessing other usual healthcare services or out-of-hours services in person at evenings and weekends.

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

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

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

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

6.2.2.3 Other relevant services: current provision

Table 52 shows the pharmacies providing Advanced and Enhanced services in the East Suffolk locality. Although signed up data was not available for all the services, NHS BSA claims being made by the pharmacies demonstrates whether the service was being provided and possibly a better indication of provision.

Table 52: East Suffolk Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies Providing*
Pharmacy First	42 (98%)	41 (95%)
Seasonal Influenza Vaccination	-	34 (79%)
Pharmacy Contraception	23 (53%)	14 (33%)
Hypertension case-finding	40 (93%)	38 (88%)
New Medicine Service	-	43 (100%)
Lateral Flow Device Tests	16 (37%)	21 (49%)
COVID-19 Vaccination Service	26 (60%)	N/A
Bank Holiday Service	1(2%)	N/A

*Based on pharmacies claiming payment in August-November 2024

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

Based on the information available, there is good access to the other relevant services across East Suffolk.

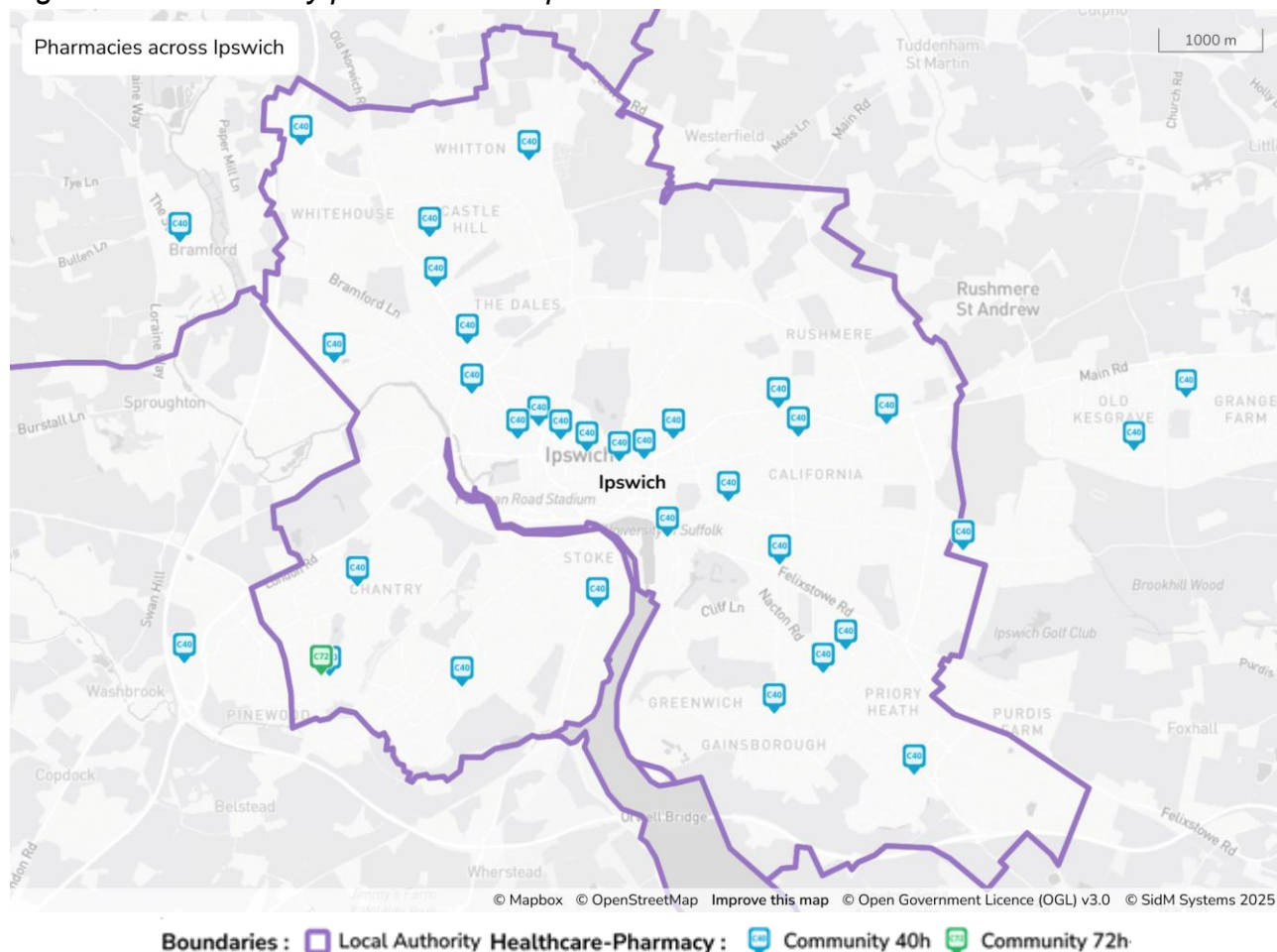
No gaps in the provision of relevant services have been identified for East Suffolk locality.

6.2.2.4 Improvements and better access: gaps in provision

No gaps have been identified in either the Necessary Services or any other services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across East Suffolk locality.

6.2.3 Ipswich

Figure 43: Community pharmacies in Ipswich



6.2.3.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 29 community pharmacies in Ipswich, which is a reduction of one since the previous PNA. The estimated average number of community pharmacies per 100,000 population is 20.8, which is higher than the Suffolk average of 16.4.

Of the 29 community pharmacies:

- 28 (97%) hold a standard 40-core hour contract.
- One (3%) is a 72+hour pharmacy.

There are also two DACs located in Ipswich.

Of the 29 community pharmacies:

- Four pharmacies (14%) are open after 6.30 pm on weekdays.
- 22 pharmacies (76%) are open on Saturday morning (until 1pm).
- Eleven pharmacies (38) are open on Saturday after 1pm.
- Four pharmacies (14%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities of Babergh, East Suffolk and Mid Suffolk.

6.2.3.2 Necessary Services: gaps in provision

Based on the spread of pharmacies across the locality there is adequate access to the essential pharmaceutical services across Ipswich.

The current infrastructure allows for the predicted population increase of 3.3% by 2033 and the estimated number of planned dwellings for the next three years of 1,380.

To support access at the weekends and evenings, there is one 72-hour pharmacy in Ipswich, supported by others listed above. Details are found in Appendix A.

Travel analysis across Ipswich showed:

- 100% of the population can reach a community pharmacy within 30 minutes walking.
- 100% of the population can reach a community pharmacy by private transport within 10 minutes in peak times, and 100% in off-peak times.
- 99.3% of the population can reach a community pharmacy by public transport within 30 minutes in peak times, and 99.4% during off-peak times.

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

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

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

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

6.2.3.3 Other relevant services: current provision

Table 53 shows the pharmacies providing Advanced and Enhanced services in the Ipswich locality.

Table 53: Ipswich Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	28 (97%)	27 (93%)
Seasonal Influenza Vaccination	-	25 (86%)
Pharmacy Contraception	16 (55%)	14 (48%)
Hypertension case-finding	26 (90%)	20 (69%)
New Medicine Service	-	28 (97%)
Lateral Flow Device Tests	20 (69%)	15 (52%)
COVID-19 Vaccination Service	9 (31%)	N/A
Bank Holiday Service	2 (7%)	N/A

*Based on pharmacies claiming payment in August-November 2024

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

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

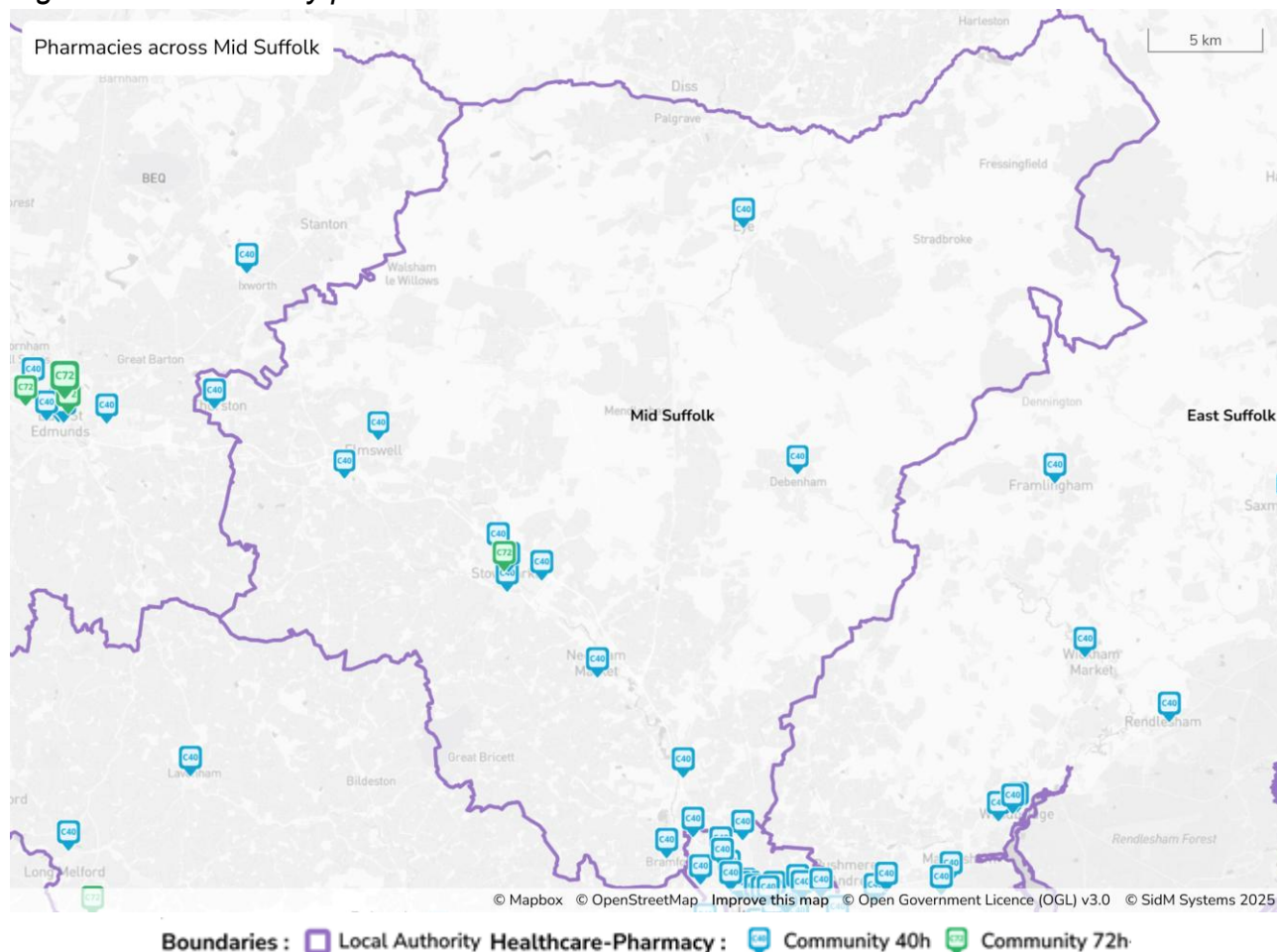
No gaps in the provision of relevant services have been identified for Ipswich.

6.2.3.4 Improvements and better access: gaps in provision

No gaps have been identified in either the Necessary Services or any other services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Ipswich locality.

6.2.4 Mid Suffolk

Figure 44: Community pharmacies in Mid Suffolk



6.2.4.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 13 community pharmacies in Mid Suffolk, which is the same as the previously published PNA in 2022. The estimated average number of community pharmacies per 100,000 population is 12.0, which is lower than the Suffolk average of 16.4. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of 14 dispensing doctor sites across Mid Suffolk.

Of the 13 community pharmacies:

- There are 12 (92%) pharmacies that hold a standard 40-core hour contract.
- One (8%) is a 72+ hour pharmacy.

The numbers and location of community pharmacies are reflective of the rural nature of Mid Suffolk.

Of the 13 community pharmacies:

- Two pharmacies (15%) are open after 6.30 pm on weekdays.
- 12 pharmacies (92%) are open on Saturdays in the morning (until 1pm).
- Three pharmacies (23%) are open on Saturday after 1pm.

- Three pharmacies (23%) are open on Sundays.

Of the dispensing doctor sites, four of them are open for some hours on Saturday morning, eight are open after 6.30 pm on Monday only, and only one is open until 7 pm on Tuesdays and Thursdays.

There are also a number of accessible providers open in the neighbouring localities of Babergh, West Suffolk, East Suffolk and Ipswich, as well as in Norfolk.

6.2.4.2 Necessary Services: gaps in provision

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

The current infrastructure allows for the predicted population increase of 3.3% by 2033 and the estimated number of planned dwellings for the next three years of 1,605.

To support access at the weekends and evenings, there is one 72-hour pharmacy in Mid Suffolk, supported by others listed above. Details are found in Appendix A.

Travel analysis across Mid Suffolk showed:

- 50.4% of the population can reach a community pharmacy within 30 minutes walking.
- 70.0% of the population can reach a community pharmacy by private transport within 10 minutes in peak times, and 72.3% in off-peak times.
- 40.1% of the population can reach a community pharmacy by public transport within 30 minutes in peak times, and 40.1% during off-peak times.

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

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

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

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

No gaps in the provision of Necessary Services have been identified for Mid Suffolk.

6.2.4.3 Other relevant services: current provision

Table 54 shows the pharmacies providing Advanced and Enhanced services in the Mid Suffolk locality.

Table 54: Mid Suffolk Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	13 (100%)	13 (100%)
Seasonal Influenza Vaccination	-	10 (77%)
Pharmacy Contraception	5 (38%)	2 (15%)
Hypertension case-finding	13 (100%)	13 (100%)
New Medicine Service	-	13 (100%)
Lateral Flow Device Tests	4 (31%)	4 (31%)
COVID-19 Vaccination Service	7 (54%)	N/A
Bank Holiday Service	5 (38%)	N/A

*Based on pharmacies claiming payment in August-November 2024

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

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

No gaps in the provision of relevant services have been identified for Mid Suffolk.

6.2.4.4 Improvements and better access: gaps in provision

No gaps have been identified in either the Necessary Services or any other services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Mid Suffolk.

6.2.5 West Suffolk

Figure 45: Community pharmacies in West Suffolk

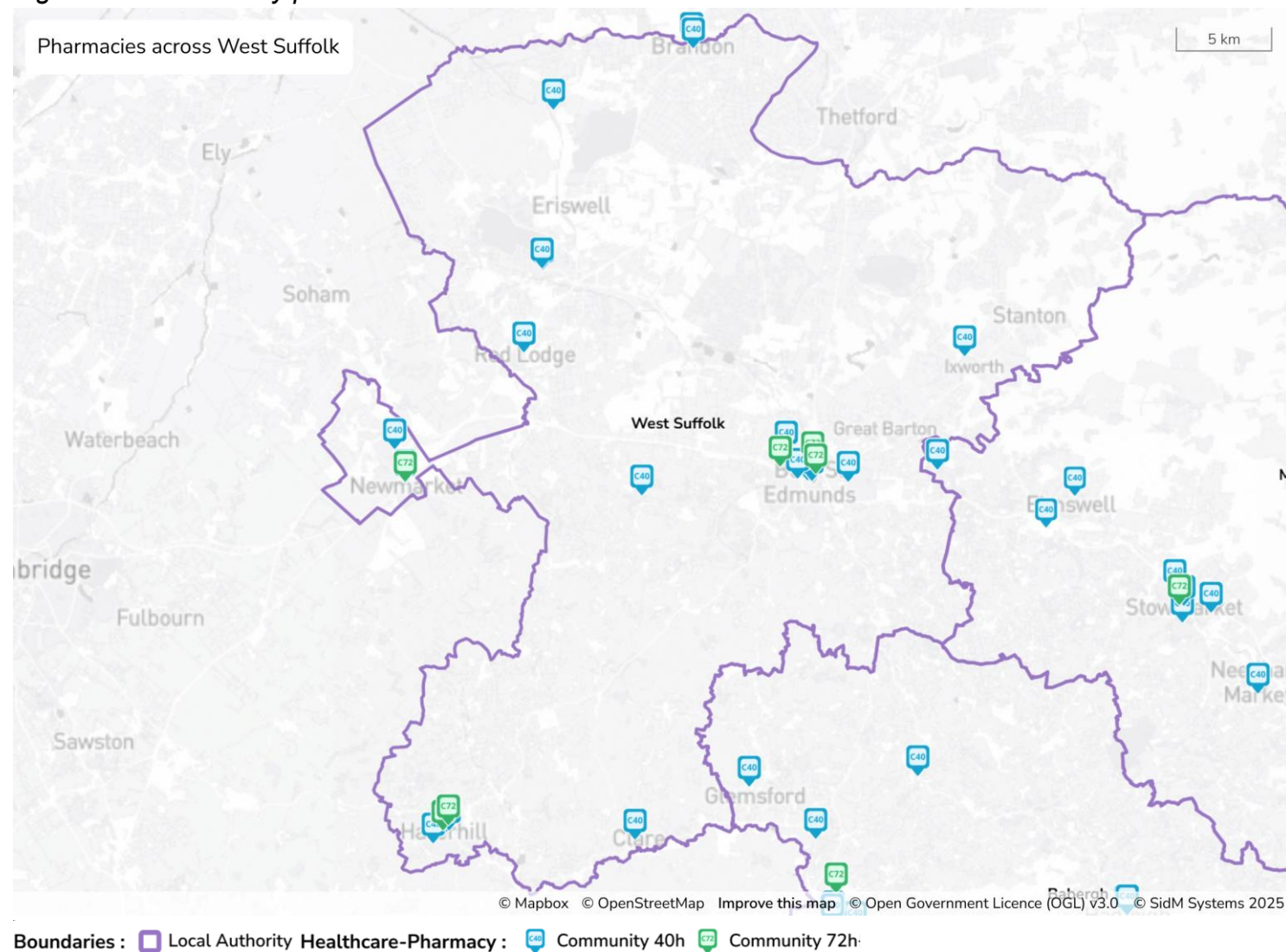
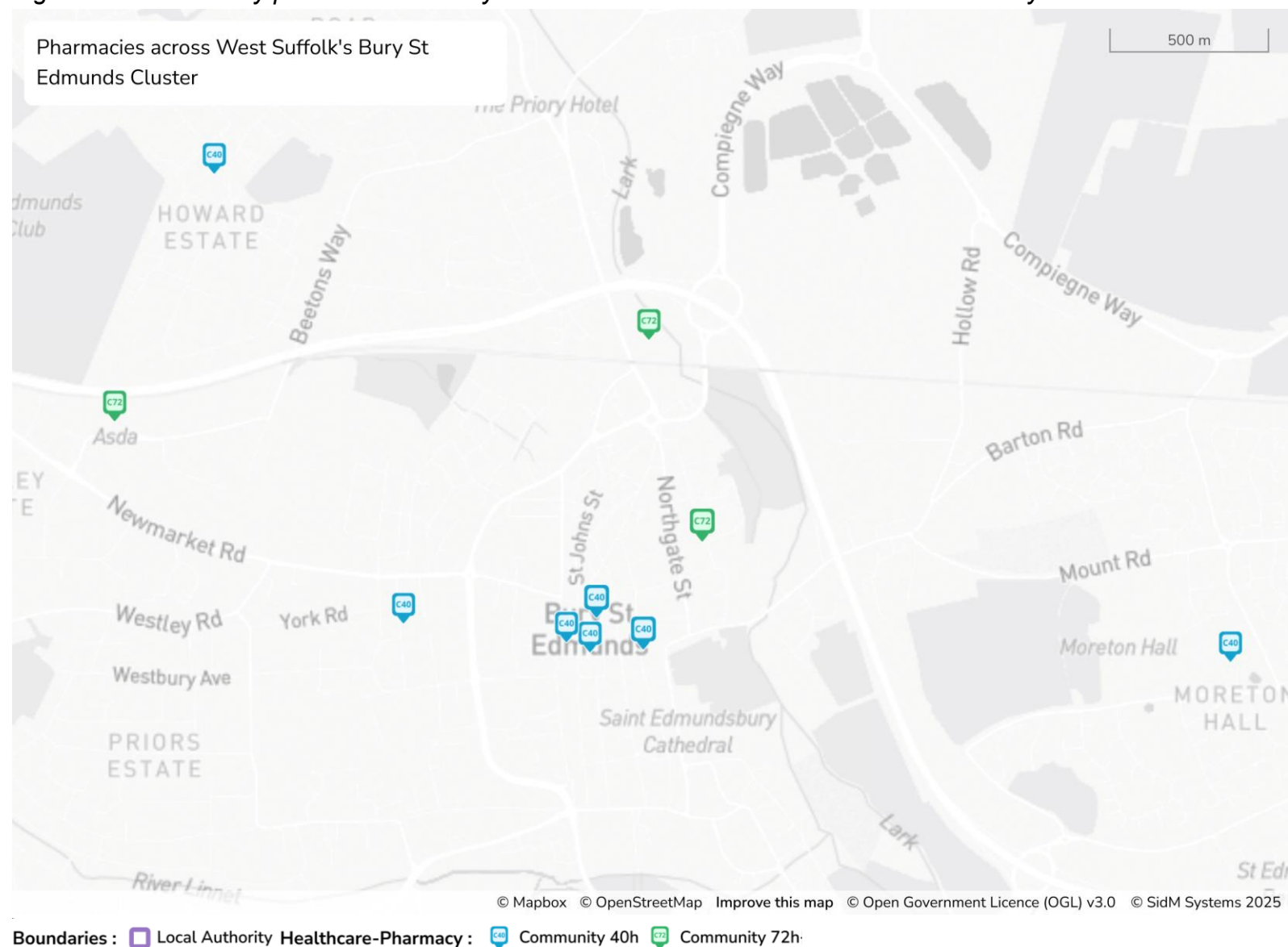


Figure 46: Community pharmacies in Bury St Edmunds Cluster in the West Suffolk locality



6.2.5.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 29 community pharmacies in West Suffolk, which has reduced by two since the previous PNA. The estimated average number of community pharmacies per 100,000 population is 15.6, which is lower than the Suffolk average of 16.4. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of 20 dispensing doctor sites across West Suffolk.

Of the 29 community pharmacies:

- There are 22 (76%) pharmacies that hold a standard 40-core hour contract.
- Six (21%) are 72+hour pharmacies.
- One (3%) is a DSP.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of West Suffolk.

Of the 29 community pharmacies:

- Seven pharmacies (24%) are open after 6.30 pm on weekdays.
- 22 pharmacies (76%) are open on Saturday morning (until 1pm).
- 17 pharmacies (59%) are open on Saturday after 1pm.
- Nine pharmacies (31%) are open on Sundays.

Of the dispensing doctor sites, four of them are open after 6.30pm on certain days of the week, and six are open for some hours on Saturday morning.

There are also a number of accessible providers open in the neighbouring localities of Mid Suffolk and Babergh, as well as in Cambridgeshire, Essex and Norfolk.

6.2.5.2 Necessary Services: gaps in provision

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

The current infrastructure allows for the predicted population increase of 3.3% by 2033 and the estimated number of planned dwellings for the next three years of 2,418.

To support access at the weekends and evenings, there are six 72-hour pharmacies in West Suffolk, supported by others listed above. Details are found in Appendix A.

Travel analysis across West Suffolk showed:

- 67.0% of the population can reach a community pharmacy within 30 minutes walking.
- 84.9% of the population can reach a community pharmacy by private transport within 10 minutes in peak times, and 87.5% in off-peak times.
- 59.8% of the population can reach a community pharmacy by public transport within 30 minutes at any time.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of West Suffolk. However, this would be no different in accessing other usual healthcare services or out-of-hours services in person in evenings and weekends.

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

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

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

No gaps in the provision of Necessary Services have been identified for West Suffolk.

6.2.5.3 Other relevant services: current provision

Table 55 shows the pharmacies providing Advanced and Enhanced services in the West Suffolk locality. Although signed up data was not available for all the services, NHS BSA claims being made by the pharmacies demonstrates whether the service was being provided and possibly a better indication of provision.

Table 55: West Suffolk Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	29 (100%)	29 (100%)
Seasonal Influenza Vaccination	-	28 (97%)
Pharmacy Contraception	16 (55%)	18 (62%)
Hypertension case-finding	29 (100%)	27 (93%)
New Medicine Service	-	29 (100%)
Lateral Flow Device Tests	24 (83%)	22 (76%)
COVID-19 Vaccination Service	8 (28%)	N/A
Bank Holiday Service	5 (17%)	N/A

*Based on pharmacies claiming payment in August-November 2024

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

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

No gaps in the provision of relevant services have been identified for West Suffolk.

6.2.5.4 Improvements and better access: gaps in provision

No gaps have been identified in either the Necessary Services or any other services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across West Suffolk.

6.3 Suffolk pharmaceutical services and health needs

6.3.1 Summary of health needs

Suffolk is a predominantly rural county with a total population of 776,442. Population density is considerably lower than the national average, though it increases in more urban centres such as Ipswich, Lowestoft, and Bury St Edmunds. East Suffolk is the most populous locality, while Ipswich holds the most ethnically diverse population. Suffolk continues to experience steady growth, projected to rise by 6.1% between 2024 and 2043, slightly below the national average. However, the population aged 0 to 24 is forecast to decline by 1.7% over the same period, which contrasts with a marginal decline of 0.1% across England.

The county has a significantly older demographic profile than England overall, with 24.1% of residents aged 65 and over, compared to 18.7% nationally. This ageing population is particularly concentrated in East Suffolk and Mid Suffolk.

Suffolk's ethnic profile is less diverse than England overall. The 2021 Census reports that 93.1% of the population identified as White, compared to 81.0% nationally. The most diverse area is Ipswich, where 84.3% identified as White. Across Suffolk, 10.7% of pupils are recorded as having a first language other than English, significantly lower than the England average of 20.8%. This highlights a need to ensure community pharmacy services remain accessible to non-native English speakers through appropriate translation support and language access services.

Suffolk is not among the most deprived local authorities in England, but levels of relative deprivation have increased. Deprivation is most acute in urban areas such as Ipswich, Lowestoft, and parts of Bury St Edmunds and Felixstowe. In addition, pockets of rural deprivation may be masked by surrounding affluence and are therefore important to consider when assessing pharmaceutical needs.

The number of households in Suffolk that own a car or van is 84.1% which is above the England level (76.5%). Suffolk County Council's local transport plan has recently been updated to set out the ambition for the transport network up to 2040. There are good transport links with an ambition to further improve by 2034.

Travel analysis across Suffolk showed:

- 73.1% of the population can reach a community pharmacy in 30 minutes by walking.
- 85.9% of the population who have access to private transport can reach a community pharmacy in 10 minutes during peak and 87.4% during off-peak times in 10 minutes.

Ageing population and long-term conditions:

- The older age profile contributes to a higher prevalence of long-term conditions, which are associated with increased medicine usage and healthcare service demand. By 2043, over 30% of Suffolk's population is projected to be aged 65 or older, highlighting the importance of maintaining accessible pharmaceutical services in both urban and rural areas.

Key health conditions:

- CVD remains one of the leading causes of premature mortality in Suffolk. The estimated prevalence of heart and circulatory conditions, including hypertension, varies across the county and is influenced by age, deprivation, and lifestyle factors.
- The prevalence of diabetes is increasing across Suffolk, in line with national trends. Suffolk performs well across most diabetic clinical indicators; however, the number and proportion of individuals living with diabetes continues to rise, driven in part by ageing demographics and high levels of excess weight.
- Respiratory conditions are common in Suffolk. The average prevalence of asthma is statistically significantly higher than the England average, and the prevalence of COPD is also significantly higher. Certain areas within Suffolk record statistically significantly higher hospital admissions for COPD compared to the national average.
- Cancer is a major cause of morbidity and mortality. Suffolk has higher-than-average screening uptake for bowel, breast and cervical cancers. With an ageing population, the number of residents living with and beyond cancer is expected to rise in future years.
- Mental health conditions, including depression and anxiety, are an increasing concern, with self-reported long-term mental health problems affecting a growing number of residents.

- **Children and Young People:** Children and young people make up 25.9% of Suffolk's population, lower than the national average, and the proportion is expected to decline over the next two decades. Childhood obesity is a concern, with 21.6% of children aged four to five and 34.2% of those aged 10 to 11 classified as overweight or obese. Asthma prevalence among children in Suffolk is also statistically significantly higher than the national average. Suffolk's Health and Wellbeing Strategy prioritises early intervention and the wellbeing of children and young people, with pharmacy services offering a valuable point of access, especially in deprived areas.

Modifiable health behaviours remain important public health challenges in Suffolk:

- Smoking prevalence is falling but remains higher in more deprived areas. Pharmacies deliver smoking cessation support, with the potential to reduce avoidable disease and hospital admissions.
- Excess weight and obesity affect a significant proportion of adults. Obesity contributes to diabetes, hypertension, and joint conditions. Pharmacies can contribute to weight management and physical activity promotion.
- Alcohol-related harm continues to impact health outcomes, with higher levels of alcohol-related admissions in specific areas. Pharmacies may support brief interventions and signposting to specialist services.
- Sexual health and the rate of some sexually transmitted infections (STIs) are increasing. Pharmacy-based emergency contraception and signposting to local sexual health services are key components of public health provision.

6.3.2 Necessary Services: essential services, current provision across Suffolk

Essential services must be provided by all community pharmacies. There are 127 community pharmacies in Suffolk, which has reduced from 134 in 2022. The estimated average number of community pharmacies per 100,000 population is 16.4.

Access to pharmaceutical service provision is then supplemented in the more rural areas, for residents who live at least 1.6 kilometres away from a pharmacy, with the addition of 67 dispensing doctor sites across Suffolk.

Type of contractor	Number
40-hour community pharmacies (including 32 PhAS)	113
72 hour plus community pharmacies	13
Distance Selling Pharmacies	1
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	2
Dispensing doctor practices	42 main practices (67 including all satellite sites)
Total	171 (196 including all sites)

Of the 127 community pharmacies:

- 113 (89%) hold a standard 40-core hour contract.
- 13 (10%) are 72+hour pharmacies.
- There is one (1%) DSP.

There are also two DACs.

The majority of Suffolk pharmacies are open on Saturday mornings (103 (81%)), and 59 (46%) are open on Saturday after 1pm. In comparison, only 24 (19%) of the community pharmacies in Suffolk are open after 6.30 pm on weekdays, and fewer are open on Sundays (27 (21%)).

There are also a number of accessible providers open in the neighbouring areas of Cambridgeshire, Essex and Norfolk.

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

6.3.3 Necessary Services: gaps in provision across Suffolk

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

To support access at the weekends and evenings, there are 13 72-hour pharmacies in Suffolk, with the latest opening time until 9pm on weekdays and Saturday and until 11pm on Sundays. This is further supplemented with pharmacies on a standard 40-hour contract open at weekends and evenings as described earlier. Details are found in Appendix A.

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

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

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

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

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

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

6.3.4 Other relevant services: current provision

Table 46 in [Section 3.8](#) shows the pharmacies providing Advanced and Enhanced services in the Suffolk HWB area. Regarding access to **Advanced** services, it can be seen that there is very good availability of Pharmacy First (97% of pharmacies providing), NMS (99% of pharmacies providing) and Hypertension case-finding (87% of pharmacies providing and 92% signed up). There is currently a lower number of providers of the LFD service (55% of pharmacies providing and 65% signed up) and pharmacy contraception service (44% of pharmacies providing and 53% signed up).

It should be noted that the two DACs in Suffolk provide the AUR and SAC services, so patients can access these products and devices.

Regarding access to **Enhanced** Services, 45 pharmacies (35%) provide the COVID-19 vaccination service and 14 (11%) provide a Bank Holiday Service.

The only DSP in Suffolk provides the following advanced services: pharmacy first, NMS and smoking cessation. The DSP has also signed up for the Hypertension case finding service and the LFD service. This DSP also provides the COVID-19 vaccination enhanced service.

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

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

No gaps in the provision of relevant services have been identified for Suffolk HWB.

6.4 Improvements and better access: gaps in provision across Suffolk

No gaps have been identified in either the Necessary Services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Suffolk.

Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations based on the findings in our review of the current information.

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

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

7.1 Statements of the PNA

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

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

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

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

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

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

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

Necessary Services – normal working hours

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

Necessary Services – outside normal working hours

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

7.1.2 Future provision of Necessary Services

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

7.1.3 Other relevant services – gaps in provision

7.1.3.1 Current and future access to Advanced Services

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

Details of the Advanced Services are outlined in [Section 1.6.2](#) and the provision in Suffolk is discussed in [Section 3.8](#) and [6.3](#), and by locality in [Section 6.2](#).

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

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

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

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

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.6.1](#) and the provision in Suffolk is discussed in [Section 3.9](#) and [6.3](#), and by locality in [Section 6.2](#).

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

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

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

7.1.4 Improvements and better access – gaps in provision

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

Section 8: Future opportunities for possible community pharmacy services in Suffolk

8.1.1 Introduction

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

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

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

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

8.1.2 Opportunities for pharmaceutical service provision

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

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

8.1.3 Existing services

8.1.3.1 Essential Services

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

8.1.3.2 Advanced Services

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

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

- **Pharmacy First**

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

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

- Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- Provides an alternative route to accessing medicine for these conditions.
- Includes elements from the CPCS, such as minor illness consultations with a pharmacist and the supply of urgent medicines and appliances.

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

- **Hypertension case-finding service**

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

- **Pharmacy Contraception Service**

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

The two tiers of the service are:

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

The objectives of the service are to:

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

- **Smoking cessation advanced service**

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

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

The SCS service is well placed to support Suffolk's smoking cessation priorities as an additional pathway.

8.1.3.3 Local Authority Commissioned Services

- **Sexual health services**

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

The local authority and ICSs could explore the interdependencies between the LCS sexual health service and the Community Pharmacy Contractual Framework Advanced PCS services to provide a more comprehensive service offering.

- **Smoking cessation services**

As mentioned earlier in this section, smoking cessation is a priority area for Suffolk Public Health. Smoking prevalence in Suffolk is similar to the smoking prevalence than England. There is an NRT supply service, but currently, there is no commissioned smoking cessation counselling service through primary care providers.

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes. The services detailed below are currently not commissioned within Suffolk; however, commissioners may wish to consider these to meet the health needs of Suffolk.

8.1.4 Further considerations

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

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

Community Pharmacy England commissioned leading health think tanks, Nuffield Trust and The King's Fund, to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.⁹⁵

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

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the Hypertension Case-Finding Service, Smoking Cessation Advanced Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.
- The Healthy Living Pharmacy framework should be expanded. Local Authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.

⁹⁵ The King's Fund. Nuffield Trust. A vision for community pharmacy. September 2023. [Accessed February 2025] https://cpe.org.uk/wp-content/uploads/2023/09/Nuffield-Trust-and-The-Kings-Fund-A-vision-for-community-pharmacy_WEB_FINAL.pdf

- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities.

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

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

4) Supporting workforce development and expanding pharmacy services

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

5) Enhancing public awareness and digital transformation

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

6) Monitoring future demand and improving public engagement

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

7) Community based medicines management: Living well with medicines

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

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

Appendix A: List of pharmaceutical service providers in Suffolk HWB Area

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

Disp – Dispensing doctor practice

DAC – Dispensing Appliance Contractor

Key to services: Services listed are only those provided through community pharmacies, so they are blacked out for the dispensing practices. Description of these services are available in [Sections 1.6.2](#), [1.6.3](#), [4.2](#) and [4.3](#). Pharmacies providing the services are from signed up list unless stated otherwise.

AS1 – Pharmacy First

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

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

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

AS6 – Smoking Cessation Service

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

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

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

LES1 – Bank Holiday service (as commissioned by each ICB)

ICBS1 – COVID-19 treatment (as commissioned by each ICB)

ICBS2 – Palliative care medicines service (as commissioned by each ICB)

ICBS3 – RSV vaccination

LAS1 – EHC

LAS2 – Other sexual health services (Chlamydia screening, Chlamydia treatment, Condom card distribution)

LAS3 – NHS health checks

LAS4 – NRT

LAS5 – Supervised consumption and needle exchange

Babergh

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Bildeston Health Centre	D83006	Disp	High Street, Bildeston, Suffolk	IP7 7EX	08:00-18:30	08:30-12:30	Closed																			
Boots	FXE88	CP	13-14 Market Hill, Sudbury, Suffolk	CO10 2EA	08:30-18:00	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	Y	-	Y	-	-	-	-
Constable Country Rural Medical Practice	D83001	Disp	Heath Road, East Berghot, Colchester	CO7 6RT	08:00-18:30	Closed	Closed																			
Day Lewis Pharmacy	FWT80	CP	The Street, East Bergholt, Colchester	CO7 6SE	09:00-13:00, 14:00-18:00	Closed	Closed	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-
Glemsford Pharmacy	FJJ89	CP	Glemsford Surgery, Lion Road, Glemsford	CO10 7RF	08:30-13:00, 13:30-18:30	Closed	Closed	-	-	Y	-	Y	-	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	-
Hadleigh Boxford Group Practice	D83037	Disp	Market Place, Hadleigh, Ipswich, Suffolk	IP7 5DN	08:00-18:30	Closed	Closed																			
Hardwicke House Group Practice	D83060	Disp	Hardwicke House, Stour Street, Sudbury, Suffolk	CO10 2AY	08:00-18:30	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Hardwicke House Group Practice	D83060 003	Disp	22 Meadow Lane, Sudbury	CO10 2TD	08:00-18:30	Closed	Closed																			
Hardwicke House Group Practice	D83060 004	Disp	67 Pot Kiln Road, Great Cornard, Sudbury	CO10 0DH	08:00-18:30	Closed	Closed																			
Hardwicke House Group Practice	D83060 002	Disp	Church Square Surgery, Church Square, Bures, Sudbury	CO8 5BS	08:00-18:30	Closed	Closed																			
Holbrook and Shotley Practice	D83020	Disp	The Street, Holbrook, Ipswich, Suffolk	IP9 2QS	Mon 07:00-17:00; Tue, Wed, Fri 08:00-18:30; Thu 08:00-12:30	08:30-10:30	Closed																			
Lavenham Pharmacy	FVG74	CP	3 High Street, Lavenham, Sudbury	CO10 9PX	09:00-18:00	09:00-17:00	Closed	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-	
Lavenham Surgery	D83014 001	Disp	Church Street, Lavenham, Suffolk	CO10 9SA	08:00-18:30	Closed	Closed																			
Long Melford Pharmacy	FNQ26	CP	Richmond House, Hall Street, Long Melford, Sudbury	CO10 9JL	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	
Mill Pharmacy	FFF68	CP	Hadleigh Health Centre, Market Place, Hadleigh, Ipswich	IP7 5DN	08:00-18:30	09:00-18:00	10:00-14:00	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	Y	
Mill Surgery	D83037 001	Disp	Church Street, Boxford	CO10 5DU	08:00-18:30	Closed	Closed																			
North Street Pharmacy	FC154	CP	80 North Street, Sudbury, Suffolk	CO10 1RF	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Shotley Surgery	D83020002	Disp	Kingsland, Shotley, Ipswich, Suffolk	IP9 1ND	Mon 07:00-17:00; Tue, Wed, Fri 08:00-18:30; Thu 08:00-12:30	08:30-10:30	Closed																			
Superdrug Pharmacy	FJ441	CP	8 North Street, Sudbury	CO10 1RB	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
Tesco Instore Pharmacy	FC484	CP	Springlands Road, Sudbury	CO10 1GY	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
Tesco Instore Pharmacy	FQ229	CP	Copdock Interchange, London Road, Ipswich	IP8 3TS	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	
The Glemsford Surgery	D83064	Disp	Lion Road, Glemsford, Sudbury	CO10 7RF	08:00-18:30	Closed	Closed																			
The Long Melford Practice	D83014	Disp	Cordell Road, Long Melford, Sudbury, Suffolk	CO10 9EP	08:00-18:30	Closed	Closed																			
Villapharm Ltd	FC554	CP	36 The Street, Capel St Mary, Ipswich	IP9 2EE	08:30-13:00, 14:00-18:15	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	
Your Local Boots Pharmacy	FF269	CP	5 Applegate Centre, Applegate Mews, Great Cornard	CO10 0GL	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	
Your Local Boots Pharmacy	FMM83	CP	31 High Street, Hadleigh, Ipswich	IP7 5AF	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	

East Suffolk

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Acer Road Pharmacy	FND37	CP	6 Acer Road, Rendlesham	IP12 2GA	09:00-13:00, 13:30-17:30 (Tue, Fri 08:30-13:00, 13:30-17:00)	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-
Aldeburgh Pharmacy	FWN85	CP	125 High Street, Aldeburgh, Suffolk	IP15 5AR	09:00-13:00; 14:00-18:00	09:00-17:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	Y	-	-	Y	Y	-	-	-	Y	-
Aldeburgh Surgery	D83054 007	Disp	Victoria Road, Aldeburgh, Suffolk	IP15 5BR	08:00-18:30 (Mon, Tue 08:00-14:30)	Closed	Closed																			
Alexandra Road Pharmacy	FNQ86	CP	Alexandra Road Surgery, Alexandra Road, Lowestoft, Suffolk	NR32 1PL	08:30-18:30	Closed	Closed	-	-	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Asda Pharmacy	FT339	CP	Horn Hill, Lowestoft, Suffolk	NR33 0PX	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-
Beccles Hcc Ltd	FYK08	CP	War Memorial Hospital, St Mary's Road, Beccles, Suffolk	NR34 9NQ	08:30-18:30	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-	-	Y	-	-	Y	-
Boots	FDA09	CP	5 New Market, Beccles, Suffolk	NR34 9HQ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Boots	FKA98	CP	86 Hamilton Road, Felixstowe	IP11 7AD	09:00-17:30	09:00-17:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	-	-	-	Y	-	-	-	Y
Boots	FLN49	CP	76A London Road North, Lowestoft, Suffolk	NR32 1ET	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y	-	-	-
Boots	FLQ67	CP	2-4 Stradbroke Road, Pakefield, Lowestoft	NR33 7HT	08:30-17:30	08:30-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Boots UK Limited	FJ191	CP	26 Market Place, Halesworth, Suffolk	IP19 8AY	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Boots UK Limited	FJ734	CP	4 St Mary's Street, Bungay, Suffolk	NR35 1AX	08:30-18:00	08.30-17.30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	Y
Boots UK Limited	FRV44	CP	58 Thoroughfare, Woodbridge, Suffolk	IP12 1AL	08:30-17:30	08:30-17:30	11:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-
Bungay Medical Practice	D83034	Disp	28 St Johns Road, Bungay, Suffolk	NR35 1LP	08:00-18:30	Closed	Closed																			
Cutlers Hill Pharmacy	FTD53	CP	Bungay Road, Halesworth, Suffolk	IP19 8SG	08:30-18:00	08:30-12:30	Closed	-	-	Y	-	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Cutlers Hill Surgery	D83035	Disp	Bungay Road, Halesworth, Suffolk	IP19 8SG	08:00-18:30	Closed	Closed																			
Earl Soham Surgery	D83026 002	Disp	Earl Soham Surgery, Glebe Cottage, Earl Soham, Woodbridge	IP13 7SF	08:30-18:30	Closed	Closed																			
Eastpoint Pharmacy	FGA41	CP	Arvor House, Clifton Road, Lowestoft, Suffolk	NR33 0HF	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	Y	-
F.P. Cross Pharmacy	FVW73	CP	Village Rise, Weston Road, Gunton, Lowestoft	NR32 4PT	09:00-13:00, 14:00-17:30	09:00-11:30	Closed	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-
Felixstowe Pharmacy	FW875	CP	The Grove Medical Centre, Grove Road, Felixstowe, Suffolk	IP11 9GA	08:00-20:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Framfield House Surgery	D83057	Disp	Framfield Medical Centre, Ipswich Road, Woodbridge, Suffolk	IP12 4FD	08:00-18:30 (Mon, Tue 08:00-20:00)	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Framlingham Medical Centre	D83026	Disp	Framlingham Medical Practice, Pembroke Road, Framlingham, Woodbridge	IP13 9HA	08:30-18:30	Closed	Closed																			
Framlingham Pharmacy	FFA74	CP	32 Market Hill, Framlingham, Woodbridge	IP13 9AY	09:00-18:00	09:00-14:00	Closed	-	Y	Y	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	-
Grundisburgh (Debenham Group Practice)	D83041 001	Disp	20 Charles Avenue, Grundisburgh, Woodbridge	IP13 6TH	Mon 08:30-18:00; Tue 08:30-13:00; Wed, Thu 08:30-18:30; Fri 07:30-13:00	Closed	Closed																			
Hado Pharmacy	FNT26	CP	135 Hamilton Road, Felixstowe	IP11 7BL	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-20:00	10:00-17:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Hayden Chemist	FQ497	CP	Hayden House, Bridge Road, Lowestoft	NR32 3LL	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-
High Street Pharmacy	FG285	CP	High Street Surgery, High Street, Lowestoft, Suffolk	NR32 1JE	08:30-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	Y	-
Hollesley Surgery	D83054 006	Disp	Hollesley Village Hall, Woodbridge	IP12 3RQ	08:00-18:30 (Mon, Tue 08:00-14:30)	Closed	Closed																			
Holly Pharmacy	FKN11	CP	1B Bridge Road, Oulton Broad, Lowestoft	NR32 3LJ	08:30-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Kessingland Pharmacy	FHM51	CP	70 High Street, Kessingland, Lowestoft	NR33 7QF	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-
Leiston Pharmacy	FEA06	CP	62 High Street, Leiston	IP16 4BZ	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Little St Johns Street Surgery	D83049	Disp	7 Little St John's Street, Woodbridge, Suffolk	IP12 1EE	08:00-18:30	08:30-11:30	Closed																			
Longshore Surgery	D83010	Disp	42 Field Lane, Kessingland, Lowestoft, Suffolk	NR33 7QA	08:30-18:30	Closed	Closed																			
Martlesham Heath Surgery	D83080	Disp	23 The Square, Martlesham Heath, Ipswich, Suffolk	IP5 3SL	08:00-18:30	Closed	Closed																			
Martlesham Pharmacy	FPA96	CP	9 The Square, Martlesham Heath, Ipswich	IP5 3SL	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	
Morrisons Pharmacy	FDA21	CP	Grange Farm Avenue, Cavendish Park Estate, Felixstowe	IP11 2XD	09:00-14:00, 15:00-19:00	09:00-14:00, 15:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	Y	Y	
Orford Surgery	D83054 002	Disp	Chapman House Rectory Road, Orford	IP12 2NN	08:00-18:30 (Mon, Tue 08:00-14:30)	Closed	Closed																			
Otley (Debenham Group Practise)	D83041 002	Disp	Chapel Road, Otley, Ipswich	IP6 9NT	Mon 08:30-18:00; Tue 08:30-13:00; Wed, Thu 08:30-18:30; Fri 07:30-13:00	Closed	Closed																			
Queen St Pharmacy	FJT46	CP	18 Queen Street, Southwold, Suffolk	IP18 6EQ	09:00-17:30	09:00-17:30	Closed	-	Y	Y	Y	-	Y	Y	-	-	Y	-	-	Y	-	-	-	-	-	
Rendlesham Surgery	D83061 001	Disp	6 Acer Road, Rendlesham, Woodbridge, Suffolk,	IP12 2GA	08:00-18:30 (Tue 08:00-20:00)	08:30-11:45	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Reydon Pharmacy	FPD64	CP	Sole Bay Health Centre, Teal Close, Reydon, Southwold	IP18 6GY	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	Y	-
Rosedale Pharmacy	FQA30	CP	Rosedale Surgery, 3 Ashburnham Way, Lowestoft, Suffolk	NR33 8LG	08:30-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	10:00-17:00	Y	-	Y	Y	-	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	Y	-
Saxmundham Health	D83053	Disp	Lambsdale Meadow, Saxmundham, Suffolk	IP17 1DY	08:00-18:30	Closed	Closed																			
Saxmundham Pharma	FTX74	CP	7 High Street, Saxmundham	IP17 1DF	09:00-18:00	09:00-14:30	Closed	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-
Solebay Health Centre	D83022	Disp	Teal Close, Reydon, Southwold	IP18 6GY	08:30-18:30	Closed	Closed																			
Square Pharmacy	FNM22	CP	696 Foxhall Road, Ipswich	IP3 8NQ	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FDJ84	CP	14 The Britten Centre, Lowestoft, Suffolk	NR32 1LR	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Tesco Instore Pharmacy	FF240	CP	George Westwood Way, Beccles, Suffolk	NR34 9EJ	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Tesco Instore Pharmacy	FG275	CP	Tesco Superstore, Anson Rd, Martlesham Heath, Ipswich	IP5 3RU	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Tesco Instore Pharmacy	FQR74	CP	Ropes Drive, Grange Farm, Kesgrave, Ipswich	IP5 2FU	08:00-13:30, 14:30-19:00	08:00-13:30, 14:30-19:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
The Leiston Surgery	D83028	Disp	The Leiston Surgery, Main Street, Leiston, Suffolk	IP16 4ES	08:00-18:30	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
The Peninsula Practice	D83054	Disp	Alderton Health Centre, Mill Hoo, Alderton, Woodbridge, Suffolk	IP12 3DA	08:00-18:30 (Mon, Tue 08:00-14:30)	Closed	Closed																			
Victoria Pharmacy	FLC91	CP	Victoria Surgery, 82 Victoria Road, Oulton Broad, Lowestoft	NR33 9LU	08:30-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Walton Pharmacy	FMP83	CP	275-277 High Street, Walton, Felixstowe	IP11 9DU	09:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	Y	-
Waterton Pharmacy	FC241	CP	Framfield Medical Centre, Ipswich Road, Woodbridge	IP12 4FD	08:00-13:00, 14:00-19:30	08:00-13:00	Closed	-	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Well Pharmacy	FG085	CP	55 Westwood Avenue, Waveney Garden Estate, Lowestoft, Suffolk	NR33 9RW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Well Pharmacy	FQ840	CP	Unit 5, 15 Ashburnham Way, Carlton Colville, Lowestoft	NR33 8LG	08:45-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-
Wellbeing Pharmacy	FFT89	CP	34A Penzance Road, Kesgrave, Ipswich	IP5 1JS	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Wickham Market Medical Centre	D83061	Disp	Chapel Road, Mickham Market, Woodbridge, Suffolk	IP13 0SB	08:00-18:30 (Tue 08:00-20:00)	08:30-11:45	Closed																			
Wickham Market Pharmacy	FAQ90	CP	68 High Street, Wickham Market, Woodbridge	IP13 0QU	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	Y	Y	-	Y	Y	Y	-	-	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Woodbridge Pharmacy	FPM80	CP	Unit 1, 11 Thoroughfare, Woodbridge	IP12 1AA	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	Y	-
Worlingham Pharmacy	FFT08	CP	Woodland Avenue, Worlingham, Beccles	NR34 7EF	9:00-18:00	09:00-17:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Yoxford Surgery	D83028 001	Disp	Park View, High Street, Yoxford, Suffolk	IP17 3EU	08:00-18:30	Closed	Closed																			

Ipswich

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Aqua Pharmacy	FJM91	CP	52 Duke Street, Ipswich	IP3 0AQ	09:00-18:00	09:00-14:00	Closed	-	Y	Y	Y	-	-	Y	-	-	Y	-	-	-	-	Y	-	Y	-	-
Asda Pharmacy	FAX31	CP	Goddard Road, Ipswich	IP1 5PD	09:00-20:00	09:00-20:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Barbour Pharmacy	FR716	CP	119 Bramford Road, Ipswich	IP1 2LW	09:00-13:00, 14:15-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-
Belstead Hills Pharmacy	FX647	CP	310 Sheldrake Drive, Ipswich	IP2 9LF	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	-
Boots	FGH18	CP	58 Queens Way, Ipswich	IP3 9EX	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Boots	FRV24	CP	Two Rivers Medical Centre, 28-34 Woodbridge Road East, Ipswich	IP4 5PB	08:00-19:00	08:45-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots Uk Limited	FLF14	CP	5 Tavern Street, Ipswich	IP1 3AA	08:00-18:00	08:00-18:00	10:30-16:30	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	Y	-	Y	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Burlington Pharmacy	FL119	CP	14 Burlington Road, Ipswich	IP1 2EU	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-
Charles S Bullen Stomacare Ltd	FPW87	DAC	Unit B3 Voyage, Compair Crescent, Ipswich	IP2 0EH	09:00-17:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FE399	CP	42 Hening Avenue, Ravenswood, Ipswich	IP3 9QJ	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	Y	-	Y	Y
Day Lewis Pharmacy	FRK94	CP	416 Norwich Road, Ipswich	IP1 5DX	09:00-13:00, 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y	-	Y	-
Delta Pharmacy	FAJ34	CP	57- 59 Foxhall Road, Ipswich	IP3 8JU	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Felixstowe Road Pharmacy	FLW10	CP	159 Felixstowe Road, Ipswich	IP3 8EB	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Fircroft Road Pharmacy	FFL71	CP	145 Fircroft Road, Ipswich	IP1 6PT	09:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Fittleworth Medical Ltd	FNJ81	DAC	25 Lower Brook Street, Ipswich	IP4 1AQ	09:00-15:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hawthorn Drive Pharmacy	FAP19	CP	204 Hawthorn Drive, Ipswich	IP2 0QQ	08:30-18:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	Y	-
Kew Pharmacy	FG469	CP	4 Ellenbrook Green, Ipswich	IP2 9RR	09:00-14:00, 15:00-21:00	09:00-14:00, 15:00-21:00	09:00-20:00	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Morrisons Pharmacy	FHW95	CP	Sproughton Road, Ipswich	IP1 5AS	09:00-19:00	09:00-18:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	-
Nacton Road Pharmacy	FRR62	CP	350 Nacton Road, Ipswich	IP3 9NA	09:00-13:00, 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-
Rainbow Pharmacy	FGJ19	CP	289 Norwich Road, Ipswich	IP1 4BP	09:00-13:00, 14:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-
Rushmere Pharmacy	FM201	CP	428 Woodbridge Road, Ipswich	IP4 4EL	09:00-13:15, 13:45-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Spring Road Pharmacy	FX367	CP	203 Spring Road, Ipswich	IP4 5NQ	09:00-18:30	09:00-17:30	Closed	-	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	-	-	-	-	
Vision Pharmacy	FCL57	CP	Unit 4, Anderson House, Rapier Street, Ipswich	IP2 8JS	09:00-18:00	10:00-15:00	Closed	-	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	
Welch Pharmacy	FFW78	CP	51 Stoke Park Drive, Ipswich	IP2 9TH	08:30-18:00	09:00-12:00	Closed	-	Y	Y	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
Welch Pharmacy	FMR71	CP	46-48 Westgate Street, Ipswich	IP1 3ED	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	
Welch Pharmacy	FW517	CP	64 St.Matthews Street, Ipswich	IP1 3EP	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	
Wellbeing Pharmacy	FFL56	CP	Orchard St Medical Centre, Orchard Street, Ipswich	IP4 2PU	08:45-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	
Wellbeing Pharmacy	FNP13	CP	29 Chesterfield Drive, Ipswich	IP1 6DW	08:00-18:30	08:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	
Wellbeing Pharmacy	FWW63	CP	13 Reynolds Road, Ipswich	IP3 0JL	09:00-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	
Wellbeing Pharmacy	FXA02	CP	8 Cox Lane, Ipswich	IP4 1HT	08:45-17:00 (Mon 08:45-17:30)	08:45-16:00	Closed	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
Woodbridge Road Pharmacy	FEY88	CP	102-104 Lacey Street, Ground Floor, Ipswich	IP4 2PH	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	Y	

Mid Suffolk

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Asda Pharmacy	FG718	CP	8-9 Wilkes Way, Stowmarket	IP14 1DE	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Boots	FDF19	CP	21 Ipswich Street, Stowmarket, Suffolk	IP14 1AH	09:00-17:30	09:00-17:30	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Botesdale Health Centre	D83033	Disp	Botesdale, Diss	IP22 1DW	08:30-18:30 (Mon 08:30-20:00)	09:00-12:00	Closed																			
Claydon Pharmacy	D83017 001	Disp	1 Station Street, Claydon	IP6 0HS	08:30-18:30 (Mon 08:30-20:00)	Closed	Closed																			
Claydon Pharmacy	FAH08	CP	1 Station Road, Claydon, Ipswich	IP6 0HS	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	Y	Y
Combs Ford Pharmacy	FEF84	CP	Combs Lane, Stowmarket	IP14 2DA	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Combs Ford Surgery	D83079	Disp	Combs Lane, Stowmarket, Suffolk	IP14 2SY	08:00-18:30 (Tue 07:00-18:30)	08:00-11:00	Closed																			
Debenham Group Practice	D83041	Disp	Low Lane, Debenham	IP14 6QU	Mon 08:30-18:00; Tue 08:30-13:00; Wed, Thu 08:30-18:30; Fri 07:30-13:00	Closed	Closed																			
Eye Health Centre	D83043	Disp	Castleton Way, Eye, Suffolk	IP23 7DD	08:30-18:00 (Mon 08:30-19:30)	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Eye Pharmacy	FHK98	CP	5 Broad Street, Eye, Suffolk	IP23 7AF	09:00-13:00, 14:00-18:00 (Tue, Thu 09:00-13:00, 14:00-17:30)	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y	-
Fressingfield Medical Centre	D83069	Disp	Fressingfield Medical Centre, New Street, Fressingfield, Eye	IP21 5PJ	08:00-18:30 (Mon 08:00-19:25)	Closed	Closed																			
Green Cross Pharmacy	FXA95	CP	19 The Street, Bramford, Ipswich	IP8 4DU	08:45-13:00, 14:00-17:45	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-
Laxfield Surgery	D83026 001	Disp	The Guildhall, Laxfield, Woodbridge	IP13 8DZ	08:30-18:30	Closed	Closed																			
Mendlesham Group Practice	D83019	Disp	The Health Centre, Chapel Road, Mendelsham, Stowmarket, Suffolk	IP14 5SQ	08:00-18:30	Closed	Closed																			
Monor Farm Surgery	D83019 001	Disp	Church Road, Bacton, Stowmarket	IP14 4LJ	08:00-18:30	Closed	Closed																			
Needham Market Country Practice	D83017	Disp	Barking Road, Needham Market, Suffolk	IP6 8EZ	08:30-18:30 (Mon 08:30-20:00)	Closed	Closed																			
Needham Market Pharmacy	FN841	CP	43 Barking Road, Needham Market, Ipswich	IP6 8EZ	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	Y	Y	-
Somersham	D83017 002	Disp	Somersham Village Hall, Somersham, Ipswich	IP8 4PH	08:30-18:30 (Mon 08:30-20:00)	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Station Pharmacy	FGW59	CP	Unit 1 Cattlepens Station Road, Elmswell, Bury St Edmunds	IP30 9HD	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	-	
Stowhealth	D83044	Disp	Violet Hill House, Violet Hill Road, Stowmarket, Suffolk	IP14 1NL	08:00-18:30 (Mon 08:00-20:15)	08:30-11:45	Closed																			
Stradbroke Medical Centre	D83069 001	Disp	Wilby Road, Stradbroke	IP21 5JN	08:00-18:30 (Mon 08:00-19:25)	Closed	Closed																			
Tesco Instore Pharmacy	FF368	CP	Instore Pharmacy, Cedars Link Road, Stowmarket	IP14 5BE	08:00-19:00	08:00-19:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
The Pharmacy	FP300	CP	1 Little Back Lane, Debenham, Stowmarket	IP14 6RB	09:00-13:00, 14:00-17:30	09:00-12:00	Closed	-	Y	Y	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-	
Thurston Pharmacy	FW112	CP	2 Thurston Granary, Station Hill, Thurston, Bury St Edmunds	IP31 3QU	09:00-13:00, 13:30-17:30 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	
Violet Hill Pharmacy	FQV47	CP	Stowmarket Health Centre, Violet Hill Road, Stowmarket	IP14 1NL	08:30-18:30	08:30-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-	
Woolpit Health Centre	D83055	Disp	Heath Road, Woolpit, Bury St Edmunds, Suffolk	IP30 9QU	08:30-18:30 (Tue, Thu 08:30-19:00)	08:00-11:00	Closed																			
Woolpit Medical Services Ltd	FH348	CP	Woolpit Health Centre, Heath Road, Woolpit	IP30 9QU	08:30-18:30 (Tue, Thu 08:30-19:00)	08:00-11:00	Closed	-	-	Y	-	-	Y	Y	-	Y	-	-	Y	-	-	-	-	Y	-	

West Suffolk

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Angel Hill Surgery	D83005	Disp	1 Angel Hill, Bury St Edmunds, Suffolk	IP33 1LU	08:00-18:30	08:30-12:00	Closed																			
Asda Pharmacy	FPM86	CP	Western Way, Bury St Edmunds	IP33 3SP	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	
Barrow Hill	D83013 001	Disp	Barrow, Bury St Edmunds	IP29 5DX	08:00-18:30	Closed	Closed																			
Barrow Pharmacy	FKJ62	CP	Barrow Hill Surgery, Barrow Hill, Bury St Edmunds	IP29 5DX	08:00-14:00, 14:30-18:30	09:00-12:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	
Boots	FDG73	CP	15 High Street, Haverhill, Suffolk	CB9 8AD	08:30-17:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	Y	-	-	Y	-	-	-	
Boots	FEN32	CP	11-13 Cornhill, Bury St Edmunds	IP33 1BX	08:00-18:00	08:00-17:30	10:30-16:30	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
Boots	FL230	CP	32-34 High Street, Brandon	IP27 0AQ	08:30-17:30	08:30-17:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	
Boots	FLH14	CP	1 Bury Road, Brandon, Suffolk	IP27 0BU	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	Y	Y	-	Y	-	-	-	
Boots UK Limited	FT837	CP	82 High Street, Newmarket, Suffolk	CB8 8JX	08:30-17:30	09:00-17:30	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-	
Christmas Maltings & Clements Practice	D83012 003	Disp	Christmas Maltings Surgery, Camps Road, Haverhill, Suffolk	CB9 8HF	08:30-18:30	Closed	Closed																			
Clare Pharmacy	FHF37	CP	31 High Street, Clare, Suffolk	CO10 8NY	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	-	-	-	
Clements Surgery	D83012	Disp	Greenfields Way, Haverhill, Suffolk,	CB9 8LU	08:30-18:30	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Croasdales	FDE79	CP	Mount Farm Surgery, Lawson Place, Bury St Edmunds	IP32 7EW	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y	Y
Croasdales	FPG21	CP	1 The Traverse, Cornhill, Bury St Edmunds	IP33 1BJ	08:30-17:30	08:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	Y	-
David Holland Pharmacy	FQT88	CP	Norton Road, Greenfields Way, Haverhill	CB9 8LU	09:00-13:00, 14:00-17:30	09:00-12:30	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-
Day Lewis Pharmacy	FVC57	CP	7 St Olaves Precinct, Bury St Edmunds	IP32 6SP	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-
Day Lewis Pharmacy	FVG46	CP	Unit 3, Bellflower Crescent, Red Lodge, Suffolk	IP28 8XQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	-
Guildhall Pharmacy	FET80	CP	Guildhall and Barrow Surgery, Lower Baxter Street, Bury St Edmunds	IP33 1ET	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	Y	-	-	-	-	-
Haverhill Pharmacy	FXD71	CP	Christmas Maltings Surgery, Camps Road, Haverhill	CB9 8HF	09:00-13:00, 14:00-21:00	09:00-13:00, 17:00-21:00	08:00-21:45	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-
Ixworth Pharmacy	FMA81	CP	Ixworth Surgery, Peddars Close, Ixworth, Bury St Edmunds	IP31 2HD	08:30-18:30	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	Y	-
Ixworth Surgery	D83007	Disp	Peddlers Close, Ixworth, Bury St Edmunds	IP31 2HD	08:30-18:30	09:00-13:00	Closed																			
Kedington Surgery	D83012 002	Disp	School Road, Kedington, Haverhill, Suffolk,	CB9 7NG	08:30-18:30	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Lakenheath Pharmacy	FGQ07	CP	40 High Street, Lakenheath	IP27 9JS	09:00-13:00, 14:00-18:30	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	-
Lakenheath Surgery	D83045	Disp	135 High Street, Lakenheath, Suffolk	IP27 9EP	08:30-12:30, 13:30-18:30	Closed	Closed																			
Lloyds Pharmacy	FVX40	CP	27 Market Place, Mildenhall, Suffolk	IP28 7EF	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-
Lords Pharmacy	FA512	CP	Unit 61, The Guineas Shopping Ctr, Newmarket	CB8 8EQ	08:00-21:00	08:00-21:00	09:00-19:00	Y	-	Y	Y	-	Y	Y	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-
Manor Court Pharmacy	FHX47	CP	2 Manor Court, High Street, Mildenhall	IP28 7EH	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	-	Y	Y
Oakfield Surgery	D83067	Disp	Newmarket CP Hospital, 56 Exning Road, Newmarket, Suffolk	CB8 7JG	08:30-18:30	Closed	Closed																			
Orchard House Surgery	D83027	Disp	Fred Archer Way, Newmarket, Suffolk	CB8 8NU	08:00-18:30	Closed	Closed																			
Pharmacy2Go	FC807	DSP	Suite 6 Lyndon House, Kings Court, Willie Snaith Road, Newmarket, Suffolk	CB8 7SG	09:30-17:30	Closed	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-
Rookery Medical Centre	D83029	Disp	Rookery House, Newmarket, Suffolk	CB8 8NW	08:30-18:30	08:30-12:00	Closed																			
Rookery Medical Centre	D83029 001	Disp	Rookery House, Newmarket	CB8 8NW	08:30-18:30	08:30-12:00	Closed																			
Stanton Health Centre	D83007 001	Disp	10 The Chase, Stanton, Bury St. Edmunds	IP31 2XA	08:00-13:00, 14:00-18:30 (Mon 08:00-13:00, 14:00-19:00)	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
Stanton Surgery	D83070	Disp	Stanton Surgery, 10 The Chase, Stanton, Bury St Edmunds, Suffolk	IP31 2XA	08:00-13:00, 14:00-18:30 (Mon 08:00-13:00, 14:00-19:00)	Closed	Closed																			
Superdrug Stores Plc	FC045	CP	Superdrug Pharmacy, 37-39 Cornhill, Bury-St-Edmunds	IP33 1DX	08:30-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
Superdrug Stores Plc	FM177	CP	Unit 11,The Guineas Shopping Centre, Newmarket	CB8 8HT	08:30-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
Swan Pharmacy	FX364	CP	Swan Surgery, Northgate Street, Bury St Edmunds	IP33 1AE	09:00-13:00, 14:00-21:00	09:00-13:00, 17:00-21:00	08:00-23:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	Y	Y	-	-	-
Swan Surgery	D83610	Disp	Northgate Street, Bury St Edmunds, Suffolk	IP33 1AE	08:00-18:30	08:30-12:00	Closed																			
Tesco Instore Pharmacy	FAW93	CP	Cangle Road, Haverhill	CB9 0BQ	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	-	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	
Tesco Instore Pharmacy	FLW44	CP	St Saviours Interchange, Bury St Edmunds	IP32 7JS	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
Tesco Instore Pharmacy	FQ421	CP	Tesco Stores, Fordham Road, Newmarket	CB8 7AH	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	
The Guildhall And Barrow Surgery	D83013	Disp	Lower Baxter Street, Bury St Edmunds, Suffolk	IP33 1ET	08:00-18:30	Closed	Closed																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5
The Market Cross Surgery	D83018	Disp	7 Market Place, Mildenhall, Suffolk	IP28 7EG	Mon, Fri 08:30-18:30; Tue 08:30-20:00; Wed 07:00-18:30; Thu 08:00-20:00	Closed	Closed																			
The Reynard Surgery	D83078	Disp	Turnpike Road, Red Lodge, Bury St Edmunds, Suffolk	IP28 8LB	08:00-18:30 (Wed 07:00-18:30)	Closed	Closed																			
Victoria Street Pharmacy	FD723	CP	17 Victoria Street, Bury-St-Edmunds, Suffolk	IP33 3BB	08:30-13:00, 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	-	-	-	Y	-	-	Y	-
Victoria Surgery	D83040	Disp	Victoria Street, Bury St Edmunds, Suffolk	IP33 3BB	08:00-18:30 (Tue, Wed 08:00-20:00)	08:00-09:30	Closed																			
Well Pharmacy	FED38	CP	2 Mill Road, Haverhill	CB9 8BD	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-
White House Surgery	D83078 001	Disp	10A Market Place	IP28 7EF	08:00-18:30 (Wed 07:00-18:30)	Closed	Closed																			
Wickhambrook Surgery	D83003	Disp	Nunnery Green, Wickhambrook, Suffolk	CB8 8XU	08:00-18:30	Closed	Closed																			

Appendix B: PNA project plan

	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025
Stage 1: Project planning and governance <ul style="list-style-type: none"> Stakeholders identified and PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement 															
Stage 2: Research and analysis <ul style="list-style-type: none"> Collation of data from Public Health, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing and new care home developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at second Steering Group meeting 															
Stage 3: PNA development <ul style="list-style-type: none"> Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA at third Steering Group meeting and update for HWB 															
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at fourth Steering Group meeting Edit final PNA 2025 ready for publication and provide update for HWB 															

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

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

Delegated responsibility

The Consultant in Public Health confirmed she have received delegated authority for the PNA from the Health and Wellbeing Board.

Accountability

The Steering Group is to report to the Consultant in Public Health, Assistant Director, Knowledge, Intelligence and Evidence.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of the NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area.
 - Any Local Medical Committee for its area.
 - Any persons on the Pharmaceutical lists and any dispensing Doctors list for its area.
 - Any LPS Chemist in its area.
 - Any Local Healthwatch organisation for its area.
 - Any NHS Trust or NHS Foundation Trust in its area.
 - Integrated Care Boards (Suffolk and North East Essex ICB, and Norfolk & Waveney ICB).
 - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health and Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 1 October 2025.

Membership

Core members:

- Consultant in Public Health.
- Integrated Care Board Contract Manager representative.
- Local Pharmaceutical Committee representative.
- Suffolk and North East Essex Integrated Care Board Community Pharmacy representative.
- Norfolk & Waveney Integrated Care Board Community Pharmacy representative.
- Local Medical Committee representative.
- Healthwatch representative (lay member).

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

Additional members (if required):

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

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by Suffolk County Council to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

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

Appendix D: Public questionnaire

Total responses received: 1,542.

The questionnaire was open for responses between 16 September and 8 November 2024.

When reporting the details of the responses, please note:

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

1) Why do you usually visit a pharmacy? (Please tick all that apply) (Answered: 1536, Skipped: 6)

Option	%	Number
To buy over-the-counter medicines	61%	935
To collect prescriptions for myself	86%	1319
To collect prescriptions for somebody else	46%	713
To get advice from a pharmacist	44%	669
To get support / treatment for a minor illness (referred into community pharmacy for a minor illness or an urgent repeat medicine supply)	20%	311
To use the Pharmacy Contraception Service	2%	25
To use the blood-pressure test service	5%	77
Other, please specify	11%	174

Other comments (themes):	Number
Vaccinations (Flu, COVID, RSV, Yellow Fever, Typhoid, Hepatitis A)	122
Shopping for toiletries and personal items	20
Prescription delivery service	18
No current use or vary occasional use	7
Medical advice and services	7

2) If you attended the pharmacy for support or treatment in relation to a minor illness, which of the following was the cause? (Please tick all that apply) (Answered: 972, Skipped: 570)

Option	%	Number
Acute otitis media	4%	39
Impetigo	3%	30
Infected insect bites	22%	210
Shingles	4%	43
Sinusitis	14%	133
Sore throat	32%	314
Urinary tract infections	16%	158
Other, please specify _____	45%	441

Other comments (themes):	Number
Eye infections and eye related issues	54
Skin conditions and rashes	48
Coughs colds and respiratory	28
Pains and aches	24
Fungal infections	14
Stomach and digestive issues	13
Allergies	12
General advice and consultations	8
Minor wounds and burns	8
Ear problems	5
None/ Not Applicable	239

3) How often have you visited or contacted a pharmacy in the last six months? (Answered: 1532, Skipped: 10)

Option	%	Number
Once a week or more	8%	116
A few times a month	31%	479
Once a month	41%	622

Option	%	Number
Once every few months	14%	214
Once in six months	4%	68
I have not visited/contacted a pharmacy in the last six months	2%	33

4) What time is most convenient for you to use a pharmacy? (Please tick all that apply)
(Answered: 1529, Skipped: 13)

Option	%	Number
Before 8am	4%	64
8am-12pm	37%	564
12pm-2pm	23%	344
2pm-5pm	32%	487
5pm- 6:30pm	18%	275
After 6:30pm	11%	168
It varies	38%	586

5) What day is most convenient for you to use a pharmacy? (Please tick all that apply)
(Answered: 1521, Skipped: 21)

Option	%	Number
Monday	69%	1050
Tuesday	69%	1056
Wednesday	70%	1063
Thursday	70%	1057
Friday	74%	1121
Saturday	66%	1006
Sunday	39%	596

6) Do you have a regular or preferred local community pharmacy? (Answered: 1534, Skipped: 8)

Option	%	Number
Yes	92%	1415
No	8%	119

7) Do you ever use online/ internet pharmacy for your services? (Answered: 1533, Skipped: 9)

Option	%	Number
Yes	16%	246
No	78%	1199
Sometimes	6%	88

8) Is there a more convenient and/or closer pharmacy that you don't use and why is that? (Answered: 1528, Skipped: 14)

Option	%	Number
Yes, but I do not use it because _____	21%	315
No	79%	1213

Other comments (themes):	Number
Convenience and accessibility (e.g. Opening hours and parking difficulty)	62
Stock and availability (medication shortages or restocking delays)	58
Customer Services	55
Linked to GP or surgery	50
Unreliable or inefficient service (errors and poor organisation)	30
Preference for current pharmacy	23
Habit or familiarity	20
Corporate or large chain concerns (preference for independent pharmacies)	10
Costs and pricing	5

9) What influences your choice of pharmacy? (Please tick one box for each factor)
(Answered: 1532, Skipped: 10)

Factors	Extremely important		Very Important		Moderately Important		Fairly important		Not at all important	
Quality of service (expertise)	52%	787	34%	517	10%	148	2%	38	1%	19
Customer service	46%	681	41%	609	10%	152	2%	33	1%	15
Location of pharmacy	52%	787	31%	472	13%	193	2%	34	1%	18
Opening times	41%	616	38%	565	16%	244	3%	47	1%	22
Parking	32%	474	26%	383	20%	291	7%	97	17%	247
Public transport	8%	108	8%	106	11%	153	6%	86	67%	927
Accessibility (wheelchair / buggy access)	14%	192	12%	174	11%	161	7%	101	55%	776
Communication (languages / interpreting service)	15%	204	14%	200	12%	169	6%	89	53%	744
Space to have a private consultation	27%	396	25%	369	22%	321	11%	166	14%	197
Availability of medication	71%	1054	24%	357	3%	40	1%	13	1%	12
Services provided	44%	640	37%	539	14%	208	2%	34	3%	38

Other comments (themes):	Number
Accessibility and convenience	25
Stock and availability	22
Customer services	21
Linked to GP or Surgery	20
Wait times and efficiency	18
Vaccinations and additional services	14
Familiarity and personal connection	9
Availability of Dosette Boxes	5

10) How do you travel to the pharmacy? (Answered: 1537, Skipped: 5)

Option	%	Number
Walk	38%	579
Public transport (e.g. bus or train)	2%	33
Bicycle	2%	32
Car	54%	834
Taxi	0%	3
Wheelchair / mobility scooter	1%	19
I don't, someone goes for me	0%	5
I don't I utilise a delivery service	1%	18
I don't, I use an online pharmacy	0%	6
Other, please specify	1%	8

11) How long does it usually take for you to travel to your pharmacy? (Answered: 1529, Skipped: 13)

Option	%	Number
Less than 15 minutes	74%	1138
15-30 minutes	22%	336
30-45 minutes	2%	27
More than 45 minutes	0%	4
N/A- I don't travel to the pharmacy	2%	24

12) Do you have any other comments that you would like to add regarding pharmaceutical services in Suffolk? (Answered: 612, Skipped or N/A: 930)

Other factor (themes):	Description	Positive comments	Negative comments	Total
Accessibility	Reaching local pharmacies; i.e. transportation to pharmacy, disability and parking consideration.	13	15	28
Availability	Access of pharmacy due to time of day; i.e. pharmacy opening times and days.	3	34	37

Other factor (themes):	Description	Positive comments	Negative comments	Total
Confidentiality and privacy	Concerns about privacy while interacting with pharmacy staff.	-	-	4
Expanded services	Comments about the specific services that pharmacies could or do provide. i.e. comment about delivery service and requests for specific services.	25	26	51
Role in the community	Recognition of pharmacies' role in easing the burden on NHS and GPs, importance of local pharmacies and concerns about the impact of closures on community health.	-	-	93
Stock and availability of medication	Access to medication through local pharmacies; i.e. bulk ordering concerns, changes in medication, automated prescription collection, callbacks due to stock issues.	25	44	69
Systemic issues and funding	Urgent need for financial support and better funding models, frustration over closures of smaller or independent pharmacies.	-	-	90
Quality of service and staff	Positive acknowledgment of helpful and friendly staff, issues with staffing levels causing delays or mistakes and suggestions for better queue management or customer service training.	131	109	240

A bit about you

13) If you choose not to answer any of these questions, please tick the 'Prefer not to disclose' option below so that we are aware of your choice. (Answered: 231, Skipped: 1284)

(Prefer not to disclose)	231
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14) Which area do you live in? (Answered: 1237, Skipped: 305)

Option	%	Number
Babergh	10%	125
Mid Suffolk	12%	148
Ipswich	17%	215
East Suffolk	47%	579
West Suffolk	14%	170

15) Are you: (Answered: 1243, Skipped: 299)

Option	%	Number
Female	72%	899
Male	27%	339
Prefer not to say	0%	3
Prefer to self-describe (please specify)	0%	2

Other factor themes:	Number
Non-binary	1

16) Which age group do you fit into? (Answered: 1248, Skipped: 294)

Option	%	Number
Under 16	0%	0
16-24	1%	11
25-34	4%	53
35-44	7%	84
45-54	11%	135
55-64	21%	268
65-74	30%	379
75+	25%	312
Prefer not to say	0%	6

17) Do you consider yourself to have a disability according to the terms given in the Equality legislation? The provision for disability within Equalities legislation defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities. (Answered: 1248, Skipped: 294)

Option	%	Number
Yes	25%	313
No	72%	901
Prefer not to say	3%	34

18) If you have answered yes to the above question, please indicate the type of impairment which applies to you from the list below. (Please tick all that apply) (Answered: 584, Skipped: 958)

Option	%	Number
Mobility	31%	181
Hearing	16%	94
Vision	4%	26
Learning	2%	9
Mental health	13%	73
Communication	2%	9
Long standing health condition	37%	215
Prefer not to say	12%	69
Other (please specify)	24%	143

Other comment themes:	Number
Neurodivergence (Autism, ADHD)	9
Muscular skeletal and chronic pain	6
Respiratory (COPD and Asthma)	6
Old age	5
Multiple long-term issues	3
Genetic conditions	2
Diabetes	1
Crohn's disease	1
Macular degeneration	1

19) What is your ethnic origin? (Answered: 1248, Skipped: 294)

Option	%	Number
Asian or Asian British: Indian	0%	4
Asian or Asian British: Pakistani	0%	0
Asian or Asian British: Bangladeshi	0%	2
Asian or Asian British: Chinese	0%	1
Any other Asian background - please specify in the box below:	0%	2
Black or Black British: Caribbean	0%	3
Black or Black British: African	0%	2
Any other Black background - please specify in the box below:	0%	0
Mixed: White and Black Caribbean	0%	4
Mixed: White and Black African	0%	0
Mixed: White and Asian	0%	6
Any other Mixed background - please specify in the box below:	0%	1
White: English	72%	898
White: Irish	1%	9
White: Scottish	2%	22
White: Welsh	1%	9
White: British	18%	222
White – Gypsy or Irish Traveller	0%	1
Other white background - please specify in the box below	1%	10
Any other ethnic background – please specify in the box below	0%	0
Prefer not to say	2%	20
Any other ethnic background- please specify in the box below	1%	32

Other comment themes:	Number
Ukrainian	10
Afghanistani	6
White European (French, Italian, German, Dutch)	5
Hispanic	2
Middle eastern	1

Other comment themes:	Number
Kurdish	1
Bahrain	1
Kosovan	1

20) What is your religion? (Answered: 1237, Skipped: 305)

Option	%	Number
No religion	37%	461
Baha'l	0%	0
Buddhist	1%	13
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	52%	642
Hindu	0%	0
Jain	0%	0
Jewish	0%	5
Muslim	1%	15
Sikh	0%	2
Prefer not to say	6%	68
Any other religion (please specify)	3%	31

Other comment themes:	Number
Spiritualist	6
Jehovah's Witness	4
Atheist	3
Agnostic	2
Jedi	2
Interfaith	2
Pagan	1
Humanist	1

21) Which of the following best describes your sexual orientation? (Answered: 1242, Skipped: 300)

Option	%	Number
Straight or heterosexual	91%	1132
Gay or lesbian	2%	21
Bisexual	2%	22
Prefer not to say	5%	61
Other sexual orientation, please specify	0%	6

Other comment themes:	Number
Not applicable	2
Asexual	1

Appendix E: Travel analysis

Travel analysis methodology

Accessibility analysis was conducted to identify areas where pharmacies are accessible within specified time limits and selected modes of travel. This analysis is based on the selection of pharmacies within designated areas of interest, with the consideration that populations from neighbouring areas may also have access to these pharmacies. The analysis accounts for both the location of the pharmacies and the surrounding areas from which individuals can feasibly reach them within the defined time constraints and travel methods.

This analysis incorporated community pharmacies (including 72 hour+ pharmacies) dispensing doctor practices, Dispensing Appliance Contractors (DACs) and Distance-Selling Pharmacies (DSPs).

The accessibility analysis consists of two key components, which are combined to determine the population within reach of pharmacies for the specified travel time and mode of travel:

- **Travel-time isochrone:** This component defines the access extents for the selected pharmacies within a specified time limit and mode of travel. The isochrones incorporate the road network, public transport schedules, and a buffer for walking or cycling time to the nearest public transport stop. Isochrones are modelled for different times of the day to capture variations in accessibility during peak and off-peak periods. The peak period is defined as 9:00 am on a weekday, while the off-peak period is set at 2:00 pm on a weekday.
- **Grid-point population:** To estimate population at a 100m x 100m grid level with sensitivity to land use and building types, the following methodology was used:
- **Small area population projections:** These were derived using the latest Local Authority District (LAD)-level projections (mid-2018, released in 2020)⁹⁶. These projections were rebased to align with Lower Layer Super Output Area (LSOA)-level⁹⁷ and Output Area (OA)-level population estimates⁹⁸ (mid-2022, released in 2024).
- **Disaggregation to grid-level:** The small-area population projections were disaggregated to a 100m x 100m grid, assigning a population to each grid point.

⁹⁶ ONS. Population projections for local authorities: Table 2 – 2018 based. March 2020. [Accessed February 2025]

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

⁹⁷ ONS. Lower layer Super Output Area population estimates (supporting information) – Mid 2019 to Mid-2022. November 2024. [Accessed February 2025]

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

⁹⁸ ONS. Census Output Area Population Estimates (supporting information). [Accessed February 2025]

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

- **Weighting by land use:** The disaggregated population was weighted based on land use, for example greenspaces, water bodies and residential areas. Grid points falling within non-residential areas were assigned a population of zero.

The two components—travel-time isochrones and grid-point population—are spatially overlaid to calculate the total resident population within the pharmacies' access isochrones. This overlay aggregates the population at the grid-point level that falls within the defined travel time and selected mode of travel.

The areas from which a pharmacy can be reached within the specified travel time bands are visualised as shaded zones on the maps. The shading colour corresponds to the travel time required to access a pharmacy from a given area. Areas not shaded on the map indicate that accessing any of the pharmacies in the analysis would require more time than the allocated upper limit or that the area is inaccessible using the specified travel mode.

Population coverage by community pharmacies across Suffolk

Table 56: Time to pharmacy with various methods of transportation across Suffolk: population (number) and population coverage (%)

Transport	0-10 minutes	0-20 minutes	0-30 minutes
Walking	249,643 (32.22%)	501,352 (64.71%)	566,082 (73.06%)
Public transport (peak)	254,144 (32.80%)	446,238 (57.60%)	512,158 (66.10%)
Public transport (off-peak)	250,638 (32.35%)	439,482 (56.72%)	513,244 (66.24%)
Driving (peak)	665,851 (85.94%)	766,960 (98.99%)	771,307 (99.55%)
Driving (off-peak)	677,260 (87.41%)	768,082 (99.14%)	771,030 (99.52%)

Table 57: Walking time to pharmacy by locality: population (number) and population coverage (%)

Area	0-10 minutes		0-20 minutes		0-30 minutes	
	Population	%	Population	%	Population	%
Babergh	20,833	21.87%	44,266	46.46%	54,548	57.26%
East Suffolk	74,294	29.69%	172,033	68.75%	195,671	78.20%
Ipswich	85,967	61.94%	135,657	97.74%	138,798	100%
Mid Suffolk	22,481	21.00%	45,805	42.78%	53,974	50.41%
West Suffolk	46,069	25.12%	103,592	56.48%	122,978	67.05%
Suffolk	249,643	32.22%	501,352	64.71%	566,082	73.06%

Table 58: Driving time to pharmacy (off-peak) by locality: population (number) and population coverage (%)

Area	0-10 minutes (off-peak)		0-20 minutes (off-peak)		0-30 minutes (off-peak)	
	Population	%	Population	%	Population	%
Babergh	72,733	76.34%	93,210	97.84%	94,719	99.42%
East Suffolk	227,676	90.99%	247,053	98.74%	248,362	99.26%
Ipswich	138,798	100%	138,798	100%	138,798	100%
Mid Suffolk	77,397	72.29%	106,347	99.33%	106,359	99.34%
West Suffolk	160,436	87.47%	182,442	99.47%	182,560	99.53%
Suffolk	677,260	87.41%	768,082	99.14%	771,030	99.52%

Table 59: Driving time to pharmacy (peak time) by locality: population (number) and population coverage (%)

Area	0-10 minutes (peak)		0-20 minutes (peak)		0-30 minutes (peak)	
	Population	%	Population	%	Population	%
Babergh	71,059	74.59%	92,848	97.46%	94,764	99.47%
East Suffolk	225,172	89.99%	246,319	98.44%	248,358	99.26%
Ipswich	138,798	100%	138,798	100%	138,798	100%
Mid Suffolk	75,021	70.07%	106,343	99.32%	106,406	99.38%
West Suffolk	155,644	84.86%	182,420	99.46%	182,750	99.64%
Suffolk	665,851	85.94%	766,960	98.99%	771,307	99.55%

Table 60: Time to pharmacy by public transport (off-peak) by locality: population (number) and population coverage (%)

Area	0-10 minutes (off-peak)		0-20 minutes (off-peak)		0-30 minutes (off-peak)	
	Population	%	Population	%	Population	%
Babergh	20,743	21.77%	39,046	40.98%	51,055	53.59%
East Suffolk	75,390	30.13%	144,243	57.65%	171,575	68.57%
Ipswich	85,204	61.39%	132,247	95.28%	137,908	99.36%
Mid Suffolk	22,147	20.68%	37,591	35.11%	42,964	40.13%
West Suffolk	47,154	25.71%	86,355	47.08%	109,742	59.83%
Suffolk	250,638	32.35%	439,482	56.72%	513,244	66.24%

Table 61: Time to pharmacy by public transport (peak time) by locality: population (number) and population coverage (%)

Area	0-10 minutes (peak)		0-20 minutes (peak)		0-30 minutes (peak)	
	Population	%	Population	%	Population	%
Babergh	21,190	22.24%	40,430	42.44%	50,053	52.54%
East Suffolk	76,006	30.38%	143,700	57.43%	171,575	68.57%
Ipswich	86,784	62.53%	131,846	94.99%	137,801	99.28%
Mid Suffolk	22,172	20.71%	37,769	35.28%	42,950	40.11%
West Suffolk	47,992	26.17%	92,494	50.43%	109,779	59.85%
Suffolk	254,144	32.80%	446,238	57.60%	512,158	66.10%

Please note there may be a marginal higher coverage in some areas for public transport during peak times compared to off-peak. This is an accurate reflection of the travel time data, in line with the methodology explained above, and likely down to better transport links during peak times in those areas.

Appendix F: Consultation stakeholders

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

- Suffolk Local Pharmaceutical Committee.
- Suffolk Local Medical Committee.
- Pharmacies and Dispensing Appliance Contractors in Suffolk.⁹⁹
- Dispensing GP practices in Suffolk.
- Suffolk Hertfordshire.
- NHS Trust or NHS Foundation Trusts:
 - Ipswich and East Suffolk Alliance.
 - West Suffolk Hospital NHS Trust.
 - James Paget Hospital NHS Trust.
 - East Suffolk and North Essex NHS Foundation Trust.
- Suffolk and North Essex ICB.
- Norfolk and Waveney ICB.
- Neighbouring Health and Wellbeing Boards (HWBs):
 - Cambridgeshire HWB.
 - Essex HWB.
 - Norfolk HWB.

Other consultees

- GP practices in Suffolk.
- Local Pharmaceutical Committee in all the neighbouring areas.
- Local Medical Committee in all the neighbouring areas.
- Members of the public and patient groups.

⁹⁹ Please note there are no LPS contractors in Suffolk.

Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Suffolk HWB held a consultation on the draft PNA for at least 60 days, from 12 May to 13 July 2025.

The draft PNA was hosted on Suffolk council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Suffolk. A range of public engagement groups in Suffolk as identified by the Steering Group were invited to participate in the consultation. Responses to the consultation were possible via an online survey or email. Paper copies and alternative formats were also available under request.

There were in total five valid responses, all of them from the internet survey¹⁰⁰. Responses received:

- 3 (60%) from members of the public.
- 1 (20%) from pharmacies in Suffolk.
- 1 (20%) from another organisation in Suffolk.

All responses were considered by the PNA Steering Group at its meeting on 15 August 2025 for the final report and are included in Appendix H.

From the five responses, four agreed with the conclusions of Suffolk Draft 2025 PNA and one disagreed.

Below is a summary of responses to the specific questions, asked during the consultation. All additional comments received to these questions are listed in Appendix I.

1) In what capacity are you mainly responding? (Answered: 5, Skipped: 0)

Options	Number	%
A member of the public	3	60%
Pharmacy in Suffolk	1	20%
Pharmacy contractor with a Local Pharmaceutical Services contract	0	0%
Local Pharmaceutical Committee in Suffolk	0	0%
Local Medical Committee in Suffolk	0	0%
Healthwatch or other patient, consumer or community group	0	0%
NHS Trust or NHS Foundation Trust in Suffolk	0	0%
NHS England	0	0%
Neighbouring health and wellbeing board	0	0%
Other organisation in Suffolk	1	20%
Other organisation outside Suffolk	0	0%

¹⁰⁰ A total of 29 responses were started by members of the public, pharmacies, GP practices and various organisations, both within and outside Suffolk. However, only those responses in which at least one question was answered are included in the analysis.

If responding on behalf of an organisation, please tell us its name (Answered: 2, Skipped: 3)

The following organisations provided their details:

- Boots UK Limited.
- Suffolk County Council.

2) Has the purpose of the Pharmaceutical Needs Assessment been explained?
(Please refer to Section 1 in the draft PNA) (Answered: 5, Skipped: 0)

Options	Number	%
Yes	5	100%
No (please specify)	0	0%
I don't know/can't say	0	0%

3) Does the draft Pharmaceutical Needs Assessment reflect the needs of Suffolk's population? (Section 2 in the draft PNA) (Answered: 5, Skipped: 0)

Options	Number	%
Yes	4	80%
No (please specify)	1	20%
I don't know/can't say	0	0%

4) Does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within Suffolk? (Section 3 in the draft PNA) (Answered: 5, Skipped: 0)

Options	Number	%
Yes	4	80%
No (please specify)	0	0%
I don't know/can't say	1	20%

5) Are there any services that are available in Suffolk that have not been identified in the pharmaceutical needs assessment (Section 6 and 7 in the draft PNA and Appendix A) (Answered: 5, Skipped: 0)

Options	Number	%
Yes (please specify)	0	0%
No	3	60%
I don't know/can't say	2	40%

- 6) 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? (Answered: 5, Skipped: 0)**

Options	Number	%
Yes	5	100%
No (please specify)	0	0%
I don't know/can't say	0	0%

- 7) Has the Pharmaceutical Needs Assessment provided information to inform how pharmaceutical services may be commissioned in the future (within the lifetime of the PNA, which is three years)? (Answered: 4, Skipped: 1)**

Options	Number	%
Yes	4	100%
No (please specify)	0	0%
I don't know/can't say	0	0%

- 8) Has the Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? (Answered: 5, Skipped: 0)**

Options	Number	%
Yes	5	100%
No (please specify)	0	0%
I don't know/can't say	0	0%

- 9) Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted? (Answered: 5, Skipped: 0)**

Options	Number	%
Yes (please specify)	1	20%
No	2	40%
I don't know/can't say	2	40%

- 10) Do you agree with the conclusions of the Pharmaceutical Needs Assessment? (Answered: 5, Skipped: 0)**

Options	Number	%
Yes	4	80%
No (please specify)	1	20%
I don't know/can't say	0	0%

11) If you have any other comments, please write them below (Answered: 0, Skipped or “no comment”: 5)

No comments were provided for this question. All comments to previous questions are listed in Appendix H.

Appendix H: Consultation comments

Comments received on the consultation survey¹⁰¹

Additional comments to **question 3**: Does the draft Pharmaceutical Needs Assessment reflect the need of Suffolk's population? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A member of the public	I think there is need for better out of hours pharmacy provision in the central area of East Suffolk - e.g. on a Sunday residents of Saxmundham, Leiston etc. would have to drive nearly an hour to get to a pharmacy on Lowestoft or Ipswich/Martlesham	Thank you for your comment. The PNA has assessed pharmacy opening hours and access across the area including out of hours provision. Across East Suffolk as a whole, there are eight pharmacies open on Sundays however we do recognise individuals may need to travel further. Sunday openings usually reflect contractual commitments as well as financial and population need. Local commissioners may wish to review whether there is sufficient need to commission a local service. We note out of hours primary care provision is required to dispense all the necessary drugs until the patient can reasonably attend a pharmacy to provide any further necessary supplies.

Additional comments to **question 9**: Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA which is three years) that have not been highlighted? If you have answered 'Yes', please specify why.

From	Comment	Steering Group response
Suffolk County Council	Weight Management Medication	Noted.

¹⁰¹ Please note only questions with open comments are listed.

Additional comments to **question 10**: Do you agree with the conclusions of the Pharmaceutical Needs Assessment? If you have answered 'No', please specify why.

From	Comment	Steering Group response
A member of the public	I think there is need for better out of hours pharmacy provision in the central area of East Suffolk - e.g. on a Sunday residents of Saxmundham, Leiston etc. would have to drive nearly an hour to get to a pharmacy on Lowestoft or Ipswich/Martlesham	Thank you for your comment. The PNA has assessed pharmacy opening hours and access across the area including out of hours provision. Across East Suffolk as a whole, there are eight pharmacies open on Sundays however we do recognise individuals may need to travel further. Sunday openings usually reflect contractual commitments as well as financial and population need. Local commissioners may wish to review whether there is sufficient need to commission a local service. We note out of hours primary care provision is required to dispense all the necessary drugs until the patient can reasonably attend a pharmacy to provide any further necessary supplies.