



Pharmaceutical Needs Assessment 2022

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.

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Executive summary

Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve health and wellbeing of their local population. Every HWB is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, which may have an effect on the needs of pharmaceutical services. Due to the COVID-19 pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides Suffolk HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

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

This PNA has been produced through the PNA Steering Group on behalf of Suffolk HWB by Suffolk County Council with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

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

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

Pharmaceutical service providers in Suffolk

Suffolk has [134 community pharmacies](#) (as of 30 June 2022) for a [population of around 761,246](#). In addition to the 134 community pharmacies, Suffolk has 42 dispensing GP practices providing pharmaceutical services. Combining these, Suffolk has an average of 23.1 community pharmacies and dispensing GP practices per 100,000 population compared with 20.6 per 100,000 in England.

Conclusions

Provision of current pharmaceutical services and locally commissioned services are well distributed, serving all the main population centres. There is excellent 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 future for pharmaceutical services deemed necessary by the Suffolk HWB.

Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring
AF – Atrial Fibrillation
AUR – Appliance Use Review
BSA – Business Services Authority
C-19 – COVID-19
CCG – Clinical Commissioning Group
CHD – Coronary Heart Disease
COA – Census Output Area
COPD – Chronic Obstructive Pulmonary Disease
CPCF – Community Pharmacy Contractual Framework
CPCS – Community Pharmacist Consultation Service
CVD – Cardiovascular Disease
DAC – Dispensing Appliance Contractor
DHSC – Department of Health and Social Care
DMIRS – Digital Minor Illness Referral Service
DMS – Discharge Medicines Service
DRUM – Dispensing Review of Use of Medicines
DSP – Distance-Selling Pharmacy
DSQS – Dispensing Services Quality Scheme
EHC – Emergency Hormonal Contraception
EoL – End of Life
EoLC – End of Life Care
EPS – Electronic Prescription Service
ES – Essential Services
GBD – Global Burden of Disease
GP – General Practitioner
GRT – Gypsy, Roma and Traveller
HIV – Human Immunodeficiency Virus
HWB – Health and Wellbeing Board
ICB – Integrated Care Board
ICS – Integrated Care System

IES CCG – Ipswich and East Suffolk CCG
IMD – Index of Multiple Deprivation
JHWS – Joint Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LASA – Look-Alike, Sound-Alike
LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LGBT – Lesbian, Gay, Bisexual and Transgender
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Layer Super Output Areas
LTLA – Lower Tier Local Authorities
LTP – Long Term Plan
MSOA – Middle Layer Super Output Areas
MUR – Medicines Use Review
N&W CCG – Norfolk & Waveney CCG
NHS – National Health Service
NICE – National Institute for Health and Care Excellence
NHSE&I – NHS England and NHS Improvement
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
ONS – Office for National Statistics
OST – Opioid Substitution Treatment
PANSI – Projecting Adult Needs and Service Information System
PCA – Personalised Care Adjustment
PCN – Primary Care Network
PCT – Primary Care Trust
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PHE – Public Health England
PNA – Pharmaceutical Needs Assessment

POCT – Point of Care Testing

POM – Prescription-Only Medicine

POPPI – Projecting Older People Population Information System

PSNC – Pharmaceutical Services Negotiating Committee

PWIDs – People Who Inject Drugs

SAC – Stoma Appliance Customisation

SCC – Suffolk County Council

SMR – Standardised Mortality Ratio

SODA – Suffolk Office for Data and Analytics

STI – Sexually Transmitted Infection

WS CCG – West Suffolk CCG

YLD – Years Lived with Disability

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the 'Pharmaceutical Regulations 2013' came into force on 1 April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted Health and Wellbeing Boards (HWBs) a temporary extension of the Pharmaceutical Needs Assessments (PNAs) previously produced by Primary Care Trust (PCTs); HWBs were then required to publish their first PNA by 1 April 2015 at the latest. The Pharmaceutical Regulations 2013 require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement. Due to the COVID-19 pandemic, the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022.

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

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring PCTs to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the C-19 pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.1.1 NHS Long Term Plan (LTP)²

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. The priority clinical areas that could be affected by community pharmacy services are set out below. A more detailed description is available in [Section 2.1](#).

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

² NHS Long Term Plan. <https://www.longtermplan.nhs.uk/>

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

1.1.2 Services stopped, changed and commissioned

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS trusts were 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 NHS England and NHS Improvement (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.³
- **Community Pharmacist Consultation Service (CPCS):**⁴ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Scheme (NUMSAS) and local pilots of the Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist from referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020 GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliance, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS LTP.

³ PSNC. Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁴ PSNC. Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

- **Coronavirus pandemic:** The COVID-19 (C-19) pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs of the population.⁵ During the pandemic there was a net loss of 215 pharmacies nationally, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁶ In response to the pandemic, two Advanced Services were also created: pandemic delivery service and C-19 Lateral Flow Device (LFD) provision. The C-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE&I. Due to the easing of C-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government will no longer provide free universal symptomatic and asymptomatic testing for the general public in England.⁷
- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.⁸
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme that forms part of the CPCF.⁹ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing it includes:
 - 20 new NMS provisions
 - Identifying patients who would benefit from weight management advice and onward referral, including the recently introduced NHS Digital Weight and/or local authority-funded tier 2 weight management service
 - Checking inhaler techniques, as part of catch-up NMS, ensuring patients have personalised asthma action plans, promoting the use of spacers in children and encouraging return of unwanted and used inhalers for disposal to protect the environment
 - Safety report and demonstrable learnings from CPPE look-alike, sounds-alike (LASA) e-learning

⁵ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. Irish J Psych Med 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

⁶ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁷ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁸ PSNC. Facilitating remote access to pharmacy services. <https://psnc.org.uk/our-news/regs-reminder-12-facilitating-remote-access-to-pharmacy-services/>

⁹ NHSE&I Pharmacy Quality Scheme Guidance 2021/22. September 2021 www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

1.2 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen in the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I 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 NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through 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.¹⁰ Information and JSNA products will be updated on the Healthy Suffolk website and the Suffolk Observatory,¹¹ which is kept live as a rolling programme of documents and informs the Joint Health and Wellbeing Strategy (JHWS), which will take into account the findings of JSNA products.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE&I and the Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. Currently the footprint of Suffolk will be covered by two ICSs. ICS delegation has been delayed until July 2022, due to the COVID-19 pandemic, and some will not go live until April 2023. It is anticipated that ICSs will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services currently commissioned from pharmacies by CCGs may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition into ICBs, it has referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

¹⁰ Suffolk JSNA. www.healthysuffolk.org.uk/JSNA

¹¹ Suffolk Observatory. www.suffolkobservatory.info/

1.3 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained in 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

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 NHSE&I. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

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

1.3.1 Community pharmacy contractors

The CPCF, last agreed in 2019,¹² is made up of three types of service:

- Essential Services
- Advanced Services
- Enhanced Services

Details of these services can be found in [Section 6](#).

All pharmacies were required to become Level 1 Healthy Living Pharmacies by April 2020.

¹² DHSC. Community Pharmacy Contractual Framework. July 2019. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

Pharmacy contractors comprise both those located in Suffolk as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs). Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises.

Additionally, they must provide services to the whole population of England.

1.3.2 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

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

1.3.3 Local Pharmaceutical Service (LPS) providers

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

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

1.3.4 Dispensing GP practices

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

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

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

1.3.5 Pharmacy Access Scheme (PhAS) providers¹³

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

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

DSPs, DACs, LPS contractors, and dispensing doctors remain ineligible for the scheme.

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

1.3.6 Other providers of pharmaceutical services in neighbouring HWB areas

There are three other HWB areas that border the Suffolk HWB area:

- Essex HWB
- Cambridgeshire HWB
- Norfolk HWB

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

1.3.7 Other services and providers in Suffolk

As stated in [Section 1.3](#), for the purpose of this PNA, 'pharmaceutical services' has been defined as those services which are, or may be, commissioned under the provider's contract with NHSE&I.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Suffolk, commissioned by organisations other than NHSE&I 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 CCGs.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Suffolk HWB on 16 March 2020.

¹³ DHSC. 2022 Pharmacy Access Scheme Guidance: guidance. July 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

The purpose of the paper was to inform Suffolk HWB of its 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 March 2018 and is therefore due to be reassessed in line with the extended timetable by October 2022 (extended due to the C-19 pandemic).

Suffolk HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a steering group. It also agreed to the funding necessary to research and produce the PNA.

Public Health and Communities Suffolk has a duty to complete this document on behalf of Suffolk HWB. Soar Beyond Ltd was subsequently commissioned to undertake the Suffolk PNA for 2022 publication.

Soar Beyond Ltd was chosen due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs. It also produced the first Suffolk HWB PNA in March 2015 and the revised PNA in 2018, and continue to support Suffolk HWB to maintain it.

- **Step 1: Steering group**

On 27 April 2020 Suffolk's PNA Steering Group was established, however, due to the C-19 pandemic the PNA process was paused. The Steering Group reconvened on 23 September 2021. The terms of reference and membership of the group can be found in Appendix C.

- **Step 2: Project management**

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix I shows an approved timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements¹⁴ and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group which was circulated to:

- All pharmacy contractors in Suffolk County Council (SCC) area, to distribute a link to the survey via a business-card-sized flyer directing the public to the survey
- All GP practices in the SCC area, to distribute to the public via business card flyer
- All libraries in Suffolk, to distribute to the public via business card flyer
- Healthwatch Suffolk, for onward distribution to its members and participation groups
- Social media and websites
- Paid advertisements in local paper

¹⁴ SCC. PNA and subsequent supplementary statements. 2018. www.healthysuffolk.org.uk/jsna/pharmaceutical-needs-assessment

- Internal communication newsletters

A total of 555 responses were received. A copy of the public questionnaire can be found in Appendix D and the detailed responses can be found in Appendix J.

- **Step 4b: Pharmacy contractor questionnaire**

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses.

A total of 37 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E and the responses can be found in Appendix K.

- **Step 4c: Commissioner questionnaire**

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in the SCC area to inform the PNA.

A total of five responses were received. A copy of the commissioner questionnaire can be found in Appendix F and the responses can be found in Appendix L.

- **Step 4d: Dispensing practice questionnaire**

The Steering Group agreed a questionnaire to be distributed to all dispensing practices in the SCC area to inform the PNA.

A total of ten responses were received, A copy of the dispensing practice questionnaire can be found in Appendix G and the responses can be found in Appendix M.

- **Step 4e: PCN questionnaire**

The Steering Group agreed a questionnaire to be distributed to all Primary Care Networks (PCNs) in the SCC area to inform the PNA.

There was a low response to the PCN questionnaire therefore the Steering Group agreed that the results should not be included as they are not representative. A copy of the questionnaire distributed can be found in Appendix H.

- **Step 5: Mapping of services**

Details of services and service providers was collated and triangulated to ensure the information upon the assessment was based on was the most robust and accurate. NHSE&I, 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. Information was collated, ratified and shared with the Steering Group before the assessment was commenced.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The Steering Group was fully aware of the potential changes brought about with the easing of restrictions which had been brought in due to the C-19 pandemic. However, as the PNA is an assessment taken at defined moment in time it was agreed the pragmatic way forward would be to monitor such changes and if necessary update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group was fully aware of the need to reassess.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 19 April and 18 June 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on SCC's website.

- **Step 8: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix O.

- **Step 9: Production of final PNA – future stage**

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.

The final PNA was presented to Suffolk HWB for approval and publication before 1 October 2022.

1.5 Localities for the purpose of the PNA

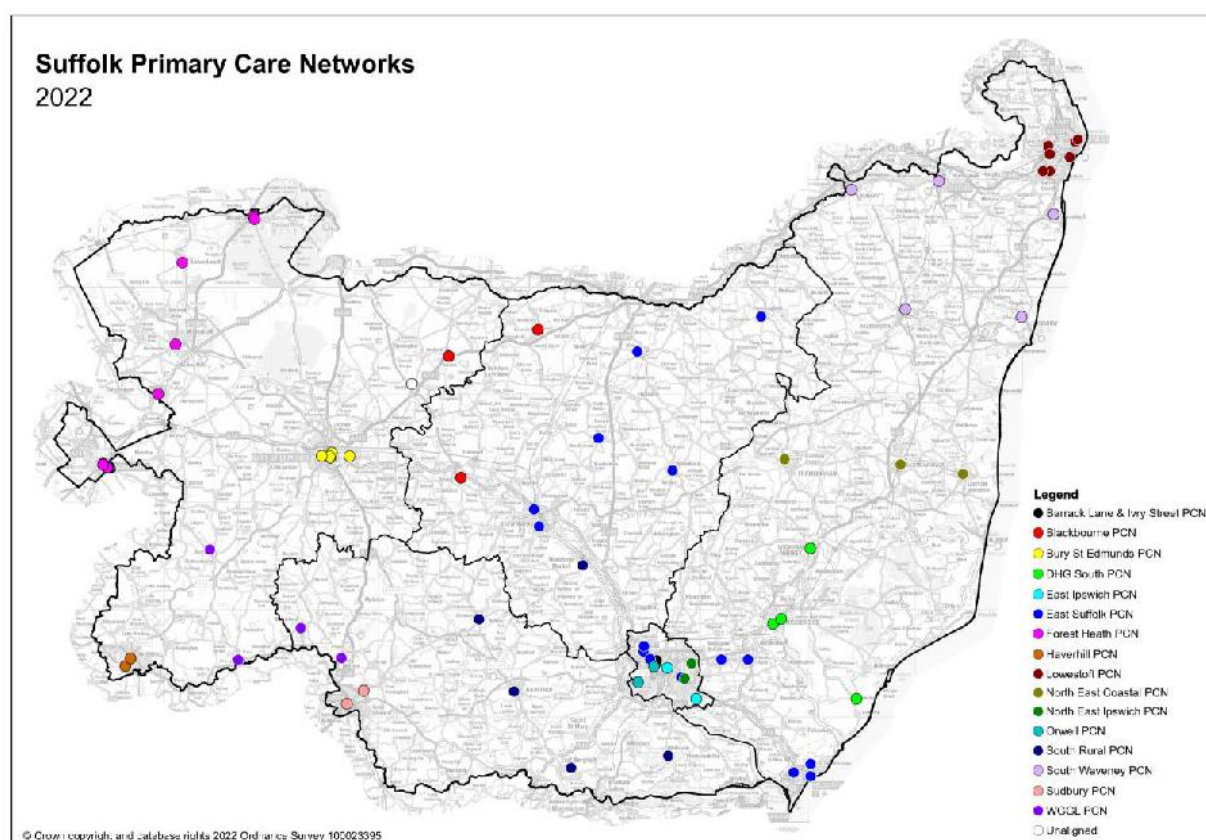
The PNA Steering Group, at its first meeting, considered how the localities in the Suffolk geography would be defined.

The majority of health and social care data is available at district and local authority level and at this level provides reasonable statistical rigour. It was agreed that the district and borough council geographies would continue be used to define the localities of the Suffolk geography. These localities have changed from the previous PNA.

The localities are:

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

With the formation of PCNs, there is some overlap of boundaries of localities with boundaries of PCNs. The following map sets out the PCNs with the localities in Suffolk.

Figure 1: Suffolk PCNs

A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), SCC, West Suffolk CCG (WS CCG), Ipswich and East Suffolk CCG (IES CCG) and Norfolk and Waveney CCG (N&W CCG). The Steering Group agreed that providers previously included in the Suffolk 2018 PNA would continue to be included in the 2022 PNA.

Section 2: Context for the PNA

2.1 NHS Long Term Plan¹⁵

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

Priority clinical areas in the LTP include:

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

There are specific aspects of the NHS 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’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- **Section 1.10** refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and self-management. The CPCS has been developed, which has been available since 31 October 2019 as an Advanced Service.
- **Section 1.12** identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.

¹⁵ NHS Long Term Plan. www.longtermplan.nhs.uk/

- **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. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- **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. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- **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.'

2.2 Joint Strategic Needs Assessment (JSNA)

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Suffolk JSNA.¹⁶

The purpose of the JSNA is to accurately assess the health needs of a local population, to improve the physical and mental health and wellbeing of individuals and communities. The JSNA underpins the JHWS. The HWB is responsible for both the JSNA and the JHWS.

A rolling programme of needs assessments, topic-based reports and data analysis all inform the overarching Suffolk JSNA. Suffolk's first JSNA was published in 2008, with the 2019 'State of Suffolk' report being the latest major update. This will be refreshed during 2022. The Suffolk JSNA is not a single document, it is a suite of dynamic resources to inform commissioning of health and social care and provide strategic direction.

2.3 Joint Health and Wellbeing Strategy (JHWS)

The vision of Suffolk HWB is to enable people in Suffolk to live healthier, happier lives. The HWB wants to narrow the differences in healthy life expectancy between those living in the most deprived communities and those who are better off.

Suffolk's JHWS 2019-22¹⁷ sets the long-term strategic framework for improving health and wellbeing in Suffolk. The JHWS was refreshed for 2019-22 to review and (where relevant), reset the outcomes for the last three years of the current strategy. The JHWS is currently being refreshed for the next reporting period.

¹⁶ Suffolk JSNA. www.healthysuffolk.org.uk/JSNA

¹⁷ Health and Wellbeing Suffolk. JHWS 2019-2022.

www.healthysuffolk.org.uk/uploads/Refreshed_strategy_joint_health_and_wellbeing_board_2019-22.pdf

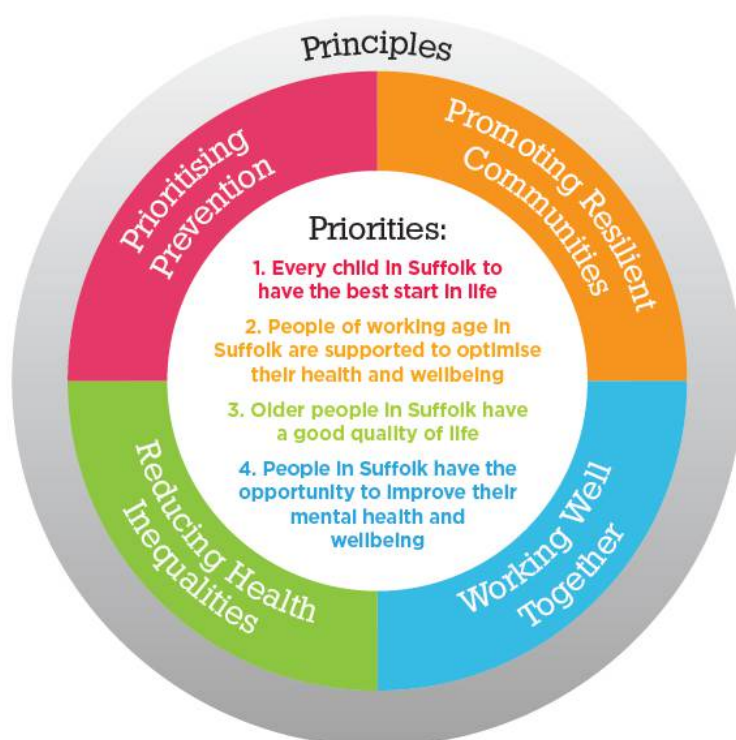
The State of Suffolk and wider JSNA products informed the refresh of the JHWS, ensuring that the strategy is evidence-based and focused on the relevant key issues, including inequalities, demographic pressures and redesigning services to meet need and enhance opportunities for prevention.

The most recent refresh of the JHWS (2019-22) is based on:

- Four principles:
 1. Prioritising prevention.
 2. Promoting resilient communities.
 3. Working well together.
 4. Reducing health inequalities.
- Four priorities:
 1. Every child in Suffolk to have the best start in life.
 2. People of working age in Suffolk are supported to optimise their health and wellbeing.
 3. Older people in Suffolk have a good quality of life.
 4. People in Suffolk have the opportunity to improve their mental health and wellbeing.

For the health and wellbeing of the people of Suffolk.

Figure 2: Refreshed HWB strategy outcomes, 2019-22¹⁸



¹⁸ Healthy Suffolk. Suffolk Joint Health and Wellbeing Strategy 2019-2022. 2019. www.healthysuffolk.org.uk/board

2.4 The impact of COVID-19 in Suffolk

The C-19 pandemic, and the unprecedented measures required to reduce the spread of the virus, have placed extraordinary pressures and demands on everyone. As well as the direct impact of being unwell with C-19, almost half of adults have reported that their wellbeing has been affected.

At the time of writing, the C-19 pandemic persists. As of December 2021, over 96,000 cases had been recorded in Suffolk, and there have been over 1,700 deaths.

- Whilst vaccination rates are generally high, there are still pockets of lower vaccine uptake in certain communities in Suffolk, especially those with increased levels of deprivation, and minority population groups.
- Whilst national shielding data indicates that just under 55,000 individuals were 'extremely clinically vulnerable' and had to remain in their homes for many months, sometimes completely alone, locally collated data examining wider circumstances suggests that nearly 178,000 individuals in Suffolk may have become more clinically, socially or financially vulnerable during the pandemic.
- C-19 has had a disproportionate impact on certain groups, both globally, nationally and in Suffolk. Those aged over 65, women, those classed as overweight/obese and those in lower socioeconomic groups have been particularly badly affected either by the disease itself or by the measures taken to control the disease. C-19 has exacerbated and widened inequalities, to the detriment of those already facing disadvantage.
- Everyone has been impacted by C-19, whether by the virus itself or the knock-on impacts. This may include bereavement, lost education or work time, loss of employment, increased financial hardship and missing out on life events or socialising with family and friends.

One of the many consequences of the pandemic has been its impact on data collection. Across many areas, such as the economy, education, health and wellbeing, the pandemic has affected what data has been collected and what has been published. Even when published, not all data has been comparable with pre-C-19 data.

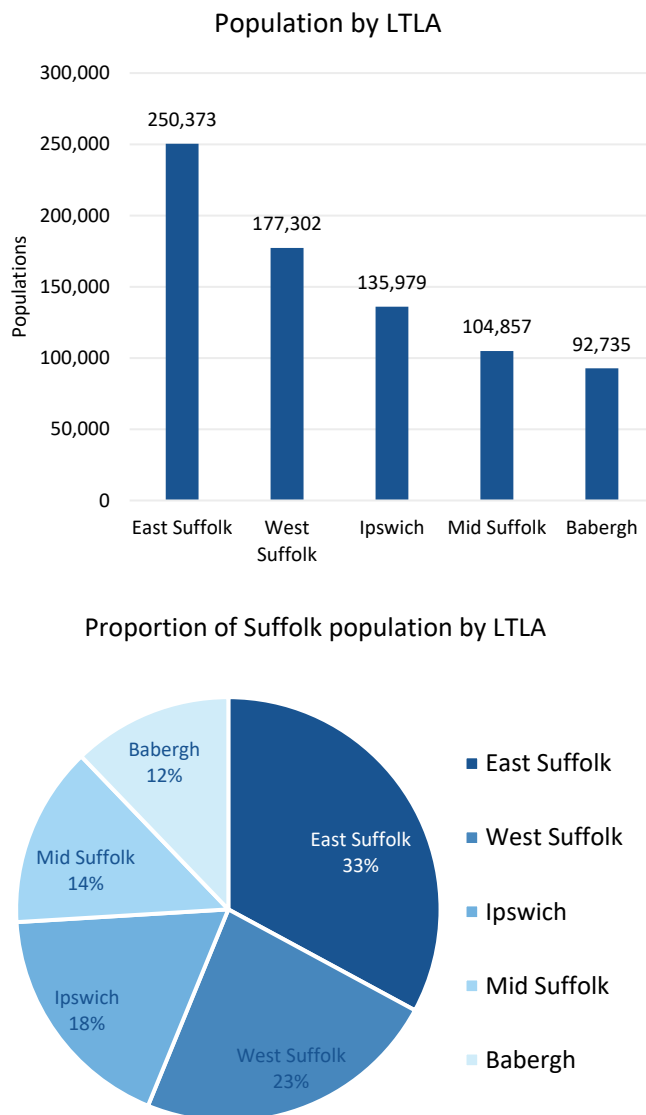
Wherever possible Suffolk or Suffolk's Lower Tier Local Authorities (LTLAs) have been used to understand the local population. However, due to availability of data, sometimes CCG data has been used. Ipswich and East Suffolk CCG and West Suffolk CCG sit entirely within the Suffolk boundary. However, Norfolk and Waveney CCG also encompasses Norfolk, as well as Lowestoft and the surrounding area in Suffolk (previously Waveney LTLA).

2.5 Population characteristics

2.5.1 Overview

Estimates from 2020 indicate that Suffolk has a population of 761,246, comprising 375,932 males (49.4%) and 385,314 females (50.6%).¹⁹ This population is spread over five LTLAs: Babergh, East Suffolk, Ipswich, Mid Suffolk and West Suffolk. East Suffolk is the largest LTLA in Suffolk, with 33% of Suffolk residents living in East Suffolk.

Figure 3: Population by LTLA in Suffolk, and proportion of population by LTLA²⁰



¹⁹ ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [Accessed 8 December 2021.]

www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

²⁰ *ibid.*

Table 2: Local authority population estimates, 2020

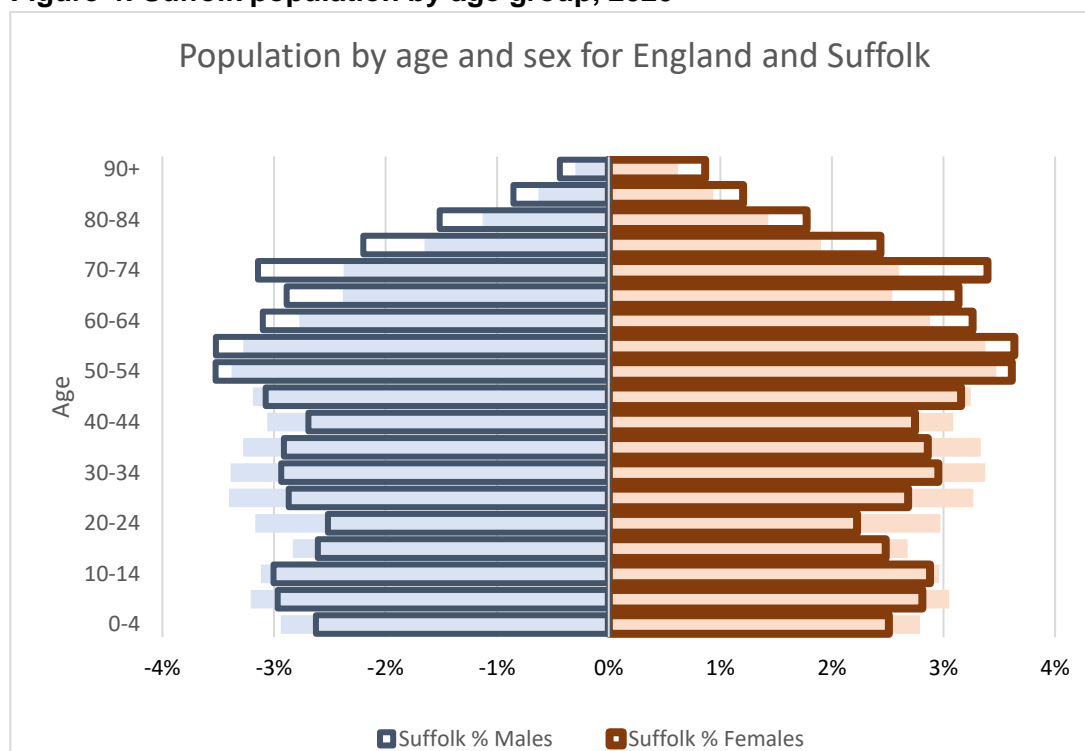
Area	Males	Females	Total	% of males	% of females
Babergh	45,088	47,647	92,735	48.6%	51.4%
East Suffolk	121,712	128,661	250,373	48.6%	51.4%
Ipswich	67,993	67,986	135,979	50.0%	50.0%
Mid Suffolk	51,782	53,075	104,857	49.4%	50.6%
West Suffolk	89,357	87,945	177,302	50.4%	49.6%
Suffolk	375,932	385,314	761,246	49.4%	50.6%

The population has increased by 3.9% since 2012. Population forecasts indicate that between 2021 and 2041 the population is expected to increase by 6.8% (approximately 52,000 people) to nearly 822,000 residents.²¹

2.5.2 Age

- Suffolk has an older resident population compared with England. In Suffolk approximately 24% of people are 65 or over compared with 19% nationally.
- There is variation within Suffolk, with East Suffolk having the largest population aged 65 and over (28%). Conversely, Ipswich has the youngest population.

²¹ ONS. Subnational population projections for England Statistical bulletins – 2018 Projections. 2020. [Accessed 10 December 2021.]
www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/previousReleases

Figure 4: Suffolk population by age group, 2020²²

A breakdown of the population of Suffolk by district and borough shows that there is a great deal of variation around the county, with some local authorities having higher or lower proportions of each age group, compared with figures for the county overall. Those aged over 65 comprise over 20% of the total population in four of the local authorities, but just 17.0% of the total population of Ipswich. Over 1 in 5 (22.7%) of Ipswich residents are children and young people aged 0–17.

Table 3: Number of residents by age band for local authorities in Suffolk, 2020²³

Area	All ages	0–17	18–29	30–49	50–64	65–79	80+
Babergh	92,735	17,598	9,888	20,127	20,573	17,792	6,757
East Suffolk	250,373	47,169	27,135	52,412	54,290	49,756	19,611
Ipswich	135,979	30,918	19,833	37,296	24,753	16,547	6,632
Mid Suffolk	104,857	19,654	11,778	24,002	23,384	19,393	6,646
West Suffolk	177,302	37,524	23,450	43,751	34,213	27,390	10,974
Suffolk	761,246	152,863	92,084	177,588	157,213	130,878	50,620

²² ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [Accessed 8 December 2021.]

www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

²³ *ibid.*

Table 4: Proportion of total local authority population by age band in Suffolk, 2020²⁴

Area	0–17	18–29	30–49	50–64	65–79	80+
Babergh	19.0%	10.7%	21.7%	22.2%	19.2%	7.3%
East Suffolk	18.8%	10.8%	20.9%	21.7%	19.9%	7.8%
Ipswich	22.7%	14.6%	27.4%	18.2%	12.2%	4.9%
Mid Suffolk	18.7%	11.2%	22.9%	22.3%	18.5%	6.3%
West Suffolk	21.2%	13.2%	24.7%	19.3%	15.4%	6.2%
Suffolk	20.1%	12.1%	23.3%	20.7%	17.2%	6.6%

Please note that the Office for National Statistics (ONS) population forecasts use different population bases to those that estimate the current population size.

2.5.3 Children and young people

Population estimates from 2020 indicate that nearly 203,000 Suffolk residents are aged between 0 and 24, 26.6% of the total population, slightly below the figure for England (29.7%).

Table 5: Child population by age group, % of total population, 2020²⁵

Age	Number	Suffolk	England
0 to 4	39,083	5.1%	5.7%
5 to 9	43,985	5.8%	6.3%
10 to 14	44,787	5.9%	6.1%
15 to 19	38,733	5.1%	5.5%
20 to 24	36,100	4.7%	6.1%
Total	202,688	26.6%	29.7%

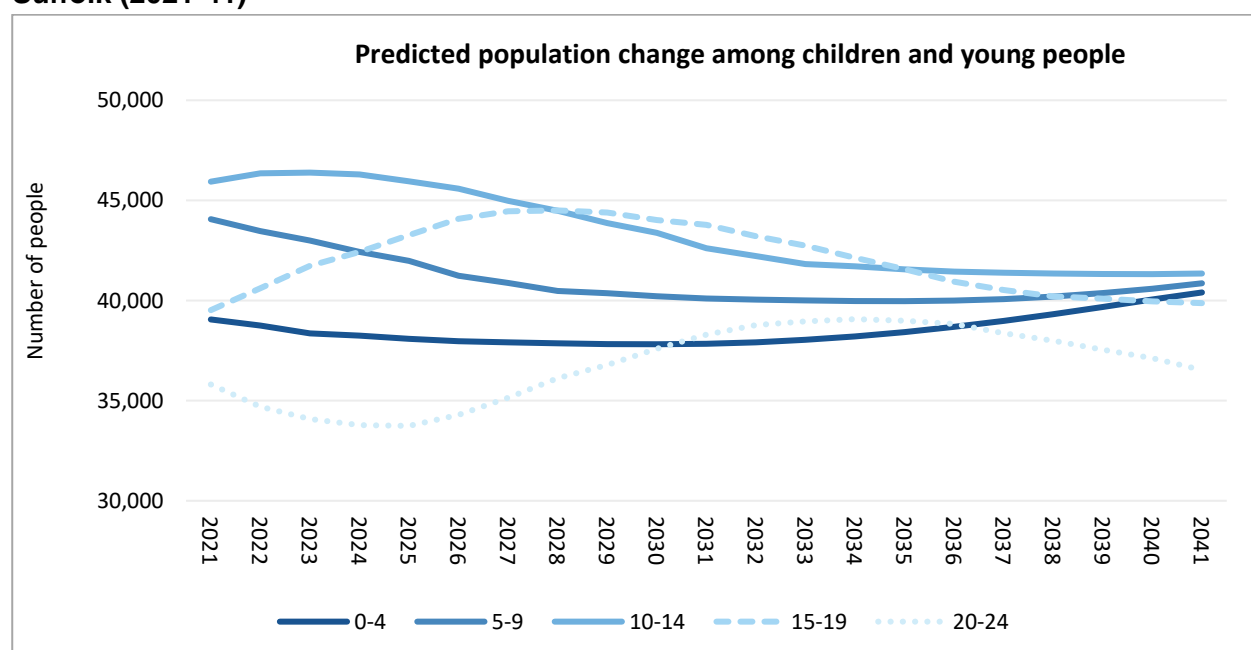
Over the next 20 years, the overall population of Suffolk is projected to increase by 6.8%, which is similar to the England average of 7.7%. However, the 0–24-year-old population locally is projected to fall over the coming years by 2.6%, compared with a slight increase nationally of 0.1%. When the different age groups under 24 in Suffolk are compared with England, projections over the next 20 years are broadly similar for children up to the age of 14, but increases are lower locally among 15–19-year-olds and 20–24-year-olds.

²⁴ ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [Accessed 8 December 2021.]

www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

²⁵ *ibid.*

Figure 5: Predicted population change among children and young people aged 0–24 in Suffolk (2021-41)²⁶

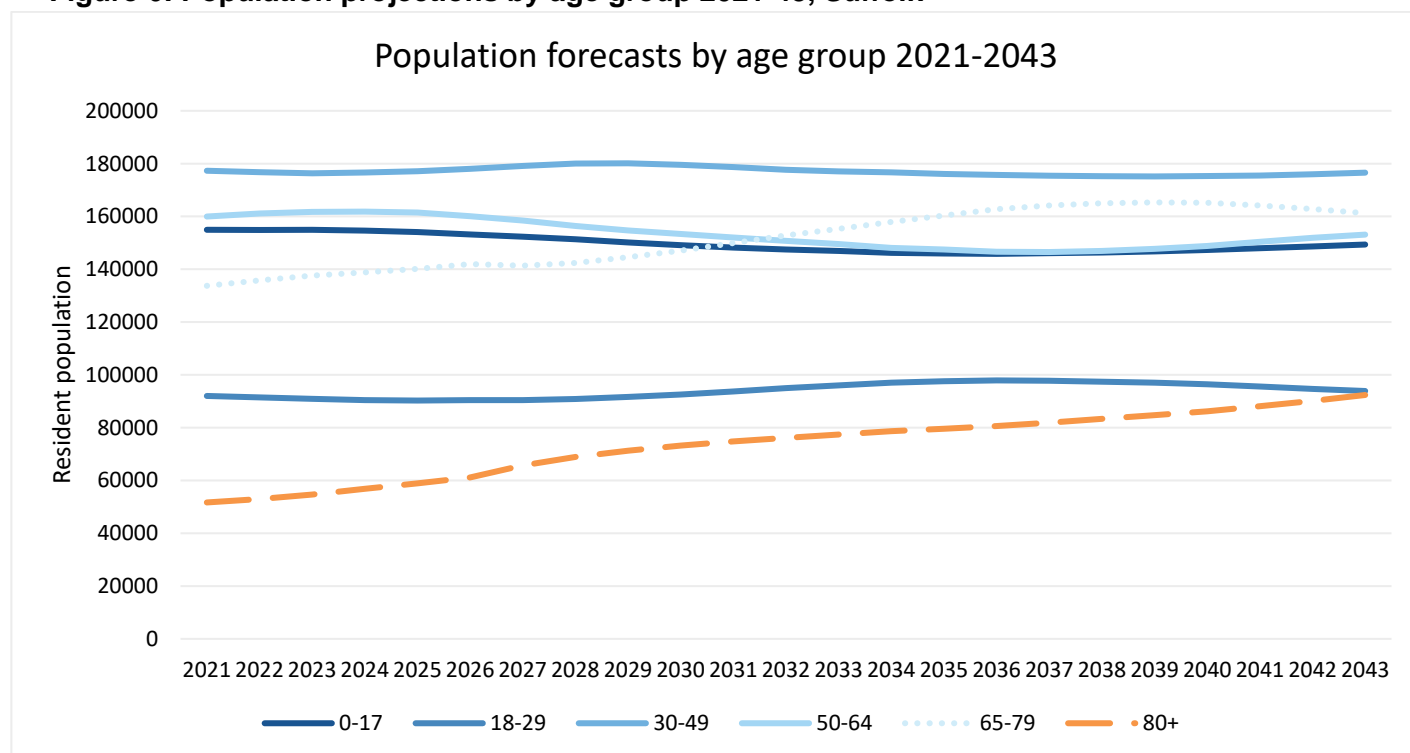


2.5.4 Predicted population growth

Population projections from the ONS suggest that the population of Suffolk is expected to increase to an estimated 785,000 by 2026 and 826,000 by 2043. Figure 6 shows how the different age groups are predicted to change over the coming years.

Older age groups are set to increase, most notably those aged 65 and over, who will make up over 30% of the population from 2035.

²⁶ ONS. Subnational population projections for England Statistical bulletins – 2018 Projections. 2020. [Accessed 10 December 2021.] www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/previousReleases

Figure 6: Population projections by age group 2021-43, Suffolk²⁷

2.5.5 GP-registered population

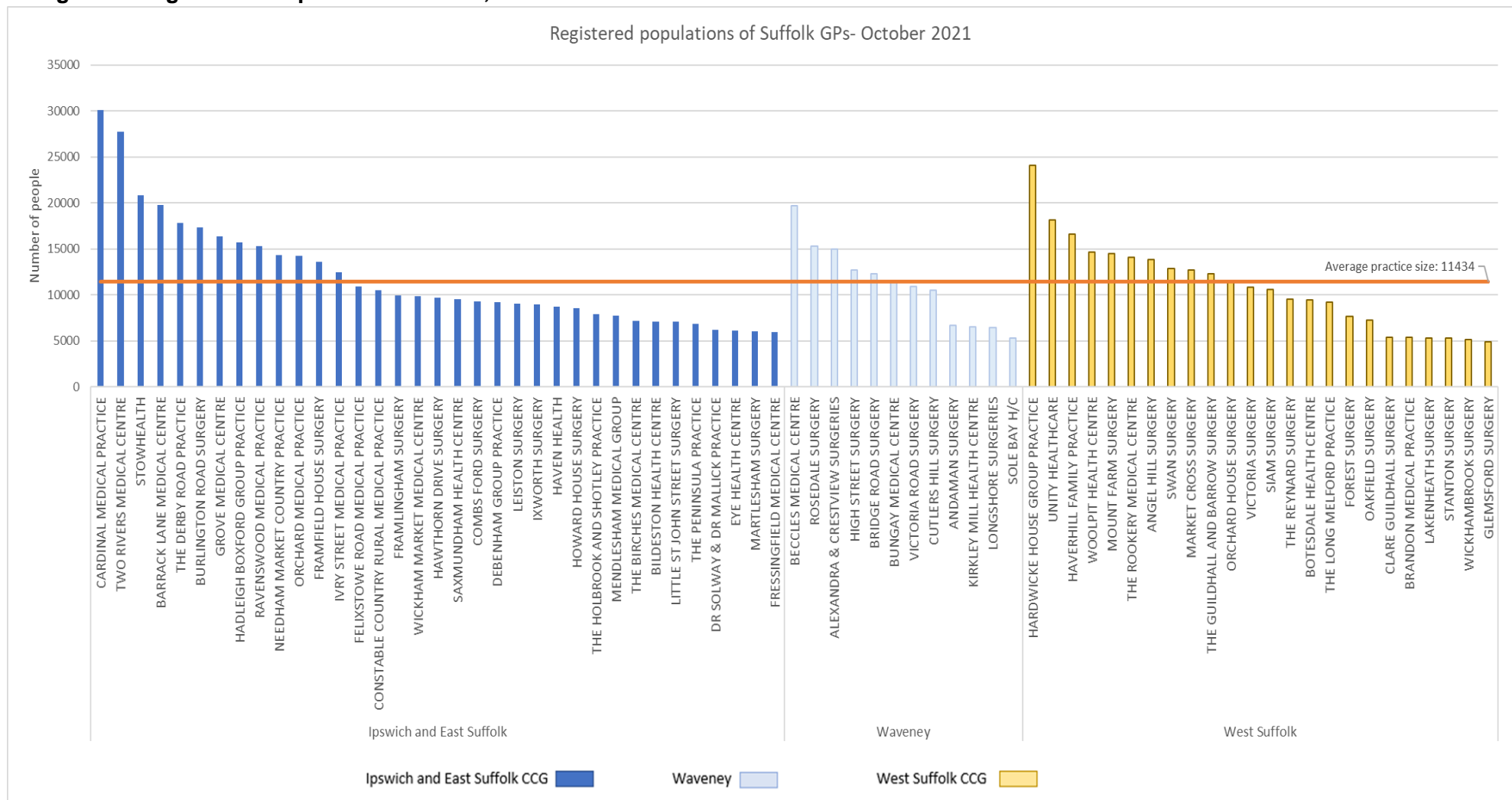
In October 2021, nearly 812,000 people were recorded as being registered with a GP in Suffolk; a proportion of these may not to be Suffolk residents and will live just over the border in neighbouring counties.²⁸ Figure 7 shows GP practice list sizes by CCG. The Suffolk boundary extends into the Norfolk and Waveney CCG area: only Suffolk-based GP surgeries have been included.

²⁷ ONS. Subnational population projections for England Statistical bulletins – 2018 Projections. 2020. [Accessed 10 December 2021.]

www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/previousReleases

²⁸ *ibid.*

Figure 7: Registered GP practice list sizes, October 2021²³



The average list size for GPs in Ipswich and East Suffolk CCG is 11,941. In Waveney (excluding Norfolk element of the CCG) it is 11,056. West Suffolk CCG has an average list size of 10,884. See Appendix P for full details.

2.5.6 International migration

Note from the ONS: caution should be taken with all figures when making comparisons between 2020 and previous years' data.

The latest data is from pre-C-19 (up to March 2020) and from during the pandemic (April to December 2020). The ONS notes that restrictions in place during the 2020 lockdown directly impacted population change at the national and subnational level and affected the volume of international migration to and from the UK, as well as disturbing the collection and processing of demographic data from surveys, registration and administrative sources.

As mentioned above, 2020 migration figures have been heavily impacted by C-19 and should be interpreted with caution. Therefore, Table 6 includes data for 2010-11, 2018-19 (pre-pandemic) and 2019-20 (during pandemic) for a broader comparison. International outflow in Suffolk is slightly below inflow, and internal migration inflow is greater than outflow.

Figures from 2010-20 show that on average in Suffolk new migrant GP registrations represented 0.6% of the total population, compared with 1.0% regionally and 1.2% for England. In 2018-19 there were 5,239 migrant GP registrations in Suffolk compared with 3,921 in 2019-20.

Births data from 2019 shows there were 1,510 live births to mothers born outside of the UK in Suffolk – equating to 20.9% of all live births. This is lower than regionally (26.2%) and in England (29.5%).

Suffolk has persistently had a lower percentage of non-British residents as a proportion of the population as a whole, compared with regionally and England. In 2019, there were an estimated 51,000 non-British residents in Suffolk, and in 2020 the estimate was 56,000.

Table 6: Long-term international and internal migration mid-2010-11, mid-2018-19 and mid-2019-20 comparison

Mid-2011 population estimate	Long-term international migration, mid-2010 to mid-2011		Internal migration (within UK) mid-2010 to mid-2011	
	Inflow	Outflow	Inflow	Outflow
730,133	3,083	3,022	32,791	29,942

Mid-2019 population estimate	Long-term international migration, mid-2018 to mid-2019		Internal migration (within UK), mid-2018 to mid-2019	
	Inflow	Outflow	Inflow	Outflow
761,350	3,320	3,251	26,969	23,500

	Long-term international migration, mid-2019 to mid-2020		Internal migration (within UK), mid-2019 to mid-2020	
Mid-2020 population estimate	Inflow	Outflow	Inflow	Outflow
761,246	3,038	2,926	24,484	21,135

Figure 8: New migrant GP registrations as a % of total resident population, Suffolk, East of England and England, 2010-20²⁹

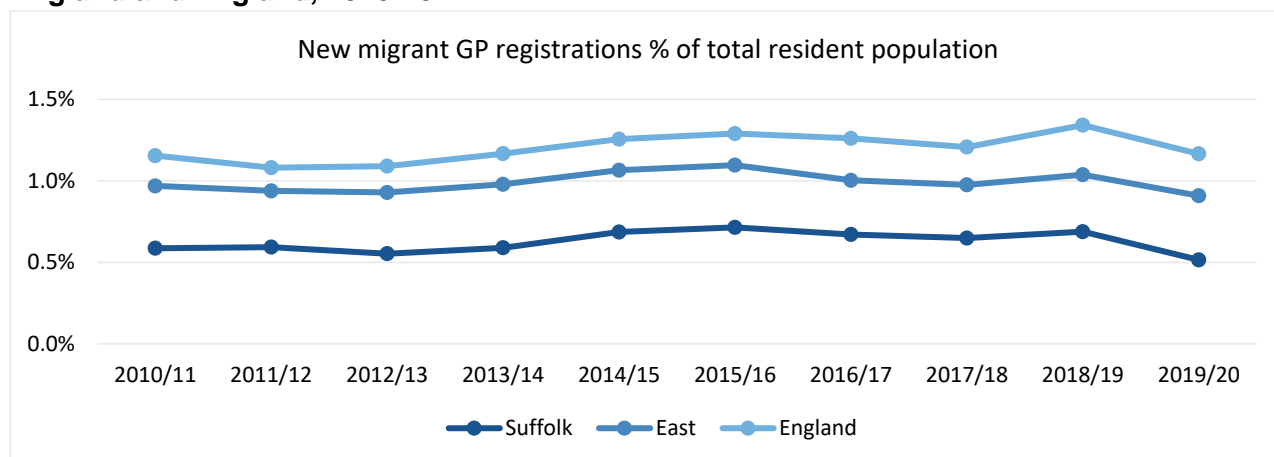
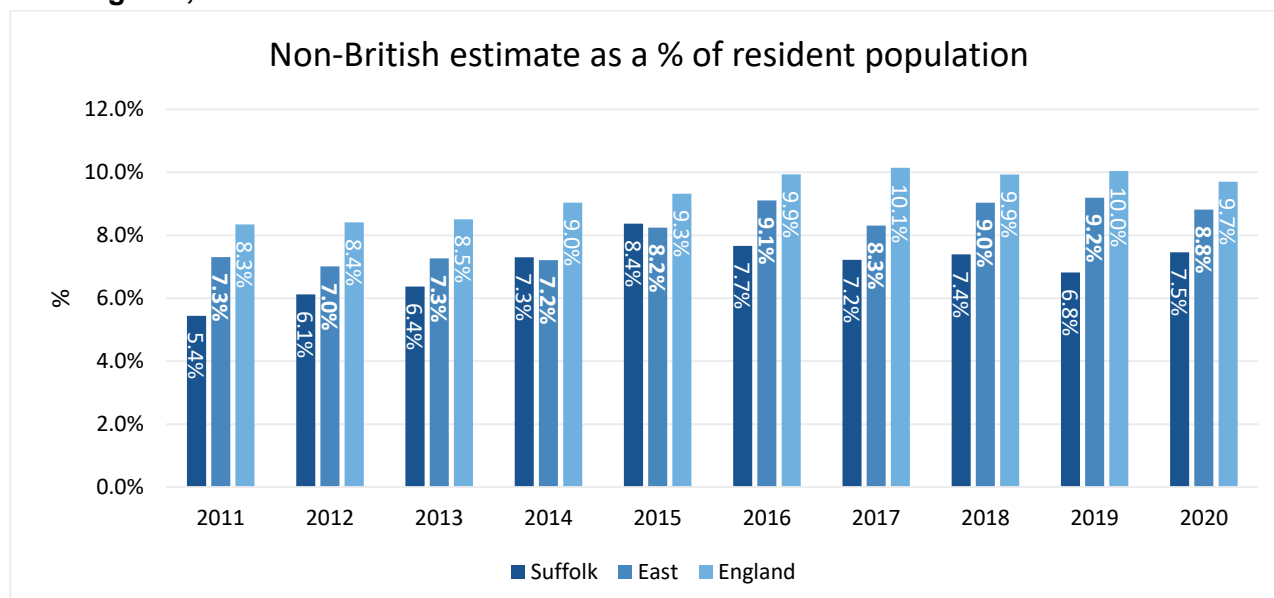


Figure 9: Non-British estimate as a % of total resident population, Suffolk, East of England and England, 2010-20³⁰



2.5.7 Life expectancy

Please note: these life expectancy estimates pre-date the COVID-19 pandemic.

²⁹ ONS. Local area migration indicators, UK. 2021. [Accessed 15 December 2021.] www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/migrationwithintheuk/datasets/localareamigrationindicatorsunitedkingdom

³⁰ ibid.

After decades of steady improvements in life expectancy in the UK, the ONS reported in 2018 on the slowdown in increases in life expectancy since 2011. This trend is continued in the most recent data.

Typically, Suffolk residents live longer than the England average and females live longer than males. Life expectancy at birth in 2017-19 was 84.3 for females and 80.9 years for males in Suffolk. Both figures are statistically significantly higher than the figures for England (83.4 for females and 79.8 for males).

There is variation across Suffolk. Most districts and boroughs in Suffolk (including Suffolk as a whole) have a significantly higher life expectancy at birth for both males and females than England as a whole. However, life expectancies at birth for Ipswich males and females are comparable with figures for England; the picture is similar for life expectancy at age 65.

In Suffolk, people living in the most deprived areas are on average expected to live shorter lives than those living in the least deprived areas. For men and women, the difference is 7.0 and 5.0 years, respectively. Again, there is variation within LTLAs, with the largest inequality for males in Ipswich (8.1 years), and for females in East Suffolk (5.7 years).

Healthy life expectancy for Suffolk females has decreased over the last ten years. In 2017-19, healthy life expectancy at birth for females was 62.9 years, compared with 68.1 years in 2009-11. Suffolk males can expect a healthy life expectancy of 65.1 years in 2017-19, statistically similar to 2009-11 (65.1 years). Healthy life expectancy shows that the years a person can expect to live in good health (rather than with a disability or in poor health)

Life expectancy at birth gives the total number of years a person can expect to live from birth based on contemporary mortality rates. Life expectancy at age 65 is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a person aged 65 would survive if they experienced the age-specific mortality rates for that area and time period throughout the remainder of their life.

Table 7: Life expectancy at birth and at 65 years for local areas, 2017-19³¹

	Female life expectancy at birth	Male life expectancy at birth	Female life expectancy at 65	Male life expectancy at 65
Babergh	85.2	81.8	22.3	19.9
East Suffolk	83.8	80.7	21.9	19.6
Ipswich	83.2	79.5	20.9	19.0
Mid Suffolk	85.0	81.7	22.4	19.8
West Suffolk	84.5	81.3	22.3	20.0
Suffolk	84.3	80.9	22.0	19.7
England	83.4	79.8	21.3	19.0

Colour notes statistical significance compared with England: Green=better, yellow=similar, red=worse

³¹ Public Health England (PHE). Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

Table 8 shows inequality in life expectancy at birth and at age 65 by local authority in Suffolk. It is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation.

Table 8: Inequality in life expectancy at birth and at 65 years for districts, Suffolk, England, 2017-19³²

Area	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	5.4	4.7	2.3	3.5
East Suffolk	6.3	5.7	2.5	2.8
Ipswich	8.1	5.0	4.1	4.3
Mid Suffolk	6.0	5.0	4.7	5.0
West Suffolk	5.8	3.5	3.0	3.3
Suffolk	7.0	5.0	3.1	3.1
England	9.4	7.6	4.9	4.7

2.5.8 Specific populations

2.5.8.1 Sexual identity

The government's 2018 Lesbian, Gay, Bisexual and Transgender (LGBT) Action Plan highlighted how sexual orientation or gender identity could have a significant impact on physical, mental and sexual health and wellbeing.³³ Evidence also shows that health outcomes are generally worse for LGBT people than the rest of the population, and that many LGBT people feel that their specific needs are not considered in their care.³⁴

Latest estimates suggest that between 19,300 and 23,200 people aged 16 and over in Suffolk are likely to identify as gay, lesbian, bisexual or other. Whilst LGBT is the term used in the 2018 strategy document and data, it is acknowledged that the terminology is continually evolving and residents may also identify as LTBTQ or LGBTQ*+, for example.

³² PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

³³ Government Equalities Office. LGBT Action Plan 2018: Improving the lives of Lesbian, Gay, Bisexual and Transgender people. 2018. [Accessed 16 December 2021.] www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people

³⁴ Government Equalities Office . Inequality among LGB&T groups in the UK: a review of evidence. 2016. [Accessed 17 December 2021.] www.gov.uk/government/publications/inequality-among-lgbt-groups-in-the-uk-a-review-of-evidence

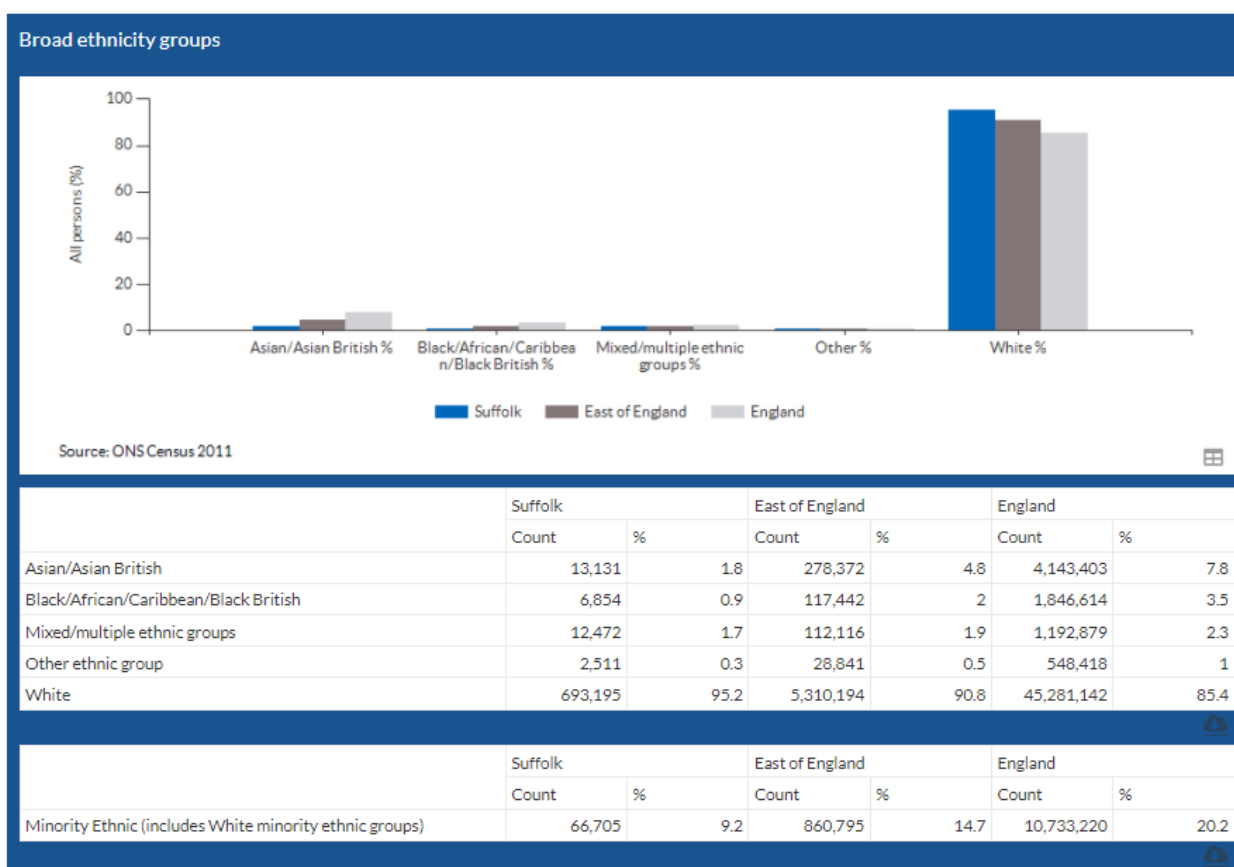
Table 9: Estimates of sexual identity in Suffolk, 16 years and over, 2021³⁵

Sexual identity	England %	Suffolk: low estimate	Suffolk: high estimate
Heterosexual or straight	93.3	581,878	584,378
Gay or lesbian	1.6	9,375	10,625
Bisexual	1.1	6,250	7,500
Other	0.7	3,750	5,000
Don't know or refuse	3.3	19,375	21,875

2.5.8.2 Ethnicity

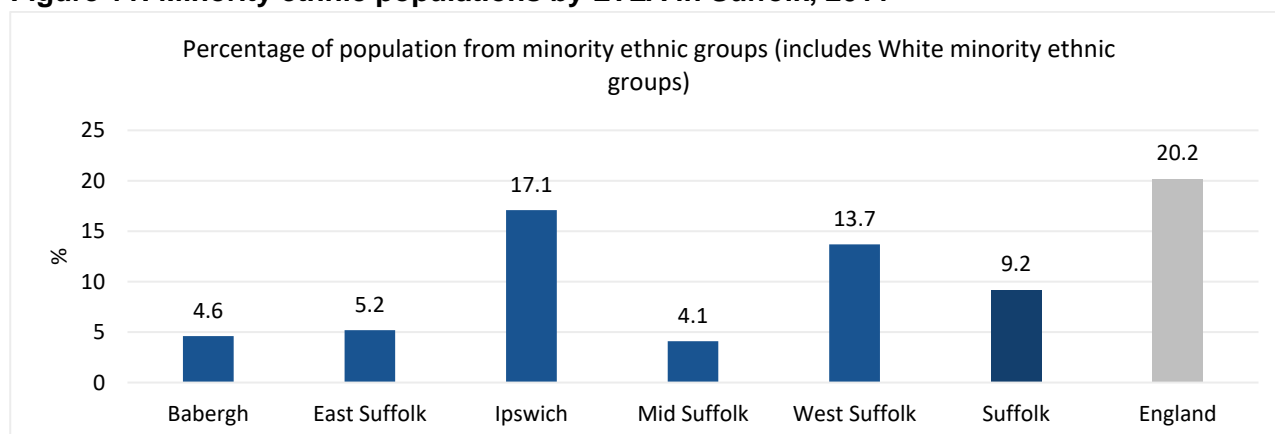
The latest data regarding ethnicity remains the 2011 census data. The last census was held in 2021: data is expected to be published in 2023. At the time of the 2011 census, 95.2% of Suffolk's population was White, compared with 85.4% for England.

When including White minority ethnic groups, minority ethnic populations comprised 9.2% of the Suffolk population, much lower than England (20.2%). Compared with England, Suffolk is less ethnically diverse. At LTLA level, Ipswich is the most diverse area of Suffolk, with 17.1% of the population from minority ethnic groups.

Figure 10: Ethnicity in Suffolk, 2011³⁶

³⁵ *ibid.*

³⁶ ONS/Suffolk Observatory. Ethnicity estimates from the 2011 census. 2011. [Accessed 15 December 2021.] www.suffolkobservatory.info/population/#/view-report/23077d8970fa484491f7b5fb251344b2/_iaFirstFeature

Figure 11: Minority ethnic populations by LTLA in Suffolk, 2011³⁷

2.5.8.3 Child ethnicity and first language

Data from 2020-21 indicates that 80.5% of Suffolk school pupils are White British, indicating the population is less diverse compared with England as a whole (where 64.9% of pupils were classified as White British). The largest minority ethnic groups in Suffolk schools were children from 'White – other' backgrounds, followed by those from mixed ethnic groups.

³⁷ ONS/Suffolk Observatory. Ethnicity estimates from the 2011 census. 2011. [Accessed 15 December 2021.] www.suffolkobservatory.info/population/#/view-report/23077d8970fa484491f7b5fb251344b2/_iaFirstFeature

Table 10: Number of school pupils by ethnicity in Suffolk, 2020-21³⁸

Ethnicity	England: headcount	England: percent of pupils	Suffolk: headcount	Suffolk: percent of pupils
Any other ethnic group	151,175	1.8	996	1.0
Any other ethnic group – Arab	22,248	0.3	45	0.0
Asian – Any other Asian background	161,435	1.9	323	0.3
Asian – Bangladeshi	149,202	1.8	612	0.6
Asian – Chinese	37,943	0.5	101	0.1
Asian – Indian	275,106	3.3	793	0.8
Asian – Pakistani	374,031	4.5	215	0.2
Black – Any other Black background	64,655	0.8	353	0.3
Black – Black African	326,365	3.9	497	0.5
Black – Black Caribbean	83,712	1.0	187	0.2
Mixed – Any other mixed background	200,996	2.4	2,795	2.7
Mixed – White and Asian	128,850	1.5	941	0.9
Mixed – White and Black African	73,202	0.9	762	0.7
Mixed – White and Black Caribbean	130,569	1.6	1,456	1.4
Unclassified	132,439	1.6	2,628	2.5
White – Any other White background	565,893	6.8	6,647	6.4
White – Gypsy/Roma	26,045	0.3	578	0.6
White – Irish	21,898	0.3	172	0.2
White – Traveller of Irish heritage	6,197	0.1	24	0.0
White – White British	5,410,043	64.9	83,252	80.5
Total	8,342,004	100	103,377	100

Over the past five years, diversity of ethnicity has increased in Suffolk – for example in 2015-16, 14.0% of school pupils were from ethnic groups other than White British (excluding unclassified pupils), compared with 16.9% in 2020-21.

The School Census also provides information about the proportion of pupils in Suffolk schools who have a first language other than English. In 2020-21, 9.0% of school pupils in Suffolk had a first language other than English. While this was lower than the percentage for England as a whole (19.3%), this still represents over 9,000 pupils. The proportion of pupils who did not have English as a first language has increased in Suffolk over the past five years, from 7.6% (6,846 pupils) in 2015-16.

³⁸ Department for Education. Schools, pupils and their characteristics: January 2021. 2021. [Accessed 15 December 2021.] www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2021

Table 11: Number of school pupils whose first language is not English in Suffolk, 2020-21³⁹

	England (number)	England (%)	Suffolk (number)	Suffolk (%)
Known or believed to be English	6,701,255	80.3	93,779	90.7
Known or believed to be other than English	1,608,270	19.3	9,284	9.0
Language unclassified	32,479	0.4	314	0.3

2.5.8.4 Criminal justice – children and young people

In 2020, the rate of 10–17-year-olds entering the criminal justice system in Suffolk was 229.1 per 100,000 population, significantly higher than England (169.2 per 100,000).⁴⁰

There were 1,162 first-time offenders of any age entering the criminal justice system in 2020, equating to a rate of 172 per 100,000 population, higher than the England rate (160 per 100,000).

2.5.8.5 Children and adults in care

The number of children in care has statistically significantly increased when comparing 2015 and 2020 rates. However, the rate per 10,000 children aged under 18 in care is persistently statistically significantly lower in Suffolk compared with England. Data from 2020 indicates that there were 935 children in care in Suffolk. In October 2021 there were 89 unaccompanied asylum-seeking children in care in Suffolk.

Table 12: Number of children in care and rate per 10,000 children aged under 18⁴¹

Area		2015	2016	2017	2018	2019	2020
Suffolk	Rate	48.2	52.5	55.0	56.0	57.0	61.0
	Number	730	795	830	855	865	935
East of England region	Rate	47.7	48.7	49.0	49.5	50.0	50.0
	Number	6,140	6,330	6,460	6,550	6,740	6,710
England	Rate	60.0	60.3	62.0	63.6	65.0	67.0
	Number	69,540	70,440	72,670	75,420	78,150	80,080

The all-age prevalence of those with learning disability who were registered with a GP was 0.5% for Suffolk in 2019-20, similar to England (0.5%).⁴² The number of people registered with a GP that have a learning disability has increased from 3,849 in 2016-17 to 4,285 in 2019-20.

³⁹ Department for Education. Schools, pupils and their characteristics: January 2021. 2021. [Accessed 15 December 2021.] www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2021

⁴⁰ Department for Education. Schools, pupils and their characteristics: January 2021. 2021. [Accessed 15 December 2021.] www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2021

⁴¹ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

⁴² PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

In 2019-20, 3.8 people per 1,000 population aged 18 and over were getting long-term support from the local authority due to learning difficulties, significantly higher than the rate for England (3.5 per 1,000).⁴³ In 2019-20, 81.3% of supported Suffolk adults with a learning disability were living in settled accommodation, a statistically significantly higher rate than in England (77.3%).

2.5.8.6 Older people

In Suffolk approximately 24% of people are 65 or over, compared with 19% nationally. Population forecasts suggest that this proportion is set to increase to 36% between 2021 and 2042, equating to an additional 67,500 people aged 65+ over the time period. In addition, the 80+ population is expected to increase by 74% over the same time period, equating to an additional 38,400 people. By 2042, 1 in 10 people are forecast to be aged 80 or over in Suffolk.

This will undoubtedly have an impact on health and care services. For example:

- In 2016-17 the rate of emergency admissions to hospital due to dementia was 2,862 per 100,000 population, compared with 3,061 per 100,000 in 2019-20. Whilst this rate is statistically significantly lower than England, it has risen since 2016-17.
- The rate of permanent admissions to residential and nursing homes in Suffolk for those aged 65+ has statistically significantly increased (from 520 per 100,000 in 2016-17 to 864 per 100,000 in 2019-20) and is currently statistically significantly higher than England (584 per 100,000 in 2019-20).

It should be noted that admissions to care homes in Suffolk have declined enormously during 2021 with the impact of the pandemic.

2.5.8.7 Adult prison populations

There are several prisons in Suffolk: they are all training prisons and the nearest remand prison is Norwich. Prisons in Suffolk are:

- Warren Hill Prison – c250 operational capacity for Category C adult males (18+).
- Highpoint – c1,300 operational capacity for Category C adult males (18+), across two distinct sites, Highpoint North and South. This training prison is located near Newmarket, Suffolk.
- Hollesley Bay – c400 operational capacity for Category D adult males (18+). This is an open prison in Woodbridge, Suffolk.

As of August 2021, prison populations in Suffolk were at or just over operational capacity. The operational capacity refers to the number of inmates the prison can safely hold. Prison populations are a high-risk group for cancer and heart attacks, due to tobacco and alcohol use, poor diet and reduced physical activity. Poor mental health is very common in the prison population.

⁴³ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

2.5.8.8 Activity limitation

The ONS has produced data comparing activity-limiting illness in local authority districts as recorded at the 2001 census with that recorded at the 2011 census. Data for local authority districts in Suffolk is shown in Table 13.

A large caveat exists around interpreting this data, due to its age. Updates to this data are expected in 2022-23 in line with the 2021 census release. Due to the age of this release, the older LTLAs are presented in the tables, however these do have the benefit of increased granularity.

Table 13: Changes in activity limiting illness in Suffolk between 2001 and 2011

	Activity limiting illness		No activity limiting illness	
	2001	2011	2001	2011
Area				
Babergh	16.1%	17.4%	83.9%	82.6%
Forest Heath	14.5%	15.1%	85.6%	84.9%
Ipswich	18.0%	17.7%	82.0%	82.4%
Mid Suffolk	15.5%	16.6%	84.5%	83.5%
St. Edmundsbury	15.6%	16.4%	84.5%	83.6%
Suffolk Coastal	17.2%	18.5%	82.8%	81.5%
Waveney	20.7%	22.3%	79.3%	77.7%
Suffolk County	16.5%	18.0%	83.5%	82.1%
East of England	16.2%	16.7%	83.8%	83.3%
England	17.3%	17.6%	82.7%	82.4%

Between 2001 and 2011, the percentage of usual residents in local authority districts in Suffolk reporting activity-limiting illness increased in all areas except Ipswich, and was higher than regional and national averages. As with general health, these increases are likely to be in part related to population growth and ageing of the population between 2001 and 2011.

Table 14: Limitation of daily activities as recorded at 2011 census – residents of local authority districts in Suffolk and higher geographies – persons aged 16–64⁴⁴

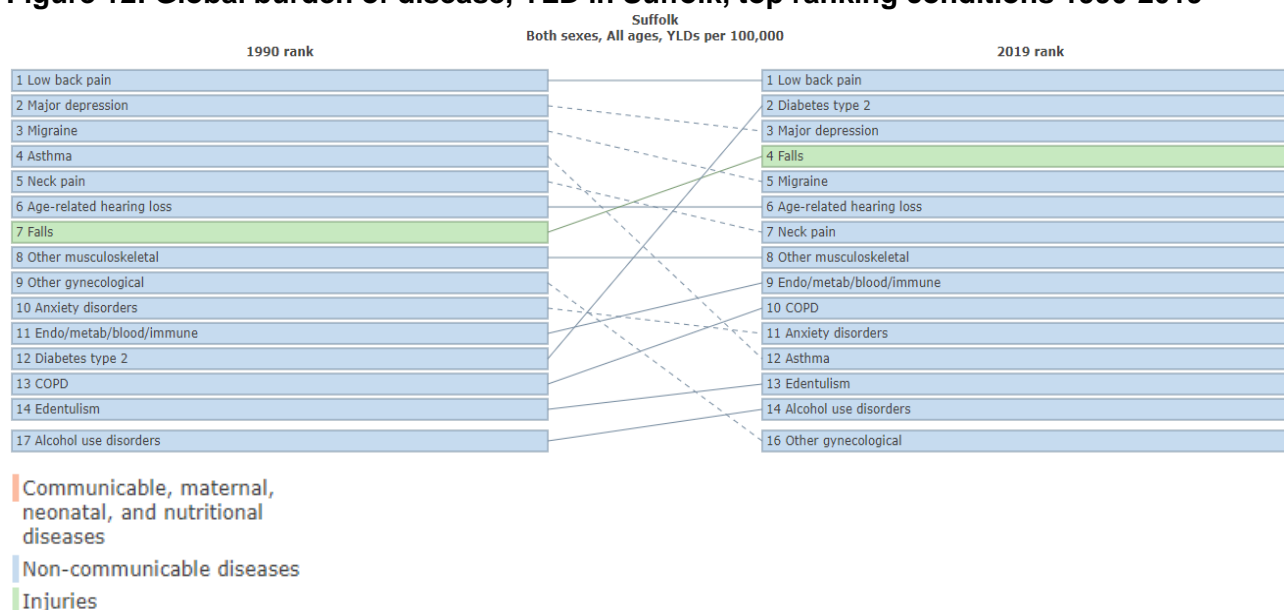
	Limitation of daily activities (% of all usual residents aged 16-64 years)			All usual residents aged 16-64 years n
	Day-to-day activities limited a lot %	Day-to-day activities limited a little %	Day-to-day activities not limited %	
Area				
Babergh	4.3%	6.9%	88.8%	53065
Forest Heath	3.9%	5.8%	90.2%	38990
Ipswich	5.5%	7.6%	86.9%	87566
Mid Suffolk	3.7%	6.8%	89.5%	59436
St. Edmundsbury	4.1%	6.4%	89.5%	69693
Suffolk Coastal	4.4%	7.1%	88.5%	73596
Waveney	6.9%	8.4%	84.7%	67876
Suffolk County	4.8%	7.1%	88.1%	450222
East of England	4.6%	6.8%	88.6%	3714151
England	5.6%	7.1%	87.3%	34329091

At the 2011 census a total of 4.8% of usual residents of working age in Suffolk reported that their day-to-day activities were limited a lot. This compared with 4.6% in East of England and 5.6% in England as a whole.

Across local authorities in Suffolk, the percentage of working-age residents reporting no daily activity limitation ranged from 84.7% in Waveney to 90.2% in Forest Heath. In Waveney, 6.9% of working-age residents in Waveney reported that their day-to-day activities were limited a lot, compared with 3.7% in Mid Suffolk. The percentage of usual residents of working age reporting that their day-to-day activities were limited a little was also highest in Waveney (8.4%).

More recent data from the Global Burden of Disease (GBD) shows years lived with disability (YLD) in Suffolk in 2019 compared with 1990. Low back pain is currently the top cause of YLD in Suffolk with a rate of 1,509.9 YLD per 100,000. Notably, type 2 diabetes has seen a large increase in terms of YLD from 1990, with a 108.8% increase and a rate of 711.6 YLD per 100,000 population.

⁴⁴ Nomis. 2011 Census Data. 2011. www.nomisweb.co.uk

Figure 12: Global burden of disease, YLD in Suffolk, top ranking conditions 1990-2019⁴⁵

On average, approximately 6% of the population across the CCG areas covering Suffolk experience hearing loss or are deaf. Around 403 people aged 65–74 in every 100,000 are blind or partially sighted, and for those aged 75 and over this rate increases to 2,709 people per 100,000. Over half the population has some degree of long-standing health condition.

Table 15: Percentage experiencing hearing loss or with a long-standing health condition by CCG area, 2021⁴⁶

Indicator	Ipswich and East Suffolk CCG	West Suffolk CCG	Norfolk and Waveney CCG	England
Percent reporting deafness or hearing loss (2021) (%)	5.8	6.2	6.5	5.5
People with a long-standing health condition (2021) (%)	53.3	53.8	55.7	51.1

Key for statistical significance: light blue=higher than England, yellow=similar to England, dark blue=lower than England

Table 16: Rate per 100,000 population for people blind or partially sighted, Suffolk compared with region and England, 2019-20⁴⁷

Indicator	Suffolk	East of England	England
People aged 65–74 registered blind or partially sighted per 100,000 (2019-20)	403	471	536
People aged 75+ registered blind or partially sighted per 100,000 (2019-20)	2,709	3,064	3,429

Key for statistical significance: light blue=higher than England, yellow=similar to England, dark blue=lower than England

⁴⁵ Institute for Health Metrics and Evaluation. GBD Compare. 2021. [Accessed 15 December 2021.] <https://vizhub.healthdata.org/gbd-compare/>

⁴⁶ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

⁴⁷ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

The Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information System (POPPI) websites estimate both the current and projected numbers with physical disabilities and learning disabilities. Summary statistics are provided for Suffolk.

Table 17: POPPI and PANSI estimates of potential need in Suffolk, 2020-40⁴⁸

	2020	2025	2030	2035	2040
Aged 18–64					
Predicted to have a learning disability	10,400	10,399	10,342	10,268	10,272
Predicted to have Down's syndrome	268	268	266	263	263
Predicted to have autistic spectrum disorders	4,301	4,300	4,264	4,221	4,219
Predicted to have impaired mobility	25,203	26,171	25,692	24,526	24,307
Predicted to have a moderate personal care disability	18,096	18,487	18,120	17,503	17,443
Predicted to have a serious personal care disability	3,943	3,998	3,933	3,825	3,814
Aged 65+					
With a limiting long-term illness whose day-to-day activities are limited a lot	37,189	42,017	46,790	52,127	55,731
Unable to manage at least one activity on their own	33,902	37,690	42,473	47,636	50,907
Predicted to have a learning disability	3,812	4,147	4,592	5,027	5,285

2.5.8.9 Maternities

In 2019 there were 7,152 maternities in Suffolk. A maternity is a pregnancy resulting in the birth of one or more children. This figure includes stillbirths and therefore represents the number of women giving birth rather than the number of babies born. Suffolk has a higher rate of maternities compared with England, and areas within Suffolk exhibit variation in maternity rates. Mid Suffolk has the lowest maternity rate (51.4 per 1,000 women), Ipswich has the highest (65.9 per 1,000 women).

In terms of absolute numbers, East Suffolk had the highest number of maternities (1,975): this represented 27.6% of all maternities in Suffolk.

The latest maternity data is for 2019, as is the summary data presented in Table 18. However, births data is available for 2020, which indicates that in Suffolk in 2020 there were 6,811 live births and 26 stillbirths. Since 2013 the percentage of live births to mothers over the age of 30 in Suffolk has increased, rising from 46% of live births to 51% in 2020.⁴⁹

⁴⁸ POPPI. Suffolk estimates.

⁴⁹ ONS. Births in England and Wales Summary Tables. 2021. [Accessed 16 December 2021.] www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables

Table 18: Births summary table, 2019⁵⁰

Area	Number of maternities	Maternity rate: maternities per 1,000 women aged 15–44	Number of live births	Crude birth rate: all births per 1,000 population of all ages	General fertility rate: all live births per 1,000 women aged 15–44	Total fertility rate
ENGLAND	603,489	57.1	610,505	10.8	57.7	1.66
EAST	66,509	59.9	67,409	10.8	60.7	1.77
Suffolk	7,152	58.5	7,241	9.5	59.3	1.75
Babergh	722	53.4	725	7.9	53.6	1.67
East Suffolk	1,975	54.7	2,005	8.0	55.5	1.70
Ipswich	1,739	65.9	1,753	12.8	66.4	1.91
Mid Suffolk	816	51.4	827	8.0	52.1	1.58
West Suffolk	1,900	62.8	1,931	10.8	63.8	1.80

2.5.9 Teenage conceptions

Suffolk has a lower teenage conception rate for females aged under 18 when compared with England. In 2019 there were 165 conceptions in Suffolk females aged under 18, equating to a rate of 13.7 per 1,000 compared with an England rate of 15.7 per 1,000.

At ward level, wards in Ipswich and the surrounding areas tended to have higher percentages of deliveries to mothers under the age of 18. In 2019, 39.4% of conceptions in those aged under 18 led to termination, lower than the England percentage (54.7%).

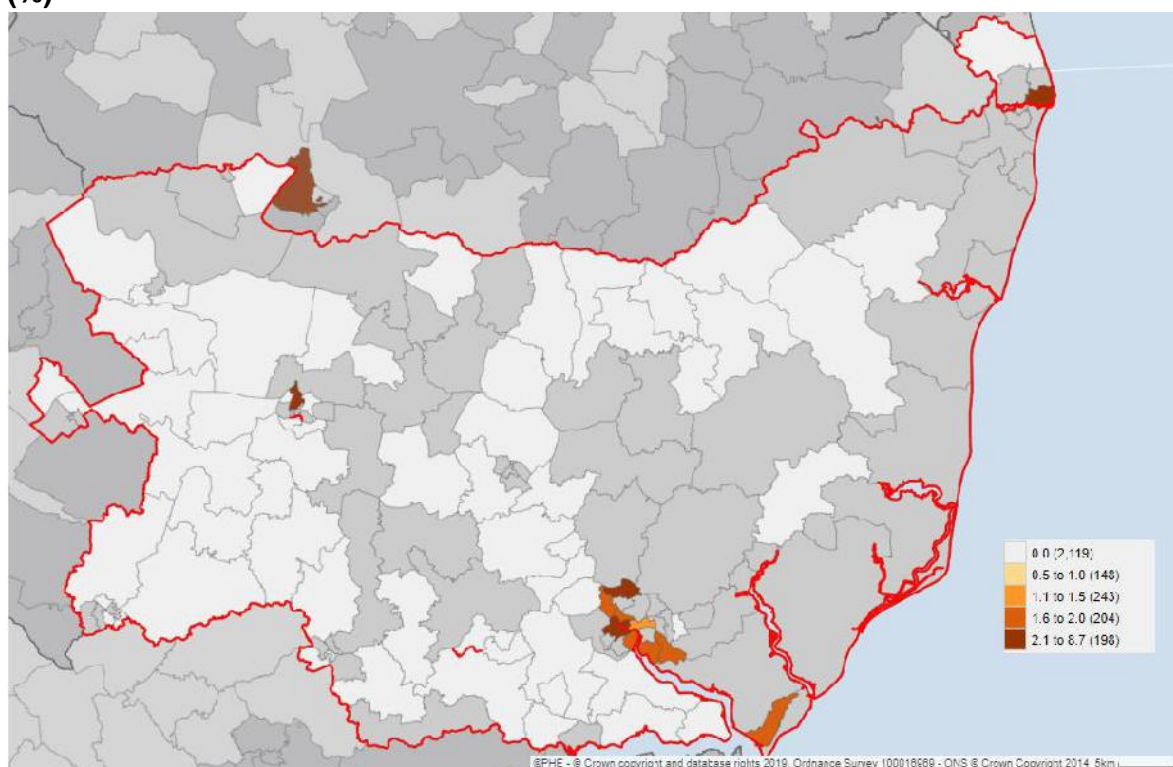
⁵⁰ ONS. Birth characteristics. 2021. [Accessed 16 December 2021.] www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthcharacteristicsinenglandandwales

Table 19: Conception data for women aged under 18 in Suffolk, 2019⁵¹

Indicator	Period		England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Under 18s conception rate / 1,000	2019		15.7	13.7	9.8	13.4	22.6	7.1	13.8
Under 18s conceptions leading to abortion (%)	2019		54.7	39.4	37.5	35.8	36.2	50.0	45.9

Benchmarks:

Better 95%	Similar	Worse 95%	Lower	Similar	Higher	Not compared
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Figure 13: Percentage of deliveries where the mother is aged under 18 years, 2015/16-2019/20, (%)⁵²⁵¹ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>⁵² SHAPE. Shape Atlas. 2021. [Accessed 17 December 2021.] <https://shapeatlas.net/place/E54000023#10/52.2379/0.9586/-fp/b-E07000200,b-E07000244,b-E07000202,b-E07000203,b-E07000245/sc-pc/m-LA,ml-LA,mb-h,mb-hr/rh-0,rdr-t>

2.5.10 Homeless populations

Data from 2019-20 indicates variation within Suffolk for key measures related to homelessness. In total, 252 households were classed as homeless and in temporary accommodation. When looking at the rates per 1,000 population of households owed a duty under the Homeless Reduction Act, East Suffolk and Ipswich have rates that are statistically significantly higher than England, contributing to Suffolk having a rate that is statistically significantly higher than that of England.

More recent data that has been published by month to support the C-19 response indicates that, as of November 2021:⁵³

- 1,112 housing applications were received
- 294 Suffolk households were in temporary accommodation
- 146 households were prevented from homelessness
- 77 individuals were accepted as statutory homeless

Table 20: Homeless populations summary, rates per 1,000 population 2019-20⁵⁴

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Homelessness - households in temporary accommodation	2019/20	3.8	0.8*	1.1	0.5	1.0	0.6	0.9
Homelessness - households owed a duty under the Homelessness Reduction Act	2019/20	12.3	14.7*	7.8	13.6	31.4	6.2	11.8
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs)	2019/20	2.6	3.2*	1.6	2.7	7.5	1.1	2.5
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs)	2019/20	2.9	3.4*	3.0	3.4	6.0	2.2	2.5
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2019/20	14.9	18.9*	10.8	19.2	32.2	9.2	16.8

*Aggregated from lower geography values

Compared with benchmark Better Similar Worse

⁵³ Suffolk Office for Data and Analytics (SODA). Suffolk CoronaWatch Impact and Recovery Data Dashboard. 2021. [Accessed 17 December 2021.] www.healthysuffolk.org.uk/jsna/coronawatch

⁵⁴ PHE. Public Health Profiles. 2021. Accessed 15 December 2021. <https://fingertips.phe.org.uk/>

2.5.11 Planned housing developments

The projections for new housing in Suffolk extend to 2040. The following information is an interpretation of how new housing will impact the lifespan of this PNA, i.e. to 2025, by locality.

Table 21: New housing across Suffolk area

Locality	Housing information available
Babergh	One site has been permitted at Sudbury of 1,050 dwellings
Mid Suffolk	Five sites have been permitted including: Stowmarket 900 dwellings Sroughton 475 dwellings Woolpit 300 dwellings Thurston 250 dwellings
Ipswich	There are two sites in Ipswich: North Ipswich 1,990 dwellings with planning permission Central Ipswich 337 dwellings
East Suffolk	There are a number of sites either permitted or partially permitted in East Suffolk: Kirkley 1,380 dwellings but limited delivery within three years Bungay 400 dwellings partially permitted Martlesham 2,000 dwellings permitted Felixstowe, two sites, 2,000 dwellings partially permitted and 385 dwellings permitted.
West Suffolk	Three sites have commenced building: Bury St Edmunds 553 dwellings Bury St Edmunds 277 dwellings Haverhill 980 dwellings A further 6 sites have been permitted: Lakenheath 375 dwellings Newmarket 400 dwellings Haverhill 2,500 dwellings Three sites in Bury St Edmunds totalling 2,950 dwellings

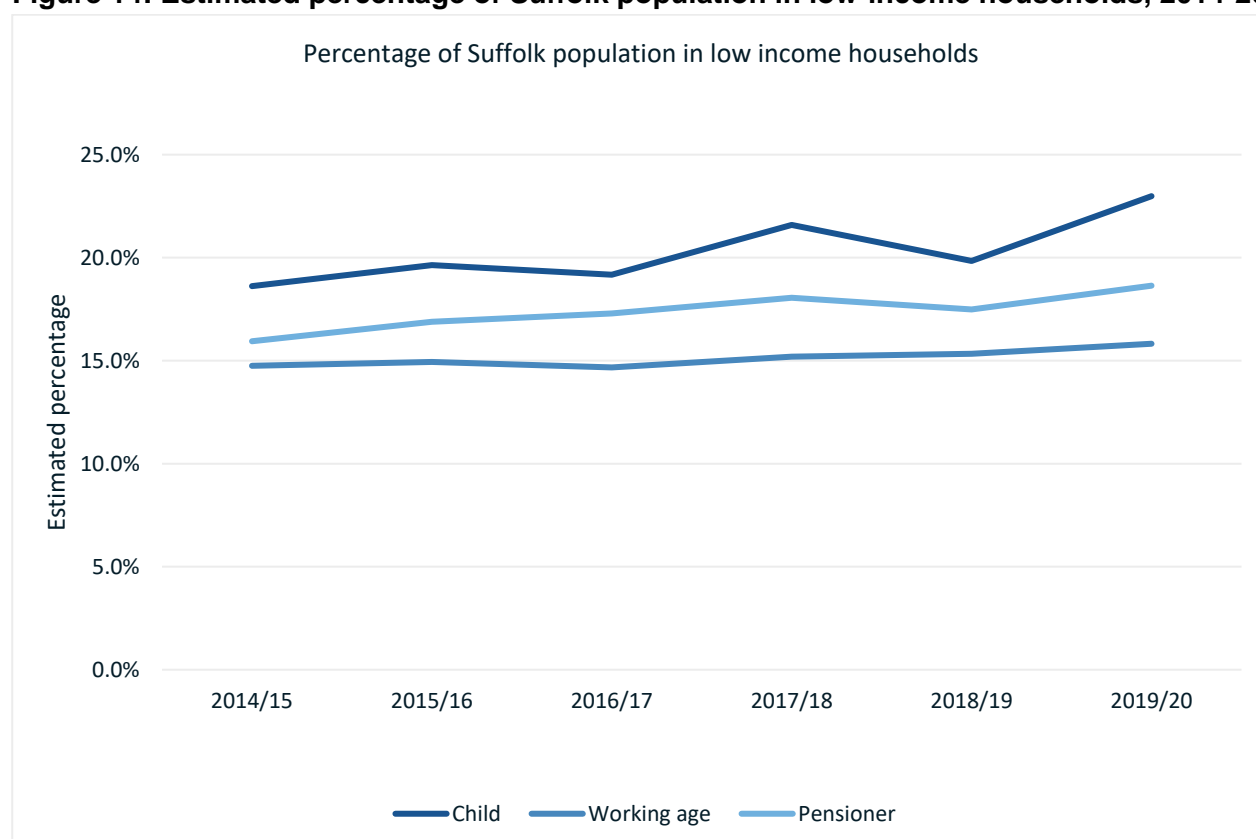
2.6 Low-income households

The Households Below Average Income database provides information on household income measures by financial year. This dataset is available at national level. However, the Suffolk Office for Data and Analytics (SODA) has applied national rates to Suffolk's population to calculate Suffolk numbers and percentages.⁵⁵ This calculation estimates over 135,000 people living in low-income households across Suffolk (equating to approximately 18% of the population), with numbers increasing over the last five years.

⁵⁵ SODA. Suffolk CoronaWatch Impact and Recovery Data Dashboard. 2021. [Accessed 17 December 2021.] www.healthysuffolk.org.uk/jsna/coronawatch

Table 22: Estimates of people in low-income households across Suffolk, 2014-20⁵⁶

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Child	25,004	26,476	26,159	29,587	27,312	31,314
Working age	65,923	66,650	65,641	67,702	68,114	70,169
Pensioner	26,555	28,720	29,950	31,791	31,368	33,831
Total	117,482	121,846	121,750	129,080	126,794	135,314

Figure 14: Estimated percentage of Suffolk population in low-income households, 2014-20⁵⁷

2.6.1 Children in low-income families

There is data for children in low-income families that is available at LTLA level.

Data from 2019-20 indicates more than 22,000 children under the age of 16 in low-income families in Suffolk, with the highest numbers in East Suffolk (due to the large overall population), but the highest proportion (nearly 1 in 4 children) in Ipswich. Ipswich has a statistically significantly higher proportion of children in low-income families compared with England.

The recent trend for all areas in Suffolk, as well as Suffolk and England, is increasing – meaning more children are living in low-income families. Ipswich has persistently had a statistically significantly higher proportion of children in low-income families since 2014-15.

⁵⁶ SODA. Suffolk Impact and Recovery Data Dashboard. 2021. [Accessed 17 December 2021.] www.healthysuffolk.org.uk/jsna/coronawatch

⁵⁷ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

Table 23: Children in relative low-income families, under the age of 16, 2019-20

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↑	2,065,267	19.1		19.1	19.1
Suffolk	↑	22,750	16.5		16.3	16.7
Babergh	↑	2,366	15.1		14.6	15.7
East Suffolk	↑	7,178	17.1		16.8	17.5
Ipswich	↑	6,799	24.3		23.8	24.8
Mid Suffolk	↑	2,233	12.8		12.3	13.3
West Suffolk	↑	4,174	12.0		11.7	12.3

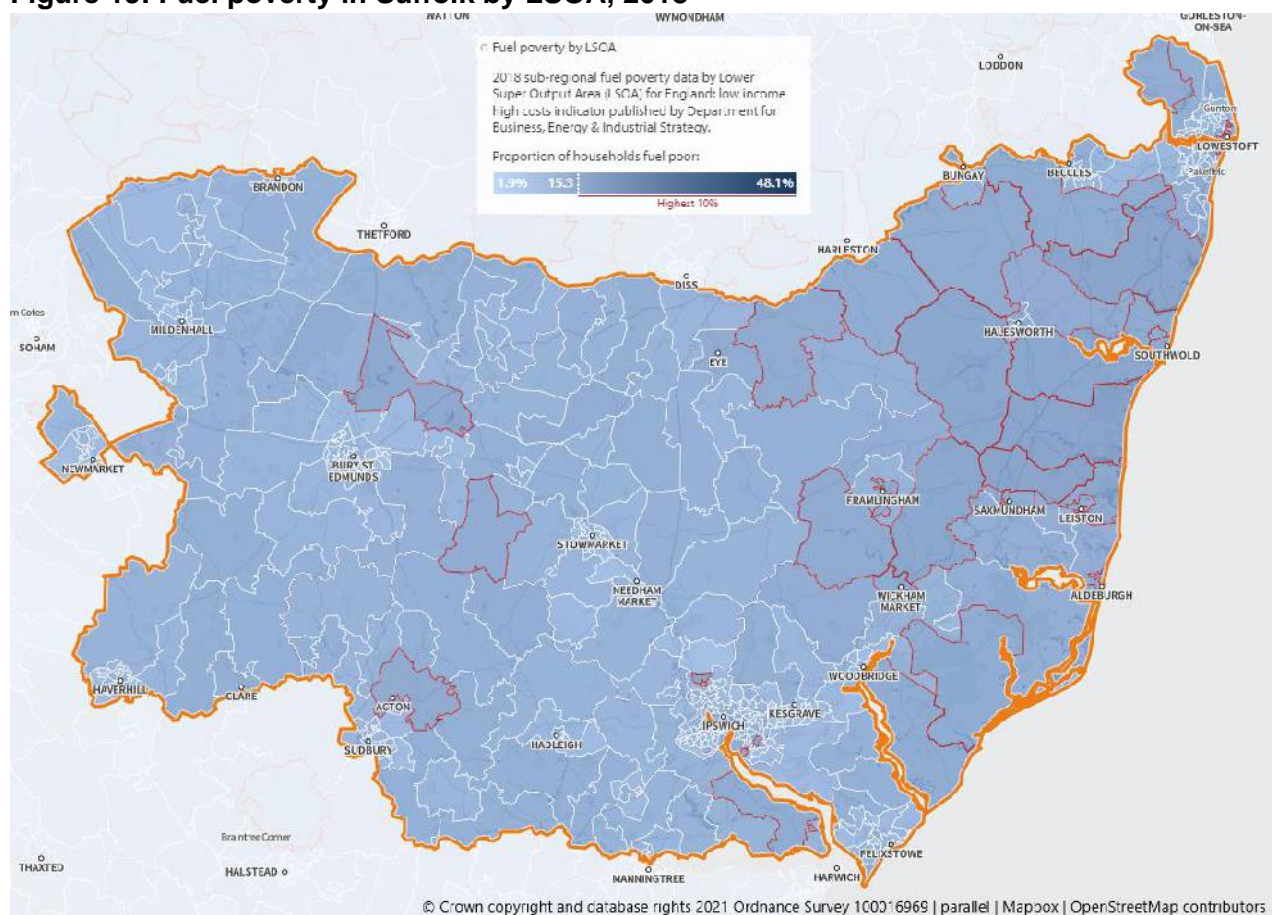
Compared with benchmark Better Similar Worse

2.6.2 Fuel poverty

A household is considered to be fuel poor if they have required fuel costs that are above average (the national median level) and, were they to spend that amount, they would be left with a residual income below the official poverty line. Fuel poverty is distinct from general poverty: not all poor households are fuel poor, and some households would not normally be considered poor but could be pushed into fuel poverty if they have high energy costs.⁵⁸

Areas outlined in red in the map in Figure 15 are areas in the highest 10% of fuel-poor households. East Suffolk Lower Layer Super Output Areas (LSOAs) dominate the 10% highest fuel-poor areas in Suffolk, but there are also notable pockets elsewhere in the county – for example Gedding, Felsham, Rattlesden and Pakenham.

⁵⁸ PHE. Public Health Profiles. Published 2021. [Accessed 15 December 15, 2021.] <https://fingertips.phe.org.uk/>

Figure 15: Fuel poverty in Suffolk by LSOA, 2018

2.6.3 Daytime population (commuter flows)

Please note: This data is from the 2011 census and should be interpreted with caution. In addition, the C-19 pandemic and working from home restrictions have changed the way populations commute to work. For example, Google mobility data indicates a 35% decrease in travel to workplaces in September 2021 compared with pre-pandemic.⁵⁹

Data for Suffolk local authorities indicates that Ipswich has the highest net commuter inflow, increasing the overall population size during the working hours. Mid Suffolk has the highest net commuter outflow, resulting in a decreased working hours population.

As well as workday movement, research by Visit England and the ONS estimated that in 2019 there were a total number of 36,510,922 visitors to Suffolk. In 2019 there were 1,734,000 staying visitors in Suffolk, staying a total of 6,709,000 nights. The total number of day visitors was 34,776,922.⁶⁰

⁵⁹ SODA. Suffolk Impact and Recovery Data Dashboard. 2021. [Accessed 17 December 2021.] www.healthysuffolk.org.uk/jsna/coronawatch

⁶⁰ Destination Research. Economic impact of Tourism Suffolk. 2019. [Accessed 17 December 2021.] [https://mediafiles.thedms.co.uk/Publication/ee-stp/cms/pdf/Economic Impact of Tourism - Suffolk Report 2019.pdf](https://mediafiles.thedms.co.uk/Publication/ee-stp/cms/pdf/Economic%20Impact%20of%20Tourism%20-%20Suffolk%20Report%202019.pdf)

Figure 16: Local authority commuter flow data, Suffolk, 2011⁶¹

⁶¹ ONS. Where do we commute to? 2011. [Accessed 17 December 2021.] <http://webarchive.nationalarchives.gov.uk/20160105224014/www.ons.gov.uk/ons/rel/census/2011-census/origin-destination-statistics-on-migration-workplace-and-students-for-local-authorities-in-the-united-kingdom/sum---commuting-patterns-in-the-uk--20>

2.6.5 Gypsy and Traveller population

The term Gypsy, Roma and Traveller (GRT) describes a diverse minority group who come from a range of ethnic backgrounds. GRT are known to experience poorer health and educational outcomes, to face racial discrimination and to be victims of hate crime.⁶² GRT groups have their own cultural health beliefs, and generally have a lower rate of GP registrations compared with the general population, as well as a life expectancy that is ten years lower.⁶³

Information about GRT in Suffolk, especially children and young people, is limited. Data from January 2020 shows there were 370 Traveller caravans in Suffolk.⁶⁴ Just over one-third of these (126 caravans) were based in Mid Suffolk. While some of these 370 caravans will be occupied by families with children, we do not know how many children there are. There were also 20 caravans belonging to Travelling Showpeople, 17 of which were in Mid Suffolk. The largest site was West Meadows in Ipswich.

Department for Education data for January 2021 indicates that 0.6% of all school pupils in Suffolk are of Gypsy/Roma or Traveller of Irish Heritage: this is small number (602 pupils). The proportions are slightly higher than England levels (0.4%).

2.6.6 Refugees and asylum seekers

At the end of 2019, nearly 80 million people worldwide had been forcibly displaced from their homes as a result of conflicts, persecution and human rights abuses; of these, 26 million were refugees.⁶⁵ Among those displaced, an estimated 40% were children below the age of 18, many of whom would have been living in poor conditions, lost family members, and been traumatised by their experiences.

Refugees and asylum seekers have distinct needs and require appropriate services and, while many are likely to arrive in Suffolk in good health, this is not the case for everyone. There are estimated to be around 2,500 refugees in Suffolk, the majority of whom are living in Ipswich.⁶⁶ During 2020, the Suffolk Refugee Support charity worked with 227 children in the county aged 0–18 (this number refers only to those children ‘worked with’). There are also currently 80–90 asylum seekers, many of them families, housed in Ipswich under the government’s ‘dispersal’ system.

⁶² UK Parliament: Women and Equalities Committee. Tackling inequalities faced by Gypsy, Roma and Traveller communities. 2019. [Accessed 17 December 2021.]

<https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html#content>

⁶³ SCC. Groups At Risk of Disadvantage Needs Assessment. 2015. www.healthysuffolk.org.uk/assets/JSNA/Final-GAROD-Needs-Assessment-20151202.pdf

⁶⁴ Department for Levelling Up, Housing and Communities. Traveller caravan count. 2021. [Accessed 17 December 2021.] www.gov.uk/government/collections/traveller-caravan-count

⁶⁵ United Nations High Commissioner for Refugees. Forced Displacement in 2020. 2021. [Accessed 17 December 2021.] www.unhcr.org/flagship-reports/globaltrends/globaltrends2019/

⁶⁶ Suffolk Refugee Support. Suffolk Refugee Support – Supporting Refugees and Asylum Seekers in Suffolk. 2021. [Accessed 17 December 2021]. <https://suffolkrefugee.org.uk/>

2.6.7 Housebound populations

Health status changes all the time so an accurate measure of housebound population is difficult to obtain. However, the following data provides an overview of potential proxy for this indicator. For example, disabled populations may be less likely to leave their homes due to the severity of their disablement; carer populations may be indicative of a housebound resident being cared for and the carer may also be housebound due to their caring commitments.

At the 2011 census, 0.8% of the Suffolk population were residing in medical/care communal establishment (just over 5,600 people).⁶⁷ Caution is advised when using census data as it is now over ten years old. In 2019-20 there were 1,550 permanent admissions to residential and nursing care homes in Suffolk, a rate of 864 per 100,000 population aged 65 and over. This is statistically significantly higher than the England rate (584 per 100,000 population aged 65 and over).

Attendance Allowance is given to those aged 65+ for personal care because an individual is physically or mentally disabled. Entitlement data (so including people that may have their payments suspended as they are in hospital), indicates 20,182 people entitled to Attendance Allowance in Suffolk, with the highest numbers in East Suffolk (7,833).⁶⁸

- There are 375 people in Suffolk in receipt of incapacity benefit and severe disablement allowance as of May 2021, and over 12,000 people in receipt of Disability Living Allowance.
- There are around 13,600 people entitled to Carers Allowance in Suffolk, with the highest proportion (39%) in East Suffolk.

⁶⁷ Nomis. 2011 Census Data. 2011. www.nomisweb.co.uk

⁶⁸ Department for Work and Pensions. Stat Xplore. 2021. [Accessed 17 December 2021.] <https://stat-xplore.dwp.gov.uk/>

Table 24: Disability Living Allowance, cases in payment, May 2021⁶⁹

	0–17	18–64	65–84	85+	Total*
Babergh	662	188	496	60	1,409
East Suffolk	2,270	306	1,840	212	4,622
Ipswich	1,467	165	795	106	2,519
Mid Suffolk	757	82	502	53	1,401
West Suffolk	1,294	101	916	98	2,410
Total*	6,451	828	4,541	527	12,352

2.7 Deprivation

The English Indices of Deprivation measure relative levels of deprivation in 32,844 small geographical neighbourhoods in England, called 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.

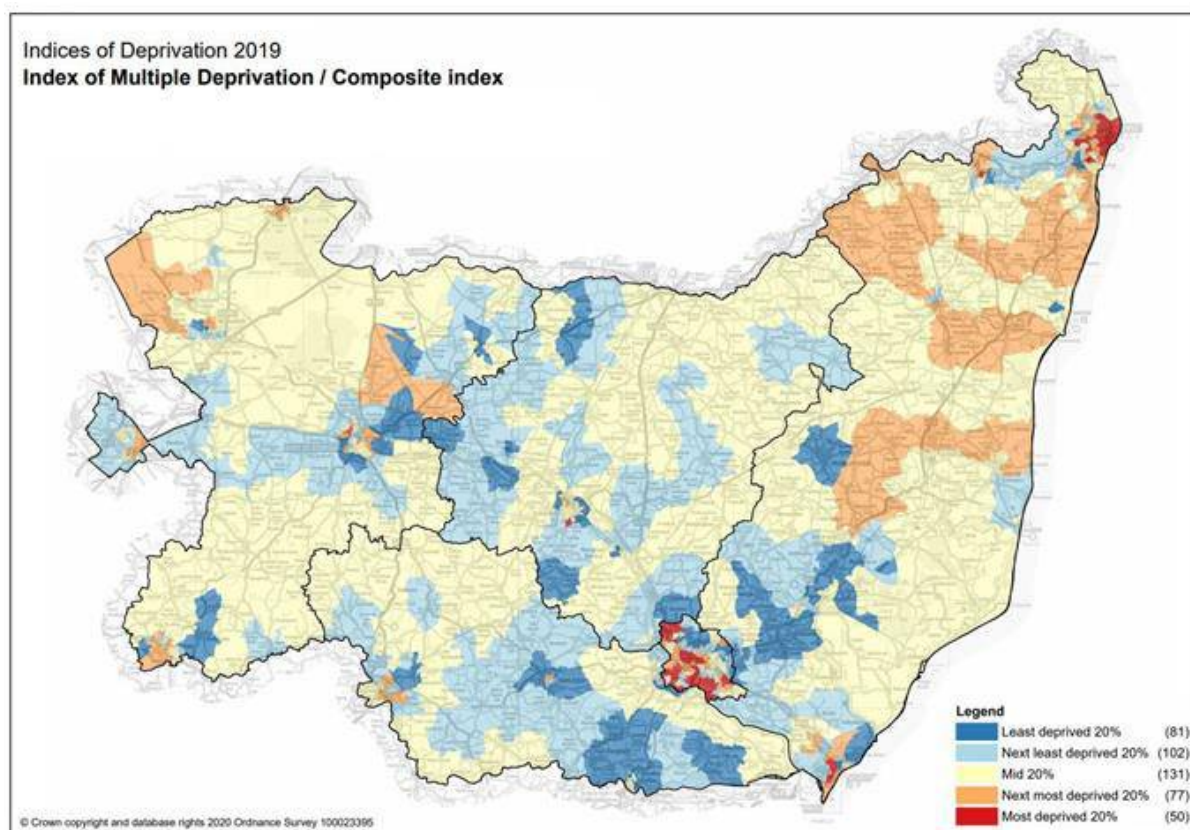
The English Indices of Multiple Deprivation (IMD) 2019 were published by the Ministry of Housing, Communities and Local Government in September 2019. The IMD provides a way of comparing relative deprivation across England using seven domains: income, employment, health and disability, education, crime, 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 able 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. Pockets 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.

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.

⁶⁹ Department for Work and Pensions. Stat Xplore. 2021. [Accessed 17 December 2021.] <https://stat-xplore.dwp.gov.uk/>

Figure 17: Deprivation in Suffolk, 2019⁷⁰

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

Table 25: IMD score and rank of average score, Suffolk, 2019⁷¹

Local authority district (2019)	IMD – average score*	IMD – rank of average score*
Ipswich	25.890	71
East Suffolk	19.560	143
West Suffolk	16.245	188
Babergh	14.267	218
Mid Suffolk	13.225	237

* Highest = most deprived

⁷⁰ Ministry of Housing Communities and Local Government. English indices of deprivation 2019. 2019. [Accessed 21 October 2019.] www.gov.uk/government/statistics/english-indices-of-deprivation-2019

⁷¹ Ministry of Housing Communities and Local Government. English indices of deprivation 2019. 2019. [Accessed 21 October 2019.] www.gov.uk/government/statistics/english-indices-of-deprivation-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 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.
- 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 (CVD)

CVD is a general term for conditions that affect the heart or blood vessels caused by atherosclerosis (furring or hardening of artery walls). CVD refers to all the diseases of the heart and circulation, including heart attack and stroke. Atherosclerosis particularly results in Coronary Heart Disease (CHD), stroke and peripheral arterial disease, but CVD also covers other conditions such as vascular dementia and heart rhythm problems such as Atrial Fibrillation (AF). Certain long-term conditions also increase the risk of CVD, for example diabetes.

The British Heart Foundation produce estimated prevalence figures on heart and circulatory disease based for LTLAs. These estimates indicate 101,000 people with heart and circulatory diseases in Suffolk – around 13% of the total population.

Table 26: Heart and circulatory disease estimated prevalence, 2019-20⁷²

Local authority	%	Number
Babergh	14.0%	12,000
East Suffolk	15.0%	36,000
Ipswich	10.0%	18,000
Mid Suffolk	12.0%	12,000
West Suffolk	12.0%	23,000
	Total	101,000

As CVD includes a range of conditions, a summary table is provided for CCGs covering Suffolk:

- **Risk:** In terms of risk of CVD, all of the CCGs that cover Suffolk have a statistically significantly higher prevalence of hypertension, and West Suffolk and Norfolk and Waveney have a statistically significantly higher prevalence of diabetes than England

⁷² British Heart Foundation. Incidence and prevalence – Prevalence by local authority. 2021. [Accessed 20 December 2021.] www.bhf.org.uk/what-we-do/our-research/heart-and-circulatory-diseases-in-numbers/incidence-and-prevalence-incidence-by-local-authority

- **Prevalence of CVD:** The prevalence of CHD, heart failure, AF and stroke are all statistically significantly higher in Suffolk CCGs than England
- **Admissions and mortality:** Admissions for CHD in West Suffolk and Norfolk and Waveney CCGs are statistically significantly higher than England; premature mortality from CHD is statistically significantly lower in CCGs covering Suffolk, than England.

Table 27: Summary CVD indicators for Suffolk CCGs, 2017-21⁷³

Indicator	Year	Value	Ipswich and East Suffolk CCG	West Suffolk CCG	Norfolk and Waveney CCG	England
Hypertension prevalence	2020-21	Percent	15.4%	15.8%	16.1%	13.9%
Diabetes prevalence (age 17+)	2020-21	Percent	6.6%	7.9%	7.6%	7.1%
CHD prevalence	2020-21	Percent	3.6%	3.4%	3.7%	3.0%
Heart failure prevalence	2020-21	Percent	1.2%	1.2%	0.9%	0.9%
AF prevalence	2020-21	Percent	2.6%	2.6%	2.7%	2.0%
Stroke prevalence	2020-21	Percent	2.0%	2.0%	2.3%	1.8%
CHD admissions	2020-21	Rate per 100,000	355.1	406.9	389.8	367.6
Heart failure admissions	2020-21	Rate per 100,000	132.6	148.1	145.4	146.7
CHD mortality under 75 years (3 year)	2017-19	Rate per 100,000	28.3	29.8	32.4	37.5
Stroke mortality under 75 years (3 year)	2017-19	Rate per 100,000	10.5	10.5	11.6	12.5

Better 95%
Similar
Worse 95%
Lower
Similar
Higher
Not compared

2.8.2 Cancers

For people born in the UK since 1960, 1 in 2 will be diagnosed with cancer in their lifetime. The rise is due partly to the ageing and growing population, which comes as a result of the overall success of the healthcare system, meaning that people are less likely to die early from other conditions. 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 in part driven by shifts in our health behaviours.

An estimated 4 out of 10 cancers occur due to factors that are entirely modifiable and therefore preventable, with lung cancer, bowel cancer, melanoma skin cancer and breast cancer together accounting for almost two-thirds of all preventable cancer cases in the UK.⁷⁴

⁷³ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021]. <https://fingertips.phe.org.uk/>

⁷⁴ Cancer Research UK. Statistics on preventable cancers. 2018. [Accessed 20 December 2021.] www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-One

GP data for 2019-20 indicates 5,116 cancer cases diagnosed across Suffolk. When looking at rates of cancer by GP in Suffolk, there are 14 surgeries with an incidence rate statistically significantly higher than England.

Summary cancer screening and mortality data for Suffolk show that compared with England:

- Suffolk has statistically significantly higher bowel cancer screening coverage (67.2% vs 63.8%)
- Suffolk has statistically significantly higher breast cancer screening coverage (females) (79.7% vs 74.1%)
- Suffolk has statistically significantly higher cervical cancer screening coverage (females aged 25–64 inclusive)
- Suffolk has a statistically significantly lower mortality rate from all cancers (aged 65+)
- When looking at Standardised Mortality Ratio (SMR) data by LTLA in Suffolk, Ipswich has a statistically higher SMR for all cancers than England

Table 28: Summary cancer screening and mortality data, 2017-20⁷⁵

Indicator	Period	Suffolk		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of cancers diagnosed at stages 1 and 2 (Persons, All ages)	2018	→	2,194	56.8%	56.7%	55.0%	47.5%		76.5%
Cancer screening coverage - bowel cancer (Persons, 60-74 yrs)	2020	↑	88,516	67.2%*	64.8%*	63.8%*	45.8%		73.1%
Cancer screening coverage - breast cancer (Female, 53-70 yrs)	2020	↑	73,102	79.7%*	75.9%*	74.1%*	54.1%		81.1%
Cancer screening coverage - cervical cancer (aged 25 to 49 years old) (Female, 25-49 yrs)	2020	↑	86,824	74.9%*	72.6%*	70.2%*	46.4%		80.1%
Cancer screening coverage - cervical cancer (aged 50 to 64 years old) (Female, 50-64 yrs)	2020	→	54,626	77.3%*	76.9%*	76.1%*	59.2%		90.6%
Mortality rate from cancer, ages 65+ years (Persons, 65+ yrs) New data	2017 - 19	—	5,474	1,014.8	1040.7	1074.7	1,470.1		782.2
Mortality rate from lung cancer (Persons, All ages) New data	2017 - 19	—	1,215	45.6	47.3	53.0	98.0		31.8
Under 75 mortality rate from cancer (Persons, <75 yrs, 1 year range)	2020	→	901	114.3	117.1	125.1	187.1		69.3
Under 75 mortality rate from cancer (Persons, <75 yrs, 3 year range)	2017 - 19	—	2,727	117.9	122.6	129.2	182.4		87.4
Under 75 mortality rate from cancer considered preventable (2016 definition) (Persons, <75 yrs)	2016 - 18	—	1,524	66.9	70.7	76.3	121.0		51.9
Under 75 mortality rate from breast cancer (Female, <75 yrs, 3 year range) New data	2017 - 19	—	246	21.6	20.5	20.3	27.1		12.9
Under 75 mortality rate from breast cancer (Female, <75 yrs, 1 year range) New data	2020	→	64	16.9	18.1	19.1	31.8		11.1
Under 75 mortality rate from colorectal cancer (Persons, <75 yrs, 1 year range) New data	2020	→	78	9.9	11.2	12.0	20.8		6.3
Under 75 mortality rate from colorectal cancer (Persons, <75 yrs, 3 year range) New data	2017 - 19	—	259	11.3	11.5	11.8	17.6		5.8
Under 75 mortality rate from cancer considered preventable (2019 definition) (Persons, <75 yrs, 3 year range)	2017 - 19	—	1,053	45.1	48.8	54.1	92.4		34.7
Under 75 mortality rate from cancer considered preventable (2019 definition) (Persons, <75 yrs, 1 year range)	2020	→	373	47.0	45.6	51.5	98.2		22.6

Benchmark:



⁷⁵ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

Table 29 summarised LTLA deaths from cancer in terms of numbers (count) and a standardised mortality ratio (value). The ratio is the sum of the age-specific number of deaths from all cancer 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 significantly higher SMR for all cancer than England. This is denoted by the red colour of the bar below, and that the confidence intervals (CI) (denoted on the bar by a double ended black 'T') don't overlap with the England confidence intervals.

Table 29: LTLA deaths from all cancer, all ages, SMR 2015-19

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	–	683,919	100.0		99.8	100.2
Suffolk	–	10,802	93.9		92.2	95.7
Ipswich	–	1,669	105.7		100.7	110.9
East Suffolk	–	4,143	95.3		92.4	98.3
West Suffolk	–	2,242	91.0		87.3	94.8
Mid Suffolk	–	1,410	88.9		84.3	93.6
Babergh	–	1,338	87.8		83.1	92.6

Benchmark: Better 95% Similar Worse 95%

2.8.3 Diabetes

Data from 2019-20 indicates that there are approximately 48,100 people with a diabetes diagnosis in Suffolk. The number of people with diabetes in Suffolk is increasing. The prevalence of diabetes is as follows:

- 6.6% in Ipswich and East Suffolk CCG (statistically significantly lower than England)
- 7.9% in West Suffolk CCG (statistically significantly higher than England)
- 7.6% in Norfolk and Waveney CCG (statistically significantly higher than England)
- 7.1% for England

The National Institute for Health and Care Excellence (NICE) recommends care processes for diabetes. These are divided into risk factors (body mass index, blood pressure, smoking, glucose levels (HbA1c) and cholesterol) and tests to identify early complications (urine albumin creatinine ratio, serum creatinine, foot nerve and circulation examination, and eye screening (held by NHSE&I diabetic eye screening)). For children under 12, 'all eight care processes' is defined as HbA1c only, as other care processes are not recommended in the NICE guidelines for this age group.

Table 30 aggregates GP level data for Suffolk. It shows:

- The proportion of patients on the disease register who are not receiving the intervention due to a Personalised Care Adjustment (PCA), for example, patients who do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This value is statistically similar to England.
- The proportion of people with type 1 and 2 diabetes who received all eight care processes. Both of these values are statistically significantly higher than England.

Table 30: Diabetes control in Suffolk CCGs, 2019-20⁷⁶

Indicator	Period	England	Suffolk GPs
Personalised Care Adjustment (PCA) rate for diabetes indicators	2019/20	15.1	15.0*
People with type 1 diabetes who received all 8 care processes	2019/20	42.3*	55.4*
New data			
People with type 2 diabetes who received all 8 care processes	2019/20	58.5*	62.9*
New data			
Ratio of people with type 1 diabetes who received all 8 care processes	2019/20	*	1.2*
New data			
Ratio of people with type 2 diabetes who received all 8 care processes	2019/20	*	1.05*
New data			

Compared with benchmark Better Similar Worse

*Aggregated from lower geography values

2.8.4 Chronic Obstructive Pulmonary Disease (COPD)





Chronic Obstructive Pulmonary Disease (COPD) is the name used to describe a number of lung diseases including chronic bronchitis and emphysema. The main cause of COPD is smoking. When looking at inequalities, respiratory related deaths play a significant role in the life expectancy gap between those in the most deprived and least deprived parts of Suffolk. This is most prominent in males.

In 2019-20 there were 1,755 emergency hospital admissions for COPD in Suffolk, equating to a rate of 327 per 100,000 population, statistically significantly lower than England (415 per 100,000). Small area data (Middle Layer Super Output Areas (MSOA)) is presented in the map in Figure 18 and shows variation in COPD admissions around Suffolk. Statistically significantly higher admission rates can be observed in Ipswich, Sudbury and Lowestoft, as well as in smaller pockets in other areas.

Mortality data is available at CCG level. This indicates that in 2020, the mortality rate per 100,000 population where COPD was a contributory cause was statistically similar in West Suffolk CCG, and statistically significantly lower (better) in Norfolk and Waveney and Ipswich and East Suffolk CCGs than England.

⁷⁶ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

Table 31: Mortality rate from COPD as a contributory cause, directly standardised rate per 100,000 population, 2020⁷⁷

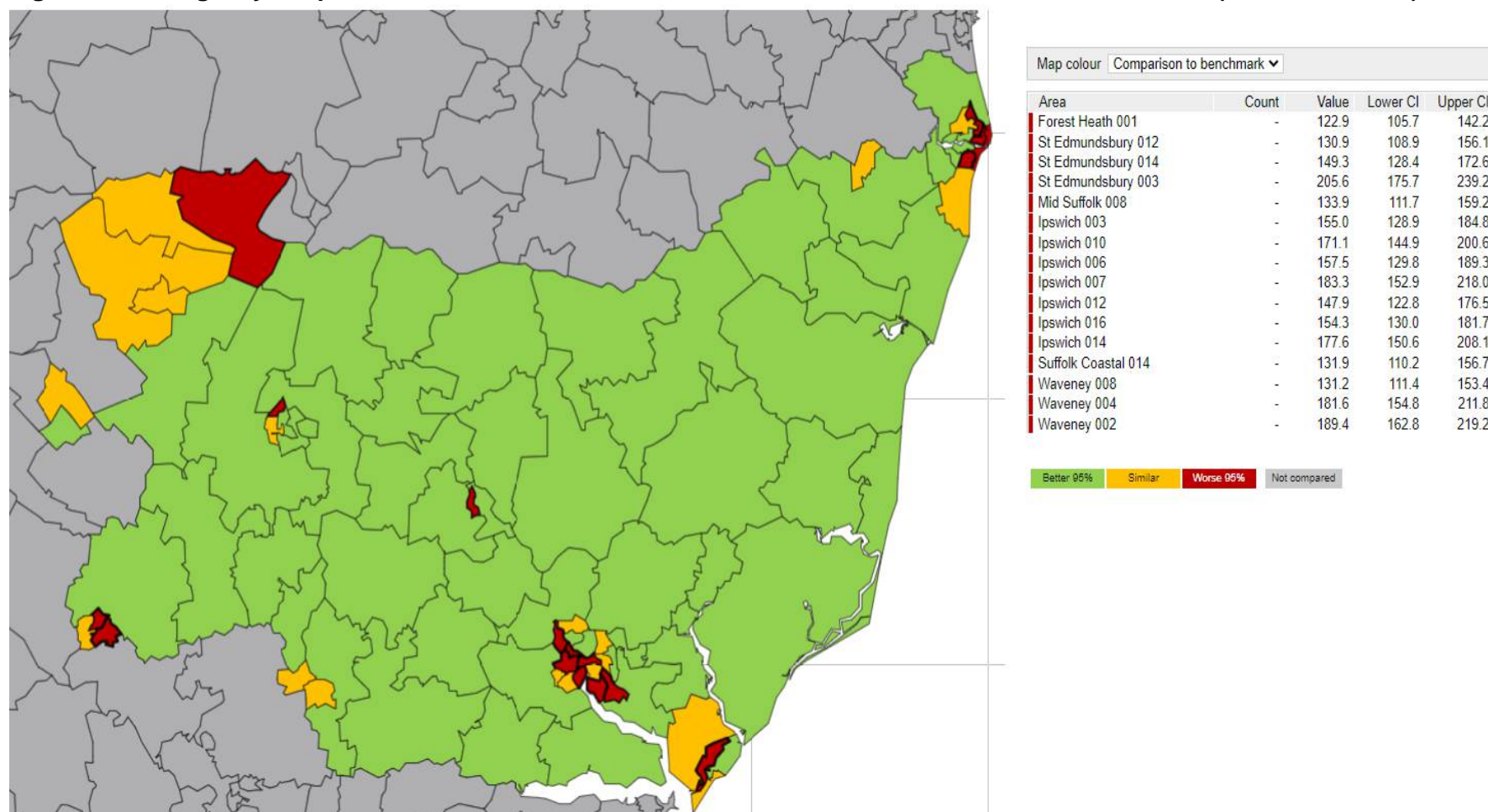
Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↑	37,588	68.82		68.13	69.53
CCGS April 2021	—	—	—		—	—
NHS West Suffolk CCG	→	167	61.13		52.16	71.20
NHS Norfolk & Waveney CCG	→	701	52.70		48.85	56.78
NHS Ipswich And East Suffolk CCG	→	188	37.48		32.29	43.26

Benchmark:



⁷⁷ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

Figure 18: Emergency hospital admissions for COPD, standardised admission ratio for Suffolk MSOAs (2015/16-2019/20)⁷⁸



⁷⁸ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021]. <https://fingertips.phe.org.uk/>

Table 32: COPD indicator summary for Suffolk⁷⁹

Indicator	Year	Value type	Suffolk	England
Under 75 mortality from respiratory disease	2020	Rate per 100,000	19.9	29.4
Under 75 mortality from respiratory disease considered preventable (2019 definition)	2020	Rate per 100,000	11.6	17.1
Percentage of deaths with underlying cause as respiratory disease (all ages)	2020	%	9.6%	10.2%

Compared with benchmark ■ Better ■ Similar ■ Worse

2.8.5 Depression and mental health

One in four people experience some form of mental ill health across a spectrum of severity levels in any given year, and estimates also indicate one in six people report experiencing a common form of mental ill health (e.g. anxiety and depression) in any given week in England.⁸⁰

It is recognised that the C-19 pandemic has had an adverse impact on mental health. Around 1 in 5 (21%) adults experienced some form of depression between January and March 2021 – more than double that observed before the pandemic (10%).⁸¹

People with poor mental health experience poor outcomes in terms of physical health and mortality rates.⁸² People with mental ill health also experience a greater burden of physical health conditions, often driven by the inequalities that they face. People with long-term physical conditions experience high levels of mental ill health, as do informal and family carers supporting people at home.⁸³

Depression is a common and debilitating condition. Figures for 2020-21 indicate that around 12.6% people aged 18 and over in Suffolk have been recognised by their GP as having depression (nearly 83,000 people). The LTLAs with the highest prevalence of depression in Suffolk are Babergh and East Suffolk (both 13.3%). However, this percentage masks a large difference in absolute numbers (due to overall population size). In Babergh this equates to approximately 9,700 people, compared with 26,800 people in East Suffolk.

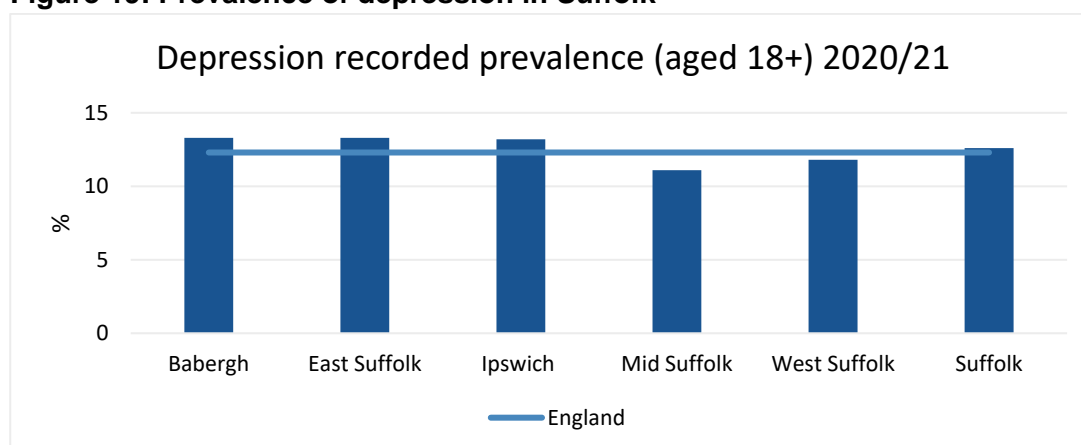
⁷⁹ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

⁸⁰ Mind. Mental health facts and statistics. 2020. [Accessed 21 December 2021.] www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#References

⁸¹ ONS. Coronavirus and depression in adults, Great Britain: January to March 2021. 2021. [Accessed 21 December 2021.] www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/januarytomarch2021

⁸² UK Health Security Agency. Health Matters: Reducing health inequalities in mental illness. 2018. [Accessed 21 December 2021.] <https://ukhsa.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/>

⁸³ ONS. 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001. 2013. www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15

Figure 19: Prevalence of depression in Suffolk

The prevalence of depression has risen steeply from 7.3% in 2013-14, however the current values may still be an underestimate, as many cases remain unreported.

Approximately 1% of the population will be affected by severe mental ill health. Data from 2020-21 indicates that 7,235 people registered at a Suffolk GP were diagnosed with schizophrenia, bipolar disorder or other psychoses (approximately 0.9% prevalence rate).

There were 208 deaths from suicide in 2018-20 in Suffolk, equating to a rate of 10.4 per 100,000 population. This rate is statistically similar to England (10.4). The majority of suicides were in males (151).

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. There is a significant and persistent risk of future suicide following an episode of self-harm.

In Suffolk in 2019-20 there were 1,490 admissions to hospital for self-harm, equating to a rate of 213.7 per 100,000 population, statistically significantly higher than England (192.6). Rates of hospital admissions for self-harm in Suffolk's children and young people aged 10–24 are statistically significantly higher than England.

Table 33: Self-harm and suicide in Suffolk summary data⁸⁴

Indicator	Period	Suffolk			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Emergency Hospital Admissions for Intentional Self-Harm	2019/20	⬆️	1,490	213.7	168.4	192.6	439.3	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>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Compared with benchmark ■ Better ■ Similar ■ Worse

⁸⁴ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

2.8.6 Accidental injuries

A summary of injuries, falls and admissions related to these incidents is provided in Table 34. For all indicators included, Suffolk LTLAs and Suffolk data are statistically similar to or better than the England values.

Hospital admissions: Suffolk has a lower rate of hospital admissions caused by unintentional and deliberate injuries in children and young people compared to England for children aged 0–14 and has a statistically similar rate compared with England for children aged 15–24.

Falls: As people become older, they become increasingly likely to fall. About 1 in 3 people aged over 65, and 1 in 2 people aged over 80, will fall at least once a year.⁸⁵ Women are more likely to fall than men. Falls can cause serious physical injury, for example, a fractured hip, and they can also make people fearful and anxious, which means that they restrict their activities and lose their independence. The highest rates of admissions for falls in Suffolk are in adults aged 80 years and over; this is the same nationally.

⁸⁵ SCC. Suffolk Annual Public Health Report 2015. 2015. www.healthysuffolk.org.uk/assets/JSNA/Annual-Report/19673-APHR-2015-LR-20151209.pdf

Table 34: Injuries, falls and admissions for Suffolk LTLAs⁸⁶

Indicator	Period		England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Killed and seriously injured (KSI) casualties on England's roads (historic data) (Persons, All ages)	2016 - 18		42.6*	39.2	44.8	36.7	35.1	46.6	38.7
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) (Persons, <15 yrs)	2019/20		91.2	82.9	86.3	91.9	92.8	80.4	64.0
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) (Persons, 15-24 yrs)	2019/20		132.1	128.3	107.8	129.8	147.3	116.5	126.6
Emergency hospital admissions for injuries in under 5 years old, crude rate (Persons, 0-4 yrs)	2015/16 - 19/20		12.3	11.2	12.3	12.0	12.1	10.0	9.5
Emergency hospital admissions for injuries in under 15 years old, crude rate (Persons, <15 yrs)	2015/16 - 19/20		97.8	86.9	88.4	91.4	94.2	78.5	78.9
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)	2019/20		2222	1739	1918	1492	1994	1720	1936
Emergency hospital admissions due to falls in people aged 65-79 (Persons, 65-79 yrs)	2019/20		1042	773	700	726	869	740	869
Emergency hospital admissions due to falls in people aged 80+ (Persons, 80+ yrs)	2019/20		5644	4541	5451	3712	5254	4562	5031
Under 75 mortality rate from injuries (Persons, <75 yrs) New data	2018 - 20		14.4	14.1	10.6	14.1	14.8	14.4	15.2

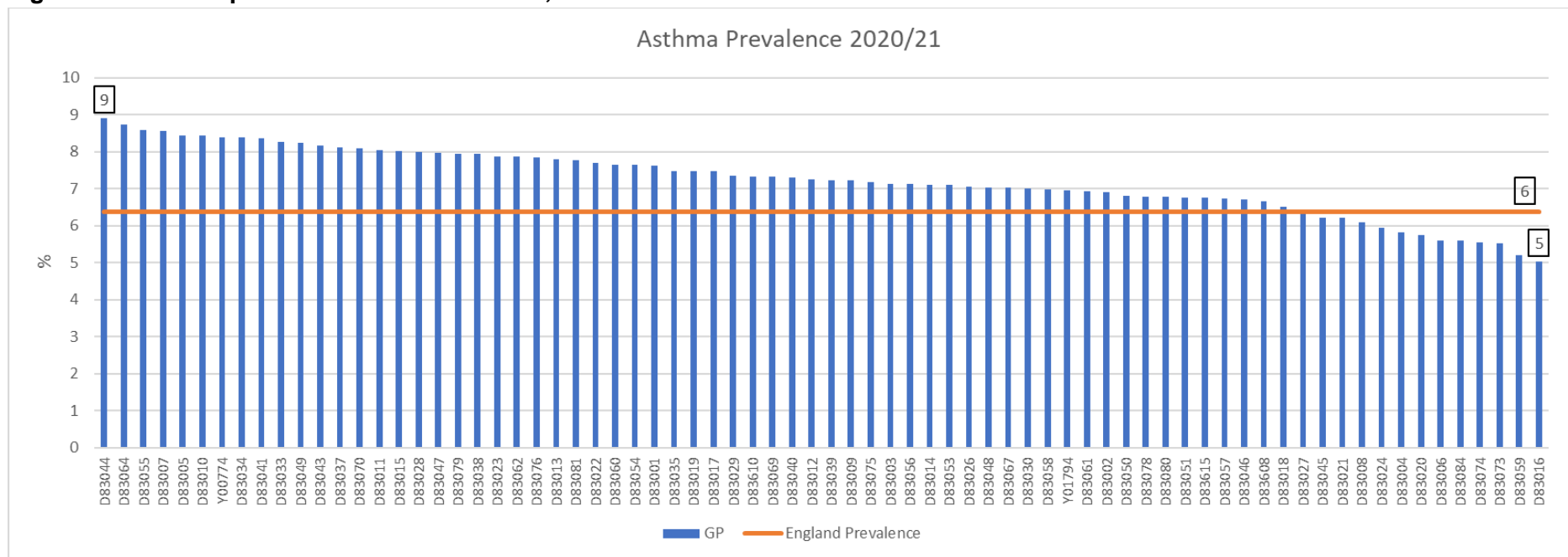
Compared with benchmark ■ Better ■ Similar ■ Worse

⁸⁶ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

2.8.7 Asthma

Data for 2020-21 indicates 55,000 people with a diagnosis of asthma across Suffolk GPs. This equates to an average prevalence for Suffolk of 7.2% – higher than England (6.4%).⁸⁷

Figure 20: Asthma prevalence for Suffolk GPs, 2020-21⁸⁸



Hospital admissions for children and young people under the age of 19 are statistically significantly higher in West Suffolk CCG than England (280.2 per 100,000 compared with 158.3 per 100,000).

⁸⁷ NHS Digital. Quality and Outcomes Framework 2020-21. 2021. [Accessed 21 December 2021.] <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2020-21>

⁸⁸ *ibid.*

Table 35: CCG-level hospital admissions for asthma under 19, rate per 100,000, 2019-20⁸⁹

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↓	20,370	158.3		156.1	160.4
CCGS April 2021	—	—	—		—	—
NHS West Suffolk CCG	→	140	280.2		233.8	328.4
NHS Norfolk & Waveney CCG	→	330	161.8		143.9	179.2
NHS Ipswich And East Suffolk CCG	→	120	140.5		115.4	166.7

Compared with benchmark Better Similar Worse

Data for 2020-21 emergency admissions for asthma in those aged 19 and over shows that Suffolk CCGs were statistically significantly similar to England:

- Ipswich and East Suffolk CCG: 42.7 per 100,000
- Norfolk and Waveney CCG: 48.8 per 100,000
- West Suffolk CCG: 37.2 per 100,000
- England: 44.4 per 100,000

2.8.8 Excess weight and obesity

In Suffolk:

- 1 in 5 children in Reception are overweight or obese
- 1 in 3 children in Year 6 are overweight or obese
- Nearly 2 in 3 adults are overweight or obese

While the percentage of children with excess weight is statistically significantly lower than England (for both Reception and Year 6), the percentage of adults that are overweight or obese is similar to England levels and these figures still present cause for concern. Being obese can increase the risk of diabetes and heart disease, as well as certain types of cancer, and can have negative impacts on mental health.

There is also variation within Suffolk. For example, the proportion of adults that are overweight or obese is statistically significantly higher in Babergh (69.1%) than England (62.8%). In addition, three-year pooled data indicates that the prevalence of obesity in Year 6 pupils is statistically significantly higher in Ipswich (21.7%) than England (20.4%).

Suffolk has a statistically significantly higher proportion of adults that are physically active (69.5%) than England (66.4%).

⁸⁹ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

Table 36: Excess weight in Suffolk residents

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Reception: Prevalence of overweight (including obesity)	2019/20	23.0	21.6*	16.9*	19.9*	25.0*	20.3*	23.1*
Year 6: Prevalence of overweight (including obesity)	2019/20	35.2	31.8	27.9	29.4	37.5	31.3	31.7
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	62.8	62.7	69.1	63.5	63.2	61.8	57.8
Reception: Prevalence of obesity (including severe obesity), 3-years data combined	2017/18 - 19/20	9.7	8.5	8.3	8.0	9.5	7.8*	8.5
Reception: Prevalence of overweight (including obesity), 3-years data combined	2017/18 - 19/20	22.6	20.5	20.0	18.6	22.1	20.6*	21.6
Year 6: Prevalence of obesity (including severe obesity), 3-years data combined	2017/18 - 19/20	20.4	17.7	16.3	16.4	21.7	15.4	17.6
Year 6: Prevalence of overweight (including obesity), 3-years data combined	2017/18 - 19/20	34.6	31.2	29.6	29.5	35.6	30.0	30.7

Compared with benchmark Better Similar Worse

Table 37: Percentage of physically active/inactive adults

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Percentage of physically active adults	2019/20	66.4	69.5	69.0	72.6	64.1	70.5	69.1
Percentage of physically inactive adults	2019/20	22.9	20.2	21.5	17.1	25.8	17.1	21.5

Compared with benchmark Better Similar Worse

2.8.9 Palliative care

In 2020, there were 8,682 deaths recorded in Suffolk.

- 27.3% of deaths occurred in care homes, statistically significantly higher than England. The proportion of deaths occurring in Suffolk care homes has been persistently statistically significantly higher since 2011.
- Deaths at home are also statistically significantly higher in Suffolk than England, with the proportion of deaths in hospital statistically significantly lower.
- 3.9% of deaths occurred in hospices, compared with 4.5% in England. For those aged 0–64, the percentage rises to 7.9% in Suffolk, similar to England's rate of 7.7%.

- Generally, the rate of hospice deaths reduces as age increases.

Table 38: Place of death for people of all ages, 2020

	Number	Suffolk	England
Hospital deaths	3,267	37.6%	41.9%
Care home deaths	2,372	27.3%	23.7%
Home deaths	2,534	29.2%	27.4%
Deaths in other places	167	1.9%	2.5%
Hospice deaths	342	3.9%	4.5%

Benchmarks: Lower Similar Higher Not compared

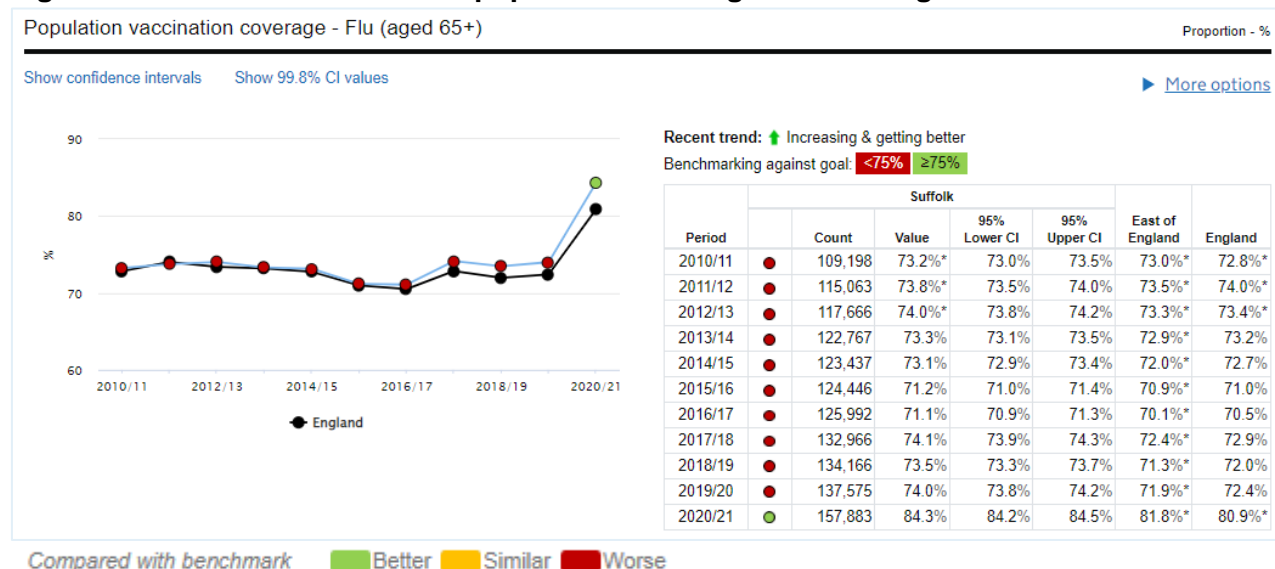
2.8.10 Influenza

Flu vaccination reduces the risk of seasonal flu and decreases hospital admissions for influenza, respiratory conditions and exacerbations of other conditions. The national flu vaccination programme for adults is targeted at people most at risk of harm from this: people aged 65 and over, people under 65 in specific clinical risk groups, and pregnant women. The majority of vaccinations are given between September and January each year by GP practices, with many pharmacists also offering the service. The nasal spray flu vaccine is offered to children.

One of the impacts of C-19 has been a reduction in flu cases in the winter of 2020-21 – this is thought to be due to measures such as social distancing and mask-wearing, as well as the flu vaccination. At the time of writing the 2021-22 flu season is underway – however, cases of flu remain low.

In summer 2021, public health experts asserted that potentially common seasonal illnesses such as cold and flu could increase as people mix more, and fewer people will have built up natural immunity during the pandemic. This is to be monitored as the season progresses, however at the time of writing complete data is not available for the winter 2021-22 flu season.⁹⁰

⁹⁰ UK Health Security Agency. Weekly national flu and COVID-19 surveillance reports published. 2021. www.gov.uk/government/news/weekly-national-flu-and-covid-19-surveillance-reports-published

Figure 21: Annual flu vaccination population coverage for those aged 65 and over in Suffolk⁹¹

Suffolk data for 2020-21 shows one positive impact of the C-19 pandemic that was mirrored nationally – a large uplift in the proportion of eligible residents aged 65 and over receiving their flu vaccination. In Suffolk, 84.3% received their flu vaccine, statistically significantly higher than England (80.9%) and up from 74.0% in 2019-20.

Flu vaccination in children was also statistically significantly higher in Suffolk than England:

- 67.4% coverage in those aged 2–3 years old in Suffolk (56.7% for England)
- 68.5% coverage in those of primary school age in Suffolk (62.5% for England)

The Suffolk mortality rate from a range of specified communicable diseases, including influenza, in 2017-19, was 6.3 per 100,000. This was statistically significantly lower than England (9.4 per 100,000).

2.9 Health behaviours

2.9.1 Drug and alcohol misuse

Prevalence estimates for 2016-17 (latest available) suggest there were 3,566 opiate and/or crack cocaine users resident in Suffolk.⁹² Not all of these individuals will be in substance misuse treatment services, and many will be unknown to treatment services.

In Suffolk, 2019-20 data indicates:

- 1,717 people were in treatment at specialist drug misuse services
- 53.4% of opiate and/or crack cocaine users were not in treatment
- 2.8 per 1,000 adults were in treatment in specialist drug misuse services (lower than the England rate of 4.5 per 1,000 adults)
- For opiate users, 7.0% successfully completed drug treatment (statistically significantly higher than the England percentage of 5.6%)

⁹¹ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

⁹² PHE. Opiate and crack cocaine use: prevalence estimates by local area. 2019. [Accessed 21 December 2021.] www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

- For non-opiate users, 29.1% successfully completed drug treatment (statistically significantly lower than the England percentage of 34.2%)

In 2018-20 there were 76 recorded deaths from drug misuse in Suffolk, equating to a rate of 3.7 per 100,000 population. This rate was statistically significantly lower than the England rate of 5.0 per 100,000 population.

2.9.2 Alcohol and related disease

Although many people consume alcohol without damaging their long-term health, excessive consumption can cause severe physical and mental health conditions. East of England estimates indicate that 19% of people aged 16 and over have a weekly alcohol consumption over the recommended limit.⁹³ Estimates for 2018-19 indicate that there are likely to be 6,811 adults with alcohol dependency in Suffolk.⁹⁴

Table 39: Alcohol-related indicators for Suffolk⁹⁵

Indicator	Period	Suffolk		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Admission episodes for alcohol-specific conditions (Persons, All ages)	2019/20	↑	3,400	446	460	644	2,590		331
Admission episodes for alcohol-specific conditions (Male, All ages)	2019/20	↑	2,170	575	618	894	3,747		457
Admission episodes for alcohol-specific conditions (Female, All ages)	2019/20	↑	1,230	324	312	409	1,505		129
Admission episodes for alcohol-specific conditions - Under 18s (Persons, <18 yrs)	2017/18 - 19/20	—	140	30.5	23.7	30.7	111.5		7.7
Adults in treatment at specialist alcohol misuse services: rate per 1000 population (Persons, 18+ yrs)	2019/20	→	623	1.0	1.3*	1.7	0.6		3.8
Alcohol-specific mortality (Persons, All ages) New data	2016 - 18	—	172	7.4	7.8	10.8	27.3		3.9
Concurrent contact with mental health services and substance misuse services for alcohol misuse (Persons, 18+ yrs)	2016/17	—	136	44.9%	20.9%*	22.7%	-	Insufficient number of values for a spine chart	-
Incidence rate of alcohol-related cancer (Persons, 16+ yrs)	2016 - 18	—	905	36.35	36.36	37.77	48.48		28.43
Number in treatment at specialist alcohol misuse services (Persons, 18+ yrs)	2019/20	—	623	623	-	74213	-	-	-
Successful completion of alcohol treatment (Persons, 18+ yrs)	2019	↑	227	37.5%	34.2%	37.8%	17.0%		56.0%

● Better 95%
 ● Similar
 ● Worse 95%
 ● Lower
 ● Similar
 ● Higher
 ○ Not applicable

Rates of hospital admissions for alcohol-specific conditions in Suffolk are statistically significantly lower than England. However, recent trend data indicates that the number of admissions is increasing in Suffolk. In 2019-20 there were 3,400 admissions for alcohol-specific conditions in people of all ages.

Rates of alcohol-specific mortality are statistically significantly lower in Suffolk than England (a rate of 7.4 per 100,000 compared with 10.8 per 100,000). However, this still represents 172 deaths. In addition, 2019-20 data indicates a statistically significantly lower rate of adults in alcohol treatment services (1.0 per 1,000 population) than in England (1.7 per 1,000).

⁹³ House of Commons Library. Alcohol Statistics: England. 2021. [Accessed 21 December 2021.] <https://researchbriefings.files.parliament.uk/documents/CBP-7626/CBP-7626.pdf>

⁹⁴ PHE. Alcohol dependence prevalence in England. 2021. [Accessed 21 December 2021.] www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england

⁹⁵ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

2.9.3 Sexual health

Generally, Suffolk has lower rates of Sexually Transmitted Infections (STIs) than England, although there is variation at local authority level. In 2020, Ipswich had the highest rate of all new STI diagnoses at 833 per 100,000 population, higher than the England rate (562 per 100,000 population). Mid Suffolk had the lowest new STI diagnoses rate at 309 per 100,000, significantly below the England rate.

Similarly to England, the overall rate of STIs in Suffolk fell in 2020. This is likely to be due to the restrictions in movement and social distancing enforcements due to the pandemic, the disruption to sexual health services leading to fewer diagnoses, and changes in behaviour during the C-19 pandemic which may have reduced STI transmission. Suffolk has persistently had a lower rate of STIs than England as a whole.⁹⁶

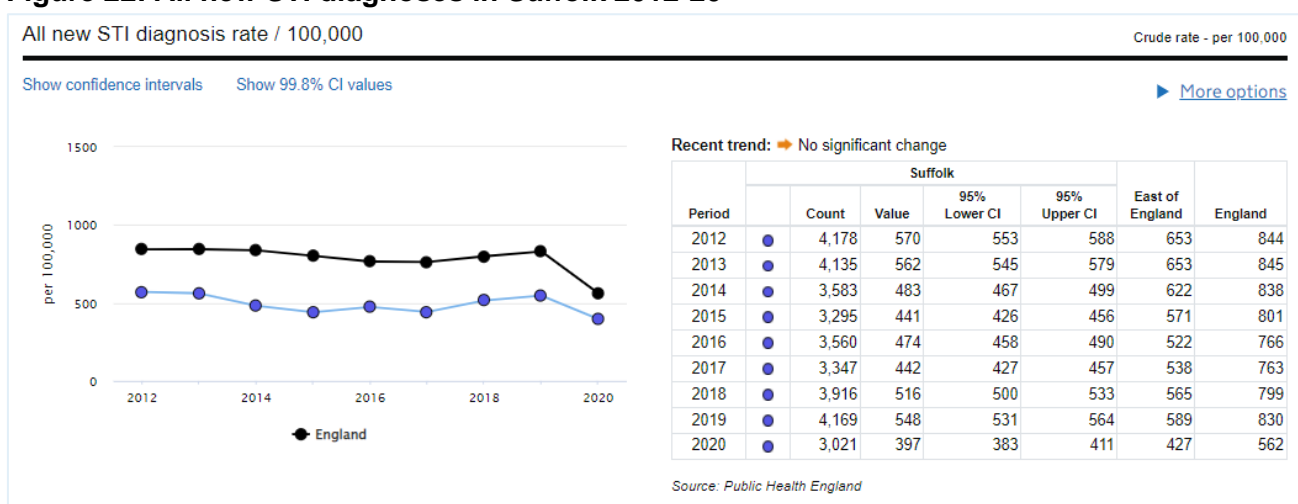
Table 40: All new STI diagnoses, rate per 100,000⁹⁷

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	→	317,901	562		560	564
Suffolk	→	3,021	397		383	411
Ipswich	→	833	613		572	656
West Suffolk	↑	787	444		413	476
East Suffolk	→	815	326		304	349
Mid Suffolk	→	324	309		276	345
Babergh	→	262	283		249	319

Benchmarks:

Lower Similar Higher Not compared

Figure 22: All new STI diagnoses in Suffolk 2012-20⁹⁸



Benchmarks:

Lower Similar Higher Not compared

⁹⁶ PHE. STI rates remain a concern despite fall in 2020. 2021. www.gov.uk/government/news/sti-rates-remain-a-concern-despite-fall-in-2020

⁹⁷ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

⁹⁸ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

Table 41: Selected STI diagnoses and prevalence population for Suffolk local authorities, 2020⁹⁹

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Genital herpes diagnosis rate / 100,000 (Persons, All ages)	2020	36.3	26.0	21.6	26.0	33.1	24.8	23.7
Genital warts diagnostic rate / 100,000 (Persons, All ages)	2020	48.6	29.8	21.6	26.0	42.7	24.8	32.7
Gonorrhoea diagnostic rate / 100,000 (Persons, All ages)	2020	101	36	18	36	65	22	32
Syphilis diagnostic rate / 100,000 (Persons, All ages)	2020	12.2	3.7	4.3	2.0	2.2	1.9	7.9
Chlamydia diagnostic rate / 100,000 (Persons, All ages)	2020	286	257	185	199	403	204	298
Chlamydia diagnostic rate / 100,000 aged 25+ (Persons, 25+ yrs)	2020	171	138	86	100	258	107	151
Chlamydia proportion aged 15 to 24 screened (Persons, 15-24 yrs)	2020	14.3	16.3	14.1	13.5	20.2	15.3	18.5
New HIV diagnosis rate per 100,000 aged 15 years and over (Persons, 15+ yrs) New data	2020	5.7	2.4	1.3	2.4	2.7	2.3	2.8
HIV diagnosed prevalence rate per 1,000 aged 15 to 59 (Persons, 15-59 yrs) New data	2020	2.31	1.12	0.74	0.96	1.74	0.85	1.16
			<2	2 to 5	≥5			
HIV late diagnosis (all CD4 less than 350) (%) (Persons, 15+ yrs) New data	2018 - 20	42.4	51.9	66.7*	38.5	47.6	75.0*	60.0
			<25%	25% to 50%	≥50%			

Compared with benchmark ■ Better ■ Similar ■ Worse

Rates of chlamydia diagnoses in persons over the age of 25 are statistically significantly higher in Ipswich than England, however, the all-age screening rate for chlamydia is also statistically significantly higher. The proportion of young people aged 15–24 screened for chlamydia in East Suffolk is statistically significantly lower than in England.

The proportion of people diagnosed with HIV at a late stage is above 50% in Suffolk, which is of concern. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a tenfold risk of death compared with those diagnosed promptly.

⁹⁹ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021]. <https://fingertips.phe.org.uk/>

2.9.4 Smoking

As of 2019, approximately 16.1% of the Suffolk population smoked, equating to 97,800 people. The percentage of current smokers in Suffolk is statistically similar to England, as are all districts and boroughs within Suffolk.¹⁰⁰

- The percentage of smokers is higher in routine and manual occupations, with a prevalence of 29.1% in Suffolk in these groups.
- The percentage of people that smoke is also higher in those with a long-term mental health condition, with a smoking prevalence of 22.4%.

In 2020-21 7.5% of females smoked at the time of delivery – equating to 463 pregnant mothers. This proportion has dropped significantly from 16.1% in 2010-11, however there is still room for further reduction.

Table 42: Smoking prevalence and smoking during pregnancy in Suffolk¹⁰¹

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Smoking Prevalence in adults (18+) - current smokers (APS) (Persons, 18+ yrs)	2019	13.9	16.1	10.5	17.4	20.7	12.0	16.0
Smoking status at time of delivery (Female, All ages)	2020/21	9.6	7.5	7.0	9.3	4.9	5.5	8.8

Compared with benchmark ■ Better ■ Similar ■ Worse

¹⁰⁰ PHE. Public Health Profiles. 2021. Accessed 15 December 2021. <https://fingertips.phe.org.uk/>

¹⁰¹ PHE. Public Health Profiles. 2021. Accessed 15 December 2021. <https://fingertips.phe.org.uk/>

Figure 23: Smoking attributable mortality in Suffolk, directly standardised rate per 100,000 population, 2017-19¹⁰²

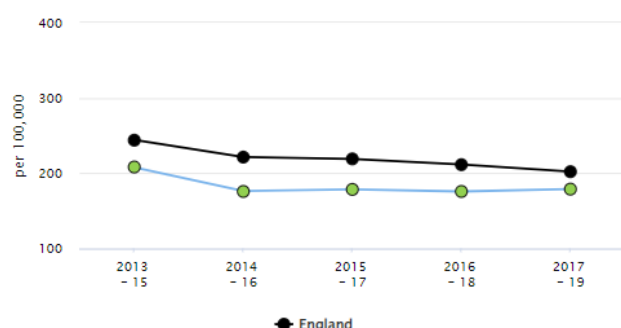
Smoking attributable mortality (new method).

Directly standardised rate - per 100,000

Show confidence intervals

Show 99.8% CI values

► More options



Recent trend: Could not be calculated

Period	Suffolk				East of England	England
	Count	Value	95% Lower CI	95% Upper CI		
2013 - 15	3,108	207.9	200.6	215.4	218.3	244.2
2014 - 16	2,689	176.4	169.8	183.2	196.2	221.4
2015 - 17	2,778	178.5	171.9	185.3	196.9	219.1
2016 - 18	2,797	175.8	169.3	182.5	190.4	211.8
2017 - 19	2,912	178.9	172.4	185.5	184.8	202.2

Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physicians Report 'Hiding in Plain Sight'.

Compared with benchmark Better Similar Worse

Smoking attributable mortality is persistently statistically significantly lower in Suffolk than England. However, there were still nearly 3,000 deaths attributable to smoking in Suffolk residents between 2017 and 2019.

2.9.5 Oral health

Oral health data indicates that across Suffolk, children aged 5 had statistically significantly lower percentages of visually obvious decay. Overall, 15.7% of Suffolk 5-year-olds had visually obvious decay in 2018-19 compared with 23.4% for England.

Data for 2019-20 indicates that the mean decayed missing or filled teeth for 3-year-olds was 0.09, lower than England (0.31).

The all-age mortality rate from oral cancer in Suffolk was statistically similar to the England rate in 2017-19.

Table 43: Oral health summary for Suffolk¹⁰³

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Mortality rate from oral cancer	2017 - 19	4.7	4.0	2.9	3.9	4.5	4.5	4.0
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	23.4	15.7	11.6	19.2	14.8	7.5	18.1

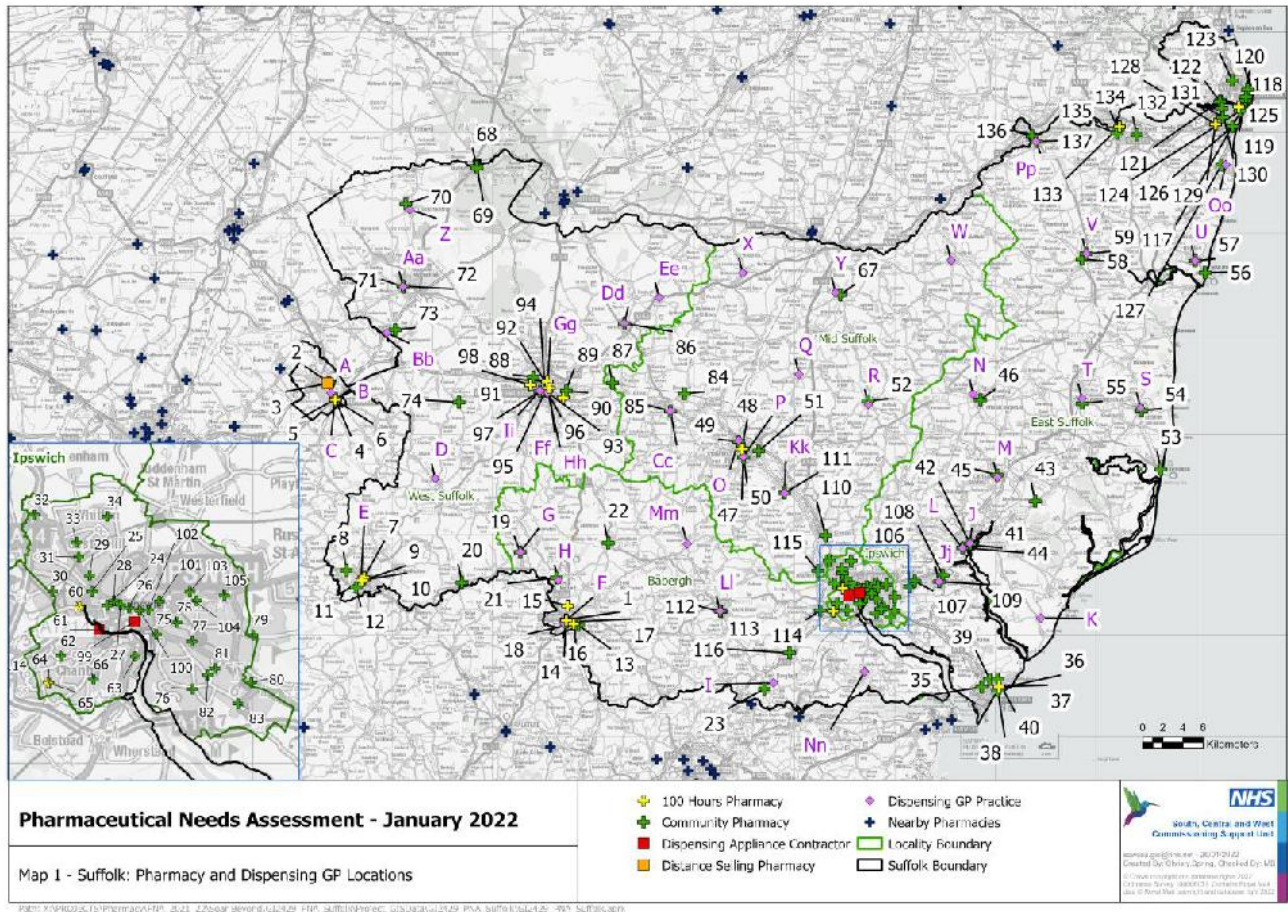
Compared with benchmark Better Similar Worse

¹⁰² PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

¹⁰³ PHE. Public Health Profiles. 2021. [Accessed 15 December 2021.] <https://fingertips.phe.org.uk/>

Section 3: NHS pharmaceutical services provision, currently commissioned

Figure 24: All contractors in Suffolk



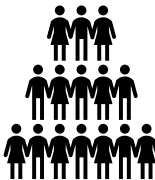


There are a total of 178 contractors in Suffolk

- 117 x 40-hour community pharmacies
- 16 x 100-hour community pharmacies
- 1 x DSP
- 2 x DAC
- 42 x Dispensing GP practices

The total number of community pharmacies includes DSP where relevant.

3.1 Community pharmacies

134 community pharmacies in Suffolk which includes 1 DSP 	761,246 population of Suffolk 	17.6 pharmacies per 100,000 population* 
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Correct as of 30 June 2022

In England during the C-19 pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.¹⁰⁴

Since the previous PNA was published in 2018, there has been a decrease in the number of community pharmacies in Suffolk from 145 to 134. Four of these were due to consolidations that were approved and did not result in a gap. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. In addition to the 135 community pharmacies, Suffolk has 42 dispensing GP practices providing pharmaceutical services. Combining these, Suffolk has an average of 23.1 community pharmacies and dispensing GP practices per 100,000 population. This has decreased from 25.2 in the 2018 PNA. The East of England average has also decreased to 19.4 from the previous 20.4 community pharmacies per 100,000 population.

Populations may also find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas: Cambridge (16.3), Essex (17.5) and Norfolk (17.3).

Table 44 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Suffolk is well served with community pharmacies and comparable to the East of England and national averages.

Table 44: Number of community pharmacies per 100,000 population

	England	East of England	Suffolk
2020-21	20.6	19.4	17.6
2019-20	21.0	21.6	18.4
2018-19	21.2	20.4	19.5

Source: ONS Population

¹⁰⁴ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

The public questionnaire details the perception of access to community pharmacies and the services they provide ([Section 5](#)). The full results of the pharmacy user questionnaire are detailed in [Section 5](#).

Table 45 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.

Table 45: A breakdown of average community pharmacies per 100,000 population

Locality	No of community pharmacies (Dec 2021)	Total population (ONS mid year 2020)	Average number of community pharmacies per 100,000 population
Babergh	14	92,735	15.1
East Suffolk	46	250,373	18.4
Ipswich	30	135,979	22.1
Mid Suffolk	13	104,857	12.4
West Suffolk	31	177,302	17.5
Suffolk (2022)	134	761,246	17.6
East of England (2021)	1,216	6,269,161	19.4
England (2021)	11,636	56,760,975	20.6

* Data includes DSPs, which do not provide face-to-face services

As stated earlier, when combined with the dispensing GP practices the average rate increases to 23.3 community pharmacies and dispensing GP practices per 100,000 population.

[Section 6.2](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#).

3.1.1 Choice of community pharmacies

Table 46 shows the breakdown of community pharmacy ownership in Suffolk. The data shows East of England pharmacy ownership is at similar levels to those seen in the rest of England, whereas Suffolk has a higher percentage of independent pharmacies compared with nationally, with no one provider having a monopoly in any locality. People in Suffolk therefore have a good choice of pharmacy providers.

Table 46: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)
England	60%	40%
East of England	56%	44%
Suffolk (2022)	41%	59%

3.1.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 47 shows the percentage of Suffolk pharmacies open for 100 hours or more compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends.

Table 47: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
East of England (2020-21 data)	121 (10.0%)
Suffolk (2022)	16 (12.0%)
Babergh	2 (14%)
East Suffolk	4 (8.7%)
Ipswich	2 (6.7%)
Mid Suffolk	1 (7.7%)
West Suffolk	7 (23.3%)

3.1.3 Access to community pharmacies

Community pharmacies in Suffolk are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekend.

A previously published article¹⁰⁵ 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

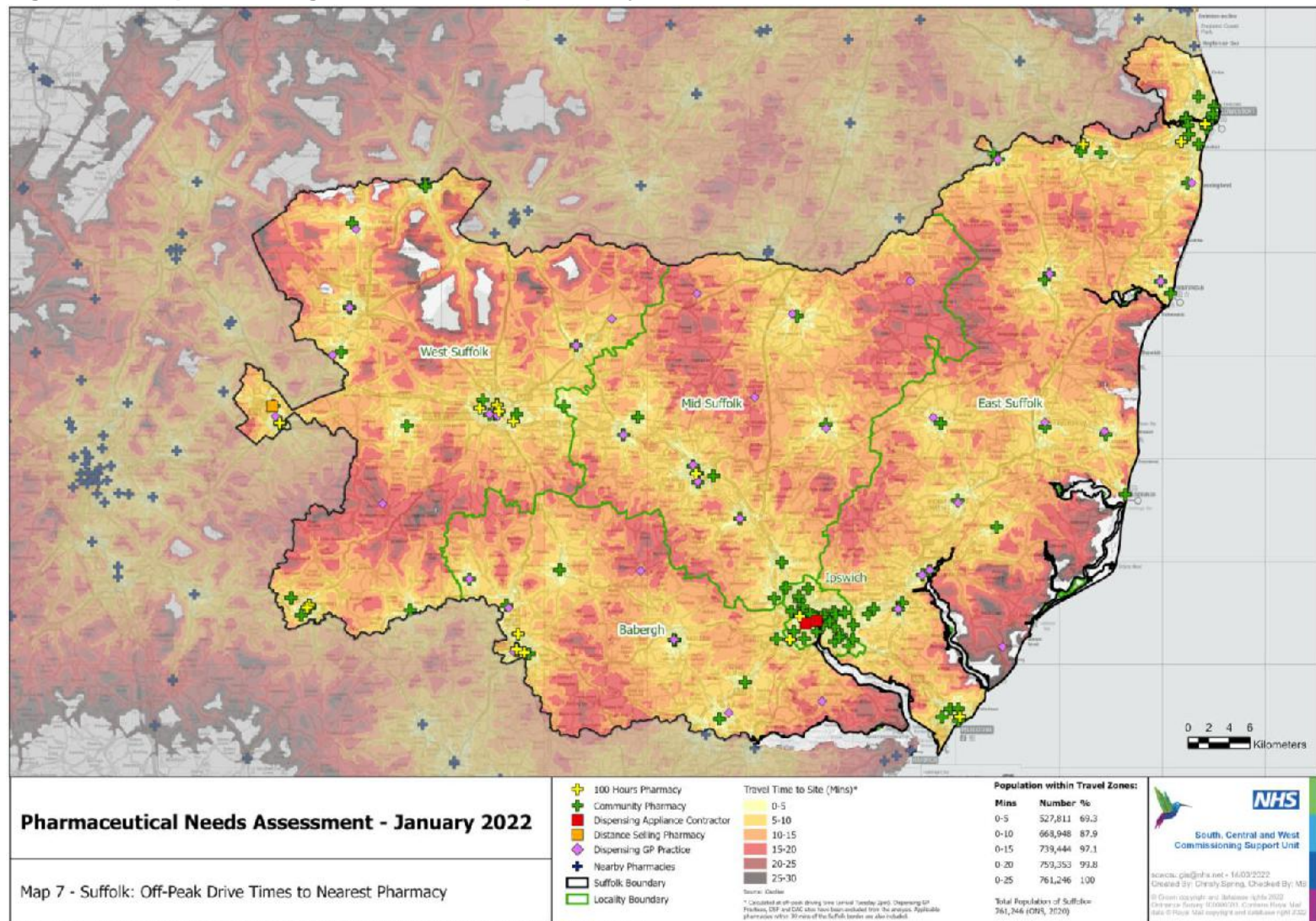
The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Suffolk and opening hours can be found in Appendix A.

¹⁰⁵ 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>

3.1.3.1 Routine daytime access to community pharmacies

Figure 25: Off-peak driving times to nearest pharmacy*



*Please note that North Street Pharmacy closed due to consolidation with another existing site

Figure 26: Peak driving times to nearest pharmacy

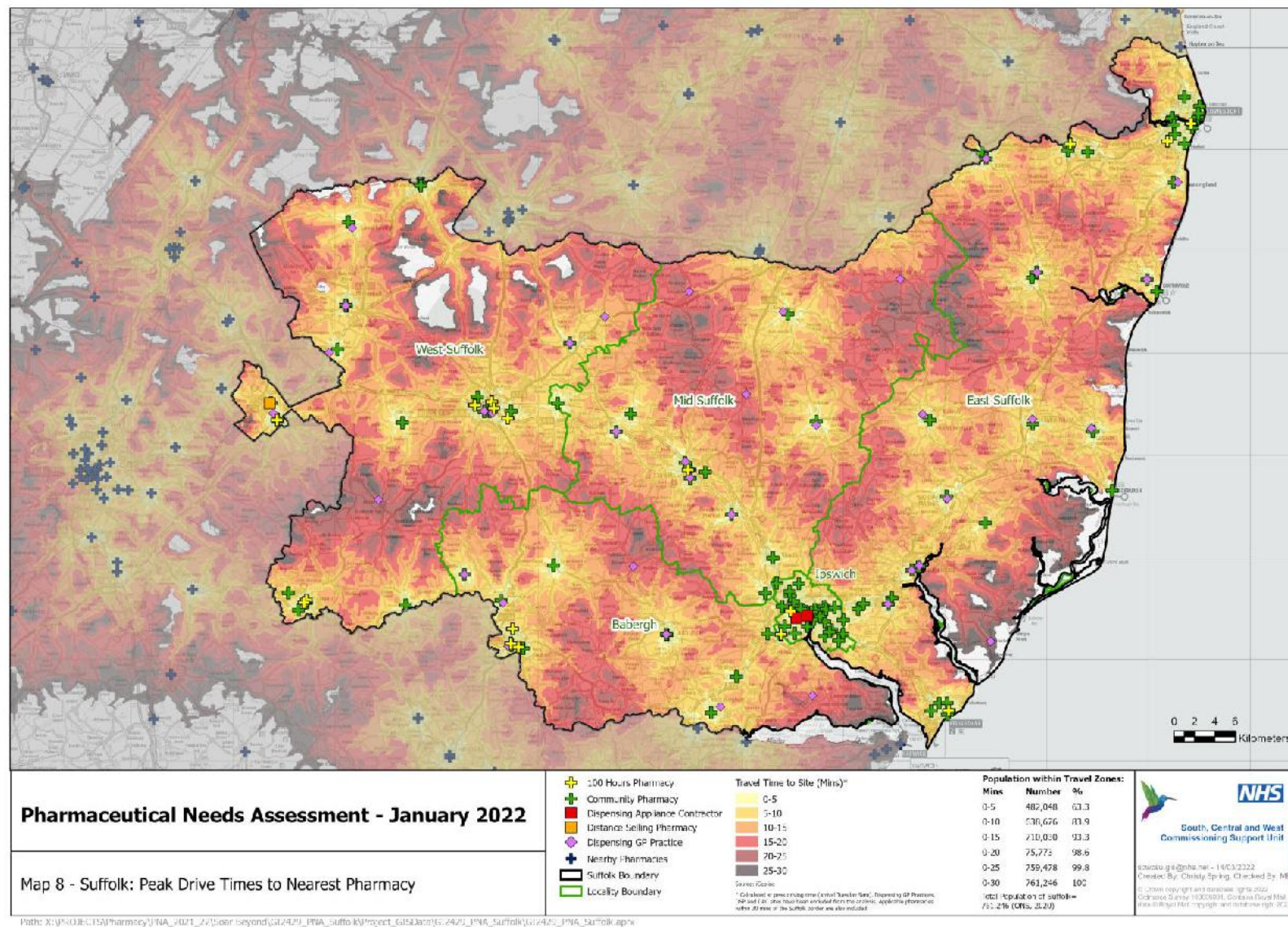


Figure 27: Public transport times to nearest pharmacy (am)

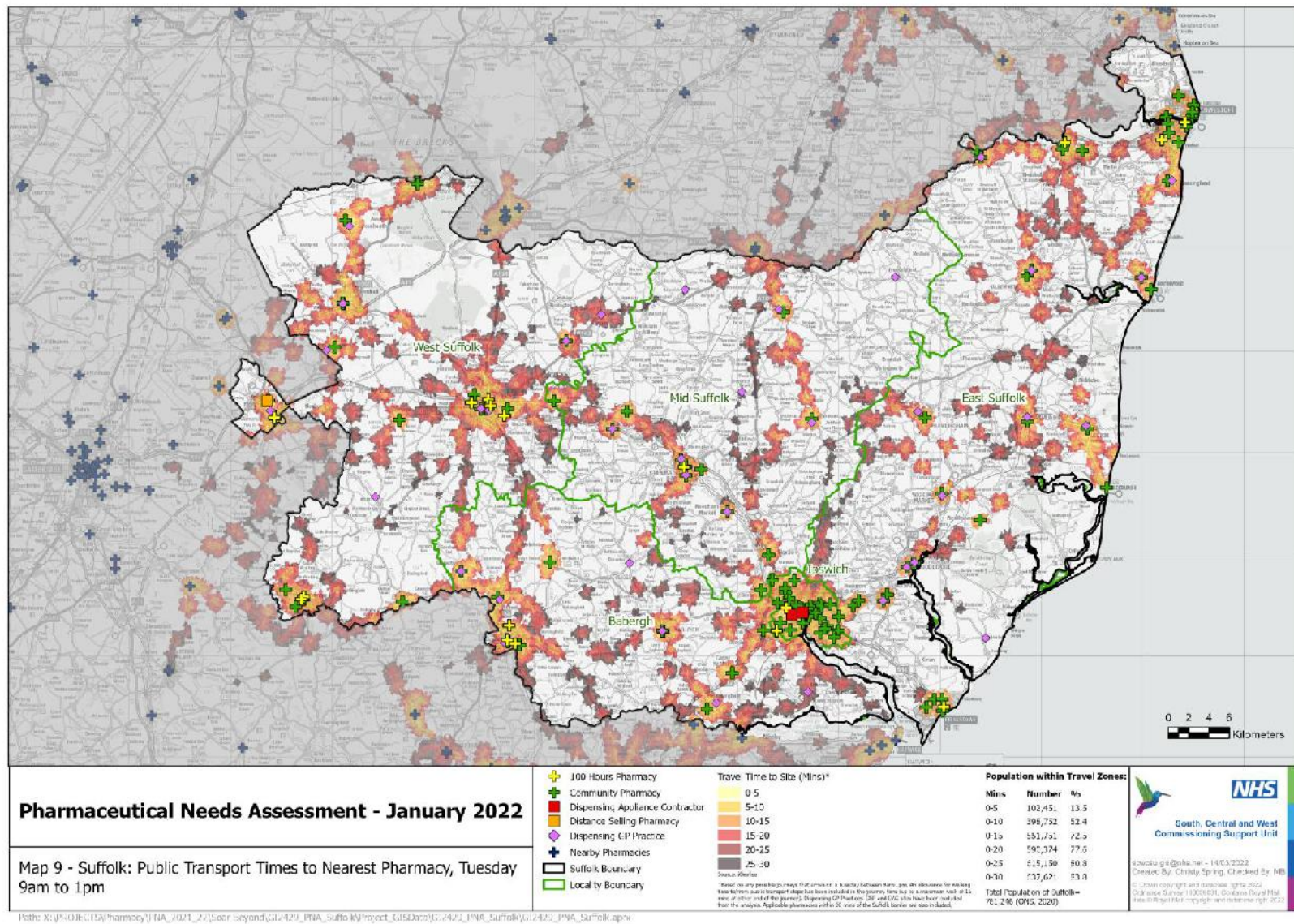


Figure 28: Public transport times to nearest pharmacy (pm)

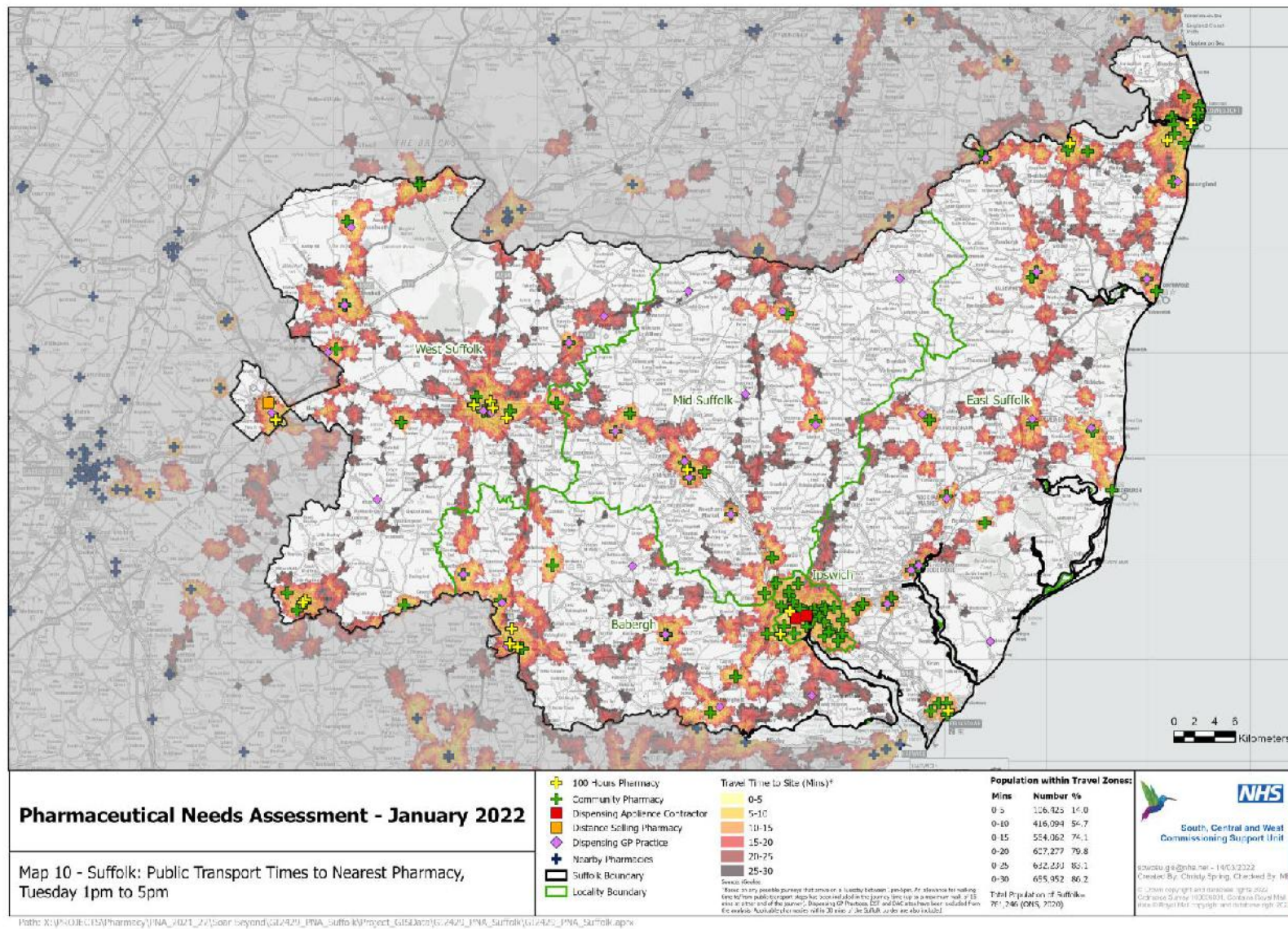
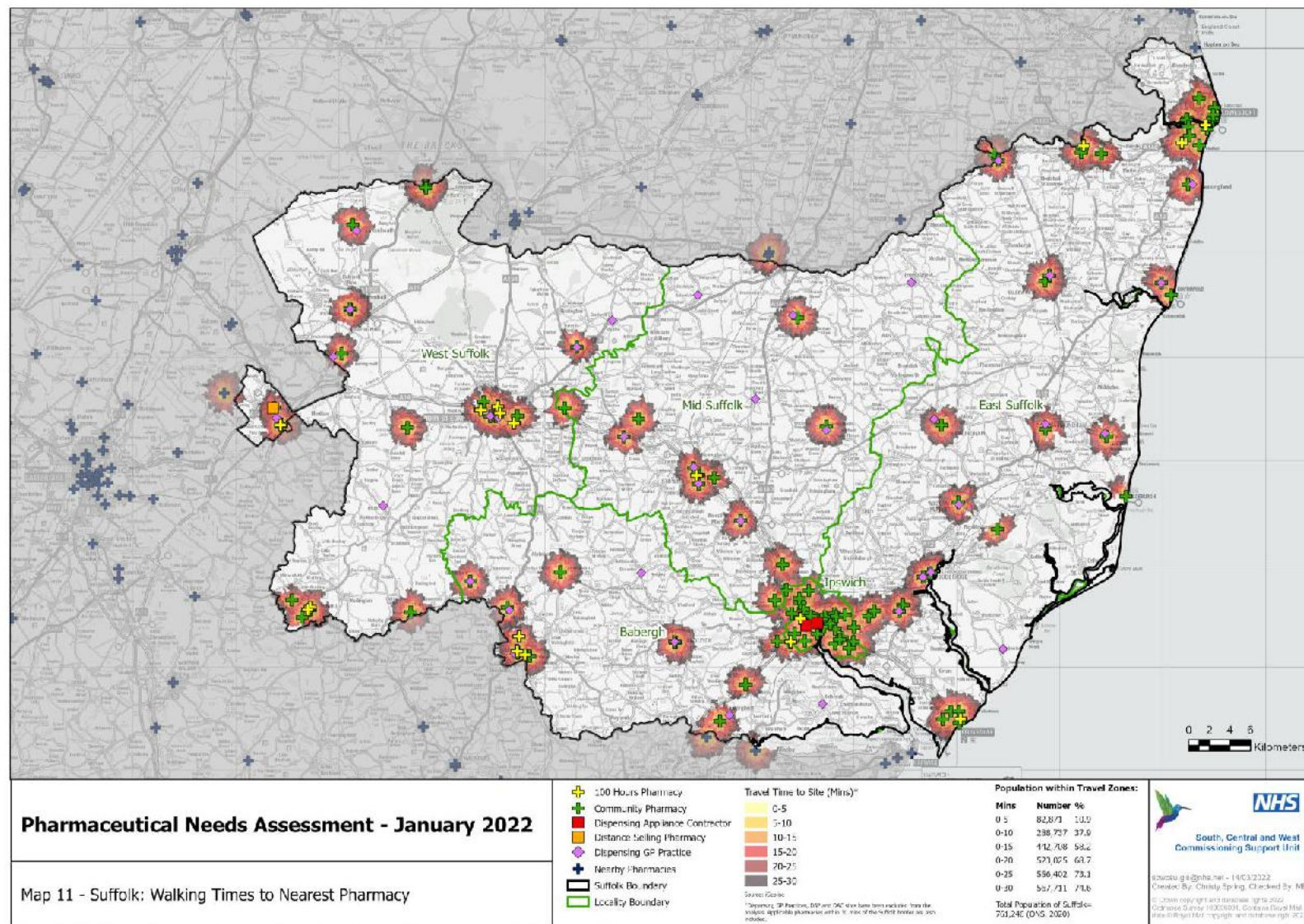


Figure 29: Walking times to nearest pharmacy



Travel-time analysis has been used to derive the areas from within which it is possible to access pharmacies within specified time limits. This analysis was based on the pharmacies within the study area and also included pharmacies that are outside of the area but could potentially be accessed by residents within the study area. This analysis incorporated community pharmacies (including 100-hour pharmacies) and excluded dispensing GP practices, DACs and DSPs.

The travel analysis incorporates the road network, public transport schedules and prevailing traffic conditions and was carried out to model pharmacy accessibility based on driving by car (during peak and off-peak hours) and by public transport (during am and pm) and also by walking.

The areas from where a pharmacy can be reached within the stated conditions are presented as shaded zones in the maps. The colour used in the shading on the map corresponds to the time required to travel to a pharmacy from within that area. If an area is not shaded in the map, it would take greater than the allocated upper time limit to access any of the pharmacies included in the analysis (or is inaccessible using the travel mode in question).

A point dataset containing the ONS mid-term population estimate (2020) at Census Output Area (COA) level was then overlaid against the pharmacy access zones. The population points that fall within the pharmacy access zones were identified and used to calculate the numbers and percentages of the resident population within the study area who are able to access a pharmacy within the stated times. These calculations are also presented in the maps.

Please note that the COA population dataset represents the location of approximately 125 households as a single point (located on a population-weighted basis) and is therefore an approximation of the population distribution. Also, the travel-time analysis is modelled on the prevailing travel conditions and actual journey times may vary. The population coverage should therefore be viewed as modelling rather than absolutely accurate.

In summary:

- Walking: 68.7% of the population can walk to a pharmacy within 20 minutes (74.6% within 30 minutes)
- Driving off-peak: 99.8% of the population can drive to a pharmacy within 20 minutes (100% within 25 minutes)
- Driving at peak: 98.6% can reach a pharmacy within 20 minutes (100% within 30 minutes)
- Public transport: Approximately 78% can reach a community pharmacy within 20 minutes (afternoon is faster than morning); up to 86.2% of people can reach a pharmacy within 30 minutes

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in Table 48. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 48 where at least 1 in 5 or more are open beyond 6.30 pm in each locality

Table 48: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Suffolk	24%	85%	26%
Babergh	21%	79%	29%
East Suffolk	24%	89%	20%
Ipswich	20%	80%	17%
Mid Suffolk	23%	92%	23%
West Suffolk	30%	87%	40%

3.1.3.3 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, 85% are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.1.3.4 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 are open on Sundays than any other day in Suffolk. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.1.3.5 Routine bank holiday access to community pharmacies

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

NHSE&I has commissioned an Enhanced Service to provide coverage over Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days.

3.1.4 Advanced Service provision from community pharmacies

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services in Table 49. Details of individual pharmacy providers can be seen in Appendix A.

Note: Since time of writing, the community pharmacy C-19 LFD distribution service stopped on 1 April 2022, and C-19 medicine delivery service stopped on 5 March 2022, at 23:59, and have therefore not been included in the table.

Table 49: Providers of Advanced Services in Suffolk (2021-22): percentage of community pharmacy providers by locality (number of pharmacies)

	Babergh (15)	East Suffolk (46)	Ipswich (30)	Mid Suffolk (13)	West Suffolk (30)
NMS	100%	80%	67%	100%	94%
Community pharmacy seasonal influenza vaccination	93%	61%	75%	46%	100%
CPCS*	87%	93%	72%	77%	97%
Hypertension case-finding service	47%	50%	47%	54%	30%

* This includes CPCS and GP CPCS consultations

There is no data on AUR, SAC, or community pharmacy hepatitis C antibody-testing service (currently until 31 March 2023). The hepatitis service has had a very low uptake nationally.

The information in Table 49 provides detail of the recorded activity of Advanced Service delivery in Suffolk from August to October 2021. It must be stressed that the impact of the C-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

[Section 6.3](#) 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.

Data supplied from NHSE&I has been used in Table 50 to demonstrate how many are actually providing these Advanced Services across the area.

Table 50: Advanced Service provision: percentage of providers currently providing

	England	East of England	Suffolk
NMS*	82%	85%	63%
Community pharmacy seasonal influenza vaccination (31 March 2021 data)	84%	85%	84%
CPCS and GP CPCS*	33%	41%	43%
Hypertension case-finding service**	5%	4%	1%
Community pharmacy hepatitis C antibody testing service*	0%	0%	0%
AUR*	1%	0.4%	0.7%
SAC*	11%	9%	3%

Source: NHS Business Service Authority (BSA) Dispensing Data

* Data taken from average of 3 months from August to October 2021

** Data taken from NHS BSA Nov 2021 dispensing data

Appendix A lists those community pharmacies who have provided these services as of 14 January 2021.

Table 50 provides information on the providers that currently provide Advanced Services across Suffolk, based on the period August to October 2021. This activity will have been affected by the C-19 pandemic and may not therefore be an accurate reflection of the actual activity.

Table 50 shows Advanced Services are used, but information is skewed due to the pandemic. New services such as CPCS are in place, but data shows low uptake nationally, based on referrals into the service.¹⁰⁶ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.¹⁰⁷

The new hypertension case finding service started in October 2021. Activity data is still low nationally, regionally and in Suffolk.

To date, there has been no data recorded on the use of community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally). There was a delay in introducing these services due to the C-19 pandemic.

There has been low recorded provision of the AUR service from community pharmacy providers in Suffolk up until October 2021. The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and five community pharmacy or DAC providers (0.4%) in the East of England in 2020-21.

¹⁰⁶ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

¹⁰⁷ Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHS E&I ([Section 6.4](#)). Therefore, any Locally Commissioned Services (LCS) commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

There are currently three Enhanced Services commissioned in Suffolk.

- Delivery of the C-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic
- A contraceptive pilot has been commissioned as an Enhanced Service as part of the pharmacy integration fund: details of pharmacies signed up can be found in Appendix A
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers so patients can easily access medication if required.

3.2 Dispensing Appliance Contractors (DACs)

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 community pharmacy contractor questionnaire received 37 responses to this question and 20 of them reported that they provide stoma and/or incontinence appliances. It is difficult to extrapolate this data over the 135 community pharmacies in Suffolk.

There are two DACs in Suffolk:

- Charles S Bullen Stomacare Ltd, 46 Compair Crescent, Ipswich IP2 0EH
- Fittleworth Medical Ltd, 25 Lower Brook Street, Ipswich IP4 1AQ

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 were 112 DACs in England in 2020-21.

3.3 Distance-Selling Pharmacies (DSPs)

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

It is therefore likely that patients in Suffolk will be receiving pharmaceutical services from a DSP outside Suffolk HWB area. There is one DSP in Suffolk, which has opened since last 2018 PNA.

- Pharmacy2Go, 6 Lyndon House, 8 King's Court, Newmarket CB8 7SG

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. From 2018 to 2021, average items dispensed per month from DSPs nationally has increased by 16%.

3.4 Local Pharmaceutical Service (LPS) providers

There are no LPS pharmacies in Suffolk.

3.5 Dispensing GP practices

There are 42 dispensing GP practices in Suffolk, which is the same as in the 2018 PNA.

3.6 PhAS Pharmacies

There are 25 PhAS pharmacies in Suffolk, which are listed in Appendix A.

3.7 Pharmaceutical service provision provided from outside Suffolk HWB area

Suffolk is bordered by three other HWB areas: Cambridge, Norfolk and Essex. As previously mentioned, like East of England, Suffolk has good transport links even to the rural areas. As a result, it is anticipated that many residents in Suffolk will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

For some residents, the nearest provider of pharmaceutical services may be across the border in a neighbouring HWB area. Given the largely rural nature of Suffolk, many residents will be familiar with significant travel times, particularly in the evenings and at weekends, to access other services such as a supermarket.

It is not practical to list here all those pharmacies outside Suffolk area by which Suffolk residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Suffolk area boundaries and are marked in Figure 24. Further analysis of cross-border provision is undertaken in [Section 6](#).

A sample of some of the community pharmacies within easy access of Suffolk locality borders providing services are listed in Appendix B.

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

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

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

The services commissioned in Suffolk are described below and in [Section 6](#). Those commissioned from community pharmacy contractors in Suffolk are listed in Table 51.

Table 51: Commissioned services from community pharmacies in Suffolk

Commissioned service	CCG-commissioned service	LA-commissioned service
Chlamydia screening for 15–24-year-olds		X
Chlamydia treatment		X
NHS Health Checks		X
Emergency Hormonal Contraception (EHC)		X
Smoking cessation		X
Needle exchange		X
Supervised consumption		X
In-hours on-demand anticipatory medicines service (palliative care)	X	
Emergency supply	X	
Palliative care service	X	

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

SCC commissions seven services from community pharmacies:

- Chlamydia screening
- Chlamydia treatment
- NHS Health Checks
- Emergency Hormonal Contraception (EHC) service
- Smoking cessation
- Needle Exchange
- Supervised consumption

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

4.2 Clinical Commissioning Group (CCG)-commissioned services

West Suffolk CCG and Ipswich and East Suffolk CCG currently commissions one service in Suffolk:

- Immediate Access to End of Life (EoL) Medicines (palliative care)

Norfolk and Waveney CCG commissions two services:

- Emergency supply
- Palliative care service

A full list of community pharmacy providers is listed in Appendix A.

CCGs are to be replaced by ICBs as part of ICSs. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from 2023 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services.

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix E, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they would be willing to provide services if commissioned.

A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix K.

4.4 Collection and delivery services

From the pharmacy contractor questionnaire and dispensing GP practice questionnaire, up to 67% of community pharmacies and 88% of dispensing GP practices provided free home delivery services on request. Both groups often noted restrictions on areas and/or to which specific patient groups they offered free delivery. It should be noted 23 (of 135) community pharmacies and 7 (of 42) dispensing GP practices responded to this question.

Of pharmacies who responded, 78% offer to collect prescriptions from GP surgeries on behalf of their patients. This is a decrease from 100% of respondents willing to provide this service in 2018. The number may also have decreased due to the increase in the Electronic Prescription Service (EPS).

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 372 throughout England. Free delivery of appliances is also offered by DACs. There are two DACs based in Suffolk providing services nationally and there are a further 110 throughout England.

4.5 Provision of services to nursing and residential care homes

Elderly patients require proportionally more medicines than younger people. Results from the pharmacy contractor questionnaire indicate that currently very few provide a service to care homes commissioned via the CCG or LA, but 61% indicate they would be willing to provide if commissioned.

4.6 Domiciliary services

It is estimated that between 3,000 and 5,000 SCC residents are considered housebound. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need.

4.7 Language services

There were only nine responses to the language question in the contractor questionnaire. The most common responses were Gujarati (3), Russian (3), Hindi (2), Polish (2) and Romanian (2). It is not possible to make any conclusions from this data.

All community pharmacies in Suffolk can access interpreting and translation services, commissioned by NHSE&I. 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.

The providers are DA Languages for spoken languages and Language Empire for non-spoken languages. Summary of availability for bookable appointments is below:

Table 52: Language services

	Spoken	Non-spoken
Face to face	08:00 and 18:00 Monday to Friday of each week and on bank holidays and weekends	08:00 and 18:00 Monday to Friday of 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

4.8 Services for less-abled people

Under the Equality Act 2010,¹⁰⁸ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. The low number of responses to the contractor questionnaire make any analysis regarding access for less-abled people difficult.

Eight respondents (1%) identified wheelchair or mobility scooter as their method of travel to a pharmacy. Of the 41 responses identifying a difficulty travelling to a pharmacy, only two reported access issues, although in the comments section access was mentioned 12 times.

¹⁰⁸ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

4.9 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS. In the public questionnaire, 87% of respondents reported that their GP can send prescriptions to their chosen pharmacy via an EPS.

4.10 GP practices providing extended hours

There are a number of GP practices in Suffolk that provide extended hours. Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. The most common late opening evening is a Monday and usually the latest opening time is 8 pm. No dispensing GP practices are open on Sunday and 12 (of 42) are open on a Saturday morning. Details may be found in Appendix A.

4.11 Other services provided by dispensing GP practices

Although not listed as a pharmaceutical service within the Pharmaceutical Regulations 2013, Dispensing Review of Use of Medicines (DRUMs) may be provided by a dispensing GP practice which has opted to provide the Dispensing Services Quality Scheme (DSQS). The DSQS is an optional service commissioned by NHS England for dispensing GP 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. There are 36 (86%) dispensing GP practices who have signed up for the DSQS in Suffolk.

4.12 Other providers

The following are providers of pharmacy services in Suffolk but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS Hospitals – pharmaceutical service provision is provided to patients by the hospitals:

- Ipswich Hospital, Heath Road, Ipswich IP4 5PD
- West Suffolk Hospital, Hardwick Lane, Bury St Edmunds IP33 2QZ

From outside HWB area:

- James Paget University Hospitals NHS Foundation Trust, Lowestoft Road, Gorleston, Great Yarmouth NR31 8LA

Prisons – 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

Pharmacy services are built into the integrated prison healthcare contract NHSE&I contracts with a prime provider, who then either directly delivers or more commonly subcontracts pharmacy provision. HMP Highpoint (North and South) has an on-site pharmacy and there is a healthcare/pharmacy team, whereas external providers supply all medications to HMP and YOI Hollesley Bay and HMP Warren Hill. (There is a healthcare/pharmacy team at HMP and YOI Hollesley Bay and HMP Warren Hill.)

Minor injury units and walk-in centres – residents of Suffolk have no access to a walk-in centre, but there is a minor injuries unit:

- Felixstowe Minor Injuries Unit, Felixstowe General Hospital, Constable Road IP11 7HJ

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

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

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

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately-run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- Patient Group Direction (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 (Appendix D) and compiled by SCC PNA Steering Group. This was circulated to a range of stakeholders listed below:

- All pharmacy contractors in the SCC area, to distribute a link to the survey via a business-card-sized flyer directing the public to the survey
- All GP practices in the SCC area, to distribute to the public via business-card flyer
- All libraries in Suffolk, to distribute to the public via business-card flyer
- Healthwatch Suffolk, for onward distribution to its members and participation groups
- Social media and websites
- Paid advertisements in local paper
- Internal communication newsletters

From the 555 responses received from the public questionnaire:

5.1 Visiting a pharmacy

- 90% have a regular or preferred pharmacy
- 78% describe the service as Good or Excellent (only 37 respondents (7%) identified the service from their pharmacy as Poor)
- 64% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 15.5% have used an internet pharmacy to obtain a prescription medicine

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents
Close to home	76%
Close to GP surgery	46%
Staff friendliness	56%
Efficiency of staff	45%
Availability of medication	41%

5.3 Mode of transport to a community pharmacy

The main way reported is that patients access a pharmacy by car, with 63% using this method. The next most common method is to walk (28%). In the public questionnaire no one ticked the box to say that they use public transport.

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
99%	87%

- 92% report no difficulty in travelling to a pharmacy
- Of the 8% reporting any difficulty (41 respondents), 27% (11) of them report difficulty in travelling to a pharmacy due to parking; 20% (8) suggest that the distance to or the location of the pharmacy was a problem; 4 respondents (10%) stated that there was no public transport
- There were only 6 respondents (1%) who stated that it took longer than 30 minutes to get to a pharmacy (To note, in Figures 25 and 26 analysis shows that 100% of residents in Suffolk are able to get to a pharmacy within 30 minutes during peak and off-peak driving times)

5.5 Preference for when to visit a pharmacy

The information from respondents showed that there was no preferred day or time of day to visit a pharmacy. Of note: over 90% of respondents suggest that the pharmacy is open when they need it.

5.6 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (over 90%), with the exception of the DMS (38%). However due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware due to the lack of need or perceived need.

Table 53 shows the awareness of respondents for each service and a second column that identifies the percentage that would wish to see the service provided.

Table 53: Awareness of Advanced Services

Advanced Service	% of respondents who were aware	% of respondent who would wish to see provided
DMS	38%	50%
C-19 LFT distribution	80%	86%
CPCS	29%	67%
Flu vaccination	81%	83%
NMS	29%	59%
Needle exchange	29%	47%
Smoking cessation Advanced Service	54%	55%
Supervised consumption	29%	43%
Sexual health services	36%	58%
Access to palliative care medicines	26%	78%
Hepatitis C testing	10%	45%
C-19 vaccination	56%	79%

It can be seen that there is a lack of awareness of some of the services that are currently provided, with the exception of flu vaccination and LFT distribution. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy although specific need may vary within the community (e.g. not everyone would require a needle exchange service).

A full copy of the results can be found in Appendix J.

Table 54 provides some demographic analysis of respondents.

Table 54: Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)						
Male				Female		
23%				76%		
Age (%)						
16–24	25–34	35–44	44–54	55–64	65–74	75+
0.8%	6.8%	9.8%	16.3%	23.8%	26.2%	16.3%
Illness or disability (%)?						
Yes				No		
23.1%				76.9%		

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

[Section 2](#) discusses the SCC JSNA and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services in the Suffolk HWB area. Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements in the NHS CCPF that were introduced during the C-19 pandemic. The changes were agreed by the Pharmaceutical Services Negotiating Committee (PSNC) with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services are temporary with the Advanced Services due to stop, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population. It should also be recognised that there was a significant increase in the demand for self care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.¹⁰⁹

At present it is not clear what shape services locally commissioned by CCG will take in the long-term future. The development of the ICS across Suffolk and Waveney (covered by Norfolk & Waveney ICS) will conceivably lead to an alignment of these LCS across the ICS areas.

6.1.1 Suffolk health needs

Causes of ill health in Suffolk are discussed in detail in [Section 2.8](#). Some of the key areas are as follows:

- There is a statistically significant higher prevalence of hypertension, CHD, AF, stroke and heart failure in Suffolk when compared with England averages.
 - Hypertension averages in Suffolk are over 15.5% of the population compared with the England average of 13.9%.
 - Admissions for CHD in West Suffolk and Norfolk and Waveney CCGs are statistically significantly higher than England.
 - The proportion of adults that are overweight or obese is statistically significantly higher in Babergh (69.1%) than England (62.8%).

¹⁰⁹ PSNC. Pharmacy Advice Audit: 2022 Audit. June 2022. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- There are higher rates of diabetes in Mid and West Suffolk than the England average.
- Suffolk has very good cancer screening rates when compared with England.
 - Ipswich does have a higher SMR for all cancers compared with England.
- The average prevalence of asthma for Suffolk is 7.2%; higher than England (6.4%).
 - Hospital admissions for asthma in patients under the age of 19 are significantly higher than the England average (280.2/100,000 versus 158.3/100,000); this at the highest level in West Suffolk.
- Deaths at home are also statistically significantly higher in Suffolk compared with England, with the proportion of deaths in hospital statistically significantly lower. In Suffolk the proportion of home deaths versus those in hospital is higher than the national average, which is good for patients and family. Having a service that ensures access to palliative care medicines would be an important part of this health need.
- Generally, Suffolk has lower rates of STIs than England, although Ipswich has a higher rate. There are some aspects of sexual health that could improve:
 - The proportion of people diagnosed with HIV at a late stage is above 50% in Suffolk, which is of concern. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a tenfold risk of death compared with those diagnosed promptly.
 - Chlamydia screening in 15–24-year-olds in East Suffolk is low when compared with the England average.
- Over half (54%) of opiate and crack cocaine users are not in treatment, which is an ongoing national problem. The availability of community pharmacies with their opening hours and position in the community can be a good point of access for healthcare services in this group of patients.
- The older population in Suffolk is growing, most notably those 65 and over, who will make up over 30% of the population by 2035. This growth will have accompanying health needs.

Medicines adherence and review is vital for the successful management of many long-term conditions, e.g. circulatory diseases, mental health and diabetes, therefore having a positive impact on morbidity and mortality. Disease-specific guidance, e.g. from NICE, regularly emphasises the importance of medicine optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

6.1.2 Suffolk Joint Health and Wellbeing Strategy (JHWS)

This is discussed in detail in [Section 2](#). The following summarises the key priorities.

The most recent refresh of the JHWS (2019-22) is based on four principles:

- Prioritising prevention
- Promoting resilient communities
- Working well together
- Reducing health inequalities

6.1.3 Priorities from the NHS Long Term Plan (LTP)

LTP priorities that can be supported from community pharmacy:

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

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. **The CPCS** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

‘Pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients in taking their medicines to get the best from them, reducing waste and promoting self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check** and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP 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. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

6.2 Essential Services

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

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

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service (DMS)

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, CVD or respiratory.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target 'at-risk' groups in the local population to promote understanding and access to screening programmes, e.g. men in their forties for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The C-19 pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care, to improve the health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Suffolk JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services in the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect to the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals

ES7: From 15 February 2021, NHS trusts were 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&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out in the Pharmaceutical Regulations 2013 and includes:

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

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

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.

6.3 Advanced Services

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

There are several Advanced Services within the NHS CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Suffolk can be seen in [Section 3.1.4](#) and later in this section by locality.

- A1: Appliance Use Review (AUR)
- A2: Stoma Appliance Customisation (SAC)
- A3: C-19 LFD distribution service (Stopped 1 April 2022)
- A4: Pandemic delivery service (Stopped 5 March 2022, at 23:59)
- A5: Community Pharmacist Consultation Service (CPCS)
- A6: Flu vaccination service
- A7: Hepatitis C testing service
- A8: Hypertension case-finding service
- A9: New Medicine Service (NMS)
- A10: Smoking Cessation Advanced Service

Although the teering grGoup has determined that Advanced Services are relevant but not Necessary Services, Suffolk HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term condition management.

A.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

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

A.2 Stoma Appliance Customisation (SAC)

The 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. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

A.3 and A.4 Services provided to give support during the C-19 pandemic

From 16 March 2021, people who were notified of the need to self-isolate by NHS Test and Trace were able to access support for the **delivery of their prescriptions from community pharmacies**.

C-19 LFD distribution service, which pharmacy contractors could choose to provide, as long as they met the necessary requirements, aims to improve access to C-19 testing by making LFD test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

Since 24 February 2022, the government is easing C-19 restrictions. Therefore, the pandemic delivery was decommissioned on 6 March 2022. From 1 April, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.¹¹⁰

A.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from general practice, the CPCS takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, the 999 service, and has been available since 29 October 2019.

A.6 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, therefore increasing uptake across the population. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or CVD, or carers, against diseases such as seasonal flu or shingles.

A.7 Hepatitis C testing service

The service is focused on provision of Point-of-Care testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

¹¹⁰ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

A.8 Hypertension case-finding service

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour Ambulatory Blood Pressure Monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

A.9 New Medicine Service (NMS)

The NMS 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/medicines are covered by the service, detailed below.

The service is split into three stages: 1. patient engagement; 2. intervention; and 3. follow-up.

From 1 September 2021, the following conditions are covered by the service:

- Asthma and COPD
- Diabetes (type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson’s disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- AF
- Long term risks of venous thromboembolism /embolism
- S Stroke/transient ischemic attack
- CHD

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS BSA has published a list of medicines that are suitable for the NMS.¹¹¹

A.10 Smoking cessation

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

¹¹¹ NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

6.4 Enhanced Services

6.4.1 COVID-19 vaccination

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. On 21 January 2022 it was the one-year anniversary of providing C-19 vaccinations in Suffolk from community pharmacies.

The number of pharmacies currently providing C-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and the latest reports are that over 22 million doses have been provided by community pharmacies in the 12 months to 14 January 2022.

There are currently 32 (24%) community pharmacies providing this service in Suffolk. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.6](#).

6.4.2 Contraceptive pilot (national pilot)

A contraceptive pilot has been commissioned as an Enhanced Service as part of the pharmacy integration fund. Details of pharmacies signed up can be found in Appendix A.

The service is effectively live for the pharmacies that have completed their readiness assessments, but there will not be referrals into the service from GPs or sexual health clinics at present and there is no date for that to start.

6.4.3 Easter Sunday and Christmas Day coverage

This has been commissioned by NHSE&I across Suffolk to ensure there is sufficient coverage on these days for residents when and if required. Their location is near to the hubs and out-of-hours providers so patients can easily access medication if required.

6.5 Locally Commissioned Services (LCS)

Commissioned service	CCG-commissioned service	LA-commissioned service
Immediate Access to EoL Medicines (palliative care) (WS CCG and I&ES CCG)	X	
Palliative care service (N&W CCG)	X	
Emergency supply (N&W CCG)	X	
NHS Health Checks		X
EHC		X
Chlamydia screening for 15–24-year-olds		X
Chlamydia treatment		X
Smoking cessation		X
Needle exchange		X
Supervised consumption		X

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHS England's local teams. In Suffolk, most commissioned services are public health services and hence are commissioned by the SCC Public Health and Communities Suffolk Team.

Appendix A provides a summary of LCS in SCC pharmacies and [Sections 4.1](#) and [4.2](#) provide a description of those services.

LCS are included in 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.

West Suffolk CCG and Ipswich and East Suffolk CCG currently commission one service in Suffolk HWB area:

- Immediate access to EoL medicines (palliative care)

Norfolk and Waveney CCG commissions two services:

- Emergency Supply
- Palliative care service

6.5.1 Immediate palliative care medicines supply service

West Suffolk CCG and Ipswich and East Suffolk CCG currently commission the immediate access to EoL medicines (palliative care) service.

Good End of Life Care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

The aim of the EoLC/palliative care pharmacy rota service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours settings, supporting home death scenarios. They are not commissioned in every pharmacy but are commissioned in order to provide sufficient out-of-hours coverage across the widest geographical area.

Aims and intended service outcomes:

- To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply
- To support people, carers and clinicians by providing them with up-to-date information and advice, and referral where appropriate

In Suffolk the proportion of home deaths versus those in hospital is higher than the national average, which is good for patients and family. Having a service that ensures access to palliative care medicines would be an important part of this health need.

In Suffolk HWB area, 12 pharmacies provide this service, five in West Suffolk, one in Babergh, one in Ipswich and three in Mid Suffolk. This has decreased from 18 pharmacies in 2018. Pharmacies are required to keep medicines contained within a palliative care formulary in stock for in-hours access by local clinicians, patients and carers.

6.5.2 Palliative care (N&W CCG)

These services are aimed at the supply of specialist and palliative care drugs, the demand for which may be urgent and/or unpredictable and takes place during normal opening hours for the community pharmacy or commissioned extended hours e.g. Sunday/public holiday rota. They are not commissioned in every pharmacy but are commissioned in order to provide sufficient out of hours coverage across the widest geographical area.

The aim is:

- To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.
- To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

Six pharmacies provide this service in the East Suffolk locality.

6.5.3 Emergency supply (N& W CCG)

The purpose of the community pharmacy emergency supply service is to ensure that patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose.

In an emergency, a pharmacist can supply rescription-Only mMedicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription, at the request of the patient.

This service will be available to all patients registered with a GP in the UK, i.e. no geographical restriction in the UK. This enables holidaymakers to be supplied with their medicines in these circumstances.

The CPCS does enable the emergency supply of medicines in similar circumstances, but this emergency supply service preceded the CPCS.

This service is available for all Waveney pharmacies and can be used on ALL weekends and bank holidays and other times in exceptional circumstances.

Twenty-five pharmacies provide this service in the East Suffolk locality.

6.5.4 Suffolk NHS Health Checks programme

The NHS Health Check is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

Research into the NHS Health Checks programme has established that outreach models, including delivery by pharmacies, increase access to NHS Health Checks – especially in areas of higher deprivation.

As C-19 has both highlighted and exacerbated health inequalities, and as the risk factors for poor C-19 outcomes correlate with those for CVD, Public Health and Communities Suffolk are seeking to contract with pharmacies to widen access to NHS Health Checks. There is funding for pharmacies to deliver 2,000 NHS Health Checks to the end of March 2022. This is one of a number of approaches being used to widen access to NHS Health Checks in Suffolk at a time when access to healthcare is a significant concern for many. The results of this work will inform the commissioning for a new, integrated model for NHS Health Checks from April 2022.

This service is currently open to ten selected pharmacies in certain geographical areas of high deprivation.

NHS Health Checks are available from other providers, including GP practices.

6.5.5 Sexual health services

Pharmacies across the county provide EHC, chlamydia treatment and screening as part of the service commissioned by SCC.

As part of a local network, pharmacies provide rapid access to high quality contraceptive and sexual health services, namely:

- Provision, via a PGD, of EHC to clients aged 13 and over
- Opportunistic chlamydia screening of sexually active young people aged 15–24 and screening of partners regardless of age
- Provision, via a PGD, of treatment for chlamydia infection to clients aged 14 and over

- Provide sexual health promotion and advice and signposting to local sexual health services, GP practices and other appropriate services

6.5.5.1 Emergency Hormonal Contraception (EHC)

Sexual health has a major focus in the JHWS, with the role of pharmacies already highlighted in the provision of EHC.

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18. The teenage conception rate for Suffolk (13.7/1,000) continues to reduce and is lower than the national average in England (15.7). However, the rate in Ipswich locality is 22.6/100,000.

These rates are discussed in [Section 2.5.9](#).

The EHC service in Suffolk:

- Is available to any female client aged 13 or over
- Is provided by the pharmacist in person
- Takes a client history to ensure that they have sufficient information to assess the appropriateness of the supply
- Provides EHC (ulipristal or levonorgestrel where appropriate) with supporting pharmaceutical advice via the PGD agreed by the LPC and Public Health
- Ensures maintenance of records for each supply and, if required, shares information with appropriate parties in line with confidentiality protocols

EHC is provided as a free service to females presenting at a commissioned pharmacy in the SCC HWB area. In the SCC HWB area, 87 pharmacies (65%) are commissioned to provide this service.

The sexual health clinics in the area are mostly closed on weekends and bank holidays and only open until 13:00 on Fridays (Lowestoft is open on Saturday morning but closed on Friday). The telephone line is also closed on weekends and bank holidays. Access to pharmacies during extended-hour openings could be advantageous when reviewing this service.

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially in teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy in England as recommended by NICE. Provision of EHC services in SCC HWB area is reviewed annually.

When establishing the service need and the commissioning intentions for pharmacies, NHSE&I should also consider the capacity, activity and accessibility of all providers who have the potential to supply EHC under PGD, on a prescription or as an over-the-counter medication in Suffolk.

6.5.5.2 Chlamydia screening

The National Chlamydia Screening Programme, which started locally in SCC HWB area in 2008, specifically targets 15–24-year-olds. Although not every 15–24-year-old may be at risk of acquiring chlamydia, they should be encouraged to have a screen if they are sexually active.

There is a strong evidence base for the effectiveness of chlamydia screening programmes in reducing the prevalence of chlamydia within the population.

In Suffolk, 58 pharmacies (43%) are commissioned to provide the screening service.

Provision of chlamydia screening in SCC HWB area is reviewed annually.

When establishing the service need and the commissioning intentions for pharmacies, it should also consider the capacity, activity and accessibility of all providers of chlamydia screening services in the SCC HWB area.

6.5.5.3 Chlamydia treatment

The chlamydia treatment service:

- Is provided following direct referral from iCaSH only
- Is available to any individual aged 14 years or over
- Is provided by the pharmacist in person
- Takes a client history to ensure that the treatment is safe and appropriate
- Supplies chlamydia treatment with supporting pharmaceutical advice via the PGD agreed by the LPC and Public Health
- Follows the local chlamydia treatment pathway agreed by iCaSH, the LPC and Public Health

In Suffolk there are 59 (44%) community pharmacies providing this service.

6.5.6 Harm reduction services

Harm reduction services are commissioned by the Public Health Team at SCC via Turning Point, the provider of these services across Suffolk.

6.5.6.1 Needle and syringe programme

The practice is designed to reduce harm to PWIDs and in turn reduce the prevalence of blood-borne viruses and bacterial infections. The safe disposal of used equipment will also benefit the wider community.

Pharmacists are well placed to be able to provide services as part of the local harm reduction strategy.

Such services, when delivered well, can support the person to move away from chaotic and risky behaviour. There is evidence that community pharmacy-based needle and syringe programmes can complement and support other needle and syringe programmes and harm reduction initiatives commissioned by Public Health. A mixed economy of needle and syringe programme provision is essential to ensure high coverage, which is necessary to limit blood-borne virus spread (NICE PH52, 2014)

6.5.6.2 Supervised consumption

The service is provided by the pharmacy to service users who are prescribed Opioid Substitution Treatment (OST) and other medication and will encompass supervised support and advice to service users in a safe environment. The practice is designed to support service users to stop or stabilise their opiate use thus enabling them to develop their personal goals.

Pharmacists and their team play a key role in supporting drug users in complying with their prescribed regime, therefore reducing the incidents of accidental deaths through overdose.

‘Supervised consumption’ is defined as the observed consumption, by the pharmacist or a suitably trained pharmacy technician, of prescribed OST and/or other medication where defined in the specification where supervision has been requested by the prescriber.

6.5.6.3 Smoking cessation

Smoking cessation services in Suffolk are commissioned by the SCC Public Health Team and the provider for Healthy Lifestyle Services in Suffolk is One Life Suffolk.

The contract and service specification are the same for Suffolk and Waveney and there is one set of PharmOutcomes Stop Smoking templates for Suffolk and Waveney.

The basic model of delivery can be summarised as follows:

- A client is identified by the provider as being a tobacco smoker
- A trained adviser delivers very brief advice to the client
- If the client wishes to undertake a quit attempt, they are registered to the smoking cessation service and the trained adviser delivers a series of interventions in the workplace to support the client, including the delivery of 1:1 behavioural support sessions and the provision of treatment
- If the client achieves a 4-week quit (verified by a CO-reading in a minimum of 80% of cases) then the provider is paid.

6.6 PNA localities

There are 135 community pharmacies in SCC HWB area. Individual pharmacy opening times are listed in Appendix A.

As described in [Section 1.5](#), the PNA Steering Group decided that the PNA should be divided into five localities:

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

Substantial health data is available at this level and populations and their health needs vary widely between wards. This is illustrated and discussed in detail in [Section 2](#).

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services.

Table 55: Number and type of contractor per locality

	Babergh (14)	Mid Suffolk (13)	Ipswich (30)	East Suffolk (46)	West Suffolk (30)
100-hour pharmacy	2 (14%)	1 (8%)	2 (7%)	4 (9%)	7 (23%)
PhAS	2 (14%)	6 (46%)	4 (13%)	8 (17%)	5 (17%)
After 18:30 weekday	3 (21%)	3 (23%)	6 (20%)	11 (24%)	9 (30%)
Saturday	11 (79%)	12 (92%)	24 (80%)	41 (89%)	26 (87%)
Sunday	4 (29%)	3 (23%)	5 (17%)	9 (20%)	12 (40%)
Dispensing GP practices	7	9	0	12	14
DSPs	0	0	0	0	1
Total 'dispensaries'	21	22	30	58	44

Note: Total of 42 dispensing GP practices

Table 56: Provision of NHSE&I Advanced and Enhanced Services by locality

	Babergh (14)	Mid Suffolk (13)	Ipswich (30)	East Suffolk (46)	West Suffolk (30)
NMS	14 (100%)	13 (100%)	19 (63%)	37 (80%)	28 (93%)
CPCS	12 (86%)	10 (77%)	23 (77%)	43 (93%)	29 (97%)
Flu vaccination	13 (93%)	6 (46%)	24 (80%)	37 (80%)	30 (100%)
SAC	0	1 (8%)	1 (3%)	0	3 (10%)
AUR	0	0	0	0	0
Hypertension case-finding service	6 (43%)	8 (54%)	15 (50%)	23 (50%)	9 (30%)
Smoking cessation Advanced Service	No data	No data	No data	No data	No data
Hep C testing	0	0	0	0	0
C-19 vaccination*	4 (29%)	5 (38%)	10 (33%)	6 (13%)	7 (23%)

* Enhanced

The smoking cessation Advanced Service has had a delayed implementation nationally and the Hep C testing service has had very low uptake across England for a number of reasons, most importantly the C-19 pandemic.

The contraceptive pilot is only available to a limited number of pharmacies in one PCN around Ipswich.

Table 57: Provision of Locally Commissioned Services (CCG and LA)

CCG	Babergh (14)	Mid Suffolk (13)	Ipswich (30)	East Suffolk (46)	West Suffolk (30)
Immediate access to EoL medicines (WSI CCG)	1 (7%)	3 (23%)	1 (3%)	2 (4%)	5 (17%)
Palliative Care	NC	NC	NC	6 (13%)	NC
Emergency Supply	NC	NC	NC	25 (54%)	NC
LA					
EHC	9 (64%)	5 (38%)	19 (63%)	29 (63%)	24 (80%)
Chlamydia screening	4 (29%)	4 (31%)	16 (53%)	18 (39%)	16 (53%)
Chlamydia treatment	4 (29%)	4 (31%)	15 (50%)	20 (43%)	16 (53%)
Health Checks	1 (7%)	1 (8%)	4 (13%)	1 (2%)	3 (10%)
Smoking cessation	0	0	0	1 (2%)	2 (7%)
Supervised consumption	6 (43%)	8 (54%)	17 (57%)	19 (41%)	19 (63%)
Needle exchange	1 (7%)	3 (23%)	8 (27%)	9 (20%)	8 (27%)

Taking the health needs highlighted in each locality into consideration, this section considers the pharmaceutical service provision in each locality.

6.6.1 Babergh

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.1.1 Necessary Services: current provision

Babergh has a population of 92,735.

There are 14 community pharmacies in this locality (down from 17 in 2018) and the estimated average number of community pharmacies per 100,000 population is 15.1, lower than SCC HWB area average (17.6) and the England average of 20.6 ([Section 3.1](#), Table 44). Of these pharmacies, 12 hold a standard 40-core hour contract while two hold a 100-core hour contract. Two pharmacies are in the PhAS and there are seven dispensing GP practices.

When the dispensing GP practices are added to the community pharmacies, the rate of pharmaceutical providers per 100,000 population increases to 22.6.

Of the 14 pharmacies:

- 1 pharmacy (21%) is open after 6.30 pm on weekdays
- 11 pharmacies (79%) are open on Saturdays
- 4 pharmacies (29%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.1.2 Necessary Services: gaps in provision

A new housing development is planned for the locality during the period of this PNA: one site has been permitted at Sudbury of 1,050 dwellings.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

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

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

6.6.1.3 Other relevant services: current provision

Table 56 shows the pharmacies providing Advanced and Enhanced services in Babergh – it can be seen that there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality.

Regarding access to **Enhanced Services**:

- Four pharmacies (29%) provide the C-19 vaccination service

Regarding access to **LCS** in the 15 pharmacies:

- 1 pharmacy provides the immediate access to EoL medicines service commissioned via the CCG
- Only 1 pharmacy provides Health Checks
- Sexual health services are provided in a number of pharmacies with two-thirds providing EHC and over a quarter providing chlamydia screening and treatment
- Supervised consumption is provided in almost half of the pharmacies
- Needle exchange service is provided in one of the pharmacies
- No pharmacies in this locality provide the smoking cessation service

The pharmacies providing these locally commissioned sexual health services are geographically spread across the locality and have varying opening times.

6.6.1.4 Improvements and better access: gaps in provision

Babergh is a relatively healthy area, recording among the lowest rates of all-cause mortality in England. However, rates of CVD and hypertension are higher than seen nationally and adult obesity levels are the highest in Suffolk. Figures for Babergh indicate that 14% of patients have an estimated prevalence of heart and circulatory disease.

Should this be a priority target area for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. Only one pharmacy in the locality currently provides the Health Check service, although these are available from a number of providers including GP practices.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CVD.

Although 83% of the 23 contractors who responded to the questionnaire indicated that they would be willing to provide an obesity management service if commissioned, it is not possible to extrapolate this information to identify if such a service would be viable due to the low response rate.

Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Suffolk compared with nationally and regionally, and access to pharmacies across Suffolk or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. SCC will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

No gaps have been identified that if provided either now or in the future, would secure improvements or better access to Advanced Services across Babergh locality.

6.6.2 Mid Suffolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.2.1 Necessary Services: current provision

Mid Suffolk has a population of 104,857 and has higher life expectancy and lower rates of ill health than the other localities in Suffolk.

There are 13 community pharmacies in this locality (down from 14 in 2018) and the estimated average number of community pharmacies per 100,000 population is 12.4, which is significantly lower than the SCC HWB area average (17.6) and England average of 20.6 ([Section 3.1](#), Table 44). The number of pharmacies is reflective of the rural nature of Mid Suffolk, where there are few major conurbations.

Of these pharmacies, 12 hold a standard 40-core hour contract while one holds a 100-core hour contract. Six of the 13 pharmacies are part of the PhAS. In addition to the 13 pharmacies there are nine dispensing GP practices.

When the dispensing GP practices are added to the community pharmacies, the ratio of pharmaceutical providers per 100,000 population increases to 24.8.

Of the 13 pharmacies:

- 3 pharmacies (23%) are open after 6.30 pm on weekdays

- 12 pharmacies (92%) are open on Saturdays
- 3 pharmacies (23%) are open on Sundays

6.6.2.2 Necessary Services: gaps in provision

Several housing developments are planned or are being built in Mid Suffolk.

- Stowmarket 900 dwellings
- Sproughton 475 dwellings
- Woolpit 300 dwellings
- Thurston 250 dwellings

There is good provision of community pharmacies at or nearby these sites.

SCC will consider the change in health needs in Mid Suffolk locality as the housing developments progress through the three-year time horizon of the PNA. SCC will consider the views from the public, pharmacy contractors and other stakeholders involved in these developments when considering the changing health needs of the residents of Suffolk.

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

6.6.2.3 Other relevant services: current provision

Table 56 shows the pharmacies providing Advanced and Enhanced Services in Mid Suffolk – there is good availability of NMS, CPCS, and C-19 LFD distribution in the locality, although less than half (46%) of pharmacies provide the flu vaccination.

Regarding access to **Enhanced Services**:

- Five pharmacies (38%) provide the C-19 vaccination service
- None currently participate in the contraception pilot

Regarding access to **LCS** in the 15 pharmacies:

- 3 pharmacies provide the immediate access to palliative medicines service commissioned via the CCG
- Only 1 pharmacy provides Health Checks
- Sexual health services are provided in several pharmacies, with 37% providing EHC and 31% providing chlamydia screening and treatment.
- 7 of the pharmacies provide the supervised consumption service
- 3 of the pharmacies provide the needle exchange service
- No pharmacies in the locality provide the smoking cessation service

6.6.2.4 Improvements and better access: gaps in provision

Although there are a relatively low numbers of community pharmacies in Mid Suffolk, when the dispensing GP practices are added to the community pharmacies the rate of pharmaceutical providers per 100,000 population increases to 24.8, which is higher than the England average.

There are higher rates of diabetes seen in Mid Suffolk when compared with other localities. Should this be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CVD.

Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Suffolk compared with nationally and regionally, and access to pharmacies across Suffolk or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. SCC will monitor the uptake and need for Necessary Services.

It will also consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across Mid Suffolk locality.

6.6.3 Ipswich

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.3.1 Necessary Services: current provision

Ipswich has a population of 135,979 and has the highest level of ill health in Suffolk, including cancer outcomes and STIs.

There are 30 community pharmacies in this locality (down from 32 in 2018) and the estimated average number of community pharmacies per 100,000 population is 22.1, which is higher than the SCC HWB area (17.6) and England average of 20.6 ([Section 3.1](#), Table 44). Of these pharmacies, 28 hold a standard 40-core hour contract while two hold a 100-core hour contract. Four pharmacies are part of the PhAS.

There are no dispensing GP practices in Ipswich locality.

Of the 30 pharmacies:

- 6 pharmacies (20%) are open after 6.30 pm on weekdays
- 24 pharmacies (80%) are open on Saturdays
- 5 pharmacies (17%) are open on Sundays

6.6.3.2 Necessary Services: gaps in provision

There are two housing development sites in Ipswich:

- North Ipswich 1,990 dwellings with planning permission
- Central Ipswich 337 dwellings

SCC will consider the change in health needs in Ipswich locality as the housing developments progress through the three-year time horizon of the PNA. SCC will consider the views from the public, pharmacy contractors and other stakeholders when considering the changing health needs of the residents of Suffolk.

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

6.6.3.3 Other relevant services: current provision

Table 56 shows the pharmacies providing Advanced and Enhanced Services in Ipswich – there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality.

Regarding access to **Enhanced** Services:

- 10 pharmacies (33%) provide the C-19 vaccination service
- 10 (33%) currently participate in the contraception pilot

Regarding access to **LCS** in the 15 pharmacies:

- 1 pharmacy provides the immediate access to palliative medicines service commissioned via the CCG
- 4 pharmacies (13%) provide Health Checks
- Sexual health services are provided in most pharmacies with 63% providing EHC and over half providing chlamydia screening and treatment
- 17 of the pharmacies provide the supervised consumption service
- 8 of the pharmacies provide the needle exchange service

The pharmacies providing these locally commissioned sexual health services are geographically spread across the locality and have varying opening times.

6.6.3.4 Improvements and better access: gaps in provision

Ipswich has the highest level of ill health in Suffolk, including cancer outcomes and STIs.

Ipswich also has higher levels of homelessness and deprivation, with lower life expectancy when compared with Suffolk as a whole.

In Suffolk 53.4% of opiate and/or crack cocaine users were not in treatment. While this data is not broken down by locality, there is a recognised correlation between greater level of substance misuse and areas of higher deprivation. Several pharmacies provide services for substance misuse (e.g. needle exchange or supervised consumption). With over half of opiate/crack cocaine users not in treatment, having accessible services from community pharmacies is an important aspect of support for this patient group.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CVD.

Ipswich had the highest rate of all new STI diagnoses at 833 per 100,000 population, higher than the England rate (562 per 100,000 population). The proportion of people diagnosed with HIV at a late stage is above 50% in Suffolk, which is of concern. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a tenfold risk of death compared with those diagnosed promptly. Consideration should be given to the possibility of service provision from community pharmacies to provide increased access to screening for HIV either as a standalone LCS or as an add-on to the existing sexual health screening services provided.

Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Suffolk compared with nationally and regionally, and access to pharmacies across Suffolk or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. SCC will monitor the uptake and need for Necessary Services.

It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

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

6.6.4 East Suffolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services that many residents may find helpful.

6.6.4.1 Necessary Services: current provision

East Suffolk has a population of 250,373 and is the locality with the highest population in Suffolk. Lowestoft has some of the highest areas of deprivation in Suffolk.

There are 46 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 18.4, which is similar to the SCC HWB area (17.6) and England average of 20.6 ([Section 3.1](#), Table 44). Of these pharmacies, 42 hold a standard 40-core hour contract while four hold a 100-core hour contract. Eight of the 46 pharmacies are part of the PhAS.

In addition to the 46 pharmacies there are 12 dispensing GP practices, which when added to the community pharmacies gives a ratio of pharmacies per 100,000 population of 23.2.

Of the 46 pharmacies:

- 11 pharmacies (24%) are open after 6.30 pm on weekdays
- 41 pharmacies (80%) are open on Saturdays
- 9 pharmacies (20%) are open on Sundays

6.6.4.2 Necessary Services: gaps in provision

There are a number of sites either permitted or partially permitted in East Suffolk:

- Kirkley: 1,380 dwellings but limited delivery within three years
- Bungay: 400 dwellings partially permitted
- Martlesham: 2,000 dwellings permitted
- Felixstowe: 2 sites – 2,000 dwellings partially permitted, and 385 dwellings permitted

While the numbers of new dwellings are significant, they are in areas where there are already community pharmacies in place. Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

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

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

6.6.4.3 Other relevant services: current provision

Table 56 shows the pharmacies providing Advanced and Enhanced Services in East Suffolk – it can be seen that there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality.

Regarding access to **Enhanced** Services:

- 6 pharmacies (38%) provide the C-19 vaccination service
- 2 currently participate in the contraception pilot

Regarding access to **LCS** in the 15 pharmacies:

- Palliative care services:

- 2 pharmacies provide the immediate access to palliative medicines service commissioned via West Suffolk and Ipswich & East Suffolk CCGs
- 6 pharmacies provide the palliative care service commissioned by Norfolk and Waveney CCG
- 25 pharmacies provide emergency supply service commissioned by Norfolk and Waveney CCG
- 1 pharmacy provides Health Checks
- Sexual health services are provided in a number of pharmacies, with 63% providing EHC and approximately 40% providing chlamydia screening and treatment
- 19 pharmacies provide the supervised consumption service
- 9 pharmacies provide the needle exchange service
- 1 pharmacy provides the smoking cessation service

The pharmacies providing these locally commissioned sexual health services are geographically spread across the locality and have varying opening times.

6.6.4.4 Improvements and better access: gaps in provision

Figures for East Suffolk indicate that 15% of have an estimated prevalence of heart and circulatory disease. There is also a higher prevalence of CHD, stroke, AF and heart failure when compared with England averages.

Should this be a priority target area for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CVD.

Chlamydia screening in 15–24-year-olds is low in East Suffolk when compared with the England average. Although many pharmacies provide chlamydia screening in the locality, increasing awareness of the service is worth consideration.

Several pharmacies provide services for substance misuse (e.g. needle exchange or supervised consumption). With over half of opiate/crack cocaine users not in treatment, having accessible services from community pharmacies is an important aspect of support for this patient group.

In Suffolk the proportion of home deaths versus those in hospital is higher than the national average, which is good for patients and family. Having a service that ensures the access to palliative care medicines is an important part of this health need. There are eight pharmacies providing CCG-commissioned services in East Suffolk.

Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Suffolk compared with nationally and regionally, and access to pharmacies across Suffolk or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. SCC will monitor the uptake and need for Necessary Services.

It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across East Suffolk locality.

6.6.5 West Suffolk

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.5.1 Necessary Services: current provision

West Suffolk has a population of 177,302 plus a transient population due to the location of the Center Parcs resort at Elveden Forest.

There are 31 community pharmacies in this locality which includes one DSP, and the estimated average number of community pharmacies per 100,000 population is 17.5, which is slightly lower than the SCC HWB area average (17.6) and England average of 20.6 ([Section 3.1](#), Table 44). Of these pharmacies, 23 hold a standard 40-core hour contract while seven hold a 100-core hour contract. Five pharmacies are part of the PhAS.

In addition to the 31 pharmacies there are 14 dispensing GP practices.

Of the 30 pharmacies (excluding the DSP):

- 9 pharmacies (30%) are open after 6.30 pm on weekdays
- 26 pharmacies (87%) are open on Saturdays
- 12 pharmacies (40%) are open on Sundays

6.6.5.2 Necessary Services: gaps in provision

There are a number of new housing developments in the locality. Three sites have commenced building:

- Bury St Edmunds: 553 dwellings
- Bury St Edmunds: 277 dwellings
- Haverhill: 980 dwellings

A further six sites have been permitted:

- Lakenheath: 375 dwellings
- Newmarket: 400 dwellings
- Haverhill: 2,500 dwellings
- Three sites in Bury St Edmunds totalling 2,950 dwellings

While these new developments are significant (over 7,500 dwellings), generally there is adequate pharmaceutical service provision, including 100-hour pharmacies, across the whole locality to ensure continuity of provision to the new developments.

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

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

6.6.5.3 Other relevant services: current provision

Table 56 shows the pharmacies providing Advanced and Enhanced Services in West Suffolk – it can be seen that there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality.

Regarding access to **Enhanced Services**:

- 7 pharmacies (23%) provide the C-19 vaccination service
- None currently participate in the contraception pilot

Regarding access to **LCS** in the 15 pharmacies:

- 5 pharmacies provide the immediate access to palliative medicines service commissioned via the CCG
- 4 pharmacies provide Health Checks
- Sexual health services are provided in a number of pharmacies with 80% providing EHC and over 50% providing chlamydia screening and treatment
- 19 pharmacies provide the supervised consumption service
- 8 pharmacies provide the needle exchange service
- 2 pharmacies provide the smoking cessation service

The pharmacies providing these locally commissioned sexual health services are geographically spread across the locality and have varying opening times.

6.6.5.4 Improvements and better access: gaps in provision

There is an estimated prevalence of heart and circulatory disease of 12% in in West Suffolk, equating to 23,000 people. In West Suffolk CCG area, 7.9% of the population have diabetes (statistically significantly higher compared with England averages).

Should this be a priority target area for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem apt. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CVD.

Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Suffolk compared with nationally and regionally, and access to pharmacies across Suffolk or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Suffolk will monitor the uptake and need for Necessary Services.

It will also consider the impact of any changes in this locality in the future, which may provide evidence that a need exists.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across West Suffolk locality.

Section 7: Conclusions

When assessing the provision of pharmaceutical services in Suffolk and each of the five PNA localities, Suffolk HWB has considered the following:

- The health needs of the population of Suffolk from the JSNA and nationally from the NHS LTP
- The maps showing the location of pharmacies in Suffolk in relation to ward, locality and population density, indicating that pharmacies are generally located in areas of higher population density ([Map 2](#))
- The IMD and deprivation ranges in Suffolk across the five PNA localities ([Section 2.7](#) Figure 17 and [Map 3](#))
- Specific populations ([Section 2.5.8](#)) across all five PNA localities
- Access to community pharmacies via various types of transport ([Section 3.1.3](#))
- The location of pharmacies and dispensing GP practices in each of the five PNA localities and across the whole HWB area ([Map 1](#))
- Number, distribution and opening times of pharmacies and dispensing GP practices in each of the five PNA localities and across the whole of Suffolk (Appendix A and [Map 1](#))
- Choice of pharmacies covering each of the five PNA localities and the whole of Suffolk (Appendix A)
- Results of the public questionnaire (Appendix K)
- Proposed new housing developments ([Section 2.5.11](#))
- Projected population growth ([Section 2.5.4](#))

Suffolk has a current estimated population of around 761,246 in 2020 and is expected to grow to 785,000 by 2026. Suffolk has a high percentage of the population aged over 65 (24%) and this is expected to rise to 30% by 2035. The population is generally affluent, compared with the England average, though pockets of deprivation exist. Black and minority ethnic populations are lower than seen nationally and there are a number of small-to-medium Traveller sites spread through the county. East Suffolk is the largest locality and has 33% of the Suffolk population.

Over 21% of the population of Suffolk is eligible to have their prescriptions dispensed at their dispensing GP practice. Dispensing GP practices play a role, in addition to community pharmacies, in the provision of pharmaceutical services in Suffolk.

From the public questionnaire, 90% of respondents report having a regular or preferred pharmacy; 76% report that it is important their provider is 'close to home' and 46% report it is important they are 'close to their GP practice'.

Almost two-thirds (63%) of respondents travel by car to a community pharmacy, while 28% walk. Based on the responses from the questionnaire, the use of public transport was limited. 99% of respondents report that they can access a community pharmacy within 30 minutes. This is supported by the travel time assessments, details of which can be seen in [Section 3](#).

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although it did highlight that there was a lack of awareness of some of the services that are available. A review of how services are advertised could be considered in an effort to improve the awareness of the available services from community pharmacy. A summary of the questionnaire results can be seen in [Section 5](#).

There are 134 community pharmacies (down from 145 in 2018) and 42 dispensing GP practices (reduced from 43 in 2018). In addition, there are two dispensing appliance contractors and one DSP. Community pharmacies are more densely concentrated in populated areas, and this generally matches areas of higher all-cause mortality and deprivation. Community pharmacies are therefore well placed to provide services specifically targeted to improve health outcomes. There are 17.6 community pharmacies per 100,000 population in Suffolk, compared with 20.6 per 100,000 in England (Mid Suffolk 12.4/100,000; Babergh 23.7/100,000).

A higher percentage of community pharmacies in Suffolk are open for 100 hours or more (12 % versus 9.4% in England): 16 in total. Many dispensing GP practices and the majority of community pharmacies (85%) are open on Saturdays (versus 79% in England). There are 26% of community pharmacies open on a Sunday (versus 21% in England). Access to pharmaceutical services on bank holidays and overnight is limited but there is access if required. There is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours anywhere in Suffolk.

The majority of community pharmacies and dispensing GP practices offer a free delivery service, and many have extended opening hours on weekday evenings and Saturdays. As evidenced from the public questionnaire, the number of respondents currently accessing pharmaceutical services via DSPs has risen to 15.5%. This compares with 10% in the 2018 PNA. Of those who do use this service, 86% (of 85 respondents) rate it as either excellent or good.

Areas of Suffolk are frequented by holidaying visitors. This can significantly increase the local populations and may provide extra strain on healthcare resources. Research by Visit England and the ONS estimated that in 2019 there were a total number of 36,510,922 visitors to Suffolk: 1,734,000 staying visitors, staying a total of 6,709,000 nights. The total number of day visitors was 34,776,922.¹¹²

The impact of the C-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and C-19 vaccination

¹¹² Destination Research. Economic impact of Tourism Suffolk. 2019. [Accessed 17 December 2021.] <https://mediafiles.thedms.co.uk/Publication/ee-stp/cms/pdf/Economic Impact of Tourism - Suffolk Report 2019.pdf>

- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that additional new services from community pharmacies in the future is possible.

There are recently introduced Advanced Services available (hypertension case-finding, hepatitis C screening, smoking cessation), which would support the identified priorities of Suffolk. However, as there has been a limited uptake of existing services (e.g. NMS, CPCS), methods to enhance the uptake should be considered, including awareness campaigns (healthcare professionals and public) and gaining a clear understanding of the pandemic impact.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacies or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Suffolk, this has been included in the document. [Section 8](#) discusses some possible services that could fulfil these criteria.

While **no gaps** in pharmaceutical service provision have been identified, Suffolk HWB recognises that the burden of health needs in Suffolk will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHS England and all ICBs to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

Section 8: Future opportunities for possible community pharmacy services in Suffolk

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

Although there are no gaps in pharmaceutical service provision in Suffolk, when reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services as part of the PNA process it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively impact the population.

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

The take-up of some services from pharmacies has been low; a review to identify the factors that contribute to this low uptake should form part of a review to rectify the shortfall.

8.1 Health needs identified in the NHS LTP

Priority clinical areas in the NHS LTP include:

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

8.2 Health needs identified in Suffolk

Causes of ill health in Suffolk are discussed in detail in [Section 2.8](#). Some of the key areas are as follows:

- There is a statistically significant higher prevalence of hypertension, CHD, AF, stroke and heart failure in Suffolk when compared with England averages.
 - Hypertension averages in Suffolk are over 15.5% of the population compared with the England average of 13.9%.

- Admissions for CHD in West Suffolk and Norfolk and Waveney CCGs are statistically significantly higher than England.
- The proportion of adults that are overweight or obese is statistically significantly higher in Babergh (69.1%) than England (62.8%).
- There are higher rates of diabetes in Mid and West Suffolk than the England average.
- The average prevalence of asthma for Suffolk is 7.2%; higher than England (6.4%).
 - Hospital admissions for asthma in patients under the age of 19 are significantly higher than the England average (280.2/100,000 versus 158.3/100,000). This at the highest level in West Suffolk.
- Generally, Suffolk has lower rates of STIs compared with England, although Ipswich has a higher rate. There are some aspects of sexual health that could improve:
 - The proportion of people diagnosed with HIV at a late stage is above 50% in Suffolk, which is of concern. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a tenfold risk of death compared with those diagnosed promptly.
 - Chlamydia screening in 15–24-year-olds in East Suffolk is low when compared with the England average.
- Over half (54%) of opiate and crack cocaine users are not in treatment.

The older population in Suffolk is growing, most notably those 65 and over, who will make up over 30% of the population by 2035. This growth will have accompanying health needs.

8.3 Opportunities for further community pharmacy provision

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 manage and support in these areas.

8.3.1 Existing Services

8.3.1.1 Essential Services

Signposting for issues such weight management and Health Checks.

8.3.1.2 Advanced Services

Some of the existing Advanced Services could be better used in Suffolk, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services.

For example: A focus of the utilisation of the NMS in asthma management could support adherence to therapy and help in the reduction of hospitalisation of patients under the age of 19.

8.3.1.3 Locally Commissioned Services

There are limited numbers of pharmacies (11) providing Health Checks across Suffolk. The NHS Health Check is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. This service is also delivered by other providers including GP practices. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

As there is a statistically significant higher prevalence of hypertension, CHD, AF, stroke and heart failure in Suffolk when compared with England averages and there are higher rates of diabetes in Mid and West Suffolk than the England average, then the provision of Health Checks through a greater number of pharmacies within the existing infrastructure could be considered or reviewed.

- **Hypertension case-finding service**
This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ABPM. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

8.3.2 New Services

From the public questionnaire there is a wish for services to be made available from community pharmacies. From the contractor questionnaire there is also a willingness to deliver such services.

8.3.2.1 Advanced Services

These services would be commissioned by NHSE&I.

There are several new Advanced Services about to be implemented that could be beneficial to the population of Suffolk based on the identified health needs, including:

- **Hepatitis C testing service**
The service is focused on provision of POCT for Hep C antibodies to PWIDs, i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

- Smoking cessation Advanced Service

There is a new smoking cessation Advanced Service for people referred to pharmacies by a hospital, which will be commissioned from March 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The DHSC and NHSE&I proposed the commissioning of this service as an Advanced Service.

8.3.2.2 Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

Below are examples of services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Suffolk ([Section 2.8](#)) or the NHS LTP.

8.3.2.3 Possible disease-specific services

- Diabetes

Diabetes-focused pharmacy (Wessex Local Professional Network). The framework is categorised into six elements: 1. The pharmacy team; 2. Prevention and lifestyle; 3. Complications of diabetes; 4. Education programmes; 5. Medicines adherence; 6. Signposting

- HIV Screening

The Advanced Service for hepatitis C testing uses a POCT methodology and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with the **needle exchange service**, or as a supplementary service to the **EHC** service, which is available already.

- Cardiovascular

AF screening service (multiple areas). This service provides patients at high risk of AF with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service.

- Respiratory

Asthma Inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through community pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a **participating pharmacy**.

8.4 Recommendations

8.4.1 Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services are used sub-optimally
- The public questionnaire made it clear that members of the public were not aware of available services
- Members of the public wish to see these services provided (Section 5)

8.4.2 Identify the best way to deliver the new Advanced Services

- Smoking cessation, hypertension case-finding and hepatitis C-screening can all meet the health needs of Suffolk albeit in targeted localities

8.4.3 Consider the provision of new Locally Commissioned Services

- To meet specific health needs in Suffolk, e.g. HIV screening (+/- needle exchange), asthma, and cardiovascular services.

Appendix A: List of pharmaceutical service providers in Suffolk

Babergh locality

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA						
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking	
Constable Country	I	D83001	GP dispensing practice	Heath Road, East Bergholt, Colchester	CO7 6RT	08:00-18:30	Closed	Closed	-	-																				
Bildeston Health Centre	Mm	D83006	GP dispensing practice	High Street, Bildeston	IP7 7EX	08:00-18:30	08:30-12:30	Closed	-	-																				
The Long Melford Practice	H	D83014	GP dispensing practice	The Surgery, Cordell Road, Long Melford	CO10 9EP	08:00-18:30	Closed	Closed	-	-																				
Holbrook Surgery	Nn	D83020	GP dispensing practice	The Street, Holbrook, Ipswich	IP9 2QS	08:00-18:30 (Mon 07:00-17:00; Thu 08:00-12:30)	08:30-10:30	Closed	-	-																				
Hadleigh Boxford Group Practice	LI	D83037	GP dispensing practice	Market Place, Hadleigh	IP7 5DN	08:00-18:30	Closed	Closed	-	-																				
Hardwicke House Group Practice	F	D83060	GP dispensing practice	Stour Street, Sudbury	CO10 2AY	08:00-18:30	Closed	Closed	-	-																				
The Glemsford Surgery	G	D83064	GP dispensing practice	Lion Road, Glemsford, Sudbury	CO10 7RF	08:00-18:30	Closed	Closed	-	-																				
North Street Pharmacy	1	FC154	Community	80 North Street, Sudbury	C10 1RF	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	Y		Y	-	-	Y	-	-	-	Y	Y	-		
Tesco Pharmacy	15	FC484	Community	Springlands Road, Sudbury	CO10 1GY	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	10:00-16:00	Y	Y	Y	-	-	Y	-	Y	-		-	-	-	-	-	-	-	-	-	-	-	
Villapharm Ltd	116	FC554	Community	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	-	-	-	-		
Lavenham Pharmacy	22	FDP50	Community	3 High Street, Lavenham, Sudbury	CO10 9PX	09:00-18:00	09:00-17:00	Closed	-	Y	Y	-	-	Y	-	Y	-		-	-	-	-	-	-	-	Y	-	-		
Boots	13	FF269	Community	5 Applegate Centre, Applegate Mews, Great Cornard	CO10 0GL	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	Y	Y	-	-	-	-		
Mill Pharmacy	113	FFF68	Community	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	-	-	-	-	-	-	-	-	-		

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA						
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot		Immediate access to end of life care	EHC	Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange
Superdrug Pharmacy	16	FJ441	Community	8 North Street, Sudbury	CO10 1RB	08:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	Y	Y	Y	Y	-	-	-	
Glemsford Pharmacy	19	FJJ89	Community	Glemsford Surgery, Lion Road, Glemsford	CO10 7RF	08:30-13:00, 13:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	-	-	
Boots	112	FMM83	Community	31 High Street, Hadleigh, Ipswich	IP7 5AF	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	
Long Melford Pharmacy	21	FNQ26	Community	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	-	-
Tesco Pharmacy	114	FQ229	Community	Copdock Interchange, London Road, Ipswich	IP8 3TS	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	
Day Lewis Pharmacy	23	FWT80	Community	The Street, East Bergholt, Colchester	CO7 6SE	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	
Boots	17	FXE88	Community	12-14 Market Hill, Sudbury	CO10 2EA	08:30-18:00	08:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-	
Lloyds Pharmacy	18	FXT38	Community	Armes Trading Estate, Cornard Road, Sudbury	CO10 2XB	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	

Mid Suffolk locality

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA									
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot		Immediate access to end of life care	EHC	Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking		
Needham Market Country Practice	Kk	D83017	GP dispensing practice	Barking Road, Needham Market	IP6 8EZ	08:30-18:30 (Mon 08:30-20:00)	Closed	Closed	-	-																					
Mendlesham Group Practice	Q	D83019	GP dispensing practice	Chapel Road, Mendelsham	IP14 5SQ	08:00-18:30	Closed	Closed	-	-																					
Botesdale Health Centre	X	D83033	GP dispensing practice	Back Hills, Botesdale, Diss	IP22 1DW	08:00-18:30	08:30-12:00	Closed	-	-																					
Debenham Group Practice	R	D83041	GP dispensing practice	20 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	-	-																					
Drs Lewis, Partridge & Ahmed	Y	D83043	GP dispensing practice	The Eye Health Centre, Eye	IP23 7DD	08:30-18:00 (Mon 08:30-19:30)	Closed	Closed	-	-																					
Stowhealth	O	D83044	GP dispensing practice	Violet Hill Road, Stowmarket	IP14 1NL	08:00-18:30 (Mon 08:00-20:15)	08:30-11:45	Closed	-	-																					
Woolpit	Cc	D83055	GP dispensing practice	The Health Centre, Bury St Edmonds	IP30 9QU	08:00-18:30 (Mon 07:00-20:00)	08:00-10:30	Closed	-	-																					
Fressingfield Medical Practice	W	D83069	GP dispensing practice	Fressingfield, Eye	IP21 5PJ	08:00-18:30 (Mon 08:00-19:25)	Closed	Closed	-	-																					
Combs Ford Surgery	P	D83079	GP dispensing practice	Combs Lane, Stowmarket	IP14 2SY	08:00-18:30 (Tue 07:00-18:30)	08:00-11:00	Closed	-	-																					
Claydon Pharmacy	110	FAH08	Community	1 Station Road, Claydon, Ipswich	IP6 0HS	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	-	Y		Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots	47	FDF19	Community	21 Ipswich Street, Stowmarket	IP14 1AH	09:00-17:30	09:00-17:30	10:00 - 16:00	-	-	Y	-	-	-	-	Y	-		-	-	-	-	Y	Y	Y	-	-	-	-	-	-
Combs Ford Pharmacy	50	FEF84	Community	Combs Lane, Stowmarket	IP14 2DA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y		Y	-	-	-	-	-	-	-	Y	Y	-	-	-
Tesco Pharmacy	51	FF368	Community	Cedars Link Road, Stowmarket	IP14 5BE	08:00-19:00	08:00-19:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	-		-	-	-	-	-	-	-	-	Y	-	-	-	-

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA						
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking	
Asda Pharmacy	48	FG718	Community	8-9 Wilkes Way, Stowmarket	IP14 1DE	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	Y		-	-	Y	Y	-	-	-	Y	-	-		
Boots	49	FGC20	Community	Stowmarket Health Centre, Violet Hill Road, Stowmarket	IP14 1NL	08:30-18:30	08:30-12:00	Closed	-	-	Y	-	-	-	-	-	-		-	-	-	Y	Y	Y	-	-	-	-		
The Vyne Ltd	84	FGW59	Community	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	Y	Y	Y	-	-		
Woolpit Medical Services Ltd	85	FH348	Community	Woolpit Health Centre, Heath Road, Woolpit	IP30 9QU	08:30-18:30 (Mon 07:00-19:45)	08:00-11:00	Closed	-	-	Y	-	Y	Y	-	Y	-		-	-	-	-	-	-	-	Y	Y	-		
Eye Pharmacy	67	FHK98	Community	5 Broad Street, Eye	IP23 7AF	09:00 - 13:00, 14:00 - 18:00 (Tue & Thu close 17:30)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y		Y	-	Y	-	-	-	-	-	-	-		
Needham Market Pharmacy	111	FN841	Community	43 Barking Road, Needham Market	IP6 8EZ	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	-	Y		-	-	-	Y	Y	Y	-	Y	-	-		
The Pharmacy	52	FP300	Community	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	-	-	-	-	-	-	-		
Thurston Pharmacy	87	FW112	Community	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	-	-	-	-	-	-	-	-	-		
Green Cross Pharmacy	115	FXA95	Community	19 The Street, Bramford, Ipswich	IP8 4DU	08:45-13:00, 14:00-17:45	Closed	Closed	-	Y	Y	-	-	-	-	-	Y		-	-	-	-	-	-	-	Y	Y	-		

Ipswich locality

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA						
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking	
Delta Pharmacy	78	FAJ34	Community	57- 59 Foxhall Road, Ipswich	IP3 8JU	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	Y	-	-	
Asda Pharmacy	32	FAX31	Community	Goddard Road, Ipswich	IP1 5PD	09:00-20:00	09:00-20:00	10:00 - 16:00	-	Y	Y	-	-	Y	-	Y	Y		-	-	Y	Y	-	-	-	-	-	-	-	
Vision Pharmacy	63	FCL57	Community	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	-	Y	Y	-		
Day Lewis Pharmacy	83	FE399	Community	26 Henning Avenue, Ravenswood, Ipswich	IP3 9QJ	08:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	Y	Y	-	Y	-	-		
Woodbridge Road Pharmacy	101	FEY88	Community	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	Y	-	-		
Fircroft Road Pharmacy	34	FFL71	Community	145 Fircroft Road, Ipswich	IP1 6PT	09:00-17:30	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	-	Y		-	-	-	-	-	-	-	-	-	-		
Welch Stoke Park Pharmacy	66	FFW78	Community	51 Stoke Park Drive, Ipswich	IP2 9TH	08:30-18:00	09:00-12:00	Closed	-	Y	-	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	Y	-	-		
Kew Pharmacy	65	FG469	Community	4 Ellenbrook Green, Ipswich	IP2 9RR	07:00-22:00	08:00-22:00	09:00-20:00	Y	-	-	-	-	Y	-	Y	-		-	-	-	-	-	-	-	Y	-	-		
Boots	81	FGH18	Community	58 Queens Way, Ipswich	IP3 9EX	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-		-	Y	-	Y	Y	Y	-	Y	Y	-		
Morrisons Pharmacy	30	FHW95	Community	Sproughton Road, Ipswich	IP1 5AS	08:30-20:00	08:30-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-		Y	-	-	Y	Y	Y	-	-	-	-		
Aqua Pharmacy	75	FJM91	Community	52 Duke Street, Ipswich	IP3 0AQ	08:00-18:30	08:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-		Y	-	-	Y	Y	Y	Y	Y	Y	-		
Felixstowe Pharmacy	77	FL074	Community	159 Felixstowe Road, Ipswich	IP3 8EB	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	Y	-	-	-	-	-	-	-	-		
Burlington Pharmacy	24	FL119	Community	14 Burlington Road, Ipswich	IP1 2EU	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	Y	Y	Y	Y	-	-		
Boots	26	FLF14	Community	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	-		
Rushmere Pharmacy	103	FM201	Community	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	-		
Orchard Street Pharmacy	102	FM426	Community	Orchard Street Medical Centre, Orchard Street, Ipswich	IP4 2PU	08:45-18:30	Closed	Closed	-	-	Y	-	Y	Y	-	Y	-		-	-	-	Y	-	-	-	-	-	-		
Welch Pharmacy	27	FMR71	Community	46-48 Westgate Street, Ipswich	IP1 3ED	09:00-17:30	09:00-17:30	Closed	-	-	-	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	-	-	-		
Fittleworth Medical Ltd	99	FNJ81	DAC	25 Lower Brook Street, Ipswich	IP4 1AQ	09:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-		-	-	-	-	-	-	-	-	-	-		

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA						
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking	
Wellbeing Pharmacy	33	FNP13	Community	29 Chesterfield Drive, Ipswich	IP1 6DW	08:00-18:30 (Wed 08:00-20:00)	08:00-13:00	Closed	-	-	-	-	-	Y	-	-	Y		-	-	-	-	-	-	-	-	-	-	-	
Rainbow Pharmacy	29	FPD36	Community	289 Norwich Road, Ipswich	IP1 4BP	09:00-13:00, 14:30-18:00	09:00-13:00	Closed	-	-	-	-	-	Y	-	Y	-		Y	-	-	-	-	-	-	-	-	-	-	
Charles S Bullen Stomacare Ltd	61	FPW87	DAC	Unit B3 Voyage, Compair Crescent, Ipswich	IP2 0EH	09:00-17:30	Closed	Closed	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	
Hawthorn Drive Pharmacy	62	FQG55	Community	204 Hawthorn Drive, Ipswich	IP2 0QG	08:30-18:30	09:00-17:00	Closed	-	-	-	-	-	-	-	-	Y		Y	-	-	-	-	-	-	-	Y	Y	-	
Barbour Pharmacy	25	FR716	Community	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	Y	Y	Y	Y	-	-	
Lloyds Pharmacy	60	FRA30	Community	Hadleigh Road, Ipswich	IP2 0BX	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-		Y	-	-	Y	-	-	-	Y	-	-	-	
Day Lewis Pharmacy	31	FRK94	Community	416 Norwich Road, Ipswich	IP1 5DX	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	Y	-	-	Y	-	-	-	
Boots	105	FRV24	Community	Two Rivers Medical Centre, 20 Woodbridge Road East, Ipswich	IP4 5PB	08:00-19:00	08:45-17:00	Closed	-	-	Y	-	-	Y	-	Y	-		-	Y	-	Y	Y	Y	-	-	-	-	-	
Nacton Road Pharmacy	82	FRR62	Community	350 Nacton Road, Ipswich	IP3 9NA	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	Y	-	-	-	-	-	Y	Y	-	-	
Welch Pharmacy	28	FW517	Community	64 St Matthews Street, Ipswich	IP1 3EP	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	Y	-		-	-	-	Y	Y	Y	-	-	-	-	-	
Wellbeing Pharmacy	76	FWW63	Community	13 Reynolds Road, Ipswich	IP3 0JL	09:00-17:30	Closed	Closed	-	-	-	-	-	-	-	-	Y		Y	Y	-	-	-	-	-	-	-	-	-	
Spring Road Pharmacy	104	FX367	Community	203 Spring Road, Ipswich	IP4 5NQ	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	-		Y	Y	-	-	-	-	-	Y	Y	-	-	
Belstead Hills Pharmacy	64	FX647	Community	310 Sheldrake Drive, Ipswich	IP2 9LF	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	-		Y	-	-	Y	Y	Y	-	-	-	-	-	
Wellbeing Pharmacy	100	FXA02	Community	8 Cox Lane, Ipswich	IP4 1HT	08:45-17:00 (Mon 08:45-17:30)	08:45-16:00	Closed	-	-	-	-	-	-	-	-	Y		-	-	-	-	-	-	-	-	-	-	-	

East Suffolk locality

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA								
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot		Immediate access to end of life care	EHC	Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking	
Field Lane Surgery /Longshore	Oo	D83010	GP dispensing practice	Kessingland Surgery, Field Lane, Kessingland	NR33 7QA	08:30-18:30	Closed	Closed	-	-																				
Dr Castle and Partners - Solebay Health Centre	U	D83022	GP dispensing practice	Teal Close, Reydon	IP18 6GY	08:30-18:30	Closed	Closed	-	-																				
Framlingham Medical Centre	N	D83026	GP dispensing practice	The Surgery, Pembroke Road, Framlingham, Woodbridge	IP13 9HA	08:30-18:30	Closed	Closed	-	-																				
The Leiston Surgery	S	D83028	GP dispensing practice	Main Street, Leiston	IP16 4ES	08:00-18:30	Closed	Closed	-	-																				
Bungay Medical Practice	Pp	D83034	GP dispensing practice	28 St Johns Road, Bungay	NR35 1LP	08:00-18:30	Closed	Closed	-	-																				
Cutlers Hill Surgery	V	D83035	GP dispensing practice	Bungay Road, Halesworth	IP19 8SG	08:00-18:30	Closed	Closed	-	-																				
Little St Johns Street Surgery- Dr Taylor And Partners	J	D83049	GP dispensing practice	7 Little St Johns Street, Woodbridge	IP12 1EE	08:00-18:30	08:30-11:30	Closed	-	-																				
Saxmundham Health Group	T	D83053	GP dispensing practice	Lambsdale Meadows, Saxmundham	IP17 1DY	08:00-18:30	Closed	Closed	-	-																				
The Peninsula Practice	K	D83054	GP dispensing practice	The Surgery, Mill Hoo, Alderton	IP12 3DA	08:00-18:30 (Mon-Tue 08:00-14:30)	Closed	Closed	-	-																				
Framfield House Surgery	L	D83057	GP dispensing practice	Ipswich Road, Woodbridge	IP12 4FD	08:00-18:30 (Mon-Tue 08:00-20:00)	Closed	Closed	-	-																				
Wickham Market Medical Practice	M	D83061	GP dispensing practice	Chapel Road, Mickham Market, Woodbridge	IP13 0SB	08:00-18:30 (Tue 08:00-20:00)	08:30-11:45	Closed	-	-																				
Martlesham Heath Surgery	Jj	D83080	GP dispensing practice	23 The Square, Martlesham Heath, Ipswich	IP5 3SL	08:00-18:30	Closed	Closed	-	-																				
Boots	137	FAG42	Community	28 St Johns Road, Bungay	NR35 1LP	08:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	Y	-	-	-	-
Wickham Market Pharmacy	45	FAQ90	Community	68 High Street, Wickham Market, Woodbridge	IP13 0QU	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-		Y	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA					
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking
Waterton Pharmacy	44	FC241	Community	Framfield Medical Centre, Ipswich Road, Woodbridge	IP12 4FD	08:00-13:00, 14:00-19:30	08:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	Y	-	Y	-	Y	-	-		
Boots	134	FDA09	Community	5 New Market, Beccles	NR34 9HQ	8:30-17:30	08:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	-	Y	Y	-		
Morrisons Pharmacy	35	FDA21	Community	Grange Farm Avenue, Cavendish Park Estate, Felixstowe	IP11 2XD	08:00-14:00, 15:00-20:00	08:00-14:00, 15:00-18:00	10:00-13:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	-	-	Y	-	-		
Superdrug Pharmacy	119	FDJ84	Community	14 The Britten Centre, Lowestoft	NR32 1LR	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	-		
Kesgrave Pharmacy	106	FE198	Community	34A Penzance Road, Kesgrave, Ipswich	IP5 1JS	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-		
Leiston Pharmacy	54	FEA06	Community	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	-	-	-	-		
Tesco Pharmacy	133	FF240	Community	George Westwood Way, Beccles	NR34 9EJ	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	-	-	Y	-	-		
Framlingham Pharmacy	46	FFA74	Community	32 Market Hill, Framlingham, Woodbridge	IP13 9AY	08:30-18:00	09:00-17:00	Closed	-	Y	-	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-		
Boots	38	FFK44	Community	31 Orwell Road, Felixstowe	IP11 7DD	09:00-17:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-		
Worlingham Pharmacy	132	FFT08	Community	Woodland Avenue, Worlingham, Beccles	NR34 7EF	9:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	Y	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-		
Well Pharmacy	131	FG085	Community	55 Westwood Avenue, Waveney Garden Estate, Lowestoft	NR33 9RW	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-		
Tesco Pharmacy	108	FG275	Community	Anson Road, Martlesham Heath, Ipswich	IP5 3RU	08:00-20:00 (Fri 08:00-21:00)	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-		
High Street Pharmacy	118	FG285	Community	High Street Surgery, High Street, Lowestoft	NR32 1JE	08:00-21:00	08:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	Y	-	Y	Y	Y		
Eastpoint Pharmacy	124	FGA41	Community	Arvor House, Clifton Road, Lowestoft	NR33 0HF	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	Y	Y	-		
Felixstowe Pharmacy	40	FH832	Community	The Grove Medical Centre, Grove Road, Felixstowe	IP11 9GA	08:00-20:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-		
Boots	58	FJ191	Community	26 Market Place, Halesworth	IP19 8AY	08:30-18:00	08:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-		
Boots	136	FJ734	Community	4 St Mary's Street, Bungay	NR35 1AX	09:00-17:30	08.30-17.30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-		
Queen St Pharmacy	56	FJT46	Community	18 Queen Street, Southwold	IP18 6EQ	09:00-17:30 (Wed closed 13:00-14:00)	09:00-17:30	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	Y	-	-	-	-		
Boots	36	FKA98	Community	86 Hamilton Road, Felixstowe	IP11 7AD	09:00-17:30	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-		

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA						
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking	
Holly Pharmacy	121	FKN11	Community	1B Bridge Road, Oulton Broad, Lowestoft	NR32 3LJ	08:30-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	-	Y	-	-	-	-		
Victoria Pharmacy	130	FLC91	Community	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	-	-	-	-	-	-		
Boots	117	FLN49	Community	76A London Road North, Lowestoft	NR32 1ET	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	Y	Y	-		
Boots	126	FLQ67	Community	2-4 Stradbroke Road, Pakefield, Lowestoft	NR33 7HT	08:30-13:00, 14:00-17:30	08:30-17:30	Closed	-	Y	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	Y	-	-		
Kessingland Pharmacy	127	FM241	Community	70 High Street, Kessingland	NR33 7QF	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	-	-	-	Y	-	-		
Well Pharmacy	120	FMH36	Community	Alexandra Road Surgery, Alexandra Road, Lowestoft	NR32 1PL	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	Y	Y	-	-	-	-		
Walton Pharmacy	39	FMP83	Community	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	-	-		
Saxmundham Pharmacy	55	FMT17	Community	7 High Street, Saxmundham	IP17 1DF	09:00-18:00	09:00-14:30	Closed	-	Y	Y	-	-	Y	-	-	Y		-	-	Y	-	-	-	-	-	-	-		
Lloyds Pharmacy	80	FNC92	Community	Felixstowe Road, Warren Heath, Ipswich	IP3 8TQ	08:00-21:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y		-	Y	-	Y	-	-	-	-	-	-		
Acer Road Pharmacy	43	FND37	Community	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		-	-	-	-	-	-	-	-	-	-		
Square Pharmacy	79	FNM22	Community	696 Foxhall Road, Ipswich	IP3 8NQ	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-		-	Y	-	-	-	-	-	-	-	-		
Hado Pharmacy	37	FNT26	Community	135 Hamilton Road, Felixstowe	IP11 7BL	07:00-23:00	07:00-20:00	10:00-17:00	Y	-	-	-	-	Y	-	-	-		-	-	-	-	-	-	-	-	-	-		
Martlesham Pharmacy	109	FPA96	Community	9 The Square, Martlesham Heath, Ipswich	IP5 3SL	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y		Y	-	-	-	-	-	-	-	-	-		
Reydon Pharmacy	57	FPD64	Community	Solebay Health Centre, Teal Close, Reydon, Southwold	IP18 6GY	08:30-18:00	09:00-17:00	Closed	-	Y	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	Y	Y	-		
Woodbridge Pharmacy	41	FPM80	Community	Unit 1, 11 Thoroughfare, Woodbridge	IP12 1AA	09:00-18:00	09:00-17:30	Closed	-	-	-	-	-	Y	-	Y	Y		Y	-	-	-	-	-	-	-	-	-		
Hayden Chemist	122	FQ497	Community	Hayden House, Bridge Road, Lowestoft	NR32 3LL	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	Y	Y	-	Y	-	-		
Well Pharmacy	129	FQ840	Community	Unit 5, 15 Ashburnham Way, Carlton Colville, Lowestoft	NR33 8LG	08:45-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	-	-	-	-	-	-	-		
Rosedale Pharmacy	128	FQA30	Community	Rosedale Surgery, 3 Ashburnham Way, Lowestoft	NR33 8LG	07:00-22:30	07:00-22:30	10:00-17:00	Y	-	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	-	-	Y	Y	-		

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Mondayto Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA					
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot		Immediate access to end of life care	EHC	Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption
Tesco Pharmacy	107	FQR74	Community	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	-	-
Boots	42	FRV44	Community	58 Thoroughfare, Woodbridge	IP12 1AL	08:30-17:30	08:30-17:30	11:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	-	Y	Y	-
Asda Pharmacy	125	FT339	Community	Horn Hill, Lowestoft	NR33 0PX	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	Y	-
Cutlers Hill Pharmacy	59	FTD53	Community	Bungay Road, Halesworth	IP19 8SG	08:30-18:30	08:30-12:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	-	-	-
F.P. Cross Pharmacy	123	FVW73	Community	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	-	-	-	-
Aldeburgh Pharmacy	53	FWN85	Community	125 High Street, Aldeburgh	IP15 5AR	09:00-13:00, 14:00-18:00	09:00-17:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-
Beccles HCC Ltd	135	FYK08	Community	Beccles & District War Memorial Hospital, St Mary's Road, Beccles	NR34 9NQ	08:30-18:30	09:00-12:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-

West Suffolk locality

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA							
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking		
Wickhambrook Surgery	D	D83003	GP dispensing practice	Nunnery Green, Wickhambrook, Newmarket	CB8 8XU	08:00-18:30	Closed	Closed	-	-																					
Angel Hill Surgery	Hh	D83005	GP dispensing practice	1 Angel Hill, Bury St Edmunds	IP33 1LU	08:00-18:30	08:30-12:00	Closed	-	-																					
Ixworth Surgery Pharmacy	Dd	D83007	GP dispensing practice	Peddlers Close, Ixworth, Bury St Edmunds	IP31 2HD	08:00-18:30	Closed	Closed	-	-																					
Christmas Maltings & Clements Practice	E	D83012	GP dispensing practice	Camps Road, Haverhill	CB9 8HF	08:30-18:30	Closed	Closed	-	-																					
Guildhall And Barrow Surgery	Gg	D83013	GP dispensing practice	Lower Baxter Street, Bury St Edmunds	IP33 1ET	08:00-18:30	Closed	Closed	-	-																					
Market Cross Surgery	Aa	D83018	GP dispensing practice	7 Market Place, Mildenhall	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	-	-																					
Orchard House Surgery	B	D83027	GP dispensing practice	Newmarket	CB8 8NU	08:00-18:30	Closed	Closed	-	-																					
The Rookery Medical Practice	C	D83029	GP dispensing practice	The Rookery, Newmarket	CB8 8NW	08:30-18:30	08:30-12:00	Closed	-	-																					
Victoria Surgery	li	D83040	GP dispensing practice	Victoria Street, Bury St Edmunds	IP33 3BB	08:00-18:30 (Tue-Wed 08:00-20:00)	08:00-09:30	Closed	-	-																					
Lakenheath Surgery	Z	D83045	GP dispensing practice	135 High Street, Lakenheath	IP27 9EP	08:30-12:30, 13:30-18:30	Closed	Closed	-	-																					
Oakfield Surgery	A	D83067	GP dispensing practice	Newmarket Community Hospital, Exning Road, Newmarket	CB8 7JG	08:30-18:30	Closed	Closed	-	-																					
Stanton Surgery	Ee	D83070	GP dispensing practice	10 The Chase, Stanton, Bury St Edmunds	IP31 2XA	08:30-18:30	Closed	Closed	-	-																					
Reynard Surgery	Bb	D83078	GP dispensing practice	Turnpike Road, Red Lodge	IP28 8LB	08:00-18:30 (Wed 07:00-18:30)	Closed	Closed	-	-																					

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Mondayto Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA						
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking	
The Swan Surgery	Ff	D83610	GP dispensing practice	Northgate Street, Bury St Edmunds	IP33 1AE	08:00-18:30	08:30-12:00	Closed	-	-																				
Lords Pharmacy	4	FA512	Community	Unit 61, The Guineas Shopping Centre, Newmarket	CB8 8EQ	07:30-22:30	07:30-22:30	09:00-19:00	Y	-	Y	-	-	Y	-	Y	-		-	-	Y	Y	Y	Y	-	Y	Y	-		
Tesco Pharmacy	7	FAW93	Community	Cangle Road, Haverhill	CB9 0BQ	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-		Y	-	-	Y	Y	Y	-	Y	Y	-		
Superdrug Pharmacy	95	FC045	Community	37-39 Cornhill, Bury-St-Edmunds	IP33 1DX	08:30-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	Y	Y	-		
Lloyds Pharmacy	89	FC270	Community	Bedingfield Way, Bury St Edmunds	IP32 7EJ	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-		-	-	-	Y	-	-	-	-	-	-		
Pharmacy 2Go	3	FC807	DSP	Suite 6 Lyndon House, Kings Court, Willie Snaith Road, Newmarket	CB8 7SG	09:30-17:30	Closed	Closed	-	-	Y	-	-	-	-	Y	-		Y	-	-	Y	-	-	-	-	-	-		
Victoria Street Pharmacy	97	FD723	Community	17 Victoria Street, Bury-St-Edmunds	IP33 3BB	08:30-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	-	-	-	-	Y	-	-		
Croasdales Chemist	90	FDE79	Community	Mount Farm Surgery, Lawson Place, Bury St Edmunds	IP32 7EW	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	Y	Y	-	-	-	-		
Boots	9	FDG73	Community	15 High Street, Haverhill	CB9 8AD	08:30-17:30	09:00-17:00	10:00 - 16:00	-	-	Y	-	-	Y	-	Y	-		Y	-	-	Y	Y	Y	-	Y	-	-		
Well Pharmacy	10	FED38	Community	2 Mill Road, Haverhill	CB9 8BD	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	Y	Y	-	-	-	-		
Boots	94	FEN32	Community	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	Y	-	Y	-	-		
Guildhall Pharmacy	96	FET80	Community	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	-	-		
Lakenheath Pharmacy	70	FGQ07	Community	40 High Street, Lakenheath	IP27 9JS	09:00-13:00, 14:00-18:30	Closed	Closed	-	Y	-	-	-	-	-	Y	-		-	-	-	Y	-	-	-	Y	-	-		
Clare Pharmacy	20	FHF37	Community	31 High Street, Sudbury	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	-	Y	-	-		
Barrow Pharmacy	74	FKJ62	Community	Barrow Hill Surgery, Barrow Hill, Bury St Edmunds	IP29 5DX	08:00-14:00, 14:30-18:30 (Thu 15:30-18:30)	09:00-12:00	Closed	-	Y	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	Y	-	-		
Boots	68	FL230	Community	32-34 High Street, Brandon	IP27 0AQ	08:30-17:30	08:30-17:00	Closed	-	-	Y	-	-	Y	-	Y	-		-	-	Y	Y	Y	Y	-	-	-	-		
Boots	69	FLH14	Community	1 Bury Road, Brandon	IP27 0BU	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	-	Y	Y	-		

Pharmacy name	Map ID	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		CCG	LA						
											NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Contraceptive pilot	Immediate access to end of life care	EHC		Chlamydia screening	Chlamydia treatment	Health Checks	Supervised consumption	Needle exchange	Stop smoking	
Tesco Pharmacy	91	FLW44	Community	St Saviours Interchange, Bury St Edmunds	IP32 7JS	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-		-	-	-	-	-	-	-	-	-	-	-	
Superdrug Pharmacy	5	FM177	Community	Unit 11, The Rookery, Newmarket	CB8 8HT	08:30-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-		-	-	-	Y	Y	Y	Y	Y	Y	-	-	
Ixworth Pharmacy	86	FMA81	Community	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	-	-	-	
Lloyds Pharmacy	72	FNQ51	Community	2 Manor Court, High Street, Mildenhall	IP28 7EH	08:30-18:00	Closed	Closed	-	-	Y	-	Y	Y	-	Y	-		-	-	-	Y	-	-	-	-	-	-	-	
Lloyds Pharmacy	8	FPA49	Community	Haycocks Road, Haverhill	CB9 7YL	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-		-	-	Y	Y	-	-	-	Y	-	-	-	
Croasdale & Sons	93	FPG21	Community	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	Y	
Asda Pharmacy	98	FPM86	Community	Western Way, Bury St Edmunds	IP33 3SP	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	Y		Y	-	Y	Y	-	-	-	-	-	-	-	
Tesco Pharmacy	2	FQ421	Community	Fordham Road, Newmarket	CB8 7AH	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	-		-	-	-	-	-	-	-	Y	-	-	-	
David Holland Pharmacy	12	FQT88	Community	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	Y	Y	Y	Y	Y	
Lloyds Pharmacy	71	FRT11	Community	27 Market Place, Mildenhall	IP28 7EF	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-		-	-	Y	Y	-	-	-	-	-	-	-	
Boots	6	FT837	Community	82 High Street, Newmarket	CB8 8JX	08:30-17:00	09:00-17:00	10:00-14:00	-	-	Y	-	-	Y	-	Y	-		-	-	-	-	-	-	-	-	-	-	-	
Day Lewis Pharmacy	88	FVC57	Community	7 St Olaves Precinct, Bury St Edmunds	IP32 6SP	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y		Y	-	-	-	-	-	Y	-	-	-	-	
Day Lewis Pharmacy	73	FVG46	Community	Unit 3, Bellflower Crescent	IP28 8XQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	Y	Y	-	-	Y	-	Y	Y		-	-	-	-	-	-	-	Y	-	-	-	
Swan Pharmacy	92	FX364	Community	Swan Surgery, Northgate Street, Bury St Edmunds	IP33 1AE	08:00-22:00	08:00-23:00	08:00-23:00	Y	-	Y	-	-	Y	-	Y	-		-	-	-	Y	-	-	-	-	-	-	-	
Haverhill Pharmacy	11	FXD71	Community	Christmas Maltings Surgery, Camps Road, Haverhill	CB9 8HF	08:30-23:00	08:00-21:45	08:00-21:45	Y	-	Y	-	-	Y	-	Y	Y		-	-	-	Y	-	-	-	Y	Y	-	-	

Appendix B: Community pharmacy providers in neighbouring HWB areas

Essex

Pharmacy name and address	Opening hours (excl bank holidays)
Tesco Pharmacy, 1 The Square, Notley Green, Braintree CM77 7WW	Mon-Sat 08:00-20:00 Sun 10:00-16:00
Boots, Century House, Station Road, Manningtree CO11 1AA	Mon-Fri 08:30-18:30 Sat 08:30-17:30
Tesco Pharmacy, Highwoods Square, Colchester CO4 9ED	Mon-Sat 08:00-20:00 Sun 10:00-16:00
Asda Pharmacy, Turner Rise, Petrolea Close, Colchester CO4 5TU	Mon 08:00-23:00 Tue-Fri 07:00-23:00 Sat 07:00-22:00 Sun 10:00-16:00
Queen Street Pharmacy, 12 Queen Street, Colchester CO1 2PJ	Mon-Fri 07:00-23:00 Sat 07:00-21:00 Sun 10:30-16:30
Cavalry Road Pharmacy, 15 Cavalry Road, Colchester CO2 7GH	Mon-Fri 08:00-18:30 Sat 08:00-13:00
Borno Pharmacy, Fryatt Hospital, 419 Main Road, Dovercourt, Harwich CO12 4EX	Mon-Fri 08:30-18:30

Cambridgeshire

Pharmacy name and address	Opening hours (excl bank holidays)
Tesco Pharmacy, Angel Drove, Ely CB7 4DJ	Mon 08:00-22:30 Tue-Fri 06:30-22:30 Sat 06:30-22:00 Sun 10:00-16:00
Lloyds Pharmacy, Sainsbury's Superstore, Lisle Lane, Ely CB7 4AS	Mon 08:00 – 23:00 Tue-Fri 07:00 – 23:00 Sat – 07:00 – 22:00 Sun 10:00 – 16:00
Wellbeing Pharmacy, St George's Medical Centre, 2 Parsons Lane, Littleport, Ely CB6 1JU	Mon-Sat 08:00-22:30 Sun 08:00-21:00
Staploe Pharmacy, Brewhouse Lane, Soham, Ely CB7 5JD	Mon 08:30-21:00 Tue-Fri 08:30-19:00 Sat 08:30-16:30
Boots, 28 Petty Cury, Cambridge CB2 3ND	Mon-Sat 08:00-19:00 Sun 11:00-17:00
Boots, Grafton Centre, Cambridge CB1 1PS	Mon-Sat 09:00 – 17:00
Asda Pharmacy, Beehive Centre, Coldhams Lane, Cambridge CB1 3ER	Mon-Sat 09:00-20:00 Sun 10:00-16:00
Lloyds Pharmacy (Sainsbury's), Brooks Road, Cambridge CB1 3HP	Mon-Sat 07:00-23:00 Sun 10:00-16:00
Tesco Pharmacy, Cambridge Road, Milton, Cambridge CB24 6AY	Mon-Sat 08:00-20:00 Sun 10:00-16:00
Tesco Pharmacy, Yarrow Road, Cambridge CB1 9BF	Mon 08:00-22:30 Tue-Fri 06:30-22:30 Sat 06:30-22:00 Sun 10:00-16:00
Boots, 320 Cambridge Retail Park, Newmarket Road, Cambridge CB5 8WR	Mon-Sat 09:00-20:00 Sun 10:00-16:00

Norfolk

Pharmacy name and address	Opening hours (excl bank holidays)
Hopton Pharmacy, 1 Warren Road, Hopton on Sea, Great Yarmouth NR31 6JU	Mon-Fri 09:00-18:00 Sat 09:00-13:00
Hopton Pharmacy, 1 Warren Road, Hopton on Sea, Great Yarmouth NR31 9BN	Mon-Fri 09:00-18:00 Sat 09:00-13:00
Boots, Gapton Hall Retail Park, Gapton Hall Road, Great Yarmouth NR31 0NL	Mon 08:00 – 20:00 Tue –Thu 08:30 – 23:59 Fri - Sat 08:00 – 23:59 Sun 10:30 – 16:30
Tesco Pharmacy, Pasteur Road, Southtown, Great Yarmouth NR31 0DW	Mon-Fri 08:00-18:30
Town Pharmacy, 171 King Street, Great Yarmouth NR30 2PA	Mon-Sat 07:00-22:00 Sun 10:00-20:00
Greyfriars Pharmacy, 5 Greyfriars Way, Great Yarmouth NR30 2QE	Mon-Fri 07:00-22:00 Sat 08:00-21:00 Sun 08:00-20:00
Asda Pharmacy, Acle New Road, Runham Vauxhall, Great Yarmouth NR30 1SF	Mon-Wed 08:30 – 20:00 Thu-Fri 08:30 – 21:00 Sat 08:30 – 20:00 Sun 10:00 – 16:00
Hado Pharmacy, 66 Mount Street, Diss IP22 4QQ	Mon-Fri 08:30-19:00 Sat 08:30-18:00 Sun 10:00 – 16:00

*This list is not exhaustive, and many more (in some cases, closer) providers may exist, though often with lesser opening hours. NHS website as of April 2022.

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of a Pharmaceutical Needs Assessment (PNA) on behalf of Suffolk County Council (SCC), to ensure that it satisfies the relevant regulations including consultation requirements.

Accountability

The Steering Group is to report to the Director of Public Health for SCC, who has received delegation from Suffolk Health and Wellbeing Board (HWB) to produce the 2022 PNA for Suffolk.

Membership

Core members:

- Assistant Director Knowledge & Intelligence, Public Health, SCC
- Head of Population Insight, Public Health, SCC
- NHS England representative
- Suffolk Local Medical Committee representative
- Norfolk & Waveney Local Medical Committee representative
- Suffolk Local Pharmaceutical Committee representative
- West Suffolk CCG Senior Pharmacist
- Head of Medicines Management, Ipswich and East CCG
- Head of Medicines Optimisation, Great Yarmouth and Waveney CCG
- Senior Epidemiologist, Public Health, SCC
- Head of Comms, West Suffolk CCG
- Senior Communications Officer, SCC
- Community Development Manager Health Watch representative (lay member)
- Suffolk Local Profession Network chair

Members are encouraged to provide a deputy if unable to attend. Soar Beyond members are not core members, however, will chair and collate minutes of the meetings. Each core member/deputy has one vote. Anna Crispe, the Associate Director of Knowledge and Intelligence, Public Health, SCC, 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. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG 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 SCC 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 2022 to sign off the PNA for submission to the HWB.

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 Pharmaceutical 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
 - The NHS Commissioning Board
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both a draft and final PNA
- Publish a final PNA by 1 October 2022

Appendix D: Public questionnaire



PNA Public Questionnaire 2022 Suffolk Health and Wellbeing Board

'This survey was designed in co-production with patients'

Tell us what you think of pharmacy services in Suffolk

We want to hear what you think of pharmacy services in Suffolk to help us develop services in the future. Everybody's views are important to ensure the pharmacy services in Suffolk meet your needs. Your views will help us to develop future pharmacy services and how these are accessed. This includes Community Pharmacies and GP dispensaries.

The information you give us will enable us to:

- check whether or not our services are equally accessible to everyone who is entitled to them;
- identify and address any barriers to accessing (information about) our services;
- continually improve the services we deliver.

We would be grateful if you would take your time to answer some questions about your own experience and views. It takes between 3 and 20 minutes, depending on your answers.

The information in the questionnaire you provide is confidential. Please see the privacy statement below (on p2) to understand what happens to your information and answers. Information returned in the 'A bit about you' section will be recorded separately from your questionnaire response.

This questionnaire is available in other formats upon request. If you require this, please contact Natacha Bines, Public Health and Communities Suffolk, on 01473 260091 or email PNA@suffolk.gov.uk.

If you would like to complete this online, please go to:

<https://www.surveymonkey.co.uk/r/SuffolkPNA2022Public>



Closing date for this questionnaire is 17 December 2021

Please return the questionnaire to your pharmacist or GP practice or post back using the Freepost envelope to:

Natacha Bines, Public Health and Communities Suffolk, Suffolk County Council, Endeavour House,

8 Russell Road, Ipswich, IP1 2BX

N.B. All responses to these questions are anonymous; responses are added together, and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit:

<https://www.suffolk.gov.uk/about/privacy-notice/public-health-privacy-notice/>

1) How often have you visited a pharmacy/dispensary in the last six months?

For yourself:

- ☐ Once a week or more
- ☐ Once a month
- ☐ Once every few months
- ☐ Once in six months
- ☐ I haven't visited a pharmacy/dispensary in the last 6 months

For someone else:

- ☐ Once a week or more
- ☐ Once a month
- ☐ Once every few months
- ☐ Once in six months
- ☐ I haven't visited a pharmacy/dispensary in the last 6 months

If you have not, is there a reason why?

- ☐ I regularly prefer to use an internet pharmacy. (An internet pharmacy is a registered pharmacy business that only provides an online service for prescriptions. A traditional pharmacy provides face to face services and may provide the facility to provide online services too). If happy to do so, please provide the website _____
- ☐ Other, please specify _____

2) Do you have a regular or preferred pharmacy/dispensary that you use?

- ☐ Yes – if happy to do so, please provide the name and address _____

- ☐ No

3) How would you rate your overall satisfaction with your regular/preferred pharmacy/dispensary?
(Please select one answer for each row)

Pharmacy/dispensary	Excellent	Good	Fair	Poor	N/A
Traditional pharmacy/dispensary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments you would like to make about your traditional/internet pharmacy? _____

4) When considering a choice of pharmacy/dispensary, which of the following helps you choose?
(Please select all that apply)

- ☐ Close to home
- ☐ They offer a specific service
- ☐ Availability of medication (stocks)
- ☐ Accessibility (level access, space, clear signage, uncluttered)
- ☐ Convenience (e.g. doing the shopping whilst visiting the pharmacy)
- ☐ Other, please specify _____
- ☐ Close to GP surgery
- ☐ Expertise / quality of advice
- ☐ Efficiency
- ☐ Close to work
- ☐ Friendly staff
- ☐ Parking

5) Who would you normally visit a pharmacy/dispensary for? (Please select all that apply)

- ☐ Yourself

 ☐ A family member

 ☐ Neighbour / friend
☐ Someone you are a carer for

 ☐ All of the above
☐ Other, please specify _____

6) If you visit a pharmacy/dispensary regularly *on behalf of someone else*, please give a reason why (You may select more than one answer)

- ☐ Access (for example disability / transport)

 ☐ The person cannot use the delivery service
☐ For a child/dependant

 ☐ The person is too unwell
☐ Opening hours of the pharmacy not suitable for patient

 ☐ Most convenient
☐ The person does not have access to digital or online services

 ☐ All of the above
☐ Other, please specify _____

7) How would you usually travel to the pharmacy/dispensary? (Please select one answer)

- ☐ Car

 ☐ Taxi

 ☐ Public transport
☐ Walk

 ☐ Wheelchair / mobility scooter

 ☐ Bicycle
☐ I don't, someone goes for me
 ☐ I don't, I use an online pharmacy or delivery service
☐ Other, please specify _____

If you have answered "I don't" to the above, please go to question 11

8) If you travel, where do you travel from (work/home/other)?

9) On average, how long would it take you to travel to a pharmacy/dispensary? (Please select one answer)

- ☐ 0 to 15 minutes

 ☐ 16 to 30 minutes

 ☐ Over 30 minutes

 ☐ Varies

10) Do you have any difficulties when travelling to a pharmacy/dispensary?

- ☐ Yes

 ☐ No

If yes, please select one of the following reasons:

- ☐ Location of pharmacy

 ☐ Public transport availability

 ☐ Parking difficulties
☐ It's too far away

 ☐ I don't, someone goes on my behalf

 ☐ Access issues
☐ Other, please specify _____

11) Do you know your pharmacy/dispensary opening days and times?

- ☐ Yes – please provide the details _____
☐ No

12) What is the most convenient day for you to visit a pharmacy/dispensary? (Please select one answer)

- ☐ Monday to Friday

 ☐ Saturday

 ☐ Sunday

 ☐ Varies

 ☐ Don't mind

13) Is your preferred pharmacy/dispensary open on the most convenient day for you?

☐ Yes ☐ No

14) When do you prefer to visit a pharmacy/dispensary? (Please select one answer)

- ☐ Morning (8 am–12 pm) ☐ Lunchtime (12 pm–2 pm) ☐ Afternoon (2 pm–6 pm)
☐ Early evening (6 pm–8 pm) ☐ Late evening (after 8 pm) ☐ Varies
☐ Don't mind / no preference

15) Is your preferred pharmacy/dispensary open at the most convenient time for you? /at your preferred time?

☐ Yes ☐ No

16) How regularly do you typically buy an over the counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

☐ Varies- when I need it

Regularly: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Yearly ☐ Never

☐ Rarely

17) Which of the following [pharmacy services](#) are you aware that a pharmacy may provide? (Please select one answer for each row – even if you do not use the service).

And would you like to see these services always provided by your pharmacy?

Service	Are you aware that a pharmacy may provide this?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing Appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge Medicines Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No
C-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No
New medicine service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stoma appliance customisation service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service	Are you aware that a pharmacy may provide this?
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stopping smoking / nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate access to specialist drugs e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please specify	

18) Which of the following [pharmacy services](#) would you like to see always provided by your pharmacy? (Please select one answer for each row)

Service	Would you like to see this service always provided?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Buying over the counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing Appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Discharge Medicines Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
C-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
New medicine service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stoma appliance customisation service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion

Service	Would you like to see this service always provided?
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stopping smoking / nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Immediate access to specialist drugs e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID -19 Vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Other, please specify	

19) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit?

☐ Yes ☐ No ☐ I don't know

20) If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?

☐ Yes ☐ No ☐ I don't know

Any other comments you would like to make about the consultation room?

21) If you are using a community pharmacy rather than a dispensing practice, are you aware that your GP practice can send your prescription electronically to your chosen pharmacy?

☐ Yes ☐ No

22) Is your pharmacy able to provide medication on the same day that your prescription is sent to it?

☐ Yes ☐ No – it normally takes one day
☐ No – it normally takes two or three days ☐ No – it normally takes more than three days
☐ I don't know

23) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (please select all that apply)

☐ Paper request form to my GP practice ☐ Paper request form through my pharmacy
☐ By email to my GP practice ☐ Online request to my GP practice
☐ My pharmacy orders on my behalf ☐ Electronic Repeat Dispensing (eRD)
☐ Varies
☐ Other (please specify) _____

24) Have you ever used Electronic Repeat Dispensing (eRD)? (Electronic repeat dispensing (eRD) is a process that allows you to obtain repeated medication/appliances without the need for your GP to hand-sign authorised repeat prescriptions each time. This allows your GP to authorise and issue a batch of repeat prescriptions until you need to be reviewed. The prescriptions are then available for dispensing at the specified intervals at your nominated pharmacy)

☐ Yes. Do you have any comments about it?

☐ I don't know / have never heard of it

25) What could the pharmacy offer to make it your first point of call for your health needs?

26) Do you have any other comments you would like to make about your pharmacy?

27) Going forward, how will you access pharmaceutical services due to the changes in the last 18 months?

- ☐ Visit a traditional pharmacy/dispensary
- ☐ Access a traditional pharmacy online
- ☐ Use an internet pharmacy
- ☐ A combination of the above
- ☐ I don't know

Thank you for completing this questionnaire

If you wish to be kept informed about the Pharmaceutical Needs Assessment and the consultation that we will be running in Suffolk, please visit:

<https://www.healthysuffolk.org.uk/jsna/pharmaceutical-needs-assessment/pna-survey>

A bit about you

This information is being collected anonymously and will only be used for the purpose of improving Suffolk's pharmacy service.

Please note that this section is optional and you don't have to complete these questions if you don't want to.

If you choose not to answer these questions, please tick the 'Prefer Not to Disclose' option so that we are aware of your choice.

By providing this information it allows us to see which groups of people are responding to our consultations and which groups are underrepresented. We can then make extra efforts to reach underrepresented groups so that we can consider the views of all groups who may be affected by our plans. It also helps us ensure that everyone is treated fairly and equitably in everything we do. Without your information, we can't always spot trends and issues which enable us to make appropriate changes or improvements.

All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation).

1. 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.

☐ (Prefer not to disclose)

2. Postcode: _____

3. Are you:

☐ Female ☐ Male ☐ Prefer not to say

☐ Prefer to self-describe (Please specify) _____

4. Which age group do you fit into?

☐ Under 16 ☐ 16–24 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64

☐ 65–74 ☐ 75+ ☐ Do not want to say

5. 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. Do you consider yourself to have a disability according to the terms given in the Equality legislation?

☐ Yes ☐ No

6. If you have answered yes to the above question, please indicate the type of impairment which applies to you from the list below.

People may experience more than one type of impairment, in which case please select all that apply. If your disability does not fit any of these types, please mark 'Other'.

- ☐ Mobility
 ☐ Hearing
 ☐ Vision
 ☐ Learning
 ☐ Mental Health
☐ Communication
 ☐ Long-standing health condition
☐ Other (Please state below):

7. To which of these groups do you consider you belong?

- ☐ Asian or Asian British: Indian
 ☐ Asian or Asian British: Pakistani
☐ Asian or Asian British: Bangladeshi
 ☐ Chinese
☐ Any other Asian background - please specify in the box below:

- ☐ Black or Black British: Caribbean
 ☐ Black or Black British: African
☐ Any other Black background - please specify in the box below:

- ☐ Mixed: White and Black Caribbean
 ☐ Mixed: White and Black African
☐ Mixed: White and Asian
☐ Any other Mixed background - please specify in the box below:

- ☐ White: English
 ☐ White: Irish
 ☐ White: Scottish
 ☐ White: Welsh
 ☐ White: British
☐ Gypsy or Irish Traveller
☐ Other white background - please describe:

- ☐ Do not want to say

8. Your religion or belief - What group do you most identify with?

- ☐ No religion
 ☐ Baha'i
 ☐ Buddhist
 ☐ Christian
 ☐ Hindu
☐ Jain
 ☐ Jewish
 ☐ Muslim
 ☐ Sikh
☐ Any other religion or belief (specify if you wish)

9. What is your sexual orientation?

- ☐ Bisexual
 ☐ Gay man
 ☐ Gay woman / lesbian
 ☐ Heterosexual
☐ No sexuality
 ☐ Same sex relationship with a man
 ☐ Same sex relationship with a woman
☐ Prefer not to say
 ☐ Other (specify if you wish)

What is a pharmaceutical needs assessment?

The Pharmaceutical Needs Assessment is a structured approach to identifying unmet pharmaceutical need which each Health and Wellbeing Board is required to publish. It helps to identify the current and future commissioning of services required from pharmaceutical service providers.

What is the relevance of the 'A bit about you' section?

Suffolk County Council monitors the age, disability, gender, race and preferred first language of our service users, as well as whether or not they have caring responsibilities for an adult or a child with a disability. Where relevant and appropriate to the service questionnaire, for example in relation to health or social care services, we also sometimes ask about the sexual orientation, marital or civil partnership status and religion or belief of service users. We collect this information by asking you to fill in the 'A bit about you' section. The section is very straightforward to complete.

Who chooses the questions listed on the 'A bit about you' section?

The questions in the 'A bit about you' section are based on legislation (Equality Act 2010); advice from advisory bodies (Equality and Human Rights Commission) and best practice by other local authorities

Is it just Suffolk County Council that carries out equal opportunities monitoring?

No. All local authorities across the country monitor characteristics such as the age, gender, disability and ethnic origin of those who use their services.

Do I have to give you this information?

No. All questions in the 'A bit about you' section are voluntary. If you feel uncomfortable giving us this information, simply tick the 'prefer not to say' box or do not answer the question. However, we can't get things right without your help so we ask you to help us by completing this form.

I've already given you this information, why do you want it again?

We recognise that people's circumstances change all the time and we want to make sure that our services are reflective of people's changing circumstances.

Still have questions?

If you have further questions or want more information about this form, please contact: Natacha Bines, Public Health and Communities Suffolk, Suffolk County Council, Endeavour House, 8 Russell Road, Ipswich IP1 2BX. natacha.bines@suffolk.gov.uk or telephone 01473 260091.

Appendix E: Pharmacy contractor questionnaire

PNA Pharmacy Contractor Questionnaire 2022 **Suffolk Health and Wellbeing Board**

Soar Beyond are supporting Suffolk County Council to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors within Suffolk. We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/SuffolkPNA2022PharmacyContractor>



Please complete this questionnaire by 17 December 2021

Premises and contact details

Contractor code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/> Yes
Pharmacy premises shared NHS mail account	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
May the LPC update its premises and contact details for you with the above information?	<input type="checkbox"/> Yes

Opening hours and related matters**Core hours of opening**

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Consultation facilities

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

On premises	None, have submitted a request to NHS England and NHS Improvement (NHSE&I) that the premises are too small for a consultation room	<input type="checkbox"/>
	None, NHSE&I has approved my request that the premises are too small for a consultation room	<input type="checkbox"/>
	None (Distance-Selling Pharmacy)	<input type="checkbox"/>
	Available (including wheelchair access)	<input type="checkbox"/>
	Available (without wheelchair access)	<input type="checkbox"/>
	Planned before 1st April 2023	<input type="checkbox"/>
	Other (specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes <input type="checkbox"/> No

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements **from 1 January 2021**, almost all pharmacies will need to have a consultation room.

<https://psnc.org.uk/our-news/regs-explainer-14-consultation-rooms-and-remote-consultations/>

During consultations are there hand-washing facilities	In the consultation area	<input type="checkbox"/>
	Close to the consultation area	<input type="checkbox"/>
	None	<input type="checkbox"/>
Patients attending for consultations have access to toilet facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No
Languages spoken (in addition to English)		

Services

Does the pharmacy dispense appliances?

Yes – All types	<input type="checkbox"/>
Yes, excluding stoma appliances or	<input type="checkbox"/>
Yes, excluding incontinence appliances or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances or	<input type="checkbox"/>
Yes, just dressings or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

Advanced services

Does the pharmacy provide the following services?

SERVICE	Yes	Intending to begin within next 12 months	No - not intending to provide
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension Case-Finding Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 LFD Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C Testing Service (Until 31 March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Delivery Service (Until 31 March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following other services does the pharmacy provide, or would be willing to provide?

SERVICE	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	Local NHS England Team	CCG	Local Authority			
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EC) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease-Specific Medicines Management Service:						
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's / Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

SERVICE	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	Local NHS England Team	CCG	Local Authority			
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?						
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?						
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity Management (adults and children) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	Local NHS England Team	CCG	Local Authority			
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations⁽¹⁾						
Childhood vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients) vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)						<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines – free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – with charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – free of charge if eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – with charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No

May the LPC update its opening hours and related matters and services details for you with the above information?	<input type="checkbox"/> Yes
---	------------------------------

Details of the person completing this form:

Contact name of person completing questionnaire on behalf of the contractor, if questions arise	Contact telephone number

Appendix F: Commissioner questionnaire

Commissioner Questionnaire 2022 **Suffolk Health and Wellbeing Board**

Soar Beyond are supporting Suffolk County Council to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in Suffolk (even if they do not commission services currently).

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/SuffolkPNA2022Commissioner>



Please complete this questionnaire by 17 December 2021

Which of the following services do you commission or maybe considering commissioning from local community pharmacies?

SERVICE	Already commissioning	Willing to commission	Not able or willing to commission
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiviral Distribution Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EC) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease Specific Medicines Management Service:			
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)			
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

SERVICE	Already commissioning	Willing to commission	Not able or willing to commission
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening service:			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)			
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations:			
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE	Already commissioning	Willing to commission	Not able or willing to commission
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)			
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you see Community Pharmacy and PCN working together to provide a more integrated approach to meet the needs of the population?

Details of the person completing this Questionnaire - if questions arise

Contact name	Contact telephone number

Thank you for completing this questionnaire

Appendix G: Dispensing GP Practice questionnaire

PNA Dispensing Practice Questionnaire 2022

Suffolk Health and Wellbeing Board

What is this questionnaire about?

As you may be aware, Suffolk County Council has a statutory duty to develop and publish a revised Pharmaceutical Needs Assessment (PNA) at least every three years. The next PNA will be published by October 2022. Work has been underway on the PNA for some time, and I would like to update you on the process so far.

A core Steering Group was established to lead the work. The Steering Group includes LMC representation.

Information is being collated on the population and health needs of each of the localities in Suffolk. Alongside that, information is being collated on the pharmaceutical services that are currently available.

The conclusions will start to be drawn leading to the draft PNA for consultation being completed by summer 2022. All dispensing doctor contractors will be asked to comment as part of the consultation.

To help us form a clearer picture of the services available to patients living in the more rural parts of the Health and Wellbeing Board area who may have problems accessing services, please can you answer the following questions **by 17 December 2021 at the latest**, so that the information can be incorporated into the needs assessment.

Who should complete the questionnaire?

This questionnaire should be completed by the Dispensing Doctor / Practice Manager. The responses should be about the dispensary. If your practice offers dispensing services from several branch surgeries, please complete a return for each dispensing site.

If you do not wish to answer a question for any reason, then leave it blank.

If you would like to complete this online please go to:

<https://www.surveymonkey.co.uk/r/SuffolkPNA2022DispensingPractice>



Please complete this questionnaire by 17 December 2021

1) Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)?

- ☐ Yes ☐ No

2) What is the total number of hours each week when dispensing is available by the practice?

3) Do the dispensary hours match the practice hours? If not, what are the gaps?

- ☐ Yes ☐ No - the following hours are the gaps:

4) Do you provide any of the following services outside the dispensing service? (Please select all that apply)

- ☐ DRUMs
- ☐ NHS Health Checks commissioned by Public Health
- ☐ Sexual health services
- ☐ Home delivery (if yes, please complete sections 8–10)
- ☐ Compliance aids (Please list) _____
- ☐ Other (Please specify) _____
- ☐ No additional services

5) Is your practice planning to start providing any of the following services? (Please select all that apply)

- ☐ DRUMs
- ☐ NHS Health Checks commissioned by Public Health
- ☐ Sexual health services
- ☐ Home delivery (normally)
- ☐ Home delivery (due to COVID-19)
- ☐ Compliance aids (Please list) _____
- ☐ Other (Please specify) _____
- ☐ No

**Only complete the following questions if you provide a delivery service
or are planning to do so in the future**

6) Please tell us about your delivery / planned delivery service

- ☐ We currently offer a delivery service
- ☐ We plan to offer a delivery service from _____ (provide date / timescale if known)

7) If you provide a delivery service, or are planning to do so in the future, which of these groups do you offer free delivery to? (Please select all that apply)

- ☐ All patients ☐ Older people
- ☐ Disabled people ☐ People that are housebound
- ☐ Nursing home residents ☐ Residential home residents
- ☐ Those specifically requesting delivery ☐ Requested by GP
- ☐ Self-isolating people ☐ Clinically extremely vulnerable (CEV) people
- ☐ Other (please specify) _____

8) Where do you offer, or plan to offer, free delivery to? (Please select one answer)

- ☐ Any eligible patient within our practice inner boundary
- ☐ Any eligible patient within a smaller area than our practice boundary
- ☐ Any eligible patient wherever they live

9) Do you place any other restrictions on the free delivery (or planned free delivery) of dispensed medicine?

10) In your opinion, how good is the current provision of pharmaceutical services from community pharmacies in your part of Suffolk:

- ☐ Excellent ☐ Very Good ☐ Good ☐ Adequate ☐ Poor ☐ Very Poor

- 11)** In your opinion, do patients in your area have adequate access to the following services commissioned from, or provided by, some community pharmacies? (Please select one answer for each row)

Service	Yes	No	Don't know
Over the counter medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to local services:			
Supply of emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate access to emergency medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 12)** Do you feel that local provision would be improved by the following? (Please select one answer for each row)

Improvement	Yes	No	Don't know
Increasing the number of pharmaceutical service providers locally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the opening hours of existing local pharmaceutical service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)			

- 13)** If your practice could be commissioned to provide similar services to those currently available under the [additional services sections of the community pharmacy contract](#), would you be prepared to do so?

- ☐ Yes (Please specify the type of service) _____
- ☐ No

- 14)** Can your GP practice send a prescription electronically to a pharmacy chosen by a patient?

- ☐ Yes ☐ No

- 15)** How can patients contact you to order their prescriptions? (Please select all that apply)

- ☐ Paper request form to GP practice ☐ Paper request form through pharmacy
- ☐ By email to GP practice ☐ Online request to GP practice
- ☐ Other (please specify) _____

Thank you for your completing this questionnaire

Your answers to this survey are private and will be kept in line with the Data Protection Act

Appendix H: PCN questionnaire

PNA Primary Care Network (PCN) Questionnaire 2022 Suffolk Health and Wellbeing Board

What is this questionnaire about?

As you may be aware, Suffolk County Council has a statutory duty to develop and publish a revised Pharmaceutical Needs Assessment (PNA) at least every three years. The next PNA will be published by October 2022. Work has been underway on the PNA for some time and I would like to update you on the process so far.

A core Steering Group was established to lead the work. The Steering Group includes Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC) representation.

Information is being collated on the population and health needs of each of the localities in Suffolk. Alongside that, information is being collated on the pharmaceutical services that are currently available.

The conclusions will start to be drawn leading to the draft PNA for consultation being completed by summer 2022. All PCNs will be invited to comment as part of the consultation.

To help us form a clearer picture of the services available to patients living in the more rural parts of the Health and Wellbeing Board area who may have problems accessing services, please can you answer the following questions **by 17 December at the latest**, so that the information can be incorporated into the needs assessment.

Who should complete the questionnaire?

This questionnaire should be completed by the PCN Clinical Director/Senior Pharmacist. The responses should be about the pharmaceutical services provided within your PCN area by community pharmacies or dispensing GP Practices.

Please note, we are aware that activities and priorities have changed significantly in the last year with the impact of COVID-19, and therefore would like to emphasise there is not right or wrong answer for these questions. The answers will provide a clear understanding of the current provision of pharmaceutical services within your PCN as well as the needs for future developments.

If you do not wish to answer a question for any reason, then leave it blank.

To complete this questionnaire online please go to:

<https://www.surveymonkey.co.uk/r/SuffolkPNA2022PCN>



Please complete this questionnaire by 17 December 2021

1) How is the pharmaceutical provision across your PCN? (For Dispensing Doctors and/or Community Pharmacies)

☐ Excellent ☐ Very Good ☐ Good ☐ Adequate ☐ Poor ☐ Very Poor

☐ Don't know

2) Have your PCN employed PCN Pharmacist(s)?

☐ Yes ☐ No ☐ Don't know

3) Have you employed a PCN Pharmacist Technician(s)?

☐ Yes ☐ No ☐ Don't know

4) If yes to either question 2 or 3, how do you see this role dovetailing into the current pharmaceutical service provision across your PCN?

☐ Don't know

5) Who is leading your pharmacy integration strategy at a local level?

☐ Don't know

6) Who is leading the dispensing practice element of the integration?

☐ Don't know

7) Do you know who your Community Pharmacy PCN Lead is? (PQS requirement 2021)

☐ Yes ☐ No

8) Do you have any plans that have been co-created for pharmacy services across your PCN?

☐ Yes ☐ No ☐ Don't know

9) Is the community pharmacy contract integrated into the way the PCN operates?

☐ Yes ☐ No ☐ Don't know

10) Which of the following community pharmacy services is your PCN signposting / referring / using? (Please select all that apply)

- ☐ Community Pharmacist Consultation Service (CPCS)
- ☐ New Medicine Service (NMS)
- ☐ Flu Vaccination Service
- ☐ Appliance Use Review (AUR)
- ☐ Stoma Appliance Customisation (SAC)
- ☐ Discharge Medicines Service (DMS)
- ☐ Pandemic Delivery Service (commissioned until 31 March 2022)

11) Is the Information Technology estate good enough to provide effective pharmaceutical services across a PCN? (e.g. Discharge Medicine Service – access and permissions to edit summary care records in community pharmacy)

- ☐ Yes ☐ No ☐ Don't know

12) What other opportunities outside of current contractual agreement could Community Pharmacies provide that meet the needs of the population of the PCN?

13) Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?






Thank you for completing this questionnaire






Appendix I: PNA Project Plan



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project Planning & Governance <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
Stage 2: Research & analysis <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments Equalities Impact Assessment Electronic, distribution and collation Analysis of questionnaire responses Steering Group Meeting Two Draft update for HWB 													
Stage 3: PNA development <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for Consultation Steering Group Meeting Three Draft update for HWB 													
Stage 4: Consultation & final draft production <ul style="list-style-type: none"> Coordination and management of consultation Analysis of Consultation responses Production of Consultation findings report Draft Final PNA for approval Steering Group Meeting Four Minutes to meetings Edit and finalise final PNA 2022 Draft update for HWB 													

Appendix J: Results of the public questionnaire

Total responses received:¹ 555



1a How often have you visited a pharmacy/dispensary in the last six months for yourself?		Answered 538 %	Skipped 17 Responses
For yourself:			
Once a week or more		8%	42
Once a month		56%	303
Once every few months		21%	111
Once in six months		6%	31
I haven't visited a pharmacy/dispensary in the last 6 months		9%	51

1b How often have you visited a pharmacy/dispensary in the last six months on behalf of someone else?		Answered 519 %	Skipped 36 Responses
For someone else:			
Once a week or more		6%	30
Once a month		33%	171
Once every few months		22%	116
Once in six months		12%	64
I haven't visited a pharmacy/dispensary in the last 6 months		27%	138

1c If you have not visited a pharmacy/dispensary in the last six months, is there a reason why?		Answered 73 %	Skipped 482 Responses
I prefer to use an internet pharmacy		32%	23
Other		68%	50

Comments:











Not required	20	Pharmacy home delivery	11
Someone goes for me	8	Mobility issues and poor public transport/parking	3
Using GP dispensary	2	Collect from GP surgery	2
Shielding	1	Order from abroad as local pharmacies charge postage	1

2 Do you have a regular or preferred pharmacy/dispensary that you use?		Answered 551 %	Skipped 4 Responses
Yes		90%	510
No		7%	41

Comments:













Provided name and address of pharmacy	460
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¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

3 How would you rate your overall satisfaction with your regular/ preferred pharmacy/dispensary?		Answered 547	Skipped 8
		%	Responses
Traditional pharmacy/dispensary			
Excellent		54%	293
Good		24%	132
Fair		13%	72
Poor		7%	37
N/A		1%	6
Internet pharmacy			
Excellent		16%	51
Good		7%	22
Fair		2%	7
Poor		2%	5
N/A		73%	235







Any comments about your traditional/internet pharmacy:

Excellent service	127	Poor service	38
Poor stock	7	Opening hours issues	6
Hard to contact	4	Too busy	2
Parking issues	1		

4 When considering a choice of pharmacy/dispensary, which of the following helps you choose? (Please select all that apply)		Answered 555	Skipped 0
Close to home		76%	424
Close to GP surgery		46%	258
Close to work		8%	44
They offer a specific service		45%	249
Expertise/quality of advice		8%	46
Friendly staff		38%	210
Availability of medication (stocks)		56%	309
Efficiency		41%	226
Parking		44%	245
Accessibility (level access, space, clear signage, uncluttered)		11%	63
Convenience (e.g. doing the shopping whilst visiting the pharmacy)		26%	147
Other		8%	46










Comments:

Good Service	18	Extended Opening Hours	6
Delivery Service	4	Easy to access	4
Avoiding Long wait	3	East to Contact	2
Parking	1	Text Service	1

5 Who would you normally visit a pharmacy/dispensary for? (Please select all that apply)		Answered 551	Skipped 4
		%	Responses
Yourself		91%	500
A family member		57%	315
A neighbour/friend		7%	36
Someone you are a carer for		5%	28
All of the above		2%	13
Other		3%	15







Comments:

Family member	9	Homebound person	4
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6 If you visit a pharmacy/dispensary regularly <i>on behalf of someone else</i> , please give a reason why? (Please select all that apply)		Answered 315	Skipped 240
		%	Responses
Access (for example disability/transport)		18%	58
The person cannot use the delivery service		3%	10
For a child/dependant		21%	66
The person is too unwell		16%	49
Opening hours of the pharmacy not suitable for patient		7%	21
The person does not have access to digital or online services		10%	30
Most convenient		44%	140
All of the above		3%	11
Other		12%	37




Comments:

Person unable to collect	25	Collect same time as my own	4
Convenience	3	Shielding	2
Delivery service is unreliable	1	Opening hours not suitable	1

7 How would you usually travel to the pharmacy/dispensary?		Answered 551	Skipped 4
		%	Responses
Car		63%	346
Taxi		0%	1
Public transport		0%	1
Walk		28%	156
Bicycle		2%	11
Wheelchair / mobility scooter		1%	8
I don't, someone goes for me		1%	5
I don't, I use an online pharmacy or delivery service		3%	15
Other		1%	8




Comments:



Car or walk	7	Public transport or walk	1
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8 If you travel, where do you travel from?		Answered 494	Skipped 61
		%	Responses
Home		5%	25
Work		94%	464
Other		1%	5

Comments:



From home	6	From doctor's surgery	3
Golf course	1		

9 On average, how long would it take you to travel to a pharmacy/dispensary?		Answered 529	Skipped 26
		%	Responses
0 to 15 minutes		87%	458
16 to 30 minutes		12%	64
Over 30 minutes		1%	6
Varies		0%	1

10 Do you have any difficulties when travelling to a pharmacy/dispensary?		Answered 527	Skipped 28
		%	Responses
Yes		8%	41
No		92%	486






Comments:


Parking difficulties	13	It's too far away	7
Public transport availability	5	I don't, someone goes on my behalf	3
Location of pharmacy	3	Health issues/disability	3
Access issues	2	Difficulty driving/roadworks	2
Opening hours not convenient	1	No secure bike storage	1


11 Do you know your pharmacy/dispensary opening days and times?		Answered 481	Skipped 74
		%	Responses
Yes		65%	312
No		35%	169








Comments:



Provided opening hours	312
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12 What is the most convenient day for you to visit a pharmacy/dispensary?		Answered 482	Skipped 73
		%	Responses
Monday to Friday		31%	147
Saturday		5%	25
Sunday		1%	5
Varies		35%	167
I don't mind		29%	138















13 Is your preferred pharmacy/dispensary open on the most convenient day for you?		Answered 475	Skipped 80
		%	Responses
Yes		93%	441
























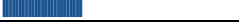








No		7%	34
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14 When do you prefer to visit a pharmacy/dispensary?		Answered 482 %	Skipped 73 Responses
Morning (8 am–12 pm)		16%	79
Lunchtime (12 pm–2 pm)		5%	23
Afternoon (2 pm–6 pm)		12%	56
Early evening (6 pm–8 pm)		7%	34
Late evening (after 8 pm)		1%	4
Varies		32%	155
I don't mind / No preference		27%	131

15 Is your preferred pharmacy/dispensary open at the most convenient time for you/at your preferred time?		Answered 471 %	Skipped 84 Responses
Yes		90%	425
No		10%	46














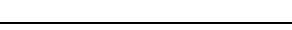





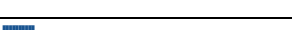

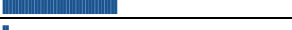



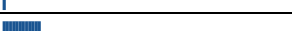
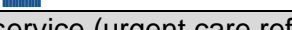

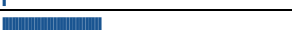


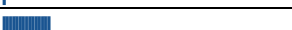

16 How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy?		Answered 484 %	Skipped 71 Responses
Varies – when I need it		52%	253
Daily		0%	0
Weekly		2%	10
Fortnightly		2%	10
Monthly		10%	50
Yearly		4%	19
Rarely		26%	125
Never		4%	17





































17 Which of the following pharmacy services are you aware that a pharmacy may provide?		Answered 482 %	Skipped 73 Responses
Advice from your pharmacist			
Yes		98%	468
No		2%	10
Buying over-the-counter medicines			
Yes		97%	465
No		3%	14
Dispensing medicines			
Yes		97%	466
No		3%	12
Dispensing appliances			
Yes		58%	241
No		42%	174
Repeat dispensing services			
Yes		94%	449
No		6%	29
Discharge medicines service			
Yes		38%	145
No		62%	237
Disposal of unwanted medicines			
Yes		83%	379
No		17%	77

17 Which of the following pharmacy services are you aware that a pharmacy may provide?		Answered 482 %	Skipped 73 Responses
Appliance use review			
Yes		21%	80
No		79%	293
COVID-19 lateral flow device distribution service			
Yes		80%	354
No		20%	87
Community pharmacist consultation service (urgent care referral)			
Yes		29%	114
No		71%	275
Flu vaccination services			
Yes		81%	360
No		19%	85
Hepatitis testing service			
Yes		10%	37
No		90%	339
New medicine service			
Yes		29%	113
No		71%	275
Stoma appliance customisation service			
Yes		11%	42
No		89%	331
Needle exchange			
Yes		29%	111
No		71%	267
Home delivery and prescription collection services			
Yes		66%	281
No		34%	143
Stopping smoking/nicotine replacement therapy			
Yes		54%	218
No		46%	184
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)			
Yes		36%	140
No		64%	249
Immediate access to specialist drugs, e.g. palliative care medicines			
Yes		26%	98
No		74%	284
Supervised consumption of methadone and buprenorphine			
Yes		29%	109
No		71%	273
Emergency supply of prescription medicines			
Yes		51%	206
No		49%	200
COVID-19 vaccination services			
Yes		56%	228
No		44%	179
Medication review			
Yes		46%	180
No		54%	215




Comments:




Delivery Service	3	Emergency medication	2
Don't take back needles or medicine	2	Private consultation provided	1
Don't do COVID jabs	1	Travel medicine clinic	1

18 Which of the following pharmacy services would you like to see always provided by your pharmacy?		Answered 466 %	Skipped 89 Responses
Advice from your pharmacist			
Yes		91%	420
No		1%	6
No opinion		7%	34
Buying over-the-counter medicines			
Yes		92%	420
No		2%	7
No opinion		6%	28
Dispensing medicines			
Yes		95%	432
No		0%	2
No opinion		5%	22
Dispensing appliances			
Yes		54%	227
No		2%	7
No opinion		44%	183
Repeat dispensing services			
Yes		93%	415
No		1%	3
No opinion		6%	29
Discharge medicines service			
Yes		50%	204
No		2%	9
No opinion		48%	197
Disposal of unwanted medicines			
Yes		89%	397
No		1%	3
No opinion		10%	46
Appliance use review			
Yes		36%	146
No		2%	10
No opinion		61%	247
COVID-19 lateral flow device distribution service			
Yes		86%	377
No		2%	7
No opinion		13%	56
Community pharmacist consultation service (urgent care referral)			
Yes		67%	282
No		1%	6
No opinion		31%	131
Flu vaccination services			
Yes		83%	366
No		2%	7
No opinion		15%	66
Hepatitis testing service			

18 Which of the following pharmacy services would you like to see always provided by your pharmacy?		Answered 466	Skipped 89
		%	Responses
Yes		45%	179
No		4%	17
No opinion		51%	206
New medicine service			
Yes		59%	241
No		4%	15
No opinion		37%	153
Stoma appliance customisation service			
Yes		38%	154
No		5%	20
No opinion		57%	231
Needle exchange			
Yes		47%	191
No		5%	19
No opinion		48%	193
Home delivery and prescription collection services			
Yes		82%	353
No		2%	9
No opinion		16%	69
Stopping smoking/nicotine replacement therapy			
Yes		55%	226
No		5%	21
No opinion		40%	162
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)			
Yes		58%	234
No		4%	17
No opinion		38%	155
Immediate access to specialist drugs, e.g. palliative care medicines			
Yes		70%	287
No		3%	13
No opinion		27%	110
Supervised consumption of methadone and buprenorphine			
Yes		43%	173
No		6%	25
No opinion		51%	205
Emergency supply of prescription medicines			
Yes		88%	365
No		0%	2
No opinion		12%	49
COVID-19 vaccination services			
Yes		79%	333
No		4%	17
No opinion		17%	71
Medication review			
Yes		69%	287
No		7%	29
No opinion		24%	101
Comments:			
Medication disposal service	1	Blood pressure checks	1



De-prescribing service	1	COVID vaccinations	1
Minor injury service	1	Imported medications sold	1






19 Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit?		Answered 477	Skipped 78
		%	Responses
Yes		62%	295
No		11%	52
I don't know		27%	130









20 If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?		Answered 445	Skipped 110
Yes		39%	172
No		8%	37
I don't know		53%	236

Any other comments about the consultation room:

Good room	8	Very small and cramped	6
Not very private	3	Never used	3
No wheelchair access	2	Used for other uses	2

21 If you are using a community pharmacy rather than a dispensing practice, are you aware that your GP practice can send your prescription electronically to your chosen pharmacy?		Answered 444	Skipped 111
		%	Responses
Yes		87%	388
No		13%	56



22 Is your pharmacy able to provide medication on the same day that your prescription is sent to it?		Answered 478	Skipped 77
		%	Responses
Yes		41%	194
No – it normally takes one day		10%	49
No – it normally takes 2-3 days		22%	105
No – it normally takes 3+ days		13%	63
I don't know		14%	67

23 If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)		Answered 456	Skipped 99
		%	Responses
Paper request form to my GP practice		10%	45
Paper request form through my pharmacy		11%	49
By email to my GP practice		6%	28
Online request to my GP practice		45%	203
My pharmacy orders on my behalf		18%	84
Electronic Repeat Dispensing (eRD)		14%	63
Varies		6%	28
Other		12%	55

Comments:

Telephone	11	POD	8
Website	7	Automatic repeat	7

NHS app	6	GP doesn't support eRD	1
eRD	1	Private prescription	1






24 Have you ever used Electronic Repeat Dispensing (eRD)?		Answered 465 %	Skipped 90 Responses
Yes		36%	167
I don't know/never heard of it		64%	298

Any comments about eRD:



Excellent service	37
My prescription went to the wrong pharmacy	2
Heard about, but not advertised	4

25 What could the pharmacy offer to make it your first point of call for your health needs?			Answered 245 %	Skipped 310 Responses
Good service	28	Knowledgeable staff		24
Privacy	10	Quick service		10
Long hours	6	Delivery service		4
Online service	4	Parking ease		3
Free emergency contraception	1	Reliability		1
Clear information	1	Triage centre		1

26 Do you have any other comments you would like to make about your pharmacy?			Answered 236 %	Skipped 319 Responses
Good service	83	Poor service		19
Needs more accessibility	12	The store is understaffed		8
Telephone advice line needed	8	Organisation in store is poor		4
Needs more space	4	Should do COVID vaccine		2
Too many mistakes in prescriptions	2			







27 Going forward, how will you access pharmaceutical services due to the changes in the last 18 months?		Answered 477 %	Skipped 78 Responses
Visit a traditional pharmacy/dispensary		69%	328
Access a traditional pharmacy online		4%	17
Use an internet pharmacy		5%	23
A combination of the above		13%	61
I don't know		10%	48



'A bit about you' questions









28 Are you:		Answered 396 %	Skipped 169 Responses
Female		76%	293
Male		24%	91
Do not want to say		0%	1
Prefer to self-describe		0%	1

Comments:

Non-binary	1
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29 Which age group do you fit into?		Answered 386	Skipped 169
		%	Responses
Under 16		0%	0
16–24		1%	3
25–34		7%	26
35–44		10%	38
45–54		16%	63
55–64		24%	92
65–74		26%	101
75+		16%	63
Do not want to say		0%	0

30 Do you consider yourself to have a disability according to the terms given in the equality legislation?		Answered 385	Skipped 170
		%	Responses
Yes		23%	89
No		77%	296

31 If you have answered yes to the above question, please indicate the type of impairment which applies to you. (Please select all that apply)		Answered 94	Skipped 461
		%	Responses
Mobility		41%	39
Hearing		21%	20
Vision		4%	4
Learning		1%	1
Mental health		26%	24
Communication		0%	0
Long-standing health condition		55%	52
Do not want to say		1%	1
Other		11%	10





Comments:

APS	1	COPD	1
Heart problems	1	Stoma	1
Laryngectomy	1	Brain tumour	1
Lethargy	1	Fibromyalgia	1
Severe pain	1	ADHD	1

32 To which of these groups do you consider you belong?		Answered 386	Skipped 169
		%	Responses
Asian or Asian British: Indian		0%	1
Asian or Asian British: Bangladeshi		0%	0
Asian or Asian British: Pakistani		0%	0
Chinese		0%	1
Other Asian or Asian British		0%	1
Black or Black British: Caribbean		0%	1
Black or Black British: African		0%	0
Other Black or Black British		0%	0
Mixed: White and Black Caribbean		0%	1
Mixed: White and Black African		0%	0
Mixed: White and Asian		1%	3
Other Mixed background		1%	2
White: English		64%	248
White: Irish		1%	5
White: Scottish		1%	2
White: Welsh		1%	4
White: British		26%	102
Gypsy or Irish Traveller		0%	0
Other White background		3%	11
Do not want to say		1%	4






Comments:

Swiss	1	Polish	1
Cypriot, English, Irish and Egyptian	1	Norwegian	1
Slavic	1	Mixed Scandinavian	1
English and Greek	1	English and Italian	1
White European	1	North American	1
East Anglian European	1	White: European	1

33 Your religion or belief – What group do you most identify with?		Answered 383	Skipped 172
		%	Responses
No religion		38%	145
Baha'i		0%	0
Buddhist		1%	5
Christian		57%	220
Hindu		0%	1
Jain		0%	0
Jewish		0%	0
Muslim		0%	0
Sikh		0%	0
Do not want to say		0%	0
Any other religion or belief		3%	12

Comments:

Spiritualist	2	Humanist	1
Pagan	1	Atheist	1
Quaker	1	Wiccan and Christian	1

34 What is your sexual orientation?		Answered 377	Skipped 178
		%	Responses
Bisexual		5%	20
Gay man		1%	2
Gay woman / lesbian		1%	4
Heterosexual		86%	324
No sexuality		1%	3
Same sex relationship with man		0%	1
Same sex relationship with woman		0%	0
Prefer not to say		5%	18
Other		1%	5

Comments:

Normal	3	Woman married to a man	2
Widow / widower	2	Transgender	1
Pansexual	1	Queer	1

Appendix K: Results of the contractor questionnaire

Total responses received:¹ 37

1 Pharmacy-specific questions: ODS code, trading name, etc	Answered	36	Skipped	1
	N/A			

2 Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?		Answered	35	Skipped	2
		%		Responses	
Yes		29%		10	
No		63%		22	
Possibly		9%		3	

3 Is this pharmacy a 100-hour pharmacy?		Answered	36	Skipped	1
		%		Responses	
Yes		19%		7	
No		81%		29	



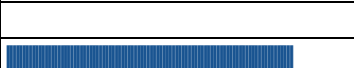

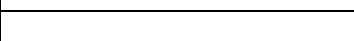
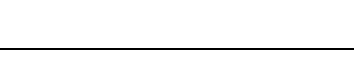

4 Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)		Answered	37	Skipped	0
		%		Responses	
Yes		14%		5	
No		86%		32	

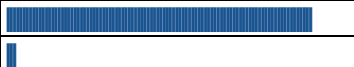
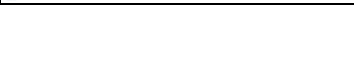
5 Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)		Answered	36	Skipped	1
		%		Responses	
Yes		3%		1	
No		97%		35	

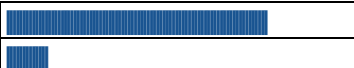
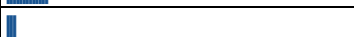
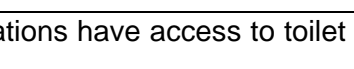
6 May the LPC update its premises and contact details for you with the above information?		Answered	36	Skipped	1
		%		Responses	
Yes		81%		29	
No		19%		7	

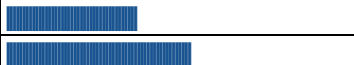
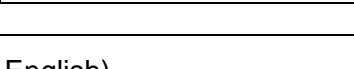
7–10 Questions relating to opening hours: core and total hours of opening, including lunchtime closures		Answered	28	Skipped	9
		N/A			

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

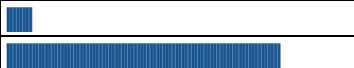
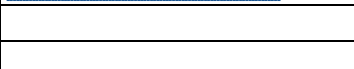
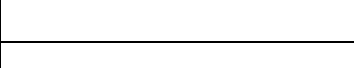
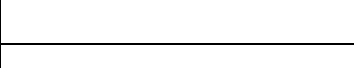
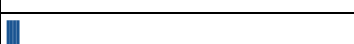
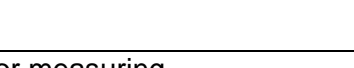
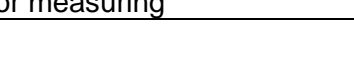
11 There is a consultation room (distinct from the public area, clearly designated and confidential) on premises		Answered 30	Skipped 7
		%	Responses
None, have submitted a request to NHSE&I that premises are too small		0%	0
None, NHSE&I has approved my request that premises are too small		0%	0
None (Distance-Selling Pharmacy)		0%	0
Available (wheelchair access)		90%	27
Available (no wheelchair access)		10%	3
Planned before 1 April 2023		0%	0
Other		0%	0

12 Where there is a consultation area, is it a closed room?		Answered 30	Skipped 7
		%	Responses
Yes		97%	29
No		3%	1

13 During consultations are there hand-washing facilities?		Answered 29	Skipped 8
		%	Responses
In the consultation area		83%	24
Close to the consultation area		14%	4
None		3%	1


















14 Do patients attending for consultations have access to toilet facilities?		Answered 29	Skipped 8
		%	Responses
Yes		41%	12
No		59%	17





15 Languages spoken (in addition to English)				Answered 9	Skipped 28
				N/A	
Gujarati	3	Russian	3	Polish	2
Romanian	2	Hindi	2	Vietnamese	1
Czech	1	Yoruba	1	Turkish	1
Telugu	1	Punjabi	1	Korean	1
Ukrainian	1	Urdu	1	Chinese	1




















16 Does the pharmacy dispense appliances?		Answered 23	Skipped 14
		%	Responses
None		9%	2
Yes – All types		87%	20
Yes, excluding stoma appliances		0%	0
Yes, excluding incontinence appliances		0%	0
Yes, excluding stoma and incontinence appliances		0%	0
Yes, just dressings		0%	0
Other		4%	1




Comments:














Yes all except those requiring fitting or measuring	1
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17 Does the pharmacy provide the following Advanced Services?		Answered 24 %	Skipped 13 Responses
New Medicine Service			
Yes		100%	24
Intending to begin within 12 months		0%	0
No – not intending to provide		0%	0
Appliance Use Review Service			
Yes		5%	1
Intending to begin within 12 months		5%	1
No – not intending to provide		91%	20
Stoma Appliance Customisation Service			
Yes		10%	2
Intending to begin within 12 months		0%	0
No – not intending to provide		90%	19
Flu Vaccination Service			
Yes		100%	24
Intending to begin within 12 months		0%	0
No – not intending to provide		0%	0
Community Pharmacist Consultation Service (CPCS)			
Yes		100%	24
Intending to begin within 12 months		0%	0
No – not intending to provide		0%	0
Hypertension Case-Finding Service			
Yes		38%	8
Intending to begin within 12 months		48%	10
No – not intending to provide		14%	3
C-19 Lateral Flow Device (LFD) Distribution			
Yes		100%	20
Intending to begin within 12 months		0%	0
No – not intending to provide		0%	0
Hepatitis C Testing Service (until 31 March 2022)			
Yes		5%	1
Intending to begin within 12 months		9%	2
No – not intending to provide		86%	19
Pandemic Delivery Service (until 31 March 2022)			
Yes		77%	17
Intending to begin within 12 months		0%	0
No – not intending to provide		23%	5

18 Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 23 %	Skipped 14 Responses
Anticoagulant Monitoring Service			
Providing – contract with local NHSE		5%	1
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		77%	17
Not able or willing to provide		18%	4
Willing to provide privately		0%	0
Antiviral Distribution Service			
Providing – contract with local NHSE		5%	1
Providing – contract with CCG		0%	0

18 Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 23	Skipped 14
		%	Responses
Providing – contract with LA		0%	0
Willing to provide if commissioned		82%	18
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Care Home Service			
Providing – contract with local NHSE		4%	1
Providing – contract with CCG		4%	1
Providing – contract with LA		4%	1
Willing to provide if commissioned		61%	14
Not able or willing to provide		26%	6
Willing to provide privately		0%	0
Chlamydia Testing Service			
Providing – contract with local NHSE		27%	6
Providing – contract with CCG		5%	1
Providing – contract with LA		9%	2
Willing to provide if commissioned		59%	13
Not able or willing to provide		0%	0
Willing to provide privately		0%	0
Chlamydia Treatment Service			
Providing – contract with local NHSE		32%	7
Providing – contract with CCG		9%	2
Providing – contract with LA		9%	2
Willing to provide if commissioned		50%	11
Not able or willing to provide		0%	0
Willing to provide privately		0%	0
Contraceptive Service (not EC)			
Providing – contract with local NHSE		9%	2
Providing – contract with CCG		0%	0
Providing – contract with LA		9%	2
Willing to provide if commissioned		78%	18
Not able or willing to provide		4%	1
Willing to provide privately		0%	0








19 Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services		Answered 22	Skipped 15
		%	Responses
Allergies			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Alzheimer's/dementia			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19














19 Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services		Answered 22	Skipped 15
		%	Responses
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Asthma			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
CHD			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
COPD			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Depression			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Diabetes type I			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Diabetes type II			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Epilepsy			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0

19 Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services		Answered 22	Skipped 15
		%	Responses
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Heart failure			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Hypertension			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Parkinson's disease			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		86%	19
Not able or willing to provide		14%	3
Willing to provide privately		0%	0
Other			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		7%	1
Willing to provide if commissioned		73%	11
Not able or willing to provide		20%	3
Willing to provide privately		0%	0

Other:

Healthy Heart Checks	1
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20 Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 23	Skipped 14
		%	Responses
Emergency contraception service			
Providing – contract with local NHSE		43%	10
Providing – contract with CCG		4%	1
Providing – contract with LA		22%	5
Willing to provide if commissioned		26%	6
Not able or willing to provide		0%	0
Willing to provide privately		4%	1
Emergency supply service			
Providing – contract with local NHSE		43%	10
Providing – contract with CCG		13%	3
Providing – contract with LA		0%	0














20 Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 23	Skipped 14
		%	Responses
Willing to provide if commissioned		39%	9
Not able or willing to provide		4%	1
Willing to provide privately		0%	0
Gluten-free food supply service (i.e. not via FP10)			
Providing – contract with local NHSE		5%	1
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		82%	18
Not able or willing to provide		9%	2
Willing to provide privately		5%	1
Home delivery service (not appliances)			
Providing – contract with local NHSE		22%	5
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		57%	13
Not able or willing to provide		4%	1
Willing to provide privately		17%	4
Independent prescribing service			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		77%	17
Not able or willing to provide		23%	5
Willing to provide privately		0%	0

21 Which of the following other services does the pharmacy provide, or would be willing to provide?	Answered	23	Skipped	14
		%		Responses
Language Access Service				
Providing – contract with local NHSE	<div><div></div></div>	10%		2
Providing – contract with CCG		0%		0
Providing – contract with LA	<div><div></div></div>	5%		1
Willing to provide if commissioned	<div><div></div></div>	57%		12
Not able or willing to provide	<div><div></div></div>	29%		6
Willing to provide privately		0%		0
Medication Review Service				
Providing – contract with local NHSE	<div><div></div></div>	22%		5
Providing – contract with CCG		0%		0
Providing – contract with LA	<div><div></div></div>	4%		1
Willing to provide if commissioned	<div><div></div></div>	70%		16
Not able or willing to provide	<div><div></div></div>	4%		1
Willing to provide privately		0%		0
Medicines Assessment and Compliance Support Service				
Providing – contract with local NHSE	<div><div></div></div>	9%		2
Providing – contract with CCG		0%		0
Providing – contract with LA	<div><div></div></div>	5%		1
Willing to provide if commissioned	<div><div></div></div>	82%		18
Not able or willing to provide	<div><div></div></div>	5%		1
Willing to provide privately		0%		0

21 Which of the following other services does the pharmacy provide, or would be willing to provide?	Answered 23 %	Skipped 14 Responses
Minor Ailment Scheme		
Providing – contract with local NHSE	14%	3
Providing – contract with CCG	0%	0
Providing – contract with LA	5%	1
Willing to provide if commissioned	77%	17
Not able or willing to provide	5%	1
Willing to provide privately	0%	0
Medicines Optimisation Service		
Providing – contract with local NHSE	9%	2
Providing – contract with CCG	0%	0
Providing – contract with LA	4%	1
Willing to provide if commissioned	83%	19
Not able or willing to provide	4%	1
Willing to provide privately	0%	0


If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?
No comments received

























22 Which of the following other services does the pharmacy provide, or would be willing to provide?	Answered 23 %	Skipped 14 Responses
Needle and Syringe Exchange Service		
Providing – contract with local NHSE	9%	2
Providing – contract with CCG	4%	1
Providing – contract with LA	4%	1
Willing to provide if commissioned	43%	10
Not able or willing to provide	39%	9
Willing to provide privately	0%	0
Obesity Management (adults and children)		
Providing – contract with local NHSE	9%	2
Providing – contract with CCG	0%	0
Providing – contract with LA	0%	0
Willing to provide if commissioned	83%	19
Not able or willing to provide	9%	2
Willing to provide privately	0%	0
Not Dispensed Scheme		
Providing – contract with local NHSE	4%	1
Providing – contract with CCG	0%	0
Providing – contract with LA	0%	0
Willing to provide if commissioned	83%	19
Not able or willing to provide	13%	3
Willing to provide privately	0%	0
On-Demand Availability of Specialist Drugs Service		
Providing contract with local NHSE	0%	0
Providing – contract with CCG	5%	1
Providing – contract with LA	0%	0
Willing to provide if commissioned	73%	16
Not able or willing to provide	23%	5
Willing to provide privately	0%	0
Out-of-Hours Services		
Providing – contract with local NHSE	4%	1





22 Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 23	Skipped 14
		%	Responses
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		57%	13
Not able or willing to provide		39%	9
Willing to provide privately		0%	0
Patient Group Direction Service			
Providing – contract with local NHSE		9%	2
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		68%	15
Not able or willing to provide		14%	3
Willing to provide privately		9%	2
Phlebotomy Service			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		61%	14
Not able or willing to provide		39%	9
Willing to provide privately		0%	0
Prescriber Support Service			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		83%	19
Not able or willing to provide		17%	4
Willing to provide privately		0%	0
Schools Service			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		78%	18
Not able or willing to provide		17%	4
Willing to provide privately		4%	1

Please name the medicines for your Patient Group Direction Service:

Lower urinary tract infection	1
Levonorgestrel, ulipristal	1
UTI treatment, antibiotic for infected bites, treatment for impetigo, contraceptives	1
Nitrofurantoin antibiotic, Aciclovir for shingles	1
Travel vaccines	1




















23 Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services		Answered 23	Skipped 14
		%	Responses
Alcohol			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		78%	18



























23 Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services		Answered 23	Skipped 14
		%	Responses
Not able or willing to provide		17%	4
Willing to provide privately		4%	1
Cholesterol			
Providing – contract with local NHSE		4%	1
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		74%	17
Not able or willing to provide		13%	3
Willing to provide privately		9%	2
Diabetes			
Providing – contract with local NHSE		4%	1
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		74%	17
Not able or willing to provide		13%	3
Willing to provide privately		9%	2
Gonorrhoea			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		78%	18
Not able or willing to provide		17%	4
Willing to provide privately		4%	1
H. pylori			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		83%	19
Not able or willing to provide		13%	3
Willing to provide privately		4%	1
HbA1C			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		83%	19
Not able or willing to provide		13%	3
Willing to provide privately		4%	1
Hepatitis			
Providing – contract with local NHSE		4%	1
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		78%	18
Not able or willing to provide		17%	4
Willing to provide privately		4%	1
HIV			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		70%	16

23 Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services		Answered 23 %	Skipped 14 Responses
Not able or willing to provide		26%	6
Willing to provide privately		4%	1
Other			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		81%	13
Not able or willing to provide		19%	3
Willing to provide privately		0%	0

Other:

Hep B antibodies	1
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24 Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations		Answered 23 %	Skipped 14 Responses
Seasonal influenza vaccination service			
Providing – contract with local NHSE		87%	20
Providing – contract with CCG		4%	1
Providing – contract with LA		0%	0
Willing to provide if commissioned		0%	0
Not able or willing to provide		4%	1
Willing to provide privately		4%	1
Childhood vaccinations			
Providing – contract with local NHSE		5%	1
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		77%	17
Not able or willing to provide		14%	3
Willing to provide privately		5%	1
COVID-19 vaccinations			
Providing – contract with local NHSE		26%	6
Providing – contract with CCG		4%	1
Providing – contract with LA		0%	0
Willing to provide if commissioned		52%	12
Not able or willing to provide		13%	3
Willing to provide privately		4%	1
Hepatitis (at-risk workers or patients) vaccinations			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		65%	15
Not able or willing to provide		17%	4
Willing to provide privately		17%	4
HPV vaccinations			
Providing – contract with local NHSE		4%	1
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		65%	15
Not able or willing to provide		17%	4















24 Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations		Answered 23	Skipped 14
		%	Responses
Willing to provide privately		13%	3
Meningococcal vaccinations			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		78%	18
Not able or willing to provide		17%	4
Willing to provide privately		4%	1
Pneumococcal vaccinations			
Providing – contract with local NHSE		4%	1
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		70%	16
Not able or willing to provide		4%	1
Willing to provide privately		22%	5
Travel vaccinations			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		65%	15
Not able or willing to provide		13%	3
Willing to provide privately		22%	5
Other vaccinations			
Providing – contract with local NHSE		0%	0
Providing – contract with CCG		0%	0
Providing – contract with LA		0%	0
Willing to provide if commissioned		70%	7
Not able or willing to provide		10%	1
Willing to provide privately		20%	2

Other:

Provide all vaccines privately	1	Yellow fever	1
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25 Which of the following other services does the pharmacy provide, or would be willing to provide?	Answered 23	Skipped 14
	%	Responses
Sharps Disposal Service		
Providing – contract with local NHSE	<div><div></div></div> 9%	2
Providing – contract with CCG	<div><div></div></div> 4%	1
Providing – contract with LA	<div><div></div></div> 4%	1
Willing to provide if commissioned	<div><div></div></div> 48%	11
Not able or willing to provide	<div><div></div></div> 35%	8
Willing to provide privately	<div><div></div></div> 0%	0
Stop Smoking Service		
Providing – contract with local NHSE	<div><div></div></div> 35%	8
Providing – contract with CCG	<div><div></div></div> 9%	2
Providing – contract with LA	<div><div></div></div> 0%	0
Willing to provide if commissioned	<div><div></div></div> 35%	8
Not able or willing to provide	<div><div></div></div> 22%	5
Willing to provide privately	<div><div></div></div> 0%	0

25 Which of the following other services does the pharmacy provide, or would be willing to provide?	Answered 23 %	Skipped 14 Responses
Supervised Administration Service		
Providing – contract with local NHSE	 35%	8
Providing – contract with CCG	 13%	3
Providing – contract with LA	 13%	3
Willing to provide if commissioned	 35%	8
Not able or willing to provide	 4%	1
Willing to provide privately	0%	0
Supplementary Prescribing Service		
Providing – contract with local NHSE	0%	0
Providing – contract with CCG	0%	0
Providing – contract with LA	0%	0
Willing to provide if commissioned	 73%	16
Not able or willing to provide	 23%	5
Willing to provide privately	 5%	1
Vascular Risk Assessment Service (NHS Health Check)		
Providing – contract with local NHSE	 9%	2
Providing – contract with CCG	0%	0
Providing – contract with LA	 9%	2
Willing to provide if commissioned	 65%	15
Not able or willing to provide	 17%	4
Willing to provide privately	0%	0

26 Non-commissioned services: Does the pharmacy provide any of the following?	Answered 23 %	Skipped 14 Responses
Collection of prescriptions from GP practices		
Yes	 78%	18
No	 22%	5
Delivery of dispensed medicines – selected patient groups		
Yes	 67%	14
No	 33%	7
Delivery of dispensed medicines – selected areas		
Yes	 65%	13
No	 35%	7
Delivery of dispensed medicines – free of charge on request		
Yes	 43%	10
No	 57%	13
Delivery of dispensed medicines – with charge		
Yes	 40%	8
No	 60%	12
Monitored dosage systems – free of charge if eligible		
Yes	 78%	18
No	 22%	5
Monitored dosage systems – with charge		
Yes	 20%	4
No	 80%	16

Please list your criteria for your selected patient groups or areas:

Elderly and vulnerable	3	Local area	2
Certain medical conditions	1	Sheltering	1











27 Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?		Answered 22	Skipped 15
		%	Responses
Yes		27%	6
No		73%	16




Please state the service requirement and why:

Monitored dosage system, PDGs to support GP CPCS, vaccinations to free surgery time	3
Independent prescribing pharmacist for minor ailments	2
Non-complicated lower urinary tract infection in women otherwise wasting GP appointments	1
Independent prescribing by pharmacist to reduce surgery and hospital workload	1

Appendix L: Results of the commissioner questionnaire

Total responses received:¹ 5

1 Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered 5 %	Skipped 0 Responses
Anticoagulant Monitoring Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Antiviral Distribution Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Care Home Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Chlamydia Testing Service			
Already commissioning		80%	4
Willing to commission		0%	0
Not able or willing to commission		20%	1
Chlamydia Treatment Service			
Already commissioning		40%	2
Willing to commission		20%	1
Not able or willing to commission		40%	2
Contraceptive Service (not EC)			
Already commissioning		0%	0
Willing to commission		50%	2
Not able or willing to commission		50%	2

2 Which of the following services do you commission or may consider commissioning from local community pharmacies? – Disease-Specific Medicines Management Services		Answered 3 %	Skipped 2 Responses
Allergies			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Alzheimer's/dementia			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Asthma			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
CHD			
Already commissioning		0%	0





¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.






2 Which of the following services do you commission or may consider commissioning from local community pharmacies? – Disease-Specific Medicines Management Services		Answered 3	Skipped 2
		%	Responses
Willing to commission		0%	0
Not able or willing to commission		100%	3
COPD			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Depression			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Diabetes type I			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Diabetes type II			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Epilepsy			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Heart failure			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Hypertension			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Parkinson's disease			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Other			
Already commissioning		33%	1
Willing to commission		0%	0
Not able or willing to commission		67%	2



Other:












Healthy lifestyle advice and promotion	1
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3 Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered 5	Skipped 0
		%	Responses
Emergency Contraception Service			
Already commissioning		60%	3
Willing to commission		0%	0
Not able or willing to commission		40%	2

3 Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered 5 %	Skipped 0 Responses
Emergency Supply Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Gluten Free Food Supply Service (i.e. not via FP10)			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Home Delivery Service (not appliances)			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Independent Prescribing Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3






4 Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered 3 %	Skipped 2 Responses
Language Access Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Medication Review			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Medicines Assessment and Compliance Support Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Minor Ailments Scheme			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Medicines Optimisation Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3










5 Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered 4 %	Skipped 1 Responses
Needle and Syringe Exchange Service			
Already commissioning		25%	1
Willing to commission		0%	0
Not able or willing to commission		75%	3
Obesity Management (adults and children)			

5 Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered 4	Skipped 1
		%	Responses
Already commissioning		0%	0
Willing to commission		100%	3
Not able or willing to commission		0%	0
Not Dispensed Scheme			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
On-Demand Availability of Specialist Drugs Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Out-of-Hours Services			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Patient Group Direction Service			
Already commissioning		25%	1
Willing to commission		25%	1
Not able or willing to commission		50%	2
Phlebotomy Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Prescriber Support Service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Schools Service			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2

Please name the medicines for your Patient Group Direction Service:






No comments received








6 Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services:		Answered 3	Skipped 2
		%	Responses
Alcohol			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2
Cholesterol			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2
Diabetes			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3











6 Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services:		Answered 3	Skipped 2
		%	Responses
Gonorrhoea			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2
H. pylori			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
HbA1C			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Hepatitis			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2
HIV			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2
Other			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3

Other:

EoE	2
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7 Which of the following services do you commission or may consider commissioning from local community pharmacies? – Vaccinations		Answered 3	Skipped 2
		%	Responses
Seasonal influenza vaccination service			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Childhood vaccinations			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
COVID-19 vaccinations			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Hepatitis (at-risk workers or patients) vaccinations			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2
HPV vaccinations			
Already commissioning		0%	0

7 Which of the following services do you commission or may consider commissioning from local community pharmacies? – Vaccinations		Answered 3	Skipped 2
		%	Responses
Willing to commission		33%	1
Not able or willing to commission		67%	2
Meningococcal vaccinations			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Pneumococcal vaccinations			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Travel vaccinations			
Already commissioning		0%	0
Willing to commission		0%	0
Not able or willing to commission		100%	3
Other vaccinations			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2



8 Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered 4	Skipped 1
		%	Responses
Sharps Disposal Service			
Already commissioning		33%	1
Willing to commission		0%	0
Not able or willing to commission		67%	2
Stop Smoking Service			
Already commissioning		50%	2
Willing to commission		0%	0
Not able or willing to commission		50%	2
Supervised Administration Service			
Already commissioning		50%	2
Willing to commission		0%	0
Not able or willing to commission		50%	2
Supplementary Prescribing Service			
Already commissioning		0%	0
Willing to commission		33%	1
Not able or willing to commission		67%	2
Vascular Risk Assessment Service (NHS Health Check)			
Already commissioning		25%	1
Willing to commission		0%	0
Not able or willing to commission		75%	3

9 How do you see Community Pharmacy and PCN working together to provide a more integrated approach to meet the needs of the population?		Answered 4	Skipped 1
		%	Responses
Using PCN profile and locality data to assess where services are best located and which to promote for which aspect of service.			1



9 How do you see Community Pharmacy and PCN working together to provide a more integrated approach to meet the needs of the population?	Answered 4	Skipped 1
	%	Responses
I am particularly keen to develop a PCN approach for NHS Health Checks in Suffolk that allows general practices and pharmacies within a PCN area to work effectively together to give optimal uptake of the check and reduce health inequalities in access to this intervention.		1
It would be great if pharmacies and PCNs could work together to gain a better understanding of the local needs of their population, and target services based on those needs. Public Health could support with this and better collaboration across the place-based system of services is key. I can also see more patient-centred models of care, and better join up in the future with acute settings. They can play a key role in building relationships with their local populations and supporting people to self-care.		1
Create greater links between the CYP 0-19 Service and Integrated Healthy Lifestyle Provider OneLife Suffolk for ideas of supporting interventions towards childhood obesity.		1

Appendix M: Results of the Dispensing GP Practice questionnaire

Total responses received:¹ 10




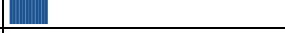


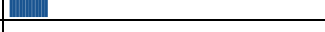
1 Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)?		Answered 10	Skipped 0
		%	Responses
Yes		100%	10
No		0%	0

2 What is the total number of hours each week when dispensing is available by the practice?			Answered 8	Skipped 2
			%	Responses
40–49	3	50–59		3
60–69	1	20–29		1

3 Do the dispensary hours match the surgery hours? If not, what are the gaps?		Answered 9	Skipped 1
		%	Responses
Yes		67%	6
No		33%	3

The following hours are the gaps:







08:00–09:00 and 13:00–14:00. These gaps are only during COVID times	1
Dispensary is closed 11:00–15:30 Monday-Friday	1
1 hour each lunchtime	1

4 Do you provide any of the following services outside the dispensing services? (Please select all that apply)		Answered 8	Skipped 2
		%	Responses
DRUMs		100%	8
NHS Health Checks commissioned by Public Health		63%	5
Sexual health services		13%	1
Home delivery		88%	7
Compliance aids		50%	4
Other		13%	1
No additional services		0%	0

Comments:


Dosette boxes	2	Disposal or returned meds	1
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¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

5 Is your practice planning to start providing any of the following services? (Please select all that apply)		Answered 4	Skipped 6
		%	Responses
DRUMs		25%	1
NHS Health Checks commissioned by Public Health		0%	0
Sexual health services		0%	0
Home delivery (normally)		25%	1
Home delivery (due to COVID-19)		25%	1
Compliance aids		25%	1
Other		25%	1
No		75%	3

Comments:



Disposal of return medicines	1
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6 Please tell us about your delivery/planned delivery service		Answered 7	Skipped 3
		%	Responses
We currently offer a delivery service		100%	7
We plan to offer a delivery service		0%	0






7 If you provide a delivery service, or are planning to do so in the future, which of these groups do you offer free delivery to? (Please select all that apply)		Answered 7	Skipped 3
		%	Responses
All patients		29%	2
Older people		14%	1
Disabled people		14%	1
People that are housebound		71%	5
Nursing home residents		0%	0
Residential home residents		0%	0
Those specifically requesting delivery		29%	2
Requested by GP		43%	3
Self-isolating people		43%	3
Clinically extremely vulnerable (CEV) people		43%	3
Other		29%	2














Comments:






We deliver to local shops and pubs and patients collect from those facilities if not housebound	1
We did CEV when they had to shield, not now	1

8 Where do you offer, or plan to offer, free delivery to?		Answered 7	Skipped 3
		%	Responses
Any eligible patient within our practice inner boundary		71%	5
Any eligible patient within a smaller area than our practice boundary		0%	0
Any eligible patient wherever they live		29%	2




9 Do you place any other restrictions on the free delivery (or planned free delivery) of dispensed medicine?	Answered	5	Skipped	5
	%		Responses	
Days and times delivery is available				1
We ask patients to collect medications if they are able to				1
Patients have to be housebound for home delivery but can opt to collect from various drop off points in adjacent villages.				1
Housebound				1
No				1

10 In your opinion, how good is the current provision of pharmaceutical services from community pharmacies in your part of Suffolk:	Answered	8	Skipped	2
	%		Responses	
Excellent		25%		2
Very good		25%		2
Good		25%		2
Adequate		13%		1
Poor		13%		1
Very poor		0%		0

11 In your opinion, do patients in your area have adequate access to the following services commissioned from, or provided by, some community pharmacies?	Answered	8	Skipped	2
	%		Responses	
Over-the-counter medicines				
Yes		88%		7
No		13%		1
I don't know		0%		0
Supply of emergency contraception				
Yes		88%		7
No		13%		1
I don't know		0%		0
Support to stop smoking				
Yes		75%		6
No		13%		1
I don't know		13%		1
Chlamydia screening and treatment				
Yes		63%		5
No		13%		1
I don't know		25%		2
Immediate access to emergency medicines				
Yes		63%		5
No		13%		1
I don't know		25%		2




12 Do you feel the local provision would be improved by the following?	Answered	8	Skipped	2
	%		Responses	
Increasing the number of pharmaceutical service providers locally				
Yes		25%		2
No		38%		3
I don't know		38%		3
Increasing the opening hours of existing local pharmaceutical service providers				
Yes		25%		2
No		38%		3







I don't know		38%	3
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13 If your practice could be commissioned to provide similar services to those currently available under the additional services sections of the community pharmacy contract, would you be prepared to do so?		Answered 8	Skipped 2
		%	Responses
Yes		38%	3
No		63%	5

Please specify the type of service:

OTC basic medicines	1	All	1
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14 Can your GP practice send a prescription electronically to a pharmacy chosen by a patient?		Answered 8	Skipped 2
		%	Responses
Yes		75%	6
No		25%	2

15 How can patients contact you to order their prescriptions? (Please select all that apply)		Answered 8	Skipped 2
		%	Responses
Paper request form to GP practice		100%	8
Paper request form through pharmacy		63%	5
By email to GP practice		75%	6
Online request to GP practice		100%	8
Other		13%	1

Comments:

Telephone	1
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Appendix N: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder Role	PNA briefing letter sent	Steering Group representation	Questionnaire (public/contractor/commissioner/dispensing)	Draft PNA link sent
LPC – Suffolk	Y	Y	Public & Contractor	Y
LMC – Suffolk	Y	Y	Public & Dispensing	Y
LMC – Norfolk & Waveney	Y	Y	Public & Dispensing	Y
Any person on pharmaceutical list (community pharmacies)	-	-	Public & Contractor	Y
Dispensing GP Practices	-	-	Dispensing	Y
LPS Chemists	-	-	Public & Contractor	Y
Healthwatch Suffolk	Y	Y	Public	Y
Head of Pharmacy, James Paget Hospital NHS Trust	-	-	Public	Y
Suffolk HWB	Y	-	Public	Y
Ipswich Hospital NHS Trust	-	-	Public	Y
Chief Pharmacist, West Suffolk Hospital NHS Trust	-	-	Public	Y
NHSE&I	Y	Y	Public	Y
Healthwatch Cambs	-	-	-	Y
Healthwatch Norfolk	-	-	-	Y
Healthwatch Essex	-	-	-	Y
Suffolk Council and Healthy Suffolk websites	-	-	Public	Y
Suffolk social media channels (12K reach): paid and organic	-	-	Public	Y
Partners: (CCG, ISCRE, Healthwatch, Public Health & Communities) social media channels	-	-	Public	Y
Circulated to all SCC employees within the council	-	-	Public	-
Paper and easy-read copies available to download and on request	-	-	Public	-
10k business cards and posters distributed to all Suffolk pharmacies, libraries and GP practices	-	-	Public	-
Newspaper Advertising – The East Anglian Daily Times, The Ipswich Star, Bury Free Press and The Lowestoft Journal	-	-	Public	Y
Cambridgeshire HWB	-	-	-	Y
Essex HWB	-	-	-	Y
Norfolk HWB	-	-	-	Y

Other Consultees

Stakeholder Role	PNA briefing letter sent	Steering Group representation	Questionnaire (public/contractor/commissioner/dispensing)	Draft PNA link sent
Deputy Chief Pharmacist WSCCG	Y	Y	Public & Commissioner	Y
Head of Communications NEECCG / IESCCG / WSCCG	Y	Y	Public & Commissioner	Y
Head of Medicines Optimisation GYWCCG	Y	Y	Public & Commissioner	Y
Advanced Medicines Optimisation Pharmacist NWCCG	Y	Y	Public & Commissioner	Y
Heads of Medicines Management IESCCG	Y	Y	Public & Commissioner	Y
Medicines Management Pharmacist IESCCG	Y	Y	Public & Commissioner	Y
Senior Pharmacist WSCCG	-	-	-	Y
LMC Cambridgeshire	-	-	-	Y
LMC Norfolk	-	-	-	Y
LMC Essex	-	-	-	Y
LPC Cambridgeshire	-	-	-	Y
LPC Norfolk	-	-	-	Y
LPC Essex	-	-	-	Y
Healthwatch Cambridgeshire	-	-	-	Y
Healthwatch Norfolk	-	-	-	Y
Healthwatch Essex	-	-	-	Y
Head of Population Insight, SCC	Y	Y	All	Y
Assistant Director Knowledge and Intelligence SCC	Y	Y	All	Y
Senior Epidemiologist SCC	Y	Y	All	Y
Consultation Lead SCC	Y	Y	All	Y
BAME Integration and Partnership Coordinator, Ipswich and Suffolk Council for Racial Equality	-	-	-	Y
Cancer Support Group	-	-	-	Y
West Suffolk Chronic Pain Group	-	-	-	Y
Ipswich Hospital User Group	-	-	-	Y
Community Action Suffolk	-	-	-	Y

Appendix O: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,¹ Suffolk HWB held a 60-day consultation on the draft PNA from 19 April to 18 June 2022.

The draft PNA was hosted on the 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 number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Suffolk as identified by Suffolk Council and Suffolk Healthwatch. Responses to the consultation were possible via an online survey, paper or email.

There were in total 21 responses, all of them from the internet survey. Responses received:

- 8 (38%) from the public
- 2 (10%) from healthcare or social care providers
- 4 (19%) from organisations, businesses and 'other'
- 7 (33%) did not identify their role

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 28 July for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Should you wish to view these comments please contact Natacha Bines, Public Health Suffolk, on 01473 260091, or alternatively, email PNA@suffolk.gov.uk.

Responses to the PNA are anonymous, however, members of the public who have concerns regarding their own health and care situations should follow their local complaints process or through the Patient Advice and Liaison service.²

Below is a summary of responses to the specific questions, asked during the consultation.³

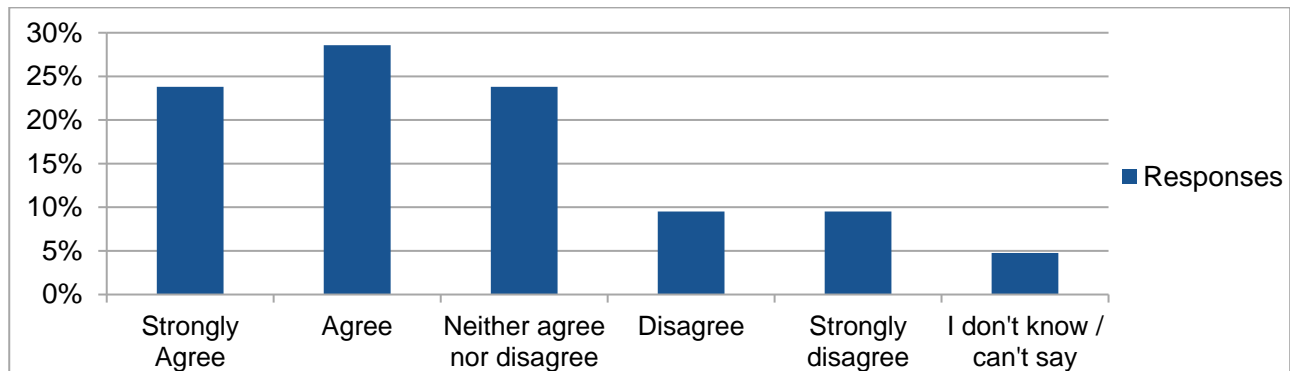
¹ Pharmaceutical Regulations 2013. www.legislation.gov.uk/uksi/2013/349/contents/made

² PALS. www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/

³ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

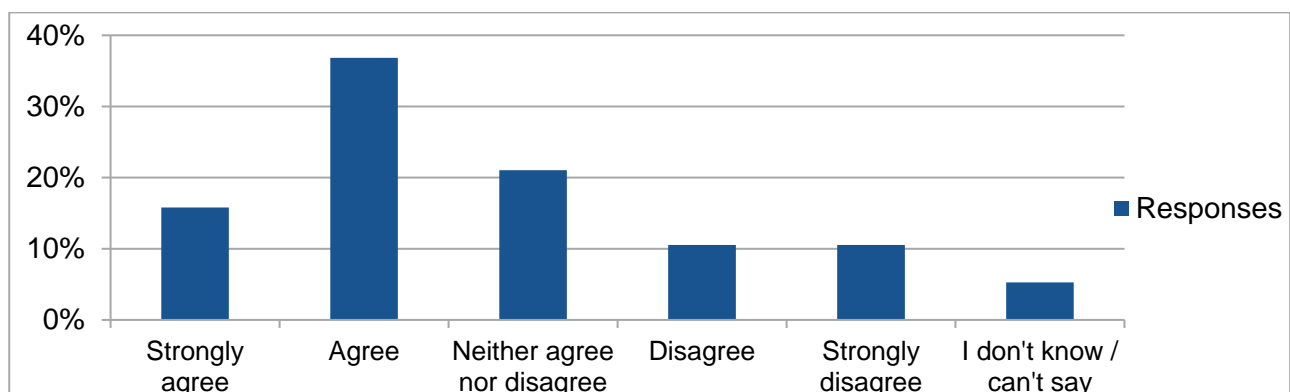
Consultation questions and responses:

Q1- The Suffolk draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?



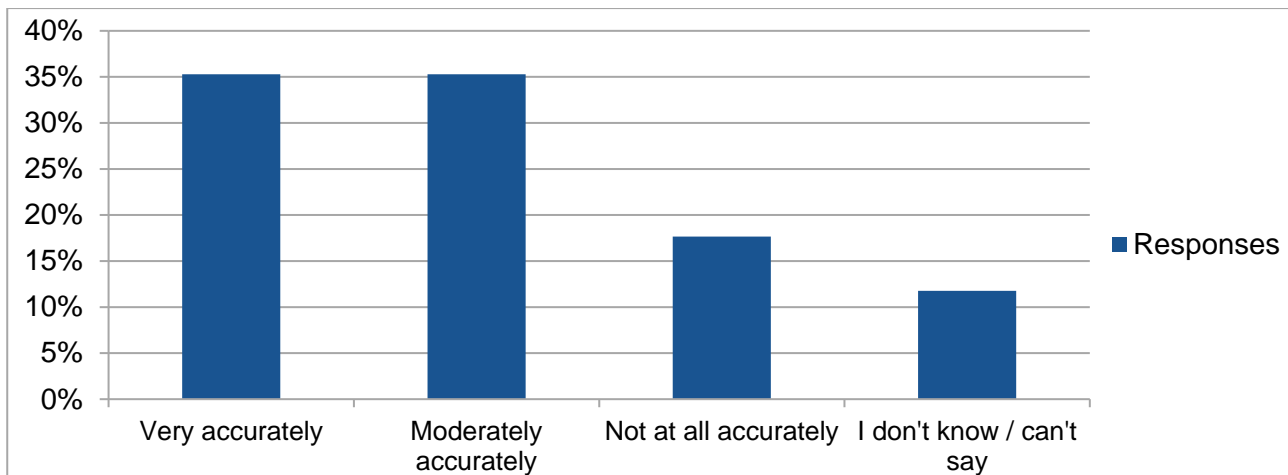
Answer Choices	Responses	
Strongly agree	24%	5
Agree	29%	6
Neither agree nor disagree	24%	5
Disagree	10%	2
Strongly disagree	10%	2
I don't know / can't say	5%	1
Answered		21
Skipped		0

Q2- To what extent do you agree or disagree with the other conclusions contained within the draft PNA? (See the Executive Summary section of the document)



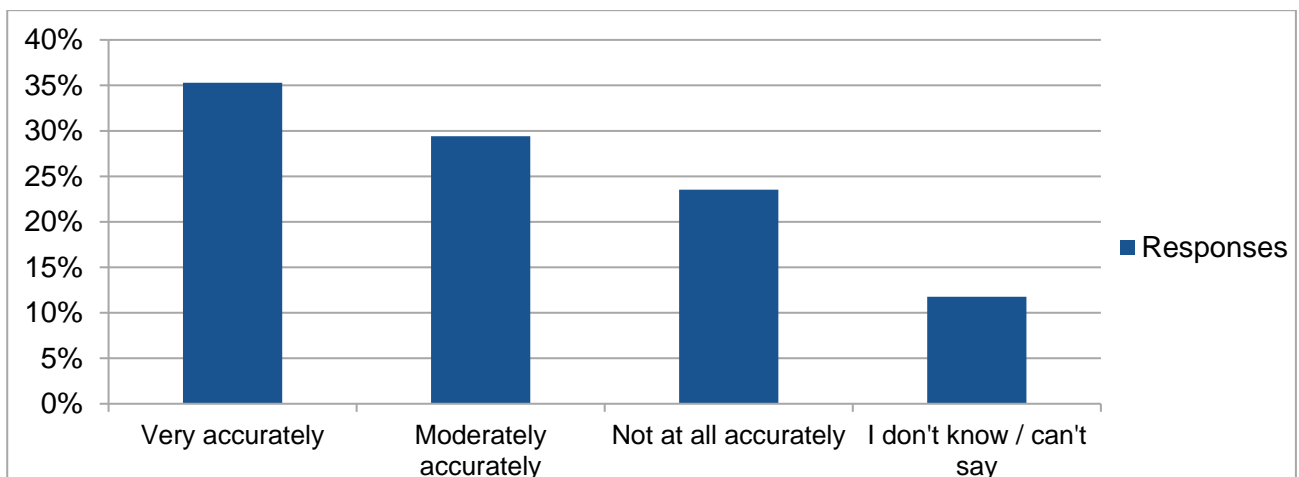
Answer Choices	Responses	
Strongly agree	16%	3
Agree	37%	7
Neither agree nor disagree	21%	4
Disagree	11%	2
Strongly disagree	11%	2
I don't know / can't say	5%	1
Answered		19
Skipped		2

Q3- In your opinion, how accurately does the draft PNA reflect the current provision of pharmaceutical services in Suffolk? (See Sections 3.5 and 3.6; Sections 4.1, 4.2 and 4.3 and Sections 7.1 to 7.6 of the draft PNA)



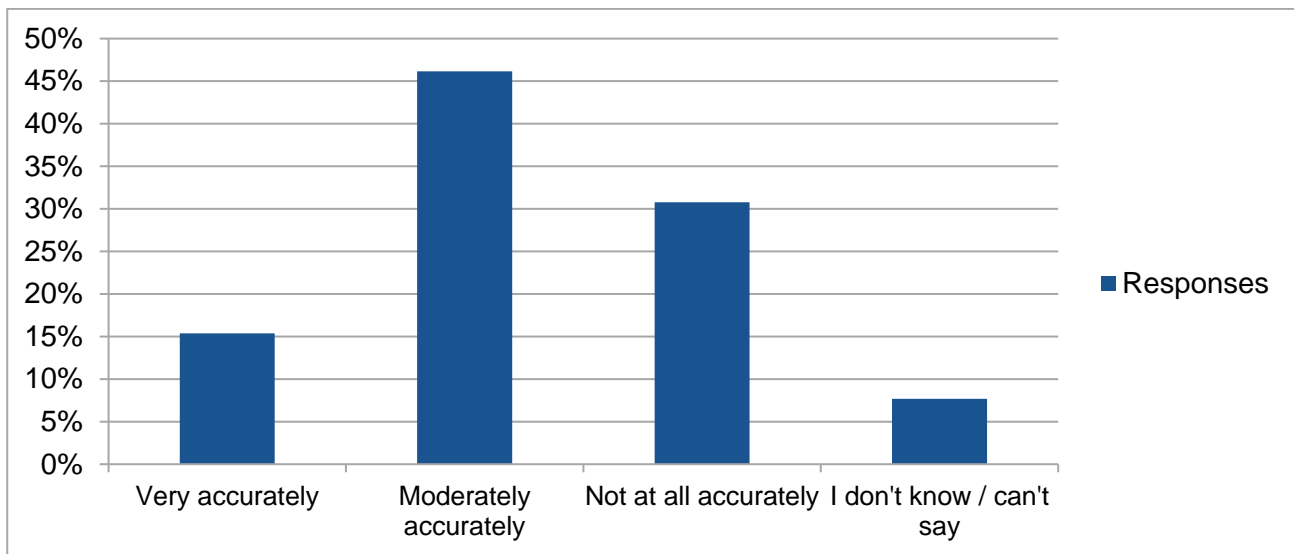
Answer Choices	Responses	
Very accurately	35%	6
Moderately accurately	35%	6
Not at all accurately	18%	3
I don't know / can't say	12%	2
Answered		17
Skipped		4

Q4- In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of Suffolk's population? (See Sections 7.1 to 7.6 of the draft PNA)

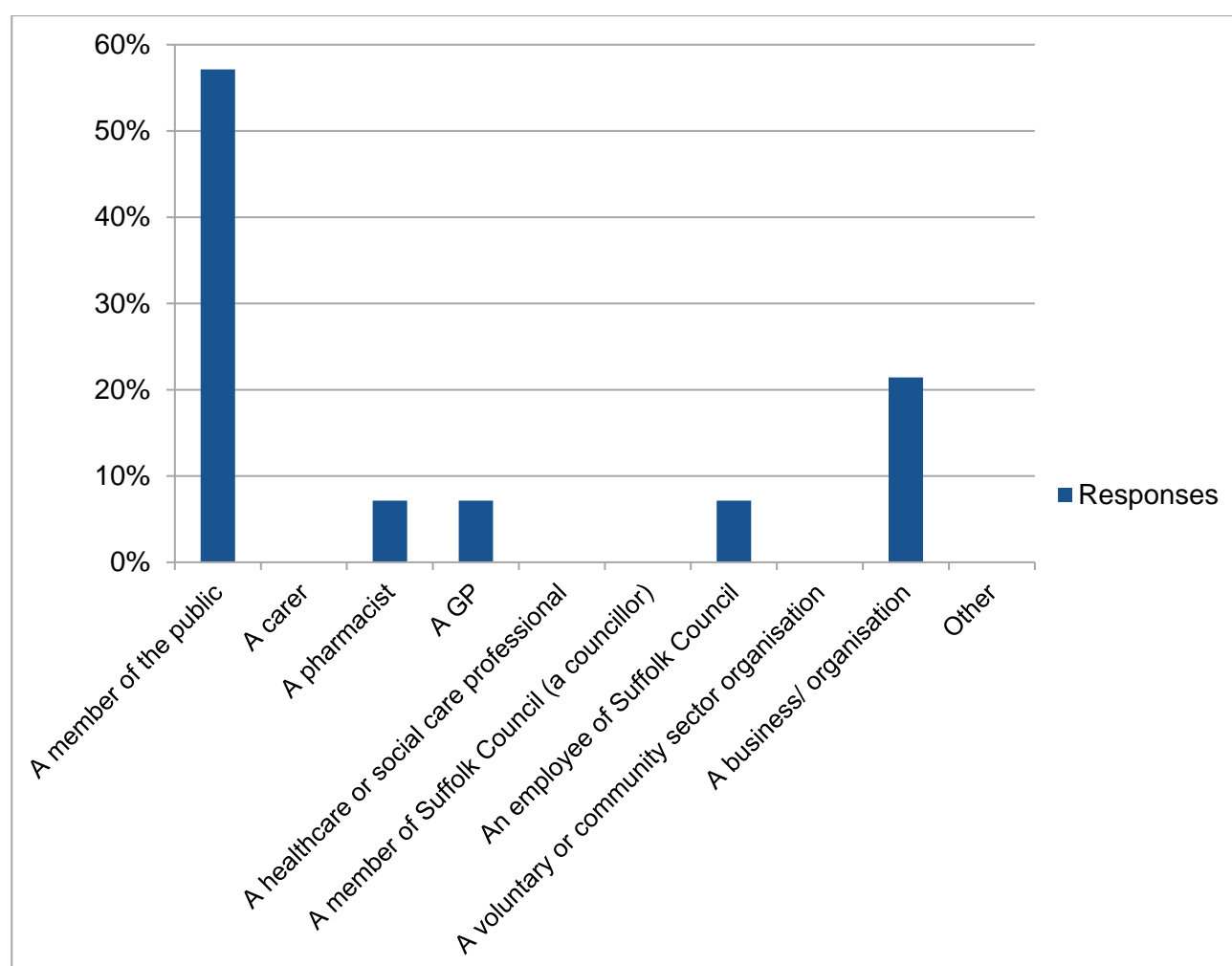


Answer Choices	Responses	
Very accurately	35%	6
Moderately accurately	29%	5
Not at all accurately	24%	4
I don't know / can't say	12%	2
Answered		17
Skipped		4

Q5- In your opinion, how accurately does the draft PNA reflect the future pharmaceutical needs of Suffolk's population (over the next three years)?



Answer Choices	Responses	
Very accurately	15%	2
Moderately accurately	46%	6
Not at all accurately	31%	4
I don't know / can't say	8%	1
Answered	13	
Skipped	8	

Q8- Are you mainly responding as? (Please select one option)

Answer Choices		Responses	
A member of the public	57%		8
A carer	0%		0
A pharmacist	7%		1
A GP	7%		1
A healthcare or social care professional	0%		0
A member of Suffolk Council (a councillor)	0%		0
An employee of Suffolk Council	7%		1
A voluntary or community sector organisation	0%		0
A business/ organisation	21%		3
Other	0%		0
If responding on behalf of a business/ organisation, please tell us its name:			2
Answered			14
Skipped			7

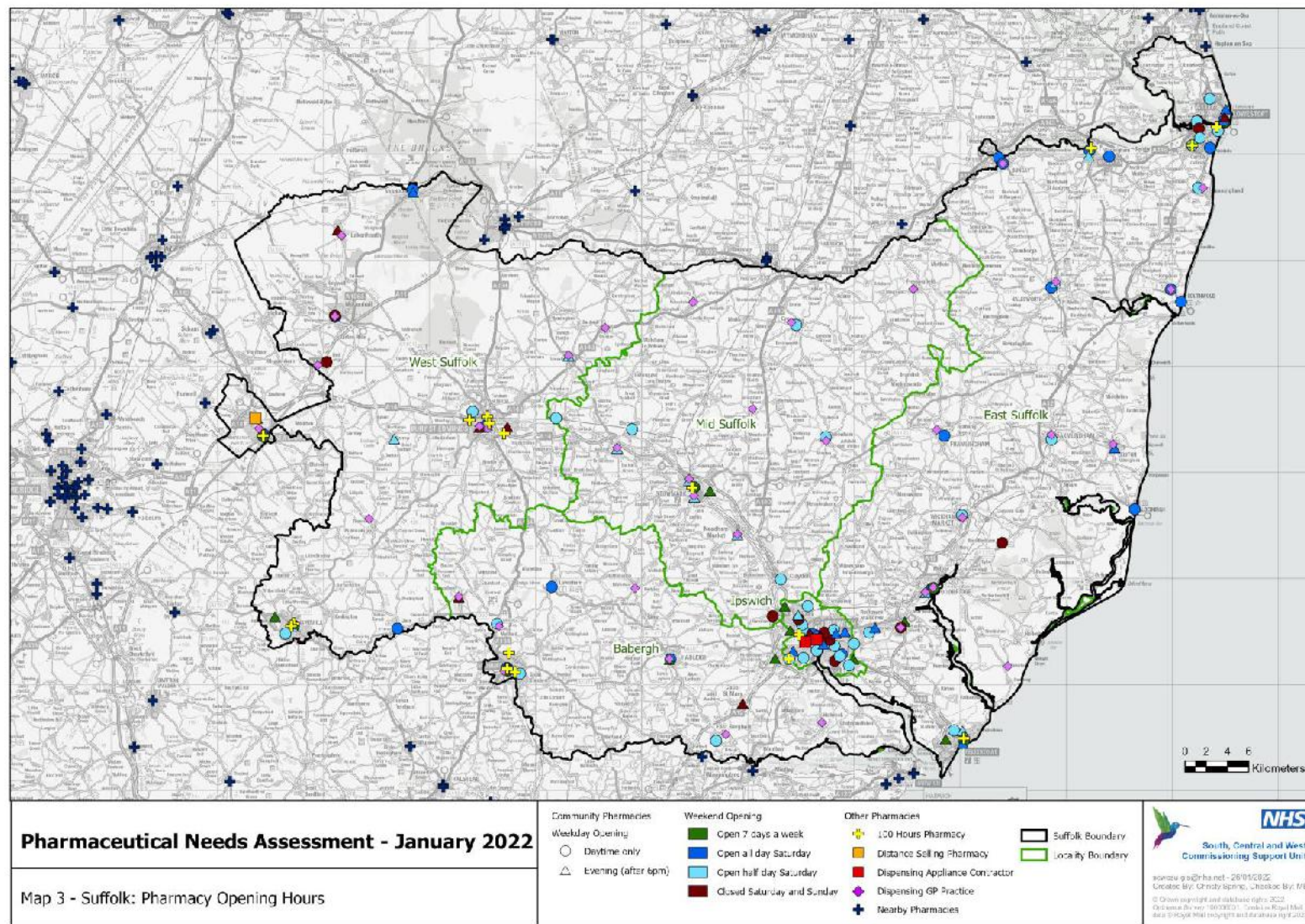
All free text comments (including questions 6-7) are included in the full consultation report available under request.

Appendix P: GP-registered population

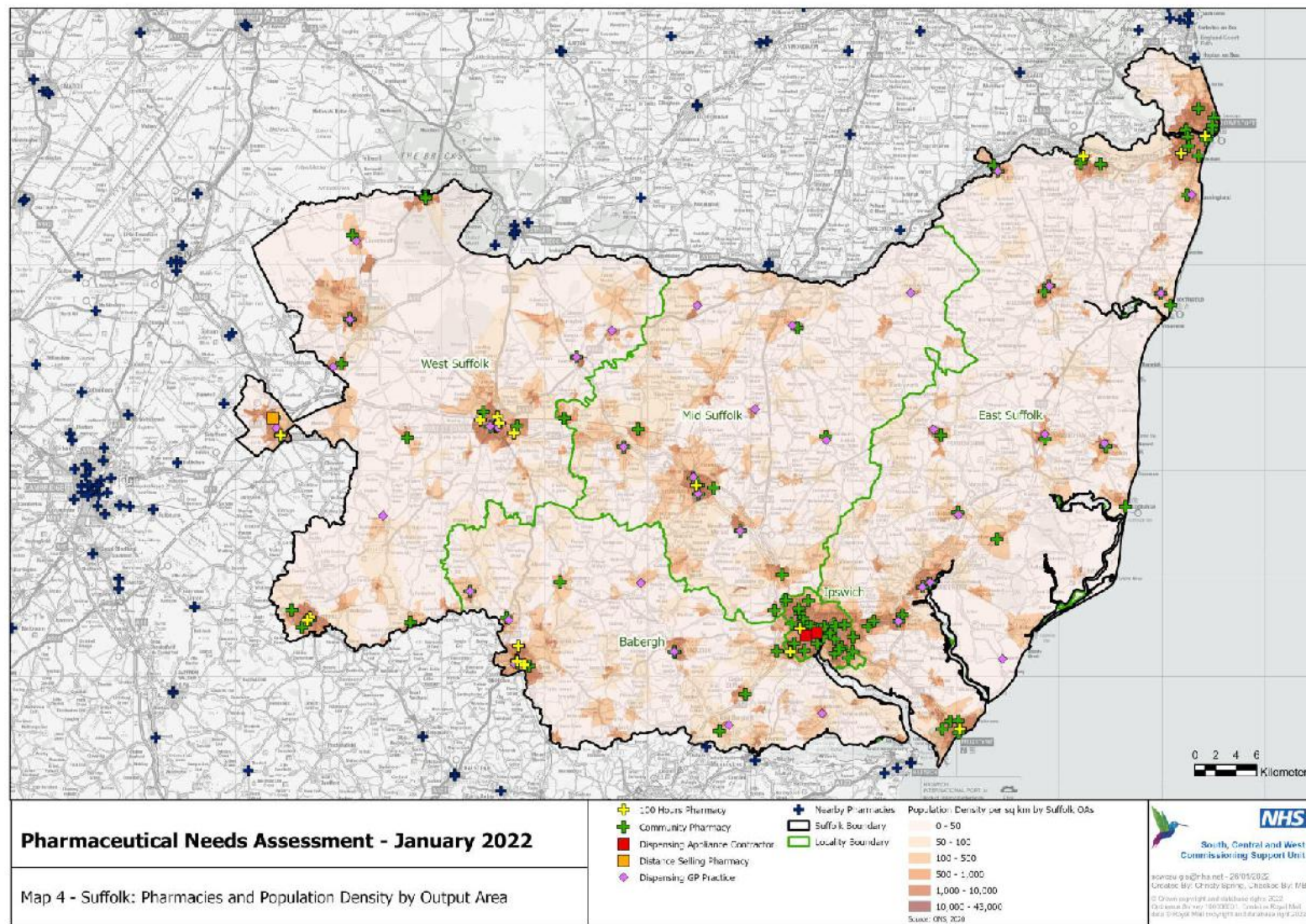
CCG area	GP	List size as of October 2021
Ipswich and East Suffolk CCG	CARDINAL MEDICAL PRACTICE	30,106
	TWO RIVERS MEDICAL CENTRE	27,722
	STOWHEALTH	20,858
	BARRACK LANE MEDICAL CENTRE	19,752
	THE DERBY ROAD PRACTICE	17,820
	BURLINGTON ROAD SURGERY	17,342
	GROVE MEDICAL CENTRE	16,388
	HADLEIGH BOXFORD GROUP PRACTICE	15,696
	RAVENSWOOD MEDICAL PRACTICE	15,321
	NEEDHAM MARKET COUNTRY PRACTICE	14,288
	ORCHARD MEDICAL PRACTICE	14,207
	FRAMFIELD HOUSE SURGERY	13,633
	IVRY STREET MEDICAL PRACTICE	12,458
	FELIXSTOWE ROAD MEDICAL PRACTICE	10,876
	CONSTABLE COUNTRY RURAL MEDICAL PRACTICE	10,483
	FRAMLINGHAM SURGERY	9,966
	WICKHAM MARKET MEDICAL CENTRE	9,862
	HAWTHORN DRIVE SURGERY	9,714
	SAXMUNDHAM HEALTH CENTRE	9,555
	COMBS FORD SURGERY	9,298
	DEBENHAM GROUP PRACTICE	9,206
	LEISTON SURGERY	9,038
	IXWORTH SURGERY	8,975
	HAVEN HEALTH	8,689
	HOWARD HOUSE SURGERY	8,552
	THE HOLBROOK AND SHOTLEY PRACTICE	7,937
	MENDLESHAM MEDICAL GROUP	7,704
	THE BIRCHES MEDICAL CENTRE	7,154
	BILDESTON HEALTH CENTRE	7,068
	LITTLE ST JOHN STREET SURGERY	7,066
	THE PENINSULA PRACTICE	6,823
	DR SOLWAY & DR MALLICK PRACTICE	6,205
	EYE HEALTH CENTRE	6,151
	MARTLESHAM SURGERY	6,047
	FRESSINGFIELD MEDICAL CENTRE	5,985

CCG area	GP	List size as of October 2021
Waveney area of Norfolk and Waveney CCG only	BECCLES MEDICAL CENTRE	19,680
	ROSEDALE SURGERY	15,308
	ALEXANDRA & CRESTVIEW SURGERIES	14,960
	HIGH STREET SURGERY	12,694
	BRIDGE ROAD SURGERY	12,266
	BUNGAY MEDICAL CENTRE	11,368
	VICTORIA ROAD SURGERY	10,910
	CUTLERS HILL SURGERY	10,516
	ANDAMAN SURGERY	6,649
	KIRKLEY MILL HEALTH CENTRE	6,528
	LONGSHORE SURGERIES	6,446
	SOLE BAY H/C	5,341
West Suffolk CCG	HARDWICKE HOUSE GROUP PRACTICE	24,076
	UNITY HEALTHCARE	18,121
	HAVERHILL FAMILY PRACTICE	16,588
	WOOLPIT HEALTH CENTRE	14,645
	MOUNT FARM SURGERY	14,476
	THE ROOKERY MEDICAL CENTRE	14,082
	ANGEL HILL SURGERY	13,812
	SWAN SURGERY	12,831
	MARKET CROSS SURGERY	12,729
	THE GUILDHALL AND BARROW SURGERY	12,319
	ORCHARD HOUSE SURGERY	11,548
	VICTORIA SURGERY	10,841
	SIAM SURGERY	10,593
	THE REYNARD SURGERY	9,557
	BOTESDALE HEALTH CENTRE	9,440
	THE LONG MELFORD PRACTICE	9,245
	FOREST SURGERY	7,681
	OAKFIELD SURGERY	7,245
	CLARE GUILDHALL SURGERY	5,384
	BRANDON MEDICAL PRACTICE	5,356
	LAKENHEATH SURGERY	5,289
	STANTON SURGERY	5,283
	WICKHAMBROOK SURGERY	5,158
	GLEMSFORD SURGERY	4,928

Map 1: Pharmacy opening hours

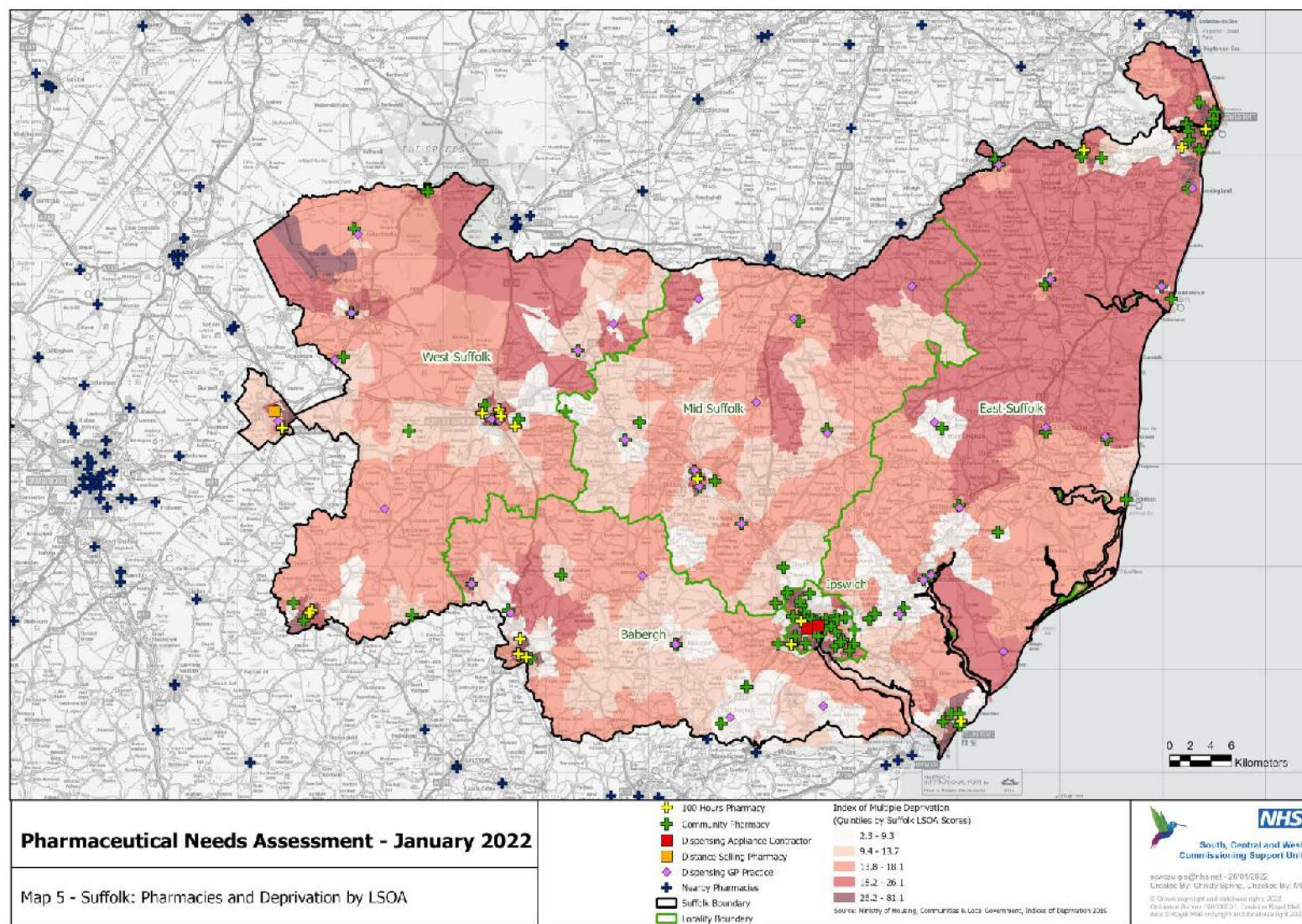


Map 2: Pharmacies and population density



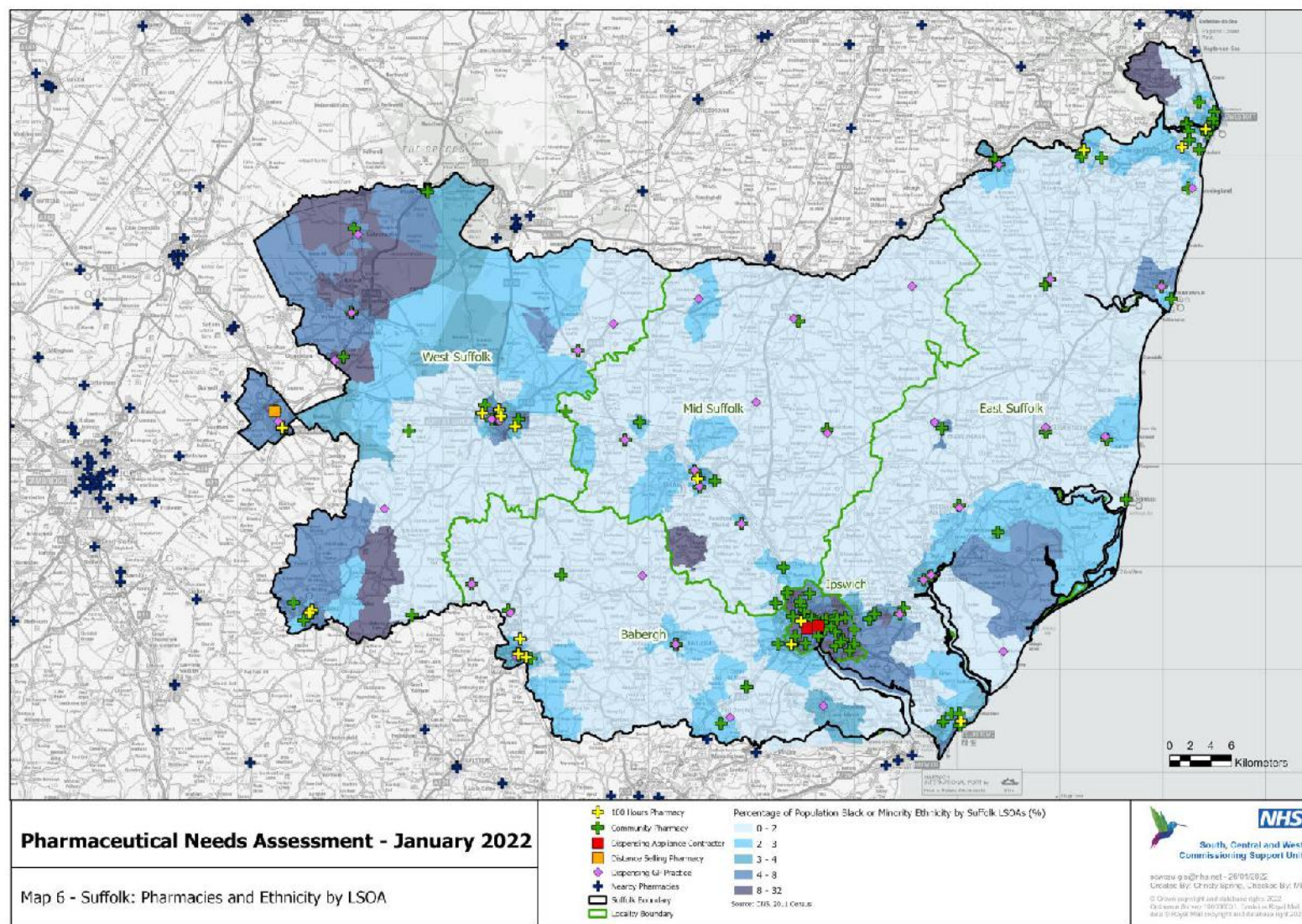
*Please note that North Street Pharmacy closed due to consolidation with another existing site

Map 3: Pharmacies and deprivation



*Please note that North Street Pharmacy closed due to consolidation with another existing site

Map 4: Pharmacies and ethnicity across Suffolk



*Please note that North Street Pharmacy closed due to consolidation with another existing site