



City of  
Doncaster  
Council

# Doncaster Pharmaceutical Needs Assessment (PNA)



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- Doncaster Local Medical Committee
- Healthwatch Doncaster
- NHS South Yorkshire Integrated Care Board
- South Yorkshire Local Pharmaceutical Committee

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## Executive summary

Since 1 April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA). This is the fourth Pharmaceutical Needs Assessment for Doncaster.

The Pharmaceutical Needs Assessment will be used by NHS South Yorkshire Integrated Care Board when considering whether or not to grant applications to join the pharmaceutical list for the area of Doncaster Health and Wellbeing Board under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. It may be used to inform other commissioners of the current provision of pharmaceutical services and where locally commissioned services could help meet local health priorities.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services commissioned by NHS South Yorkshire Integrated Care Board and NHS England from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients. It also contains the views of residents in Doncaster on their use of pharmacies and information provided by the pharmacy contractors which is not already in the public domain.

Doncaster has a resident population of approximately 314,176 (mid-year estimate June 2023), with a slightly higher proportion of females to males (50.2% and 49.8% respectively). Compared to the English averages there are:

- generally greater proportion of people aged 55 to 70 in Doncaster,
- fewer people in their early to mid-40s,
- lower proportions of people aged 18 to 24, and
- whilst the younger age groups are very close to the national average, the very youngest (0 to 2 years old) are slightly higher.

The population of Doncaster is aging rapidly. By 2026 it is projected that the number of people aged 65 and over will be greater than the number aged 18 and under for the first time. However, life expectancy for both males and females are significantly worse than the average for England.

Following an overview of the demographic characteristics of the residents of Doncaster in chapter 2, chapter 3 focusses on their health needs as identified predominantly from the following sources:

- 2021 Census,
- The Doncaster Joint Strategic Needs Assessment and related documents,
- GP quality and outcomes framework data,
- Fingertips, Department of Health & Social Care,
- World Health Organization publications, and
- NHS England publications.



In order to ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services, chapter 4 identifies the specific groups that are present in Doncaster and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in Doncaster and those providers who are located outside of the area but who provide services to residents of Doncaster. Services which affect the need for pharmaceutical services either by increasing or reducing demand are identified in chapter 6. Such services include the hospital pharmacy departments, the GP out of hours service, services provided by the NHS trusts, and the public health services commissioned by City of Doncaster Council.

Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies and dispensing appliance contractors.

The Health and Wellbeing Board has divided Doncaster into four localities based on clustering of wards. This is consistent with the previous Pharmaceutical Needs Assessment and allows data to be easily collated. Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also considers whether there are any gaps in service delivery that may arise during the lifetime of the Pharmaceutical Needs Assessment.

As of May 2025, there are 69 pharmacies in Doncaster all providing the full range of essential services. Of these, seven were previously subject to the 100 hours condition and have extended opening hours, and three are distance selling premises. There is one dispensing appliance contractor in the area. In 2024/25 87.3% of all prescriptions written by the GP practices were dispensed by the pharmacies and dispensing appliance contractor in Doncaster. The majority provide one or more advanced services, and some provide the enhanced services commissioned by NHS South Yorkshire Integrated Care Board. In addition, three of the GP practices dispense to eligible patients and in 2024/25 dispensed or personally administered 1.6% of all prescriptions written by the GP practices.

As well as accessing services from pharmacies, the dispensing appliance contractor, and dispensing practices in Doncaster, residents also choose to access contractors in other parts of England. In 2024/25 9.9% of prescriptions were dispensed outside of the area. Whilst many were dispensed by contractors just over the border in Nottinghamshire, Sheffield and Rotherham Health and Wellbeing Boards' areas, some were dispensed much further afield and reflect the choice of some residents to use a distance selling premises, a specific dispensing appliance contractor or a specialist provider, with some prescriptions being dispensed whilst the person is on holiday or near to their place of work.

Access to pharmacies for the residents of Doncaster is good with the vast majority within a 15-minute drive of a pharmacy. The only area that is not within a 15-minute drive is in the north-east (Thorne and Hatfield Moors) where there is no residential population. Access by public transport was considered, and it is noted that 98.8% of residents are within a 15-minute bus ride of a pharmacy. This increased to 99.5% of residents if the journey time is extended to 20 minutes. This analysis does not include the distance selling premises as services cannot be provided face to face at these premises. It is noted that just over one in ten prescriptions written

by a GP practice in 2024/25 were dispensed by a distance selling premises either in Doncaster or elsewhere in England.

The seven pharmacies that were classed as 100 hour pharmacies in the previous Pharmaceutical Needs Assessment have since successfully applied to reduce their opening hours. They continue to ensure access to essential services as a minimum until 21.00 Monday to Saturday and between 09.00 and 21.30 on Sundays.

There is good access to the advanced services<sup>1</sup> with:

- all pharmacies signed up to provide Pharmacy First,
- all but one signed up to provide the hypertension case-finding service,
- 58 of the 66 pharmacies signed up to provide the contraception service,
- 32 signed up to provide the lateral flow device tests supply service (currently due to be decommissioned by NHS England with effect from 1 April 2026),
- all pharmacies providing the new medicine service in 2024/25,
- 56 pharmacies providing influenza vaccinations in 2024/25, and
- 23 of the pharmacies signed up to provide the smoking cessation service (although no referrals were received from the NHS trusts in 2024/25).

It is expected that the number of pharmacies signed up to provide the contraception advanced service will increase following the March 2025 announcement that in order to provide Pharmacy First pharmacies must also be signed up to provide the hypertension case-finding and contraception advanced services.

Provision of the two advanced services linked to the provision of appliances is low with no pharmacies providing appliance use reviews and 27 providing stoma appliance customisation. However, the dispensing appliance contractor provides both services and it is noted that appliance prescriptions were dispensed by 52 dispensing appliance contractors with premises elsewhere in England. These contractors will provide these services where required.

The enhanced services are commissioned by NHS South Yorkshire Integrated Care Board to meet the needs of residents.

The three dispensing practices provide a dispensing service to eligible patients living in areas that have been determined to be rural in character by NHS South Yorkshire Integrated Care Board, NHS England, or a preceding commissioner.

The main conclusion of this Pharmaceutical Needs Assessment is that there are no current gaps in the provision of pharmaceutical services, other than in the provision of the influenza vaccination advanced service. It has been identified that better access to the influenza vaccination advanced service would be secured by pharmacies providing it in Stainforth and Moorends.

The Pharmaceutical Needs Assessment also looks at changes which are anticipated within the lifetime of the document, for example the predicted population growth which includes that

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<sup>1</sup> Sign-ups are as of July 2025.

generated by the building of new dwellings. Given the current population demographics, housing projections and the distribution of pharmacies and dispensing practices across the Health and Wellbeing Board's area, the document concludes that there is a future need for the provision of specific pharmaceutical services in two developments.

An outline application has been granted for a mixed-use development on land between Hatfield and Stainforth, known as "Unity". The development is expected to deliver 3,100 residential units, community facilities, industrial and logistical development, commercial development, and a local centre. The site has been allocated to the development in the Doncaster Local Plan 2015-2035 (site reference MIX03). The Health and Wellbeing Board has identified that there is a future need for a pharmacy in this development on completion of the residential units providing:

- all the essential services, and
- advanced services – Pharmacy First, hypertension case-finding, contraception, influenza vaccinations, and the new medicine service (or any equivalent services that may replace them in the lifetime of this document).

These services are to be provided during core opening hours Monday to Friday between 09.00 and 18.00 as a minimum, with core opening hours on Saturdays and Sundays being desirable.

The second development is to the west of the airport where a mixed-use development is planned. Referred to as "Gateway East" it will include over 1,000 homes, employment development, and a central plaza which will include retail, leisure, commercial and community facilities. There are currently two outline planning applications being considered in this location for 1,200 homes and 1,400+ homes respectively (although, if granted, only one would come forward). Subject to planning permission being granted, the Health and Wellbeing Board has identified that there is a future need for a pharmacy in this development on completion of the residential units providing:

- all the essential services, and
- advanced services – Pharmacy First, hypertension case-finding, contraception, influenza vaccinations, and the new medicine service (or any equivalent services that may replace any of these services in the lifetime of this document).

These services are to be provided during core opening hours Monday to Friday between 09.00 and 18.00 as a minimum, with core opening hours on Saturdays and Sundays being desirable.

The Health and Wellbeing Board has noted that since the previous Pharmaceutical Needs Assessment was published, there has been a reduction from 73 to 69 pharmacies, and this follows the decline in the number of pharmacies nationally over the last few years. It is of the opinion that should one or more pharmacies in Doncaster close and be removed from the pharmaceutical list, and as a result there is an increase in the number of people who are not within a 15-minute drive of a pharmacy, then there will be a future need for a pharmacy in the same settlement (or settlements as the case may be) providing the following services:

- all the essential services, and

- advanced services – Pharmacy First, hypertension case-finding, contraception, influenza vaccinations, and the new medicine service (or any equivalent services that may replace any of these services in the lifetime of this document).

The above services would need to be provided, as a minimum, during the same core and supplementary opening hours of the pharmacy (or pharmacies) that closed and was removed from the pharmaceutical list.

The only exception to this would be where the closure was as a result of an application to consolidate the provision of pharmaceutical services at two pharmacies onto one site, and the application was granted by NHS South Yorkshire Integrated Care Board or NHS Resolution on the basis that doing so would not create a gap in pharmaceutical services provision that could be met by a routine application.

## 1.0 Introduction

### 1.1 Purpose of a Pharmaceutical Needs Assessment

The purpose of a Pharmaceutical Needs Assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's area for a period of up to three years, linking closely to reports in the joint strategic needs assessment. Whilst reports in the joint strategic needs assessment will focus on the general health needs of the population, the Pharmaceutical Needs Assessment looks at how those health needs can be met by pharmaceutical services commissioned by the relevant Integrated Care Board.

Although NHS England is legally responsible for the commissioning of pharmaceutical services, this function has been delegated to the Integrated Care Boards since 1 April 2023.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the relevant Integrated Care Board to be included in the pharmaceutical list for the Health and Wellbeing Board's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the Health and Wellbeing Board's Pharmaceutical Needs Assessment, or to secure improvements or better access similarly identified in the Pharmaceutical Needs Assessment. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the Pharmaceutical Needs Assessment was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the Pharmaceutical Needs Assessment will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the three-year lifetime of the Pharmaceutical Needs Assessment.

Whilst Pharmaceutical Needs Assessments are primarily a document for the Integrated Care Boards to use to make commissioning decisions, they may also be used by local authorities. A robust Pharmaceutical Needs Assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services to areas of health need and reduce the risk of overprovision in areas of less need.

### 1.2 Health and Wellbeing Board duties in respect of the Pharmaceutical Needs Assessment

Further information on the Health and Wellbeing Boards' specific duties in relation to Pharmaceutical Needs Assessments and the policy background to Pharmaceutical Needs Assessments can be found in appendix A. However, following publication of its first Pharmaceutical Needs Assessment a Health and Wellbeing Board must, in summary:

- publish revised statements (subsequent Pharmaceutical Needs Assessments), on a three-yearly basis, which comply with the regulatory requirements,

- publish a subsequent Pharmaceutical Needs Assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and
- produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

### **1.3 Pharmaceutical services**

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

Pharmaceutical services may be provided by:

- a pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board,
- a pharmacy contractor who is included in the local pharmaceutical services list for the area of the Health and Wellbeing Board
- a dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board, and
- a doctor or GP practice that is included in the dispensing doctor list held for the area of the Health and Wellbeing Board.

The Integrated Care Boards are responsible for preparing and maintaining these lists, and NHS England is responsible for publishing them. In Doncaster there are 69 pharmacies, one dispensing appliance contractor and three dispensing practices (July 2025).

Pharmacy contractors and dispensing appliance contractors may operate as either a sole trader, partnership or a body corporate and The Medicines Act 1968 governs who can be a pharmacy contractor.

#### **1.3.1 Pharmaceutical services provided by pharmacy contractors**

Unlike for GPs, dentists and optometrists, the Integrated Care Boards do not hold contracts with the majority of pharmacy contractors. Instead, contractors provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- Essential services – all pharmacies must provide these services.
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs

- Promotion of healthy lifestyles
  - Signposting
  - Support for self-care
  - Home delivery service (during a declared pandemic only)
  - The discharge medicines service.
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements.
- New medicine service
  - Stoma appliance customisation
  - Appliance use review
  - Community pharmacy seasonal influenza vaccine service
  - NHS community pharmacy hypertension case-finding service
  - NHS smoking cessation service
  - NHS pharmacy contraception service
  - NHS lateral flow device test supply service
  - NHS pharmacy first service
- Enhanced services – service specifications for this type of service are developed by NHS England or the Integrated Care Boards and then commissioned to meet specific health needs.
- Anticoagulation monitoring
  - Antiviral collection service
  - Care home service
  - Coronavirus vaccination service
  - Disease specific medicines management service
  - Gluten free food supply service
  - Independent prescribing service
  - Home delivery service
  - Language access service
  - Medication review service
  - Medicines assessment and compliance support service
  - Minor ailment scheme
  - Needle and syringe exchange\*
  - On demand availability of specialist drugs service
  - Out of hours service
  - Patient group direction service
  - Prescriber support service
  - Schools service
  - Screening service
  - Stop smoking service\*
  - Supervised administration service\*
  - Supplementary prescribing service
  - Emergency supply service.

It should be noted that City of Doncaster Council is responsible for the commissioning of those

enhanced services marked with an asterisk. They may be commissioned by the council directly from pharmacies or may be sub-contracted to pharmacies by another organisation that is commissioned to provide the service by the council.

Further information on the essential, advanced and enhanced services requirements can be found in appendices B, C and D respectively.

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to participate in a system of clinical governance and promotion of healthy living. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and includes:

- a patient and public involvement programme,
- an audit programme,
- a risk management programme,
- a clinical effectiveness programme,
- a staffing and staff management programme,
- an information governance programme, and
- a premises standards programme.

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of having 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). However, the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were amended with effect from 25 May 2023 to allow 100 hour pharmacies to reduce their core opening hours where certain requirements are met.

- The pharmacy must have at least 72 core opening hours,
- there can be no loss of any core opening hours between 17.00 and 21.00 Monday to Saturday,
- there can be no loss of any core opening hours between 11.00 and 16.00 on Sundays other than by way of introducing a, or changing an existing, rest break which is no longer than one hour and starts at least three hours after the pharmacy opens and ends at least three hours before the pharmacy closes, and
- the total number of core opening hours on Sundays cannot be reduced.

At the time the previous Pharmaceutical Needs Assessment was published there were ten 100 hour pharmacies in Doncaster. By July 2025 that number had fallen to seven, and all seven have reduced their total number of core opening hours to between 72 and 90.5 per week.

Since August 2012, some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours in order to meet a need, or secure improvements or better access identified in a Pharmaceutical Needs Assessment.



The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and the Integrated Care Board will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the Pharmaceutical Needs Assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to reduce or redistribute the supplementary opening hours or its pharmacy, it simply notifies the Integrated Care Board of the change, giving at least five weeks' notice. If a pharmacy contractor wishes to increase the total number of supplementary opening hours of its pharmacy it is required to give notice to the Integrated Care Board in advance of the change, however there is no minimum notice period.

Whilst the majority of pharmacies provide services on a face-to-face basis e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge. There are three such pharmacies in Doncaster.

### **1.3.2 Pharmaceutical services provided by dispensing appliance contractors**

As with pharmacy contractors, Integrated Care Boards do not hold contracts with dispensing appliance contractors. Instead, their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription,
- dispensing of repeatable prescriptions,
- home delivery service for some items,
- supply of appropriate supplementary items (e.g. disposable wipes and disposal bags),
- provision of expert clinical advice regarding the appliances, and
- signposting.

They may also choose to provide advanced services. If they do choose to provide them then

they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- stoma appliance customisation, and
- appliance use review.

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, 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, and
- an information governance programme.

Further information on the requirements for these services can be found in appendix E.

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

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. The Integrated Care Board will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the Pharmaceutical Needs Assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify the Integrated Care Board of the change, giving at least three months' notice.

### **1.3.3 Pharmaceutical services provided by doctors**

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- patients must live in a 'controlled locality' (an area which has been determined by the Integrated Care Board or a preceding organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied the Integrated Care Board that they would have serious difficulty in accessing a pharmacy by reason of distance or

inadequacy of means of communication.

### **1.3.4 Local pharmaceutical services**

Local pharmaceutical services contracts allow Integrated Care Boards to commission services, from a pharmacy, which are tailored to specific local requirements. Local pharmaceutical services complement the national contractual arrangements described above but is an important local commissioning tool in its own right. Local pharmaceutical services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the Pharmaceutical Needs Assessment the definition of pharmaceutical services includes local pharmaceutical services. There are, however, no local pharmaceutical services contracts within the Health and Wellbeing Board's area and the Integrated Care Board does not have plans to commission such contracts within the lifetime of this Pharmaceutical Needs Assessment.

## **1.4 Locally commissioned services**

City of Doncaster Council may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services and they include services commissioned from pharmacies by the Integrated Care Board that are not an enhanced service.

The council commissions needle exchange and supervised consumption services from Aspire who in turn sub-contracts the services to pharmacies. Aspire is a partnership organisation set up by Rotherham Doncaster and South Humber NHS Foundation Trust and the registered charity The Alcohol and Drug Service.

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

## **1.5 Other NHS services**

Other services which are commissioned or provided by City of Doncaster Council, NHS South Yorkshire Integrated Care Board, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, and Rotherham Doncaster and South Humber NHS Foundation Trust which affect the need for pharmaceutical services are also included within the Pharmaceutical Needs Assessment. Examples include the hospital pharmacies, community nurse prescribers, palliative and end of life services, and pharmacy services to the prisons.

## **1.6 How the assessment was undertaken**

### **1.6.1 Pharmaceutical Needs Assessment steering group**

The Health and Wellbeing Board has overall responsibility for the publication of the

Pharmaceutical Needs Assessment. The director of public health leads on its development, reporting back to the board. The Health and Wellbeing Board has established a Pharmaceutical Needs Assessment steering group whose purpose is to ensure that the Health and Wellbeing Board develops a robust Pharmaceutical Needs Assessment that complies with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and meets the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and can be found in appendix F.

### 1.6.2 Pharmaceutical Needs Assessment localities

The Health and Wellbeing Board has retained the same four localities as used in the previous Pharmaceutical Needs Assessment as they are still relevant. They are the four neighbourhood areas defined by the council and used by the majority of corporate partnerships.

**Table 1 – the localities and the wards that make them up**

Locality	Constituent wards
Central	<ul style="list-style-type: none"> <li>• Hexthorpe and Balby North,</li> <li>• Balby South,</li> <li>• Wheatley, Intake and Clay Lane,</li> <li>• Bessacarr and Cantley, and</li> <li>• City Centre and Town ward</li> </ul>
North	<ul style="list-style-type: none"> <li>• Adwick and Carcroft</li> <li>• Bentley</li> <li>• Norton and Askern</li> <li>• Roman Ridge</li> <li>• Sprotbrough</li> </ul>
East	<ul style="list-style-type: none"> <li>• Armthorpe</li> <li>• Edenthorpe and Kirk Sandall</li> <li>• Hatfield – which includes Dunsville, Duncroft, Hatfield</li> <li>• Woodhouse and Lindholme</li> <li>• Stainforth and Barnby Dun</li> <li>• Thorne and Moorends</li> </ul>
South	<ul style="list-style-type: none"> <li>• Conisbrough and Denaby Ward</li> <li>• Edlington and Warmsworth</li> <li>• Finningley</li> <li>• Mexborough</li> <li>• Rossington and Bawtry</li> <li>• Tickhill and Wadworth</li> </ul>

### 1.6.3 Residents engagement

In order to gain the views of residents on pharmaceutical services, a questionnaire was developed and was available online from 10 February to 21 March 2025 on the council's webpage and promoted by the council (including on its Facebook page) and Healthwatch Doncaster. Healthwatch Doncaster supported residents in completing a paper version of the

questionnaire via outreach sessions in the libraries, volunteers taking it to their groups one of which is at The Point. A total of 78 people completed a paper version. The Health and Wellbeing Board is grateful to Healthwatch Doncaster for its support in publicising and encouraging completion of the questionnaire.

A copy of the questionnaire can be found in appendix G. In order to ensure the responses were representative of the population, they were weighted based on the reported ethnicity of the population as at the 2021 Census. A total of 596 unique responses were received and the full, unweighted, results can be found in appendix H.

When asked why they usually visit or use a pharmacy the top three responses were:

- 87.9% of respondents said to collect a prescription for themselves,
- 51.2% said to collect a prescription for someone else,
- 34.2% said to get advice for themselves,

More than one response could be given to this question.

When asked how frequently they visit a pharmacy, 65.8% said monthly, 9.9% said fortnightly, 7.6% said weekly, 6.9% said quarterly and 3.4% as and when required.

Over a third of people (37.4%) said they didn't have a preferred time to visit a pharmacy – 33.1% of those aged between 17 and 64 did not have a preferred time compared to 40.2% of those aged 65 and over.

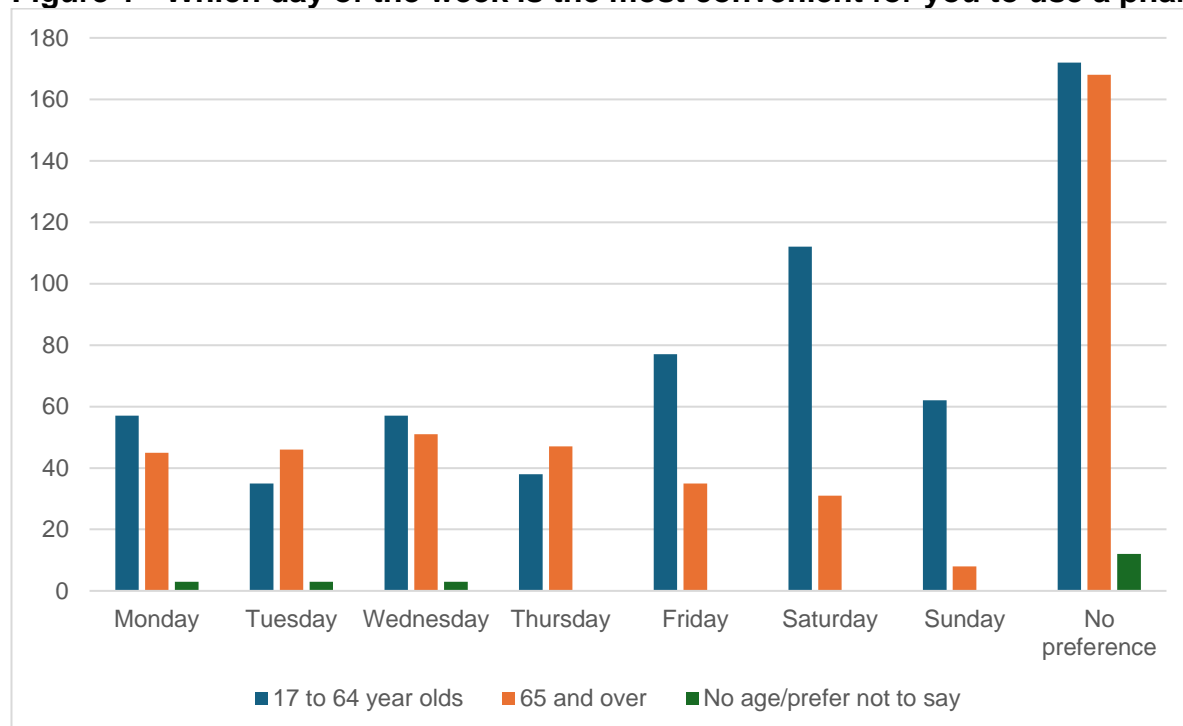
Of the remaining 62.8% of responses:

- 20.9% said their preferred time was between 09.00 and 12.00,
- 14.9% between 15.00 and 18.00,
- 11.3% between 12 noon and 15.00, and
- 11.2% between 18.00 and 21.00.

Those aged 17 to 64 who expressed a preference most preferred 15.00 to 18.00 (20.3%), then 18.00 to 21.00 (19.1%) and then 09.00 to 12.00 (14.7%) to visit a pharmacy. For those aged 65 and over, 29.9% preferred 09.00 to 12.00, 17.6% 12.00 to 15.00 and 7.7% 15.00 to 18.00.

The graph below shows the responses to the question which day of the week is the most convenient to visit a pharmacy. (Up to three days could be selected).

**Figure 1 - Which day of the week is the most convenient for you to use a pharmacy?**



When the responses were weighted by ethnicity, a very similar pattern of responses was seen namely no preference, then Saturdays, Fridays, Wednesdays, Mondays, Thursdays, Tuesdays, Sundays.

When asked about their choice of pharmacy, 73.3% of respondents said they always use the same pharmacy, 22.3% said they use different pharmacies but prefer to visit one more often, and 1.3% always use different pharmacies.

When looking at what is important when choosing which pharmacy to use, the most common response was “Close to my home”, followed by:

- the location of the pharmacy is easy to get to,
- it is easy to park at the pharmacy,
- close to my doctor,
- I trust the staff who work there,
- the customer service, and
- the service is quick.

When it comes to travelling to a pharmacy:

- 60.5% said they go by car,
- 50.0% on foot,
- 4.3% on the bus,
- 1.1% by taxi, and
- 0.9% by bike.

It is to be noted that several respondents selected more than one option.

In relation to travel times, of those who responded to the question:

- 25.8% said it takes them less than five minutes,
- 59.0% said between five and 15 minutes,
- 10.4% more than 15 minutes, but less than 20 minutes, and
- 3.3% more than 20 minutes.

Of the 3.3% (19) for whom it takes more than 20 minutes:

- seven said they walk to the pharmacy,
- four travel by bus,
- three drive,
- one takes a taxi,
- one either walks or goes by bus,
- one either walks or drives,
- one goes by bus or taxi, and
- one goes on foot, by bus or on their bike.

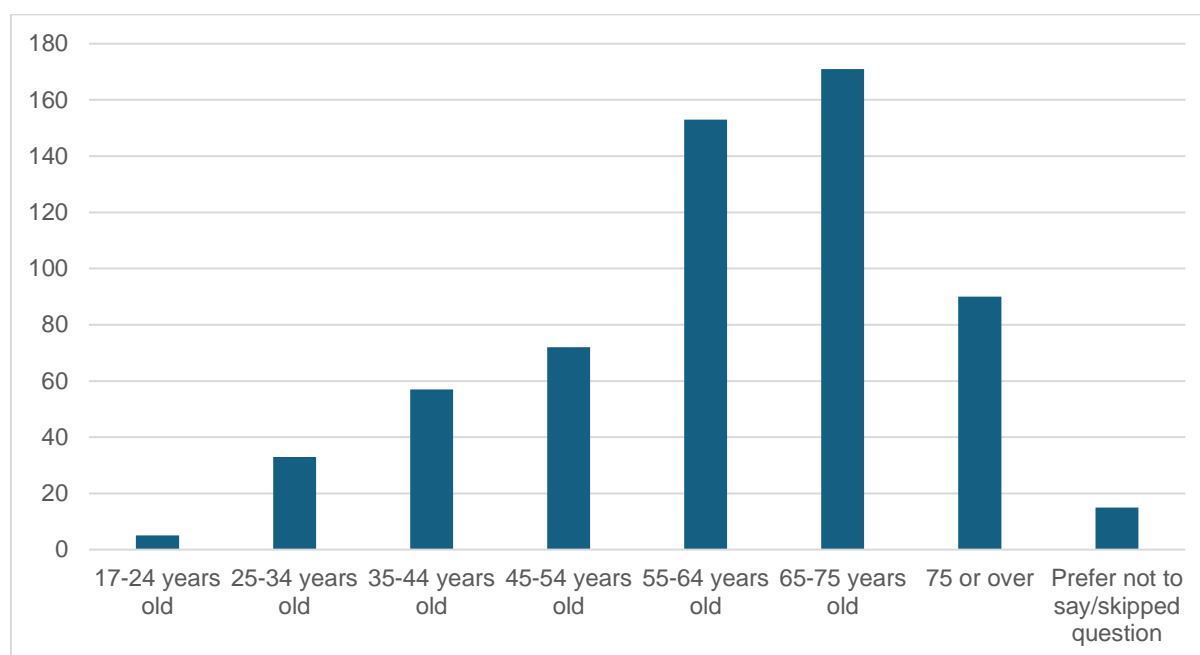
318 people made general comments on pharmacy services in general and the key themes were as follows.

- The most comments (116) were in relation to pharmacy staff, their friendliness and helpfulness and the customer service they provide.
- 49 comments were made regarding increasing waiting times when at a pharmacy and the length of time between ordering repeat medication and it being ready.
- 47 comments were made regarding poor customer service, including being ignored when at the pharmacy, mistakes being made, and insufficient staff to deal with the volume of work.
- 42 comments were made on the need for pharmacies to be open in the evening, at the weekend and at lunchtimes. A further eight people stated that the pharmacist is not always present during opening hours meaning they have to go back at a later date to collect their medicines.
- 18 people mentioned national drugs shortages mean they have to make multiple trips or try to source their drugs from another pharmacy.
- 11 people commented that pharmacies are too busy and cannot provide the wider range of services that are being promoted.
- Nine people mentioned the need for a Nomad service whereby their medicines are put into time/day-specific packaging to help those who have difficulty managing their medication regime.

The following data is as reported and has not been weighted.

The graph below shows the number of respondents in each age group.

**Figure 2 – Number of respondents by age group**



71% of the respondents were female, 26.0% male and 0.3% prefer to self-identify. 96% of respondents have the same gender as at birth, 1% don't and 3% preferred not to say or skipped the question.

The majority of respondents (95.7%) were British, English, Northern Irish, Scottish or Welsh, 0.7% Caribbean, 0.5% Polish, and 0.5% Other White background.

19.6% of respondents reported having a disability, 54.2% a long-term condition, and 12.9% are carers.

#### **1.6.4 Contractor engagement**

An online questionnaire for pharmacies and the dispensing appliance contractor was undertaken and a copy can be found in appendix I.

The questionnaire was open 10 February to 10 March 2025 and the results are summarised below. 39 of the pharmacies responded, a response rate of 56.5%. The Health and Wellbeing Board is grateful for the support of Community Pharmacy South Yorkshire and NHS South Yorkshire Integrated Care Board in promoting and encouraging the pharmacies to complete it.

For the purposes of this document the pharmacy opening hours relied upon are those provided by NHS South Yorkshire Integrated Care Board as these are the contractual hours that are included in the pharmaceutical list for the area of the Doncaster Health and Wellbeing Board.

With regard to collection and delivery facilities, of the 39 pharmacies that responded to the questionnaire:



- four have an automated collection point at their premises, and
- all provide a private, free of charge delivery service.

Of the pharmacies that offer a private, free of charge, delivery service:

- 37 provide the service to everyone,
- two restrict provision to certain categories of people. One only delivers to people who are housebound, terminally ill, or have mental health issues, on a case-by-case basis. The other delivers to people “who are not able, over the age of 65”, and
- one pharmacy restricts delivery to people who are up to four miles from the pharmacy.

The pharmacies were asked what languages other than English are spoken in the pharmacy every day.

- One pharmacy advised that a member of staff who works Monday to Friday speaks Polish. (There is also a member of staff who speaks Hindi, Telugu, and Tamil however they only work at the pharmacy two days a week).
- One pharmacy has staff who can speak Romanian.
- One pharmacy has staff who can speak Urdu, Bulgarian, Kurdish, and Polish.

When asked about the current capacity of their premises to meet an increased demand for pharmaceutical services all 39 said they have sufficient capacity to manage an increase in demand.

The same question was asked with regard to staffing levels.

- 38 said they have sufficient capacity to manage an increase in demand, and
- one said they do not but could make adjustments, but also that they would have difficulty meeting an increase in demand.

38 of the pharmacies said they dispense all types of appliances at their premises, one said they do not dispense any appliances.

Although the dispensing appliance contractor did not respond to the questionnaire it is noted from the company’s website it is stated provides stoma, continence, tracheostomy and laryngectomy products.

An online questionnaire for dispensing practices was also undertaken and was open from 10 February to 10 March 2025. The Health and Wellbeing Board is grateful for the support of Doncaster Local Medical Committee, NHS South Yorkshire Integrated Care Board and NHS Nottingham and Nottinghamshire Integrated Care Board in promoting and encouraging the pharmacies to complete it. A copy of the questionnaire can be found in appendix J. The results are summarised below.

One of the three dispensing practices responded, a response rate of 33.3%. It only dispenses prescriptions for dressings, does not have an automated collection point, does not offer a delivery service, and only English is spoken by staff in the dispensary. It has sufficient capacity within its premises to manage an increase in demand and whilst it does not have sufficient

capacity within its staff it could make adjustments.

### **1.6.5 Other sources of information**

Information was gathered from the Integrated Care Board and the council regarding:

- services provided to residents of the Health and Wellbeing Board's area, whether provided from within or outside of the Health and Wellbeing Board's area,
- changes to current service provision,
- future commissioning intentions,
- known housing developments within the lifetime of the Pharmaceutical Needs Assessment, and
- any other developments which may affect the need for pharmaceutical services.

A variety of documents and websites were also used throughout the document and have been referenced accordingly.

### **1.6.6 Consultation**

A report of the consultation including any changes to the Pharmaceutical Needs Assessment can be found in appendix K.

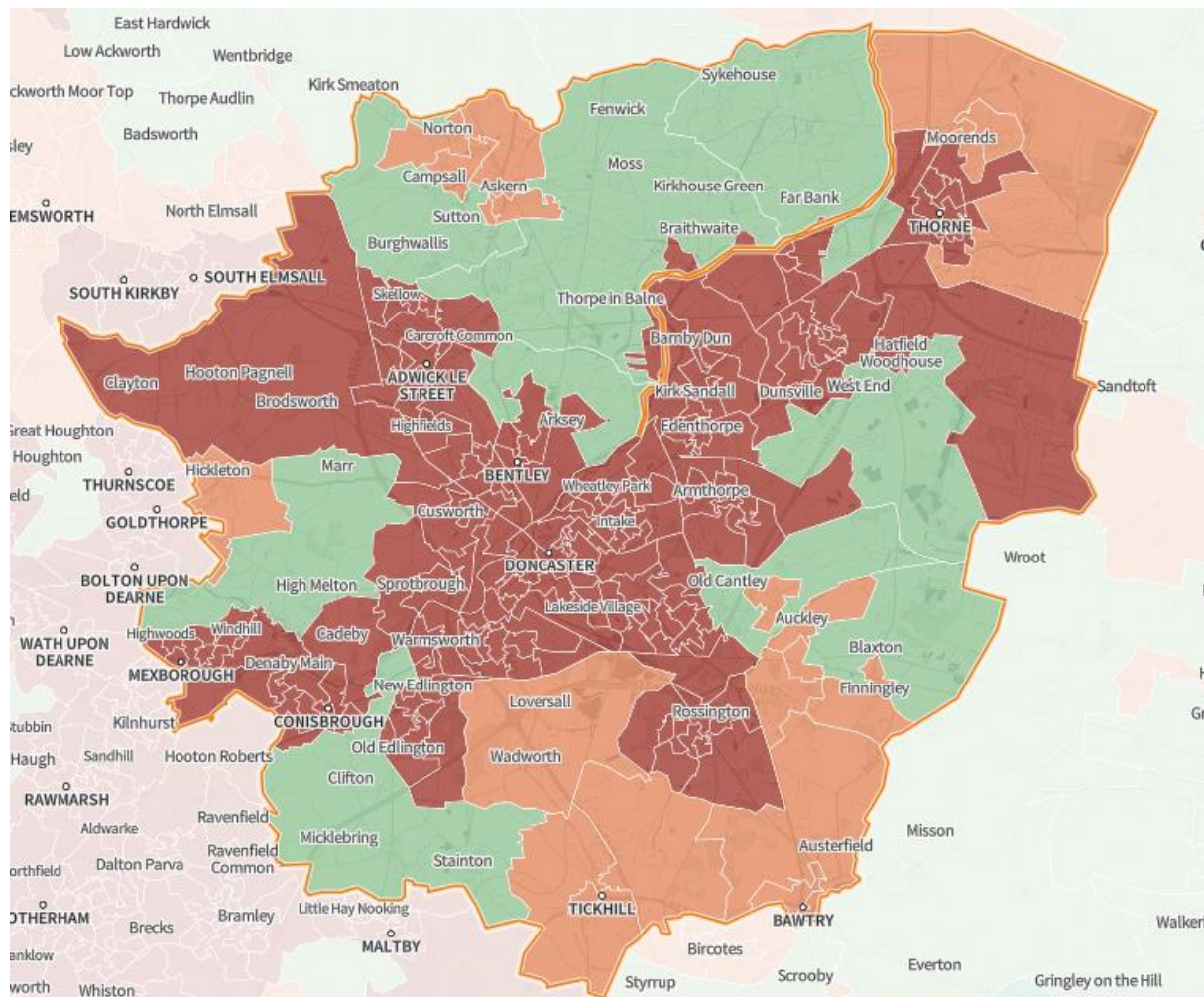
## 2.0 The People of Doncaster

### 2.1 Introduction

City of Doncaster Council covers an area of approximately 568 square kilometers, with a population of 308,104 at the 2021 census. To the east is North Lincolnshire, to the south is Nottinghamshire, to the west are Rotherham and Barnsley and Wakefield Councils, and to the north are East Riding of Yorkshire and North Yorkshire. The area has good transport links, with the A1(M) to the west of the city and the M18 to the east, and the railway station is a major interchange station and principal stop on the East Coast mainline.

The map below shows that the urban/rural classification of the area.

**Map 1 – Doncaster lower-layer super output areas by urban/rural classification<sup>2</sup>**



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

<sup>2</sup> Department of Health & Social Care [Strategic Health Asset Planning and Evaluation](#) application. Based on Office for National Statistics 2021 rural/urban classification

Key

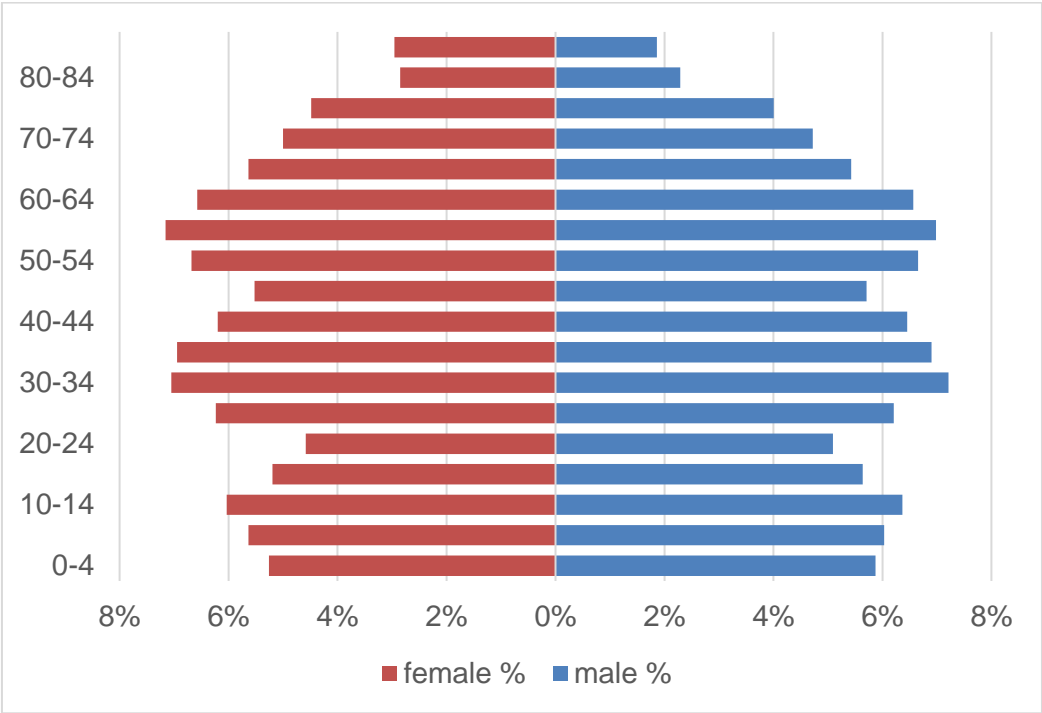
- Urban: Nearer to a major town or city
- Urban: Further from a major town or city
- Larger rural: Nearer to a major town or city
- Larger rural: Further from a major town or city
- Smaller rural: Nearer to a major town or city
- Smaller rural: Further from a major town or city

2.2 Population

In the last census held in 2021, the population of Doncaster was around 308,100, representing a 1.9% increase from the previous 2011 census (302,400). The population in Doncaster increased by a smaller percentage than both the overall population of Yorkshire and the Humber (3.7%), and England (6.6%).

The latest mid-year estimate (June 2023) for the area’s resident population is 314,176<sup>3</sup>. It splits the population of Doncaster as 49.8% male and 50.2% female, and as can be seen from the figure below, both genders follow a similar pattern through the five-year age groups.

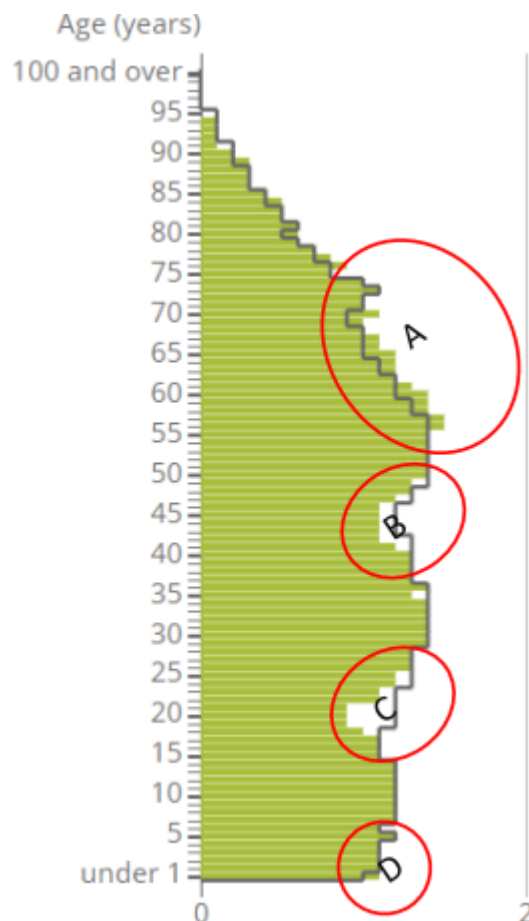
Figure 3 - Age and gender of the population in five-year age groups, 2023 mid-year estimates



<sup>3</sup> [Mid-year population estimates June 2023, NOMIS, released October 2024](#)

The population chart below shows the proportion of people in each age segment compared to the national average which is shown by the grey line.

**Figure 4 - Proportion of people in the five-year age groups compared to the average for England<sup>4</sup>**



As can be seen:

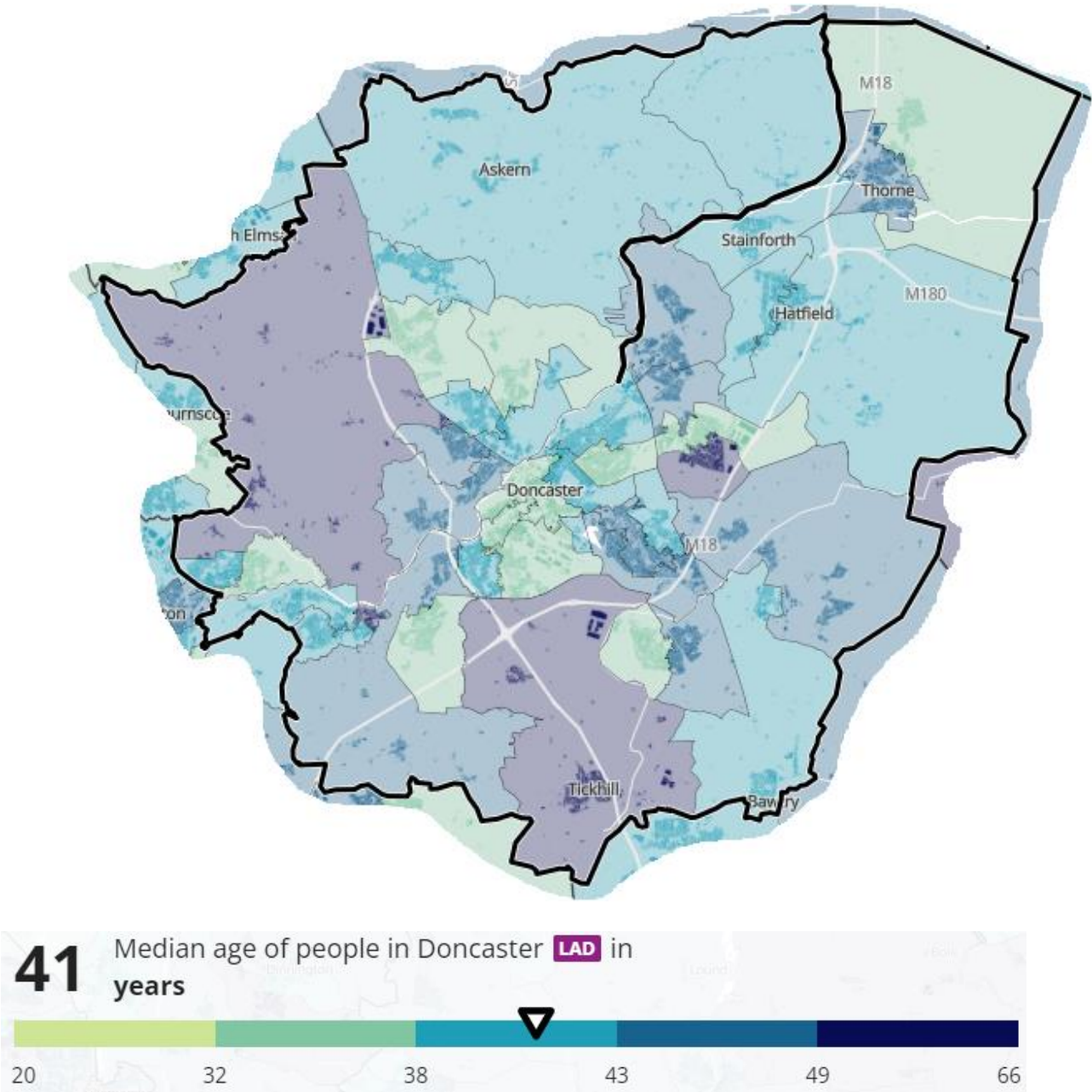
- A. generally, there are greater proportions of people aged 55 to 70 in Doncaster than nationally,
- B. there is a slight deficit of people in their early to mid-40s when compared to the national averages,
- C. there are lower proportions of people in the 18-24 age bracket in Doncaster than nationally, and
- D. generally, the younger ages (less than 14 years old) are very close to the national average, but the very youngest (0 to 2 years old) are slightly higher.

Those aged 0 to 15 years old are found in higher proportions in the larger settlements and urban centre, whereas those aged 65 and over are found in higher proportions in rural and suburb areas. The median age of the population at the 2021 Census was 41, an increase from

<sup>4</sup> [2021 Census briefing – demography and migration](#), Doncaster joint strategic needs assessment reports

40 at the 2011 Census. However, there is variation across Doncaster with the highest median age being 54 in the Tickhill and Wadworth middle-layer super output area, and the lowest being 33 in Central Doncaster and Hyde Park middle-layer super output area. The map below shows the variation in median age for Doncaster.

**Figure 5 - Median age by middle-layer super output area at the 2021 Census<sup>5</sup>**

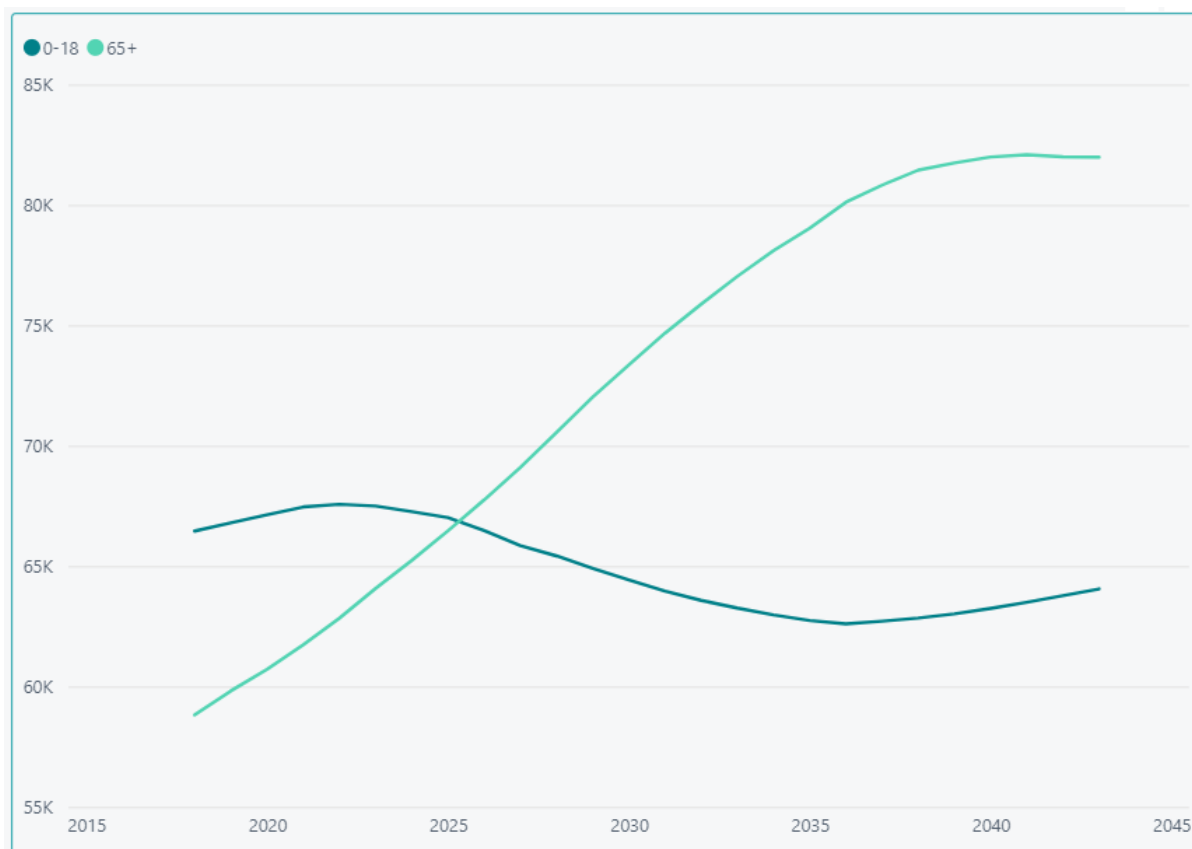


<sup>5</sup> [Census maps – median age at the 2021 Census](#), Office for National Statistics



As can be seen from the graph below, the population of Doncaster is aging rapidly. By 2026 it is projected that the number of people aged 65 and over will be greater than the number aged 18 and under for the first time.

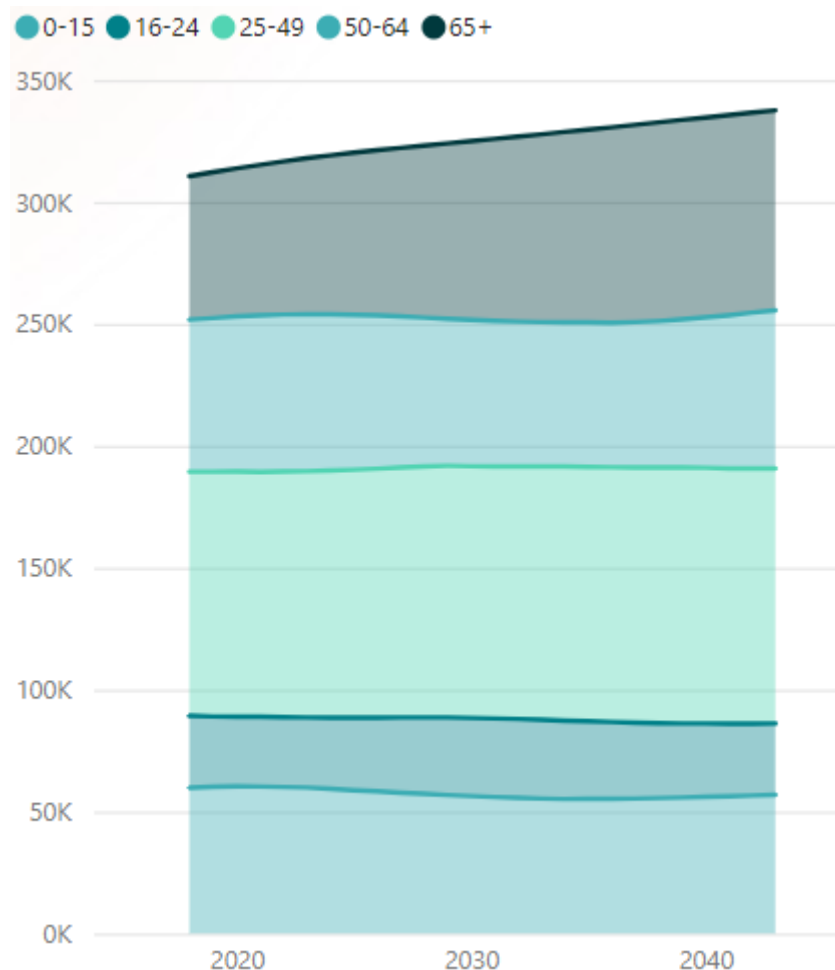
**Figure 6 - Aging population 2018 to 2045<sup>6</sup>**



<sup>6</sup> [Doncaster Joint Strategic Needs Assessment](#), 2025

The graph below shows how the population has and will change by year and age group between 2018 and 2045.

**Figure 7 - Population projection by year an age group 2018 to 2045<sup>7</sup>**



## 2.3 Dwellings

At the time of the 2021 Census, 90.7% of residents lived in a house or bungalow, 8.6% in a flat maisonette or apartment, and 0.6% in a caravan, or other mobile or temporary structure.

The proportion of households living in a flat, maisonette or apartment increased the most over the decade, from 7.7% in 2011 to 8.6% in 2021. The proportion of households living in a house or bungalow decreased from 91.7% in 2011 to 90.7% in 2021.

In 2021, 63.3% of households owned the accommodation they lived in, 36.4% rented their accommodation and 0.3% of households lived rent free. Sprotbrough has the highest proportion of households that are owned or shared ownership (83.1%) in Doncaster whereas Hexthorpe and Balby North has the lowest proportion of owner-occupied households (40.7%). Town has

<sup>7</sup> [Doncaster Joint Strategic Needs Assessment](#), 2025



the highest proportion of privately rented accommodation (43.1%), Sprotbrough has the lowest proportion of socially rented households (3.1%). A smaller proportion of households had fewer bedrooms than required compared to 2011, 2.4% and 3.4% respectively. Town Ward has the highest proportion of households with fewer bedrooms than required (7.9%). Sprotbrough has the highest proportion of households considered under-occupied (90.6%).

The Doncaster Local Plan was adopted in September 2021. Policy 2: 'Level of Growth' states that the strategic aim of the local plan is to facilitate the delivery of a minimum of 15,640 net homes in the remainder of the plan period 2018 – 2035 a rate of 920 per annum. However, between 2018 and 2023 there were 5,654 (net) housing completions, equating to an average rate of 1,131<sup>8</sup>.

As of April 2025, there are 31 housing sites in Doncaster that are expected to deliver 100 or more housing units. In total they will deliver 11,170, of which 3,138 have already been built. The expected annual completions rate are as follows:

- 2024/25 – 805 units
- 2025/26 – 906 units
- 2026/27 – 865 units
- 2027/28 – 791 units
- 2028/29 – 646 units

19 of these sites have started, five have outline planning permission, and seven have not started. Assuming all progress/start during the lifetime of this Pharmaceutical Needs Assessment, and an even delivery of units throughout each year, it can be estimated that a total of 2,432 units will be built. Working on an average occupancy rate of 2.4 people per unit, this equates to a total of 5,837 people. However, what is not known is how many of these people would be new to Doncaster and how many will have moved within Doncaster<sup>9</sup>.

## 2.4 Household language

The number of residents in Doncaster aged three and over for whom English is not their main language was 21,584 at the 2021 Census (7.2% of the total population aged three and over), with 4,295 not able to speak English well and 742 not able to speak English at all (5.6% and 1.7% respectively)<sup>10</sup>. There are two key wards where a significant proportion of the population, more than 10%, do not speak English – Town Ward and Hexthorpe and Balby North Ward.

The graph below shows how the ability to speak English varies by age for this group of residents<sup>11</sup>.

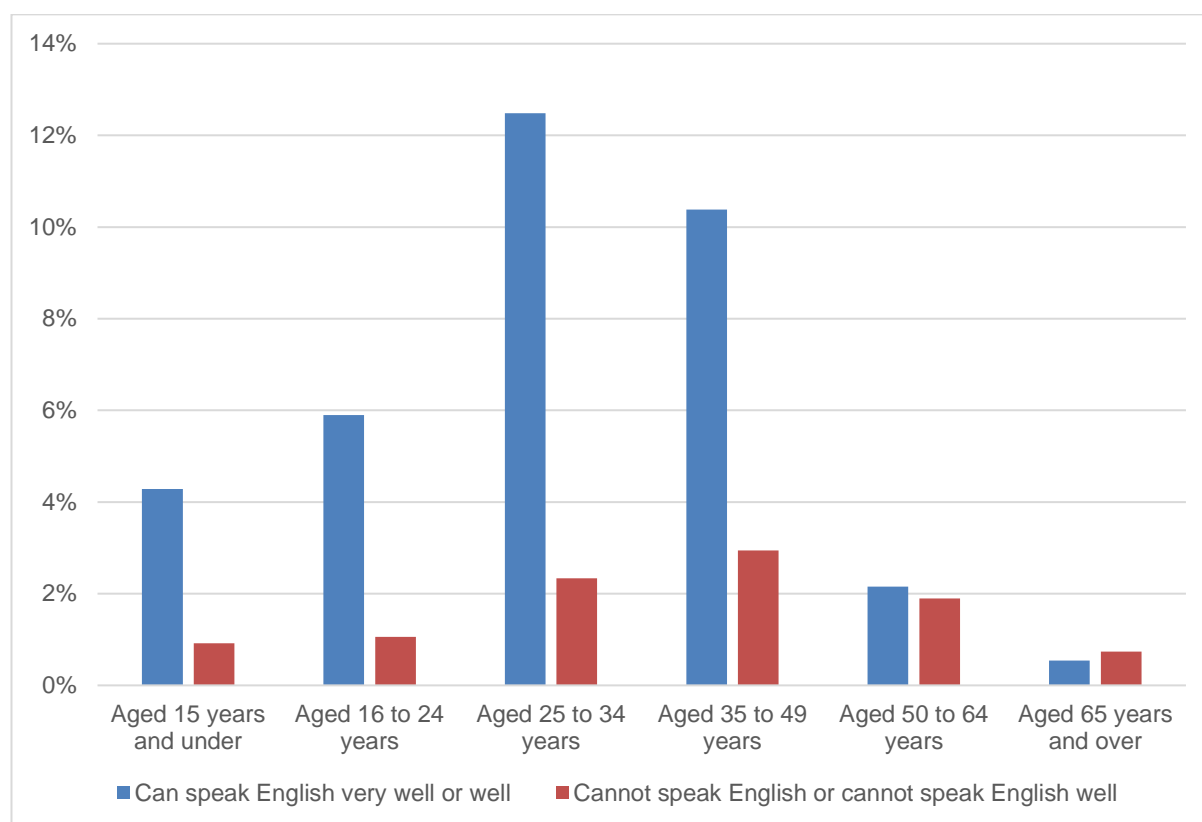
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<sup>8</sup> [Doncaster Local Plan Annual Monitoring Report 2023](#), City of Doncaster Council

<sup>9</sup> Information provided by the Planning policy and environment team, City of Doncaster Council

<sup>10</sup> [TS029 – proficiency in English](#), 2021 Census NOMIS

<sup>11</sup> [RM111 – proficiency in English by age](#), 2021 Census NOMIS

**Figure 8 - Proficiency in English by age**

According to the 2021 Census, English was the main language of 92.8% of Doncaster's usual residents<sup>12</sup>, then Polish (2.2%), Romanian (1.8%), Kurdish (0.2%), Slovak (0.2%), and Turkish (0.2%).

Central locality has the highest proportion of residents for whom English is not their main language (19.1%) whilst South has the smallest (3.9%).

## 2.5 Religion and belief

According to the 2021 Census<sup>13</sup>, 45.1% of the usual resident population either had no religion or did not give a response. Of those residents who did state a religion:

- 92.7% were Christian,
- 4.0% were Muslim,
- 1.1% said another religion,
- 0.9% were Sikh,
- 0.7% were Hindu, and
- 0.5% were Buddhist.

<sup>12</sup> [TS024 – main language \(detailed\)](#), 2021 Census NOMIS

<sup>13</sup> [TS031 – religion](#), 2021 Census NOMIS

## 2.6 Deprivation<sup>14</sup>

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The indices of deprivation are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to a general lack of resources and opportunities.

The English indices of deprivation 2019 were released by the Ministry of Housing, Communities & Local Government on 26 September 2019 and update the previous version released in 2015. The next version is planned for 2025. 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 indices of deprivation 2019 are based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the index of multiple deprivation 2019. The domains (and weights) are:

- Income deprivation (22.5%)
- Employment deprivation (22.5%)
- Health deprivation and disability (13.5%)
- Education, skills and training deprivation (13.5%)
- Crime (9.3%)
- Barriers to housing and services (9.3%)
- Living environment deprivation (9.3%)

The index of multiple deprivation is an overall measure of multiple deprivation experienced by people living in an area and is calculated for each of the 32,844 lower-layer super output areas, or neighbourhoods, in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of other areas.

Lower-layer super output areas are designed to be of a similar population size with an average of 1,500 residents each and are a standard way of dividing up the country.

It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10%, 20% or 30% of small areas in England (although there is no definitive cut-off at which an area is described as 'deprived'). The indices measure deprivation on a relative scale, rather than an absolute scale. This means that a neighbourhood ranked 100<sup>th</sup> is more deprived than a neighbourhood ranked 200<sup>th</sup>, but it does not mean that it is twice as deprived.

The index of multiple deprivation is designed primarily to be a small-area measure of deprivation. But the indices are commonly used to describe deprivation for higher-level geographies including local authority districts. A range of summary measures is available allowing you to see where, for example, a local authority district is ranked between 1 (the most

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<sup>14</sup> Information in this section is taken from the [English indices of deprivation 2019](#) as produced by the Ministry of Housing, Communities & Local Government.

deprived district in England) and 326 (the least deprived district in England).

In 2019 there were 151 upper tier local authorities in England, and Doncaster was ranked 41 on a scale where 1 is the most deprived and 151 the least deprived. The table below shows Doncaster's rank on the index of multiple deprivation in 2019 and the individual domains.

**Figure 9 - Index of multiple deprivation 2019 rank for Doncaster<sup>15</sup>**

<b>Income</b>	<b>Employment</b>	<b>Education, skills and training</b>	<b>Health and disability</b>	<b>Crime</b>	<b>Barriers to housing and services</b>	<b>Living environment</b>
54	34	20	36	12	262	253

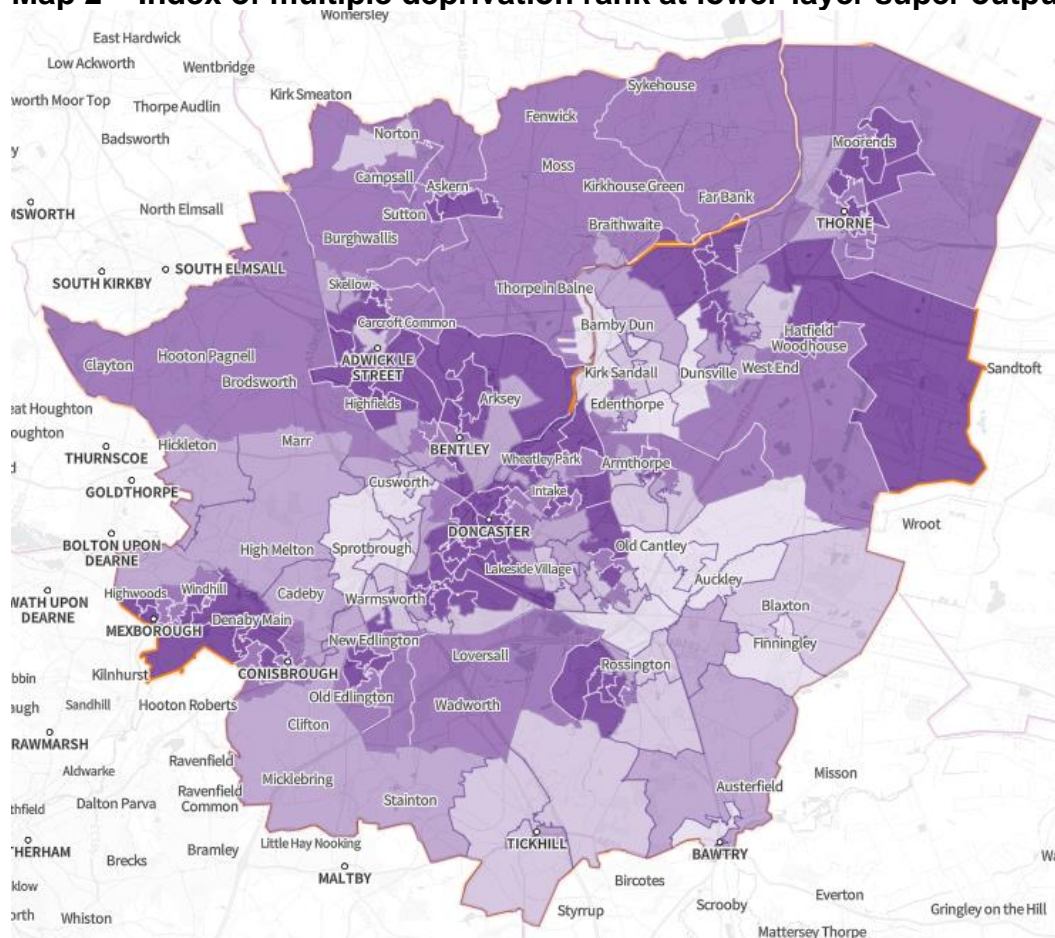
There are 194 lower-layer super output areas in Doncaster, each ranked in the index of multiple deprivation 2019. 46 of the lower-layer super output areas within Doncaster fall within the top 10% most deprived, and three that fall in the least deprived (two in the North locality and one in the South locality).

The Central locality has the highest number of top 10% most deprived lower-layer super output areas at 17 (and is the most deprived of the four localities), followed by the South locality at 13. The East locality has the lowest number at six and is the least deprived of the four localities.

The map below collates the rank of each lower-layer super output area in relation to the index of multiple deprivation 2019, where the darker the colour the higher the rank.

<sup>15</sup> [IoD2019 interactive dashboard – local authority focus](#), Ministry of Housing, Communities & Local Government

**Map 2 – Index of multiple deprivation rank at lower-layer super output area<sup>16</sup>**



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

## 2.7 Ethnicity

At the time of the 2021 Census, the ethnicity of the Doncaster population was recorded as:

- 86.6% English, Welsh, Scottish, Northern Irish or British,
- 2.0% Polish,
- 1.2% Romanian,
- 1.0% Pakistani or British Pakistani,
- 0.7% Indian or British Indian,
- 0.7% White: European Mixed 0.7%,
- 0.6% White and Black Caribbean,
- 0.4% African unspecified,
- 0.4% Mixed or Multiple ethnic groups: White and Asian (unspecified), and

<sup>16</sup> Department of Health & Social Care [Strategic Health Asset Planning and Evaluation](#) application.

<sup>17</sup> TS022 – ethnic group, 2021 Census NOMIS

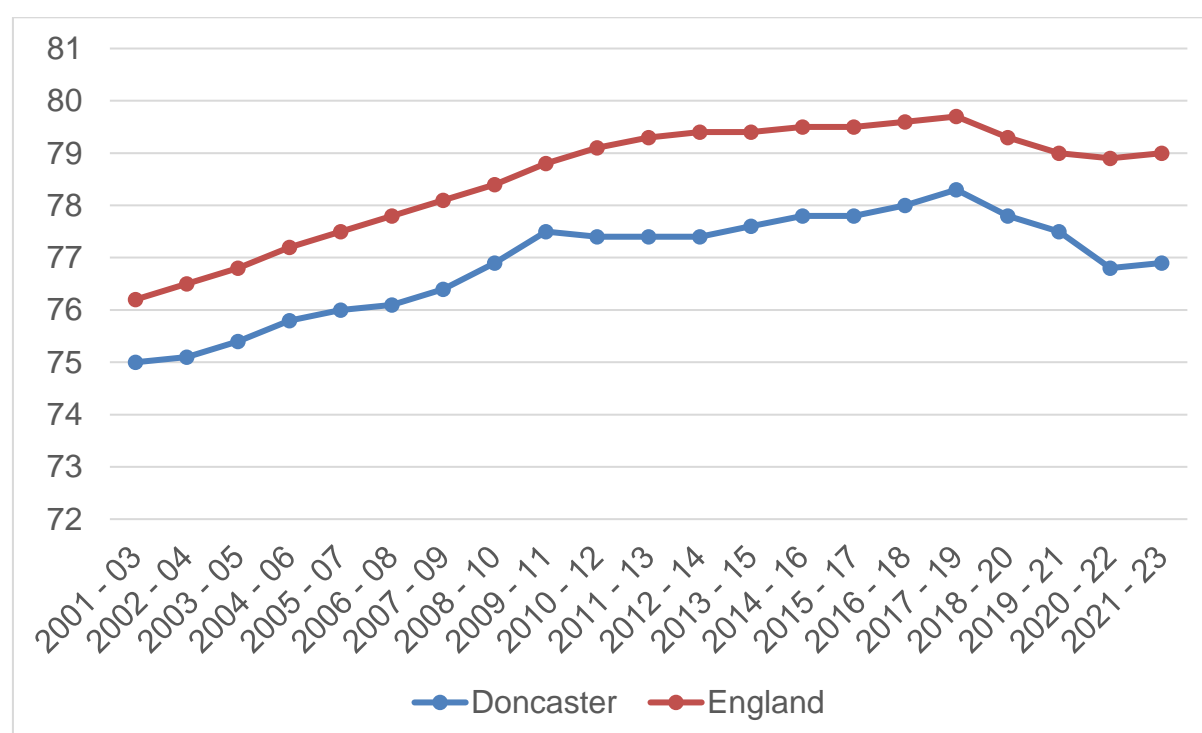
- 0.3% each Chinese, Irish and Other White, White unspecified<sup>17</sup>.

Several factors may contribute to the evolving ethnic composition in Doncaster, mirroring broader trends across England and Wales. These factors include varying patterns of ageing, fertility, mortality, and migration. Additionally, changes may arise from differences in how individuals choose to self-identify between censuses.

## 2.8 Life expectancy

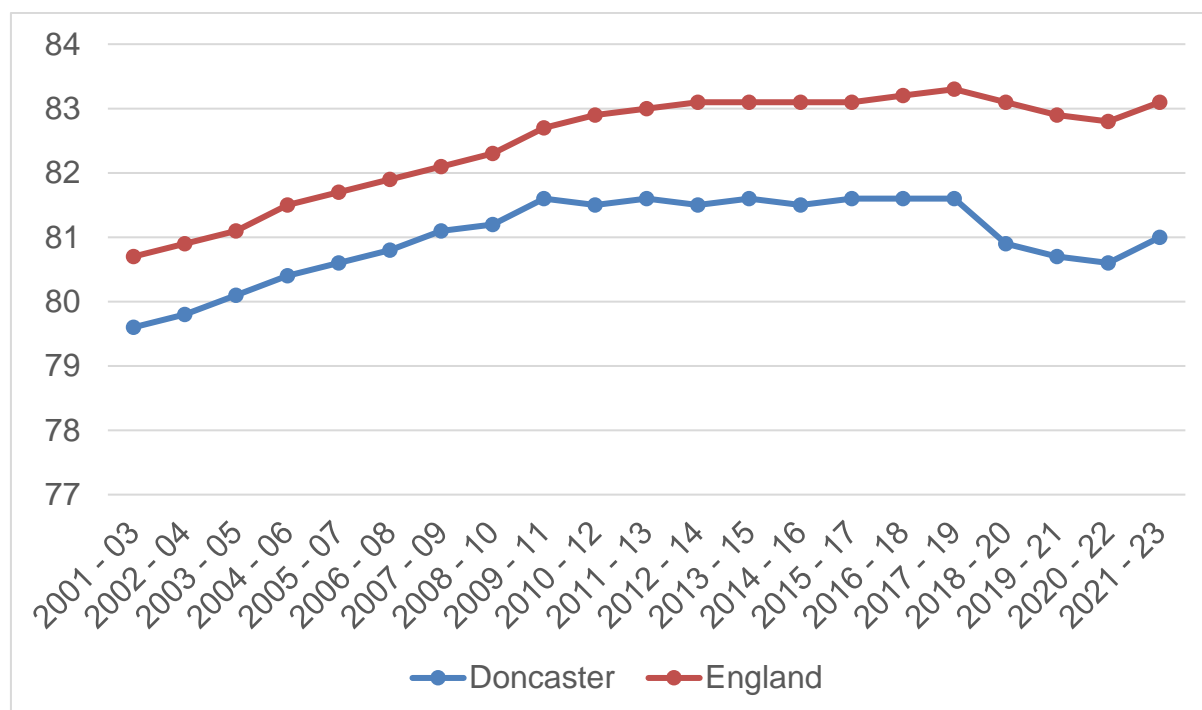
Life expectancy at birth is a measure used to indicate the average length of time a person might live given all the socio-economic, environmental and health conditions that prevail at birth. Whilst it has been increasing nationally and locally for both males and females, it fell for three years but has begun to increase again. The figures below illustrate how it has changed in Doncaster since 2001-2003. As can be seen, life expectancy for both males and females in Doncaster is significantly worse than that for England.

**Figure 10 - Doncaster life expectancy at birth, male three-year range, compared to England<sup>18</sup>**



<sup>18</sup> [Public health profiles](#), Office for Health Improvement & Disparities

**Figure 11 - Doncaster life expectancy at birth, female three-year range, compared to England<sup>19</sup>**

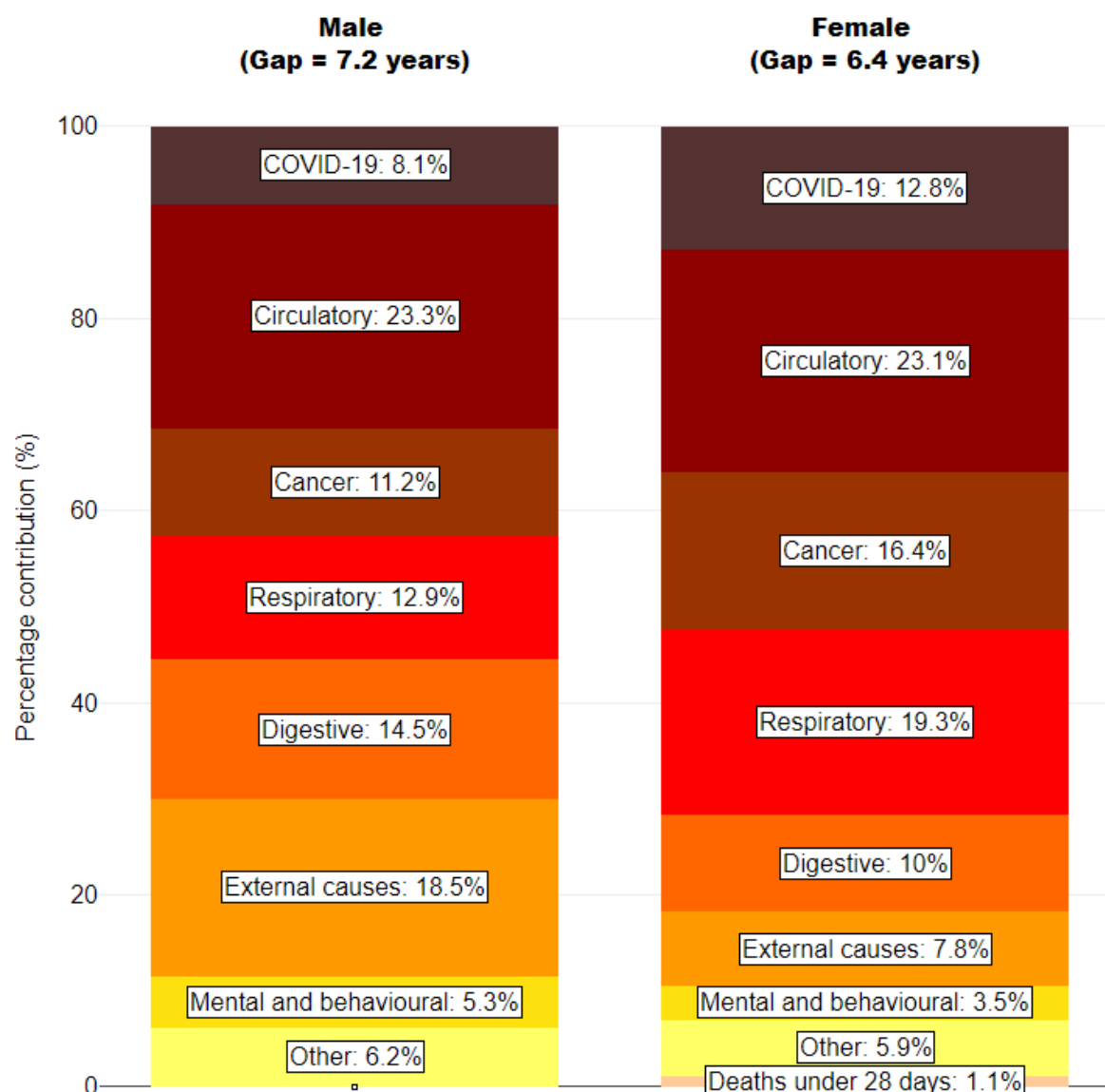


The broad causes of death which contribute to the gaps in life expectancy can be seen in the figure below. This shows that for males and females the top three causes in 2020/21 were the same, namely COVID-19, circulatory (which includes coronary heart disease and stroke), and cancer, however the proportion that each of these contributes to the gap in life expectancy varies between genders.

<sup>19</sup> [Public health profiles](#), Office for Health Improvement & Disparities



**Figure 12 - Scarf chart showing the breakdown of the life expectancy gap between the most and least deprived quintiles of Doncaster by cause of death, 2020-21<sup>20</sup>**



In 2021-23 the healthy life expectancy at birth for males in Doncaster was 57.3 years, worse than the average for England (61.5 years). For females it was 57.7 years also worse than the average for England (61.9)<sup>21</sup>.

## 2.9 Households

The total number of households in Doncaster at the time of the 2021 Census was 133,480, an increase of 5.5% on the previous Census. Of these:

<sup>20</sup> [Segment Tool, Office for Health Improvement & Disparities](#)

<sup>21</sup> [Public health profiles](#), Office for Health Improvement & Disparities



- 62.8% were owned (either outright or with a mortgage or loan),
- 19.4% were privately rented,
- 17.0% were socially rented,
- 0.4% were in shared ownership, and
- 0.3% were living rent free i.e. living in a property owned by another party without paying rent<sup>22</sup>.

The average household size was 2.3 people, a slight decrease from the previous Census (2.4 people/household). Of these 133,480 households:

- 64.1% were occupied by a family,
- 31.2% were occupied by one person (on average 43.3% of these households were occupied by one person aged 65 and over), and
- 4.7% were 'other households'<sup>23</sup>.

## 2.10 Car ownership<sup>24</sup>

At the time of the 2011 Census, 27.8% of households did not have a car or van. This had fallen to 24.4% by the 2021 Census.

As can be seen from the figure below, car ownership levels were lowest in the Central locality (2021 Census), the most urban of the four localities. The ward of Bessacarr had the fewest households with no car or van (19.6%) and Hexthorpe and Balby North had the most (42.1%).

The more rural localities, as may be expected, have higher levels of car ownership. The ward with the highest level of car ownership is Finningley in the South locality – 10.0% of households do not have a car or van.

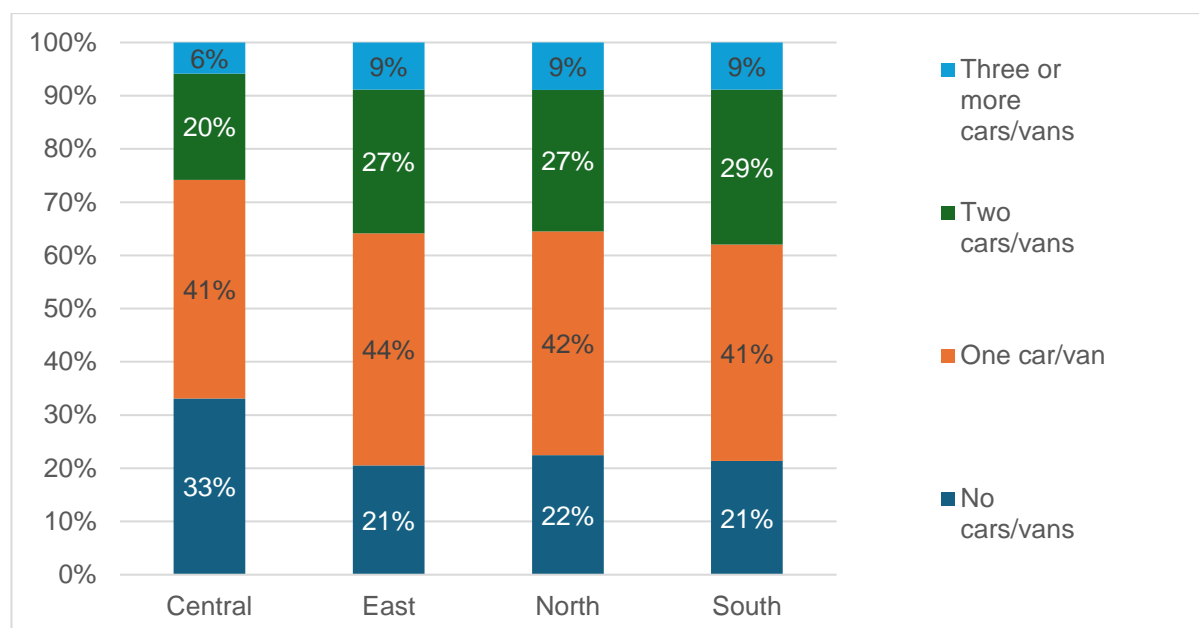
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<sup>22</sup> [TS054 - tenure](#), 2021 Census NOMIS

<sup>23</sup> [TS003 - household composition](#), 2021 Census NOMIS

<sup>24</sup> [TS045 – car or van availability](#), 2021 Census NOMIS

**Figure 13 - Car ownership by locality, 2021 Census**



## 2.11 Economic activity<sup>25</sup>

At the time of the 2021 Census, of those aged 16 years and over:

- 56.8% were economically active (excluding full-time students) – 46.3% were employed, 6.2% were self-employed with employees, 1.3% were self-employed without employees and 3.0% were unemployed,
- 41.7% were economically inactive – 23.3% were retired, 5.5% were long-term sick or disabled, 5.3% were looking after home or family, 4.1% were other, and 3.5% were students, and
- 1.5% were economically active and a full-time student.

Edenthorpe and Kirk Sandall Ward had the highest percentage of people in employment (59.4%) whereas Stainforth and Barnby Dun had the lowest (48.3%). Town Ward had the lowest percentage of people considered economically inactive (38.1%); Hatfield had the highest percentage of people (48.5%).

Among usual residents aged 16 years and over, almost half were employees (47.3%), 7.6% were self-employed, and a further 3.3% were unemployed but looking for work.

Over a fifth of usual residents aged 16 years and over were economically inactive because of retirement (23.3%).

<sup>25</sup> [TS066 – economic activity](#), 2021 Census NOMIS

## 2.12 Gender identity

94.5% of people aged 16 years and over answered this voluntary question in the 2021 Census.

- 94.0% had the same gender identity as sex registered at birth,
- 0.3% had a different gender identity from sex registered at birth but no specific identity given,
- 0.1% were a trans woman,
- 0.1% were a trans man, and
- 5.5% didn't answer the question<sup>26</sup>.

Less than 0.1% said they were non-binary, and 0.1% were another gender identity.

## 2.13 Sexual orientation

93.4% of people aged 16 years and over answered this voluntary question in the 2021 Census.

- 90.8% identified as straight or heterosexual.
- 1.4% identified as gay or lesbian
- 1.0% as bisexual
- 0.2% as pansexual

## 2.14 Provision of unpaid care

At the time of the 2021 Census, 9.7% of those aged 5 years and over provided unpaid care each week, 2.3% lower than at the 2011 Census.

- 4.1% of the population provided unpaid care for 19 hours or less per week (a reduction from 6.7%),
- 2.2% for 20 to 49 hours per week (an increase from 1.8%), and
- 3.4% for 50 hours or more (a slight reduction from 3.5%).<sup>27</sup>

Sprotbrough had the highest proportion of residents providing any amount of unpaid care at 11.0%, with Town having the lowest proportion (6.8%).

Looking more closely at the hours of unpaid care provided in a typical week, the largest proportions of people providing 19 hours or less unpaid care a week lived in the Sprotbrough (6.2%). The smallest proportion lived in Hexthorpe & Balby North (2.7%). A larger proportion of people in Thorne & Moorends (2.8%) provided 20 to 49 hours of unpaid care a week compared with other Doncaster wards. The smallest proportion was in Edenthorpe & Kirk Sandall (1.6%). The largest proportion of people providing 50 or more hours of unpaid care a week were in the wards of Adwick le Street & Carcroft, Balby South and Conisbrough (4.0%), and the smallest proportion was in Town (2.1%).

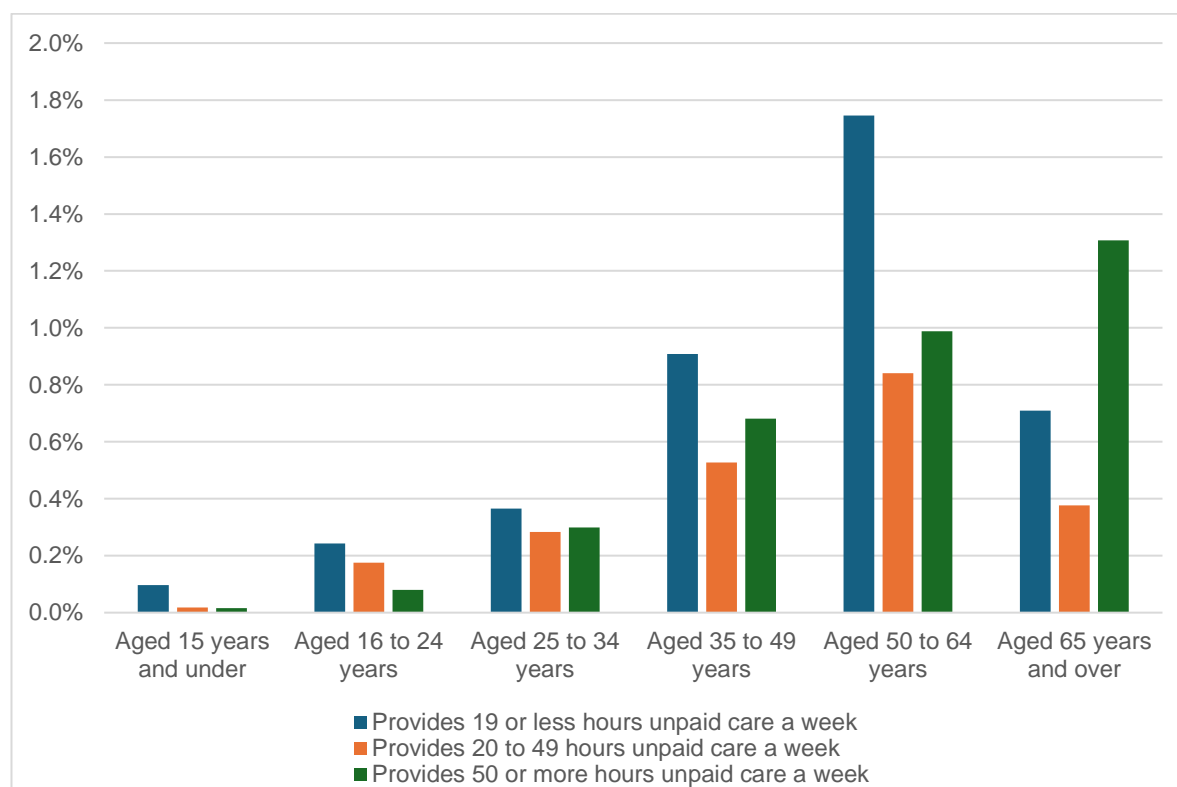
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<sup>26</sup> [TS070 – gender identity](#), 2021 Census NOMIS

<sup>27</sup> [RM113 – provision of unpaid care by age](#), 2021 Census NOMIS

The figure below shows the age breakdown of these residents.

**Figure 14 – Doncaster residents providing unpaid care by age group**



## 2.15 Gypsy, Irish Traveller and Roma community

Census data for 2021 states that this community made up 6.2% of the area's population, with their living accommodation as follows.

- 82.4% live in a house or bungalow.
- 16.5% live in a flat, maisonette or apartment
- 1.1% live in a caravan or other mobile or temporary structure<sup>28</sup>.

According to the traveller caravan count<sup>29</sup> undertaken in July 2024 there was a total of 544 traveller caravans in Doncaster, of which:

- 71 are on socially rented sites,
- 445 are caravans on authorised privately funded sites with permanent planning permission, and
- 14 are tolerated unauthorised caravans on land owned by Travellers.

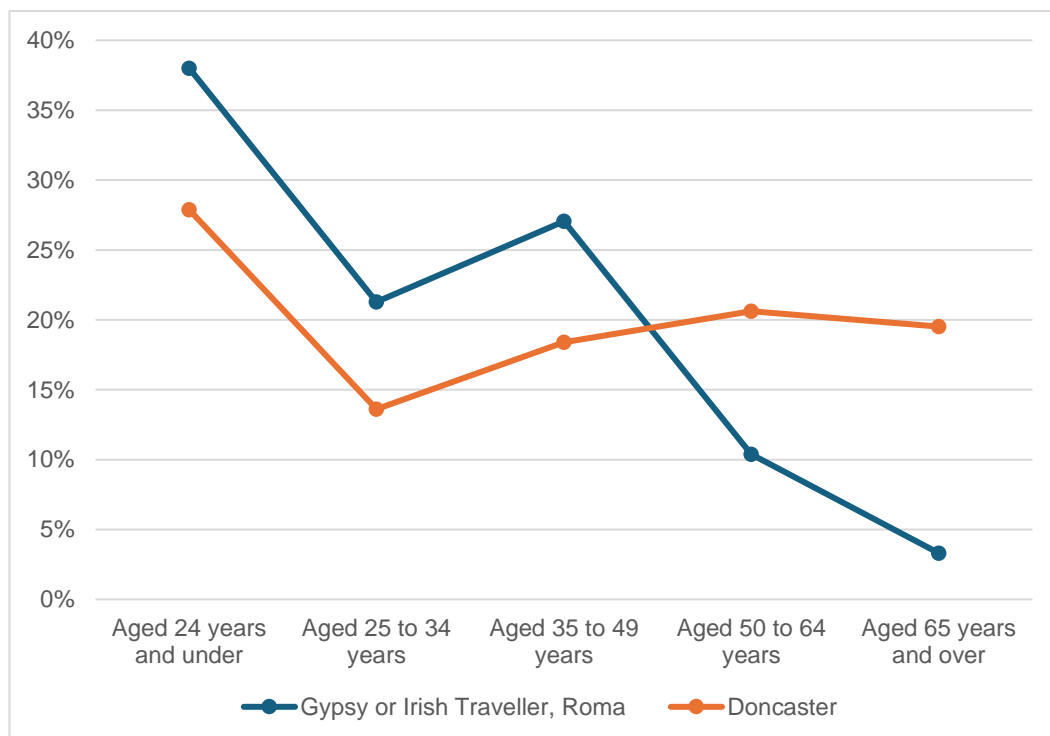
<sup>28</sup> [RM026 – ethnic group by accommodation type](#), 2021 Census NOMIS

<sup>29</sup> [Traveller caravan count: July 2024](#), Ministry of Housing, Communities and Local Government

The figure has increased year on year since January 2022.

The age profile of the community in Doncaster illustrates the extent of the life expectancy issue for Travellers. In comparison to the general profile, the age structure is heavily concentrated at the lower age bands, generally running above figures for the Doncaster population as a whole until the 50 years of age<sup>30</sup>.

**Figure 15 - Age profile for the Doncaster population and Gypsy or Irish Traveller, Roma community 2021**



## 2.16 Rough sleepers

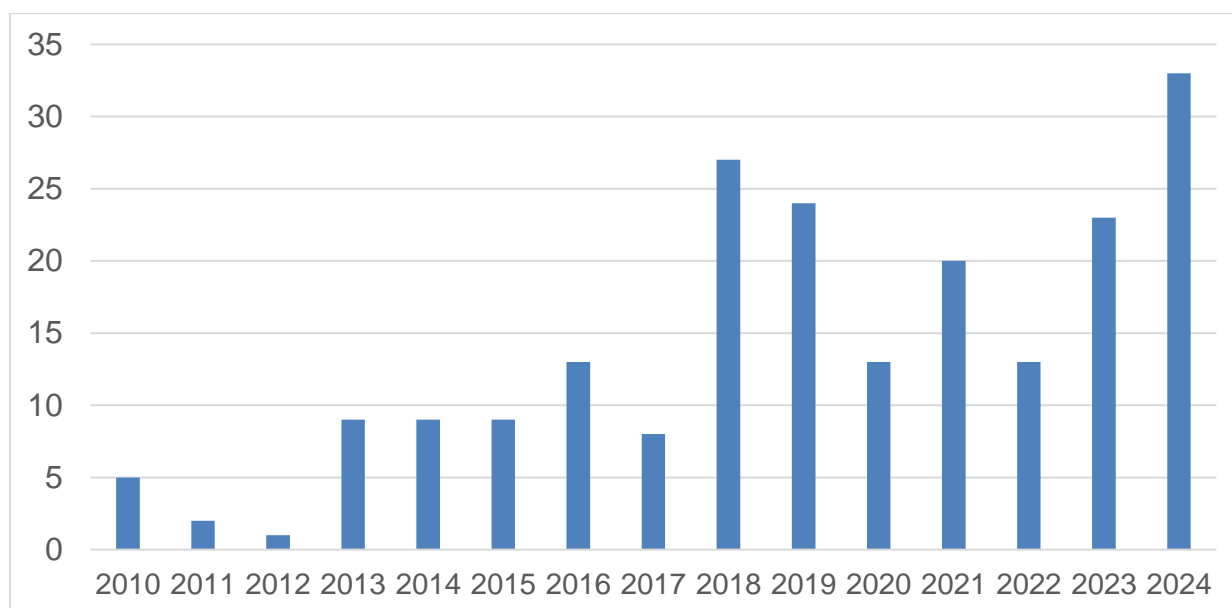
The 2024 annual rough sleeping snapshot<sup>31</sup> shows an increase of 43% in the number of people estimated to be sleeping rough on a single night in autumn in Doncaster compared to the 2023 snapshot – 33 people in 2024 compared to 23 in 2023. This equates to a rate per 100,000 population of 10.5 which is higher than the England figure of 9.1 people per 100,000 population.

The graph below shows the estimated number of people sleeping rough in Doncaster on a single night from 2010 to 2024.

<sup>30</sup> [RM032 - ethnic group by sex by age](#), 2021 Census NOMIS

<sup>31</sup> [Rough sleeping snapshot in England autumn 2024 - dashboard](#), Ministry of Housing, Communities & Local Government

**Figure 16 - Estimated number of people rough sleeping, by year**



Those who are most likely to be sleeping rough in Doncaster are:

- from the UK (76%, up 14% on 2023),
- aged over 25 years old (79%, up 18% on 2023), and
- male (79%, up 73% on 2023).

This mirrors the profile for England.

## 2.17 Veterans

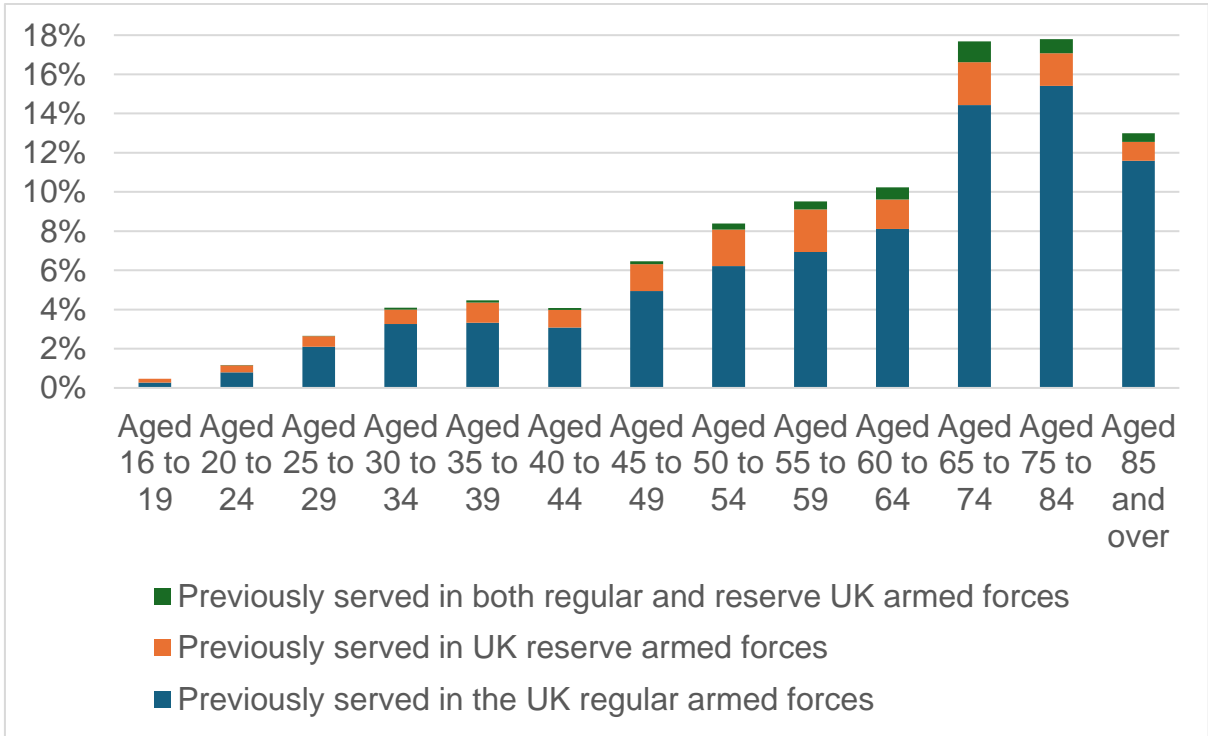
The 2021 Census was the first census to ask people if they had previously served in the UK armed forces<sup>32</sup>. 5.1% of those aged 16 and over in Doncaster said they had previously served. Of these:

- 80.5% previously served in the UK regular armed forces,
- 15.5% in the UK reserve armed forces, and
- 4.0% in both the regular and reserve armed forces.

The graph below shows the age breakdown of this group of residents.

<sup>32</sup> [TS072 – number of people in household who have previously served in UK armed forces](#), 2021 Census NOMIS

**Figure 17 - Age breakdown of those who have previously served in the UK armed forces<sup>33</sup>**



<sup>33</sup> [RM147 – veterans by age](#), 2021 Census NOMIS

## 3.0 General Health Needs of Doncaster

The Joint Strategic Needs Assessment (JSNA) is a process that identifies the current and future health and wellbeing needs of a local population. It aims to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help to determine what actions local authorities, the NHS, and other partners need to take to meet the health and social care needs and to address the wider determinants that impact on health and wellbeing. In Doncaster, reports and dashboards form the Joint Strategic Needs Assessment.

Reference to GP Quality and Outcomes Framework data in this chapter is taken from NHS England's Digital website<sup>34</sup>. Where figures are quoted for Doncaster and England these are taken from the public health profiles produced by the Office for Health Improvement and Disparities<sup>35</sup>.

### 3.1 Cancer

Cancer is a disease caused by normal cells changing so that they grow in an uncontrolled way. There are more than 200 different types of cancer, and it is a complex disease. Cancer is one of the biggest health challenges in the UK with one in two people expected to develop some form of cancer in their lifetime.

According to cancer registration statistics for 2022<sup>36</sup>:

- There were 346,217 new cancer diagnoses in 2022, on average 948 a day, which is 16,553 more than in 2021.
- Excluding basal cell carcinoma and cutaneous squamous cell carcinoma, half of all registered cancer diagnoses (51%) continue to be found in the four most common main cancer groups: prostate, breast, lung, or bowel.
- Prostate cancer was the most diagnosed cancer in 2022, with 54,732 new diagnoses, which is 11,354 more registrations than in 2021.
- Between 2021 and 2022, the number of all cancers diagnosed in England increased by 7% for males, this increase being mainly due to a rise in the number of prostate cancer diagnoses.
- For females, the number of all cancers diagnosed increased by 2%.
- The three most common main cancer groups diagnosed varied by gender and age group.
  - For male and female patients aged 0 to 14 years, they were blood, brain and soft tissue sarcoma. These cancers accounted for 77% (for males) and 70% (for females) of all diagnoses in this age group.
  - Prostate cancer was the most common cancer males aged 45 years or over.
  - For adult males aged 15 to 44 years, blood cancers were the most common cancer group.

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<sup>34</sup> [Quality and Outcomes Framework, 2023-24](#), NHS England

<sup>35</sup> [Fingertips](#), Department of Health & Social Care,

<sup>36</sup> [Cancer Registration Statistics, England, 2022](#), NHS England



- Breast cancer was the most common main cancer group in females aged 15 years and over, accounting for 46% of all cancers diagnosed in those aged 45 to 54 years, and gradually decreasing to 21% of all cancers diagnosed in those aged 75 years and over
- Estimates for most main and detailed cancer groups suggest that incidence is higher in the most deprived quintiles for both males and females. Small cell lung cancer has some of the biggest proportionate changes between quintiles for both males and females.
- Although for most cancers the age-standardised cancer incidence rate is highest for people living in the most deprived areas, there are some cancers where the rate is highest for people living in the least deprived areas. For example, for both males and females, the age-standardised cancer incidence rate for people with melanoma living in the least deprived areas was twice as high as the rate for people living in the most deprived areas.

According to the GP Quality and Outcomes Framework data for 2023/24 Doncaster's recorded prevalence of people with cancer is 3.5% compared to an England average value of 3.6%.

Turning to cancer mortality, cancer registration statistics for 2022:

- The number of people dying from cancer has increased over time. For males, the number of deaths increased from 68,639 in 2011 to 73,958 in 2022. For females, the number of deaths increased from 61,935 in 2011 to 64,741 in 2022.
- Despite this increase, the age-standardised rate of mortality from cancer has decreased for both males and females. For males, the rate fell from 345 deaths per 100,000 people in 2011 to 299 deaths per 100,000 people in 2022. Similarly, for females, the rate fell from 237 deaths per 100,000 people in 2011 to 212 deaths per 100,000 people in 2022.
- For females, the incidence rates per 100,000 people for the three most common cancer groups – breast, lung, and bowel cancer – increased or remained the same between 2011 and 2022 whereas the mortality rates fell over the same period.
- For males, the incidence rate per 100,000 people for the most common cancer group, prostate cancer, increased and the incidence rates for lung and bowel cancer decreased between 2011 and 2022. During the same period, the mortality rates fell for all three cancer groups.

This is a disease that is largely related to ageing. When a cancer is identified in someone under the age of 75 years, it is considered 'premature' in the context of the nation's health overall. Premature death from cancer is an important marker of health inequality within and between communities.

Along with age, an individual's risk of developing cancer is linked with exposure to a breadth of factors, including lifestyle, socio-economic status, occupation and genetic make-up. An estimate is that four in every 10 cancers can be prevented by lifestyle:

- Smoking is the most important lifestyle risk factor for cancer in England and causes more than seven in ten lung cancer cases in the UK. However, the harmful chemicals in cigarette smoke affect the entire body, not just the lungs. Smoking causes at least 15 different cancer types, including two of the most common; lung and bowel cancer. Whilst reducing the number of cigarettes smoked will help, the number of years spent smoking

affects the risk of someone developing cancer most strongly.

- Overweight and obesity is the second biggest cause of cancer – more than one in 20 cancer cases are caused by excess weight. Keeping a healthy weight reduces the risk of 13 different types of cancer.
- Too much ultraviolet radiation from the sun can damage the DNA in skin cells and cause skin cancer. Almost nine in ten cases of melanoma in the UK could be prevented by staying safe in the sun and avoiding sunbeds.
- Healthier diets could prevent around one in ten cancers. Certainty over which aspects of a diet can be protective is not fully understood, but the elements of fruit and vegetables and fibre are considered to have a protective influence, whilst processed and red meats, and salt have been identified as increasing the risk of a cancer.
- Alcohol can cause seven different types of cancer, irrespective of the type of alcohol which is drunk. Breast cancer is the most common cancer in the UK and drinking alcohol is one of the biggest risk factors. Around 4,400 breast cancer cases each year are caused by drinking alcohol. The risk increases even at low levels of drinking.
- Being physically inactive is a risk factor for cancer. Keeping active can help to maintain a healthy weight, which reduces the risk of 13 different types of cancer.

Other vulnerabilities which people have no ability, or limited abilities, to address through lifestyle changes include exposure to certain infections, life course patterns and occupational exposure. Sex, genetics and geographic place of residence also all bring differences in risk exposure. Place differences are related to socio-economic status and experiences of poverty and culture. Ethnicity can impact on an individual's risk of a diagnosis.

In 2023, the directly standardised rate of mortality from all cancers in persons aged less than 75 years per 100,000 population, was significantly worse in Doncaster at 146.2 compared to the average for England at 120.8. The percentage of adults (those aged 18 and older) who smoke was significantly worse, in 2023, in Doncaster, compared to England (17.8% versus 11.6%). The percentage of physically active adults (those aged 19 and older) in 2022/23 was significantly worse in Doncaster compared to England (61.2% versus 67.1%). The percentage of adults (those aged 18 and older) in 2022/23 who were classified as overweight or obese was significantly worse in Doncaster compared to England (72.01% versus 64.0%).

Early detection is vital in optimising health and survivor outcomes. Nationally recognised initiatives for improving early diagnosis include public awareness raising of key signs and symptoms, facilitating access to GP surgeries and encouraging attendance for the NHS national cancer screening services. Screening uptake for breast, cervical and bowel cancer, in Doncaster, is as follows.

- 2024 cancer screening coverage – breast cancer – 66.5% compared to 69.9% for England (the recent trend has no significant change)
- 2024 cancer screening coverage – bowel cancer – 71.8% compared to 71.8% for England (the recent trend is increasing and getting better).
- 2024 cancer screening coverage – cervical cancer (aged 25 to 49 years old) – 70.4% compared to 66.1% for England (the recent trend is decreasing and getting worse).
- 2024 cancer screening coverage – cervical cancer (aged 50 to 64 years old) – 74.2% compared to 74.3% for England (the recent trend is decreasing and getting worse).

### 3.2 Cardiovascular disease

Cardiovascular disease is the general term for conditions affecting the heart or blood vessels and includes coronary heart disease, stroke and peripheral arterial disease<sup>37</sup>. These conditions are frequently brought about by the development of atheroma and thrombosis (blockages in the arteries). It has been identified by the NHS Long Term Plan<sup>38</sup> as the single biggest condition where lives can be saved by the NHS over the next 10 years. There are around 6.4 million people living with cardiovascular disease in England<sup>39</sup>. This places a financial burden on the NHS of approximately £7.4 billion per year, with a further estimated cost of £15.8 billion to the wider economy<sup>40</sup>.

Hypertension is the biggest risk factor for cardiovascular disease and is one of the top five risk factors for all premature death and disability in England. At least half of all heart attacks and strokes are caused by high blood pressure. It increases the risk of chronic kidney disease, heart failure and vascular dementia. It is estimated that in England, hypertension affects more than one in four adults. Residents of the most deprived areas are 30% more likely to have high blood pressure compared to those in the least deprived areas<sup>41</sup>.

Hypertension generally has no symptoms, but early diagnosis and effective management can prevent progression to cardiovascular disease<sup>42</sup>. Research has shown that a 10mmHg reduction in systolic blood pressure reduces the risk of major cardiovascular disease events by 20%, coronary heart disease by 17%, stroke by 27%, heart failure by 28%, and all-cause mortality by 13%<sup>43</sup>.

The prevalence of hypertension in Doncaster reported via the GP Quality and Outcomes Framework in 2023/24 was 16.3% compared to the England average of 15.2%.

Coronary heart disease prevalence in Doncaster according to the GP Quality and Outcomes Framework was 3.1% in 2023/24 compared to the England average of 3.0%.

The prevalence of stroke and transient ischaemic attack in Doncaster according to the GP Quality and Outcomes Framework was 2.1% in 2023/24 compared to the England average of 1.9%.

Cardiovascular disease is responsible for one in four premature deaths in the UK and accounts for the largest gap in healthy life expectancy<sup>44</sup>. Those in the most deprived 10% of the population are almost twice as likely to die as a result of cardiovascular disease than those in

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<sup>37</sup> [Cardiovascular disease - NHS](#), NHS website

<sup>38</sup> [NHS Long Term Plan » Online version of the NHS Long Term Plan](#), NHS England

<sup>39</sup> [Socioeconomic Inequalities in Heart and Circulatory Diseases in England](#), British Heart Foundation, 2025

<sup>40</sup> [Health Matters: Preventing cardiovascular disease – UK Health Security Agency](#), UK Health Security Agency

<sup>41</sup> [Tackling High Blood Pressure, Public Health England](#)

<sup>42</sup> [Health matters: combating high blood pressure, Public Health England 2017](#)

<sup>43</sup> [Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis – PubMed](#), Ettehad D. Emdin, CA, Kiran, A et al.; Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis; Lancet; 2016; 387(10022): 957-67

<sup>44</sup> [Heart Disease: understanding the future service and workforce needs](#), Health Education England

the least deprived 10% of the population<sup>45</sup>. People with severe and enduring mental disorders are more at risk of having and dying from cardiovascular disease than the general population due to increased cardiovascular factors, poorer access to healthcare and the effect of antipsychotic medication on their metabolism<sup>46</sup>.

In 2021 to 2023, the age standardised rate of mortality from all cardiovascular diseases in persons less than 75 years per 100,000 population, was significantly worse in Doncaster at 106.6 compared to the average for England at 77.4.

### 3.3 Dementia<sup>47</sup>

Dementia is an umbrella term for the range of progressive conditions of the brain that have in common a loss of brain function which is usually progressive and eventually severe. It is more common in people over the age of 65 but can affect a person at any age. There are over 200 subtypes of dementia, with the most common types of dementia being Alzheimer's disease, vascular dementia, Lewy body dementia, frontotemporal dementia and mixed dementia. Dementia is one of the main causes of disability in later life, and the number of people with dementia is rising yearly as the population ages. According to the NHS website<sup>48</sup>, research shows there are more than 944,000 people in the UK who have dementia and one in 11 people over the age of 65 has the condition. It is estimated that by 2030, the number of people with dementia in the UK will be more than one million.

Dementia prevalence is associated with several risk factors that cannot be modified<sup>49</sup>.

- Age: people diagnosed with dementia tend to be over the age of 65. Above this age, a person's risk of developing Alzheimer's disease or vascular dementia doubles roughly every five years. Over the age of 80 there is a one in six chance of developing dementia.
- Ethnicity: certain ethnic communities appear to be at higher risk of dementia than others. For example, South Asian and African or African Caribbean people seem to develop dementia more often than White Europeans. Specific risk factors associated with these communities such as stroke, diabetes, hypertension and cardiovascular disease, as well as difference in diet, smoking exercise and genes, are thought to explain this.
- Gender: more women are affected by dementia than men. Worldwide women with dementia outnumber men two to one. Twice as many women over the age of 65 are diagnosed with Alzheimer's than men whereas vascular dementia is diagnosed in slightly more men than women.
- Genetics: in rare cases, Alzheimer's disease can be passed from one generation to another. This type of dementia usually affects people under the age of 65.

However, there are also some modifiable risk factors which can potentially be reduced through

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<sup>45</sup> [Health Matters: NHS Health Check – A world leading CVD prevention programme – UK Health Security Agency](#), UK Health Security Agency

<sup>46</sup> [Severe mental illness linked to much higher risk for cardiovascular disease and associated early death](#), Kings College London website archive

<sup>47</sup> [About dementia](#), Dementia UK

<sup>48</sup> [What is dementia](#), NHS website

<sup>49</sup> [Causes and risk factors of dementia](#), Dementia UK

people's lifestyle choices such as:

- giving up smoking,
- having a healthy diet,
- being physically active,
- reducing alcohol consumption,
- seeking help with hearing loss, and
- being socially active.

Dementia places a particular burden on carers and family members. Timely diagnosis and intervention are helpful, as it enables the person with dementia and their carer/s to come to terms with the disease and make plans for the future.

Many of the carers of older people with dementia are themselves elderly and a large proportion are husbands or wives of the person with dementia<sup>50</sup>. Carers of people with dementia generally experience greater stress than carers of people with other kinds of need; nearly half having some kind of mental health problem themselves. However, carer support and education can enable more people to live at home for longer and prevent carer breakdown, which is a major cause of people needing to move into long-term care<sup>51</sup>.

According to the GP Quality and Outcomes Framework the recorded prevalence for dementia in Doncaster in 2023/24 was 0.9%, higher than the England average of 0.8%.

### 3.4 Diabetes

Diabetes mellitus is a group of disorders that results in the body's inability to control blood glucose levels. The raised blood glucose levels over time lead to damage to blood vessels and organs.

There are two main types of diabetes<sup>52</sup>:

- Type 1 diabetes is an autoimmune disease which develops when the body is unable to produce any insulin.
- Type 2 diabetes develops when the body is unable to produce enough insulin or the body's cells do not react to insulin.

It is estimated that approximately 90% of diabetes is type 2. It is usually diagnosed in people over 40; however, as the symptoms often appear gradually, it can go unnoticed, and diagnosis can be delayed.

Diabetes UK<sup>53</sup> estimates that more than 5.8 million people in the UK are living with diabetes, which is an all-time high. Early diagnosis is vital as complications can begin five to six years

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<sup>50</sup> [The impact of the marital relationship on the experience of caring for an elderly spouse with dementia | Ageing & Society | Cambridge Core](#), Lewis RDH Ageing and Society. 1998;18(2):209-231.  
doi:10.1017/S0144686X9700682X

<sup>51</sup> [Help & Advice for Carers, Age UK](#)

<sup>52</sup> [Diabetes](#), NHS website

<sup>53</sup> [How many people in the UK have diabetes?](#), Diabetes UK

before some people actually find out they have type 2 diabetes. Complications can include:

- Eye problems – some people with diabetes can develop diabetic retinopathy which if left untreated can cause sight loss.
- Foot problems – nerve damage can affect the feeling in a person's feet and raised blood sugar can damage the circulation making it slower for sores and cuts to heal. If left untreated it can lead to amputation. Each week diabetes leads to 184 amputations.
- Heart attack and stroke – high blood sugar for a period of time can damage blood vessels which can sometimes lead to heart attacks and strokes. Each week diabetes contributes to more than 930 strokes, 660 heart attacks and 2,990 cases of heart failure.
- Kidney problems – high blood sugar and high blood pressure can damage a person's kidneys over time which makes it harder to clear extra fluid and waste from the body.
- Nerve damage – nerve damage complications can be caused by high blood sugar levels and make it harder for the nerves to carry messages between the brain and rest of the body, impacting how someone can see, hear, feel and move.
- Gum disease – too much sugar in the blood can lead to more sugar in the saliva, bringing acid producing bacteria which can attack tooth enamel and damage gums. The blood vessels in the gums can also become damaged and make gums more likely to become infected.

In England in 2023/2024, the GP Quality and Outcomes Framework reported a diabetes prevalence of 9.0% for Doncaster and an average of 8.0% for England.

The main modifiable risk factors for type 2 diabetes are obesity, low physical activity levels, poor diet and nutrition. These risk factors are all associated with deprivation. Behavioural interventions such as supporting people to maintain a healthy weight, follow dietary recommendations and be more active, can significantly reduce the risk of developing type 2 diabetes and slow its progression.

Type 2 diabetes is a major cause of premature mortality, with around 22,000 people with diabetes dying early each year in England<sup>54</sup>. It is often not type 2 diabetes itself that causes death, but complications of the disease. Recent research has shown that those with diabetes mellitus have an increased risk of dying from COVID-19.

### **3.5 Diet related ill health<sup>55</sup>**

Obesity is a global and complex public health concern. It is associated with reduced life expectancy and is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, cancer, liver, and respiratory disease, and can also impact on mental health.

Regular physical activity is associated with a reduced risk of diabetes, obesity, osteoporosis, colon and breast cancer, and improved mental health. It is also associated with increased functional capacities in older adults.

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<sup>54</sup> [Management of adult diabetes services in the NHS: progress review inquiry](#), UK Parliament

<sup>55</sup> [Obesity Profile: short statistical commentary May 2024](#), Office for Health Improvement & Disparities

A healthy, balanced diet that includes the consumption of fruit and vegetables can help people stay healthy. There are significant health benefits from eating at least five portions of a variety of fruit and vegetables every day.

In 2022/23, 64.0% of adults aged 18 and over in England were estimated to be overweight or living with obesity. In Doncaster the figure was significantly worse at 72.0%. Nationally, prevalence was higher among men (69.2%) than women (58.6%). However, when looking at prevalence of obesity among adults, levels were similar – 26.4% for men and 26.2% for women.

When looking at prevalence of overweight (including obesity) and obesity nationally in 2022/23:

- both increased with age up to 64 years old, reaching a peak in the 55 to 64 years old group, then decreasing,
- both were highest in those living in the most deprived areas, and
- when looking at different ethnic groups, prevalence of both remained highest amongst those who identified as Black or white British.

Levels of physical activity for adults aged 19 and over in Doncaster in 2022/23 were significantly worse than the average for England (61.2% and 67.1% respectively). Adults who are classed as physically active to 150 minutes or more of moderate intensity physical activity a week. Those who are physically inactive do less than 30 minutes. The percentage of adults aged 19 and over in Doncaster who were physically inactive in 2022/23 was 25.3%, similar to the average for England (22.6%).

- Women are less likely to be physically active than men.
- The proportion of physically active adults decreases with age.
- The proportion of physically active adults decreases with age; adults aged 19 to 24 years have the highest percentage of physically active adults (73.2%) decreasing to 56.0% and 30.7% in adults aged 75 to 84 years and 85 and over respectively. The proportion of adults who are physically inactive is highest in the 75 to 84 (33.2%) and 85 and over (57.3%) age groups and much lower among adults aged between 19 and 64 where the range is from 17.7% to 21.7%.
- 53.9% of adults living in the most deprived areas are physically active compared to 74.0% of adults living in the least deprived areas, while 35.3% are inactive in the most deprived areas compared to 16.1% in the least deprived areas.
- Physical activity is highest in white British, white other, and mixed ethnic groups and lowest in Black, and Asian ethnic groups. Inactivity is highest in Asian, other, and Black ethnic groups.

In England in 2022/2023, 31.0% of adults reported eating at least five portions of fruit and vegetables a day. In Doncaster the percentage was the same.

- Women are more likely than men to eat at least five portions of fruit and vegetables a day.
- Adults aged 55 and over are more likely to eat at least five portions than those aged under 55 years old.
- More adults living in the least deprived areas eat at least five portions of fruit and vegetables a day compared to any other deprivation group (37.2%). The proportion



decreases as level of deprivation increases down to 20.3% of adults living in the most deprived areas.

- Lower proportions of Asian and Black adults eat at least five portions of fruit and vegetables a day (19.2% and 21.0% respectively). The proportion is highest among white British adults (32.9%).

According to the GP Quality and Outcomes Framework 2023/24, the prevalence of obesity on GP registers was 16.3% compared to the average for England of 13.4%. However, it is estimated that the number of obese people aged 18 and over is much higher than those on GP practice registers as not all people will be measured, and there may be some obese people who have not recently visited their GP.

The percentage of reception-age (4 to 5 years old) children in 2023/24 who were overweight (including obesity) was 25.9%, which was statistically worse than the average for England (22.1%), with the percentage who were obese (including severe obesity) being 12.1% (9.6% for England). For year 6 (10 to 11 years old) children, 39.5% were overweight (including obesity) and 22.9% who were obese (including severe obesity) compared to 24.6% and 22.1% for England<sup>56</sup>.

### 3.6 Mental health

Mental health is defined by the World Health Organisation (WHO)<sup>57</sup> as a “state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.”. Mental health is fundamental to our physical health, our relations, our education and our work. There is no health without mental health.

One in four adults nationally will experience mental health problems, ranging from common problems such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder.<sup>58</sup> Mental health and physical health are interlinked, with people with mental illness experiencing higher rates of morbidity and a lower life expectancy, and people with chronic physical health problems are more likely to experience mental health issues. Giving equal value to mental and physical health is a key national and local priority and is described as ‘Parity of Esteem’<sup>59</sup>.

The causes and influences of mental health problems are wide ranging and interacting. They are often associated with adverse events in our lives and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment<sup>60</sup>. These factors interact and affect how resilient we are in coping with these challenges.

Often mental health problems result in stigma and discrimination making it harder for those with mental health problems to live a normal life, including being less likely to find work, to be in a

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<sup>56</sup> [Fingertips obesity profile](#), Office for Health Improvement & Disparities

<sup>57</sup> [Mental health](#), World Health Organisation

<sup>58</sup> [Mental health facts and statistics - Mind](#), Mind

<sup>59</sup> [Mental health: Achieving 'parity of esteem'](#) House of Commons Library, Baker & Gheera, 2020

<sup>60</sup> [What causes mental health problems?](#) Mind



steady long-term relationship and to live in decent housing<sup>61</sup>.

Mental health problems are classified as either common mental disorders or serious mental illness. Common mental health problems include conditions such as depression and anxiety<sup>62</sup>.

The term severe mental illness is used to describe people with a group of conditions that are often chronic and so debilitating that their ability to engage in functional and occupational activities is severely impaired<sup>63</sup>. Serious mental illness disrupts a person's perception of reality, their thoughts and judgement and affects their ability to think clearly. People affected may see, hear, smell or feel things that nobody else can. It is sometimes referred to as a psychosis and includes conditions such as schizophrenia and bipolar disorder (formerly known as manic depression), paranoia and hallucinations<sup>64</sup>.

According to the Office for Health Improvement and Disparities<sup>65</sup> people with severe mental illness often experience poor physical health as well as poor mental health. They often develop chronic physical health conditions at a younger age than people without severe mental illness. These chronic conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, heart failure and liver disease. People with severe mental illness are at an increased risk of developing more than one of these chronic conditions. These physical health problems increase the risk of premature death in people with severe mental illness. However, severe mental illness is rarely recorded as an underlying

cause of death and indeed, is often not recorded on death certificates even as a contributory cause. It is estimated that for people with severe mental illness, two out of three deaths are from physical illnesses that can be prevented. Although people with severe mental illness die prematurely from physical conditions, their severe mental illness may still have been a significant feature in their lives, influencing both their risk of developing chronic health conditions and their access to health services.

### 3.7 Respiratory disease<sup>66</sup>

The most common chronic respiratory diseases are asthma, chronic obstructive pulmonary disease, pneumonia and lung cancer. Respiratory disease continues to be a major cause of disability and premature mortality in the United Kingdom. It affects one in five people and was the third leading cause of death in England, prior to the COVID-19 pandemic, after cancer and cardiovascular disease.

Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally, and respiratory diseases are a major factor in winter pressures

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<sup>61</sup> [Stigma and discrimination](#), Mental Health Foundation

<sup>62</sup> [Common mental health problems: identification and pathways to care](#), National Institute for Health and Care Excellence

<sup>63</sup> [Severe mental illness \(SMI\) and physical health inequalities: briefing](#), Public Health England, 2018

<sup>64</sup> [What is serious mental illness?](#), Mental Health Wales

<sup>65</sup> [Premature mortality in adults with severe mental illness \(SMI\)](#), Office for Health Improvement & Disparities, 2023

<sup>66</sup> [Respiratory disease](#), NHS England

faced by the NHS. Most respiratory admissions are non-elective and during the winter period these double in number. The annual economic burden of asthma and chronic obstructive pulmonary disease on the NHS in the UK is estimated as £3 billion and £1.9 billion respectively. In total, lung conditions (including lung cancer) directly cost the NHS in the UK £11 billion each year.

Risk factors for respiratory disease include smoking, diet, physical activity, age, sex, genetic factors, education, the environment people live and work in, culture and peer group influences. Smoking is the largest single modifiable risk factor for respiratory disease.

- 47% of all deaths from respiratory disease were estimated to be attributable to smoking.
- 38% of hospital admissions due to respiratory disease (excluding cancer) were estimated to be attributable to smoking<sup>67</sup>.

Given the high proportion of these deaths that are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of chronic obstructive pulmonary disease and lung cancer and extend the life of those with these illnesses. The need to tackle risk factors such as smoking, the promotion of early and accurate diagnosis, availability of pulmonary rehabilitation and correct use of inhaled asthma medications are highlighted as areas of importance in the NHS plan<sup>68</sup>.

Respiratory disease can impair quality of life through symptoms such as breathlessness (especially during physical exercise), cough, fatigue, pain, and through the psychological impact of the disease and/or symptoms leading to anxiety and depression<sup>69</sup>.

There are some specific groups in society who have poorer respiratory health generally or are at greater risk of specific respiratory conditions such as those with serious mental illness, the homeless, offenders, those with substance misuse disorders and those with learning or physical disabilities.

Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards.

The GP Quality and Outcomes Framework 2023/24 shows the prevalence of asthma and chronic obstructive pulmonary disease is higher in Doncaster compared to England (asthma prevalence 7.4% and 6.6% respectively, and chronic obstructive pulmonary disease prevalence 3.0% and 1.9% respectively).

Between 2021-2023, the age-standardised rate of mortality from respiratory disease in persons

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<sup>67</sup> [Statistics on Public Health: Data Tables](#), NHS England Digital, Statistics on Smoking: Data Tables, 2019/20

<sup>68</sup> [NHS Long Term Plan » Respiratory disease](#), NHS England

<sup>69</sup> Booth S, Johnson MJ. [Improving the quality of life of people with advanced respiratory disease and severe breathlessness](#). *Breathe* (Sheff). 2019 Sep;15(3):198-215. doi: 10.1183/20734735.0200-2019. PMID: 31508158; PMCID: PMC6717608.

less than 75 years per 100,000 population in Doncaster was 40.1, statistically worse than the average for England of 30.3. The preventable respiratory disease rate in persons less than 75 years per 100,000 population was 24.4 for 2021-2023 which was also statistically worse than the average for England (18.0). Research has shown that an excess risk of premature mortality from respiratory disease is evident in communities living in areas of greater socio-economic deprivation.

Lung cancer is the most common cause of cancer death in the UK. Mortality rates for lung cancer are highest in people aged 85 to 89, with around a half of all lung cancer deaths in people aged 75 and over. In 2021-2023, the directly standardised rate of deaths from lung cancer per 100,000 in Doncaster was 69.1 (statistically worse than the English average of 47.5). The mortality rate was higher in males (74.7) than females (64.9) for lung cancer, both rates statistically worse than for England (54.7 and 41.9 respectively).

### 3.8 Sexual health

Sexual health is defined by the World Health Organisation<sup>70</sup> as: “a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”.

Sexually transmitted infections are infections that are transferred from person to person predominantly by sexual contact but also through non-sexual means such as via blood or blood products and from mother to child during pregnancy and childbirth<sup>71</sup>. Examples include chlamydia, gonorrhoea, primary hepatitis B, HIV, and syphilis. However, sexual health is a broader topic and includes areas such as contraception, abortion, sexual assault, healthy relationships and the wider reproductive health of men and women. Promoting good sexual and reproductive health, exploring healthy relationships, encouraging self-management and having the correct sexual health interventions can all have a positive effect on population health and wellbeing<sup>72</sup>.

The public health profiles for Doncaster show the following for 2023.

- The rate of new sexually transmitted infections (excluding chlamydia diagnoses for those aged under 25) per 100,000 was 363 (better than the English average of 520).
- The sexually transmitted infections testing rate (excluding chlamydia diagnoses for those aged under 25) per 100,000 was 2,931.6 (worse than the English average of 4,110.7).
- The sexually transmitted infections positivity percentage (excluding chlamydia diagnoses for those aged under 25) was 6.1% (lower than the English average of 7.3%).
- The chlamydia diagnostic rate per 100,000 was 255 (lower than the English rate of 341).
- The HIV diagnosed prevalence rate per 1,000 aged 15 to 59 was 1.69 (better than the English rate of 2.40).

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<sup>70</sup> [Sexual health](#), World Health Organisation

<sup>71</sup> [Sexually transmitted infections](#), World Health Organisation

<sup>72</sup> [Sexual health](#), World Health Organisation

- New HIV diagnosis rate per 100,000 was 10.8 (similar to the English rate of 10.4).

The following are indicators of unmet need and inequalities in access to comprehensive contraception and sexual health advice.

- Total abortion rate per 1,000 – 24.7 in 2021, statistically worse than the English rate of 19.2.
- Under 18s abortion rate per 1,000 – 7.6 in 2021, similar to the English rate of 6.5.
- Over 25s abortion rate per 1,000 – 22.0 in 2021, statistically worse than the English rate of 17.9.

Teenage mothers are more likely to suffer from postnatal depression than older mothers and face a higher risk of poor mental health up to three years after the birth<sup>73</sup>. They are also more likely to struggle to continue in their education and may find it more difficult to gain employment. National research suggests that at age 30, those who have been teenage mothers suffered from higher levels of physical and mental ill health, with most of this difference being accounted for by higher levels of partnership breakdown post birth, and a greater risk of poverty and poor housing due to worklessness. Similar issues affect young fathers. These factors, combined with poor emotional support post birth can also contribute to higher levels of anxiety and depression amongst younger mums.

In turn, children born to teen mums are more likely to be born prematurely and have a higher infant mortality risk (60% above average)<sup>74</sup>. They are also more likely to live in poverty than children of parents aged 24 years and older, contributing to a cycle of disadvantage and health inequality<sup>75</sup>. Research shows that mothers under the age of 20 are five times more likely than those aged 35 and over to smoke during pregnancy<sup>76</sup>, and the least likely to breastfeed<sup>77</sup>, leading to poorer health outcomes for themselves and their children. In addition to contraception being an avoidable experience, abortions, live births and miscarriages following unplanned pregnancies represent an avoidable cost to health and social care services.

The under 18s conception rate per 1,000 in 2021 was 22.0, statistically worse than the English rate of 13.1 (and showing no significant change), whilst the rate for under 16s was 3.9, also worse than the English rate of 2.1 (and also showing no significant change).

Human papilloma virus vaccination coverage for one dose in 2022/23 was:

- 12 to 13-year-old males – 78.2%, statistically worse than England's 65.2%, and
- 12 to 13-year-old females – 82.4% similar to England's 71.3%.

Coverage for two doses in females was 74.7%, statistically worse than the English rate of 62.9%. Figures for male were also statistically worse at 68.1% and 56.1% respectively.

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<sup>73</sup> Boath, E. H., Henshaw, C., & Bradley, E. (2013). [Meeting the challenges of teenage mothers with postpartum depression: overcoming stigma through support](#). Journal of Reproductive and Infant Psychology, 31(4), 352–369.

<sup>74</sup> [Teenage pregnancy](#), Nuffield Trust, 2023

<sup>75</sup> [Teenage Pregnancy Young Parents](#), Public Health England

<sup>76</sup> [Smoking in Pregnancy](#), Bracknell Forest Public Health

<sup>77</sup> [Barriers to breastfeeding for younger mothers](#), La Leche League GB

### 3.9 Smoking

Smoking remains the single biggest preventable risk factor for poor health and premature death and the harms it causes are not evenly distributed. Smoking is a leading cause of health inequality, people in more deprived areas are more likely to smoke and less likely to quit. Nicotine addiction through smoking is a long-term condition that drives health inequalities. Smoking also has wider societal impacts, including impacting criminal activity through illicit tobacco production and sales, on employers through sickness absence and productivity, and the cost of cleaning up the environment.

In October 2024, the Office for National Statistics published its statistical bulletin 'Adult smoking habits in the UK'<sup>78</sup>. This report found that, in the UK, in 2023, 11.9% of people (6.0 million people) aged 18 years and over smoked cigarettes. This is the lowest proportion of current smokers since records started in 2011.

The highest proportion of current smokers was in Scotland (13.5%) and the lowest was in England (11.6%). Men were more likely (13.7%) than women (10.1%) to smoke in the UK, with those aged 25 to 34 years having the highest proportion of current smokers (14.0%), compared with those aged 65 years and over who had the lowest (8.2%). Those who had no qualifications were more likely to be current smokers (27.4%) than those whose highest level of education was a degree or equivalent (5.8%).

When looking at smoking prevalence by economic activity status in the UK, those who were defined as unemployed had a higher proportion of current smokers (19.7%), compared with those who were in paid employment (11.4%) and those who were economically inactive (12.2%).

The bulletin also included data on e-cigarette use (taken from the Opinions and lifestyle survey which covers adults aged 16 years and over in Great Britain). An estimated 5.9% of people aged 16 and over reported using an e-cigarette daily in 2023 (5.2% in 2022). A further 3.9% reporting using one occasionally (3.5% in 2022).

- Current and ex-smokers were more likely to report using an e-cigarette in 2023 (31.6% and 18.7%, respectively).
- Around 2.8% of those who had never smoked reported using an e-cigarette daily or occasionally.
- The number of people who had never smoked but reported using an e-cigarette daily doubled to 1.2% (around 400,000 people) between 2022 and 2023.
- When looking at the whole population, whether they smoked cigarettes or not, people more likely to use an e-cigarette were men (11.0% compared to 8.5% for women), and people aged 16 to 24 (15.8%).
- E-cigarette use has continued to increase most substantially among younger people aged 25 to 34.

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<sup>78</sup> [Adult smoking habits in the UK: 2023](#), Office for National Statistics, October 2024

The GP Quality and Outcomes Framework reported that 18.3% of adults aged 15 and over smoked in Doncaster in 2022/23, a level that is statistically worse than England (14.7%) but is improving.

Smoking prevalence is higher amongst certain groups, such as routine and manual workers, and people with severe mental illness, and contributes to social inequalities. In 2023, smoking prevalence among adults aged 18 to 64 in Doncaster in routine and manual occupations was 25.4% compared to the English average of 19.5%. For those with serious mental illness the figures were 42.8% and 40.5% respectively.

Doncaster continues to have a higher rate of smoking in early pregnancy than the England average in 2023/24 (17.7 vs 13.6%).

The directly standardised rate for smoking attributable mortality for 2017-2019 was 273.9 per 100,000 people in Doncaster, which was worse than the English average of 202.2 per 100,000. Similarly, the directly standardised rate for smoking attributable hospital admissions for 2019/20 was higher at 2,244 per 100,000 compared to the England average of 1,398.

### 3.10 Substance misuse

Substance misuse is defined by the World Health Organization<sup>79</sup> as: “the use of psychoactive substances in a way that is harmful or hazardous to health. This includes alcohol and illicit drugs. The use of such substances can lead to dependency where cognitive, behavioural and physiological problems develop which results in a strong desire to take the drug, difficulties in controlling use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increases tolerance, and sometimes a physical withdrawal state.”.

Psychoactive substances are those that change brain function and result in alterations in perception, mood, consciousness, cognition or behaviour<sup>80</sup>. There is no such thing as a ‘typical’ substance user as people experiment with or use substances at different points in their life for many different reasons. Everyone has the potential to misuse substances. However, certain populations are most at risk of substance misuse.

- Young people and troubled family history.
- Individuals living in deprived areas.
- Individuals with mental health issues.
- Offenders and ex-offenders.
- Individuals in substance misuse recovery.
- Those living with domestic violence.
- Men.
- Older people.
- Those from a mixed ethnic background.
- Lesbian, Gay, Bisexual and Transgender individuals.

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<sup>79</sup> [Drugs and alcohol misuse](#), University Hospitals Sussex NHS Foundation Trust

<sup>80</sup> [Psychoactive substances](#), The Crown Prosecution Service, 2023



Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. The harms arising from substance misuse are wide-ranging and vary depending on the substance used and the pattern and context of use, but it is well established that substance misuse represents a major public health burden. Substance misuse is linked to the development of several acute and chronic conditions, ranging from cancer to road traffic accidents. Substance misuse is known to have an impact on:

- physical and mental health,
- sexual health,
- mortality rates,
- relationships and families, and
- crime and anti-social behaviour.

Public health profiles show that:

- The directly standardised rate of hospital admissions due to substance misuse for 15 to 24-year-olds for the period 2020/21 to 2022/23 in Doncaster was statistically similar to the average for England (59.5 and 47.4 per 100,000 respectively).
- The under 75 mortality rates from alcohol liver diseases for all persons in 2023 was statistically similar to England's (15.3 and 12.0 per 100,000 respectively).
- Hospital admission rate for alcoholic liver disease in 2022/23 was statistically worse than the England average (77.9 and 49.4 per 100,000 respectively)
- Alcohol-specific mortality for all persons in 2023 was also statistically worse than the average for England (20.4 and 15.0 per 100,000).

## 4.0 Identified Patient Groups – Particular health issues

The following patient groups have been identified as living within, or visiting, Doncaster.

- Those sharing one or more of the following Equality Act 2010 protected characteristics:
  - Age
  - Disability, which is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on the person's ability to conduct normal day-to-day activities
  - Pregnancy and maternity
  - Race which includes colour, nationality, ethnic or national origins
  - Religion (including a lack of religion) or belief (any religious or philosophical belief)
  - Sex
  - Sexual orientation
  - Gender re-assignment
  - Marriage and civil partnership
- Students in higher education
- Homeless and rough sleepers
- Gypsy Roma Traveller communities
- Refugees and asylum seekers
- Visitors to the area for business or to visit friends and family or the sporting and leisure facilities in the area.

Whilst some of these groups are referred to in other parts of the Pharmaceutical Needs Assessment, this section focusses on their particular health issues.

### 4.1 Age

Health issues tend to be greater amongst the very young and the very old. However, whilst the number and proportion of people aged 65 and over is set to rise and the prevalence of nearly all chronic and long-term conditions increases with age, it is important to recognise that the older population is very diverse in nature with many people remaining fit and active. While it is indeed the case that a growing older population will lead to an increasing number of people living with complex health and care needs, there will also be growing numbers across all older age groups living without any significant needs for support.

Furthermore, acquiring a health condition or disability does not necessarily equate to high levels of demand for health and care services. Many people aged 75 and over will have one or more health conditions but may not consider that their health condition has, or conditions have, a significant impact on their life.

In addition, older people also provide a significant amount of their time and energy caring for others.

The number of residents aged 50 and over is projected to increase by 1.2% during the lifetime of this Pharmaceutical Needs Assessment. The number aged 75 and older, however, is



projected to increase by 5.8%<sup>81</sup>.

Whilst poor health is not an inevitable part of ageing, the chances of developing at least one chronic condition increases steeply post 75 years, with multiple conditions being the norm amongst those aged 80 and over. In Doncaster, males aged 65 years can expect to live a further 17.6 years and females can expect to live for a further 20.3 years. Both are significantly worse than the averages for England. Healthy life expectancy at 65 for males is significantly worse at 8.8 years. For females it is 9.9 years, not significantly different to the English average<sup>82</sup>.

The most common conditions in older age are arthritis, high blood pressure, diabetes, sensory impairments, respiratory conditions, cancer, depression, and heart disease.

Eating well and regularly is important to maintain health. Many older people find it challenging to eat regular healthy meals due to decreased appetite, lack of transport to shops and living alone.

Depression is the most common mental health problem in older people and often co-exists with physical conditions. The proportion of people affected by depression is higher in older people than any other age group as they are more likely to experience events that trigger depression: retirement, bereavement, low levels of physical activity, poor diet and nutrition, social isolation, physical ill health, and caring responsibilities.

The prevalence of dementia increases with age and is therefore higher in women than men. Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years.

Falls are a significant health issue for older people, and they are a major cause of disability, impairment, and loss of function. For older people the main cause of death from injury is due to a fall.

## 4.2 Disability

According to the World Health Organization<sup>83</sup>, an estimated 1.3 billion people experience significant disability, and this number is growing due to demographic and epidemiological changes in the population (such as ageing and the global increase in chronic health conditions), and health emergencies (such as disease outbreaks, natural disasters, and conflicts).

- Some persons with disabilities die up to 20 years earlier than those without disabilities.
- Persons with disabilities have twice the risk of developing conditions such as depression, asthma, diabetes, stroke, obesity, or poor oral health.
- Persons with disabilities face many health inequities.
- Persons with disabilities find inaccessible and unaffordable transportation 15 times more difficult than for those without disabilities.

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<sup>81</sup> [Population projections – local authority based by single year of age](#), NOMIS

<sup>82</sup> [Public Health Outcomes Framework - Doncaster](#), Office for Health Improvement & Disparities 2025

<sup>83</sup> [Disability factsheet 2023](#), World Health Organization

- Health inequities arise from unfair conditions faced by persons with disabilities, including stigma, discrimination, poverty, exclusion from education and employment, and barriers faced in the health system itself.

People with disabilities are not a homogeneous group. They include people of different ages, genders and ethnicity which will influence their healthcare needs and access.

According to guidance issued by the Office for Health Improvement & Disparities<sup>84</sup>, compared to people without a learning disability, people with a learning disability tend to experience:

- poorer physical health,
- poorer mental health,
- significant health inequalities.

The latest Learning from lives and deaths – people with a learning disability and autistic people (2021) states the median age at death for people with a learning disability is 62 years. This is significantly less than the median age of death of 82.7 years for the general population. It also reports that 49% of deaths were from an avoidable cause which could have been prevented by good quality healthcare, compared to 22% of deaths for the general population (as reported by ONS).

People with a learning disability are also:

- less likely to be working - in England, 5.1% of adults with a learning disability known to their local councils are in paid employment
- more likely to live in poverty - 31% compared to 18%
- more likely to experience chronic loneliness - 50% compared to around 15 to 30%
- more likely to be bullied and discriminated against.

## 4.3 Pregnancy and maternity

Pregnancy is a critical period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet and alcohol or drug misuse can place a child's future development at risk.

### 4.3.1 Mental health<sup>85</sup>

Guidance issued by the National Institute for Health and Care Excellence on states that depression and anxiety are the most common mental health problems experienced during pregnancy, with around 12% of pregnant women experiencing depression and 13% anxiety at some point, with many experiencing both. Both can continue to affect women for up to a year after their child's birth.

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<sup>84</sup> [Learning disability - applying All Our Health](#), Office for Health Improvement & Disparities 2025

<sup>85</sup> [Antenatal and postnatal mental health: clinical management and service guidance](#), 2020. National Institute for Health and Care Excellence

During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period. Postpartum psychosis affects between 1 and 2 in 1,000 women who have given birth. Women with bipolar I disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history.

Changes to body shape, including weight gain, in pregnancy and after childbirth may be a concern for women with an eating disorder. Although the prevalence of anorexia nervosa and bulimia nervosa is lower in pregnant women, the prevalence of binge eating disorder is higher.

#### 4.3.2 Smoking

Smoking is the single biggest modifiable risk factor for poor outcomes in pregnancy. Encouraging pregnant women to stop smoking during pregnancy can help them kick the habit for good, provide health benefits for the mother and unborn child, and reduce children's exposure to second-hand smoke.

Smoking in early pregnancy rates in Doncaster were 17.7% in 2023/24, significantly worse than the average for England, 13.6%. Smoking status at time of delivery was 10.7%, again significantly worse than the English average of 7.4%<sup>86</sup>.

#### 4.3.3 Substance and alcohol use

Maternal misuse of drugs during pregnancy increases the risk of low birth weight, premature delivery, perinatal mortality, and sudden unexpected death in infancy (sometimes known as cot death).

A number of risks are associated with drinking alcohol during pregnancy<sup>87</sup>, including:

- increased chances of miscarriage
- affect the way the baby develops in the uterus and, in particular, the way its brain develops
- affect the way the baby grows in the uterus by causing the placenta not to work as well as it should
- increase the risk of a stillbirth
- increase the risk of premature labour
- make the baby more prone to illness in infancy and in childhood, and also as an adult
- cause foetal alcohol spectrum disorder or foetal alcohol syndrome

Being drug-free in pregnancy reduces the risk of:

- early birth
- underweight birth

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<sup>86</sup> [Public Health Outcomes Framework - Doncaster](#), Office for Health Improvement & Disparities 2025

<sup>87</sup> [Alcohol and pregnancy patient information](#), Royal College of Obstetricians & Gynaecologists 2018

- feeding and breathing problems
- getting infections
- having problems with their development and growth
- miscarriage
- stillbirth
- Sudden Unexplained Death in Infancy

#### 4.3.4 Healthy weight and nutrition

Being overweight whilst pregnant increases the chances of complications for the mother for example miscarriage, gestational diabetes, high blood pressure and pre-eclampsia and blood clots. For the baby, being overweight can lead to the baby being born early (before 37 weeks) and an increased chance of stillbirth. There is also a higher chance of the baby having a health condition, such as a neural tube defect like spina bifida.

#### 4.3.5 General health needs

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- urinating a lot,
- pelvic pain,
- haemorrhoids,
- skin and hair changes,
- sleeplessness,
- stretch marks,
- swollen ankles, feet, and fingers,
- swollen and sore gums, which may bleed,
- tiredness,
- vaginal discharge,
- vaginal bleeding, and
- varicose veins.

### 4.4 Race

Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

The Doncaster health needs assessment: people from an ethnic minority background<sup>88</sup> highlights the following key health inequalities.

- Maternal mortality, still births and infant mortality rates among Black and Asian groups.
- Prevalence of and mortality from cardiovascular disease

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<sup>88</sup> [Health needs assessment: people from an ethnic minority background 2023](#), City of Doncaster Council

- Stroke and hypertension among Black groups, with lower-than-expected rates of access to cardiovascular disease care.
- Heart disease and stroke among South Asian groups, although there have been recent improvements in relative mortality risks and survival rates from cardiovascular disease.
- Prevalence of and mortality from diabetes among Black and South Asian groups.
- Incidence and mortality from specific cancers (although overall rates are lower compared to White groups), notably prostate cancer among Black males.
- Rates of common elective procedures compared to White British groups.
- Access to and outcomes from Improving Access to Psychological Therapies services.

## 4.5 Religion or belief

It should never be assumed that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that group. Individual patients' reactions to a particular clinical situation can be influenced by a number of factors, including what branch of a particular religion or belief they belong to, and how strong their religious beliefs are (for example, orthodox or reformed, moderate, or fundamentalist). For this reason, each person should be treated as an individual.

- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious, and social factors within families and communities although there is no direct link to any religion or faith. It is an illegal practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

## 4.6 Sex

- Average male life expectancy in Doncaster (2023) is 76.9 years, compared to 81.4 for females.
- Healthy life expectancy (2021-23) for men is 57.3 years and for women it is 57.7 years.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care<sup>89</sup> into the use of pharmacies in 2009 showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease is much higher in men, and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same, although men are markedly more likely to be overweight than women, and present trends suggest that

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<sup>89</sup> [Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009](#)

weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.

- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women<sup>90</sup>.

## 4.7 Sexual orientation

A report published by the LGBT Foundation in 2023<sup>91</sup> highlighted ten key statistics which it believes most clearly evidence the sequential and significant impact of experiencing inequality over the life course.

- In 2017, 21% lesbian, gay, bisexual, and transgender people reported that they had experienced a homophobic, biphobic, or transphobic hate crime in the previous 12 months, with this rising to 41% for trans people.
- 23% of lesbian, gay, bisexual, and transgender people have at one time witnessed anti-lesbian, gay, bisexual, and transgender remarks by healthcare staff.
- In 2017, one in six lesbian, gay, bisexual, and transgender people reported drinking almost every day in the last year, this compares to one in ten adults in the general population who report drinking alcohol on five or more days per week.
- 45% of trans young people (aged 11-19) and 22% of cis lesbian, gay, and bisexual young people have tried to take their own life. Among the general population the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-24.
- 24% of homeless people aged 16-24 are lesbian, gay, bisexual, and transgender and 69% of these people believe parental rejection was a main factor in becoming homeless.
- 42.8% of lesbian, bisexual, transgender women said that they had experienced sexual violence compared to an estimated 20% of all women in the UK.
- 55% of gay, bisexual, and trans men were not active enough to maintain good health, compared to 33% of men in the general population.
- In 2017, 52% of lesbian, gay, bisexual, and transgender people reported experiencing depression in the previous year. This includes 67% of trans people and 70% of non-binary people.
- In 2017, 40% of trans people who had accessed or tried to access public healthcare services reported having experienced at least one negative experience because of their gender identity in the previous 12 months.
- 93% of lesbian, gay, bisexual, and transgender specialists and service users consider that more work needs to be done to improve end of life services for lesbian, gay, bisexual, and transgender people.

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<sup>90</sup> Department of Health and Social Care "[The Gender and Access to Health Services Study](#)" 2008

<sup>91</sup> [Hidden Figures: LGBT health inequalities in the UK](#), LGBT Foundation, 2023



## 4.8 Gender re-assignment<sup>92</sup>

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication
- Transgender people face a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity
- Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress

## 4.9 Marriage and civil partnership

There are no particular health needs that are unique to this population.

## 4.10 Students in higher education

Whilst there is a common view that students are a relatively healthy population, there are characteristics of student life in particular that may have a hidden impact on long-term health outcomes if not managed appropriately.

Their health needs include the following.

- Screening for, and treatment of, sexually transmitted diseases.
- Vaccinations – meningitis, measles, mumps, and rubella.
- Contraception, including emergency hormonal contraception, provision<sup>93</sup>.

Student mental health in 2023<sup>94</sup> reports that between the 2016/17 and 2022.23 academic years, the share of undergraduate students at universities across the UK who said they had experienced mental health difficulties rose from 6% to 16%, meaning around one in six now report such challenges. The analysis found that a significant part of this increase occurred in 2022/23, when the cost of living crisis intensified. However, the general upwards trend in mental health problems predates both the rise in inflation and the Covid-19 pandemic, the researchers

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<sup>92</sup> [Trans Health Factsheets](#), Gender Identity Research and Education Society

<sup>93</sup> [Five avoidable health threats every student should know about](#), UK Health Security Agency

<sup>94</sup> [Student mental health in 2023. Who is struggling and how the situation is changing](#), Policy Institute at King's College London and the Centre for Transforming Access and Student Outcomes in Higher Education

say, indicating other factors are likely also at play.

Students are still around 25% more likely to select mental health as the primary motivation for wanting to drop out compared with any other explanation, making it by far the most common reason given.

#### 4.11 Homeless and rough sleepers

People who have experienced homelessness are more likely to have poor physical and mental health than the general population, with chronic and multiple health needs being common and often going untreated.

The key findings of a report by Homeless Link in 2022<sup>95</sup> were as follows.

- People experiencing homelessness suffer from worse physical and mental health than the general population.
- Between 2018 – 2021 63% of respondents reported they had a long term illness, disability, or infirmity (22% in the general population).
- 80% of those with a physical health condition reported having at least one comorbidity, with 29% having between five and ten diagnoses.
- The most commonly reported condition was joint aches/problems with bones and muscles, followed by dental/teeth problems. The number of people with a mental health diagnosis has increased substantially from 45% in 2014 to 82% in the 2018 – 2021 cohort (12% of the general population).
- 81% of those with a mental health condition reported experiencing at least two mental health conditions, with 17% reporting five or more.
- 45% of respondents reported they are self-medicating with drugs or alcohol to help them cope with their mental health.
- Barriers in accessing needed support for physical and mental health means people experiencing homelessness are over reliant on emergency health care services, with 48% of respondents having used A&E services in the last year: three times more than the general population.
- Between 2018 - 2021 a total of 38% of respondents had been admitted to hospital in the 12 months before participating in a homeless health needs audit. The most common reason for hospital admission related to a physical health condition (37%), and 28% related to either a mental health condition or self-harm or attempted suicide.
- For those who had been admitted to hospital nearly a quarter (24%) had been discharged to the streets.
- 54% of respondents had used drugs in the 12 months prior to taking part in a homeless health needs assessment. 38% reported that they have, or are recovering from, a drug problem.
- 20% regularly exceeded the low risk drinking guidelines (24% in the general population). 29% reported they have, or are in recovery from, an alcohol problem.
- 76% of respondents reported that they smoke cigarettes, cigars, or a pipe (13.8% in the general population). Of these, 50% would like to give up.

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<sup>95</sup> [The unhealthy state of homelessness 2022: Findings from the homeless health needs audit, Homeless Link](#)



- Nutrition presents as a big challenge with a third of respondents reporting that on average, they eat only one more meal a day. 66% ate one or fewer portions of fruit or vegetables per day, with just 4% eating the recommended five or more.

Groundswell's study *Healthy Mouths*<sup>96</sup> reveals that homeless people suffer extremely poor oral health compared to the general population.

- 90% have had issues with their mouth since becoming homeless. Particularly common were bleeding gums (56%), holes in teeth (46%) and dental abscesses (26%).
- Many participants had experienced considerable dental pain. 60% had experienced pain from their mouths since they had been homeless. 30% were currently experiencing dental pain.
- 70% reported having lost teeth since they had been homeless and 7% had no teeth at all. 35% had teeth removed by a medical professional, 17% lost teeth following acts of violence and 15% of participants pulled out their own teeth.

The study identified some key factors underlying poor oral health in homeless people.

- The diet of participants is damaging to oral health – lack of access to health food and a need for a source of energy meant high levels of sugar consumption were present.
- High rates of drug and alcohol misuse and smoking tobacco were likely to be damaging oral health. 37% had alcohol misuse issues, 33% had drug misuse issues and 78% were current smokers.
- Poor mental health was common which had a significant impact on their ability to care for themselves and seek treatment.
- Whilst participants highly valued and understood the importance of taking care of their oral health, the ability to do so was impacted by homelessness.
- Rates of cleaning teeth were significantly lower than the advised minimum levels – 35% were cleaning their teeth twice or more a day compared to 75% of the general population. 29% were cleaning their teeth less than once a day or never.
- Alcohol and drugs were commonly used in an attempt to manage oral health issues. 27% of participants had used alcohol to help them deal with dental pain and 28% had used drugs.

The rough sleeper health needs assessment for Doncaster<sup>97</sup> sets out the services that are in place to improve the health of rough sleepers. These include:

- Aspire alcohol and drugs service which features a specialist team that includes a physical health nurse, allowing for the management of both substance misuse and physical health concerns. Weekly clinics provide rough sleepers an opportunity to seek medical care in a dedicated setting.
- Availability of vaccinations such as Hepatitis B and Hepatitis C, with outreach efforts to provide these vaccines.
- Targeted clinics and early intervention - the wound clinic, operating two days a week, has been praised for its effectiveness in treating physical health issues specific to rough

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<sup>96</sup> [Healthy Mouths](#), Groundswell

<sup>97</sup> [Rough sleepers health needs assessment report](#), Doncaster Health and Wellbeing Board

sleepers. Similarly, the alcohol early intervention team has been recognised for its positive impact. Although activities offered are often more beneficial to non-rough sleepers, stakeholders highlighted that wound care services remain critically important, though limited by restricted operating hours. The dental pilot implemented in the town centre was also noted for targeting oral health care to homeless residents.

#### 4.12 Gypsy Roma Traveller communities

The Gypsy Roma Traveller population in Doncaster is estimated at 4,000, the second largest in South Yorkshire. There are a number of sites throughout Doncaster that are maintained and managed by St Leger Homes.

- Lands End, Thorne
- Little Lane Road, Clay Lane
- Nursery Lane (New Traveller), Sprotbrough
- White Towers, Armthorpe
- Unauthorised encampments

The area is occasionally visited by either homeless Gypsy Traveller communities or those who wish to maintain their protected right to travel. However, this population is quite small compared to the permanent communities.

These communities face some of the most severe inequalities in healthcare access and outcomes. A presentation to the Health and Wellbeing Board in November 2023<sup>98</sup> highlighted the following facts.

- Gypsy and Traveller people will live between ten and 25 less years than the general population.
- The average health of 60-year-olds from Gypsy or Irish Traveller communities is similar to those of an average white British 80 year-old.
- Gypsy, Roma and Traveller men are over 12 times more likely to suffer with more than two physical health conditions than white British men
- Roma people had the highest risk of not being able to access health and social care services.
- Gypsy and Traveller mothers are 20 times more likely to experience the death of a child.
- 29% of Gypsy Roma and Traveller parents are likely to experience one or more miscarriages (compared 16% non-traveller group surveyed).
- Roma mothers experience higher rates of poor infant outcomes, such as preterm births and low birth weight.

Whilst the evidence on mental health and suicide is limited due to poor data collection it shows:

- high levels of unmet need,
- people in the Gypsy, Roma and Traveller community are three times more likely to be anxious and twice as likely to suffer from depression,

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<sup>98</sup> [Health inequalities – a focus on Gypsy Roma Traveller communities](#), Doncaster Health and Wellbeing Board meeting

- mental health is a taboo subject,
- men are more likely to “reach for the rope” than talk, and
- Irish Traveller men are seven times more likely to die by suicide, with women six times more likely.

The challenges faced in accessing health and care include:

- hate crime, marginalisation, discrimination
- cultural beliefs
- low or no literacy
- English not first language
- digital exclusion
- lack of education
- poverty
- transport, and
- unconscious bias/staff attitude.

The Evidence for Equality National Survey<sup>99</sup> in 2023 revealed that more than a third of people from ethnic and religious minority groups had experienced some form of racist assault. The survey had the largest number of Gypsy, Roma and Traveller participants in any national survey to date and revealed:

- 62% of Gypsies and Travellers had experienced racial abuse, which was the highest out of all minority ethnic groups surveyed,
- 47% of Roma people had been racially assaulted, and
- 37% of Roma people have been physically attacked.

The wide effects of discrimination include:

- poor housing, limited access amenities
- Gypsy, Roma and Traveller people experience the highest levels of social and economic deprivation
- More than half of Gypsy, Roma and Traveller people having no educational qualifications
- 85% of Gypsy or Traveller men and 65% of Roma men were in precarious employment, compared with 19% of white British men, and
- the Gypsy Roma Traveller community accounts for 6% of the prison population.

In relation to Gypsy Roma Traveller children and young children:

- they are statistically the most vulnerable of any group in UK
- 86% reported bullying as their biggest challenge at school
- leave school early
- approximately 50% are persistent non-attenders
- they have the lowest attainment of all ethnic groups, and
- make up 15% secure training units.

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<sup>99</sup> [Racism and ethnic inequality in a time of crisis](#), Evidence for Equality National Survey, Centre on the Dynamics of Ethnicity

#### 4.13 Refugees and asylum seekers<sup>100</sup>

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. These may be influenced by experiences prior to leaving their home country, during transit, or on arrival in the UK.

Common health challenges include:

- untreated communicable diseases e.g. tuberculosis, HIV/sexually transmitted diseases, parasitic infections, and missing vaccinations,
- poorly controlled chronic conditions as a result of long periods without access to regular care either in their home country or during their journey,
- maternity care, including late presentation, female genital mutilation complications, trauma, poverty, and malnutrition, and
- mental health and specialist support needs as a result of experiences of violence and trauma, including exploitation, torture or sexual and gender-based violence.

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services.

#### 4.14 Visitors to sporting and leisure facilities in the area<sup>101</sup>

Tourism is a growth industry, which contributes £1 billion to the South Yorkshire economy. Day visits are the main income for tourism sector businesses – in 2019, 94.0% (£27.291 million) of all visits to the region were made by day tourists who made up 69% of visitor expenditure (£889 million).

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Doncaster. As they are only in the area for a short while their health needs are likely to be:

- treatment of an acute condition which requires the dispensing of a prescription,
- consultations for low acuity, minor illnesses,
- the need for repeat medication,
- support for self-care, or
- signposting to other health services such as a GP or dentist.

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<sup>100</sup> [Refugee and asylum seeker patient health toolkit](#), British Medical Association

<sup>101</sup> [South Yorkshire Destination Management Plan 2024-2029](#), South Yorkshire Mayoral Combined Authority

## 5.0 Provision of Pharmaceutical Services

All data in this chapter is from the NHS Business Services Authority's website<sup>102</sup> unless otherwise stated. Further information on each of the essential and advanced services can be found in the appendices.

### 5.1 Necessary services: Current provision within the Health and Wellbeing Board's area

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as those services that are provided:

- within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area, and
- outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area.

For the purposes of this Pharmaceutical Needs Assessment, the Health and Wellbeing Board has agreed that necessary services are:

- essential services provided at the premises included in the pharmaceutical lists,
- the advanced services of Pharmacy first, hypertension case-finding, contraception service, and lateral flow device tests supply, and
- the dispensing service provided by some GP practices.

There were 69 pharmacies included in the pharmaceutical list for the area of the Health and Wellbeing Board as of May 2025, operated by 23 different contractors. Of these 69 pharmacies seven previously provided services for 100 hours per week but have subsequently reduced their core opening hours. Three of the pharmacies are distance selling premises. There is one dispensing appliance contractor with premises in the area. None of the pharmacies provide services under a local pharmaceutical services contract.

The following applications for inclusion in the pharmaceutical list had been received as of July 2025.

- An application for distance selling premises at DN7 4BX was granted in November 2024 by NHS South Yorkshire Integrated Care Board and the applicant has 12 months to submit a notice of commencement.
- A change of ownership application has been granted, and the new owner is expected to commence service provision with effect from 28 August 2025.

Three of the GP practices dispense to eligible patients from four sites within the Health and Wellbeing Board's area. As of May 2025, the GP practices dispensed to 5,981 of their registered patients (19.1% of the total list size for the three practices). The percentage of dispensing patients at practice level varied between 5.8 and 45.1% of registered patients. One

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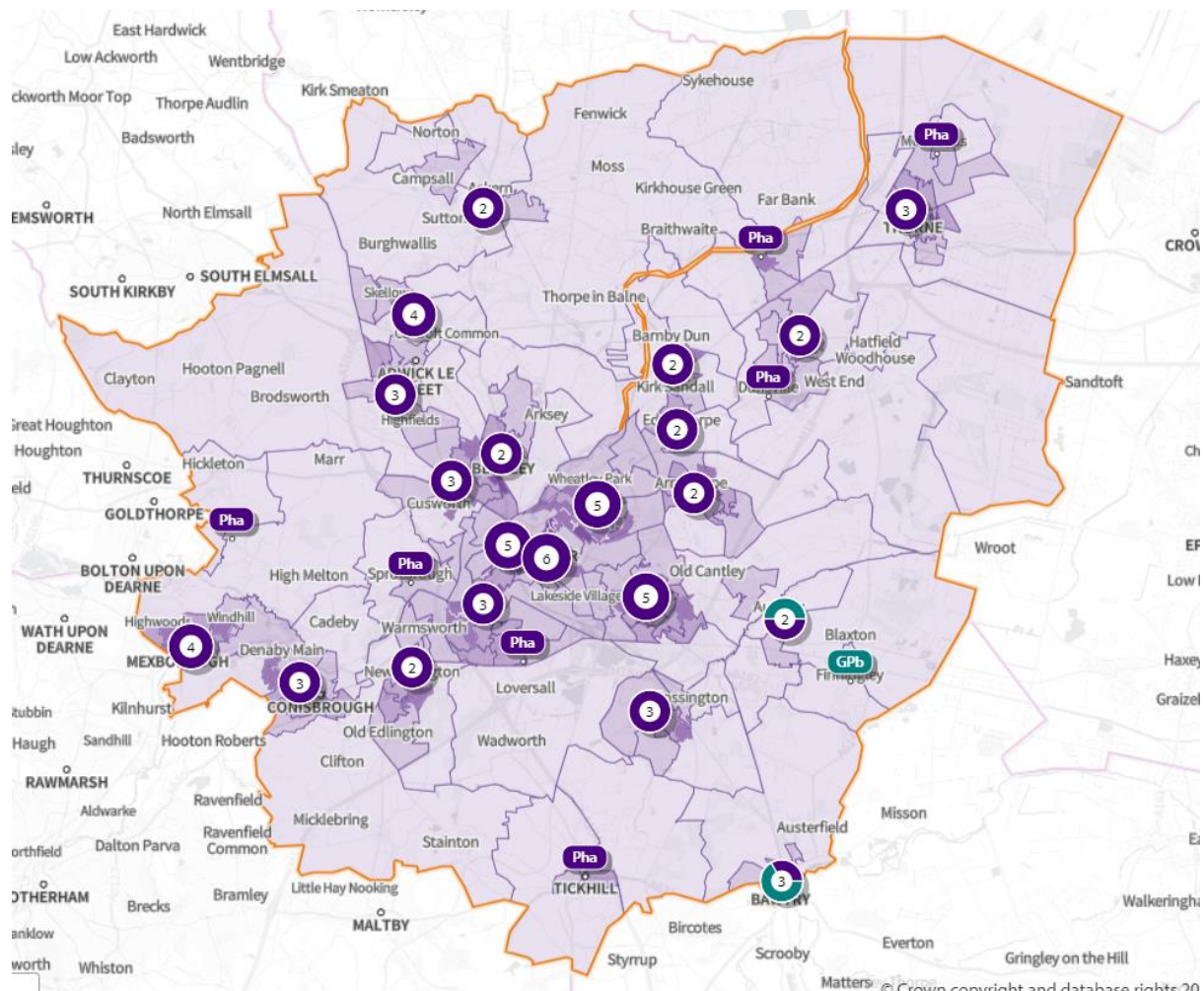
<sup>102</sup> [Dispensing contractor's data](#), Information Services, NHS Business Services Authority website



of the practices also has premises in the area of Nottinghamshire Health and Wellbeing Board.

The map below shows the location of the pharmacy and dispensing practice premises within the Health and Wellbeing Board's area compared to the population density (the darker the colour the greater the density). Due to the size of the Health and Wellbeing Board's area many of the premises are not shown individually, however more detailed maps can be found in the locality chapters.

### Map 3 – Location of pharmacies, dispensing appliance contractor and dispensing practice premises compared to population density



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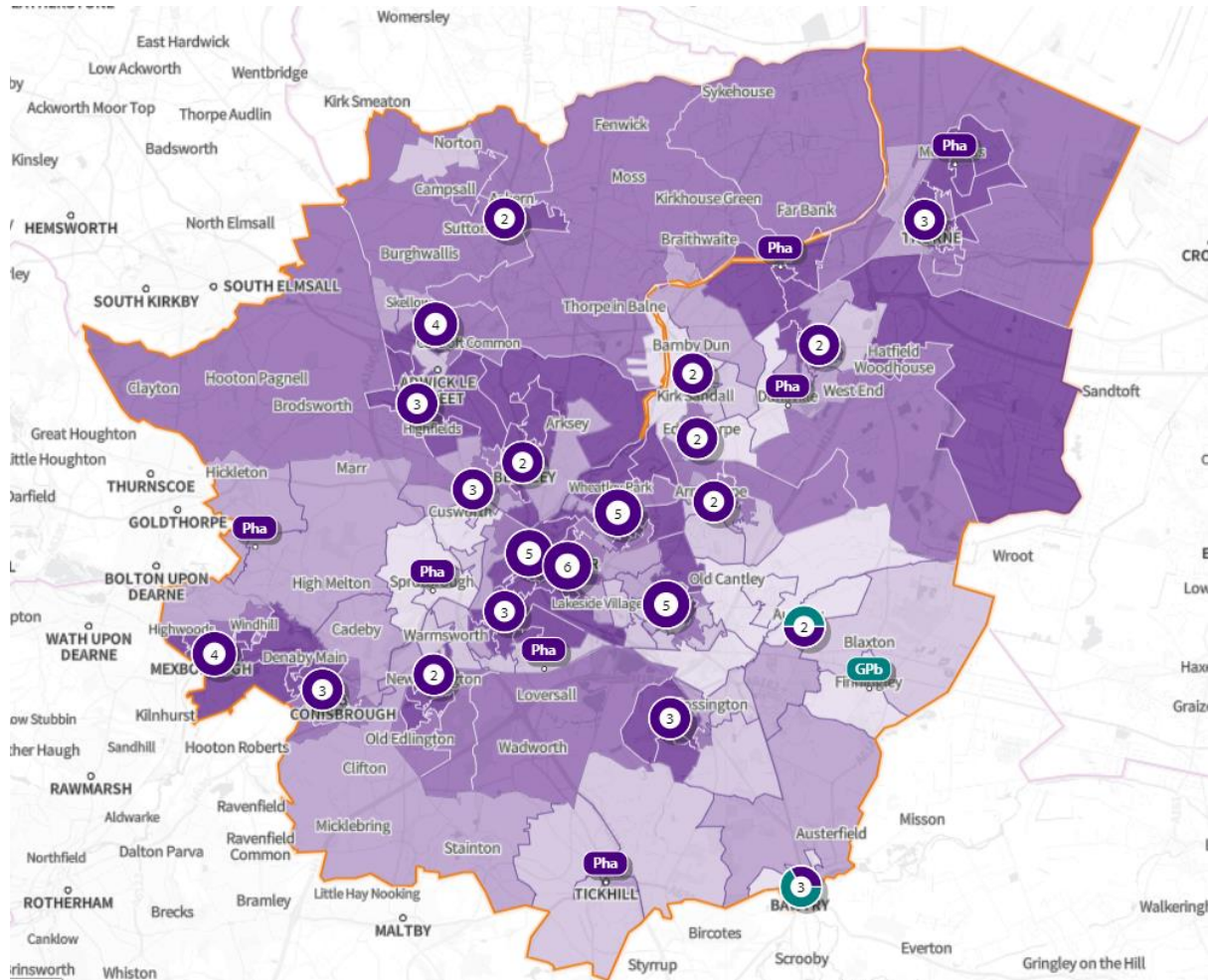
| parallel | Mapbox | OpenStreetMap contributors

As can be seen, in general the pharmacy/dispensing appliance contractor premises (represented by the purple circles) are located in areas of greater population density and the dispensing practice premises (shown in green) are in areas of lower population density.

When comparing the location of premises compared to levels of deprivation, the pharmacy/dispensing appliance contractor premises are also generally in areas of greater

deprivation. In this map the darker the shading the greater the level of deprivation.

#### Map 4 – Location of pharmacies and dispensing practice premises compared to levels of deprivation



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In 2024/25 87.1% of items prescribed by GP practices in Doncaster were dispensed by the pharmacies or the dispensing appliance contractor within the area and 2.9% were dispensed or personally administered by the GP practices.

### 5.1.1 Access to premises

In 2008 national standards for access to a pharmacy were quoted as 99% of the population, even those living in the most deprived areas, could travel to a pharmacy within 20 minutes by car and 96% by walking or using public transport<sup>103</sup>. In September 2016 the Department of Health and Social Care undertook a mapping exercise which confirmed that 88% of the

<sup>103</sup> [Pharmacy in England. Building on strengths – delivering the future](#). Department of Health April 2008.

population was within a 20-minute walk of a pharmacy. This data also demonstrated that 40% of all community pharmacies were within a ten-minute walk of two or more other community pharmacies<sup>104</sup>. However, since those reports were published the number of pharmacies nationally has fallen. There were 73 pharmacies in Doncaster when the previous Pharmaceutical Needs Assessment was published. This has fallen to 69 in July 2025, although an application for another distance selling premises has been granted and is expected to open in 2025.

Noting the national access standards and taking into account the urban-rural split of the area, the Health and Wellbeing Board has chosen 15 minutes by car as a reasonable time for residents to take to access a pharmacy.

In order to assess whether residents are able to access a pharmacy in line with this travel standard, travel times were analysed using the Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation Place.

The map below shows that the vast majority of the Health and Wellbeing Board's area is within a 15-minute drive of a pharmacy outside of rush hour times. The distance selling premises have been excluded from the map as people are not able to attend those premises for essential services.

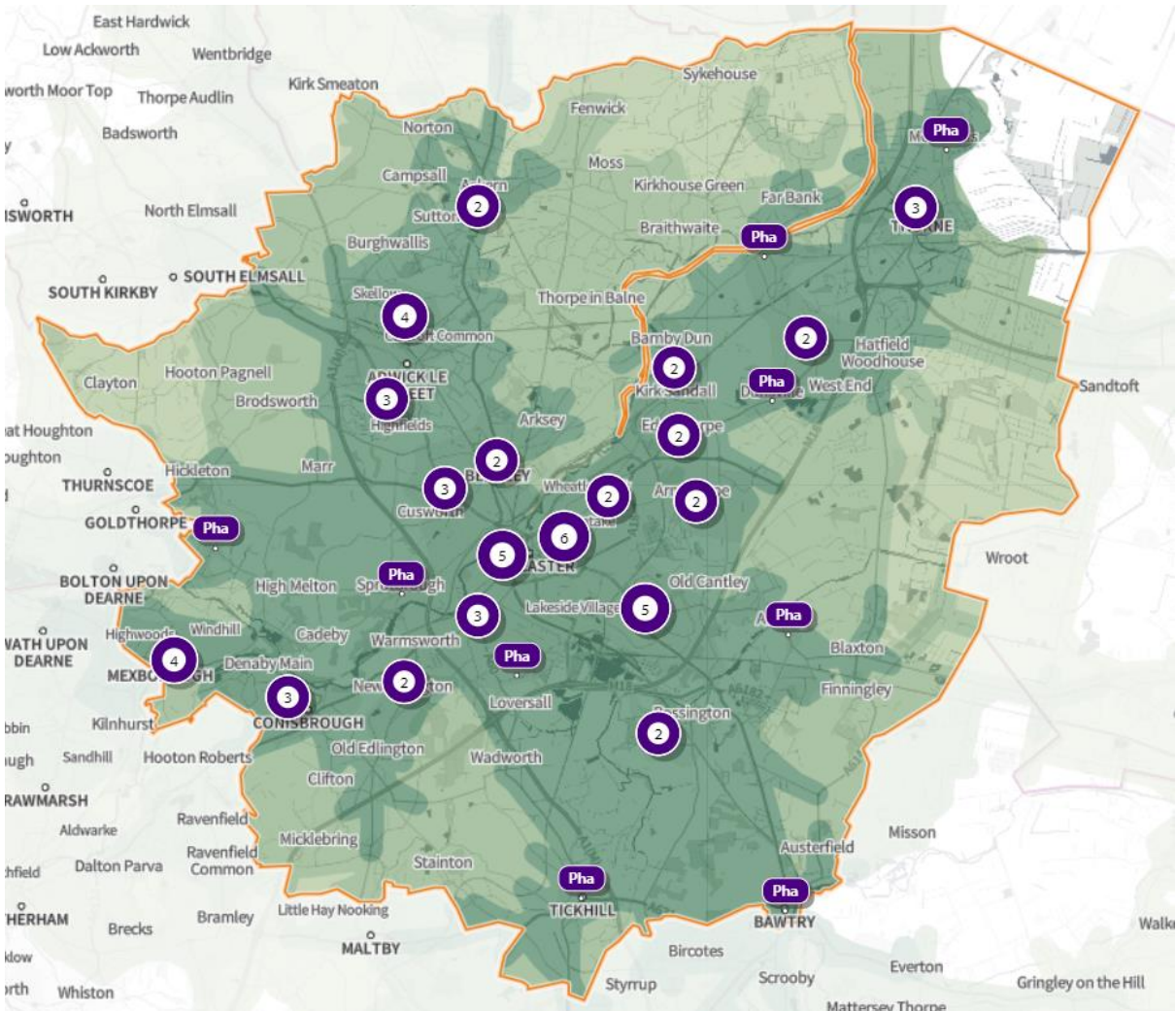
The area that is not within a 15-minute drive of a pharmacy in Doncaster is the north-east of Thorne. Google Maps confirms that this area contains Thorne Moors national nature reserve and Crowle Moors. Coupled with the information from Strategic Health Asset Planning and Evaluation Place there appears to be no resident population in this area.

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<sup>104</sup> [Post-implementation report on the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), Department of Health and Social Care March 2018



Map 5 – Time taken to access a pharmacy, by car, outside of peak times

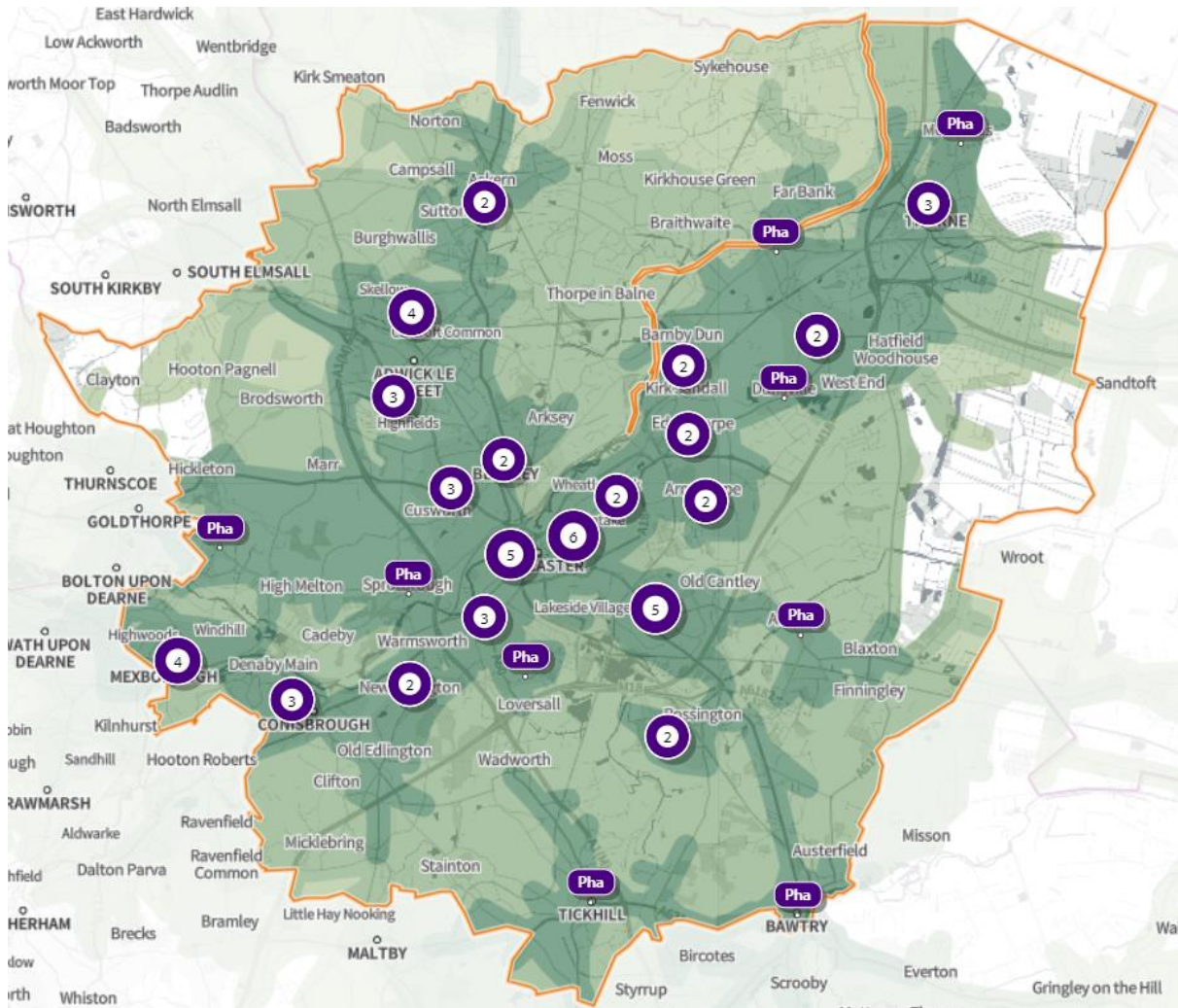


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[5](#) [10](#) [15](#) Travel times in minutes

The picture changes slightly when considering travel times during the rush hour but again Strategic Health Asset Planning and Evaluation Place confirms that there is no resident population in the lower super output areas that are now more than a 15-minute drive from a pharmacy in Doncaster.

### Map 6 – Time taken to access a pharmacy, by car, peak times



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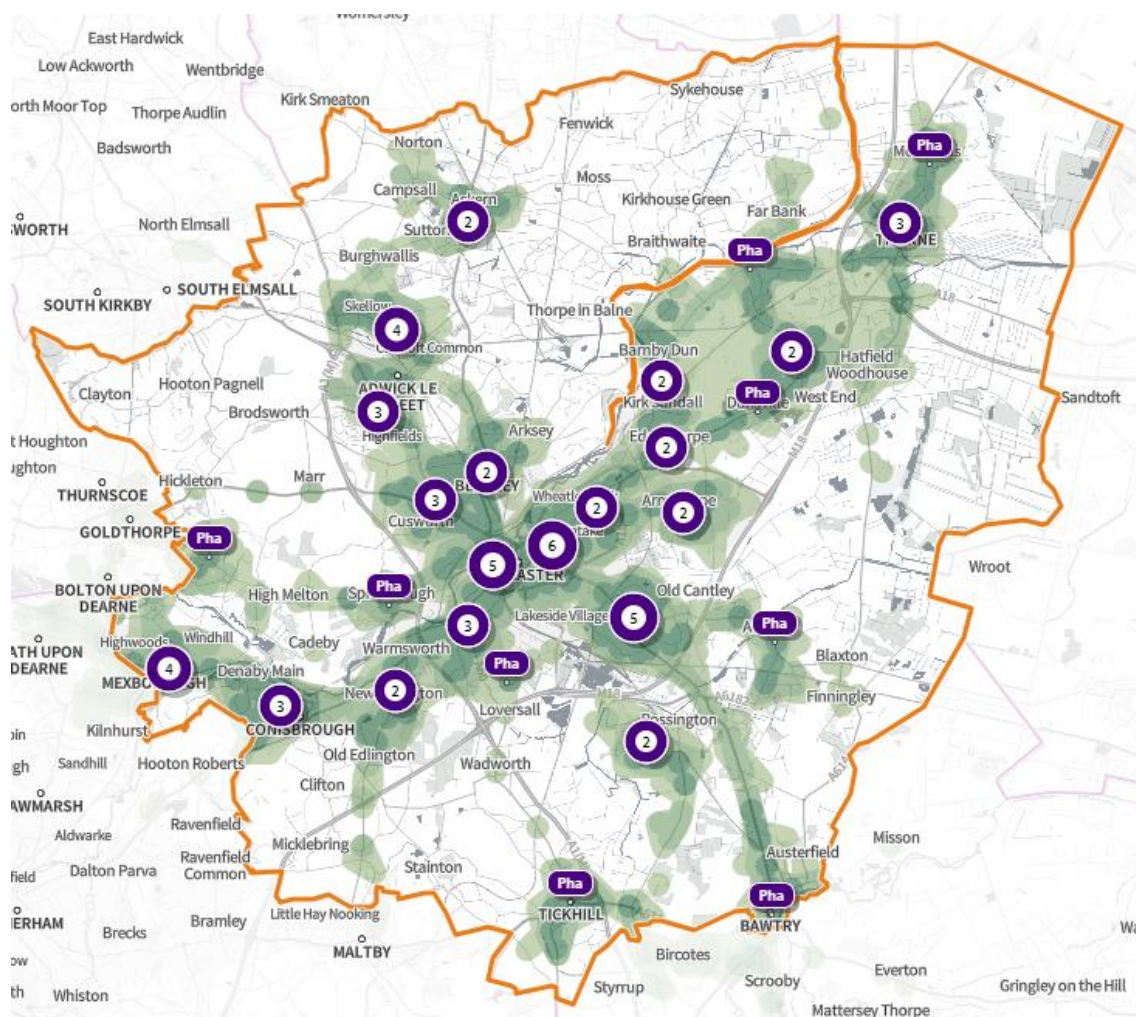


As noted from the patient and public engagement questionnaire people also choose to walk to a pharmacy or use public transport. However, as may be expected for those living in the rural areas and villages public transport may not be a realistic option for those wishing to access a pharmacy. The map below shows those areas that are within 15 minutes of a pharmacy by public transport.

According to Strategic Health Asset Planning and Evaluation Place, there are approximately 3,586 residents living in lower super output areas that are not within a 15-minute journey of a pharmacy by public transport. They are also more than a 15-minute journey from a GP practice by public transport.



### Map 7 – Time taken to access a pharmacy, by public transport



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When looking at walking times to a pharmacy, 52,834 people are not within a 15-minute walk of a pharmacy.

Responses to the residents' questionnaire provide the following insights into accessing pharmacies.

- 65.8% of respondents said they visit a pharmacy monthly/every four weeks, 9.9% fortnightly, 7.6% weekly and 6.9% once a quarter.
- When it came to the most convenient day of the week, the majority preferred a weekday or didn't have a preference.
- 73.3% said that they prefer to use the same pharmacy, and 22.3% said they use different pharmacies, but prefer to visit one most often.

- The most important factors when choosing which pharmacy to use were close to home, location is easy to get to, easy to park at, close to the GP practice, trust in the staff, customer service, and quick service.
- Only 3.3% of respondents said it takes them more than 20 minutes to access a pharmacy. 25.8% said it takes less than five minutes, 59.0% said between five and 15 minutes, and 10.4% said more than 15 minutes but less than 20.
- 60.5% of respondents said they drive to a pharmacy, 50.0% go on foot, and 4.3% catch the bus.

### 5.1.2 Access to essential services

Whilst the majority of people will visit a pharmacy during the 08.30 to 18.00 period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, to collect dispensed items on their way to or from work or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day. The residents' questionnaire showed that for those with a preference the period 09.00 to 12 noon is the most convenient time to visit a pharmacy followed by 15.00 to 18.00, 12 noon to 15.00 and then 18.00 to 21.00.

Appendix K provides information on the pharmacies' opening hours as of February 2025 and at that point in time there were:

- Nine pharmacies open seven days a week (includes six of the former 100 hour pharmacies),
- 12 pharmacies open Monday to Saturday,
- 24 pharmacies open Monday to Friday, and Saturday until 13.00, and
- 24 pharmacies that open Monday to Friday.

GP practices are contracted to provide services between 8.00 and 18.30, Monday to Friday, excluding bank and public holidays. The More Choice, More Appointments service offers routine and same day appointments with a GP, nurse or other healthcare professional across several sites in Doncaster at the following times.

- 18.30 to 20.00 Monday to Friday
- 09.00 to 17.00 Saturday

Appointments may also be offered outside of these times, for example later in the evening and/or early in the morning. Information on this can be found in chapter 6.

There is currently one known GP practice merger that is likely to take effect during the lifetime of this Pharmaceutical Needs Assessment. This is the merger of The Oakwood Surgery with Bawtry & Blythe Medical. Primary medical services will continue to be provided from the current premises, and it is anticipated that the merged practice will continue to dispense to eligible patients currently registered with Bawtry & Blythe Medical.

### 5.1.3 Access to dispensing appliance contractor services that are the equivalent of the pharmacy essential services

Unlike pharmacies, people are unlikely to regularly visit a dispensing appliance contractor's premises to access those services that are the equivalent of the pharmacy essential services. The dispensing appliance contractor in the Health and Wellbeing Board's area delivers a range of over 9,000 stoma, continence, tracheostomy and laryngectomy prescription products to people's homes.

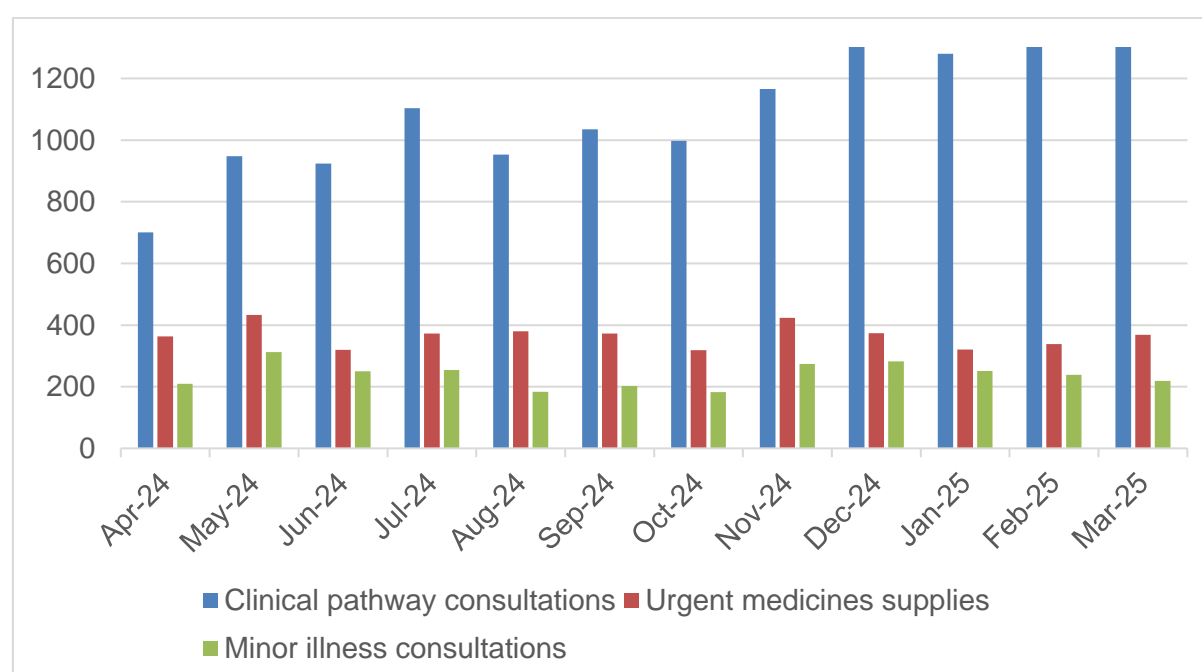
The dispensing appliance contractor's premises are open Monday to Friday, 09.00 to 15.00.

### 5.1.4 Access to the Pharmacy First service

This service was launched by NHS England on 31 January 2024 and as of 27 July 2025 all but one of the pharmacies have signed up to provide it. In 2024/25:

- 13,179 clinical pathway consultations were provided (range at pharmacy level between two and 463 consultations),
- 4,380 urgent medicine supplies were made (range at pharmacy level between one and 320 supplies), and
- 2,859 minor illness consultations have been provided (range at pharmacy level between two and 167 consultations).

**Figure 18 – Pharmacy First activity by the pharmacies in 2024/25**



### 5.1.5 Hypertension case-finding service

All but one of the pharmacies had signed up to provide this service as of 24 July 2025. In 2024/25:

- 67 of the pharmacies had completed a total of 18,936 blood pressure checks (range at pharmacy level between ten and 1,566), and
- 55 had completed a total of 1,071 ambulatory blood pressure checks (range at pharmacy level between one and 185).

#### **5.1.6 NHS pharmacy contraception service**

All of the pharmacies had signed up to provide this service as of 27 July 2025. In 2024/25:

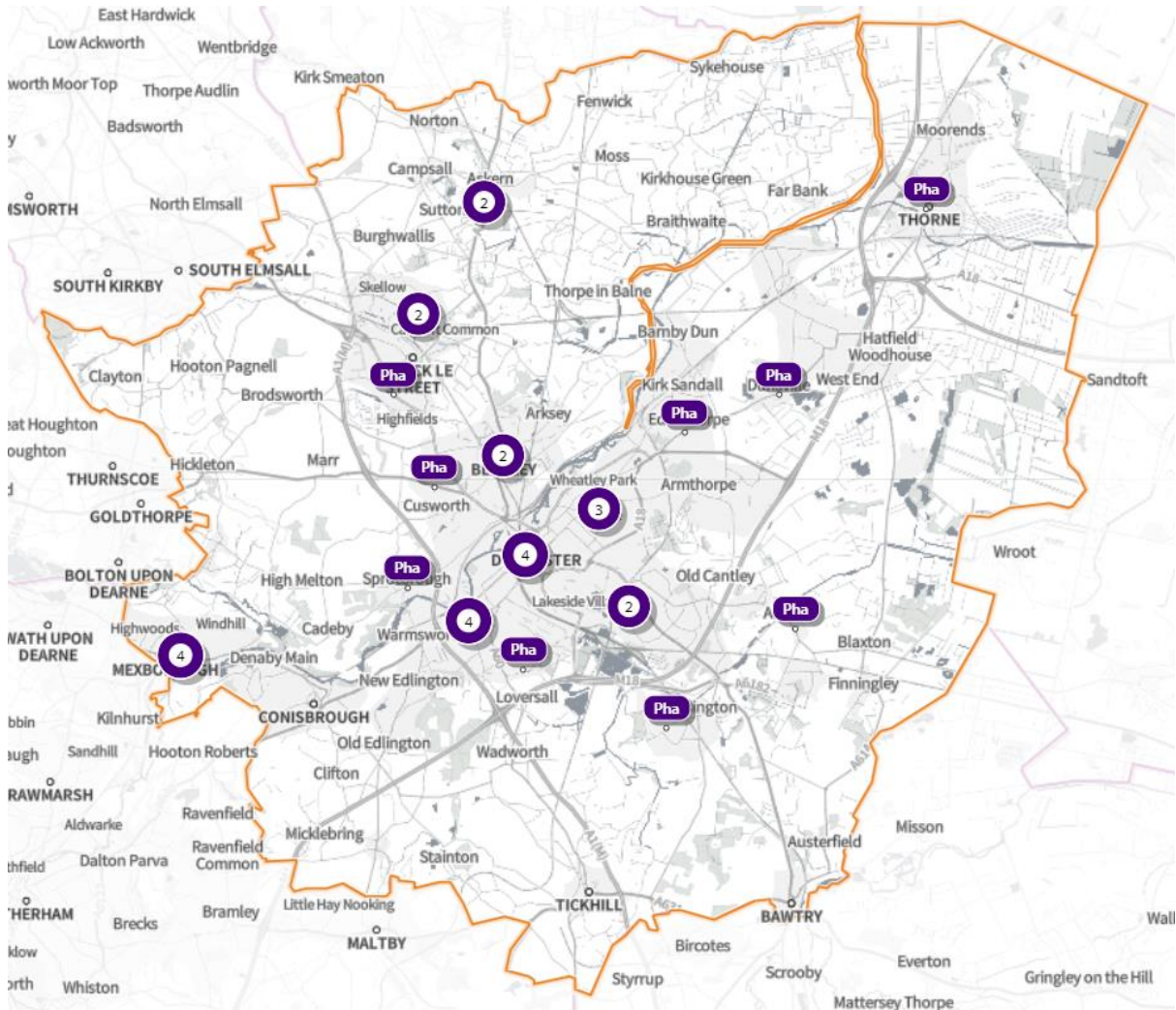
- 56 of the pharmacies had made 1,016 supplies of oral contraception (range at pharmacy level between one and 210), and
- 54 had undertaken 327 consultations to initiate oral contraception (range at pharmacy level between one and 30).

#### **5.1.7 NHS lateral flow device tests supply service**

32 of the pharmacies had signed up to provide this service as of 27 July 2025. In 2024/25 1,219 supplies were made, with a range at pharmacy level between one and 486.

The map below shows the location of the pharmacies providing this service.

**Map 8 – Location of the pharmacies that have signed up to provide the NHS lateral flow device tests supply service, 27 July 2025**



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### 5.1.8 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices.

As of May 2025, 5,981 people were registered as a dispensing patient with their practice<sup>105</sup>.

<sup>105</sup> [Practice list size and GP count for each GP practice report](#), NHS Business Services Authority public insight portal Catalyst



### 5.1.9 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS South Yorkshire Integrated Care Board has a duty to ensure that residents of the Health and Wellbeing Board's area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so.

Pharmacy contractors are required to advise the Integrated Care Board of their opening hours on these days, and where necessary it will direct a contractor or contractors to open for all or part of these days to ensure adequate access. The Health and Wellbeing Board is therefore satisfied that there is a process in place to ensure patients are able to access pharmaceutical services on these days.

## 5.2 Necessary services: current provision outside the Health and Wellbeing Board's area

### 5.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Doncaster are dispensed within the area although as noted in the previous section, the vast majority of items are.

The table below shows where prescriptions written by the GP practices in 2024/25 in 2024/25 were dispensed, and the number of contractors that dispensed the prescriptions.

**Figure 19 – Location of where prescriptions were dispensed in 2024/25 in 2024/25**

Type of contractor	Number of items	Percentage of items	Number of contractors
In area – pharmacy or dispensing appliance contractor	7,354,997	87.1%	76*
In area – GP practice	242,612	2.9%	38
Out of area - distance selling premises	435,891	5.2%	84
Out of area - pharmacy	321,634	3.8%	2,025
Out of area - dispensing appliance contractor	89,496	1.1%	56
Out of area - GP practice	5	0.0%	3
<b>Totals</b>	<b>8,444,635</b>	<b>100%</b>	<b>2,282</b>

\* Includes pharmacies that have closed or changed hands in this period.

For those prescriptions which are dispensed by a pharmacy or dispensing appliance contractor



that is outside of Doncaster, the majority are located in the following Health and Wellbeing Board areas:

- Leeds (predominantly by one distance selling premises)
- Nottinghamshire (predominantly by four pharmacies, two of which are distance selling premises),
- Sheffield (predominantly by one pharmacy),
- Rotherham (predominantly by one pharmacy and one dispensing appliance contractor),
- Ealing (predominantly by one distance selling premises), and
- Calderdale (predominantly by one distance selling premises).

Eight contractors accounted for 60.1% of the items dispensed out of area in 2024/25 in 2024/25. Of these:

- five are distance selling premises, and
- three are pharmacies.

However, prescriptions were dispensed by pharmacies as far away as Bristol, Essex, Leicester, London, Northamptonshire, St Helens and Worcestershire.

### **5.2.2 Access to Pharmacy First, NHS pharmacy contraception service, hypertension case-finding service, lateral flow device tests supply service,**

Information on the type of advanced services provided by pharmacies outside the Health and Wellbeing Board's area to residents of Doncaster is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However, even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the Health and Wellbeing Board's area will access these services from contractors outside of Doncaster.

### **5.2.3 Dispensing service provided by some GP practices**

Some residents of the Health and Wellbeing Board's area will choose to register with a GP practice outside of the county and will access the dispensing service offered by their practice.

## **5.3 Other relevant services**

'Other relevant services' are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as services that are provided in and/or outside the Health and Wellbeing Board's area which are not necessary to meet the need for pharmaceutical services but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this Pharmaceutical Needs Assessment, the Health and Wellbeing Board has agreed that other relevant services are:

- new medicine service,
- appliance use reviews,
- stoma appliance customisation,
- seasonal influenza vaccination service,
- NHS smoking cessation service,
- inhaler technique review service,
- palliative care service in extended hours pharmacies, and
- minor ailments service.

### **5.3.1 Other relevant services within the Health and Wellbeing Board's area**

#### **5.3.1.1 Access to the new medicine service**

In 2024/25 In 2024/25 all of the pharmacies provided this service. A total of 32,066 full service interventions were completed with a range at pharmacy of two to 1,509.

The maximum number of new medicine service interventions that may be provided by a pharmacy in a year is subject to a cap of 1% of monthly prescriptions. In addition, the service is limited to a specific range of drugs and can only be provided in certain circumstances, and this therefore limits the total number of eligible patients.

#### **5.3.1.1 Access to appliance use reviews**

None of the pharmacies provided this service in 2024/25 in 2024/25, despite 38 saying that they dispense all types of appliances. During this time period the dispensing appliance contractor undertook 211 appliance use reviews in patients' homes, and 293 at its premises.

It is noted that prescriptions written by the GP practices are dispensed by dispensing appliance contractors outside of Doncaster. It is therefore likely that they are also providing this service to residents. In addition, stoma nurses employed by dispensing appliance contractors will provide the service at the patient's home and the stoma care department at the hospitals may provide a similar service.

#### **5.3.1.2 Access to stoma appliance customisations**

23 pharmacies customised a total of 216 stoma appliances in 2024/25 in 2024/25. This is despite 38 saying that they dispense all types of appliances. The range at pharmacy level is one to 64. The dispensing appliance contractor customised 7,164 stoma appliances during this time period.

It is noted that:

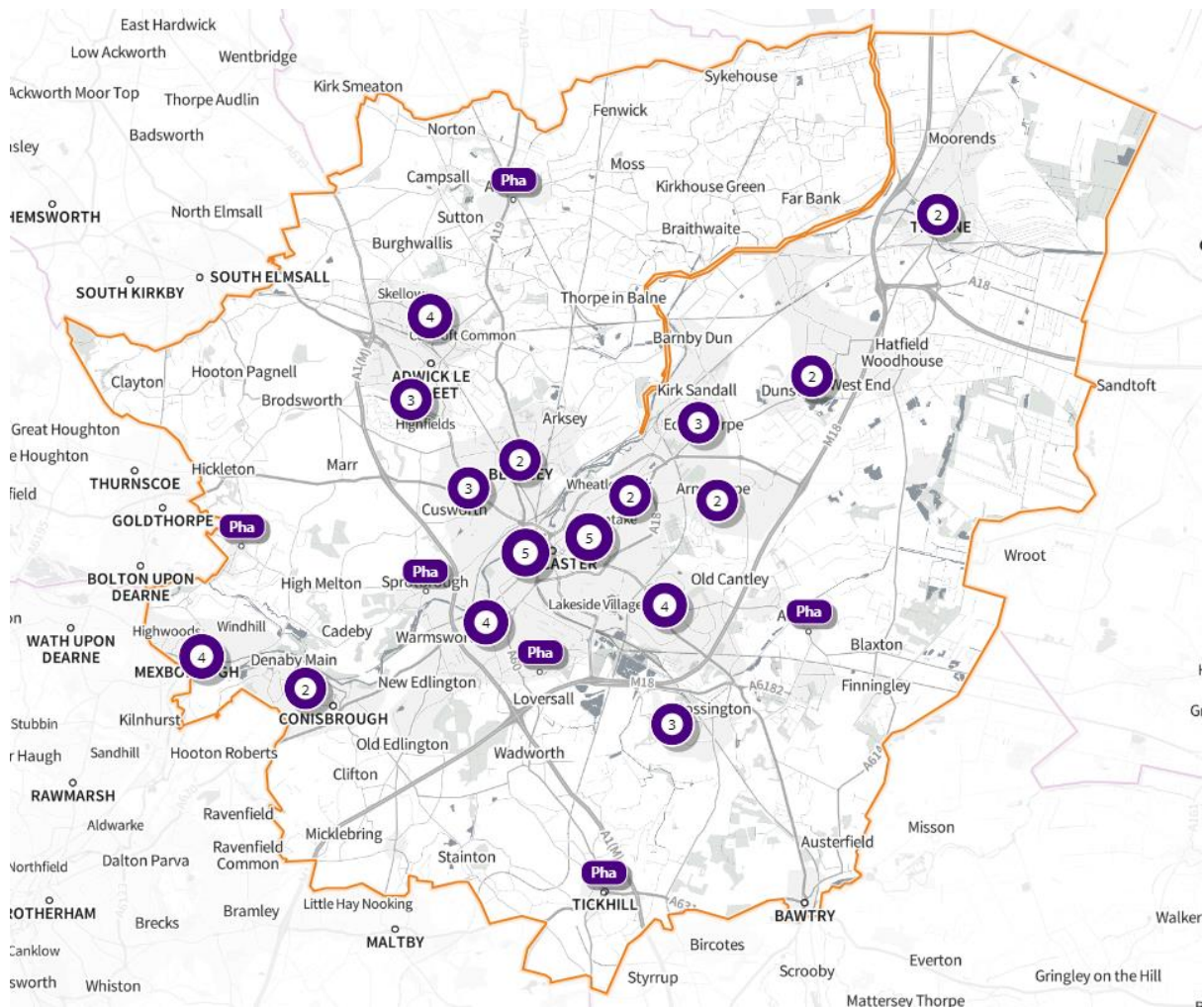
- not all stoma appliances need to be customised, and
- prescriptions written by the GP practices are dispensed by dispensing appliance contractors outside of Doncaster.

### 5.1.3 Access to the seasonal influenza vaccination service

This service commenced on 1 September 2024 and continued to 31 March 2025. A total of 19,880 vaccines were given by 56 of the pharmacies in 2024/25, with a range at pharmacy level of 18 to 3,036.

The map below shows the location of the pharmacies providing this service.

**Map 9 – Location of the pharmacies that provided influenza vaccinations, 2024/25**



© Crown copyright and database rights 2024 [Ordnance Survey](#) 100016969  
| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

#### 5.3.1.4 NHS smoking cessation service

As of 27 July 2025, 39 of the pharmacies had signed up to provide this service, although in 2024/25 no referrals were received in 2024/25. This is a missed opportunity, and it is recommended that the Integrated Care Board works with the NHS trusts to understand why referrals aren't being made.

#### **5.3.1.5 Inhaler technique review service**

This service is commissioned by NHS South Yorkshire Integrated Care Board and aims to improve the management of patients with respiratory conditions by trained pharmacists and pharmacy technicians undertaking targeted inhaler technique training to ensure that patients use inhalers correctly. It can be offered to people aged 18 and over who meet the criteria, and this includes people who reside in a nursing or residential home or are housebound.

#### **5.3.1.6 Palliative care service in extended hours pharmacies**

This service is commissioned by NHS South Yorkshire Integrated Care Board and aims to increase the availability of palliative care drugs in extended hours pharmacies that are located across Doncaster. The service will improve access for patients, carers and healthcare professionals to these specialist medicines when they are required, ensuring no delay in a patient's end of life treatment whilst also providing access and choice, and not directing or influencing them to a particular contractor.

#### **5.3.1.7 Minor ailments service**

This service is commissioned by NHS South Yorkshire Integrated Care Board and aims to promote self-care through a consultation with a pharmacist and has been developed to offer an appropriate, cost-effective alternative for the treatment of minor ailments. The service is aimed at patients who use GP or out of hours services when they have a minor ailment rather than self-care or purchasing medicines over the counter.

The service focuses on Patient Group Directions and some medicines that are normally obtained on prescription that could be supplied by a community pharmacy.

#### **5.3.2 Other relevant services provided outside the Health and Wellbeing Board's area**

Information on the new medicine service, appliance use reviews, stoma appliance customisation, influenza vaccination, and the NHS smoking cessation service provided by pharmacies and dispensing appliance contractors outside the Health and Wellbeing Board's area to residents of Doncaster is not available due to the way contractors claim. It can be assumed however that residents of the Health and Wellbeing Board's area will access these services from pharmacies and dispensing appliance contractors outside of Doncaster.

It is also possible that residents will have accessed enhanced services from pharmacies outside of the Health and Wellbeing Board's area, but again this information is not available.

### **5.4 Choice with regard to obtaining pharmaceutical services**

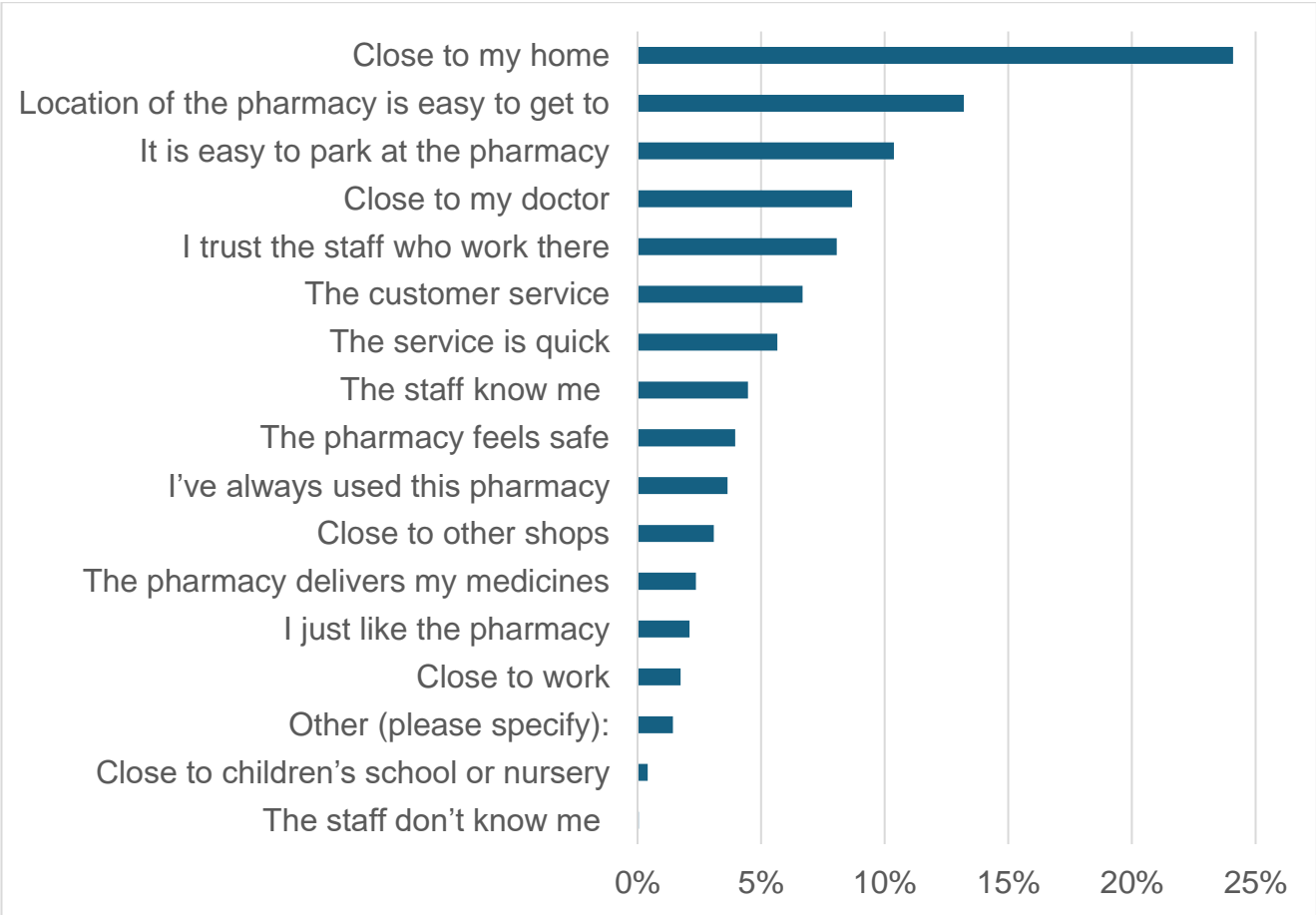
As can be seen from sections 5.1 and 5.2, the residents of the Health and Wellbeing Board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the Health and Wellbeing Board's area they have a choice of 69 pharmacies, operated by 23 different contractors. Outside of the Health and Wellbeing Board's area residents chose to access a further 2,168 pharmacies and dispensing appliance

contractors in 2024/25in 2024/25, although many were not used on a regular basis.

When asked what influences their choice of pharmacy the top five responses in the public engagement questionnaire were:

- Close to my home
- The location of the pharmacy is easy to get to
- It is easy to park at the pharmacy
- Close to my doctor
- I trust the staff who work there

**Figure 20 - We would like to know what is important to you when choosing which pharmacy to use. Please select the three things that are most important to you.**



## 6.0 Other NHS Services

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

- Hospital pharmacy departments – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- Drug and alcohol services - generate prescriptions which affects the need for the dispensing essential service. The commissioning of supervised consumption and needle exchange services by the council via Aspire removes the need for both services to be commissioned as enhanced services.
- GP out of hours service – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.
- Primary dental services – dentists will issue prescriptions which affect the need for the dispensing essential service.
- Services provided by Rotherham Doncaster and South Humber NHS Foundation Trust – the trust operates services in more than 100 locations across Rotherham, Doncaster, and North Lincolnshire. Some of its 3,700 staff issue prescriptions which affect the need for the dispensing essential service.
- Doncaster same day health centre - issues prescriptions which affect the need for the dispensing essential service.
- Enhanced access to primary medical services - issues prescriptions which affect the need for the dispensing essential service.
- Services provided by staff employed or engaged under the additional roles reimbursement scheme by GP practices or Primary Care Doncaster Limited - issue prescriptions which affect the need for the dispensing essential service.
- Evolutio ophthalmology Doncaster - issues prescriptions which affect the need for the dispensing essential service.
- Prisons – pharmacy services are provided to the prisons which reduces the need for pharmaceutical services, in particular the dispensing essential service. However, a few prescriptions are dispensed as part of the provision of that service.

### 6.1 Hospital pharmacy departments

There are two hospitals in Doncaster – Doncaster Royal Infirmary and Montagu Hospital.

Doncaster Royal Infirmary is a large acute hospital with over 500 beds, a 24-hour emergency department, and trauma unit status. In addition to the full range of district general hospital care, the hospital also provides some specialist services including vascular surgery. It has inpatient,

day case, diagnostic and outpatient facilities.

The pharmacy department was extensively modernised in 2012 and equipped with the latest high-tech automated 'robots' playing a key role in the dispensing and storage of pharmacy medicines. The dispensary is operated by Doncaster and Bassetlaw Healthcare Services Ltd and is based near the A&E department.

Montagu Hospital is a small non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led minor injuries unit, open 09.00 to 21.00 and it also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of a rehabilitation centre, clinical simulation centre and the base for the abdominal aortic aneurysm screening programme.

## **6.2 Personal administration of items by GPs**

Under their primary medical services contract with the Integrated Care Board there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances, however, the GP or other healthcare professional will supply the item against a prescription, and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or the nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices, and sutures.

For these items, the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHS Business Services Authority at the end of the month.

It is not possible to quantify the number of items that were personally administered by GP practices in Doncaster as the published figures include items which have been either personally administered or dispensed by dispensing practices. However, the practices that do not dispense personally administered a total of 100,622 items in 2024/25 and March 2025.

## **6.3 Doncaster drug and alcohol services**

The Aspire drug and alcohol service helps adults who have problems with drugs or alcohol. It offers support such as catching issues early, helping people safely stop using drugs or alcohol in their own communities, and working in groups to get better together. The service is open to people aged over 18 across the city of Doncaster and is provided over the phone, via email, or at one of the five drop-in centres.

Aspire is a partnership organisation set up by Rotherham Doncaster and South Humber NHS

Foundation Trust and the registered charity The Alcohol and Drug Service.

The service prescribed 29,231 items in 2024/25 and March 2025. 99.0% were dispensed by 67 of the pharmacies in Doncaster with the remaining 1.0% dispensed by pharmacies in 23 different Health and Wellbeing Board areas.

Pharmacies are commissioned by Aspire to provide two elements of the service namely supervised consumption and needle exchange.

Under the supervised consumption service, pharmacies dispense and supervise the consumption of medication for opioid substitution therapy and detoxification such as methadone, buprenorphine and suboxone (and any newly developed drugs by agreement) for services users of the Doncaster drug and alcohol services to allow them to detox and gradually withdraw from their dependency.

The needle exchange service aims to reduce the transmission of HIV, Hepatitis, and other infectious diseases, as well as contributing to improving the health of service users and the wider community. Pharmacies provide sterile needles and syringes to service users as well as sharps containers for the return of used equipment.

## **6.4 GP out of hours service**

The GP out of hours service provides services on weekday evenings and overnight from 18.30 to 08.00 and 24 hours a day at weekends and on public and bank holidays. It is accessed via the NHS 111 telephone service and is located at the Doncaster Royal Infirmary site.

The service prescribed 17,950 items in 2024/25 and March 2025 which were dispensed by 315 different pharmacies as follows.

- Doncaster – 75 pharmacies dispensed 94.1% of the items (includes pharmacies which have since closed or changed hands)
- Rotherham – 32 contractors dispensed 1.4%
- Lancashire – 41 contractors dispensed 1.0%
- Blackpool – 18 contractors dispensed 0.6%
- Barnsley – 13 contractors dispensed 0.6%

The remaining 2.4% was dispensed by 103 other contractors in 39 different Health and Wellbeing Board areas.

## **6.5 Primary dental prescriptions**

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in Doncaster. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in Doncaster.

In 2023/24, a total of 25,737 items were dispensed in by the pharmacies in Doncaster.



Between April and January 2025, a total of 21,277 items were dispensed in Doncaster by the pharmacies.

## **6.6 Rotherham Doncaster and South Humber NHS Foundation Trust services**

Rotherham Doncaster and South Humber NHS Foundation Trust provides a range of services from more than 100 locations across Rotherham, Doncaster, and North Lincolnshire. In Doncaster this includes services such as:

- Community mental health services,
- Child and adolescent mental health services,
- Tissue viability and lymphoedema service,
- Cardiac nurse specialist services,
- Diabetic nurse specialist services,
- Doncaster home first service,
- Epilepsy nurse specialist services,
- Community palliative care team,
- Learning disability services,
- Community nursing services,
- Neurology nurse specialist services,
- Continence nurse specialist services,
- Respiratory nurse specialist services,
- Podiatry services, and
- Neurodiversity services.

In 2024/25 and March 2025, these services prescribed a total of 49,150 items, predominantly by the two mental health services (14,276 items for adults and 13,579 for children and adolescents). 65.0% of these items were dispensed by the pharmacies in Doncaster, 15.7% by 64 pharmacies in Rotherham, and 10.5% by 12 pharmacies in Derbyshire. The remaining 8.8% of items were dispensed 260 contractors in 56 other Health and Wellbeing Board areas.

## **6.7 Doncaster same day health centre**

This service provides same day appointments to those with sore throats, earaches, coughs, colds, sprains, and strains who are unable to schedule an appointment with their GP. The service is open from 10.00 to 22.00 and offers appointments seven days a week.

The service prescribed a total of 17,772 items in 2024/25 and March 2025. Of these, 95.7% were dispensed by pharmacies in Doncaster and 1.8% by two pharmacies in Derbyshire. The remaining 2.5% were dispensed by 110 other contractors in 29 different Health and Wellbeing Board areas.

## **6.8 Enhanced access**

Each primary care network is required, by the network contract directed enhanced service, to provide enhanced access to primary medical services between 18.30 and 20.00 Monday to

Friday, and between 09.00 and 17.00 on Saturdays. Primary Care Doncaster Limited is commissioned by the five primary care networks to provide this service across the Health and Wellbeing Board's area and offers routine and same day appointments with a range of clinicians including GPs, nurses and other healthcare professionals. Appointments are provided at one of five locations across the Health and Wellbeing Board's area - Askern, Tickhill, Conisbrough, Thorne and Doncaster.

The service also includes the "Vincent Van-Cough" health bus GP clinics. The health bus is staffed by GPs, nurses and other healthcare staff who work locally in November. It makes stops in communities and staff provide advice and treatment in relation to minor ailments and illnesses.

The service prescribed a total of 3,276 items in 2024/25 and March 2025. Of these, 94.8% were dispensed by pharmacies in Doncaster and 2.7% by five pharmacies in Nottinghamshire. The remaining 2.5% were dispensed by 27 other contractors in 12 different Health and Wellbeing Board areas.

## **6.9 Primary care network services**

The five primary care networks in Doncaster employ or engage staff under the additional roles reimbursement scheme to provide a range of services under the network contract directed enhanced service. They include GPs, advanced nursing practitioners, nurse associates, clinical pharmacists, physiotherapists, mental health practitioners, and social prescribers.

The service prescribed a total of 4,439 items in 2024/25 and March 2025. Of these, 94.3% were dispensed by pharmacies in Doncaster and 3.3% by five pharmacies in Nottinghamshire. The remaining 2.4% were dispensed by 31 other contractors in 16 different Health and Wellbeing Board areas.

## **6.10 Evolutio ophthalmology Doncaster**

Evolutio delivers enhanced community eyecare services including cataract pre and post operation assessments and glaucoma repeat measures/refinement, and the Doncaster minor eye care service.

The service prescribed a total of 402 items in 2024/25 and March 2025. Of these, 97.8% were dispensed by pharmacies in Doncaster, 1.2% by two pharmacies in Nottinghamshire, 0.5% by two pharmacies in Rotherham, and the remaining 0.5% by one pharmacy in North Lincolnshire.

## **6.11 Prisons**

There are four prisons in Doncaster.

HMP Doncaster is a category B local resettlement prison operated by Serco. It houses a male population of up to 1,145 individuals, approximately 200 of whom are young offenders aged 18 to 20. Medicines are supplied by an external provider.

HMP Hatfield is a prison and young offender institution near Doncaster for men aged 18 and over. It is split over two sites which are approximately four miles apart, Hatfield Main and

Hatfield Lakes. Medicines are delivered to the health centre at each site by a pharmacy and other companies. Two pharmacy technicians run the pharmacy services at the two sites and provide advice and guidance on medicines.

HMP Lindholme is a category C training prison with an adult male population of around 900. Medicines are dispensed remotely by a pharmacy and transported to the prison where they are administered twice a day by pharmacy technicians.

HMP Moorland is a prison and young offender institution for around 1,000 men aged 18 and over. Pharmacy services are provided seven days a week by a team which includes pharmacy technicians. Medicines are dispensed remotely by a pharmacy, transported to the prison, and administered twice a day.

As the prisons have arrangements with external providers for the supply of medicines and advice to their populations, this reduces the need for pharmaceutical services.

However, in 2024/25 and March 2025 a total of 140 items were prescribed and dispensed as part of pharmaceutical services in the community. Of these, 63 were for men at or leaving HMP Moorland, 52 for HMP Doncaster, 22 for HMP Hatfield and three for HMP Lindholme.

27.1% of these items were dispensed in Doncaster, 16.4% by five pharmacies in Sheffield, 9.3% by four pharmacies in Barnsley, 8.6% by five pharmacies in Rotherham, 7.1% by one pharmacy in North East Lincolnshire, 5.7% by one pharmacy in East Riding of Yorkshire, 4.3% by one pharmacy in Worcestershire and 3.6% by three pharmacies in Nottinghamshire. The remaining 17.9% were dispensed by 18 pharmacies in ten other Health and Wellbeing Board areas.

## 7.0 Health Needs that can be met by Pharmaceutical Services

In 2008 it was estimated there were 1.6million visits to a pharmacy every day, of which 1.2million are for health-related reasons<sup>106</sup> and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight, and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned by the council and the Integrated Care Board.

A report by Community Pharmacy England in 2024<sup>107</sup> estimated that there are approximately 1.3 million consultations with members of the public every week, or just over 69 million per year. It noted that this is significantly higher than the first audit which was undertaken during the COVID-19 pandemic when results showed 48 million consultations per year.

As can be seen from this section, it is important that Integrated Care Board and the public health team at City of Doncaster Council work together to maximise the local impact of health communications, messages, and opportunities.

Promotion of the services that pharmacies provide is undertaken in a number of ways including pharmacies ensuring that their NHS website<sup>108</sup> and Directory of Services<sup>109</sup> profiles are up to date, which is now a contractual requirement.

### 7.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in chapter four, as prescribed medicines are one of the most common interventions in health care. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both the Integrated Care Board and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

Distance selling premises are required to deliver all dispensed items to anyone, anywhere in England who asks for a prescription to be dispensed. This will clearly be of benefit to people

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<sup>106</sup> [Pharmacy in England. Building on strengths – delivering the future.](#) Department of Health and Social care (2008)

<sup>107</sup> [Pharmacy advice audit.](#) Community Pharmacy England (2024)

<sup>108</sup> <https://www.nhs.uk/>

<sup>109</sup> <https://digital.nhs.uk/services/directory-of-services-dos>

who are unable to access a pharmacy, and as of July 2025 there are just over 400 distance selling premises in England meaning that everyone has a choice of at least 400 pharmacies when it comes to the dispensing and delivery of their prescribed drugs. In addition, dispensing appliance contractors deliver the majority, if not all, of the items they dispense, and pharmacies are required to offer to deliver certain appliances.

The discharge medicines service must be provided by all pharmacies and was established to ensure better communication of changes to a person's medication when they leave hospital, and to reduce incidences of avoidable harm caused by medicines. People leaving hospital after a stay are referred to a pharmacy when they are discharged with information about medication changes made in hospital. The pharmacy can then support them to improve outcomes, prevent harm and reduce readmissions.

There may be occasions where a person runs out of their regular medication and is unable to request a prescription as their GP practice is closed, for example. Under the Pharmacy First service, they are able to access urgently needed medicines by being referred to a pharmacy by, for example, NHS 111. If the pharmacy is able to download a prescription from the electronic prescription service, then this can be dispensed for the person. Alternatively, the pharmacy can make an emergency supply where the pharmacist has satisfied themselves that there is an immediate need for the supply, and it is impracticable for the person to obtain a prescription without undue delay.

The optimal use of appropriately prescribed medicines is vital to the self-management of most long-term conditions, but reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50% of prescribed medicines are not taken as recommended<sup>110</sup>. However, research<sup>111</sup> has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow-up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

The new medicine service provides support to people who are newly prescribed one of a specified list of medicines to manage a long-term condition which will generally help them to appropriately improve their medication adherence and self-manage their condition. The list of medicines covered by the new medicine service covers sixteen conditions, including asthma, chronic obstructive pulmonary disease, type 2 diabetes, hypertension, epilepsy, heart failure, hypercholesterolaemia, coronary heart disease and atrial fibrillation. From October 2025 the service was expanded to include depression.

Palliative care drugs are specialist medicines that may not be routinely stocked in pharmacies. The palliative care in extended hours enhanced service ensures that patients, carers and healthcare professionals are able to access palliative care drugs in extended hours pharmacies, ensuring no delay in a patient's end of life treatment.

For those who have an appliance, the appliance use review service will help improve their

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<sup>110</sup> [NHS new medicine service – advanced service specification](#). NHS England 2021

<sup>111</sup> [Supporting adherence for people starting a new medication for a long-term condition through community pharmacies: a pragmatic randomised controlled trial of the New Medicine Service](#). Elliott R, Boyd M, Salema Nde, et al (2011)

knowledge and use of it. The service aims to ensure people get the maximum benefit from the use of their appliance and improve their experience of its usage.

For those with a stoma appliance that requires customisation, the stoma appliance customisation service will ensure the proper use and comfortable fitting of the appliance and improve the duration of its usage thereby reducing waste.

## **7.2 Advice in relation to low acuity, minor illnesses**

As an alternative to making an appointment at their GP practice, a person can be referred by their GP practice to a pharmacy in order to be seen under the Pharmacy First service. As part of this service the person may be:

- provided with self-care advice (which may or may not involve the sale of an over the counter medicine),
- treated under one of the seven clinical pathways,
- be treated under another service provided by the pharmacy,
- referred to their GP practice or relevant out of hours service for an urgent appointment, or
- provided with a routine referral to other appropriate services.

The seven clinical pathways covered by the Pharmacy First service include:

- uncomplicated urinary tract infections in women,
- shingles,
- impetigo,
- infected insect bites,
- sinusitis,
- sore throat, and
- acute otitis media.

People may be referred to this service or could be offered it by the pharmacy when seeking advice on one of the seven common conditions.

In addition, the Integrated Care Board commissions a minor ailments enhanced service which promotes self-care through a consultation with a pharmacist. It is aimed at people who would make an appointment at their GP practice or attend the GP out of hours service rather than self-care or purchase medicines over the counter. Only drugs covered by one of the five patient group directions may be supplied under this service.

## **7.3 Support for self-care**

As part of essential services, pharmacies are required to provide advice to people to help them manage a medical condition, or, where they are a carer, to help them manage another person's medical condition. This service requires the provision of advice on:

- treatment options, including advice on the selection and use of appropriate drugs which are not prescription only medicines, and
- changes to their lifestyle.

## 7.4 Healthy living and promotion of healthy lifestyles

Several elements of the essential services require pharmacies to promote healthy lifestyles to users of their services.

- Providing advice to those who collect their dispensed drugs and appliances, who appear to have diabetes, be at risk of coronary heart disease especially high blood pressure, or who smoke or are overweight with the aim of increasing that person's knowledge of the health issues that are relevant to their personal circumstances. Advice given may be backed up, as appropriate, by the provision of written material and referring them to other sources of information or advice.
- Participating in two national health campaigns chosen by NHS England and two chosen by the Integrated Care Board each financial year in order to promote health messages to users of their pharmacy. The public health team should work with the Integrated Care Board to choose the topics of the local health campaigns.
- Distance selling premises are required to have a website on which there is an interactive page, clearly promoted to any user of the website when they first access it, which provides public access to a reasonable range of up to date materials that promote health lifestyles by addressing a reasonable range of health issues.
- For pharmacies that members of the public are able to access in order to receive essential services, literature on health and social care issues is to be up to date.
- Undertake a community engagement exercise each financial year in relation to the promotion of healthy living. As part of these exercises, pharmacies must actively work in collaboration with other organisations to deliver pharmacy outreach and any locally commissioned services and take prevention and health promotion services beyond the pharmacy premises. Pharmacy outreach may be face-to-face or virtual and take services to where people live or spend time.

Cardiovascular disease is one of the leading causes of premature death in England<sup>112</sup> and accounts for 1.6 million disability adjusted life years<sup>113</sup>. Hypertension is the biggest risk factor for cardiovascular disease and is one of the top five risk

factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

The hypertension case-finding advanced service seeks to identify people aged 40 years or older with high blood pressure (who have previously not had a confirmed diagnosis of hypertension) and refer them to their GP practice for confirmation and appropriate management. In addition, GP practices can ask pharmacies to undertake ad hoc clinic and ambulatory blood pressure measurements. At the discretion of the pharmacist, the service can be provided to those under the age of 40.

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<sup>112</sup> Bhatnagar P, Wickramasinghe K, Williams J, et al [The epidemiology of cardiovascular disease in the UK 2014 Heart 2015;101:1182-1189](#).

<sup>113</sup> Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013 Forouzanfar, Mohammad H et al. [The Lancet, Volume 386, Issue 10010, 2287 - 2323](#)

## 7.5 Alcohol and drug use

As needle exchange and the supervised consumption of substance misuse medicines are commissioned by the council, it is not envisaged that within the lifetime of this Pharmaceutical Needs Assessment there is or will be a need for either service to be commissioned as part of pharmaceutical services.

However, there are elements of the provision of essential services which will help address this health need.

- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by Integrated Care Board and could include drug and alcohol abuse. Health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters, and distributing leaflets, scratch cards, and other relevant materials.
- Where the pharmacy does not provide the locally commissioned services of needle exchange and the supervised consumption of medication for opioid substitution therapy and detoxification, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Using the opportunity presented when people attend the pharmacy to discuss the risks of alcohol consumption and in particular, during health campaigns or in discussion with people requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

## 7.6 Cancer

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to cancer care as part of the essential services they provide.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Disposal of unwanted drugs, including controlled drugs.
- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the Integrated Care Board and could include cancer awareness and/or screening.
- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services.



## 7.7 Long-term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to long-term conditions as part of the essential services they provide.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the Integrated Care Board and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Provision of the new medicine service, appliance use review, stoma appliance customisation, new medicine service, influenza vaccination, hypertension case-finding, and smoking cessation advanced services, and the inhaler technique pharmacy review enhanced service will also assist people to manage their long-term conditions in order to maximise their quality of life.

## 7.8 Obesity

Four elements of the essential services will address this health need.

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the Integrated Care Board and could include obesity.
- Signposting people using the pharmacy to other providers of services or support. This may include referring people to the NHS Digital Weight Management programme<sup>114</sup>.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

## 7.9 Sexual health

There are elements of essential service provision which will help address this health need.

- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns

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<sup>114</sup> [The NHS Digital Weight Management Programme](#)

are selected by the Integrated Care Board and could include sexually transmitted infections and HIV.

- Signposting people using the pharmacy to Sexual health services 4 Doncaster as required.
- Where the pharmacy does not provide the contraception advanced service, signposting people using the pharmacy to other providers of the service.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Under the pharmacy contraception advanced service, pharmacies can initiate provision of oral contraception and continue provision of oral contraception supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. It aims to establish an integrated pathway between existing services and pharmacies, which provides people with greater choice and access when considering starting or continuing their current form of oral contraception. The service will be expanded in 2025/26 to include supplies of oral emergency contraception.

Sexual health services 4 Doncaster is a one-stop, integrated sexual health and contraception service for those living in Doncaster who are aged over 18. The service provides advice, information, testing and treatment for sexual health concerns as well as contraception and psychosexual services. As a result, it is not envisaged that within the lifetime of this Pharmaceutical Needs Assessment there is or will be a need for other sexual services to be commissioned as part of pharmaceutical services.

## 7.10 Teenage pregnancy

There are elements of essential service provision which will help address this health need.

- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the Integrated Care Board and could include teenage pregnancy.
- Where the pharmacy does not provide the contraception advanced service or where the person seeking oral contraception is under 16 years of age and assessed as not competent or lacking capacity to consent, signposting them to other providers of the service.

The expansion of the pharmacy contraception advanced service in 2025/26 to include supplies of emergency oral contraception will include individuals under 16 years of age who are assessed as competent using Fraser Guidelines<sup>115</sup>.

Zone 5 to 19 is a dedicated health and wellbeing service in Doncaster for children, young people and families which primarily focuses on people aged 5 to 19 and people aged 25 with special educational needs and disabilities. It provides support for various concerns including contraception and sexual health. As a result, it is not envisaged that within the lifetime of this Pharmaceutical Needs Assessment there is or will be a need for other contraceptive services to

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<sup>115</sup> [Gillick competency and Fraser Guidelines](#), The NSPCC 2022

be commissioned for teenagers as part of pharmaceutical services.

## 7.11 Smoking

Whilst smoking rates have fallen, it still accounts for more years of life lost than any other modifiable risk factor. The NHS smoking cessation service advanced service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients to a pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.

Yorkshire Smokefree is run by South West Yorkshire Partnership NHS Foundation Trust and covers Doncaster. It is therefore not envisaged that within the lifetime of this Pharmaceutical Needs Assessment there is or will be a need for smoking cessation services to be commissioned as part of pharmaceutical services, other than as the advanced service.

However, there are elements of essential service provision which will help address this health need.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in four health campaigns each financial year by promoting public health messages to users. The topics for two of these campaigns are selected by the Integrated Care Board and could include smoking.
- Where the pharmacy does not provide the locally commissioned service of smoking cessation, signposting people using the pharmacy to other providers of the service.
- Routinely discussing stopping smoking when selling relevant over the counter medicines.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

For smokers who require an inhaler for a respiratory condition such as asthma, the inhaler technique pharmacy review enhanced service will help improve the management of their condition. The service is available to people aged 18 and over who meet the service criteria and covers the following elements.

- Advice on inhaler usage aiming to develop improved concordance and understanding of the respiratory condition.
- Improved control of respiratory condition.
- Reduce the need for short-acting beta-2 agonist inhalers in patients with asthma.
- Support the effective use of preventer and reliever inhalers.
- Ensuring the appropriate use of different inhaler types and devices e.g. spacers.
- Identification of the need for a change of inhaler type to facilitate effective use.
- Appropriate referral to GP practice or practice nurse/specialist respiratory nurse.

## 7.12 Vaccination against infectious diseases

Vaccines are the most effective way to prevent many infectious diseases and prevent millions of deaths worldwide every year.

Influenza is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressures on A&E. To improve access to NHS seasonal influenza vaccination for eligible people, NHS England has commissioned an advanced service for pharmacies to provide seasonal influenza vaccinations since 2015. The service is now commissioned by the Integrated Care Board.

The COVID-19 vaccine helps protect those who are at increased risk of getting seriously ill from COVID-19 and as with influenza vaccinations helps to reduce unplanned hospital admissions and pressures on A&E. The service is commissioned as an enhanced service from pharmacies and on 30 May 2024, NHS England opened a new expression of interest process for pharmacies that wished to take part in future vaccination service campaigns between September 2024 and March 2026.

Respiratory syncytial virus is an enveloped ribonucleic acid virus, in the same family as the human parainfluenza viruses and mumps and measles viruses. Respiratory syncytial virus is one of the common viruses that cause coughs and colds in winter. Respiratory syncytial virus is transmitted by large droplets and by secretions from contact with an infected person. All adults who turned 75 years old on or after 1 September 2024 were eligible for the routine vaccination programme as well as women who were at least 28 weeks pregnant on 1 September 2024. Initially offered through GP practices, 50 early adopter pharmacies in the East of England region also offered the vaccination as an enhanced service.

Pertussis (whooping cough) is a respiratory disease that is caused by the *Bordetella pertussis* bacterium. Pertussis can cause serious and life-threatening complications including pneumonia, difficulty in breathing (apnoea) and seizures. Pertussis most commonly affects infants, and very young infants are at highest risk of serious complications, of needing admission to hospital or of dying.

In March 2025 NHS England published an invitation to tender inviting pharmacies interested in providing a pharmacy respiratory syncytial virus and pertussis vaccination enhanced service, to complement the provision of these vaccinations by GP practices and NHS trusts. The service is to be provided in three specified Integrated Care Board areas in the Midlands region.

## 8.0 Central Locality

This locality includes the following wards:

- Balby South
- Bessacarr and Cantley
- City Centre and Town
- Hexthorpe and Balby North
- Wheatley, Intake and Clay Lane

### 8.1 Key facts

The locality is located in the centre of the Health and Wellbeing Board's area, with the wards surrounding the city centre. It is very diverse, with a mix of black and minority ethnic communities in some areas.

Central is home to many of Doncaster's physical assets including Doncaster racecourse, Eco-Power Stadium, Doncaster minster, The Hub College, Doncaster University Technical College, Cast theatre, Danum Gallery, The Dome, library and museum, HMP Doncaster, and the Mansion House.

- Described as urban city and town by the Office for National Statistics rural urban classification.
- Has the greatest population density of the four localities – three of the most densely populated wards are in this locality<sup>116</sup>.
- At the 2021 Census 78.9% of people described their general health as very good or good (lower than the average for England – 82.2%) but the highest of all the localities<sup>117</sup>.
- Of those classed as disabled under the Equality Act 2010 at the last census, 8.8% said their day-to-day activities are limited a lot, 10.4% said they are limited a little. Of those not classed as disabled under the Equality Act but had a long term physical or mental health condition, 6.2% said their day-to-day activities are not limited. 74.6% of people said they have no long term physical or mental health conditions<sup>118</sup>.
- The main languages spoken by the locality's usual residents at the 2021 Census were:
  - English – 79.2%
  - Other European language (EU): any other European languages – 6.8%
  - Polish – 4.1%
  - West or Central Asian languages – 1.1%

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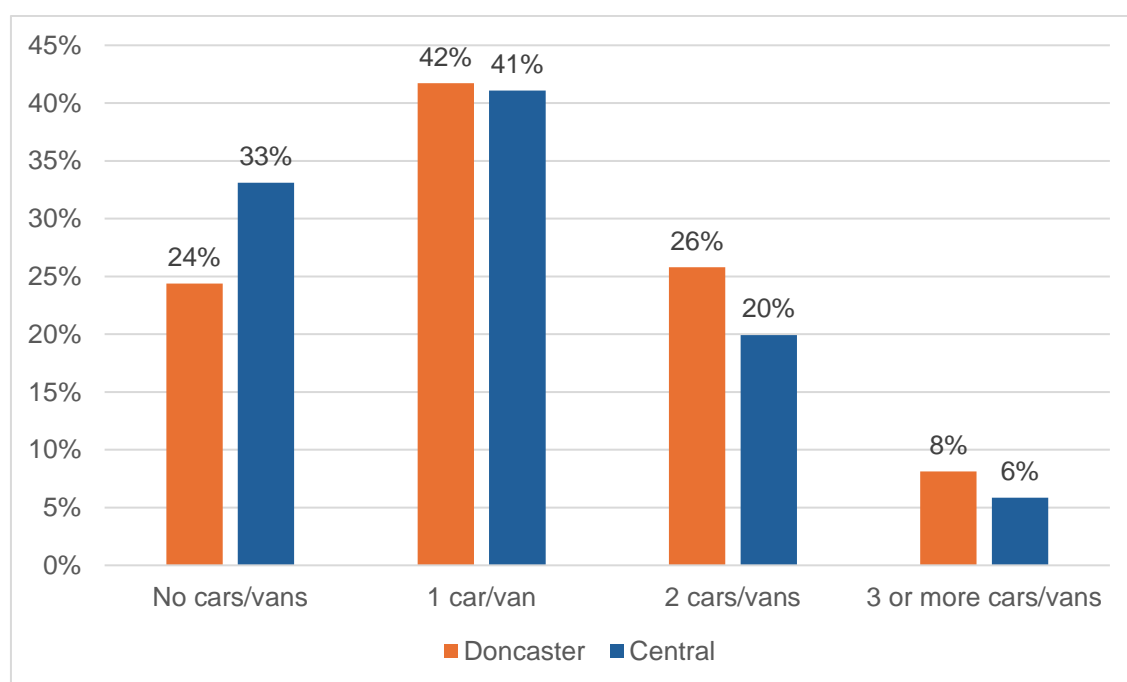
<sup>116</sup> [TS006 – population density](#), 2021 Census NOMIS

<sup>117</sup> [TS037 – general health](#), 2021 Census NOMIS

<sup>118</sup> [TS038 – disability](#), 2021 Census NOMIS

- South Asian language: Any other South Asian languages – 1.0%
- Arabic – 0.7%
- Urdu – 0.6%
- Turkish – 0.5%<sup>119</sup>
- With regard to households where adults have English as a main language at the 2021 Census:
  - 80.9% of all adults in a household have English as a main language
  - 3.8% of households have at least one but not all adults with English as a main language
  - 13.2% of households have no people for whom English is a main language. The majority of these households are in the Town ward<sup>120</sup>.
- The figure below compares car ownership levels in the locality to Doncaster and shows car ownership is lower than the average for Doncaster with 33% of households having no cars or vans compared to 24% for Doncaster.

**Figure 21 – Car ownership in the locality compared to Doncaster<sup>121</sup>**



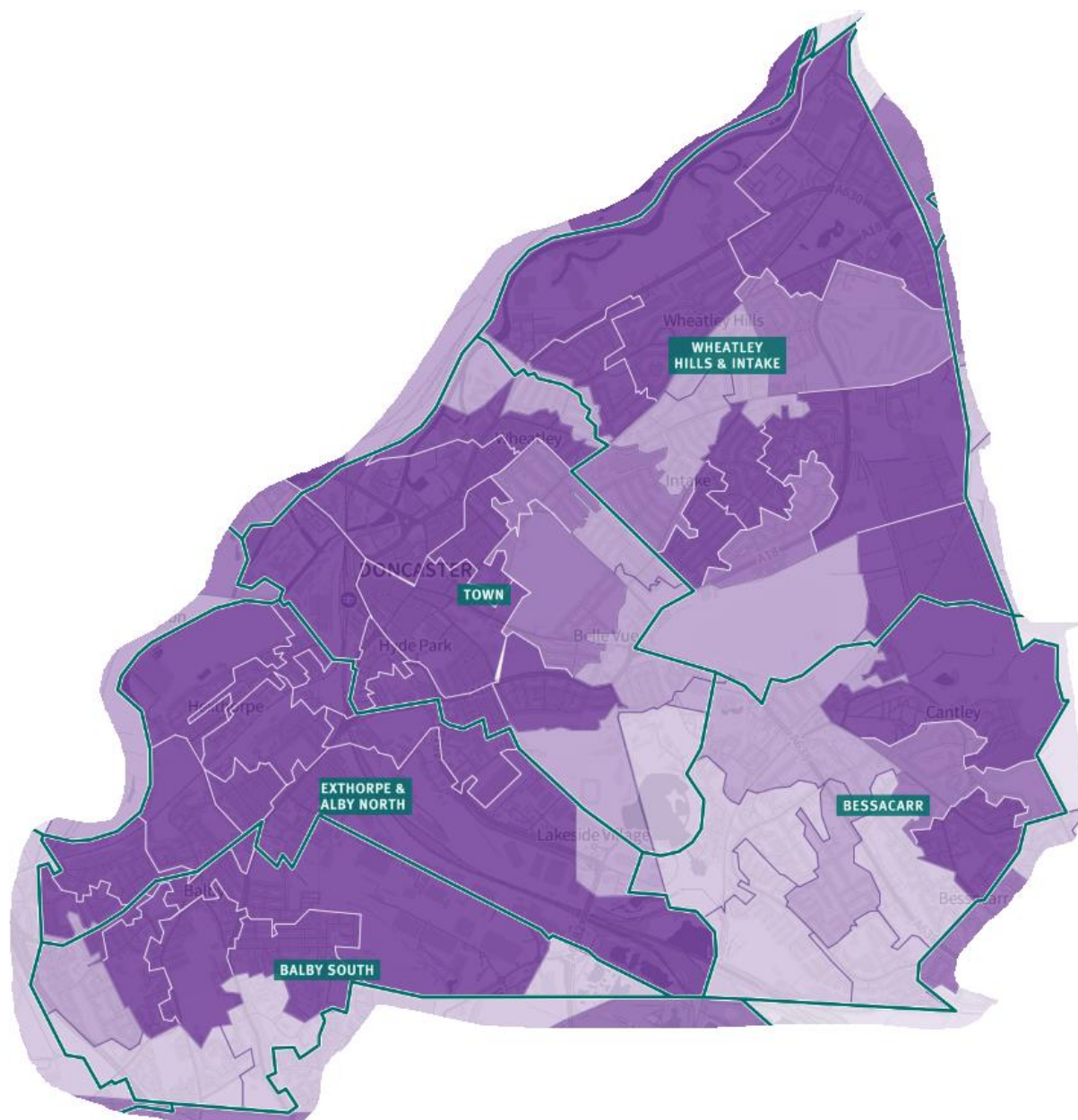
The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

<sup>119</sup> [Create a custom dataset](#), Main language (detailed) 2021 Census, Office for National Statistics

<sup>120</sup> [TS025 – household language](#), 2021 Census NOMIS

<sup>121</sup> [TS045 – car or van availability](#), 2021 Census NOMIS

**Map 10 – Spread of deprivation<sup>122</sup>**



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Information provided by the council's planning policy and environment team estimates that 470 dwellings will be built in the locality during the lifetime of this Pharmaceutical Needs Assessment. This breaks down as follows.

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<sup>122</sup> Department of Health & Social Care's [Strategic Health Asset Planning and Evaluation application](#)

- October 2025 to March 2026 – 100 houses (assumes the 200 dwellings estimated to be built in 2025/26 are delivered evenly throughout the year)
- 2026/27 – 175 dwellings
- 2027/28 – 169 dwellings
- April to September 2028 – 25 dwellings (assumes the 51 dwellings estimated to be built in 2028/29 are delivered evenly throughout the year).

The dwellings are due to be built in five sites spread across the locality, all but one of which have commenced.

Based on an average occupancy rate of 2.4 people per dwelling, this equates to 1,127 people.

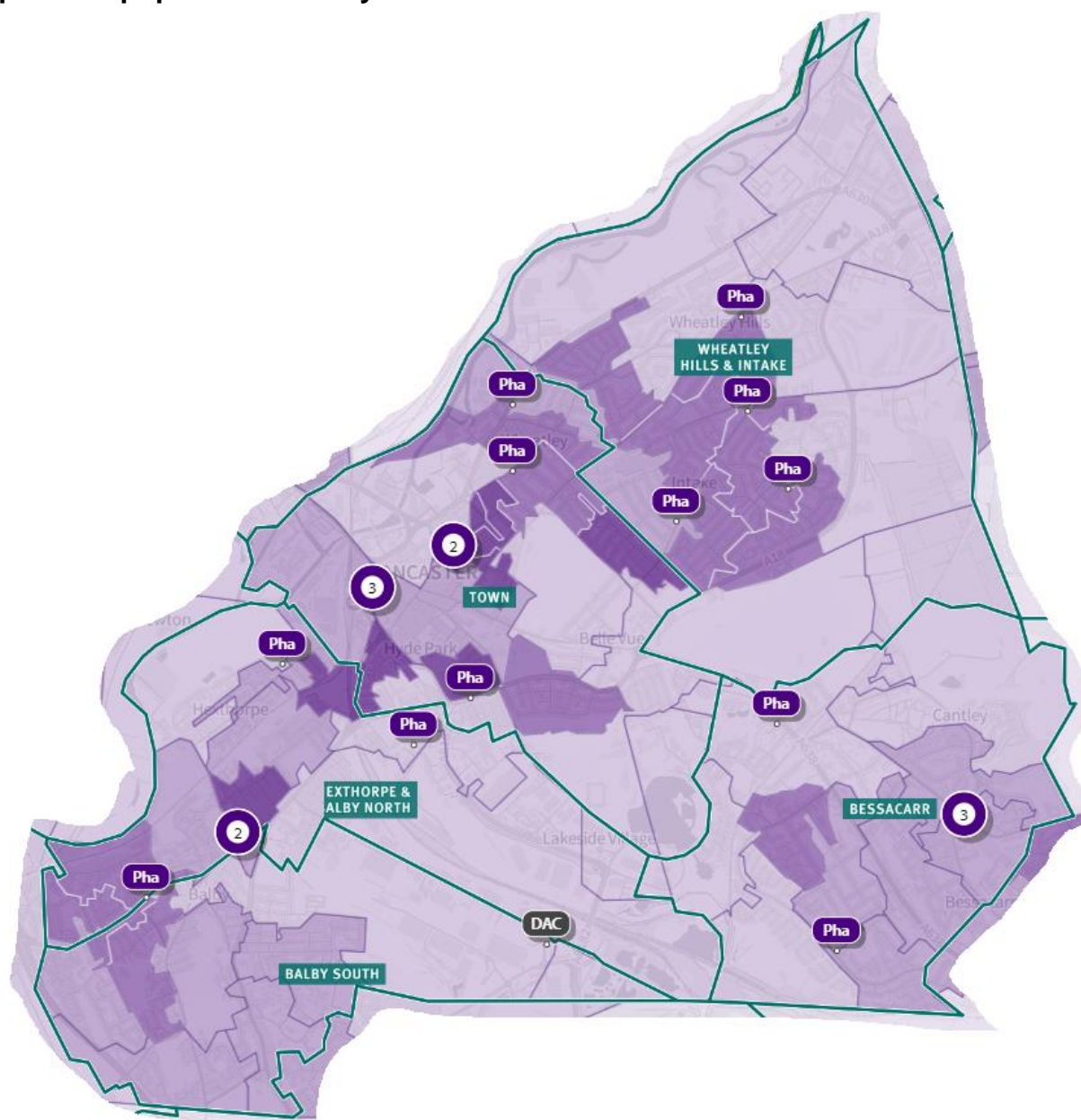
## **8.2 Necessary services: current provision within the locality's area**

There are 22 pharmacies in the locality operated by 12 contractors, two of which are distance selling premises, and one dispensing appliance contractor. Three of the pharmacies were previously subject to the 100 hour condition, i.e. were required to open for 100 hours per week. Two pharmacies consolidated in November 2024 and the Health and Wellbeing Board remains of the opinion that this consolidation did not create a gap that could be met by the grant of a routine application.

As can be seen from the map below the pharmacies are generally located in areas of greater population density (the darker the shading the greater the population density).



**Map 11 – Location of pharmacies and dispensing appliance contractor premises compared to population density**



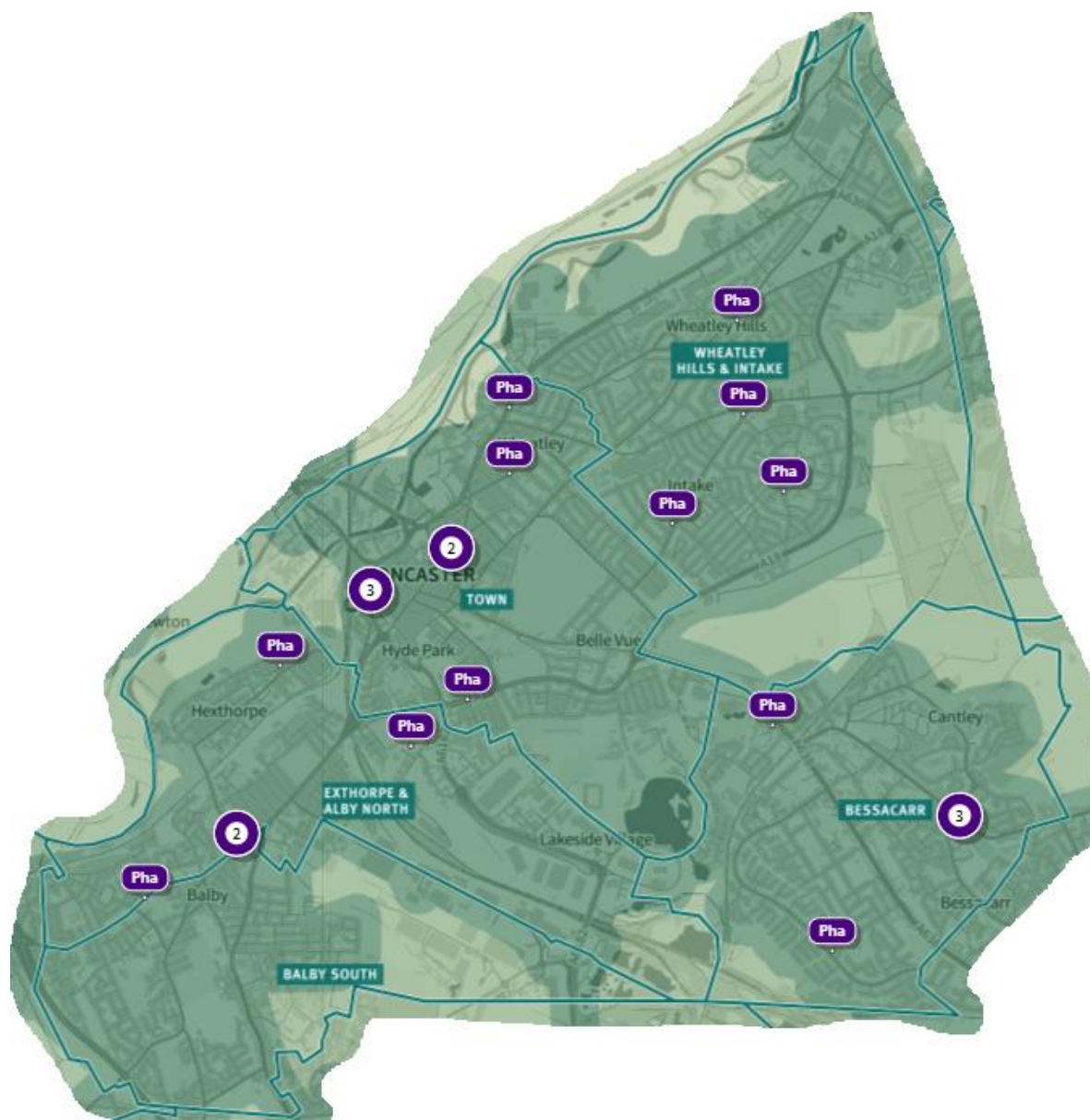
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In 2024/25, 67.4% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies or the dispensing appliance contractor.

As can be seen from the map below, the majority of the locality is within ten minutes by car of a pharmacy located in the locality outside of the rush hour times, and all of the area is within a 15-

minute drive. The two distance selling premises have been excluded as they cannot provide essential services to persons present at their premises, and from October 2025 cannot provide advanced services to persons present at their premises. The areas that aren't within a ten-minute drive are along the river Don, however Google maps indicates that these areas are occupied by Sandall sewage treatment works, industrial estates and allotments. There is therefore unlikely to be a resident population in these areas and people will be travelling to them for work and leisure. The picture does not change during the rush hour times; all but the areas along the river are within a ten-minute drive of a pharmacy in the locality.

**Map 12 – Access to pharmacies in the locality outside of rush hour times**



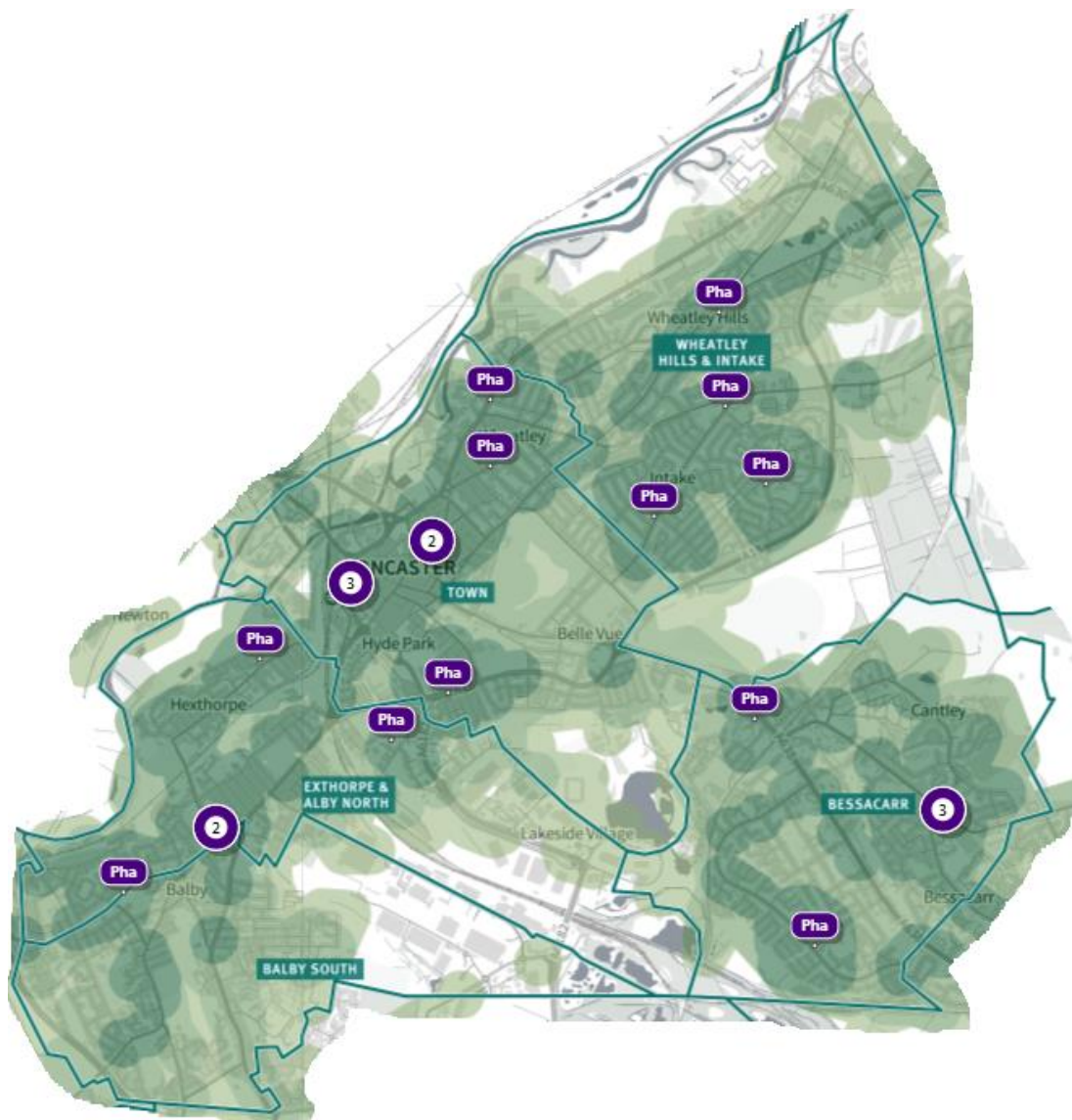
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**5** **10** **15** Travel times in minutes

Noting that 33% of households do not have access to a car or van, travel times by public transport and on foot were analysed.

The map below shows travel times to a pharmacy on a weekday. An analysis of the areas that are not within a 15-minute bus ride indicates that there is no resident population in them.

**Map 13 – Access to pharmacies in the locality by public transport on weekdays**



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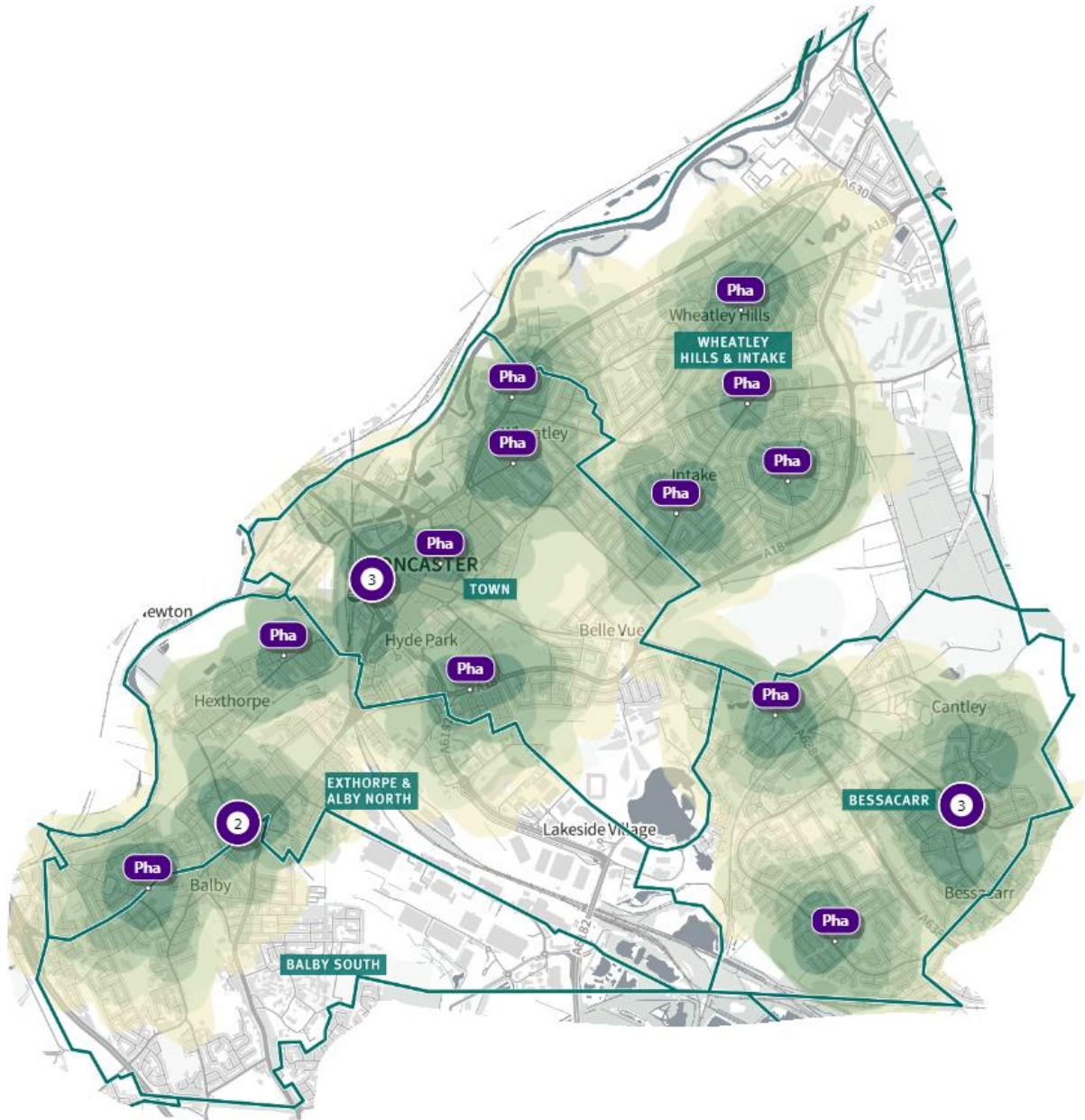
**5** **10** **15** Travel times in minutes

The following map shows travel times to a pharmacy in the locality on foot. Comparing car



ownership data from the 2021 Census against the location of the lower super output areas reveals that there is a pharmacy within or just outside of those with the lowest levels of car ownership.

#### Map 14 – Access to pharmacies in the locality on foot



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3 6 9 12 15 Travel times in minutes

When looking at total opening hours the pharmacies are open as follows.

- Seven open Monday to Friday,

- Five open Monday to Friday and Saturday morning,
- Five open Monday to Saturday, and
- Five open Monday to Sunday.

However, when looking solely at core opening hours:

- 11 have core opening hours Monday to Friday,
- two have core opening hours Monday to Friday and Saturday morning,
- six have core opening hours Monday to Saturday, and
- three have core opening hours Monday to Sunday.

With regard to core opening hours, Monday and Friday:

- seven have core opening hours until 17.00,
- six until 17.30,
- six until 18.00, and
- three until 21.00 (Balby, Doncaster and Intake. All were previously subject to the 100 hours condition).

When supplementary opening hours are taken into account:

- three are open until 17.00,
- eight until 17.30,
- six until 18.00,
- one until 18.30,
- one until 20.00 (Doncaster), and
- three until 21.00 (the former 100 hour pharmacies).

Of the 15 pharmacies that open at the weekend:

- core opening hours secure provision between 09.00 and 21.00 on Saturday, and 09.00 and 19.00 on Sunday, and
- total opening hours secure provision between 08.00 and 21.00 on Saturday and 08.00 and 21.30 on Sunday.

All residents are within a ten-minute drive of a pharmacy with core opening hours on Saturday or Sunday.

Opening hours information is as of February 2025 as provided by the Integrated Care Board.

The dispensing appliance contractor opens 09.00 to 15.00 Monday to Friday.

11 of the pharmacies completed the contractor questionnaire, and ten confirmed that they dispense all appliances listed in Part IX of the Drug Tariff at their premises. The eleventh does not dispense appliance. The dispensing appliance contractor dispenses stoma, continence, tracheostomy, and laryngectomy appliances.

As of 27 July 2025, all but one of the pharmacies had signed up to provide Pharmacy First – the pharmacy that hadn't is a distance selling premises. All pharmacies provided consultations for the clinical pathways in 2024/25 – 4,241 consultations with a range at pharmacy level of two to 422. All made supplies of urgent repeat medicines over the same timescale – 1,754 supplies

with a range at pharmacy level of four to 284. All provided consultations for low acuity, minor illness – 882 consultations, with a range at pharmacy level of three to 167.

As of 24 July 2025, all but one of the pharmacies had signed up to provide the hypertension case finding advanced service – the pharmacy that hadn't is a distance selling premises. 20 of the pharmacies provided a total of 6,806 blood pressure checks in 2024/25. The range of checks undertaken at pharmacy level was 15 to 1,566. 14 of the pharmacies undertook a total of 281 ambulatory blood pressure checks in the same time period, with a range of four to 42 checks at pharmacy level.

All of the pharmacies had signed up to provide the contraception service as of 27 July 2025. 20 of the pharmacies provided the ongoing supply of oral contraception element of the service, undertaking 198 consultations in 2024/25 with a range at pharmacy level of one to 34. 17 pharmacies completed 104 consultations to initiate oral contraception over the same time period with a range of one to 15 at pharmacy level.

11 of the pharmacies had signed up to provide lateral flow device tests as of 27 July 2025. Eight of the pharmacies made a total of 766 supplies of lateral flow device tests in 2024/2025, with a range at pharmacy level of one to 486.

### **8.3 Necessary services: current provision outside the locality's area**

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- offered by dispensing appliance contractors,
- offered by distance selling premises, or
- which are located near to where they work, shop or visit for leisure or other purposes.

Whilst 67.4% of items prescribed by the GP practices in 2024/25 were dispensed by a pharmacy or the dispensing appliance contractor in the locality:

- 23.8% were dispensed by contractors elsewhere in Doncaster,
- 2.6% were dispensed by 32 contractors in Leeds (predominantly by one distance selling premises),
- 1.6% were personally administered by the GP practices,
- 0.6% were dispensed by 57 contractors in Sheffield (predominantly by one pharmacy),
- 0.5% were dispensed by three contractors Ealing (predominantly by one distance selling premises),
- 0.5% were dispensed by six contractors in Calderdale (predominantly by one distance selling premises), and



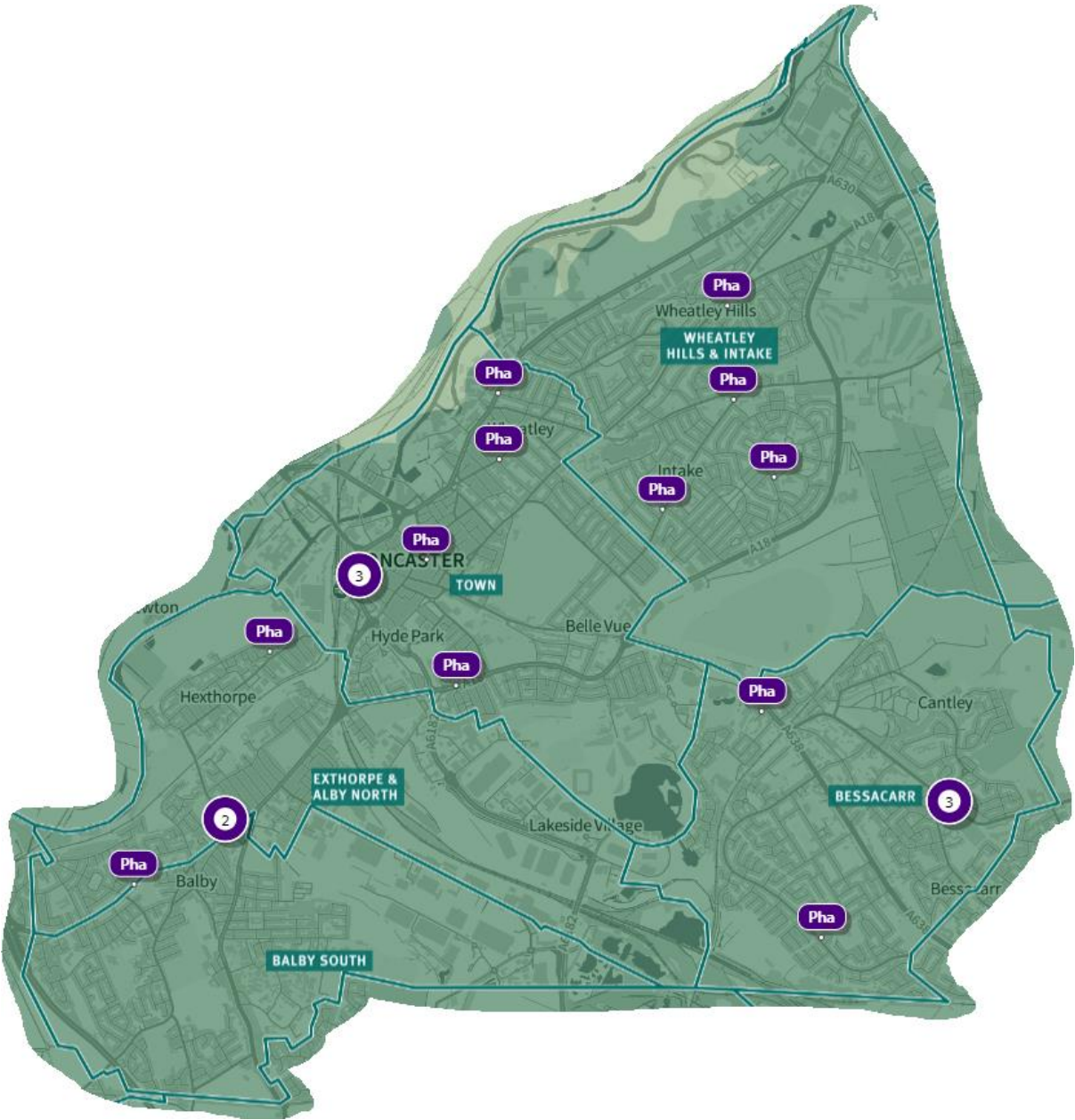
- 0.5% were dispensed by 47 contractors in Nottinghamshire (predominantly by one distance selling premises).

The rest were dispensed by 864 contractors in 133 different Health and Wellbeing Board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 4.7% were dispensed by 50 distance selling premises. 1.0% of items were dispensed by 35 dispensing appliance contractors.

When taking into account the provision of necessary services outside of the locality, all of the locality is within a ten-minute drive of a pharmacy. There is no impact on travel times by public transport or on foot when taking into account the provision of necessary services outside of the locality.

Map 15 – Travel times to pharmacies in Central and neighboring localities by car, during rush hour times



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**5** **10** Travel times in minutes

## 8.4 Other relevant services: current provision

All the pharmacies provided the new medicine service in 2024/25, claiming a total of 9,867 full-service interventions with a range of 28 to 1,509 at pharmacy level.

Despite ten of the pharmacies confirming they dispense prescriptions for all appliances at their premises, none provided appliance use reviews in 2024/25. The dispensing appliance contractor provided a total of 211 reviews in patients' homes during that period, and 293 at its premises.

Four pharmacies provided the stoma appliance customisation, customising a total of 85 appliances in 2024/25. The dispensing appliance contractor customised 7,164 appliances during that period.

17 of the pharmacies provided influenza vaccinations under the advanced service in 2024/25, vaccinating a total of 7,587 people with a range at pharmacy level of 18 to 3,036.

Although 14 of the pharmacies had signed up to provide the smoking cessation advanced service, none received any referrals in 2024/25.

Of the 22 pharmacies:

- 11 are commissioned to provide the minor ailments enhanced service,
- ten the palliative care enhanced service, and
- 12 the inhaler technique enhanced service.

## 8.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- initiation and ongoing supply of contraception,
- influenza vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

In 2024/25, the GP practices personally administered 1.6% of the items prescribed.

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the locality. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in the locality. A total of 9,678 items prescribed by dental practices items were dispensed in 2023/24 and 8,242 between April 2024 and January 2025.

Residents will access other NHS services located in this locality or elsewhere in the Health and Wellbeing Board's area which affect the need for pharmaceutical services, including:

- hospital pharmacy departments,
- drug and alcohol services,
- GP out of hours service,
- services provided by Rotherham Doncaster and South Humber NHS Foundation Trust,
- Doncaster same day health centre,
- enhanced access to primary medical services,
- services provided by staff employed or engaged under the additional roles reimbursement scheme by GP practices or Primary Care Doncaster Limited, and
- Evolutio ophthalmology Doncaster.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

## **8.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 8.2 and 8.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality or elsewhere in Doncaster in order to have their prescriptions dispensed. Those who look outside the Health and Wellbeing Board's area usually do so either to access distance selling premises or dispensing appliance contractors.

In 2024/25, a total of 1,092 contractors dispensed items written by one of the GP practices, of which 1,016 were outside of Doncaster. Some were quite a distance from the area, for example Ealing, West Sussex, Bristol, and Salford.

## **8.7 Necessary services: gaps in provision**

Whilst not NHS services, 11 pharmacies provided the following information on collection and delivery services.

- Two have an automated collection point.
- All provide a private, free of charge delivery service. Ten provides it to all users of the pharmacy, whilst one provides it to those who are over 65 years of age and are not able to access the pharmacy.

The dispensing appliance contractor delivers all dispensed items, and the two distance selling premises are required to deliver all dispensed items.

One pharmacy confirmed that Urdu, Bulgarian, Kurdish and Polish are spoken by staff in the pharmacy every day.

11 pharmacies confirmed they have sufficient capacity within their premises to manage an increase in demand. Ten said they have sufficient capacity within their staffing to manage an increase in demand. One said it didn't but could make adjustments.

The Health and Wellbeing Board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services,
- be able to use public transport, or
- be able to walk to a pharmacy.

The Health and Wellbeing Board has noted that all residents are within a ten-minute drive of a pharmacy, both during and outside the rush hour times. It has also noted that 67% of households have access to one or more cars or vans, but residents in the locality are able to access a pharmacy by public transport within 15 minutes. Comparing car ownership data from the 2021 Census against the location of the lower super output areas reveals that there is a pharmacy within or just outside of those with the lowest levels of car ownership.

The Health and Wellbeing Board has noted that:

- all but one of the pharmacies have signed up to provide Pharmacy First, but all pharmacies provided it in 2024/25 (,
- all but one of the pharmacies have signed up to provide the hypertension case-finding advanced service, 20 provided checks in 2024/25 and 14 provided ambulatory blood pressure monitoring,
- all the pharmacies have signed up to provide the contraception advanced service, 20 provided the ongoing supplies in 2024/25 and 17 initiated supply, and
- 11 pharmacies have signed up to provide lateral flow device tests, with eight having provided the service in 2024/25.

The Health and Wellbeing Board has noted that the COVID-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The Health and Wellbeing Board is therefore of the opinion that residents will be able to access pharmaceutical services remotely either via:

- the delivery service that all the distance selling premises in England must provide (11.7% of items prescribed by the GP practices in the locality in 2024/25 were dispensed by distance selling premises),
- the delivery service offered by dispensing appliance contractors,
- the private delivery service offered by some pharmacies, and
- remote access (via the telephone or online) to pharmaceutical services that all pharmacies are required to provide.

The Health and Wellbeing Board has placed weight on the use of distance selling premises by residents in the locality, particularly in light of the report by the Competition & Markets Authority on the acquisition of LloydsDirect by Pharmacy2U Limited<sup>123</sup>. In its report, the Competition & Markets Authority made reference to customers of the two pharmacies viewing distance selling premises and “brick-and-mortar” pharmacies as substitutes.

Noting the location of the pharmacies and their opening times, the Health and Wellbeing Board is of the opinion that there are no current gaps in the provision of essential services. It is of the same opinion in relation to Pharmacy First and the contraception service as all the pharmacies are signed up to provide it.

The Health and Wellbeing Board has noted that 21 pharmacies had signed up to provide the hypertension case-finding service. The one pharmacy that hasn't is a distance selling premises. The Health and Wellbeing Board has noted that from October 2025, distance selling premises will not be able to provide this service at their premises. It has therefore not identified any current gaps in the provision of this advanced service.

Although only 12 of the pharmacies had signed up to provide the lateral flow device test supply service, the Health and Wellbeing Board has noted that this service is due to be decommissioned by NHS England with effect from 1 April 2026. In addition, with effect from May 2025 11 patient cohorts are no longer eligible to receive tests under this service. As a result, the Health and Wellbeing Board has not identified any current gaps in the provision of the lateral flow device test supply advanced service.

The Health and Wellbeing Board has also considered if any future gaps in the provision of necessary services will arise during the lifetime of this Pharmaceutical Needs Assessment. It noted that 470 dwellings are expected to be completed during this period across five sites, equating to approximately 1,127 people. At present it is not known whether people moving into these dwellings will be from outside of Doncaster or moving within the area. However, noting

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<sup>123</sup> [Completed acquisition by Pharmacy2U of Lloyds Direct](#), Competition & Markets Authority, April 2024

that the population of Doncaster as a whole is only projected to increase by 0.9% by 2028<sup>124</sup> it can be assumed that some of these 1,127 people will already live in Doncaster. The Health and Wellbeing Board is of the opinion that the needs of those moving into these 470 dwellings will be met by the current provision of pharmaceutical services. No future gaps in the provision of necessary services as a result of the completion of these dwellings have therefore been identified.

The Health and Wellbeing Board has noted the national decline in the number of pharmacies, and that since the last Pharmaceutical Needs Assessment four pharmacies have closed in Doncaster<sup>125</sup>. It has therefore considered whether any future gaps in the provision of necessary services would be created if a pharmacy closed within the locality. Noting the number and distribution of pharmacies across the locality, the Health and Wellbeing Board is of the opinion that the closure of one of the 20 “brick-and-mortar” pharmacies would not affect the ability of residents to access a pharmacy within 15 minutes by either car or public transport. As such, no future gaps in the provision of necessary services in these circumstances have been identified.

## 8.8 Improvements or better access: gaps in provision

The Health and Wellbeing Board has noted that:

- all the pharmacies provide the new medicine service,
- only the dispensing appliance contractor provides appliance use reviews despite at least ten of the pharmacies dispensing all appliances at their premises,
- four of the pharmacies and the dispensing appliance contractor provide the stoma appliance customisation service, despite at least ten of the pharmacies dispensing all appliances at their premises,
- 17 pharmacies provided influenza vaccinations in 2024/25,
- 14 pharmacies have signed up to provide the smoking cessation service,
- 11 pharmacies are commissioned to provide the minor ailments enhanced service, 10 the palliative care drugs enhanced service, and 12 the inhaler technique enhanced service.

The Health and Wellbeing Board has considered whether there are any current gaps in the provision of the other relevant services and has concluded that there are none in relation to the new medicine service as all the pharmacies provide it.

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<sup>124</sup> [Population projections – local authority based by single year of age April 2019](#), NOMIS

<sup>125</sup> One of these pharmacies was in this locality and closed as a result of a consolidation application which was only granted as to do so would not create a gap in the provision of pharmaceutical services which could be met by a routine application.



In relation to appliance use reviews and stoma appliance customisation, although only the dispensing appliance contractor provides both and only four pharmacies provide the latter, it is noted that the number of appliances being prescribed by the GP practices will be considerably lower than for drugs and therefore the demand for these two services will be considerably lower than for the other advanced services. In addition, not all stoma appliances require customisation. 1.0% of items prescribed by the GP practices were dispensed by a dispensing appliance contractor with the majority dispensed outside of Doncaster. The Health and Wellbeing Board is therefore of the opinion that residents in the locality who are prescribed an appliance will be able to access the appliance use review from the contractor who dispenses their prescriptions. Similarly, the stoma appliance customisation service will be provided by that contractor where it is required, before the items are delivered to residents. It is therefore satisfied that there are no gaps in the provision of either service.

Whilst not all of the pharmacies provided influenza vaccinations as part of the 2024/25 vaccination programme, the Health and Wellbeing Board has noted that two of these are distance selling premises who from October 2025 will not be able to provide the service at their premises. In relation to the other two pharmacies, the Health and Wellbeing Board has noted that there are GP practices and other pharmacies close to them. It is therefore satisfied that there are no gaps in the provision of this service.

In relation to the smoking cessation advanced service, the Health and Wellbeing Board has noted that it is only available to people who have started to give up smoking during an in-patient stay at an NHS trust and who are referred to a pharmacy for continued support upon discharge. As no referrals are currently being made by the NHS trusts the Health and Wellbeing Board is satisfied that there are no gaps in the provision of this service. It would recommend that NHS South Yorkshire Integrated Care Board works with the NHS trusts to understand why no referrals are being made. It is anticipated that should referrals start to be made then more pharmacies will sign up to provide the service. The Health and Wellbeing Board is therefore satisfied that there would be no future gaps in the provision of this service.

The Health and Wellbeing Board has noted that NHS South Yorkshire Integrated Care Board is currently reviewing the contracts that are in place for the provision of the three enhanced services.

In summary, the Health and Wellbeing Board is satisfied that there are no current gaps in the provision of other relevant services.

In relation to any future gaps, the Health and Wellbeing Board is satisfied that neither the

completion of 470 dwellings nor the closure of a pharmacy would lead to any future gaps in the provision of other relevant services.

## 9.0 East Locality

This locality includes the following wards:

- Armthorpe
- Edenthorpe and Kirk Sandall
- Hatfield
- Stainforth and Barnby Dun
- Thorne and Moorends

### 9.1 Key facts

The locality is to the east of the city centre, with county boundaries to East and North Yorkshire. It is home to Thorne leisure centre, Castle Park, and the canal water way covering Kirk Sandall and Barnby Dun and Hatfield House. Four prisons are located in the locality namely HMP Moorland, HMP and Youth Offender Institution Hatfield and HMP Lindholme.

The East has great access to a variety of green spaces and walks. Thorne and Hatfield Moors are part of the Humberhead peatlands, a historic reserve, as the last remnants of a large wetland that occupied the floodplain of the Humberhead levels thousands of years ago. It is an area of beauty and the home to a diverse range of wildlife.

The East locality has Thorne as a principal town centre in Doncaster attracting visitors, business and investment opportunities.

- Predominantly urban city and town with part of Hatfield described as rural village and dispersed by the Office for National Statistics rural urban classification.
- Variation in population density at ward level with Armthorpe (1,201.3 usual residents per square kilometre), Edenthorpe and Kirk Sandall (1,884.3) considerably more densely populated than the other wards (which have between 276.3 and 477.4 usual residents per square kilometre)<sup>126</sup>.
- At the 2021 Census 77.5% of people described their general health as very good or good (lower than the average for England – 82.2%) which is the lowest of all the localities<sup>127</sup>.
- Of those classed as disabled under the Equality Act 2010 at the last census, 9.8% said their day-to-day activities are limited a lot, 11.4% said they are limited a little. Of those not classed as disabled under the Equality Act but had a long term physical or mental

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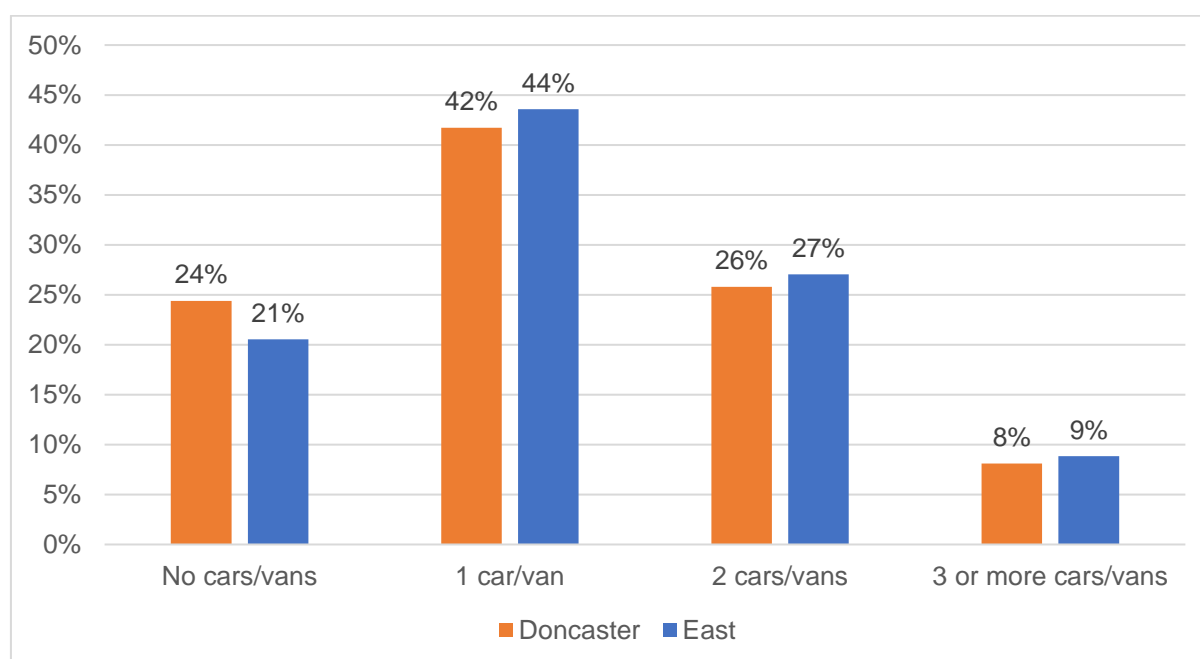
<sup>126</sup> [TS006 – population density](#), 2021 Census NOMIS

<sup>127</sup> [TS037 – general health](#), 2021 Census NOMIS

health condition, 6.7% said their day-to-day activities are not limited. 72.2% of people said they have no long term physical or mental health conditions<sup>128</sup>.

- The main languages spoken by the locality's usual residents at the 2021 Census were:
  - English –93.0%
  - Other European language (EU): any other European languages – 1.7%
  - Polish – 1.6%<sup>129</sup>
- With regard to households where adults and children have English as a main language at the 2021 Census:
  - 95.6% of all adults in a household have English as a main language
  - 1.1% of households have at least one but not all adults have English as a main language
  - 2.7% of households have no people for whom English is a main language<sup>130</sup>.
- The figure below compares car ownership levels in the locality to Doncaster and shows car ownership is higher than the average for Doncaster with 21% of households having no cars or vans compared to 24% for Doncaster.

**Figure 22 – Car ownership in the locality compared to Doncaster<sup>131</sup>**



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

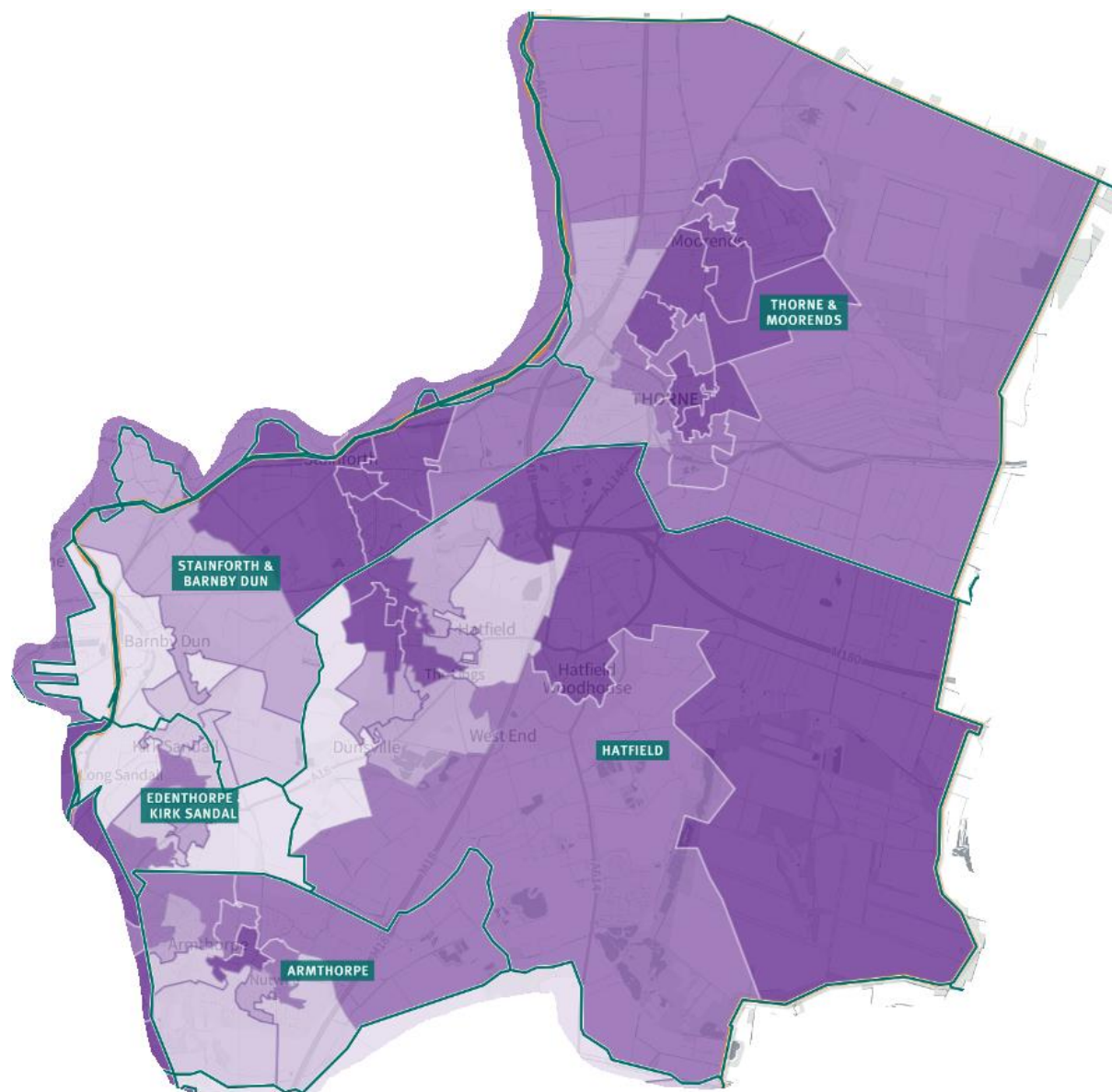
<sup>128</sup> [TS038 – disability](#), 2021 Census NOMIS

<sup>129</sup> [Create a custom dataset](#), Main language (detailed) 2021 Census, Office for National Statistics

<sup>130</sup> [TS025 – household language](#), 2021 Census NOMIS

<sup>131</sup> [TS045 – car or van availability](#), 2021 Census NOMIS

**Map 16 – Spread of deprivation<sup>132</sup>**



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Information provided by the council's planning policy and environment team estimates that 1,304 dwellings will be built in the locality during the lifetime of this Pharmaceutical Needs

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<sup>132</sup> Department of Health & Social Care's [Strategic Health Asset Planning and Evaluation application](#)

Assessment. This breaks down as follows:

- October 2025 to March 2026 – 228 houses (assumes the 457 dwellings estimated to be built in 2025/26 are delivered evenly throughout the year)
- 2026/27 – 445 dwellings
- 2027/28 – 420 dwellings
- April to September 2028 – 210 dwellings (assumes the 420 dwellings estimated to be built in 2028/29 are delivered evenly throughout the year).

The dwellings are due to be built in eight sites spread across the locality of which of which one is at the outline consent stage. A third, however, are expected to be built as part of a mixed-use development on land between Hatfield and Stainforth, known as “Unity” (referred to as MIX03 in the Doncaster Local Plan 2015-2035) which is expected to deliver up to 3,100 dwellings, community facilities, industrial and logistical development, commercial development and a local centre.

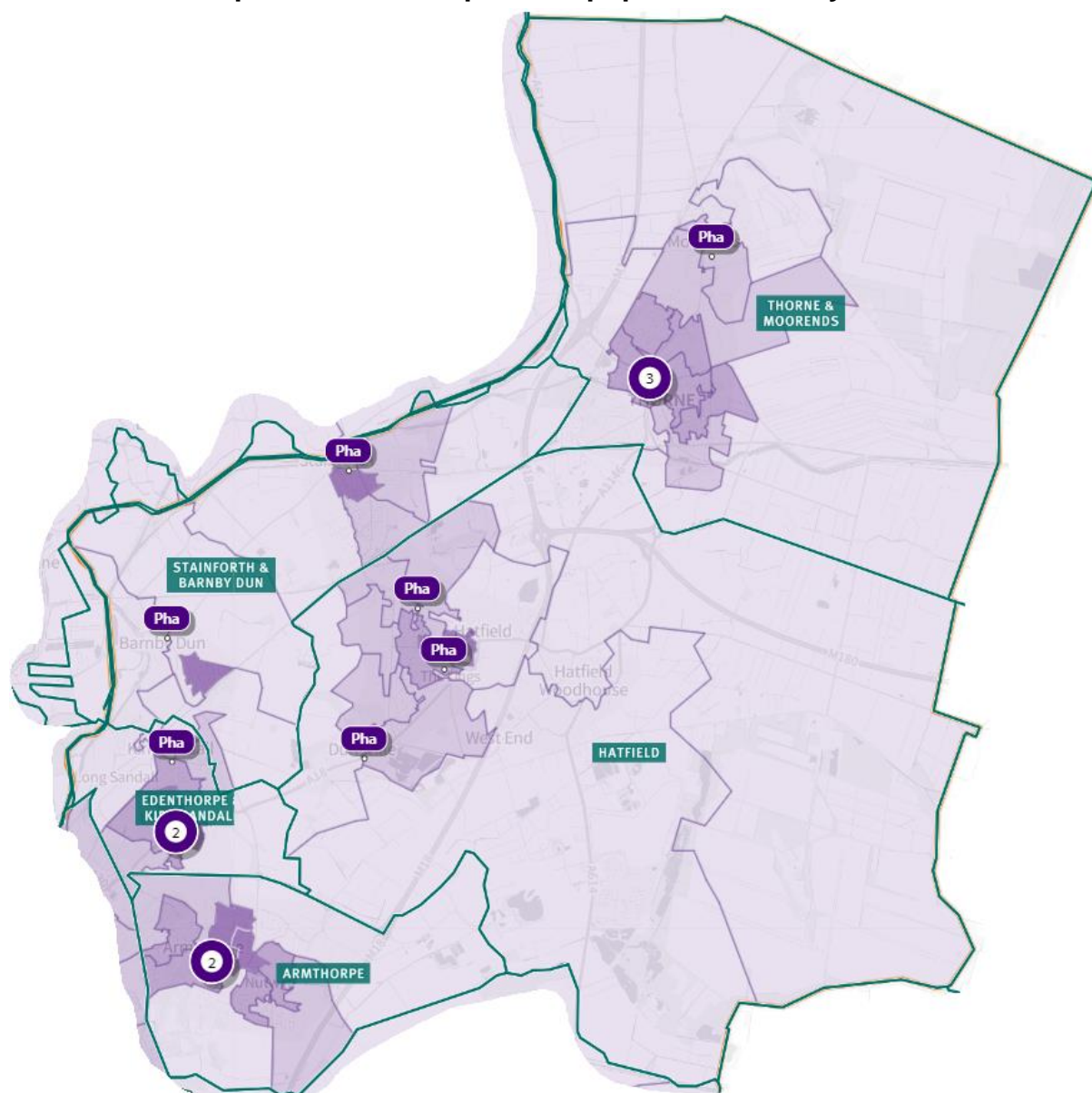
Based on an average occupancy rate of 2.4 people per dwelling, 1,304 dwellings equate to 3,128 people.

## **9.2 Necessary services: current provision within the locality’s area**

There are 14 pharmacies in the locality operated by four different contractors. One of the pharmacies was previously subject to the 100 hour condition, i.e. was required to open for 100 hours per week.

As can be seen from the map below the pharmacies are located in areas of greater population density, with one exception (the darker the shading the greater the population density).

**Map 17 – Location of pharmacies compared to population density**



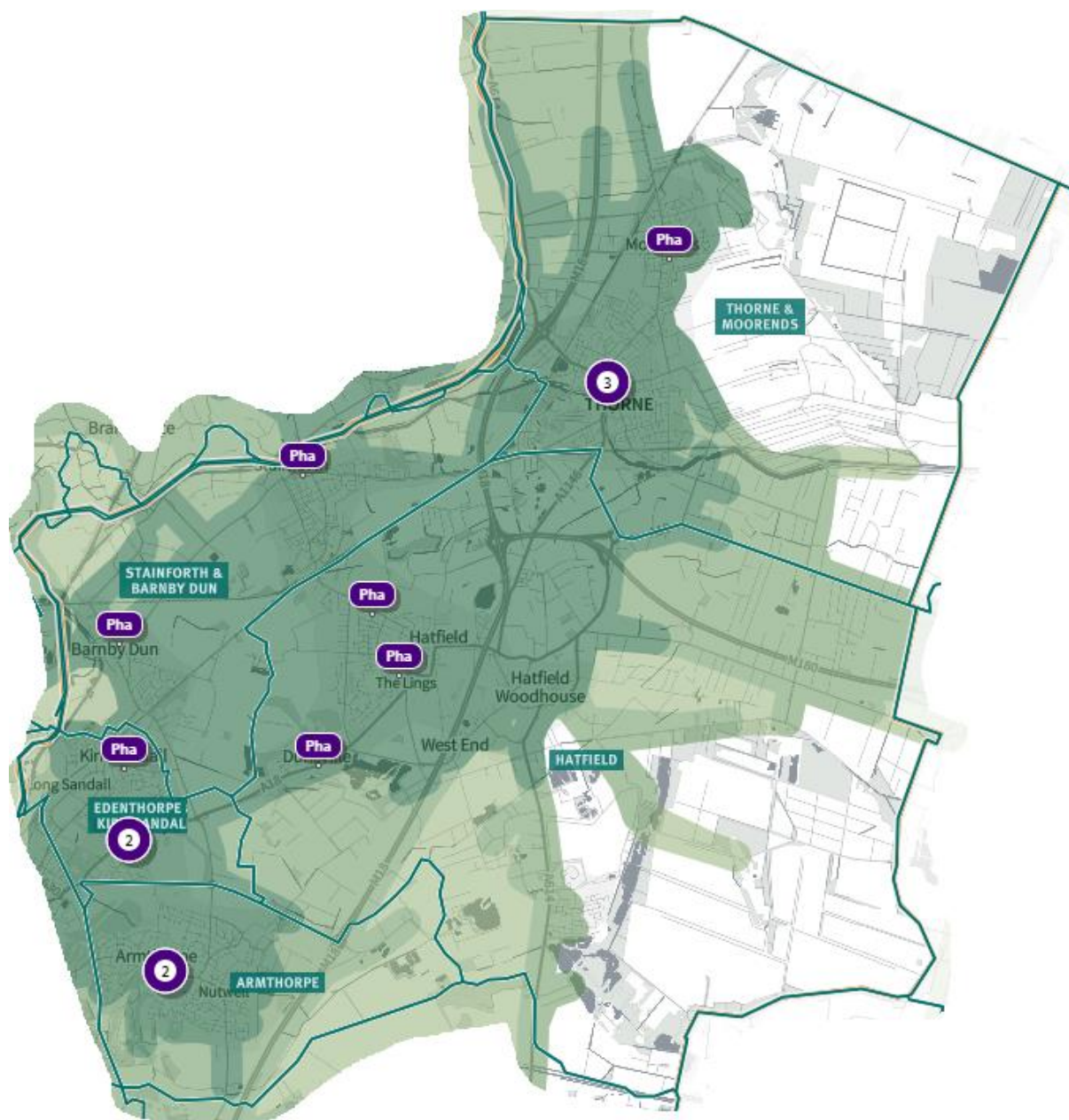
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In 2024/25, 66.1% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies.

As can be seen from the map below, much of the locality is within 15 minutes by car of a pharmacy located in the locality outside of the rush hour times.



**Map 18 – Access to pharmacies in the locality outside of rush hour times**



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**5** **10** **15** Travel times in minutes

The area in the north east that is not with a 15-minute drive contains Thorne Moors national nature reserve and Crowle Moors. The area to the south west of Hatfield Woodhouse is predominantly the Humberhead Peatlands national nature reserve. Coupled with the information

from Strategic Health Asset Planning and Evaluation Place and Google Maps there appears to be no resident population in this area other than at the prisons in Lindholme however, as noted in chapter 6, there are pharmacy services at the prisons. It is noted though, that this area is within a 20-minute drive of a pharmacy within the locality.

The picture does not change during the rush hour times.

Noting that 21% of households do not have access to a car or van, travel times by public transport and on foot were analysed.

The map below shows travel times to a pharmacy on a weekday. As may be expected, the more rural parts of the locality with low population density levels are not within a 15-minute bus ride from a pharmacy. The position worsens at the weekend with Hatfield Woodhouse no longer within a 15-minute journey time.

Map 19 – Access to pharmacies in the locality by public transport on weekdays



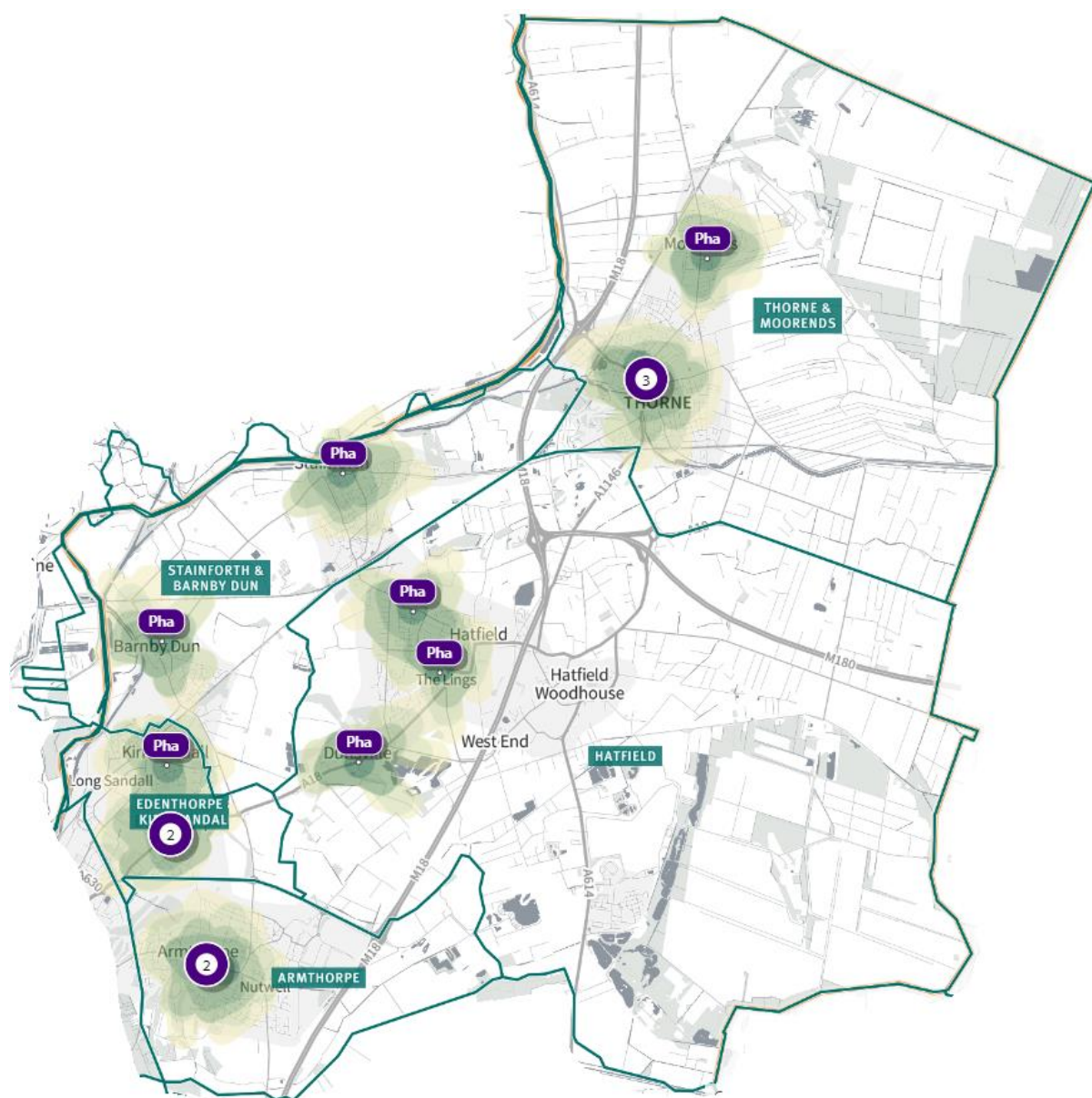
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**5** **10** **15** Travel times in minutes



The following map shows travel times to a pharmacy in the locality on foot.

**Map 20 – Access to pharmacies in the locality on foot**



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**3 6 9 12 15** Travel times in minutes

When looking at total opening hours the pharmacies are open as follows.

- Seven open Monday to Friday,
- Three open Monday to Friday and Saturday morning,
- Three open Monday to Saturday, and
- One opens Monday to Sunday.

However, when looking solely at core opening hours:

- ten have core opening hours Monday to Friday,
- two have core opening hours Monday to Friday and Saturday morning,
- one has core opening hours Monday to Saturday, and
- one has core opening hours Monday to Sunday.

With regard to core opening hours, Monday and Friday:

- four have core opening hours until 17.00 (one of the pharmacies in Thorne, the pharmacy in Dunsville, and both pharmacies in Armthorpe),
- two until 17.30,
- seven until 18.00, and
- one until 21.00 (the pharmacy in Edenthorpe that was previously subject to the 100 hours condition).

When supplementary opening hours are taken into account:

- two are open until 17.30 (both in Thorne),
- seven until 18.00,
- four until 18.30, and
- one until 21.00 (the former 100-hour pharmacy).

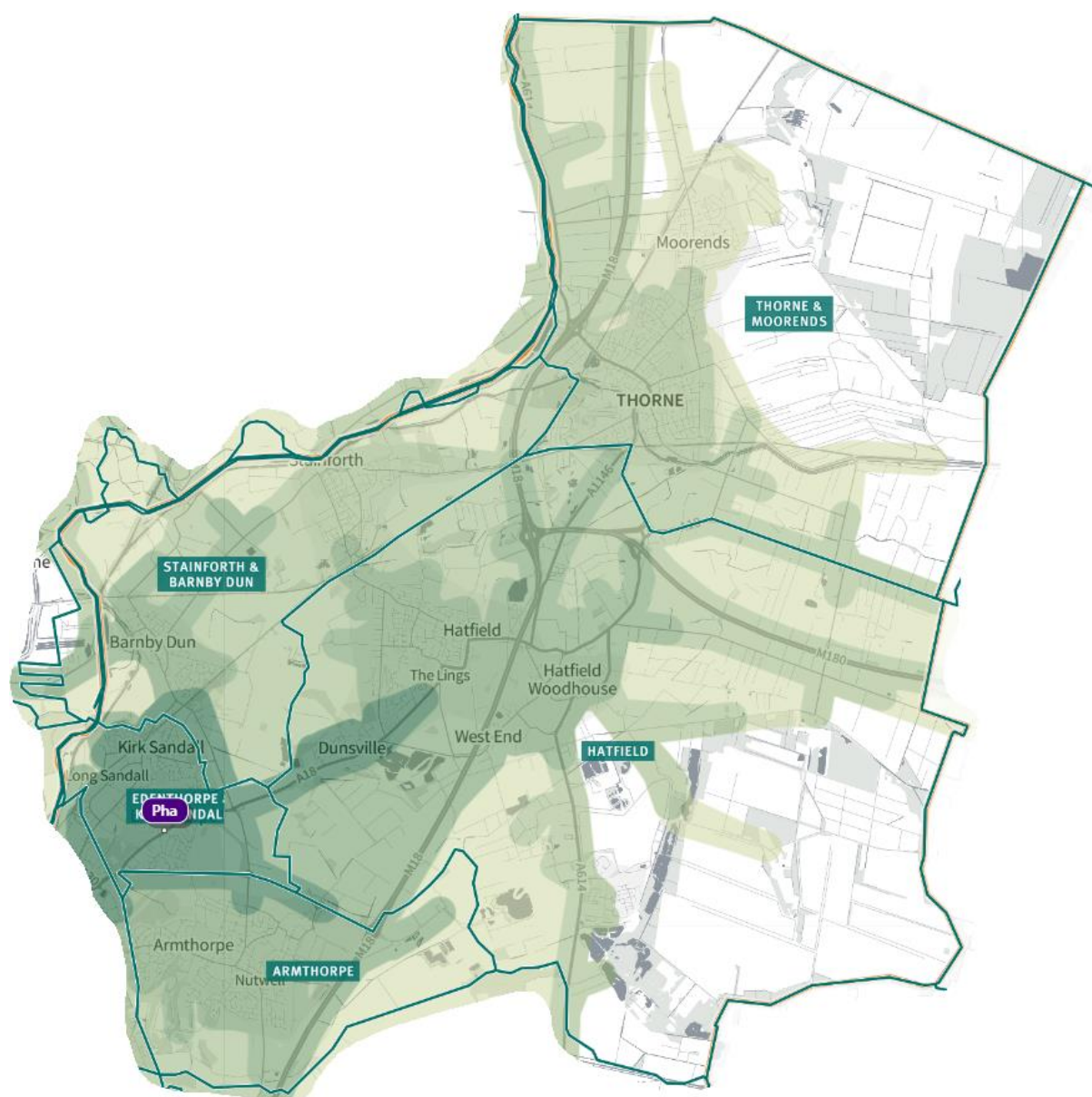
Of the seven pharmacies that open at the weekend:

- core opening hours secure provision between 09.00 and 21.00 on Saturday, and 10.00 and 16.00 on Sunday, and
- total opening hours secure provision between 08.30 and 21.00 on Saturday and 10.00 and 16.00 on Sunday.

The map below shows the part of the locality that is within a 20-minute drive of the pharmacy in Edenthorpe that was previously subject to the 100-hour condition, and which has core opening hours at the weekend.

Opening hours information is as of February 2025 as provided by the Integrated Care Board.

**Map 21 – Areas that are within a 20-minute drive of the pharmacy with weekend core opening hours**



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**5 10 15 20** Travel times in minutes

11 of the pharmacies completed the contractor questionnaire, and all confirmed that they dispense all appliances listed in Part IX of the Drug Tariff at their premises.

As of 27 July 2025, all of the pharmacies had signed up to provide Pharmacy First and all provided consultations for the clinical pathways in 2024/25 – 2,716 consultations with a range at pharmacy level of 29 to 386. All had made supplies of urgent repeat medicines over the same timescale – 814 supplies with a range at pharmacy level of five to 261. All provided consultations for low acuity, minor illness – 783 consultations, with a range at pharmacy level of 16 to 123.

As of 24 July 2025, all of the pharmacies had signed up to provide the hypertension case finding advanced service with all providing a total of 4,510 blood pressure checks in 2024/25. The range of checks undertaken at pharmacy level was 121 to 684. All pharmacies undertook ambulatory blood pressure checks, 465 in the same time period, with a range of six to 185 checks at pharmacy level.

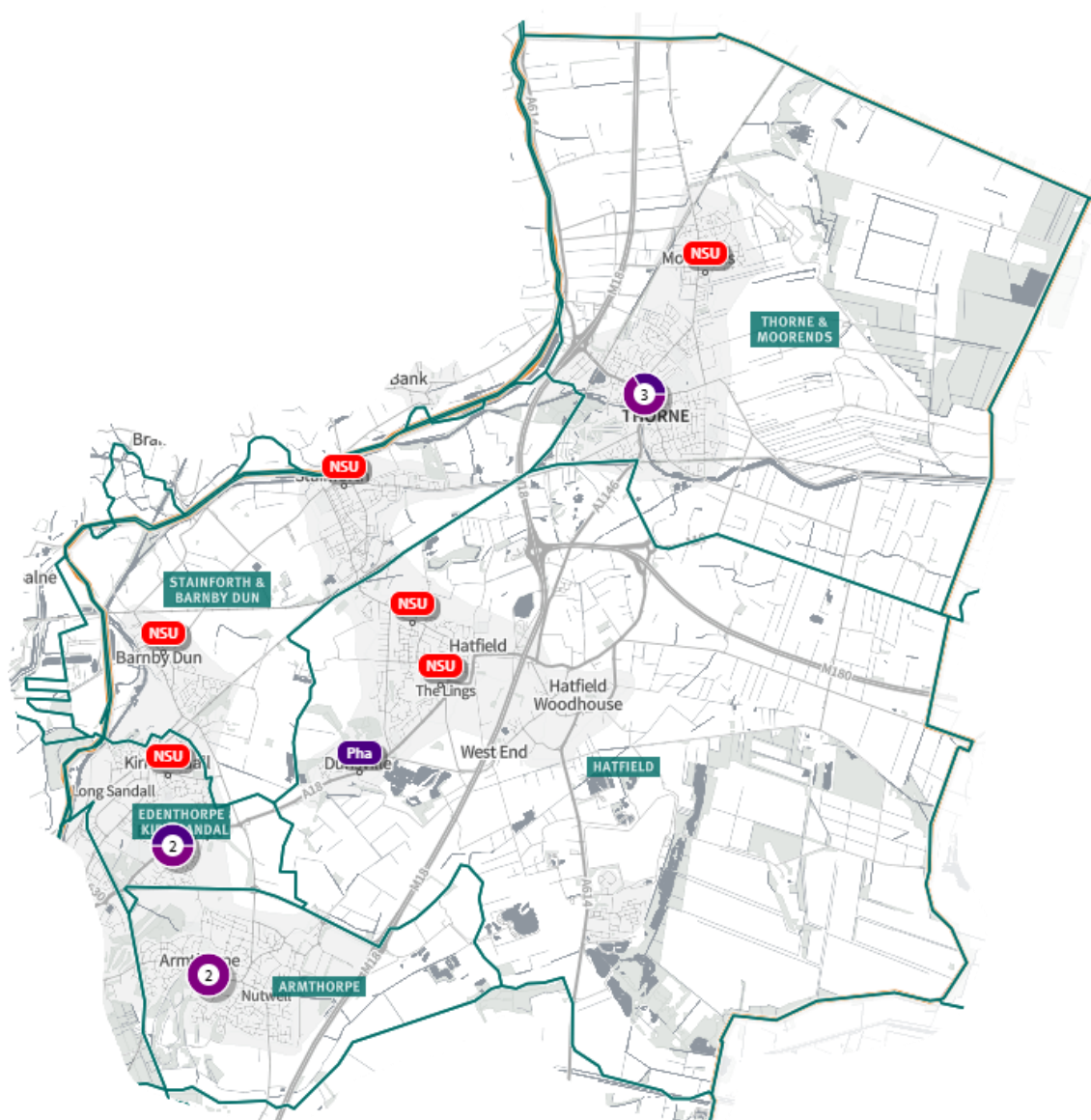
All of the pharmacies had signed up to provide the contraception service as of 27 July 2025.

12 of the pharmacies provided the ongoing supply of oral contraception element of the service, undertaking 106 consultations in 2024/25 with a range at pharmacy level of one to 36. 12 pharmacies completed 43 consultations to initiate oral contraception over the same time period with a range of one to nine at pharmacy level.

Three of the pharmacies had signed up to provide lateral flow device tests as of 27 July 2025. Two of the pharmacies made a total of 78 supplies of lateral flow device tests in 2024/25, with a range at pharmacy level of 18 to 60. The map below shows which pharmacies had not signed up to provide the service – they are shown in red with the initials “NSU”.



**Map 22 – Pharmacies which had and hadn't signed up to provide the lateral flow device tests supply advanced service**



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### 9.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- offered by dispensing appliance contractors,
- offered by distance selling premises, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 66.1% of items prescribed by the GP practices in 2024/25 were dispensed by a pharmacy in the locality:

- 23.8% were dispensed by contractors elsewhere in Doncaster,
- 2.5% were dispensed by 27 contractors in Leeds (predominantly by one distance selling premises),
- 2.3% were dispensed or personally administered by the GP practices,
- 0.7% were dispensed by 25 contractors in Nottinghamshire (predominantly by two distance selling premises).
- 0.6% were dispensed by 23 contractors in Sheffield (predominantly by one pharmacy), and
- 0.4% were dispensed by 23 contractors in North Lincolnshire, (predominantly by one pharmacy).

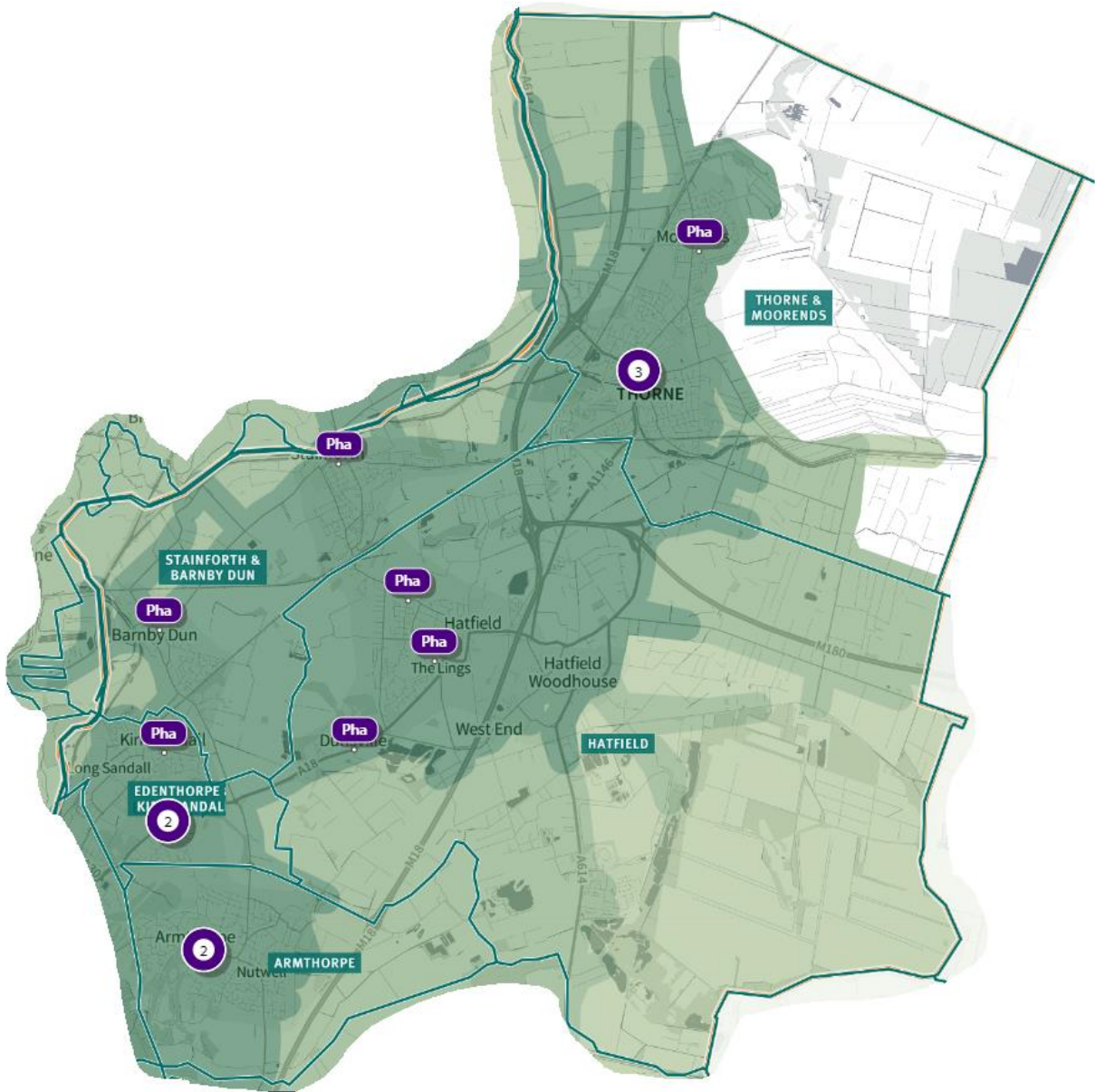
The remaining 3.7% were dispensed by 543 contractors in 118 different Health and Wellbeing Board areas.

While most items were dispensed by a 'bricks and mortar' pharmacy, 5.2% were dispensed by 51 distance selling premises. 1.1% of items were dispensed by 36 dispensing appliance contractors.

When considering the provision of necessary services outside of the locality, all residents are within a 15-minute drive of a pharmacy.

## **Map 23 – Travel times to pharmacies in East and neighbouring localities by car, during**

rush hour times



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5 10 15 Travel times in minutes

There is no impact on travel times by public transport or on foot when taking into account the

provision of necessary services outside of the locality.

#### **9.4 Other relevant services: current provision**

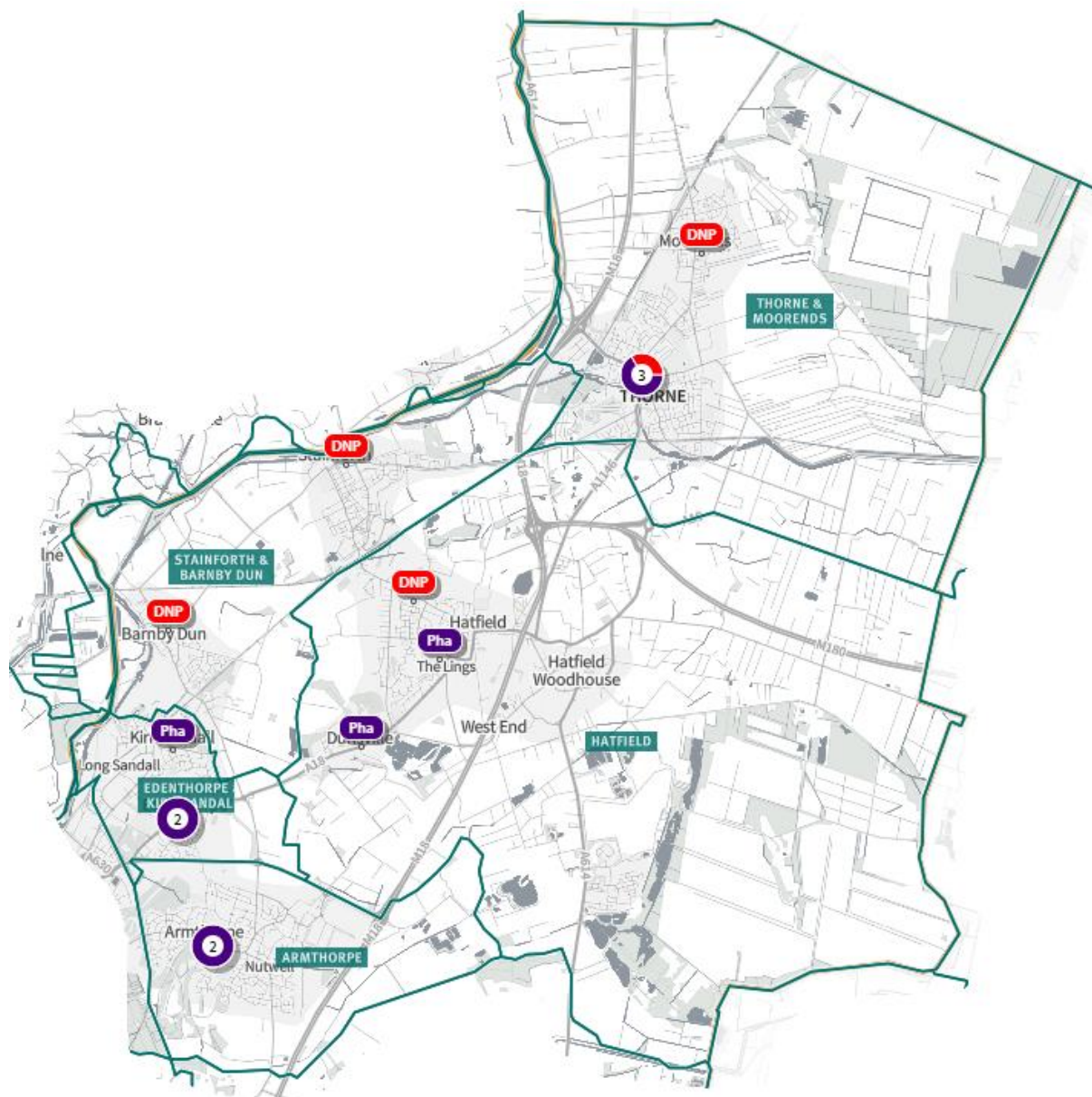
All the pharmacies provided the new medicine service in 2024/25, claiming a total of 7,021 full service interventions with a range of 299 to 931 at pharmacy level.

Despite 11 of the pharmacies confirming they dispense prescriptions for all appliances at their premises, none provided appliance use reviews in 2024/25.

Of the 11 that said they dispense all appliances, only seven provided the stoma appliance customisation service in 2024/25. A total of 54 appliances were customised with a range of two to 23 at pharmacy level.

Nine of the pharmacies provided influenza vaccinations under the advanced service in 2024/25, vaccinating a total of 2,470 people with a range at pharmacy level of 64 to 836.

## service



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Although five of the pharmacies had signed up to provide the smoking cessation advanced service, none received any referrals in 2024/25.

Of the 14 pharmacies:

- ten are commissioned to provide the minor ailments enhanced service,
- seven the palliative care enhanced service, and
- nine the inhaler technique enhanced service.

## 9.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- initiation and ongoing supply of contraception,
- influenza vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

In 2024/25, the GP practices personally administered 0.9% of the items prescribed.

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the locality. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in the locality. A total of 5,993 items prescribed by dental practices items were dispensed in 2023/24 and 4,348 between April 2024 and January 2025.

Residents will access other NHS services located in this locality or elsewhere in the Health and Wellbeing Board's area which affect the need for pharmaceutical services, including:

- hospital pharmacy departments,
- drug and alcohol services,
- GP out of hours service,
- services provided by Rotherham Doncaster and South Humber NHS Foundation Trust,
- Doncaster same day health centre,
- enhanced access to primary medical services,
- services provided by staff employed or engaged under the additional roles reimbursement scheme by GP practices or Primary Care Doncaster Limited, and
- Evolutio ophthalmology Doncaster.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect



the need for pharmaceutical services.

## **9.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 9.2 and 9.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality or elsewhere in Doncaster in order to have their prescriptions dispensed. Those who look outside the Health and Wellbeing Board's area usually do so either to access distance selling premises or dispensing appliance contractors.

In 2024/25, a total of 725 contractors dispensed items written by one of the GP practices, of which 649 were outside of Doncaster. Some were quite a distance from the area, for example Halton, Ealing, West Sussex, Calderdale, and Lancashire.

## **9.7 Necessary services: gaps in provision**

Whilst not NHS services, 11 pharmacies provided the following information on collection and delivery services.

- None have an automated collection point.
- All provide a private, free of charge delivery service that is available to all users of the pharmacy.

None have staff who speak a language other than English.

The 11 pharmacies confirmed they have sufficient capacity within their premises and their staffing to manage an increase in demand.

The Health and Wellbeing Board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services,
- be able to use public transport, or
- be able to walk to a pharmacy.

The Health and Wellbeing Board has noted that residents are within a 15-minute drive of a pharmacy, both during and outside the rush hour times. It has also noted that 79% of households have access to one or more cars or vans, but many residents in the locality are able



to access a pharmacy by public transport within 15 minutes. Comparing car ownership data from the 2021 Census against the location of the lower super output areas reveals that there is a pharmacy within or just outside of those with the lowest levels of car ownership.

The Health and Wellbeing Board has noted that:

- all of the pharmacies have signed up to provide, and are providing, Pharmacy First,
- all of the pharmacies have signed up to provide, and are providing, the hypertension case-finding advanced service, all provided checks in 2024/25, and all provided ambulatory blood pressure monitoring,
- all of the pharmacies have signed up to provide the contraception advanced service, 12 provided the ongoing supplies in 2024/25 and 12 initiated supply, and
- three pharmacies have signed up to provide lateral flow device tests, with two having provided the service in 2024/25.

The Health and Wellbeing Board has noted that the COVID-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The Health and Wellbeing Board is therefore of the opinion that residents will be able to access pharmaceutical services remotely either via:

- the delivery service that all the distance selling premises in England must provide (12.1% of items prescribed by the GP practices in the locality in 2024/25 were dispensed by distance selling premises),
- the delivery service offered by dispensing appliance contractors,
- the private delivery service offered by some pharmacies, and
- remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The Health and Wellbeing Board has placed weight on the use of distance selling premises by residents in the locality, particularly in light of the report by the Competition & Markets Authority on the acquisition of LloydsDirect by Pharmacy2U Limited<sup>133</sup>. In its report, the Competition & Markets Authority made reference to customers of the two pharmacies viewing distance selling premises and “brick-and-mortar” pharmacies as substitutes.

Noting the location of the pharmacies and their opening times, the Health and Wellbeing Board is of the opinion that there are no current gaps in the provision of essential services. It is of the same opinion in relation to Pharmacy First, the contraception service, and the hypertension

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<sup>133</sup> [Completed acquisition by Pharmacy2U of Lloyds Direct](#), Competition & Markets Authority, April 2024

case-finding service as all pharmacies are signed up to provide these.

Although only three of the pharmacies have signed up to provide the lateral flow device test supply service, the Health and Wellbeing Board has noted that this service is due to be decommissioned by NHS England with effect from 1 April 2026. In addition, with effect from May 2025 11 patient cohorts are no longer eligible to receive tests under this service. As a result, the Health and Wellbeing Board has not identified any current gaps in the provision of the lateral flow device test supply advanced service.

The Health and Wellbeing Board has also considered if any future gaps in the provision of necessary services will arise during the lifetime of this Pharmaceutical Needs Assessment. It noted that 1,304 dwellings are expected to be completed during this period across three sites, equating to approximately 3,128 people. At present it is not known whether people moving into these dwellings will be from outside of Doncaster or moving within the area. However, noting that the population of Doncaster as a whole is only projected to increase by 0.9% by 2028<sup>134</sup> it can be assumed that some of these 3,128 people will already live in Doncaster.

A third of these dwellings are to be built within the mixed-use development on land between Hatfield and Stainforth, known as “Unity” which is expected to deliver up to 3,100 dwellings along with community facilities, industrial and logistical development, commercial development and a local centre. Noting the scale of this development and the location of the nearest pharmacies, the Health and Wellbeing Board is of the opinion that there is a future need for a pharmacy in this development on completion of the residential units providing:

- all the essential services, and
- advanced services – Pharmacy First, hypertension case-finding, and contraception (or any equivalent services that may replace them in the lifetime of this document).

These services are to be provided during core opening hours Monday to Friday between 09.00 and 18.00 as a minimum, with core opening hours on Saturdays and Sundays being desirable.

The Health and Wellbeing Board has noted the national decline in the number of pharmacies, and that since the last Pharmaceutical Needs Assessment four pharmacies have closed in Doncaster. It has therefore considered whether any future gaps in the provision of necessary services would be created if a pharmacy closed within the locality.

The pharmacies are located within the settlements that are spread across this locality. The

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<sup>134</sup> [Population projections – local authority based by single year of age April 2019](#), NOMIS

Health and Wellbeing Board has noted that the closure of any one pharmacy would not lead to an increase to the area that is not within a 15-minute drive of a pharmacy, and no new areas would be created, although it may mean that some residents have to travel slightly further to access a pharmacy. On balance, the Health and Wellbeing Board is satisfied that the closure of one pharmacy in the locality would not create a future gap in the provision of essential services.

## **9.8 Improvements or better access: gaps in provision**

The Health and Wellbeing Board has noted that:

- all the pharmacies provide the new medicine service,
- none provide appliance use reviews despite at least 11 of the pharmacies dispensing all appliances at their premises,
- seven provide the stoma appliance customisation service, despite at least 11 of the pharmacies dispensing all appliances at their premises,
- nine pharmacies provided influenza vaccinations in 2024/25,
- five pharmacies have signed up to provide the smoking cessation service,
- ten pharmacies are commissioned to provide the minor ailments enhanced service, seven the palliative care drugs enhanced service, and nine the inhaler technique enhanced service.

The Health and Wellbeing Board has considered whether there are any current gaps in the provision of the other relevant services and has concluded that there are none in relation to the new medicine service as all the pharmacies provide it.

In relation to appliance use reviews and stoma appliance customisation, although no pharmacies provide the former and only seven provide the latter, it is noted that the number of appliances being prescribed by the GP practices will be considerably lower than for drugs and therefore the demand for these two services will be considerably lower than for the other advanced services. In addition, not all stoma appliances require customisation. 1.1% of items prescribed by the GP practices were dispensed by a dispensing appliance contractor with the majority dispensed outside of Doncaster. The Health and Wellbeing Board is therefore of the opinion that residents in the locality who are prescribed an appliance will be able to access the appliance use review from the contractor who dispenses their prescriptions. Similarly, the stoma appliance customisation service will be provided by that contractor where it is required, before the items are delivered to residents. It is therefore satisfied that there are no gaps in the provision of either service.

Five of the pharmacies did not provide influenza vaccinations as part of the 2024/25 vaccination programme, including the pharmacies in Stainforth and Moorends. The Health and Wellbeing Board has noted that Stainforth has high levels of chronic obstructive pulmonary disease and lung cancer, and smoking prevalence is higher than the average for Doncaster. Moorends has a similar profile although smoking prevalence is lower. The Health and Wellbeing Board has therefore identified that better access to the influenza vaccination advanced service would be secured by pharmacies providing it in Stainforth and Moorends.

In relation to the smoking cessation advanced service, the Health and Wellbeing Board has noted that it is only available to people who have started to give up smoking during an in-patient stay at an NHS trust and who are referred to a pharmacy for continued support upon discharge. As no referrals are currently being made by the NHS trusts the Health and Wellbeing Board is satisfied that there are no gaps in the provision of this service. It would recommend that NHS South Yorkshire Integrated Care Board works with the NHS trusts to understand why no referrals are being made. It is anticipated that should referrals start to be made then more pharmacies will sign up to provide the service. The Health and Wellbeing Board is therefore satisfied that there would be no future gaps in the provision of this service.

The Health and Wellbeing Board has noted that NHS South Yorkshire Integrated Care Board is currently reviewing the contracts that are in place for the provision of the three enhanced services.

In relation to any future gaps in the provision of other relevant services, the Health and Wellbeing Board is satisfied that there is a future need for the provision of the influenza vaccination and new medicine service advanced services by a pharmacy in the “Unity” development on completion of the residential units during core opening hours Monday to Friday between 09.00 and 18.00 as a minimum, with core opening hours on Saturdays and Sundays being desirable.

## 10.0 North Locality

This locality includes the following wards:

- Adwick and Carcroft
- Bentley
- Norton and Askern
- Roman Ridge
- Sprotbrough

### 10.1 Key facts

This locality is to the north and west of the city centre and is the most rural of the four localities. It is home to Campsall Country Park, Cusworth Hall, Barnsley Park, Adwick Park, Leisure Centre, Danum retail park, and Askern boating lake.

- Norton and Askern, and Sprotbrough are predominantly classified as rural village and dispersed by the Office for National Statistics rural urban classification, with the other three wards more urban in nature
- Population density varies considerably with Sprotbrough (136.7 usual residents per square kilometre) and Norton and Askern (158.0) considerably lower than the England and Doncaster averages (433.5 and 542.4 respectively). Roman Ridge has the highest population density at 1,577.6 followed by Adwick and Carcroft (1,333.3) and Bentley (977.4)<sup>135</sup>.
- At the 2021 Census 78.6% of people described their general health as very good or good (lower than the average for England – 82.2%)<sup>136</sup>.
- Of those classed as disabled under the Equality Act 2010 at the last census, 9.5% said their day-to-day activities are limited a lot, 11.0% said they are limited a little. Of those not classed as disabled under the Equality Act but had a long term physical or mental health condition, 6.5% said their day-to-day activities are not limited. 72.9% of people said they have no long term physical or mental health conditions<sup>137</sup>.
- The main languages spoken by the locality's usual residents at the 2021 Census were:
  - English – 93.4%
  - Polish – 1.3%
  - Other European language (EU): any other European languages – 1.2%<sup>138</sup>
- With regard to households where adults and children have English as a main language at the 2021 Census:

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<sup>135</sup> [TS006 – population density](#), 2021 Census NOMIS

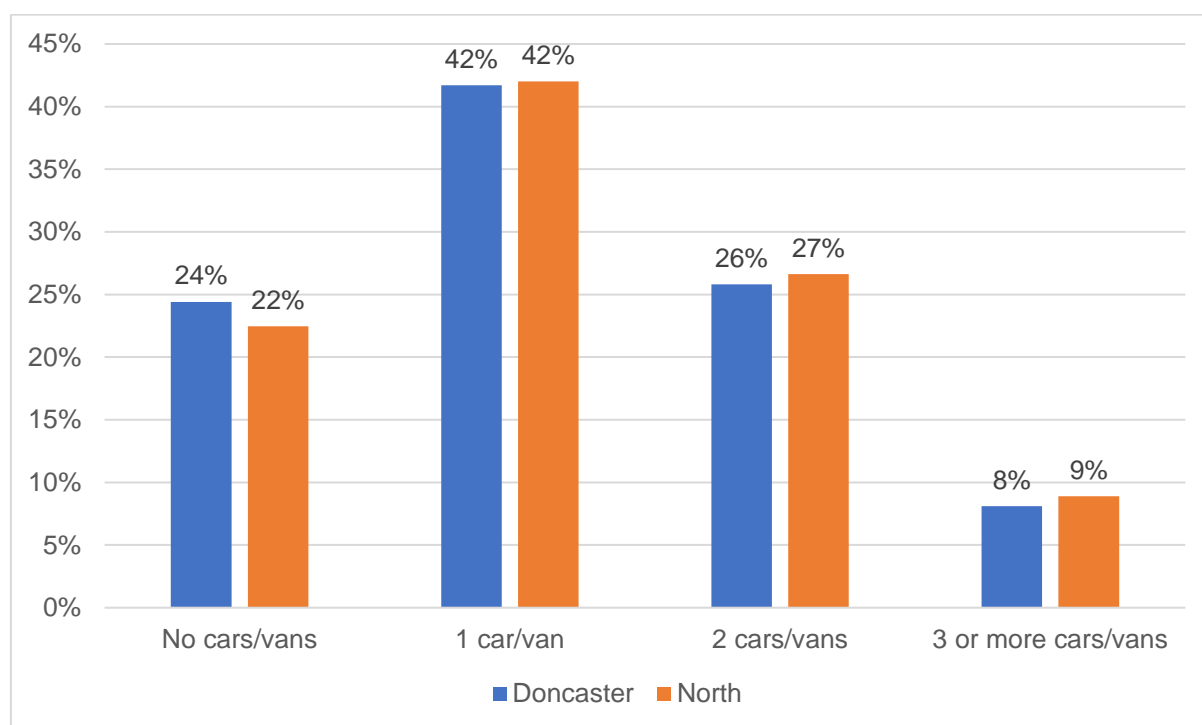
<sup>136</sup> [TS037 – general health](#), 2021 Census NOMIS

<sup>137</sup> [TS038 – disability](#), 2021 Census NOMIS

<sup>138</sup> [Create a custom dataset](#), Main language (detailed) 2021 Census, Office for National Statistics

- 96.0% of all adults in a household have English as a main language
- 1.0% of households have at least one but not all adults have English as a main language
- 2.3% of households have no people for whom English is a main language<sup>139</sup>.
- The figure below compares car ownership levels in the locality to Doncaster and shows car ownership is higher than the average for Doncaster with 22% of households having no cars or vans compared to 24% for Doncaster.

**Figure 23 – Car ownership in the locality compared to Doncaster<sup>140</sup>**

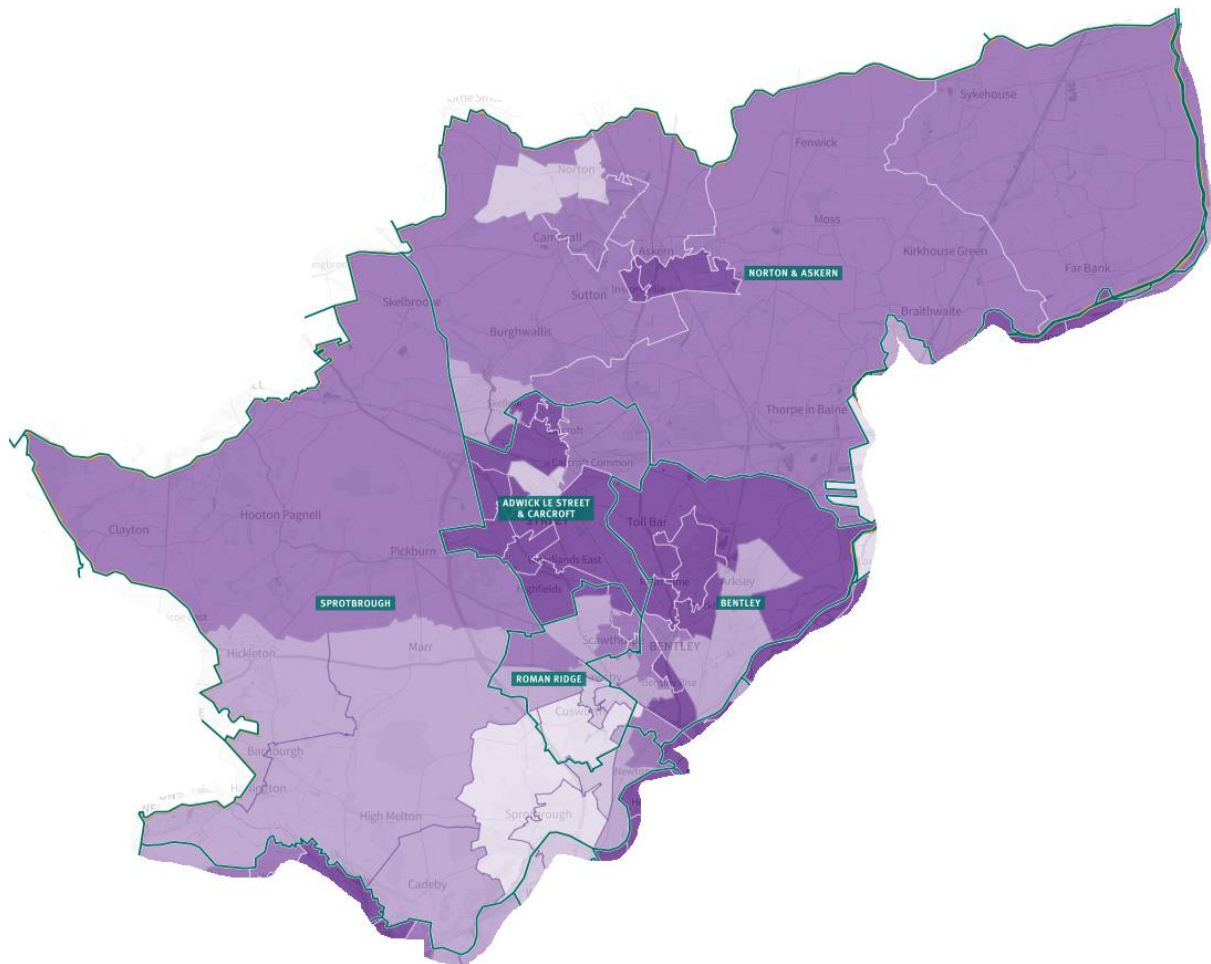


The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

<sup>139</sup> [TS025 – household language](#), 2021 Census NOMIS

<sup>140</sup> [TS045 – car or van availability](#), 2021 Census NOMIS

## Map 25 – Spread of deprivation<sup>141</sup>



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Information provided by the council's planning policy and environment team estimates that 107 dwellings will be built in the locality during the lifetime of this Pharmaceutical Needs Assessment. This breaks down as follows.

- October 2025 to March 2026 – 19 houses (assumes the 39 dwellings estimated to be built in 2025/26 are delivered evenly throughout the year)
- 2026/27 – 35 dwellings
- 2027/28 – 35 dwellings

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<sup>141</sup> Department of Health & Social Care's [Strategic Health Asset Planning and Evaluation application](#)



- April to September 2028 – 18 dwellings (assumes the 35 dwellings estimated to be built in 2028/29 are delivered evenly throughout the year).

The dwellings are due to be built in two sites, one in Brodsworth and one in Askern. The development in Brodsworth is expected to be completed in 2025/26 with the construction of the last four dwellings. Most of the dwellings will therefore be built in Askern and are expected to commence in 2025/26.

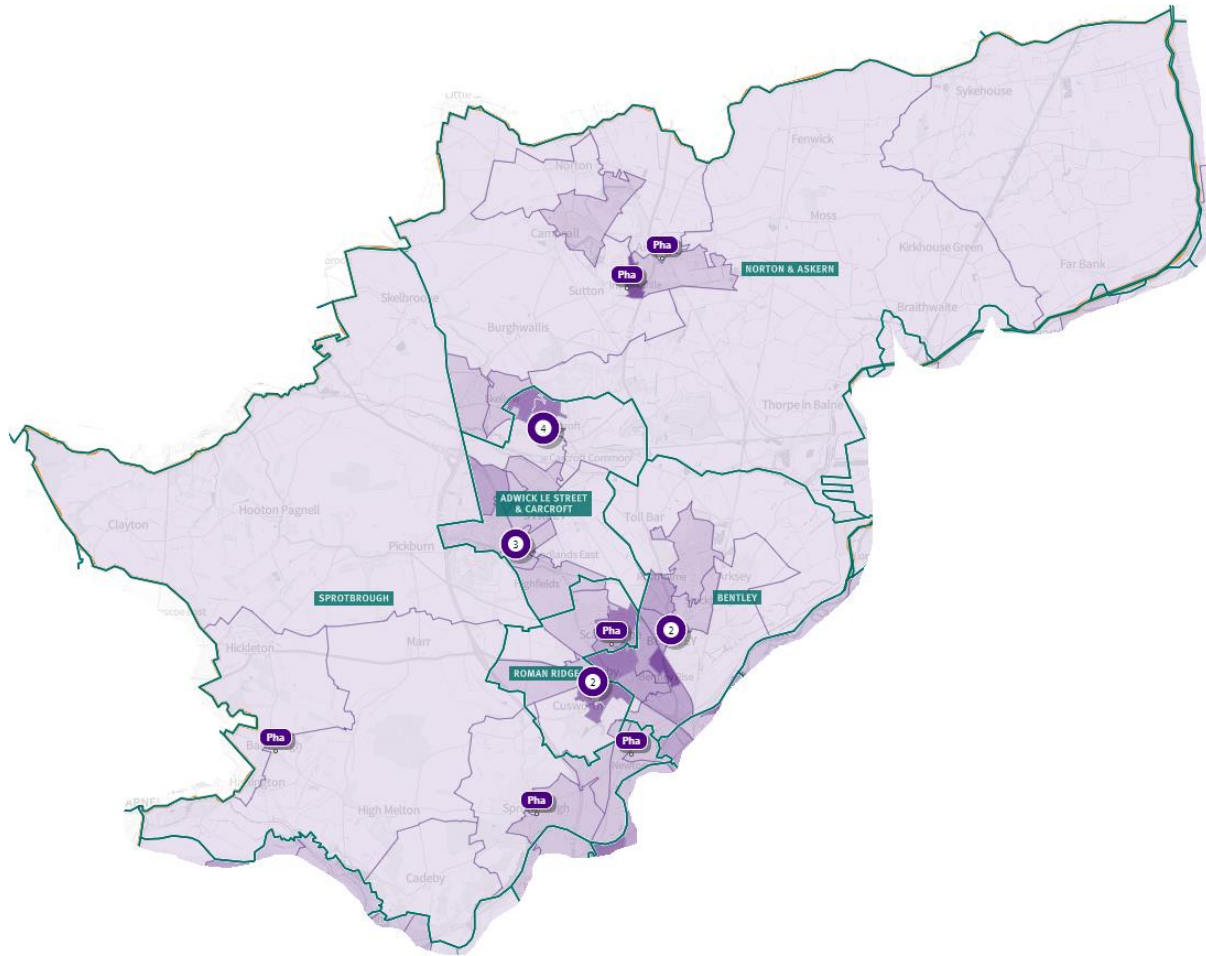
Based on an average occupancy rate of 2.4 people per dwelling, this equates to 257 people.

## **10.2 Necessary services: current provision within the locality's area**

There are 17 pharmacies in the locality operated by eight different contractors. Two of the pharmacies were previously subject to the 100 hour condition, i.e. were required to open for 100 hours per week.

As can be seen from the map below the pharmacies are located in areas of greater population density, with one exception (the darker the shading the greater the population density).

**Map 26 – Location of pharmacies compared to population density**

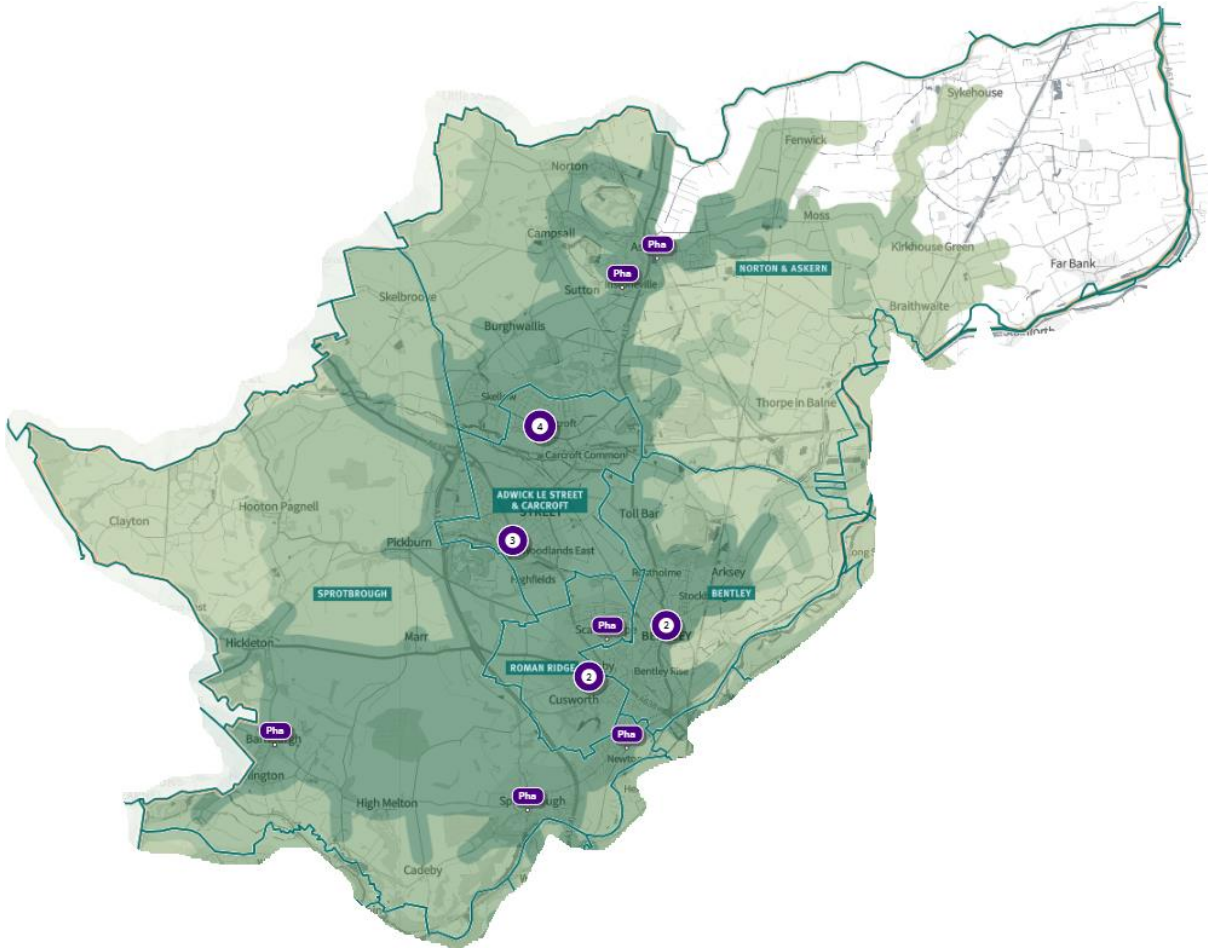


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In 2024/25, 77.5% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies.

As can be seen from the map below, most of the locality is within 15 minutes by car of a pharmacy located in the locality outside of the rush hour times. The area that is not within a 15-minute drive of a pharmacy in the locality is predominantly fields, but Google Maps indicates a small resident population. The picture does not change during the rush hour times.

Map 27 – Access to pharmacies in the locality outside of rush hour times



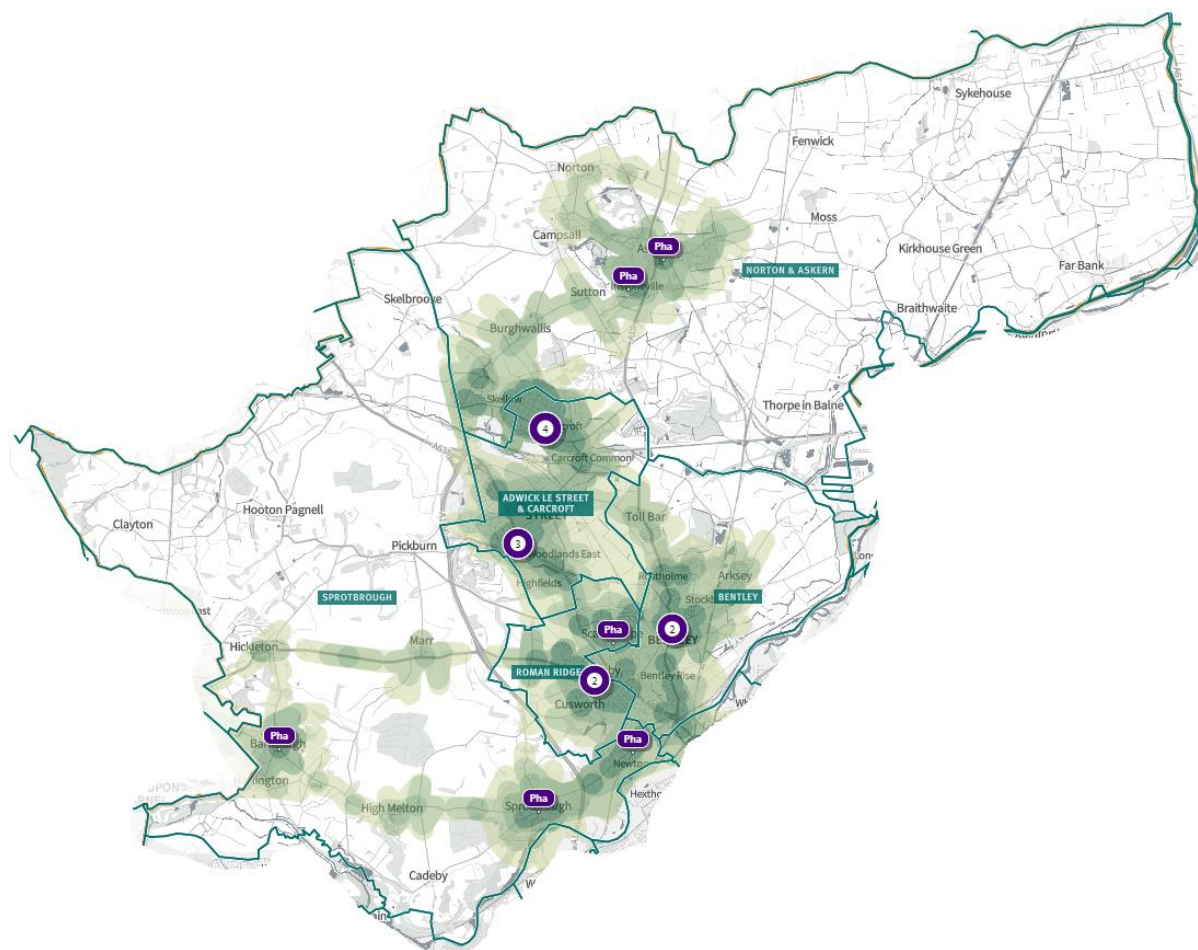
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**5** **10** **15** Travel times in minutes

Noting that 22% of households do not have access to a car or van, travel times by public transport and on foot were analysed.

The map below shows travel times to a pharmacy on a weekday. As may be expected, the more rural parts of the locality with low population density levels are not within a 15-minute bus ride from a pharmacy. The position worsens slightly at the weekend with High Melton in the south no longer within a 15-minute journey time.

**Map 28 – Access to pharmacies in the locality by public transport on weekdays**

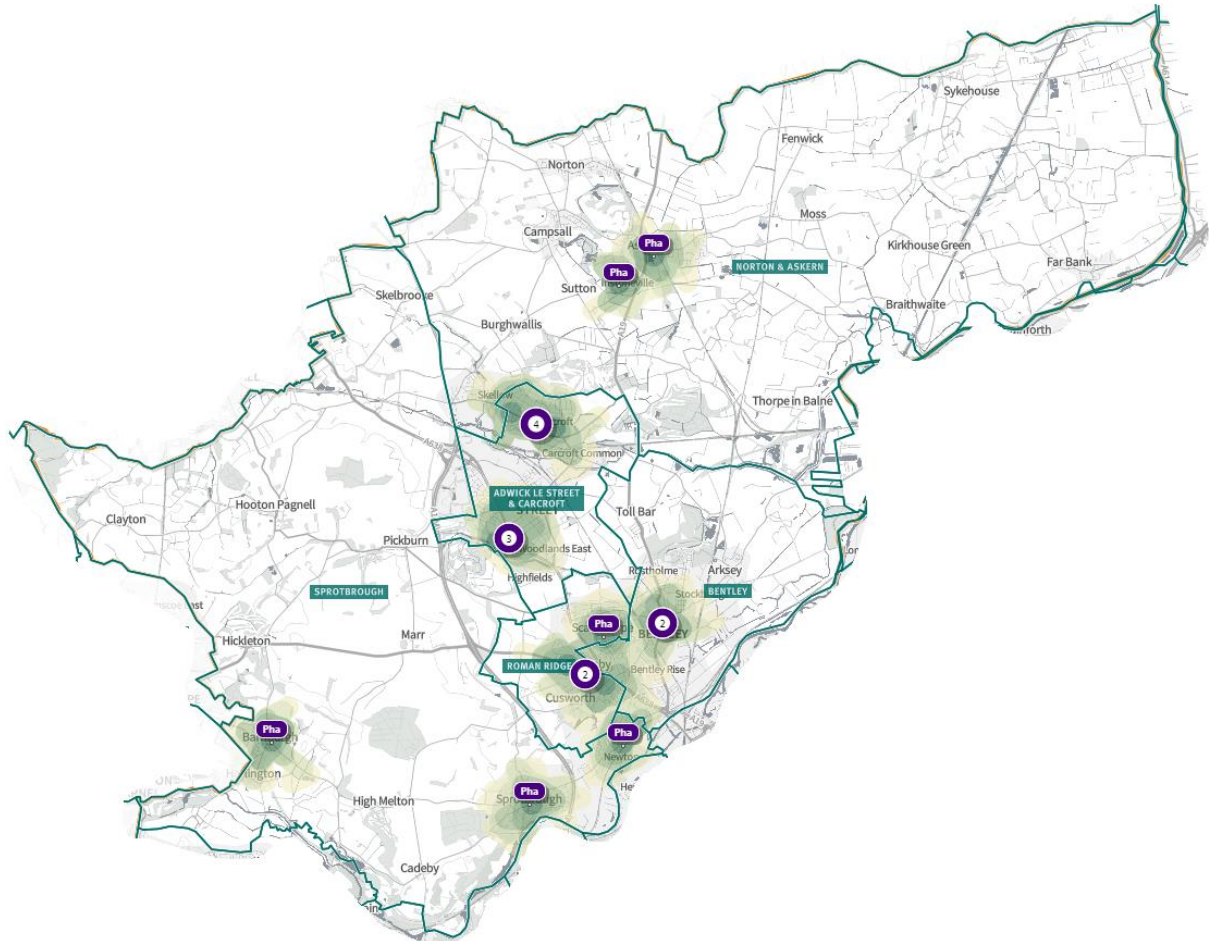


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The following map shows travel times to a pharmacy in the locality on foot.

**Map 29 – Access to pharmacies in the locality on foot**



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 Travel times in minutes

When looking at total opening hours the pharmacies are open as follows.

- Four open Monday to Friday,
- Ten open Monday to Friday and Saturday morning,
- Two open Monday to Saturday, and
- One opens Monday to Sunday (one of the two pharmacies that were subject to the 100 hours condition).



However, when looking solely at core opening hours:

- 11 have core opening hours Monday to Friday,
- three have core opening hours Monday to Friday and Saturday morning,
- two have core opening hours Monday to Saturday, and
- one has core opening hours Monday to Sunday.

With regard to core opening hours, Monday and Friday:

- three have core opening hours until 17.00 (pharmacies in Bentley, Scawthorpe and Sprotbrough),
- two until 17.30,
- eight until 18.00,
- two until 18.30 and
- two until 21.00 (both pharmacies in Carcroft that were previously subject to the 100 hours condition).

When supplementary opening hours are taken into account:

- one is open until 17.00 (in Sprotbrough)
- two until 17.30,
- ten until 18.00,
- two until 18.30, and
- two until 21.00 (the former 100 hour pharmacies).

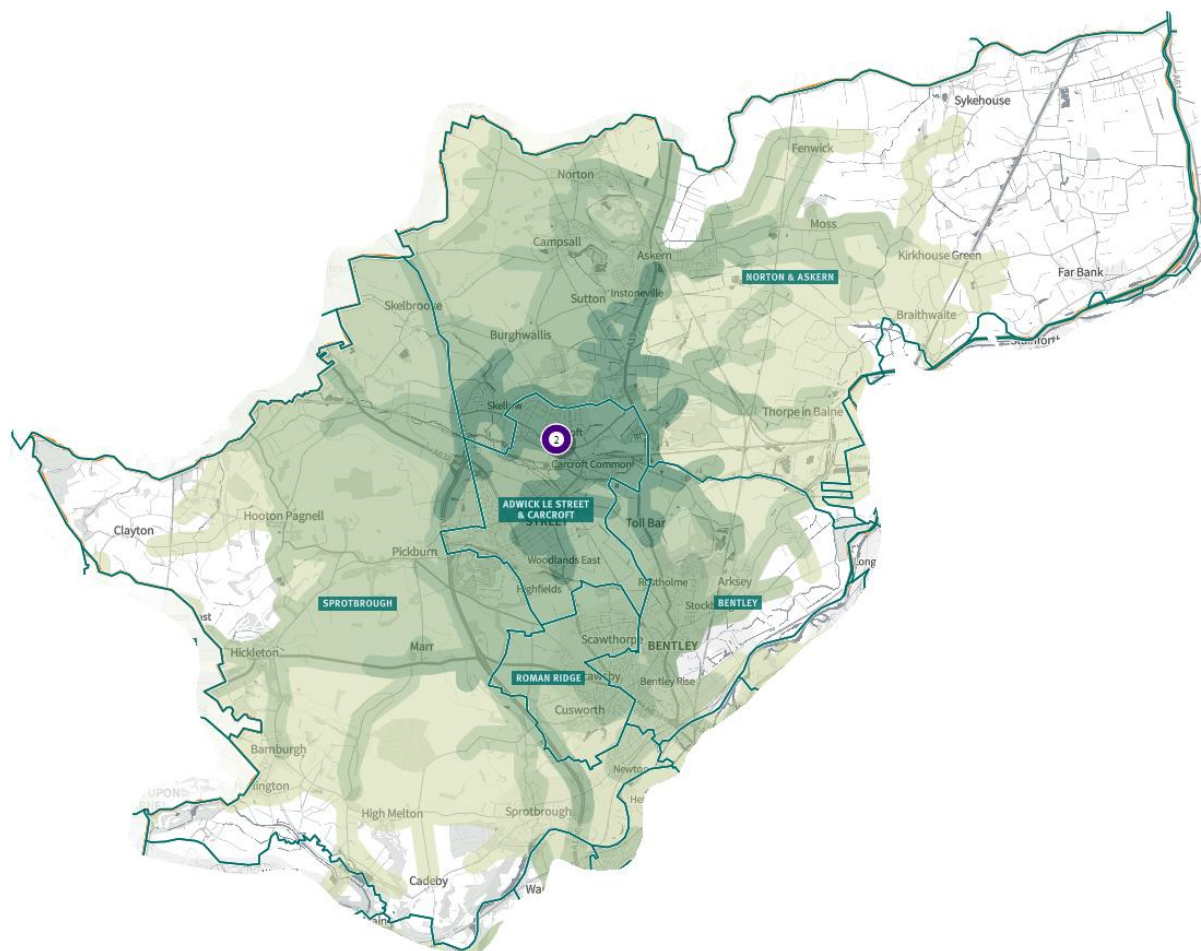
Of the 13 pharmacies that open at the weekend:

- core opening hours secure provision between 09.00 and 21.00 on Saturday, and 10.00 and 16.00 on Sunday, and
- total opening hours secure provision between 09.00 and 21.00 on Saturday and 10.00 and 16.00 on Sunday.

The map below shows the part of the locality that is within a 20-minute drive of the pharmacies in Carcroft that were previously subject to the 100 hour condition, and which have core opening hours at the weekend. Only one has core opening hours on a Sunday.

Opening hours information is as of February 2025 as provided by the Integrated Care Board.

**Map 30 – Areas that are within a 20-minute drive of the pharmacies formally subject to the 100 hour condition**



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Eight of the pharmacies completed the contractor questionnaire, and all confirmed that they dispense all appliances listed in Part IX of the Drug Tariff at their premises.

As of 27 July 2025, all pharmacies had signed up to provide Pharmacy First and all had provided consultations for the clinical pathways in 2024/25 – 2,729 consultations with a range at pharmacy level of 67 to 256. All had made supplies of urgent repeat medicines over the same timescale – 713 supplies with a range at pharmacy level of one to 215. All provided



consultations for low acuity, minor illness – 587 consultations, with a range at pharmacy level of six to 87.

As of 24 July 2025, all of the pharmacies had signed up to provide the hypertension case finding advanced service and provided a total of 3,177 blood pressure checks in 2024/25. The range of checks undertaken at pharmacy level was ten to 353. 13 of the pharmacies undertook ambulatory blood pressure checks, 133 in the same time period, with a range of three to 26 checks at pharmacy level.

All of the pharmacies had signed up to provide the contraception service as of 27 July 2025. 14 of the pharmacies have provided the ongoing supply of oral contraception element of the service, undertaking 229 consultations in 2024/25 with a range at pharmacy level of five to 39. 14 pharmacies completed 66 consultations to initiate oral contraception over the same time period with a range at pharmacy level of one to ten.

Nine of the pharmacies had signed up to provide lateral flow device tests as of 27 July 2025. Six of the pharmacies made a total of 181 supplies of lateral flow device tests in 2024/25, with a range at pharmacy level of two to 88. The map below shows which pharmacies had not signed up to provide the service – they are shown in red with the initials “NSU”.

**Map 31 – Pharmacies which had and hadn't signed up to provide the lateral flow device tests supply advanced service**



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### 10.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- offered by dispensing appliance contractors,
- offered by distance selling premises, or
- which are located near to where they work, shop, or visit for leisure or other purposes.

Whilst 77.5% of items prescribed by the GP practices in 2024/25 were dispensed by a pharmacy in the locality:

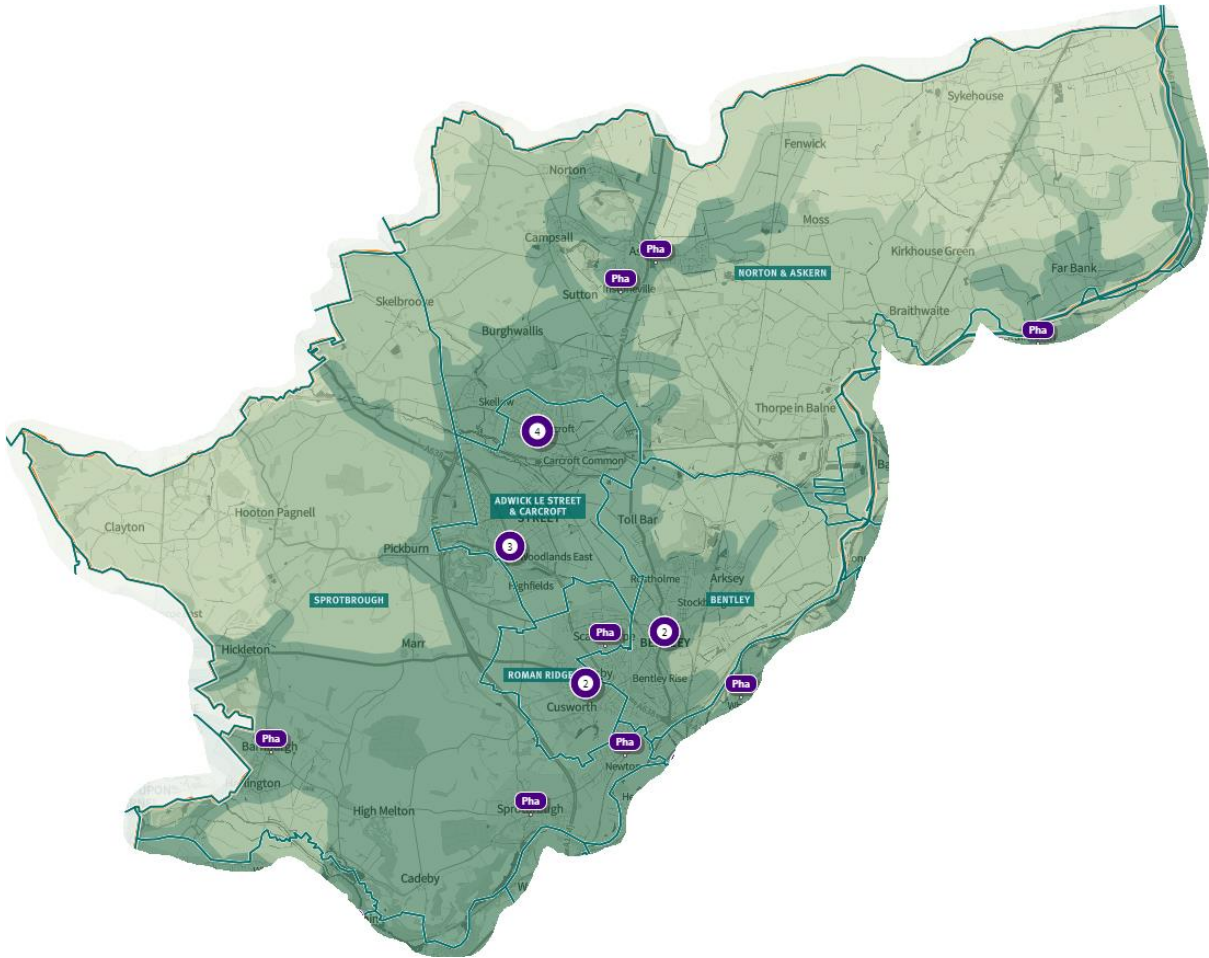
- 12.7% were dispensed by contractors elsewhere in Doncaster (nearly half by one of the distance selling premises),
- 2.5% were dispensed by 28 contractors in Leeds (predominantly by one distance selling premises),
- 0.8% were dispensed by 46 contractors in Rotherham (predominantly by three contractors, one of which is dispensing appliance contractor),
- 0.6% were dispensed by 33 contractors in Barnsley (predominantly by three contractors),
- 0.6% by four contractors in Calderdale (predominantly by one distance selling premises),
- 0.5% by two contractors in Ealing (predominantly by one distance selling premises),
- 0.5% by 44 contractors in Sheffield (predominantly by one contractor),
- 0.4% by 35 contractors in Nottinghamshire (predominantly by one distance selling premises),
- 0.4% by three contractors in Stoke-on-Trent (predominantly by one distance selling premises), and
- 0.3% by five contractors in West Sussex (predominantly by one dispensing appliance contractor).

The rest were dispensed by 560 contractors in 118 different Health and Wellbeing Board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 5.0% were dispensed by 54 distance selling premises. 1.0% of items were dispensed by 33 dispensing appliance contractors.

When taking into account the provision of necessary services outside of the locality, all residents are within a 15-minute drive of a pharmacy.

**Map 32 – Travel times to pharmacies in North and neighbouring localities by car, outside rush hour times**



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Travel times in minutes

There is no impact on travel times by public transport or on foot when taking into account the provision of necessary services outside of the locality.

**10.4 Other relevant services: current provision**

All of the pharmacies provided the new medicine service in 2024/25, claiming a total of 5,915

full service interventions with a range of two to 823 at pharmacy level.

Despite eight of the pharmacies confirming they dispense prescriptions for all appliances at their premises, none provided appliance use reviews in 2024/25.

Of the eight that said they dispense all appliances, seven provided the stoma appliance customisation service in 2024/25. A total of 50 appliances were customised with a range of one to 15 at pharmacy level.

16 of the pharmacies provided influenza vaccinations under the advanced service in 2024/25, vaccinating a total of 3,897 people with a range at pharmacy level of 45 to 761.

Although ten of the pharmacies had signed up to provide the smoking cessation advanced service, none received any referrals in 2024/25.

Of the 17 pharmacies:

- 14 are commissioned to provide the minor ailments enhanced service,
- 13 the palliative care enhanced service, and
- 12 the inhaler technique enhanced service.

## 10.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- initiation and ongoing supply of contraception,
- influenza vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

In 2024/25, the GP practices personally administered 1.4% of the items prescribed.

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the locality. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in the locality. A total of 5,070 items prescribed by dental practices items were dispensed in 2023/24 and 4,245 between April 2024 and January 2025.

Residents will access other NHS services located in this locality or elsewhere in the Health and Wellbeing Board's area which affect the need for pharmaceutical services, including:

- hospital pharmacy departments,
- drug and alcohol services,
- GP out of hours service,
- services provided by Rotherham Doncaster and South Humber NHS Foundation Trust,
- Doncaster same day health centre,
- enhanced access to primary medical services,
- services provided by staff employed or engaged under the additional roles reimbursement scheme by GP practices or Primary Care Doncaster Limited, and
- Evolutio ophthalmology Doncaster.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

## **10.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 10.2 and 10.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality or elsewhere in Doncaster in order to have their prescriptions dispensed. Those who look outside the Health and Wellbeing Board's area usually do so either to access distance selling premises or dispensing appliance contractors.

In 2024/25, a total of 845 contractors dispensed items written by one of the GP practices, of which 769 were outside of Doncaster. Some were quite a distance from the area, for example Ealing, West Sussex, and Calderdale.

## **10.7 Necessary services: gaps in provision**

Whilst not NHS services, eight pharmacies provided the following information on collection and delivery services.

- One has an automated collection point.
- All provide a private, free of charge delivery service that is available to all users of the pharmacy.

None have staff who speak a language other than English.

The eight pharmacies confirmed they have sufficient capacity within their premises and their staffing to manage an increase in demand.

The Health and Wellbeing Board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services,
- be able to use public transport, or
- be able to walk to a pharmacy.

The Health and Wellbeing Board has noted that all of the locality is within a 15-minute drive of a pharmacy, both during and outside the rush hour times. It has also noted that 78% of households have access to one or more cars or vans, and that residents in most of the villages are within a 15-minute bus ride of a pharmacy. Comparing car ownership data from the 2021 Census against the location of the lower super output areas reveals that generally there is a pharmacy within or just outside of those with the lowest levels of car ownership.

The Health and Wellbeing Board has noted that:

- all of the pharmacies have signed up to provide, and are providing, Pharmacy First,
- all of the pharmacies have signed up to provide the hypertension case-finding advanced service, all provided checks in 2024/25 and 13 provided ambulatory blood pressure monitoring,
- all of the pharmacies have signed up to provide the contraception advanced service, 14 provided the ongoing supplies in 2024/25 and 14 initiated supply, and
- nine pharmacies have signed up to provide lateral flow device tests, with six having provided the service in 2024/25.

The Health and Wellbeing Board has noted that the COVID-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The Health and Wellbeing Board is therefore of the opinion that residents will be able to access pharmaceutical services remotely either via:

- the delivery service that all the distance selling premises in England must provide (8.8% of items prescribed by the GP practices in the locality in 2024/25 were dispensed by distance selling premises),
- the delivery service offered by dispensing appliance contractors,
- the private delivery service offered by some pharmacies, and



- remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The Health and Wellbeing Board has placed weight on the use of distance selling premises by residents in the locality, particularly in light of the report by the Competition & Markets Authority on the acquisition of LloydsDirect by Pharmacy2U Limited<sup>142</sup>. In its report, the Competition & Markets Authority made reference to customers of the two pharmacies viewing distance selling premises and “brick-and-mortar” pharmacies as substitutes.

Noting the location of the pharmacies and their opening times, the Health and Wellbeing Board is of the opinion that there are no current gaps in the provision of essential services. It is of the same opinion in relation to Pharmacy First, contraception advanced service and the hypertension case-finding service as all pharmacies are signed up to provide these.

Although only nine of the pharmacies have signed up to provide the lateral flow device test supply service, the Health and Wellbeing Board has noted that this service is due to be decommissioned by NHS England with effect from 1 April 2026. In addition, with effect from May 2025 11 patient cohorts are no longer eligible to receive tests under this service. As a result, the Health and Wellbeing Board has not identified any current gaps in the provision of the lateral flow device test supply advanced service.

The Health and Wellbeing Board has also considered if any future gaps in the provision of necessary services will arise during the lifetime of this Pharmaceutical Needs Assessment. It noted that 107 dwellings are expected to be completed during this period across two sites, equating to approximately 257 people. At present it is not known whether people moving into these dwellings will be from outside of Doncaster or moving within the area. However, noting that the population of Doncaster as a whole is only projected to increase by 0.9% by 2028<sup>143</sup> it can be assumed that some of these 257 people will already live in Doncaster. The Health and Wellbeing Board is of the opinion that the needs of those moving into these 107 dwellings will be met by the current provision of pharmaceutical services. No future gaps in the provision of necessary services as a result of the completion of these dwellings have therefore been identified.

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<sup>142</sup> [Completed acquisition by Pharmacy2U of Lloyds Direct](#), Competition & Markets Authority, April 2024

<sup>143</sup> [Population projections – local authority based by single year of age April 2019](#), NOMIS

The Health and Wellbeing Board has noted the national decline in the number of pharmacies, and that since the last Pharmaceutical Needs Assessment four pharmacies have closed in Doncaster<sup>144</sup>. It has therefore considered whether any future gaps in the provision of necessary services would be created if a pharmacy closed within the locality.

The pharmacies are located within the settlements that are spread across this locality. The Health and Wellbeing Board has noted that the closure of any one pharmacy would not lead to an increase to the area that is not within a 15-minute drive of a pharmacy, and no new areas would be created, although it may mean that some residents have to travel slightly further to access a pharmacy. On balance, the Health and Wellbeing Board is satisfied that the closure of one pharmacy in the locality would not create a future gap in the provision of essential services.

## **10.8 Improvements or better access: gaps in provision**

The Health and Wellbeing Board has noted that:

- all of the pharmacies provide the new medicine service,
- none provide appliance use reviews despite at least eight of the pharmacies dispensing all appliances at their premises,
- seven provide the stoma appliance customisation service, despite at least eight of the pharmacies dispensing all appliances at their premises,
- 16 pharmacies provided influenza vaccinations in 2024/25,
- ten pharmacies have signed up to provide the smoking cessation service,
- 14 pharmacies are commissioned to provide the minor ailments enhanced service, 13 the palliative care drugs enhanced service, and 12 the inhaler technique enhanced service.

The Health and Wellbeing Board has considered whether there are any current gaps in the provision of the other relevant services and has concluded that there are none in relation to the new medicine service as all the pharmacies provide it.

In relation to appliance use reviews and stoma appliance customisation, although no pharmacies provide the former and only seven provide the latter, it is noted that the number of

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<sup>144</sup> One of these pharmacies was in this locality and closed as a result of a consolidation application which was only granted as to do so would not create a gap in the provision of pharmaceutical services which could be met by a routine application.

appliances being prescribed by the GP practices will be considerably lower than for drugs and therefore the demand for these two services will be considerably lower than for the other advanced services. In addition, not all stoma appliances require customisation. 1.1% of items prescribed by the GP practices were dispensed by a dispensing appliance contractor with the majority dispensed outside of Doncaster. The Health and Wellbeing Board is therefore of the opinion that residents in the locality who are prescribed an appliance will be able to access the appliance use review from the contractor who dispenses their prescriptions. Similarly, the stoma appliance customisation service will be provided by that contractor where it is required, before the items are delivered to residents. It is therefore satisfied that there are no gaps in the provision of either service.

All but one of the pharmacies provided influenza vaccinations as part of the 2024/25 vaccination programme, and the Health and Wellbeing Board has noted that the pharmacy that didn't changed ownership in January 2025. The new contractor may choose to provide the service from 2025 onwards, but even if it doesn't there is another pharmacy in the village and two GP practices all of whom provide the service. It is therefore satisfied that there are no gaps in the provision of this service.

In relation to the smoking cessation advanced service, the Health and Wellbeing Board has noted that it is only available to people who have started to give up smoking during an in-patient stay at an NHS trust and who are referred to a pharmacy for continued support upon discharge. As no referrals are currently being made by the NHS trusts the Health and Wellbeing Board is satisfied that there are no gaps in the provision of this service. It would recommend that NHS South Yorkshire Integrated Care Board works with the NHS trusts to understand why no referrals are being made. It is anticipated that should referrals start to be made then more pharmacies will sign up to provide the service. The Health and Wellbeing Board is therefore satisfied that there would be no future gaps in the provision of this service.

The Health and Wellbeing Board has noted that NHS South Yorkshire Integrated Care Board is currently reviewing the contracts that are in place for the provision of the three enhanced services.

In summary, the Health and Wellbeing Board is satisfied that there are no current gaps in the provision of other relevant services.

In relation to any future gaps, the Health and Wellbeing Board is satisfied that neither the completion of 107 dwellings nor the closure of a pharmacy would lead to any future gaps in the provision of other relevant services.

## 11.0 South Locality

This locality includes the following wards:

- Conisbrough and Denaby,
- Edlington and Warmsworth,
- Finningley,
- Mexborough,
- Rossington and Bawtry, and
- Tickhill and Wadworth.

### 11.1 Key facts

The locality is home to Doncaster airport, Yorkshire Wildlife Park, and two castles in Conisbrough and Tickhill. It has great access to green space and walks. There are excellent transport links to and through the locality due to the Doncaster train service running through Mexborough, and Conisbrough and Denaby wards, and the A1(M) and M18. The South also has two of Doncaster's town centres, Bawtry and Mexborough, which attract visitors, business and investment opportunities.

There are a number of parks and green space for recreation – Warmsworth Park, Denaby Crag, Edlington Pit Wood, West End Lane, canal walks, Conisbrough viaduct and the Trans Pennine trail.

- There is a mix of rural and urban areas across the locality. Whilst Mexborough, and Edlington and Warmsworth are wholly 'urban minor conurbation' the other wards are more rural.
- Population density varies considerably with the lowest density in Tickhill and Wadworth (175.8 usual residents per square kilometre), the Finningley (408.8) and Rossington and Bawtry (561.8). Mexborough is the most densely populated ward at 2,268.5 usual residents per square kilometre<sup>145</sup>.
- At the 2021 Census 78.6% of people described their general health as very good or good (lower than the average for England – 82.2%)<sup>146</sup>.
- Of those classed as disabled under the Equality Act 2010 at the last census, 9.6% said their day-to-day activities are limited a lot, 10.6% said they are limited a little. Of those not classed as disabled under the Equality Act but had a long term physical or mental health condition, 6.7% said their day-to-day activities are not limited. 73.1% of people said they have no long term physical or mental health conditions<sup>147</sup>.

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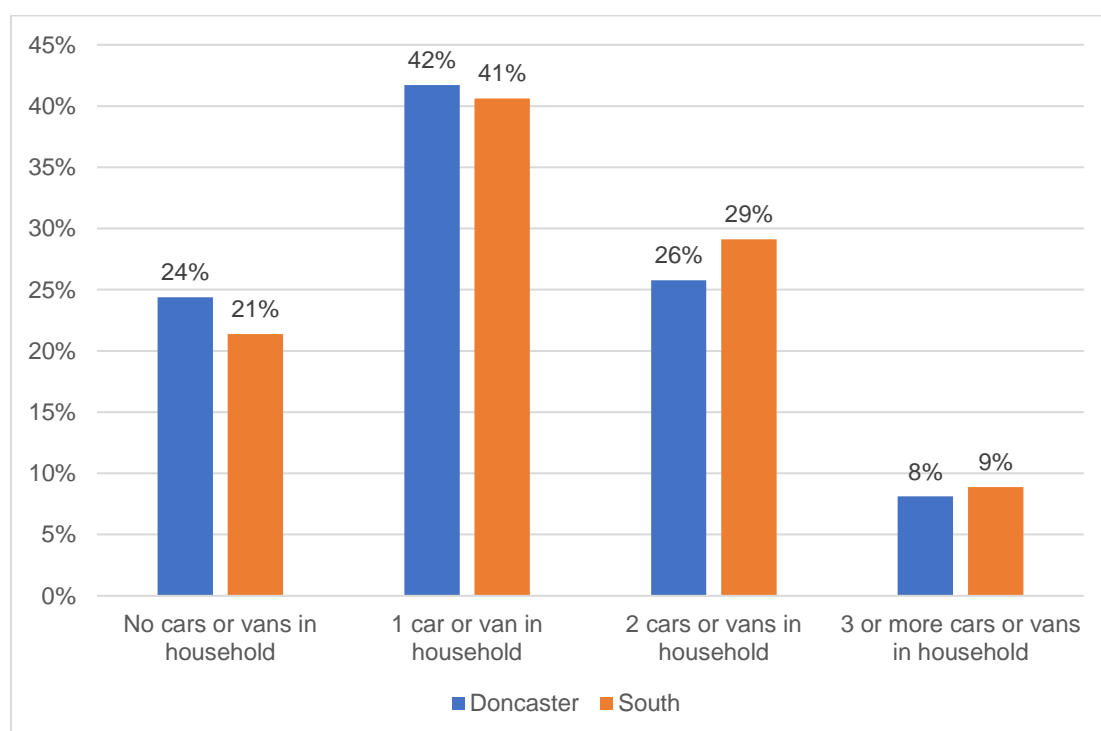
<sup>145</sup> [TS006 – population density](#), 2021 Census NOMIS

<sup>146</sup> [TS037 – general health](#), 2021 Census NOMIS

<sup>147</sup> [TS038 – disability](#), 2021 Census NOMIS

- The main languages spoken by the locality's usual residents at the 2021 Census were:
  - English – 93.2%
  - Polish – 1.3%
  - Other European language (EU): any other European languages – 1.0%<sup>148</sup>
- With regard to households where adults and children have English as a main language at the 2021 Census:
  - 96.1% of all adults in a household have English as a main language
  - 1.1% of households have at least one but not all adults have English as a main language
  - 2.2% of households have no people for whom English is a main language<sup>149</sup>.
- The figure below compares car ownership levels in the locality to Doncaster and shows car ownership is higher than the average for Doncaster with 21% of households having no cars or vans compared to 24% for Doncaster.

**Figure 24 – Car ownership in the locality compared to Doncaster<sup>150</sup>**



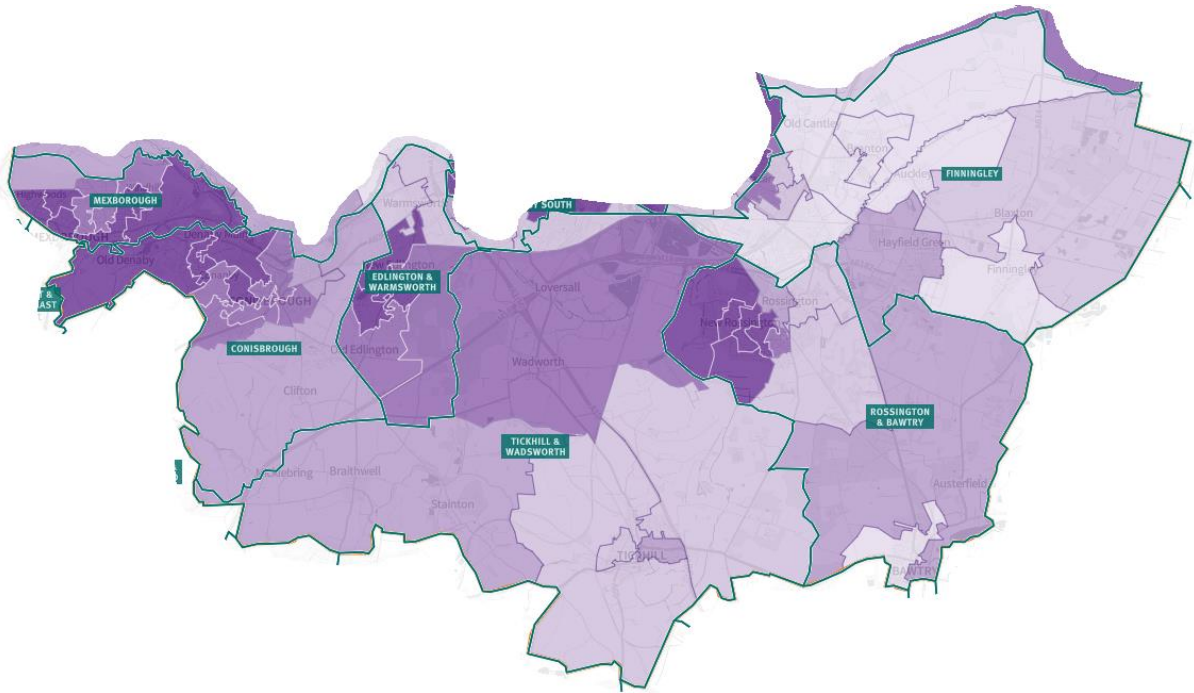
The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

<sup>148</sup> [Create a custom dataset](#), Main language (detailed) 2021 Census, Office for National Statistics

<sup>149</sup> [TS025 – household language](#), 2021 Census NOMIS

<sup>150</sup> [TS045 – car or van availability](#), 2021 Census NOMIS

### Map 33 – Spread of deprivation<sup>151</sup>



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Information provided by the council's planning policy and environment team estimates that 552 dwellings will be built in the locality during the lifetime of this Pharmaceutical Needs Assessment. This breaks down as follows.

- October 2025 to March 2026 – 105 houses (assumes the 210 dwellings estimated to be built in 2025/26 are delivered evenly throughout the year)
- 2026/27 – 210 dwellings
- 2027/28 – 167 dwellings
- April to September 2028 – 70 dwellings (assumes the 140 dwellings estimated to be built in 2028/29 are delivered evenly throughout the year).

The dwellings are due to be built in four sites spread across the locality, two of which have not yet commenced.

Based on an average occupancy rate of 2.4 people per dwelling, this equates to 1,325 people.

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<sup>151</sup> Department of Health & Social Care's [Strategic Health Asset Planning and Evaluation application](#)

In addition, there is a mixed-use development to the west of the airport (“Gateway East”) which will include over 1,000 homes, employment development, and a central plaza which will include retail, leisure, commercial and community facilities. There are currently two outline planning applications being considered in this location for 1,200 homes and 1,400+ homes respectively (although, if granted, only one would come forward).

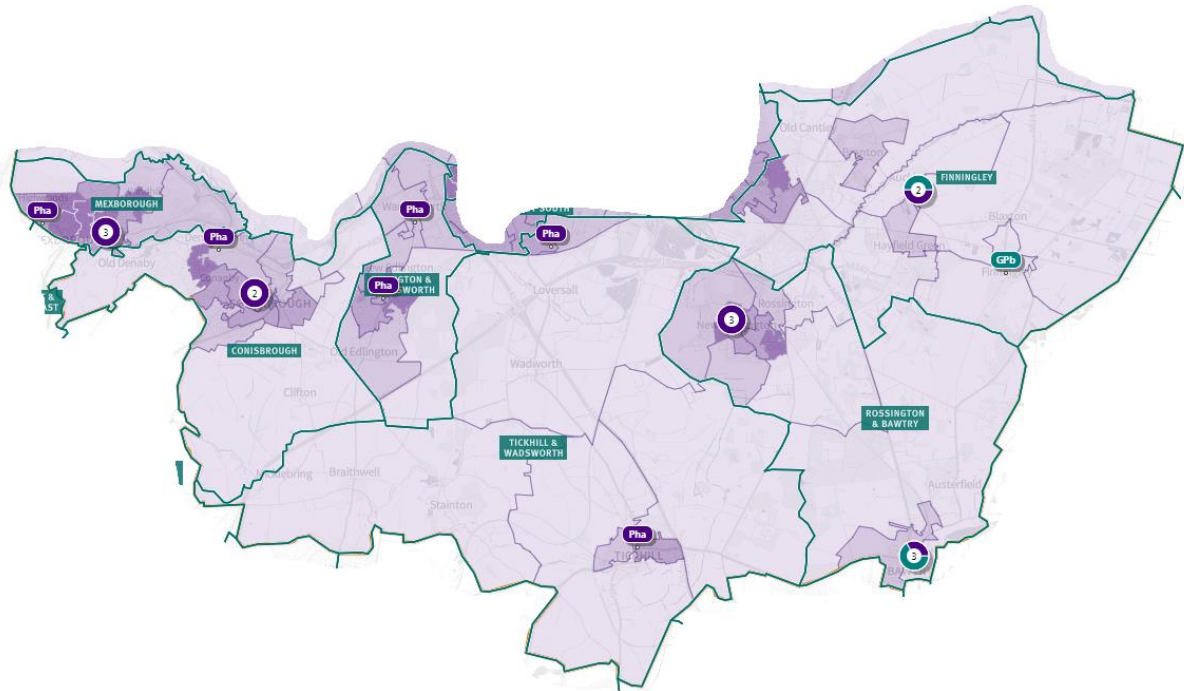
## **11.2 Necessary services: current provision within the locality’s area**

There are 16 pharmacies in the locality operated by nine different contractors. One of the pharmacies was previously subject to the 100 hour condition, i.e. was required to open for 100 hours per week. One of the pharmacies is a distance selling premises. Three of the GP practices dispense from four premises in the locality, with one of the practices also dispensing from premises in Nottinghamshire.

As can be seen from the map below the pharmacies are generally located in areas of greater population density (the darker the shading the greater the population density). The dispensing practices are in areas of slightly lower population density.



### Map 34 – Location of pharmacies and dispensing doctor premises compared to population density



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In 2024/25, 68.4% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies, 5.9% were personally administered or dispensed by one of the dispensing practices.

As can be seen from the map below, all of the locality is within 15 minutes by car of a pharmacy located in the locality outside of the rush hour times. The distance selling premises has been excluded as it cannot provide essential services to persons present at its premises, and from October 2025 cannot provide advanced services to persons present at its premises. The picture changes slightly during the rush hour times when the area in the north east of the locality that is between 15 and 20 minutes from a pharmacy by car, is no longer within a 20-minute drive of a pharmacy within the locality.

Map 35 – Access to pharmacies in the locality outside of rush hour times



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**5** **10** **15** Travel times in minutes

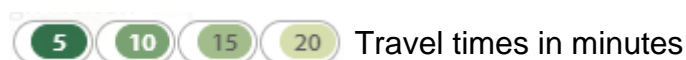
Noting that 21% of households do not have access to a car or van, travel times by public transport and on foot were analysed.

The map below shows travel times to a pharmacy on a weekday. As may be expected, the more rural parts of the locality with low population density levels are not within a 15-minute bus ride from a pharmacy. The position stays the same at the weekend.

**Map 36 – Access to pharmacies in the locality by public transport on weekdays**

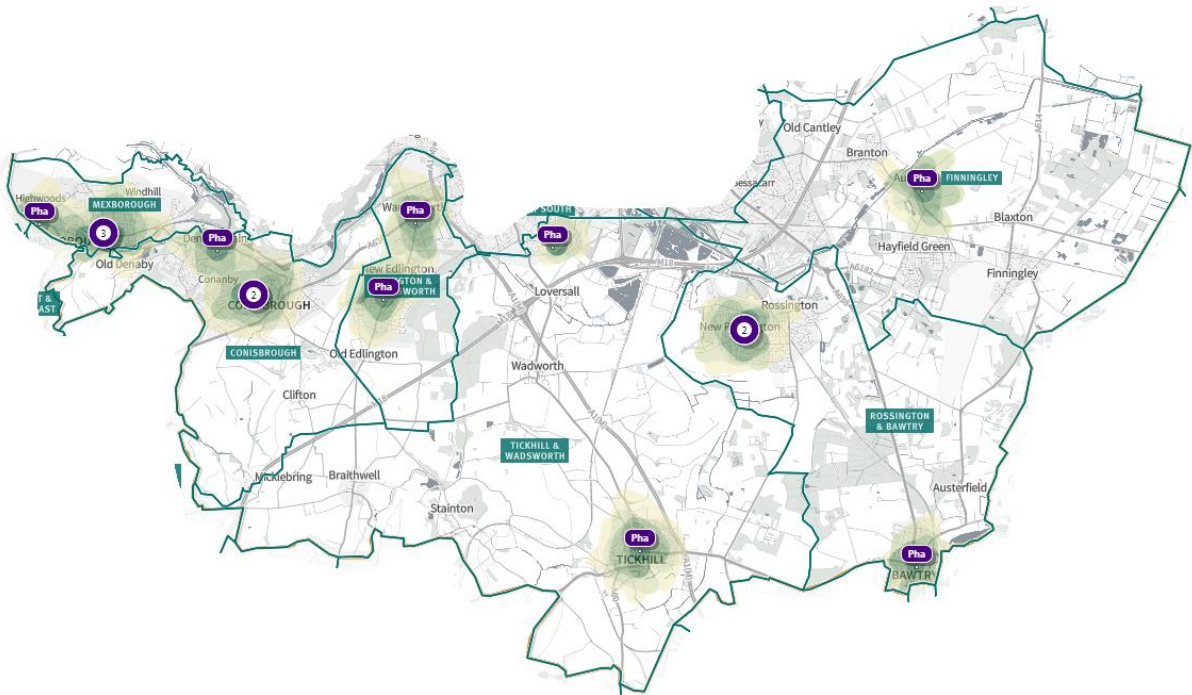


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The following map shows travel times to a pharmacy in the locality on foot.

**Map 37 – Access to pharmacies in the locality on foot**



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**3 6 9 12 15** Travel times in minutes

When looking at total opening hours the pharmacies are open as follows.

- Six open Monday to Friday,
- Six open Monday to Friday and Saturday morning,
- Two open Monday to Saturday (one in each of Bawtry and Tickhill), and
- Two Monday to Sunday, one in each of Mexborough and Balby (one was previously subject to the 100 hours condition).

However, when looking solely at core opening hours:

- nine have core opening hours Monday to Friday,

- three have core opening hours Monday to Friday and Saturday morning,
- three have core opening hours Monday to Saturday, and
- one has core opening hours Monday to Sunday (Mexborough).

With regard to core opening hours, Monday and Friday:

- one has core opening hours until 16.40,
- three have core opening hours until 17.00 (pharmacies in Rossington, Mexborough and Warmsworth),
- three until 17.30,
- eight until 18.00, and
- one until 20.00 (the pharmacy in Mexborough that was previously subject to the 100 hours condition).

When supplementary opening hours are taken into account:

- three open until 17.00 (pharmacies in Rossington, Mexborough and Warmsworth),
- two until 17.30,
- six until 18.00,
- one until 18.30, and
- one until 19.00 (Auckley),
- one until 20.00 (Balby), and
- one until 21.00 (the former 100-hour pharmacy in Mexborough).

Of the ten pharmacies that open at the weekend:

- core opening hours secure provision between 08.30 and 18.00 on Saturday, and 10.00 and 16.00 on Sunday, and
- total opening hours secure provision between 08.30 and 20.00 on Saturday and 10.00 and 16.00 on Sunday.

The map below shows the part of the locality that is within a 20-minute drive of the pharmacy in Mexborough that was previously subject to the 100-hour condition, and which has core opening hours at the weekend.

Opening hours information is as of February 2025 as provided by the Integrated Care Board.



### Map 38 – Areas that are within a 20-minute drive of the pharmacy formally subject to the 100 hour condition



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**5** **10** **15** **20** Travel times in minutes

Nine of the pharmacies completed the contractor questionnaire, and all confirmed that they dispense all appliances listed in Part IX of the Drug Tariff at their premises. One of the dispensing practices confirmed that they dispense dressings only at their premises.

As of 27 July 2025, all of the pharmacies had signed up to provide Pharmacy First and all had provided consultations for the clinical pathways in 2024/25 – 3,493 consultations with a range at pharmacy level of six to 463. All had made supplies of urgent repeat medicines over the same timescale – 1,099 supplies with a range at pharmacy level of two to 320. All provided consultations for low acuity, minor illness – 607 consultations, with a range at pharmacy level of two to 123.

As of 24 July 2025, all of the pharmacies had signed up to provide the hypertension case finding advanced service with all but one providing a total of 4,443 blood pressure checks in 2024/25. The range of checks undertaken at pharmacy level was 41 to 783. 14 of the pharmacies undertook ambulatory blood pressure checks, 192 in the same time period, with a range of one to 35 checks at pharmacy level.

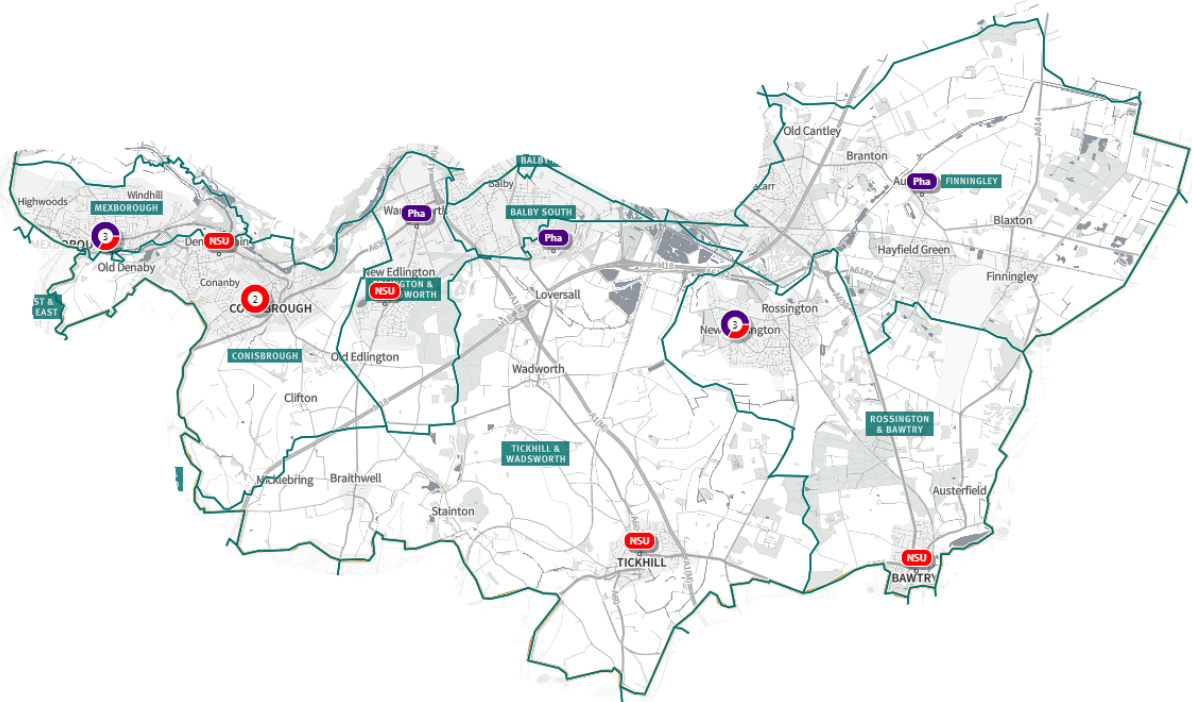
All of the pharmacies had signed up to provide the contraception service as of 27 July 2025. Ten of the pharmacies have provided the ongoing supply of oral contraception element of the service, undertaking 483 consultations in 2024/25 with a range at pharmacy level of eight to 210. 11 pharmacies completed 109 consultations to initiate oral contraception over the same time period with a range at pharmacy level of one to 30.

Eight of the pharmacies had signed up to provide lateral flow device tests as of February 2025. They made a total of 194 supplies of lateral flow device tests in 2024/25, with a range at pharmacy level of six to 135.

The map below shows which pharmacies had and hadn't signed up to provide this service. The pharmacies that had not signed up are shaded red and have the initials 'NSU'.



### Map 39 – Lateral flow device tests supply advanced service sign-ups



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### 11.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- offered by dispensing appliance contractors,
- offered by distance selling premises, or
- which are located near to where they work, shop or visit for leisure or other purposes.

Whilst 68.4% of items prescribed by the GP practices in 2024/25 were dispensed by a pharmacy in the locality, and 6.7% were personally administered or dispensed by the dispensing practices:

- 7.8% were dispensed by contractors elsewhere in Doncaster (68.6% by one of the distance selling premises),
- 8.2% by 44 contractors in Nottinghamshire (predominantly by three contractors, one of whom operates one distance selling premises),

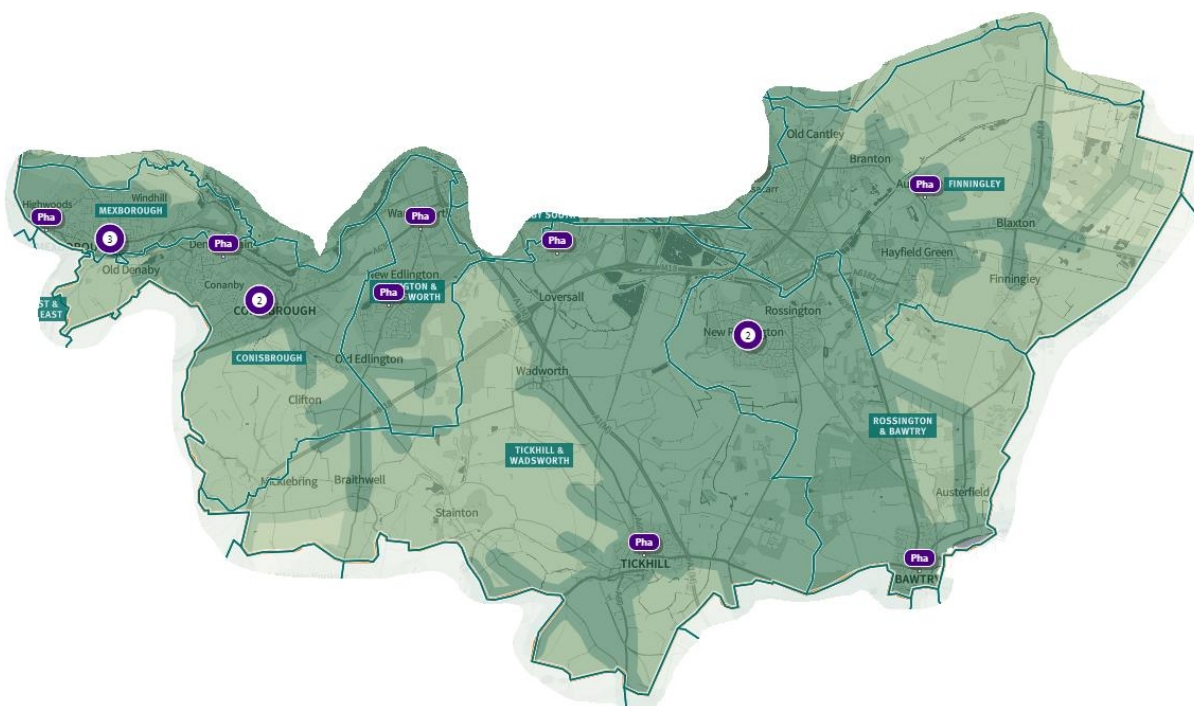
- 2.3% were dispensed by 25 contractors in Leeds (predominantly by one distance selling premises),
- 1.7% by 58 contractors in Sheffield (predominantly by one contractor),
- 1.5% were dispensed by 57 contractors in Rotherham,
- 0.6% were dispensed by 38 contractors in Barnsley (predominantly by two contractors),
- 0.5% by four contractors in Bradford and Airedale, and
- 0.4% by two contractors in Ealing (predominantly by one distance selling premises).

The rest were dispensed by 427 contractors in 118 different Health and Wellbeing Board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 6.1% were dispensed by 41 distance selling premises. 1.0% of items were dispensed by 45 dispensing appliance contractors.

When taking into account the provision of necessary services outside of the locality, all residents are within a 15-minute drive of a pharmacy.

**Map 40 – Travel times to pharmacies in South and neighbouring localities by car, outside rush hour times**



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   Travel times in minutes

The area that is within 20 minutes of a pharmacy by public transport increases when taking into account pharmacies that are outside of the locality. There is no impact on travel times on foot when taking into account the provision of necessary services outside of the locality.

**Map 41 – Access to pharmacies in the locality by public transport on weekdays**



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5 10 15 20 Travel times in minutes

## 11.4 Other relevant services: current provision

All of the pharmacies provided the new medicine service in 2024/25, claiming a total of 9,099 full service interventions with a range of 112 to 1,205 at pharmacy level.

Despite nine of the pharmacies confirming they dispense prescriptions for all appliances at their premises, none provided appliance use reviews in 2024/25.

Of the eight that said they dispense all appliances, three provided the stoma appliance customisation service in 2024/25. A total of 27 appliances were customised with a range of seven to 13 at pharmacy level.

13 of the pharmacies provided influenza vaccinations under the advanced service in 2024/25, vaccinating a total of 5,926 people with a range at pharmacy level of 86 to 1,055.

Although ten of the pharmacies had signed up to provide the smoking cessation advanced service, none received any referrals in 2024/25.

Of the 16 pharmacies:

- seven are commissioned to provide the minor ailments enhanced service,
- nine the palliative care enhanced service, and
- five the inhaler technique enhanced service.

## 11.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- initiation and ongoing supply of contraception,
- influenza vaccinations,
- blood pressure checks, and
- advice and treatment for common ailments.

In 2024/25, the GP practices personally administered 0.8% of the items prescribed.

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in the locality. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies in the locality. A total of 5,070 items prescribed by dental practices items were dispensed in 2023/24 and 4,245 between April 2024 and January 2025.

Residents will access other NHS services located in this locality or elsewhere in the Health and Wellbeing Board's area which affect the need for pharmaceutical services, including:

- hospital pharmacy departments,
- drug and alcohol services,
- GP out of hours service,
- services provided by Rotherham Doncaster and South Humber NHS Foundation Trust in the community,
- Doncaster same day health centre,
- enhanced access to primary medical services,

- services provided by staff employed or engaged under the additional roles reimbursement scheme by GP practices or Primary Care Doncaster Limited, and
- Evolutio ophthalmology Doncaster.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

## **11.6 Choice with regard to obtaining pharmaceutical services**

As can be seen from sections 11.2 and 11.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality or elsewhere in Doncaster in order to have their prescriptions dispensed. Those who look outside the Health and Wellbeing Board's area usually do so either to access distance selling premises or dispensing appliance contractors.

In 2024/25, a total of 812 contractors dispensed items written by one of the GP practices, of which 737 were outside of Doncaster. Some were quite a distance from the area, for example Bradford and Airedale, Ealing, West Sussex, and Stoke-on-Trent.

## **11.7 Necessary services: gaps in provision**

Whilst not NHS services, nine pharmacies provided the following information on collection and delivery services.

- One has an automated collection point.
- All provide a private, free of charge delivery service. Seven provide the service to all users of the pharmacy, one provides it to those who live within a four-mile radius of the pharmacy, and another provides it to housebound people, those who are terminally ill or have a mental health condition, on a case-by-case basis.

The dispensing practice that responded to the questionnaire confirmed that it doesn't have an automated collection point, nor does it provide a delivery service.

One pharmacy has staff who speak Polish (Monday to Friday), Hindi, Telugu, and Tamil (two

days per week). Another pharmacy has a member of staff who speaks Romanian.

The eight pharmacies confirmed they have sufficient capacity within their premises and their staffing to manage an increase in demand.

The Health and Wellbeing Board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services,
- be able to use public transport, or
- be able to walk to a pharmacy.

The Health and Wellbeing Board has noted that all of the locality is within a 15-minute drive of a pharmacy, both during and outside the rush hour times. It has also noted that 79% of households have access to two or more cars or vans, and that residents in most of the villages are within a 15-minute bus ride of a pharmacy. Comparing car ownership data from the 2021 Census against the location of the lower super output areas reveals that generally there is a pharmacy within or just outside of those with the lowest levels of car ownership.

The Health and Wellbeing Board has noted that:

- all of the pharmacies have signed up to provide, and are providing, Pharmacy First,
- all of the pharmacies have signed up to provide the hypertension case-finding advanced service, all provided checks in 2024/25 and 14 provided ambulatory blood pressure monitoring,
- all of the pharmacies have signed up to provide the contraception advanced service, ten provided the ongoing supplies in 2024/25 and 11 initiated supply, and
- eight pharmacies have signed up to provide lateral flow device tests, with six having provided the service in 2024/25.

The Health and Wellbeing Board has noted that the COVID-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The Health and Wellbeing Board is therefore of the opinion that residents will be able to access pharmaceutical services remotely either via:

- the delivery service that all the distance selling premises in England must provide (15.3% of items prescribed by the GP practices in the locality in 2024/25 were dispensed by distance selling premises),
- the delivery service offered by dispensing appliance contractors,
- the private delivery service offered by some pharmacies, and



- remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The Health and Wellbeing Board has placed weight on the use of distance selling premises by residents in the locality, particularly in light of the report by the Competition & Markets Authority on the acquisition of LloydsDirect by Pharmacy2U Limited<sup>152</sup>. In its report, the Competition & Markets Authority made reference to customers of the two pharmacies viewing distance selling premises and “brick-and-mortar” pharmacies as substitutes.

Noting the location of the pharmacies and their opening times, the Health and Wellbeing Board is of the opinion that there are no current gaps in the provision of essential services. It is of the same opinion in relation to Pharmacy First, the contraception service, and the hypertension case-finding service as all pharmacies are signed up to provide these.

Although only eight of the pharmacies have signed up to provide the lateral flow device test supply service, the Health and Wellbeing Board has noted that this service is due to be decommissioned by NHS England with effect from 1 April 2026. In addition, with effect from May 2025 11 patient cohorts are no longer eligible to receive tests under this service. As a result, the Health and Wellbeing Board has not identified any current gaps in the provision of the lateral flow device test supply advanced service.

The Health and Wellbeing Board has also considered if any future gaps in the provision of necessary services will arise during the lifetime of this Pharmaceutical Needs Assessment. It noted that 552 dwellings are expected to be completed during this period across four sites, equating to approximately 1,325 people. At present it is not known whether people moving into these dwellings will be from outside of Doncaster or moving within the area. However, noting that the population of Doncaster as a whole is only projected to increase by 0.9% by 2028<sup>153</sup> it can be assumed that some of these 1,325 people will already live in Doncaster.

In addition, there is a mixed-use development to the west of the airport (“Gateway East”) which will include over 1,000 homes, employment development, and a central plaza which will include retail, leisure, commercial and community facilities. There are currently two outline planning applications being considered in this location for 1,200 homes and 1,400+ homes respectively

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<sup>152</sup> [Completed acquisition by Pharmacy2U of Lloyds Direct](#), Competition & Markets Authority, April 2024

<sup>153</sup> [Population projections – local authority based by single year of age April 2019](#), NOMIS

(although, if granted, only one would come forward). Noting the scale of this development and the location of the nearest pharmacies, the Health and Wellbeing Board is of the opinion that there is a future need for a pharmacy in this development on completion of the residential units providing:

- all the essential services, and
- advanced services – Pharmacy First, hypertension case-finding, and contraception (or any equivalent services that may replace them in the lifetime of this document).

These services are to be provided during core opening hours Monday to Friday between 09.00 and 18.00 as a minimum, with core opening hours on Saturdays and Sundays being desirable.

The Health and Wellbeing Board has noted the national decline in the number of pharmacies, and that since the last Pharmaceutical Needs Assessment four pharmacies have closed in Doncaster<sup>154</sup>. It has therefore considered whether any future gaps in the provision of necessary services would be created if a pharmacy closed within the locality.

This locality is the geographically largest of the four and there are three pharmacies that are not in close proximity to another one – those in Auckley, Bawtry and Tickhill. If any one of these pharmacies closed all residents would still be able to access a pharmacy within 15 minutes by car, however those living in the settlement where the pharmacy closed would now need to travel for up to 15 minutes to access a pharmacy in Doncaster.

The GP practice in Auckley dispenses to its eligible patients from those premises, as does the practice with premises in Finningley. Therefore, should the pharmacy in Auckley close, residents could ask the practice to dispense to them. However, they would still need to travel to access the other essential and advanced services provided by pharmacies.

The GP practices in Bawtry also dispenses to eligible patients, however the practice Tickhill does not. If the pharmacy in Bawtry or Tickhill closed the nearest pharmacies would be over the border in Harworth and Bircotes which are a seven-minute drive away.

Noting the number and distribution of pharmacies across the locality, the Health and Wellbeing Board is of the opinion that the closure of one of the 11 “brick-and-mortar” pharmacies would

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<sup>154</sup> One of these pharmacies was in this locality and closed as a result of a consolidation application which was only granted as to do so would not create a gap in the provision of pharmaceutical services which could be met by a routine application.

not affect the ability of residents to access a pharmacy within 15 minutes by either car or public transport. As such, no future gaps in the provision of necessary services in these circumstances have been identified.

### **11.8 Improvements or better access: gaps in provision**

The Health and Wellbeing Board has noted that:

- all of the pharmacies provide the new medicine service,
- none provide appliance use reviews despite at least nine of the pharmacies dispensing all appliances at their premises,
- three provide the stoma appliance customisation service, despite at least nine of the pharmacies dispensing all appliances at their premises,
- 13 pharmacies provided influenza vaccinations in 2024/25,
- ten pharmacies have signed up to provide the smoking cessation service,
- seven pharmacies are commissioned to provide the minor ailments enhanced service, nine the palliative care drugs enhanced service, and five the inhaler technique enhanced service.

The Health and Wellbeing Board has considered whether there are any current gaps in the provision of the other relevant services and has concluded that there are none in relation to the new medicine service as all the pharmacies provide.

In relation to appliance use reviews and stoma appliance customisation, no pharmacies provide the former and only three provided the latter. However, it is noted that the number of appliances being prescribed by the GP practices will be considerably lower than for drugs and therefore the demand for these two services will be considerably lower than for the other advanced services. In addition, not all stoma appliances require customisation. 1.0% of items prescribed by the GP practices were dispensed by a dispensing appliance contractor with the majority dispensed outside of Doncaster. The Health and Wellbeing Board is therefore of the opinion that residents in the locality who are prescribed an appliance will be able to access the appliance use review from the contractor who dispenses their prescriptions. Similarly, the stoma appliance customisation service will be provided by that contractor where it is required, before the items are delivered to residents. It is therefore satisfied that there are no gaps in the provision of this service.

Whilst not all of the pharmacies provided influenza vaccinations as part of the 2024/25

vaccination programme, the Health and Wellbeing Board has noted that they are in close proximity to GP practices and other pharmacies that do. It is therefore satisfied that there are no gaps in the provision of this service.

In relation to the smoking cessation advanced service, the Health and Wellbeing Board has noted that it is only available to people who have started to give up smoking during an in-patient stay at an NHS trust and who are referred to a pharmacy for continued support upon discharge. As no referrals are currently being made by the NHS trusts the Health and Wellbeing Board is satisfied that there are no gaps in the provision of this service. It would recommend that NHS South Yorkshire Integrated Care Board works with the NHS trusts to understand why no referrals are being made. It is anticipated that should referrals start to be made then more pharmacies will sign up to provide the service. The Health and Wellbeing Board is therefore satisfied that there would be no future gaps in the provision of this service.

The Health and Wellbeing Board has noted that NHS South Yorkshire Integrated Care Board is currently reviewing the contracts that are in place for the provision of the three enhanced services.

In summary, the Health and Wellbeing Board is satisfied that there are no current gaps in the provision of other relevant services.

In relation to any future gaps, the Health and Wellbeing Board is satisfied that neither the completion of 552 dwellings nor the closure of a pharmacy would lead to any future gaps in the provision of other relevant services.

## 12.0 Conclusions for the purpose of schedule 1 to The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

The Pharmaceutical Needs Assessment has considered the current provision of pharmaceutical services across Doncaster and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Doncaster and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Doncaster has 69 pharmacies all providing the full range of essential services. Of these seven previously provided services for 100 hours per week but have successfully applied to reduce their core opening hours, and three are distance selling premises. There is one dispensing appliance contractor with premises in the area. None of the pharmacies provide services under a local pharmaceutical services contract.

Many provide advanced and enhanced services as commissioned by NHS South Yorkshire Integrated Care Board, and some provide services commissioned by City of Doncaster Council.

Three of the GP practices dispense to eligible patients from four sites within the Health and Wellbeing Board's area.

Overall, access to pharmaceutical services in Doncaster is good due to the spread of premises across the area and the times at which they are open.

Doncaster has a population of approximately 308,104. The projected population changes and housing developments identified may consequently impact on the type of services required and the number of people accessing pharmaceutical services within the county. The Pharmaceutical Needs Assessment has therefore considered whether the current provision of pharmaceutical services will continue to meet the needs of the population during its three-year lifetime.

### 12.1 Necessary services – current provision

The Health and Wellbeing Board has defined necessary services as:

- essential services, and dispensing appliance contractor equivalent services, provided at or from the premises included in the pharmaceutical lists,
- the advanced services of Pharmacy First, hypertension case-finding, contraception service, and lateral flow device tests supply, and
- the dispensing service provided by some GP practices.

Preceding sections of this document have set out the provision of these services in Doncaster. Providers of these services who are located outside of Doncaster have also been identified.

## **12.2 Necessary services – gaps in provision**

### **12.2.1 Access to essential services**

In order to assess the provision of essential services against the needs of the population the Health and Wellbeing Board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

The Health and Wellbeing Board has identified that the population of Doncaster is able to access a pharmacy during normal working hours within 15 minutes by car, both during and outside of peak times, and all but approximately 3,500 are able to access a pharmacy within 15 minutes by public transport. There is one area that is not within a 15-minute drive of a pharmacy, however the Health and Wellbeing Board is satisfied that there is not a current need for a pharmacy in that area due to the fact it contains no resident population.

There is good access to essential services outside normal working hours through provision by the six pharmacies that were previously subject to the 100 hours condition, and extended evening and weekend opening hours offered by other pharmacies.

- Nine pharmacies open seven days a week (includes the six pharmacies formerly subject to the 100 hours condition),
- 12 pharmacies open Monday to Saturday,
- 24 pharmacies open Monday to Friday, and Saturday until 13.00, and
- 24 pharmacies that open Monday to Friday.

The residents' questionnaire showed that 37.4% said they do not have a preferred time to visit a

pharmacy, 20.9% said between 09.00 and 12.00, 14.9% said between 15.00 and 18.00, 11.3% said between 12.00 and 15.00, and 11.2% said 18.00 to 21.00. With regard to a preferred day of the week to visit a pharmacy, 'no preference' was the most common response followed by then Saturday, Friday, Wednesday, Monday, Thursday, Tuesday, and Sunday.

It is not expected that any of the current pharmacies will reduce the number of core opening hours, and the Integrated Care Board foresees no reason to agree a reduction of core opening hours for any contractor except on an ad hoc basis to cover extenuating circumstances as permitted within the terms of service.

The Health and Wellbeing Board is mindful that the service offering evening and weekend appointments with GPs may vary its opening times during the lifetime of this Pharmaceutical Needs Assessment. However, it would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or the Integrated Care Board will direct pharmacies to open to meet any differences in opening hours.

**Based on the information available at the time of developing this Pharmaceutical Needs Assessment no current gaps in the provision of essential services within or outside normal working hours have been identified in any of the localities.**

### 12.2.2 Access to advanced services

The Health and Wellbeing Board deems the following advanced services to be necessary services:

- Pharmacy First,
- hypertension case-finding,
- contraception service, and
- lateral flow device tests supply.

The Health and Wellbeing Board has noted the number and distribution of pharmacies who have signed up and are providing these services, and activity levels in 2024/25. Based on the data available the Health and Wellbeing Board is satisfied that there is sufficient capacity to meet the demand for these advanced services.



**Based on the information available at the time of developing this Pharmaceutical Needs Assessment no current gaps in the provision of the Pharmacy First, hypertension case-finding, contraception service, and lateral flow device tests supply advanced services have been identified in any of the localities.**

### 12.2.3 Future provision of necessary services

The Health and Wellbeing Board has taken into account the forecasted population growth and has noted the location of the developments that will deliver new housing during the lifetime of this Pharmaceutical Needs Assessment. Two such developments will deliver a significant number of new houses.

The development known as “Unity” on land between Hatfield and Stainforth is expected to deliver 3,100 residential units, community facilities, industrial and logistical development, commercial development and a local centre. The Health and Wellbeing Board has identified that there is a future need for a pharmacy in this development on completion of the residential units providing:

- all the essential services, and
- advanced services – Pharmacy First, hypertension case-finding, contraception, influenza vaccinations, and the new medicine service (or any equivalent services that may replace any of these services in the lifetime of this document).

These services are to be provided during core opening hours Monday to Friday between 09.00 and 18.00 as a minimum, with core opening hours on Saturdays and Sundays being desirable.

The development known as “Gateway East” to the west of the airport will include over 1,000 homes, employment development, and a central plaza which will include retail, leisure, commercial and community facilities. Subject to planning permission being granted, the Health and Wellbeing Board has identified that there is a future need for a pharmacy in this development on completion of the residential units providing:

- all the essential services, and
- advanced services – Pharmacy First, hypertension case-finding, contraception, influenza vaccinations, and the new medicine service (or any equivalent services that may replace any of these services in the lifetime of this document).

These services are to be provided during core opening hours Monday to Friday between 09.00 and 18.00 as a minimum, with core opening hours on Saturdays and Sundays being desirable.

**Based on the information available at the time of developing this Pharmaceutical Needs Assessment two gaps in the future need for the necessary services in specified future circumstances have been identified in two of the localities.**

### **12.3 Other relevant services: current provision**

For the purposes of this Pharmaceutical Needs Assessment, the Health and Wellbeing Board has agreed that other relevant services are:

- new medicine service,
- appliance use reviews,
- stoma appliance customisation,
- seasonal influenza vaccination service,
- NHS smoking cessation service,
- inhaler technique review service,
- palliative care service in extended hours pharmacies, and
- minor ailments service.

Preceding sections of this document have set out the provision of these services in Doncaster. Providers of these services who are located outside of Doncaster have also been identified.

### **12.4 Improvements and better access – gaps in provision**

#### **12.4.1 Current provision of other relevant services**

The Health and Wellbeing Board has noted the number of pharmacies that have signed up to provide, and are providing, the advanced and enhanced services. In relation to the following services, it is satisfied that the current demand can and will be met by the existing providers.

- New medicine service,
- appliance use reviews,
- stoma appliance customisation,
- NHS smoking cessation service,
- inhaler technique review service,

- palliative care service in extended hours pharmacies, and
- minor ailments service.

It has, however, identified that there is a gap in the provision of the seasonal influenza vaccination service in Stainforth and Moorends. The Health and Wellbeing Board is of the opinion that better access to this service would be secured if this service was provided by a pharmacy in each of Stainforth and Moorends.

**Based on the information available at the time of developing this Pharmaceutical Needs Assessment one gap has been identified in the provision of the seasonal influenza vaccination advanced service. Provision of this service by a pharmacy in each of Stainforth and Moorends would secure better access to this advanced service. No other current gaps in the provision of the other relevant services have been identified.**

#### 12.4.2 Future provision of other relevant services

The Health and Wellbeing Board has taken into account the forecasted population growth and has noted the location of the developments that will deliver new housing during the lifetime of this Pharmaceutical Needs Assessment. As noted above, two such developments will deliver a significant number of new houses, and the Health and Wellbeing Board has identified a future gap in relation to the following other relevant services in both developments on completion of all the residential units.

- New medicine service, and
- Seasonal influenza vaccination service.

These services are to be provided by a pharmacy in each development during core opening hours Monday to Friday between 09.00 and 18.00 as a minimum, with core opening hours on Saturdays and Sundays being desirable.

These gaps have been articulated in section 12.2.3 above.

# Appendix A – Policy context and background papers

Between the 1980s and 2012 the ability for new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as ‘control of entry’. Broadly speaking an application to open new premises was only successful if a primary care trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the ‘necessary or expedient’ test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government<sup>155</sup>, and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could access a pharmacy within 20 minutes, including in deprived areas<sup>156</sup>), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

Primary care trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give primary care trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services<sup>157</sup>. One of the recommendations of this second review was that primary care trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow primary care trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

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<sup>155</sup> [Review of progress on reforms in England to the “Control of Entry” system for NHS pharmaceutical contractors](#). Department of Health 2007

<sup>156</sup> [Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008](#)

<sup>157</sup> [Review of NHS pharmaceutical contractual arrangements](#). Anne Galbraith 2007

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper “Pharmacy in England. Building on strengths – delivering the future” published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However, it was recognised that at the time there was considerable variation in the scope, depth and breadth of Pharmaceutical Needs Assessments. Some primary care trusts had begun to revise their Pharmaceutical Needs Assessments (first produced in 2004) in light of the 2006 re-organisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of, and data requirements for, primary care trusts Pharmaceutical Needs Assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported primary care trusts decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were as follows.

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish Pharmaceutical Needs Assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for Pharmaceutical Needs Assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all primary care trusts to produce their first Pharmaceutical Needs Assessment which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second Pharmaceutical Needs Assessment no later than three years after the publication of the first Pharmaceutical Needs Assessment. The group also drafted regulations on how Pharmaceutical Needs Assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established Health and Wellbeing Boards and transferred responsibility to develop and update Pharmaceutical Needs Assessments from primary care trusts to Health and Wellbeing Boards. Responsibility for using Pharmaceutical Needs Assessments as the basis for determining market entry to a pharmaceutical list transferred from

primary care trusts to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update Pharmaceutical Needs Assessments and gives the Department of Health and Social Care powers to make regulations.

### **Section 128A Pharmaceutical Needs Assessments**

- (1) Each Health and Wellbeing Board must in accordance with regulations--
  - (a) assess needs for pharmaceutical services in its area, and
  - (b) publish a statement of its first assessment and of any revised assessment.
- (2) The regulations must make provision--
  - (a) as to information which must be contained in a statement;
  - (b) as to the extent to which an assessment must take account of likely future needs;
  - (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
  - (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>158</sup>, as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the Pharmaceutical Needs Assessment,

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<sup>158</sup> [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013.](#)

- Information that must be included in the Pharmaceutical Needs Assessment (it should be noted that Health and Wellbeing Boards are free to include any other information that they feel is relevant),
- Date by which Health and Wellbeing Boards must publish their first Pharmaceutical Needs Assessment,
- Requirement on Health and Wellbeing Boards to publish further Pharmaceutical Needs Assessments on a three-yearly basis,
- Requirement to publish a revised assessment sooner than on a three-yearly basis in certain circumstances,
- Requirement to publish supplementary statements in certain circumstances,
- Requirement to consult with certain people and organisations at least once during the production of the Pharmaceutical Needs Assessment, for at least 60 days, and
- Matters the Health and Wellbeing Board is to have regard to when producing its Pharmaceutical Needs Assessment.

Each Health and Wellbeing Board was under a duty to publish its first Pharmaceutical Needs Assessment by 1 April 2015. In the meantime, the Pharmaceutical Needs Assessment produced by the preceding primary care trust remained in existence and was used by NHS England to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

Once a Health and Wellbeing Board has published its first Pharmaceutical Needs Assessment it is required to produce a revised Pharmaceutical Needs Assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the Health and Wellbeing Board is satisfied that producing a revised Pharmaceutical Needs Assessment would be a disproportionate response to those changes.

In addition, a Health and Wellbeing Board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate.

1. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes.
2. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises and is in the course of producing a new Pharmaceutical Needs Assessment, and is satisfied that it needs to immediately modify



its current Pharmaceutical Needs Assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area.

3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the Health and Wellbeing Board is of the opinion that the removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, it must publish a supplementary statement explaining that the removal does not create such a gap.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended were subject to a post implementation review by the Department of Health and Social Care in 2017/18<sup>159</sup> the aim of which is to determine whether they have met their intended objectives.

The review determined that:

- the regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand,
- there is flexibility within the system where an unforeseen benefit is identified,
- access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services, and
- there remains a degree of 'clustering'.

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consult on a number of amendments to the regulations and that changes were made to the underpinning guidance to address several unintended consequences and realise opportunities to more effectively deliver against the policy objectives. However, none of these relate to the requirements for Pharmaceutical Needs Assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on Health and Wellbeing Boards to publish their third Pharmaceutical Needs Assessment by 1 April 2021. Health and Wellbeing Boards had until 1 April 2022, although this was subsequently extended again until October 2022. The amendments were due to the impact the Covid-19 pandemic had on all commissioners and providers of health and social care services.

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<sup>159</sup> [Post-implementation report on the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), Department of Health and Social Care 2018.

Further amendments were made in 2021 to clarify what is to happen if a new Health and Wellbeing Board is created following the making of an Order to establish one or more new upper tier authorities. Where that happens, the new Health and Wellbeing Board would have 12 months to publish its first Pharmaceutical Needs Assessment after the upper tier authority is established. NHS England, and since 1 April 2023 the Integrated Care Boards, would continue to refer to the Pharmaceutical Needs Assessment published by the preceding Health and Wellbeing Board when determining applications for inclusion in a pharmaceutical list.

A second implementation report should have been published within five years of the previous report being published i.e. by 31 March 2023.

# Appendix B – Essential services

## 1. Dispensing of prescriptions

### Service description

The supply of medicines and appliances ordered on NHS prescriptions, or via an order for the supply of a drug in accordance with a pandemic treatment protocol or a pandemic treatment patient group direction or a listed prescription items voucher, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

### Aims and intended outcomes

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

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

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

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

## 2. Dispensing of repeatable prescriptions

### Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances

in partnership with the patient and the prescriber.

This service covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

### **Aims and intended outcomes**

- To increase patient choice and convenience, by allowing patients to obtain their regular prescribed medicines and appliances directly from a pharmacy for a period agreed by the prescriber.
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient.
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

## **3. Disposal of unwanted drugs**

### **Service description**

Acceptance by pharmacies of unwanted medicines which require safe disposal from households and individuals. Integrated Care Boards are required to arrange for the collection and disposal of unwanted medicines from pharmacies on behalf of NHS England.

### **Aims and intended outcomes**

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

## **4. Promotion of healthy lifestyles**

### **Service description**

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- have diabetes, or
- be at risk of coronary heart disease, especially those with high blood pressure, or
- who smoke, or
- are overweight.

To pro-actively participate in national/local campaigns and promote public health messages to general pharmacy visitors during specific targeted campaign periods.

### **Aims and intended outcomes**

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

## **5. Signposting**

### **Service description**

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

### **Aims and intended outcomes**

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

## **6. Support for self-care**

## **Service description**

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

## **Aims and intended outcomes**

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

## **7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic**

### **Service description**

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State for Health and Social Care, that certain patient groups are advised to stay away from pharmacy premises:

- in a specified area,
- in specified circumstances, and
- for the duration specified in the announcement.

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided, pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the

pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS and care volunteer responders, where either are available.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients have their medicines delivered. This can be done in one of the following ways.

- Deliver the medicine themselves as part of the advanced service,
- Arrange for another pharmacy to deliver it on their behalf as part of the advanced service, or
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of the advanced service.

### **Aims and intended outcomes**

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

## **8. Discharge medicines service**

### **Service description**

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

### **Aims and intended outcomes**



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

- optimise the use of medicines, whilst facilitating shared decision making,
- reduce harm from medicines at transfers of care,
- improve patients' understanding of their medicines and how to take them following discharge from hospital,
- reduce hospital readmissions, and
- support the development of effective team-working across hospital, community and primary care network pharmacy teams and general practice teams and provide clarity about respective roles.

# Appendix C – Advanced services

## 1. New medicine service

### Service description

The new medicine service is provided to patients who have been prescribed, for the first time, a medicine for a specified long-term condition with a view to improving their adherence. The new medicine service involves three stages - recruitment into the service, an intervention about one or two weeks later, and a follow up after two or three weeks.

### Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order—

- as regards the long-term condition—
  - to help reduce symptoms and long-term complications, and
  - in particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support, and
- to help the patients—
  - make informed choices about their care,
  - self-manage their long-term conditions,
  - adhere to agreed treatment programmes, and
  - make appropriate lifestyle changes.

## 2. Stoma appliance customisation

### Service description

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

- the stoma appliance to be customised is listed in Part IXC of the Drug Tariff,

- the customisation involves modification to the same specification of multiple identical parts for use with an appliance, and
- modification is based on the patient's measurement or record of those measurements and if applicable, a template.

### **Aims and intended outcomes**

The underlying purpose of the service is to:

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

## **3. Appliance use review**

### **Service description**

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

### **Aims and intended outcomes**

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

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

## **4. Seasonal influenza vaccination service**

### **Service description**

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction and the national protocol.

### **Aims and intended outcomes**

The aims of this service are to:

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

## **5. Home delivery services during a pandemic etc**

### **Service description**

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State for Health and Social care, that certain patient groups are advised to stay away from pharmacy premises:

- in a specified area
- in specified circumstances and
- for the duration specified in the announcement

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided, pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS and care volunteer responders, where either are available. This falls within the essential services home delivery service.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways.

- Deliver the medicine themselves as part of this advanced service,
- arrange for another pharmacy to deliver it on their behalf as part of this advanced service, or
- arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service.

### **Aims and intended outcomes**

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

## **6. Community pharmacy hypertension case-finding service**

### **Service description**

Cardiovascular disease is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years. Hypertension is the biggest risk factor for the disease and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and cardiovascular disease, improving outcomes and reducing the burden on GPs.

Under this service, potential patients who meet the inclusion criteria will be proactively identified and offered the service. Where the patient accepts, the pharmacist will then conduct a face-to-face consultation in the pharmacy consultation room (or other suitable location if the service is provided outside of the pharmacy) and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next steps as set out in the service specification which includes (as appropriate):

- sending the test results to the patient's GP,
- providing advice on maintaining healthy behaviours, or promoting health behaviours,
- offering ambulatory blood pressure monitoring,
- urgent referral to their GP, and
- repeating the test.

## **Aims and intended outcomes**

The aims and objectives of this service are:

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

## **7. NHS smoking cessation service**

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (directly or indirectly and where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing

medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.

The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the service receive a consistent and effective offer, in line with National Institute for Health and Care Excellence guidelines and the Ottawa Model for Smoking Cessation.

## **8. NHS pharmacy contraception service**

This service specification covers initiation of oral contraception and routine monitoring and ongoing supply of oral contraception via a patient group direction.

The aim of the service is to offer greater choice from where people can access contraception services and create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments. It will support the important role community pharmacy teams can play to help address health inequalities by providing wider healthcare access in their communities and signposting service users to local sexual health services in line with Health and Care Excellence guideline NG 102.

### **Objectives**

The objectives of the service are to:

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

## **9. NHS lateral flow device tests supply service**

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming



seriously ill. Prior to the introduction of this service, rapid lateral flow device (LFD) tests were available to order by these patients on GOV.UK or by calling NHS 119. These kits were then delivered directly to the patient's home.

Since 6 November 2023, LFD tests are no longer available via GOV.UK or via NHS 119. LFD tests still need to be available and easily accessible to people who are potentially eligible for COVID-19 treatments through routine NHS access routes. It is estimated that in the short-term, the number of potentially eligible patients is around 5.3m.

Although access to LFD tests may be supplemented by other pathways (e.g. through anticipatory or specialist care), community pharmacy is well placed within the local community to provide local and rapid access for patients.

Access to COVID-19 community-based treatment will continue to be based on a confirmed COVID-19 infection, achieved with a diagnostic lateral flow device test, in line with some of the recommended treatment's product licences. Given the short efficacy window for treatment and practical implications of point-of-care testing, tests need to be available for eligible patients to access in advance of developing symptoms.

## **Objective**

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

A positive lateral flow device test result will be used to inform a clinical assessment by the patient's clinician to determine whether the patient is suitable for, and will benefit from, National Institute for Health and Care Excellence -recommended COVID-19 treatments.

## **10. NHS Pharmacy first service**

The Pharmacy first advanced service incorporates the previous community pharmacist consultation service (both urgent medicines supply and minor illness elements) and builds on this to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate,

supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions. Patients may access this service either by referral or when they are identified as suitable by the pharmacist providing self-care as an essential service. This addition enhances the previous community pharmacist consultation service, making further appropriate use of community pharmacists' skills and opportunities to engage and support patients.

## Objectives

The objectives of this service are to:

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

## Appendix D – Enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.
3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
  - the proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
  - the clinical and cost effective use of drugs,
  - the proper and effective administration of drugs and appliances in the care home,
  - the safe and appropriate storage and handling of drugs and appliances, and
  - the recording of drugs and appliances ordered, handled, administered, stored or disposed of.
4. A coronavirus vaccination service, the underlying purpose of which is to provide for the administration of a medicinal product for vaccination or immunisation against coronavirus in accordance with—
  - a patient group direction that meets the conditions of regulation 233 of the Human Medicines Regulations 2012 (exemption for supply etc under a PGD by a person conducting a retail pharmacy business), or
  - (ii) a protocol that meets the conditions of regulation 247A of the Human Medicines Regulations 2012 (protocols relating to coronavirus and influenza vaccinations and immunisations).
5. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

6. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
7. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.
8. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.
9. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
  - drugs which they are using
  - their health and
  - general health matters relevant to them, and where appropriate referral to another health care professional.
10. A medication review service, the underlying purpose of which is for a registered pharmacist—
  - to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
  - to advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
  - where appropriate, to refer the patient to another health care professional
11. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —
  - to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
  - to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens

12. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
13. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist to—
  - provide sterile needles, syringes and associated materials to drug misusers,
  - receive from drug misusers used needles, syringes and associated materials, and
  - to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.
14. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
15. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
16. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.
17. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
  - the clinical and cost effective use of drugs,
  - prescribing policies and guidelines, and
  - repeat prescribing.
18. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to the—
  - clinical and cost effective use of drugs in the school,
  - proper and effective administration and use of drugs and appliances in the school,
  - safe and appropriate storage and handling of drugs and appliances, and
  - the recording of drugs and appliances ordered, handled, administered, stored or disposed of
19. A screening service, the underlying purpose of which is for a registered pharmacist to—

- identify patients at risk of developing a specified disease or condition,
  - offer advice regarding testing for a specified disease or condition,
  - carry out such a test with the patient's consent, and
  - offer advice following a test and refer to another health care professional as appropriate.
20. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —
- to advise and support patients wishing to give up smoking, and
  - where appropriate, to supply appropriate drugs and aids.
21. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.
22. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.
23. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances—
- which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription, and
  - where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

# Appendix E – Terms of service for dispensing appliance contractors

## 1. Dispensing of prescriptions

### Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

### Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- performing appropriate legal, clinical and accuracy checks,
- having safe systems of operation, in line with clinical governance requirements,
- having systems in place to guarantee the integrity of products supplied,
- maintaining a record of all appliances supplied which can be used to assist future patient care,
- maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate,
- providing the appropriate additional items such as disposable bags and wipes, and
- delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

## 2. Dispensing of repeatable prescriptions

### Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.



This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

### **Aims and intended outcomes**

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions

## **3. Home delivery service**

### **Service description**

The delivery of certain appliances to the patient's home.

### **Aims and intended outcomes**

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- with reasonable promptness, at a time agree with the patient,
- in a package that displays no writing or other markings which could indicate its content, and
- in such a way that it is not possible to identify the type of appliance that is being delivered.

## **4. Supply of appropriate supplementary items**

### **Service description**

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

### **Aims and intended outcomes**

To ensure that patients have a sufficient supply of wipes for use with their appliance and are able to dispose of them in a safe and hygienic way.

## **5. Provide expert clinical advice regarding the appliances**

### **Service description**

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

### **Aims and intended outcomes**

To ensure patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

## **6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice**

### **Service description**

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

### **Aims and intended outcomes**

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

## **7. Signposting**

### **Service description**

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- with the consent of the patient, passed to another provider of appliances, or
- if the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

**Aims and intended outcomes**

To ensure that patients are able to have their prescription dispensed.

## Appendix F – Steering Group Membership

Name	Post	Organisation
Laurie Mott	Policy and insight manager	City of Doncaster Council
Lois Litardo	Communications and engagement officer	City of Doncaster Council
Louise Robson	Public health lead (healthy lives)	City of Doncaster Council
Maisie Mattocks	Public health project support officer	City of Doncaster Council
Elizabeth Purdon	Public health project officer	City of Doncaster Council
Simon Noble	Policy insight and change analyst	City of Doncaster Council
Vicki Roberts	Chief officer	Community Pharmacy South Yorkshire
Dean Eggitt	Chief executive officer	Doncaster Local Medical Committee
Fran Joel	Chief executive officer	Healthwatch Doncaster
Chris Bland	Chief operations officer	South Yorkshire Local Pharmaceutical Committee
Charlotte McMurray	Medicines optimisation programme director (pharmacy integration and development)	NHS South Yorkshire Integrated Care Board
Claire Thomas	Community pharmacy clinical lead	NHS South Yorkshire Integrated Care Board
Verena Marshall	Primary care business manager	NHS South Yorkshire Integrated Care Board
Charlotte Goodson	Adviser	Primary Care Commissioning CIC

# Appendix G – Residents' Questionnaire

We are inviting you to tell us about pharmacy services in your area. We regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'Pharmaceutical Needs Assessment' and is being prepared by City of Doncaster Council.

Many people call them chemists, but we use the word pharmacy in this questionnaire. By a pharmacy, we mean a place you would use to get a prescription dispensed or buy medicines which you can only buy from a pharmacy. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products. We also don't mean other places such as convenience stores, garages and shops where you can buy medicines such as paracetamol.

Your views are important to us so please spare a few minutes to complete this questionnaire. There is a total of nine questions in relation to your experience of pharmacies, and also some questions about you. We anticipate that it will take you around five to ten minutes to complete, depending on how much additional information you would like to give us.

City of Doncaster Council has commissioned Primary Care Commissioning CIC (PCC) to draft the Pharmaceutical Needs Assessment. PCC will hold your responses and will only use them for the purpose of drafting the Pharmaceutical Needs Assessment. We would ask that you do not provide any information that could identify you, however all data provided in your response will be held in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulation.

The results of this questionnaire will be published in the draft pharmaceutical need assessment for City of Doncaster Council which the council will consult on in late spring/early summer 2025.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please email [pnasurveys@pcc-cic.org.uk](mailto:pnasurveys@pcc-cic.org.uk).

**How you use your pharmacy - either in person or by having someone else go there for you**

Why do you usually visit or use a pharmacy? Please tick any or all that apply

- ☐ To collect a prescription for myself
- ☐ To collect a prescription for someone else
- ☐ Someone else gets my prescription for me
- ☐ To get advice for myself
- ☐ To get advice for someone else
- ☐ Someone else gets advice for me
- ☐ I don't as my medicines are delivered to me at home
- ☐ Other (please specify):

How often do you use a pharmacy?

- ☐ Daily
- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly/every four weeks
- ☐ Quarterly
- ☐ I don't use a pharmacy
- ☐ Other (please specify):

What time is the most convenient for you to use a pharmacy?

- ☐ Before 7 am
- ☐ 7am to 9am
- ☐ 9am to 12 noon
- ☐ 12 noon to 3pm
- ☐ 3pm to 6pm
- ☐ 6pm to 9pm
- ☐ 9pm to midnight

- ☐ I don't have a preference

Which day is the most convenient for you to use a pharmacy? Please select up to three days.

- ☐ Monday  
☐ Tuesday  
☐ Wednesday  
☐ Thursday  
☐ Friday  
☐ Saturday  
☐ Sunday  
☐ I don't have a preference

### **Your choice of pharmacy**

Please could you tell us whether you:

- ☐ Always use the same pharmacy  
☐ Use different pharmacies but I prefer to visit one most often  
☐ Always use different pharmacies  
☐ Rarely use a pharmacy  
☐ Never use a pharmacy

We would like to know what is important to you when choosing which pharmacy to use. Please select the three things that are most important to you.

- ☐ Close to my home  
☐ Close to work  
☐ Close to my doctor  
☐ Close to children's school or nursery  
☐ Close to other shops  
☐ The pharmacy delivers my medicines  
☐ The location of the pharmacy is easy to get to

- ☐ It is easy to park at the pharmacy
- ☐ I just like the pharmacy
- ☐ I trust the staff who work there
- ☐ The staff know me
- ☐ The staff don't know me
- ☐ I've always used this pharmacy
- ☐ The service is quick
- ☐ The pharmacy feels safe
- ☐ The customer service
- ☐ Other (please specify):

### **Travelling to a pharmacy**

If you go to the pharmacy by yourself or with someone, how do you usually get there?

- ☐ On foot
- ☐ By bus
- ☐ By car
- ☐ By bike
- ☐ By taxi
- ☐ Other (please specify):

...and how long does it usually take to get there?

- ☐ Less than 5 minutes
- ☐ Between 5 and 15 minutes
- ☐ More than 15 minutes but less than 20 minutes
- ☐ More than 20 minutes



## Pharmacy services in general

Is there anything else you would like to tell us about your local pharmacy services?

## Equality questions

As a council, we can and will commit to taking positive action to tackle discrimination and spread equality of opportunity. To help us achieve this, and only if you feel comfortable in doing so, we ask that you take a minute to complete the below equality monitoring questions to help us understand more about the people accessing services.

The questions relate to the protected characteristics covered by present equality legislation; the Equality Act 2010.

Please enter the first part of your postcode eg DN1.

### What age group do you belong to?

- ☐ 16 & under
- ☐ 17-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 or over
- ☐ Prefer not to say

### Which of the following best describes your gender identity?

- ☐ Female
- ☐ Male

- ☐ Prefer not to say
- ☐ Prefer to self-identify

**Is your gender identity the same as the sex you were assigned at birth?**

- ☐ Yes
- ☐ No
- ☐ Prefer to not to say
- ☐ Ethnicity

**What option best describes your ethnicity?**

- ☐ African, Black, Black British, or Caribbean
- ☐ Caribbean
- ☐ African
- ☐ Other Black/Black British/Caribbean background
- ☐ Other (please specify):

**Asian or Asian British**

- ☐ Bangladeshi
- ☐ Chinese
- ☐ Indian
- ☐ Pakistani
- ☐ Other Asian background
- ☐ Other (please specify):

**White British or Other White backgrounds**

- ☐ British, English, Northern Irish, Scottish, Welsh
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Other White background, please specify:

Multiple Ethnic Groups

- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ White and Asian
- ☐ Other mixed or multiple background
- ☐ Other (please specify):

Arab or Other backgrounds

- ☐ Arab
- ☐ Any other mixed or multiple background
- ☐ Other (please specify):

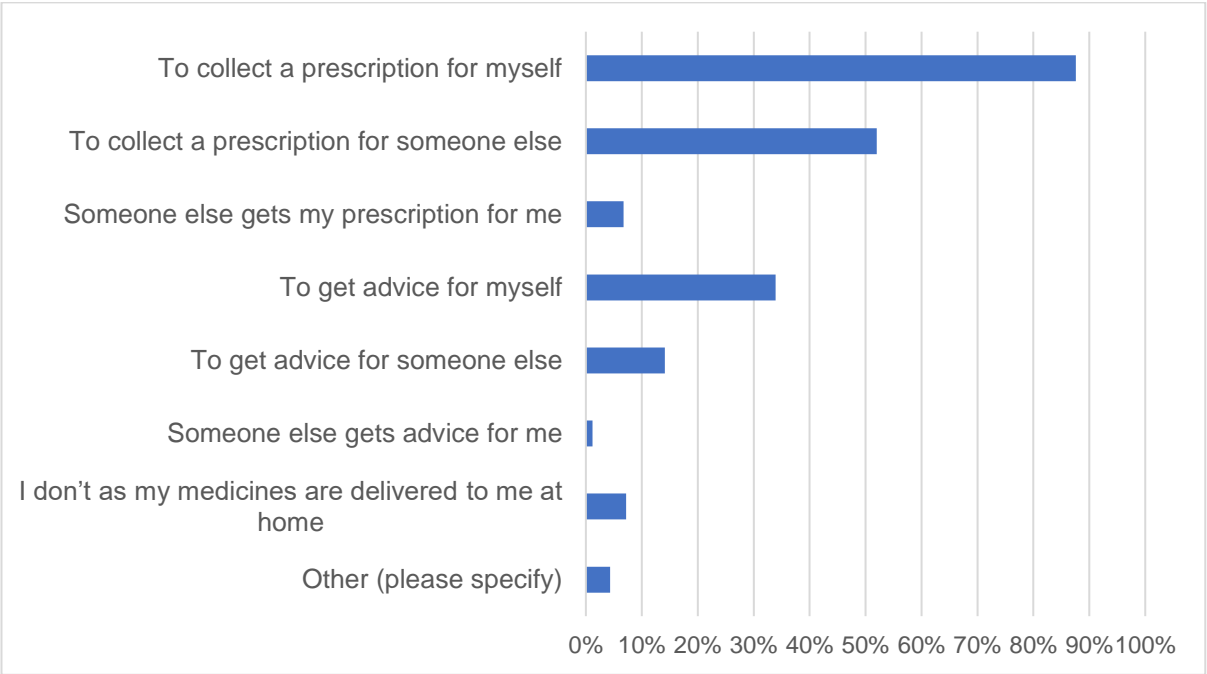
**Please tick all of the following that apply to you.**

- ☐ I have a disability
- ☐ I have a long-term condition
- ☐ I am a carer
- ☐ None of the above
- ☐ Prefer not to say

# Appendix H – Full results of the residents’ questionnaire

All comments are verbatim, however where a pharmacy has been identified the comment has been anonymised.

**1. Why do you usually visit a pharmacy? Please tick any or all that apply.**

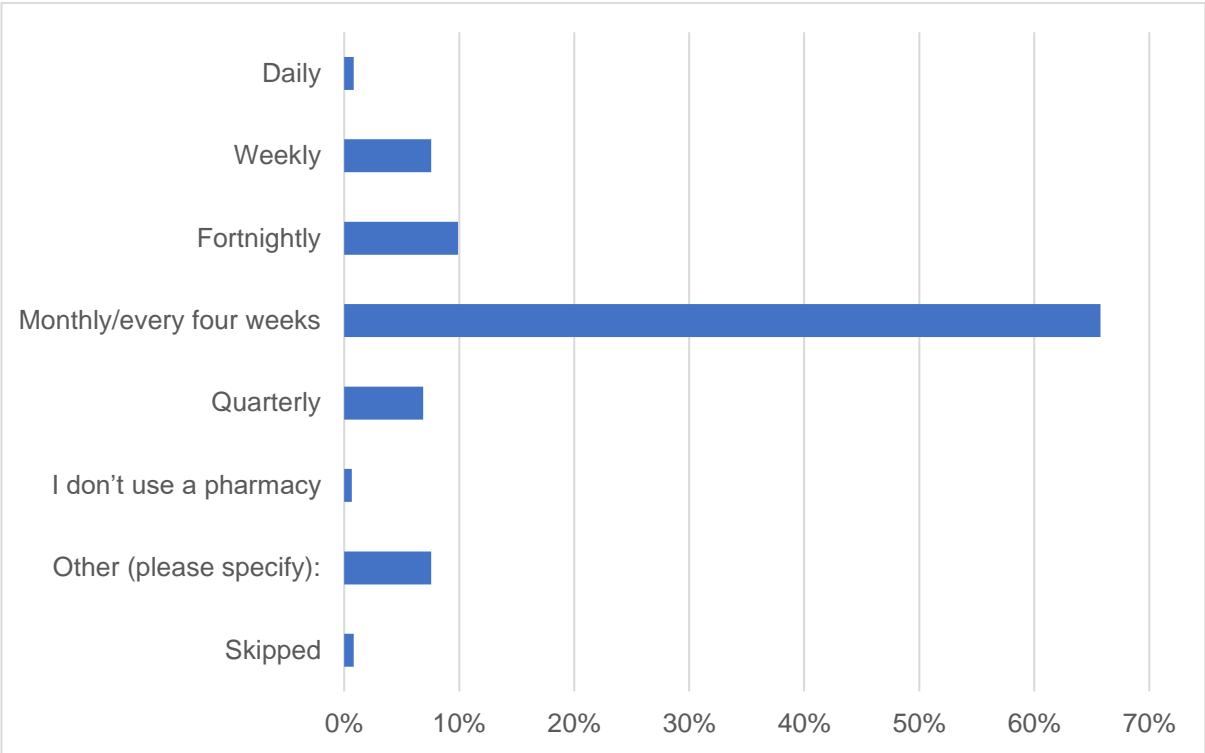


Where ‘Other’ was chosen, the following comments were made.

To buy medicines I can't find in other nearby shops
I used to visit my local pharmacy every week -a long time ago for lipotrim but stopped when I had to wait for the room to empty of drug uses needing methadone
Good place to get medicine
Current paramedic use them for patients
Buying other otc medications

Purchase over counter medicines
I get medications delivered but also have to collect if I miss the delivery
To buy otc medicines
To get medicines specified by the Pharmacist examination (IE ear and Eye problems)
If I need Emergency medicines or if GP cannot help me (after using pharmacy first online)
To obtain supply of medication without seeing the gp
Occasionally my parents collect my prescription
To purchase an over the counter medicine or any bathroom necessity
Flu jabs
Send prescriptions
Workplaces
Private flu jab
vaccinations, BP checks
Sometimes delivered - usually pick up own
To get the flu vaccine
Don't use very often but if i did
Purchase flea treatment for cats and dog
I have been given antibiotics for an insect bite
Don't regularly use a pharmacy
Rare that i use them
For work

2. How often do you use a pharmacy?



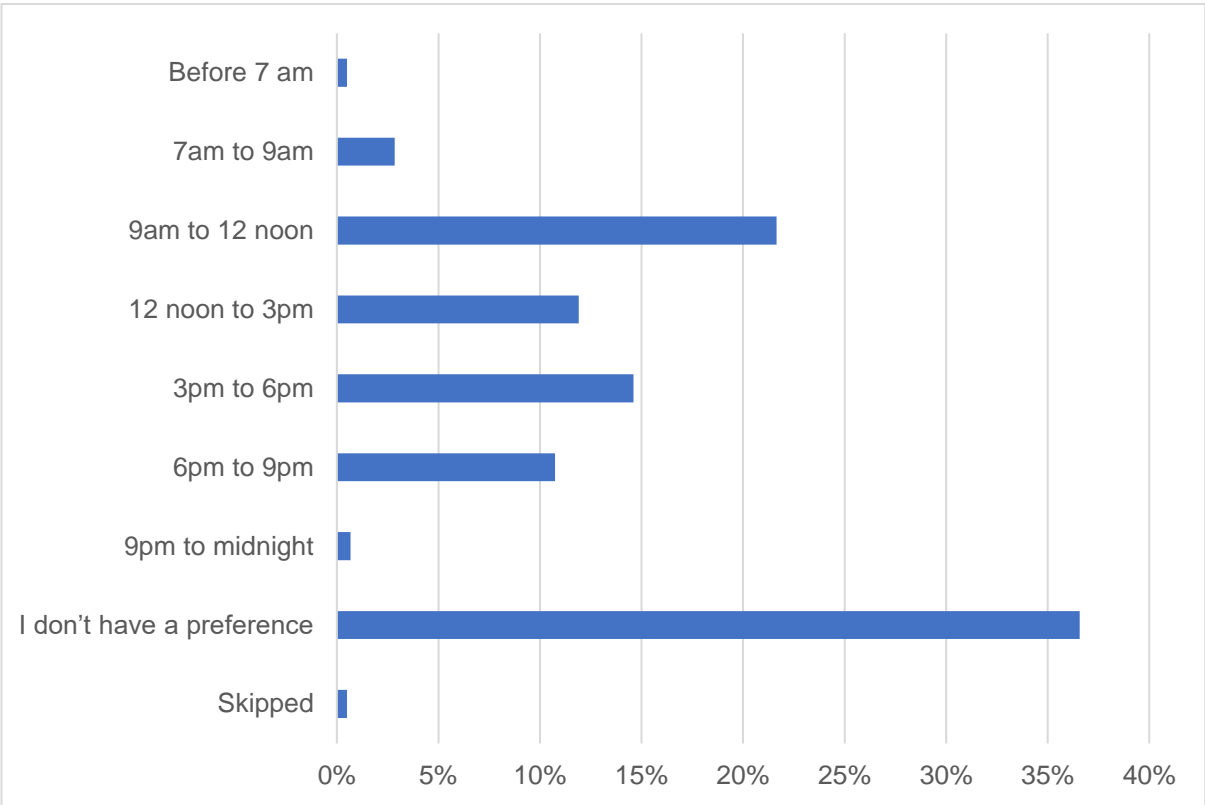
Where 'Other' was chosen, the following comments were made.

Every two months
As and when needed
Whenever required
As needed
Rarely
emergency prescription only
When necesssry
Every two months
adhoc
Every 56 ,days
Quarterly mainly but at other times too eg when i have ear infections.
Occasionally

Every two months
O. Occasionally for advice
Occasionally
Other (please specify):
As and when needed
Every 8 weeks
as & when
less frequently than quarterly
Every two months
Sometimes my medication is out of date order of other medications leading to more than one visit per month
At random times infrequently
4Weekly cycles for the ERD system . Plus any inbetween times as needed for antibiotics etc.
When someone in the family is ill and we need something specific
Usually monthly but can be as and when needed in between
random, whenever she has a prescription
Whenever myself/family/signat
When i need to, very rarely
Only due to illness (not condition)
Not sure
Not used very often
when needed, rarely use a pharmacy
Couple of times a year
As and when
Only when ill
Pick up regular prescription. Call in when can't speak to the doctor
Only when i'm ill
When issue arises

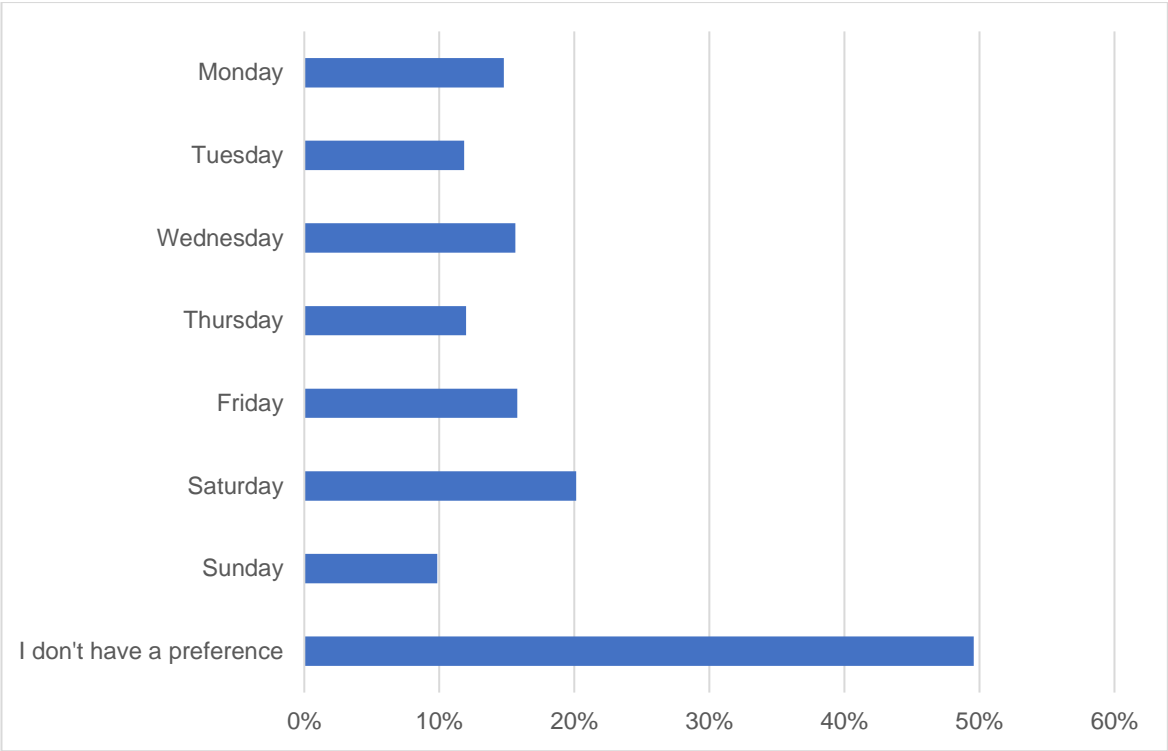
Whenever an issue arises
Rare
Every two months
When needed
Every two months

3. What time is the most convenient for you to use a pharmacy?

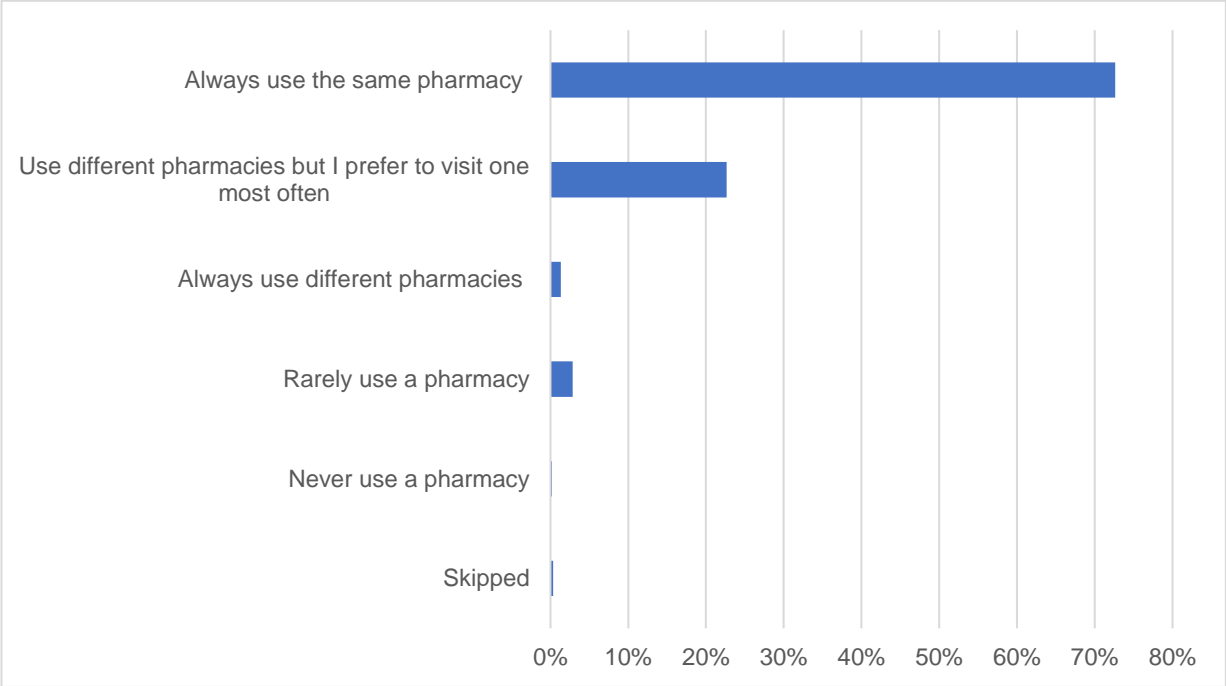




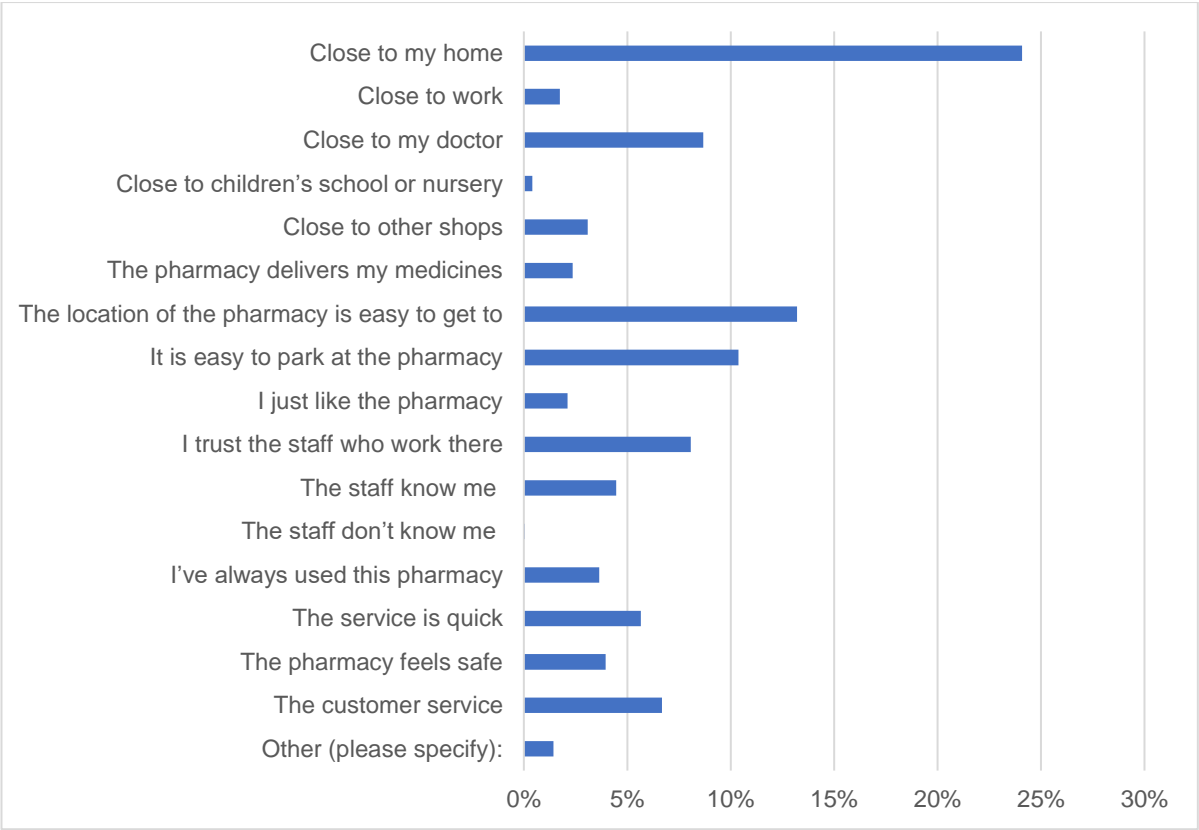
4. What day is the most convenient for you to use a pharmacy? Please select up to three days.



5. Please could you tell us whether you:



6. We would like to know what is important to you when choosing which pharmacy to use. Please select the three things that are most important to you.



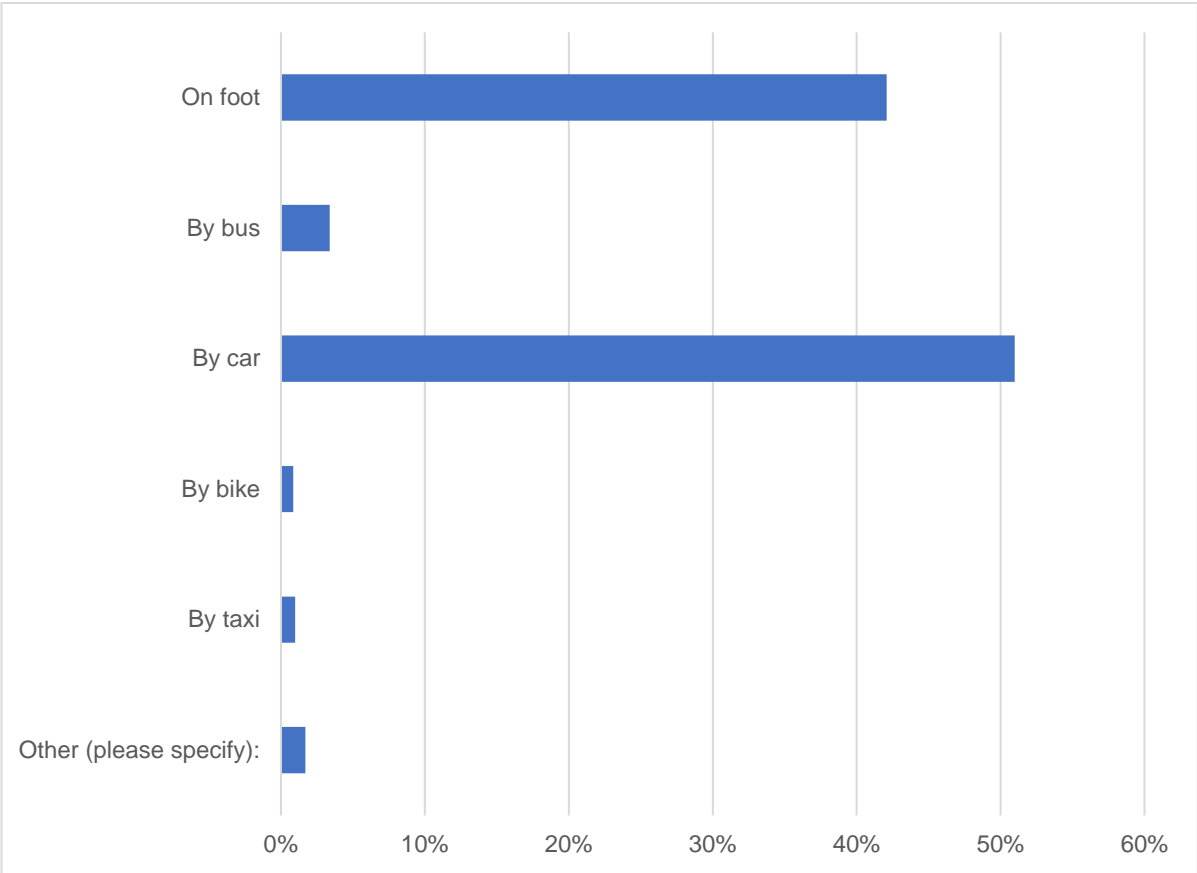
Where 'Other' was chosen, the following comments were made.

The pharmacy has better opening hours and opens at weekends
Source non common medicine
Why isn't 1 answer enough? Bad survey settings
Opening hours
Prescriptions are put together quickly and when they deliver make sure that nothing has to be waited on due to having to re-stock
The pharmacy has my medication
It's linked to the surgery so prescriptions go straight there

the pharmacist is in attendance & can see you if needed
Opening hours and waiting times
helpful, friendly they are the best
Opening hours
Medication in stock
Slow delivery
Medication in nomads due to dementia. My local pharmacy can't offer this service to me and so I have to travel 8 miles to it. I can't go out on my own so someone has to take me.
That's where my prescription is sent for me to collect
I tend to use the pharmacy at my doctors, except when I have medical problems the pharmacy can deal with when I go to another pharmacy who can see me virtually straight away eg ear problems, when my own is always too busy and people are always waiting and in a queue.
availability of parking.Next to High School so some times of day it's impossible
Having a brand of medication which does not cause awful side effects.
The pharmacy and the GP surgery work together to ensure my prescription is sent to the pharmacy in a timely manner. The pharmacy receives it securely and dispense in a timely manner.
That's where my prescription is sent for me to collect
The speed at getting the prescription from doctors and processed is very important especially if run out of anything on regular monthly prescription or it's for a one item such as antibiotics
its open when i can get there
Pharmacy within supermarket which I visit anyway
Further from home than my closest but that one is not open Saturday
Only pharmacy in my village

its attached to my GP practice
Obtaining the correct prescription. (Family have received incorrect prescriptions)
Would be helpful if other shops were closer

7. If you go to the pharmacy by yourself or with someone, how do you usually get there?

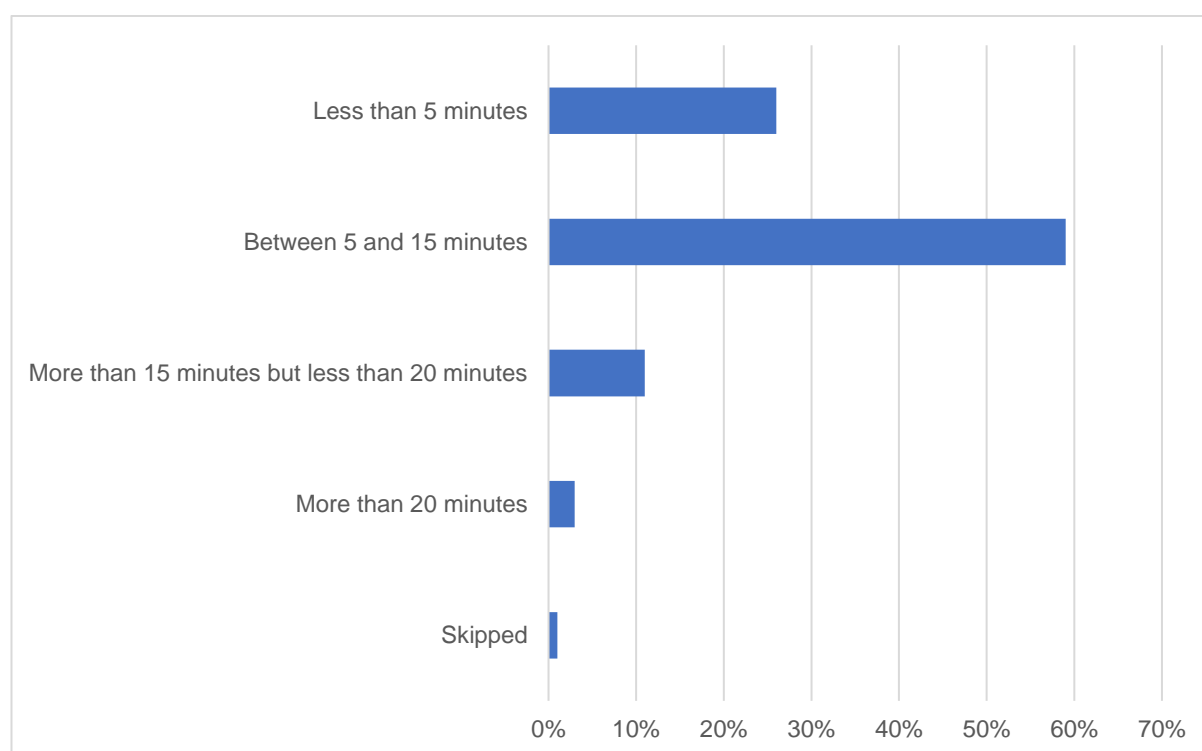


Where ‘Other’ was chosen, the following comments were made.

Mobility scooter
Mobility scooter
Sometimes use my mobility scooter
Our my mobility scooter
Mobility scooter

Carer takes me. I sit in car whilst she pops in
I don't go my prescription is delivered to my home
Sometimes a relative will take me
doesn't go
Mobile scooter
By phone
Don't go

## 8. ...and how long does it usually take to get there?



Where 'Other' was chosen, the following comments were made.

Mobility scooter
Mobility scooter
Sometimes use my mobility scooter
Our my mobility scooter

Mobility scooter
Carer takes me. I sit in car whilst she pops in
I don't go my prescription is delivered to my home
Sometimes a relative will take me
doesn't go
Mobile scooter
By phone
Don't go

**9. Is there anything else you would like to tell us about your local pharmacy services?**

Later night and weekend opening is needed. Most currently don't cater for people that work Monday to Friday in a 9-5 or similar role!!
Good, friendly staff, always welcoming
Always very helpful
Waiting time is getting longer.
It shouldn't take 7 days to fulfil a repeat prescription
Having a local pharmacy is hugely important. I live in a small village with a poor bus service. Being able to walk to the pharmacy for advice and to collect prescriptions for my whole family is very important.
I think it would be great if there was more availability on the weekends however overall I have had positive experiences
The poor pharmacists are always rushed off their feet. Nationally, services where you can walk in for health screening etc are advertised, but the local staff don't seem to have the capacity to cope with the extra work.
The pharmacy is good and are there to help and let you know if they have not got it in and will try there best to get it for you
[Name] pharmacy have a 2 hour dinner break so can't get any prescriptions in that time so I

<p>always get told to come back,</p> <p>Customer service from some members of staff is awful and they shouldn't work with the general public</p>
<p>They aren't very polite. I wouldn't use them for anything other than collecting prescriptions.</p> <p>Complain about the amount of prescriptions they have to do for me (I have multiple prescriptions due to chronic health conditions)</p> <p>There is never anyone at the counter you have to yell for them to come from behind the wall.</p>
<p>Doctors who think all pharmacists are happy to help with medical problems are deluded I'm afraid, one was very rude to my husband when he asked for his blood pressure to be taken, actually said he wasn't a doctor, think they think they have enough to do,</p> <p>We don't have a pharmacy in [village]</p>
<p>I am very satisfied with my local pharmacy at [location]. I telephone my GP surgery for my regular repeat prescriptions, and they are usually ready within 2 days.</p>
<p>There is a pharmacy nearer to where I live but very unreliable so I have to travel to one in town.</p>
<p>It would be handy to have a needle disposal service for diabetic needles. Our do not offer this.</p>
<p>It would be helpful to know what time of the day the pharmacist isn't available to provide prescriptions, ie a notice on the wall for example as a few times I've called only to be told they aren't on the premises so cannot get my prescription.</p>
<p>Later opening and weekend hours would help massively! I work 9-6 on the other side of Doncaster and find it really hard to get my prescription from the pharmacy without taking time off work.</p>
<p>Sadly my most used pharmacy with great opening times and that did my vaccines has now closed. This means I have to either go to the pharmacy which is convenient but has less useful opening hours or go to a GP</p>
<p>Stop this 7 day wait for repeat prescriptions</p> <p>My husband needs prescriptions for cancer treatment side effects. Waiting 7 days for drugs he desperately needs straight away is not acceptable!!!!</p>

<p>[Pharmacy] closed their pharmacies on [road] and in [Location].</p> <p>[Pharmacy] close at 5.30 and don't open until 9am</p> <p>[Pharmacy] don't have a pharmacist on site until 9.30 am</p> <p>It's increasingly difficult to find a pharmacy outside working hours.</p> <p>I visited 3 pharmacies last week to find one that actually had a pharmacist on site able to dispense.</p> <p>We have no late night or bank holiday pharmacies in central doncaster any more.</p>
<p>My local pharmacy in [village] is a vital hub for the village.</p>
<p>Only open 9-5 Mon-Fri would be better opening weekends too</p>
<p>Advice always available for ailments and non-prescription medicines</p>
<p>Stock levels need to increase. Also sometimes find the queues can takes 20 minutes to get through. Can we not have a dedicated pharmacy for Doncaster residents only that does mail order</p>
<p>Majority close eatly</p>
<p>[Pharmacy] not long opening times so use [name] pharmacy</p>
<p>I use [name] pharmacy in [location], just changed after many years using [pharmacy] , cannot recommend them enough wish I knew about them earlier</p>
<p>Excellent service from knowledgeable, friendly staff.</p>
<p>Yes out of hours provision is needed and lacking in Doncaster after 9 pm</p>
<p>Clearly concerned that they can just close without replacement§</p>
<p>My local chemist [name] is excellent, I have even started sending my dads adhoc prescriptions there instead of [pharmacy], I find the service at both [pharmacies] in [location] appalling, we are often left waiting for days and in long queues in the shop while the get it ready.</p>
<p>Moving to an online pharmacy would be more convenient for me but I continue to collect from a pharmacy, although not one in Doncaster even though I live in Doncaster. I have tried two local Doncaster pharmacies but did not like them</p>



Your questionnaire would not let me put I do not have a preference on the days of the week.
It is a pivotal part in the community and is used by many who are unable to go else where . It is important to keep this vital place open and accessible.
1 central pharmacy needs to be open 24/7
Referring patients in the community for pharmacy needs past midnight is impossible.
My local pharmacy is situated at my doctors which is convenient for me, however when family have been hospitalised and require medicine, there tends not to be an put of hours service. I do not understand why there is not a pharmacy situated at DRI.
Pharmacy services in [location] are terrible the building is too small there is only one pharmacist and they are constantly overwhelmed, which means customers do NOT get an adequate service
I like purchasing toiletries and over the counter medicines at same time
It's really difficult to get to your pharmacy when you work full time, and they are only open 9-5, Monday to Friday, and close for an hour over lunch. A late night evening or early morning slot would help, but opening on a weekend would make a huge difference.
They are really great with lovely staff .. [pharmacy]. I originally went to the [location] one but the staff there are rude and unhelpful so changed.
Most local pharmacy to me had terrible service (long waits)and could never get the medications I needed. I travel further to one that is efficient and helpful when stock issues
Its ok, friendly staff. Prescription repeats are annoying because you have to ring up, so every month im ringing and its always engaged, but you can always go in & queue up yo request if cant get through so its all quite ok
Our local pharmacy is brilliant. Very efficient service from knowledgeable and friendly staff Convenient opening hours
Be able to provide more services without seeing a GP e.g. antibiotics, antibacterial eye drops, etc.
You go to a pharmacy for advise for them to go see gp, you go go forbthem to send you to

pharmacy it's a joke
[Name] Pharmacy is excellent under its new owner. Professional and friendly, the owner gives great advice freely.
Pharmacy services should be available outside of 9-5 hours to accommodate those of us who work full-time in the day. It would also be useful for chemists to be open on Sundays to assist workers.
The pharmacy staff are very helpful. It is local to where I live and not too far from my doctors which is great.
The pharmacy first scheme isn't very good. My GP surgery told me at 8.30am that my nominated pharmacy were going to contact me to issue a prescription ... 6 days later plus the day in question and I'm still waiting. I needed antibiotics, I needed the GP and not the pharmacy so had to push the GP to issue a prescription.
Just started having myn delivered by [name] pharmacy brill service and delivery
Can take a long time for repeat prescriptions to be done, leaving you without medication. They tend to blame the GP or the patient instead of just saying they are behind etc. Think methadone shouldn't be given in locations like this as this can feel unsafe with the amount of/the mannerisms of people and this always takes priority over normal medications.
I regularly have problems getting my sons psychiatric medication. Moved pharmacies because of shortages. Moved to a bigger pharmacy because supply was better but further away and not as easy to get to. Shortages of medications are a real problem for me and my family
More late night pharmacies that are safe to access, when you work 9 to 5.30 and all the pharmacies are closed you end up calling after hours doctors
I have always had great service from my local pharmacy both for obtaining prescriptions and for advice for my family and myself.
My local pharmacy was dire, queues a mile long ,lising prescription. Never ready even after 10 days.so I have changed to one 10 miles away which are fantastic .
Always helpful and polite. Thank you.

<p>It takes approximately 7 to 10 days to get a prescription now.</p> <p>Having to put the monthly one in every 2 weeks just so I get in time so not without medication</p>
<p>I have noticed a marked increase in time of waiting from 48 hours up to approx (working days)7 days. I suspect with the additional workload from NHS ie. Flu jabs, blood pressure checks, minor ailments, they all take up the pharmacist's time.</p>
<p>[Name] pharmacy are amazing.I use them regular and the most.</p>
<p>Very friendly, understanding and supportive. Helpful in relation to GP practice.</p>
<p>Please ask why they need 7 days to make up a prescription? It arrives on their system, they print the sticker, bag it up, all in about 15/20 minutes yes, so why do they need 7 days?</p>
<p>Something needs to be done with certain pharmacies as they want you to use their App to order your medication and not use the NHS APP. I have complained about this as I was told use our App you can get your medication earlier than using the NHS App. It's completely wrong. It's the individuals choice how they order and get their medication. Next time I come across this I will take it up with NHS ENGLAND who hold Pharmacy Contracts.</p>
<p>Was better when it had regular pharmacist , its get very busy so repeat prescriptions can be delayed</p>
<p>Yes – [name] Pharmacy on [location] - there is one particular member of staff who is 100% miserable all of the time. She is sharp with her questions and it's obviously a chore for her to be there - she is very unprofessional and lets the whole shop down. She should not be working in a customer service/front line position.</p>
<p>The 7 day turnaround time is often exceeded.</p> <p>I don't want to have to keep making repeat visits - often the medication isn't ready to be dispensed and I have to return later.</p> <p>I would like to receive all of my medication - instead of only part of the prescription being completed and having to return later for what is owing.</p>
<p>The delay from repeat prescriptions being order to the items being available is too long. It used to be around 3 days it it now 10 days as standard</p>
<p>It is important that medication is provided in a Nomad for my mother-in-law and that they are reliable in making these up on time. Previous pharmacy was not consistent and this caused a</p>

<p>lot of stress and revisiting to see if the medication had been made up.</p> <p>Opening hours are important but feeling safe and being reliable are vital.</p>
<p>I would gladly go elsewhere if there was an alternative open at 6pm during the week. The staff in the Tesco pharmacy are often rude and ignore customers, make them wait lengthy periods of time (despite staff being available) and talk to people in abrupt manner. Sadly the only alternative (in Sainsburys has been closed).</p>
<p>I use the pharmacy near to me but its not great, there's usually a problem with something or other, no stock or not processed yet, and the pharmacist goes on lunch even if you're stood waiting so you have to go back.</p>
<p>The amount of time involved to process prescriptions, seems to be a lengthy process now.</p> <p>The Pharmacy first service is really good, I have had to use this before and it saved a lot of time, instead of trying to make an appointment at my GP surgery.</p>
<p>Happy with the pharmacy I use but I don't need to visit often other than picking up my prescription. It would be nice to be able to go in and get treatment for more infections/ conditions instead of trying to see the Doctor.</p>
<p>the shop is sometimes not very well stocked with a good variety of over the counter medications &amp; sometimes a lack of branded medications which I prefer which forces me to use another pharmacist further away to get what I want</p>
<p>They need to communicate amongst one another to ensure there is a ready supplier of regular prescription drugs and they don't run out. Far too many people are left without regular prescriptions because of lack of stock which is a health risk.</p>
<p>It's too slow when ordering online from the doctors as it can be over 10 days before my prescription is ready.</p>
<p>They frequently make errors, rarely have repeat medication sorted when they say it is and often takes longer than the 7 days required. They also misgender the non-binary person in the family. They also have automatic doors that never open and when going in my wheelchair it is impossible for me to enter the building because of this.</p>
<p>We moved from our local [pharmacy] because the service is appalling. The next closest is [pharmacy], they are very helpful, they complete your prescription very quickly, but the car park is a nightmare as it is used by parents picking up children from school</p>

The service is extremely slow and they have a 7 day turnaround whereas when you used to get paper prescriptions you could go straight to the pharmacy and pick up medication within 15 minutes. Never enough staff to deal with customers.
They are friendly and efficient and local
The two pharmacies closer to my house both have no access to parking, the pharmacy locations don't feel safe, the service is very slow and the staff are unfriendly.
I always the pharmacy as [pharmacy and location], the service is brilliant for advice & getting my prescription done, i order on the nhs ap and it is usually ready within 2- 3 days to collect you can't ask for anything better
My local pharmacy is brilliant. The manager is the best. The staff are polite and kind and friendly but very professional. I know I can talk to them about issues and it's non judgemental. They've saved me. My previous ones in [location] were not good so I moved to [pharmacy].
Very happy with both pharmacies in my area. Always ready when I go to collect my prescriptions.
The service we get at [pharmacy] in [location] is brilliant. They have come to recognise us, are friendly, welcoming and helpful and the service is personal. We have used other pharmacies in the area including [pharmacy] on [location] and have found the wait to be long, service impersonal (other than one lady who stands out as being more friendly), and when I challenged the member of staff [description provided] who had been stood chatting to a customer for a good 5 minutes when it was really busy, then served someone else, and I told her I had been waiting longer, she rudely told me 'Yes, I know you were'. I have also found most pharmacies including this [pharmacy] and the ones on the [street] in [location] to be very unhelpful and unapologetic about not having medicines in stock. [Pharmacy] in [location] never give you a rude and unhelpful 'haven't got it in' and send you away, but always give you the choice of either ordering it in for you, returning it to the spine so you can try elsewhere, advising to call the GP for an alternative or even calling thr GP practice for you directly and resolving the issue with them before contacting us back to let us know what else they have prescribed instead.
Disappointing when no pharmacist available on Saturday morning to issue meds.
Difficult to find information online that is up to date and when need a pharmacy urgently, don't want to be getting info wrong. Why can't the same one be open 24/7 all year round like it

used to be on [road]? Also so many don't have the item needed. [Pharmacy] have an online checker. This is useful but they're not always open when you need something!
would like to see more late night chemists locally
<p>My local pharmacy is often visited by people that do not wish to use it in the same way as other people would, in this instance I am referring to people that appear to live in active addiction. This makes pharmacy staff difficult to do their jobs and they are having to monitor people entering and leaving pharmacy and having to ask uninvited people to leave the premise, which can cause an uncomfortable situation for pharmacy staff and other customers.</p> <p>My local pharmacy – [ pharmacy] is good as it is less than 2 minutes walk from my home and has understanding staff and good stock for whenever we require anything.</p>
<p>Generally, they are good but occasionally it takes more than 5 working days to fulfil a prescription and, over the last two years, there has been three occasions when the prescription was not filled accurately. This usually means double the tablets than prescribed. The attitude is "just keep them and use them net time". There is no apology and, seemingly, no check on what is being prescribed.</p>
[Pharmacy], [location] - they are always helpful, good advice, friendly, smiling, nothing seems to be too much for them. They are the best.
Happy with the general experience of the pharmacy when we need it.
<p>I have a monthly repeat prescription from my GP with 7 items. I have 7 items. The pharmacy don't deliver and I have to walk there to order them and return a week later to collect. The GP say the prescription shouldn't need ordering as the pharmacy already has the prescriptions, usually 6+ months at a time.</p> <p>I have limited mobility and it's a 20 minute walk. My partner can only take me on Saturdays</p>
Great for advice on non urgent complaints
Dispensing takes far too long. Repeat prescriptions have to be ordered at least 7 days in advance.
It feels like they're reducing
[Pharmacy] at [location] are an excellent pharmacy very helpful staff.
There are limited services for nomad medications, more would be helpful.

My local pharmacy has not the capacity to open after 6pm or at weekends. Shortages of pharmacists is an issue. The terrible contract they are on stops them from owning branches. It's the same for dentists. Governments have consistently failed these vital services. If the general public knew the full facts of contracts and costs I think they would be more supportive.
Knowledgeable and most very pleasant
We left hospital Saturday evening just prior to midnight with a prescription the hospital gave us. There is no pharmacy open in Doncaster at that time according to the NHS website The nearest one was Leeds 30 miles away. As a City this is not good. Someone needs to look at this and ensure hospital and pharmacy is joined up.
The staff are always helpful and advised me on a couple of occasions whereby the need to go to my GP wasn't needed.
Sometimes go and it is closed for lunch ☹️ Or they have no pharmacists
My pharmacy is located in [location] and is excellent. It doesn't close for lunch and the staff are always helpful. I find it helpful that I can shop and get diesel at the same time
There are good service chemists like mine but then there are bad service ones, as in my dads chemist ( [location], doesn't matter how long you give them to prepare your prescription, a week or two, you always have to wait 10 minutes for it!
These days they often don't have the medication that has been prescribed.
Do not tell me when they are out of stock of my medication until I go to collect .That means another visit.
Excellent service
Reliable and helpful
The staff are very efficient and friendly but have an added worry having to tell customers that their medication is out of stock. Very frustrating for them and the customer. Out of stock products are becoming more common place.
Very happy with my local pharmacy services. I have 3 pharmacies very close to me ( under 5 mins drive)

Friendly hard working staff. A text service now to let you know when prescription is ready to collect.
I'm sick of having to phone various chemists in Doncaster to get my prescription for my child as it seems to be out of stock everywhere
Tha [name] app works but the notifications for collection never come through until well after the script is done. Usually around a fortnight after placing the request.
More options for pre made boxes. I can't pop the pills I have so many meds and tbh I forget what I'm doing but I only know of one pharmacy in Doncaster what offers this but it's not a pharmacy that I can go into so I don't get the same level of service
They are really nice in my local pharmacy. Lovely and friendly people and really helpful. [Name] pharmacy
I find it most annoying as I need someone else to pick up my monthly medications from the pharmacy on my behalf as I cannot go myself due to my disabilities, because they rarely have all of the medications I need and which then means at least a second journey has to be made to the chemist. The chemist staff/or the actual pharmacist should ensure they hold enough medication to fulfil prescriptions on demand. The staff hang around at the back of the chemist chattering away and they are oblivious to customers which is extremely annoying and telling people they have no stock of the required medications, which is not acceptable.
Helpful friendly staff.
I Use two Pharmacies - one in [location] next to the Health Centre 5 minutes and one in [location]15 minutes travel. Both Brilliant - top class!
They are very busy and sometimes mistakes are made the app is rubbish.
They always seem very rushed as if they're under staffed
The ones closest to me have shut up shop, if the one I use now closes I'll have to travel a couple of miles or more or even use the car.
I have used different pharmacies in the past and some chains are a lot better at keeping medication in stock than others which greatly influences which pharmacy I would use
They try their best but are let down by wholesalers sometimes. Not sure requesting



prescriptions on line speeds the process up.
As always with surveys there is not a lot of flexibility in answers offered, and I just want to add that I order my regular meds online and through the app, I am contacted when I can collect, which all makes for an easier life.
Service to slow and to bureaucratic
We in [location] have two pharmacies opposite eachother. I always go to [pharmacy] as staff there is more friendly. When I went to [pharmacy] once there is one staff member [description provided] which is very rude and unpleasant. She treated me in unacceptable way so since then I don't even bother to go there. All other staff members in this pharmacy are so nice, apart from her and because of her I won't ever go there again. One customer less (or even more as I told my friends and family how she treated me that time and they won't go there either). By the way, this [name] pharmacy in [location] looks soooooo outdated.
They are very busy and sometimes they do have a pharmacist on duty so can't issue the medicines. I prefer going to the same pharmacy as they seem to be more efficient then most.
I have regular monthly prescriptions as does my husband. We use the [name] Pharmacy which I find to be excellent. All the staff are friendly, professional, knowledgable and efficient. The pharmacist is very thorough and goes above and beyond to make sure people get everything they need and understand the medications he is dispensing. He is also brilliant at giving flu/covid vaccines. Since this pharmacy became an independent (previously [name]) the service has become even better. I thank them for the outstanding service they always provide.
They provide an excellent and quick service. A text is sent when the medication is ready to collect.
We have 2 excellent pharmacies one is open 5 days a week while 6.30 which is good but if you see a doctor on a late appointment the chemist is closed.The other chemists is open 5 and a half days a week both are very good helpful and friendly
They are normally very busy and turnaround for prescriptions is lengthy. The one I use closes for lunch between 1 and 2 which is a bit inconvenient
The Pharmacy I use is brilliant, [name] Pharmacy.
I have got Alzheimer's and I need my medication in nomads. My support worker found a pharmacy approx 8 miles away , who would do this. My local pharmacy won't offer this

<p>service for me. They keep saying they aren't taking new nomads on yet. I can't go out on my own and so someone has to take me for my nomads. It would be easier if I could get them from my local pharmacy.</p>
<p>I use the [name] on [location]. It's convenient, the staff are very helpful and pleaseant. I collect repeat prescriptions for both myself and my husabd every month. I also buy and OTC medications there as they are competiviely priced and I can ask for recommendations if I'm not sure what to get.</p>
<p>[Name] Pharmacy in [location] is utterly useless, quite often prescribing incorrect doses or failing to provide the Rx at all. We switched to [name] in [location] and don't have any issues with them.</p>
<p>Service is getting slower with typically 7 lead days they require to prepare a prescription and then it is often not ready and In have to wait. Why?? What has gone wrong with this service ?</p>
<p>I use [name] in[location] - the minimum wait is always an hour, regardless of how busy it is. The new rules around repeat prescriptions and the pharmacy needing 1 week to process can be impractical.</p>
<p>Yes, not efficient, plenty of people who appear to be doing nothing but shuffling prescription products around and talking too much to each other whilst there is a big queue. I took my prescription in on a monday and it wasnt ready until i reminded them nine days later when in 24 hours they suddenly texted me to say it was ready after first ringing them up to see if it was ready when it wasnt. You can end up spending a hour in a queue only to be told at the end of it that your prescription is not ready to have to come back and do it all again a few days later becuse they dont text you when ts ready all the time!</p>
<p>It would be good if my local pharmacy opened on Saturdays. Also - there seem to be fewer open out of hours than there used to be. Although obviously I don't need to use this service very often - but on the latest occasion it was difficult to find a pharmacist.</p> <p>Also it would be good if all pharmacies offered recycling of pill packets.</p>
<p>When i order my repeat prescription from doctors it takes 7 maybe 8 days before I can pick up . If I order my prescription early drs say too soon but pharmacy is very slow as I have morphine tablet and liquid I need it not having to wait till next day etc</p>
<p>I stopped using the local pharmacy when it was taken over by [name] and the service</p>

plummeted, preferring to use a delivery service.
I have quite a lot of tablets so a reliable pharmacy is important to me
<p>i used to pick up a prescription on a Saturday morning,to avoid awful parking near school.Pharmacy now closed on Saturdays so more planning needed on my part.Will walk round if required.</p> <p>Also,the advertising campaign about consulting a pharmacist about minor health issue may have been true in the beginning but recently tried to get an ear problem looked at and was told it would cost me £20!!! Waited another 5 days for GP appt.Mixed messages here are very unhelpful.</p>
When collecting prescription why does pharmacist need to be available when the packet has already been checked and sealed. This has happened on a couple of occasions. I like how I receive a text when prescription ready to collect.
I find the local pharmacy really useless for example I was prescribed a drug by the hospital which I will be on for the rest of my life on getting my repeat prescription I was told my local pharmacy the drug had been discontinued on two seperate occasions. I now have my prescriptions delivered from a pharmacy in Sheffield and have never had any issues getting my prescription. My local pharmacy is [location] this is not the service we should expect but they do seem to have somewhat of a monopoly in Doncaster.
It's very annoying when the doctor tells you to collect your prescription but when you drive to the pharmacy it is not ready and will not know when it will be ready so then I have to drive 15 mins back home and try again the next day
The pharmacy is very busy, and as with all others at the present time there may be delays in getting the required medication
Convenient to discuss minor ailments etc
It's seems to be taking a lot longer to get a prescription usually from ordering from doctors to actually being able to pick up is about 10 days which should only take 4 days at most.
Easy to order online and then get text to say it's ready. Walk to pick up when convenient to me.
Friendly and efficient
Always very helpful

Pharmacies should offer delivery a lot more. My wife is disabled and I struggle to walk but at our new Pharmacists don't delivery and we don't trust the postal Pharmacies.
My nearest pharmacy has no choice of which brands of medication they receive. This is a great drawback. Instead of travelling less than one mile to a pharmacy I have to travel 6 miles to a pharmacy which has a brand of medication which does not cause awful side effects.
Long queues when waiting for prescriptions.They Do not offer the service of pre -filled medication dosage boxes,this would be beneficial to my elderly parents.
The service is noticeably slower than previously. They now require a week from ordering my repeat prescription to collecting it.
There is a big difference in how you are treated depending on where you go. Some pharmacies do not acknowledge people stood at the counter, others are attentive. Some expect you to call back while others are happy for you to wait. Some offer the services they should be delivering and others don't. Quality of service differs very much.
Recently stopped my nomad and delivery service with no explanation as to why???
I have my blood pressure checks done there
Good service.
Yes I would like it to open on Saturdays.
Shocking service. Not all medication issued. Been given another person's prescription as well as my own. Long waits for medication when collecting. Takes ages to be advised to collect.
The pharmacist is very helpful when I have a minor ailment to cure.
There is a pharmacy nearer to where I live but they are very unreliable
I like that the pharmacy texts me when the prescription is ready
[Name] provide a very poor service. I have moved to [name] now after being treated badly by [name] which is not as accessible for me which is not helpful as I a, disabled.
We currently use [name] on [location] The staff are fabulous and so friendly and very helpful The only thing that I would say about pharmacy services in Doncaster is there isn't much

provision for early or late opening pharmacies or knowing the location of them as early opening + Late opening would be of a big help due to the hours myself and husband work
Ideally, it could do with being larger due to the number of new housing developments in the area obviously more people using a small pharmacy causes delays, prescriptions taking longer to prepare
Mine is always helpful, if there is anything amiss with the prescription they are always willing to help. If I need help from the pharmacist they are always happy to help
I have lost confidence in my local pharmacy to be able to receive and dispense my medications in a timely manner. Regularly over the last 2 years my monthly Electronic prescriptions can't be found by my pharmacy resulting in me making multiple calls/ visits to my GP surgery/pharmacy to resolve. As a result I now choose to use Pharmacy 2U online service which works without a hitch.
No community pharmacy on Sunday after 9pm Leaving patients in a desperate position.
[Name] pharmacy is great. The staff are always super helpful and the service is quick. [Name] is absolutely shocking and needs to be closed down.
They must be able to diagnose and prescribe to remove the pressure on GP's and administration
I would like to say how impressed I am by the local pharmacy services.I have found them to be extremely effecient/helpful/professional/kind.Nothing is too much trouble they are very accommodating whether that is by making telephone enquiries or in person I am confident that they will sort out the problem and I am new to the area although the pharmacy don't know that but this has been my pleasant experience/impression of the local pharmacy services.
Always available to give advice and frees up doctors spaces if they can help instead. Handy for blood pressure checks and immunisations
[Name] Pharmacy in [location] provide an excellent service. They are quick and efficient in letting me know when my prescription is ready to collect (by text) and are friendly and professional when I collect it. I have come to know the staff by name and the Pharmacists are always happy to discuss any queries I may have about repeat medication or over-the-counter medicines. In my opinion, the Pharmacy is a real asset to [location].

No but can we loom into NHS dental care in Doncaster. Our practice only keeps them for 6 months then they go private. My kids have e sern a dentist once in nearly 2 yrs..... not gd enough
It can be very busy with people queuing, and sometimes there is a wait of 15 mins or more.
I use a town centre pharmacy because before retiring I worked in the town centre and it was convenient to collect my prescription in my lunchtime. And I have stayed there but now usually collect my prescription on a Saturday. On the other hand my husband has only recently needed a pharmacy and chooses one that is local to our home and is only a few minutes walk away.
The pharmacist is often not available to offer advice. Or there is too long a wait
they are very prompt with the prescriptions and pleasant and helpful
Yes. [Name] pharmacy in [location] is atrocious. The pharmacist is extremely rude and in accommodating. Always a queue. Always a wait. Won't go above and beyond. I was extremely ill with an infection and went for my antibiotics and they made me wait an hour in pain because the pharmacist didn't have it ready and said they were busy and I'd have to wait. I was close to collapsing. Disgusting.
Creons in short supply Travel around many chemists searching for this medication
Great friendly and professional service
The local pharmacy in [location] is poorly stocked and tends to be unhelpful.
We are advised to use a pharmacy as an alternative to visiting a doctor, every time I consult my nearest pharmacy they very quickly tell me to see a doctor, even when queried about what I think are simple issues, Queuing can also be a problem and they don't carry stocks of certain common items which can be bought at nearby supermarket.
It's all about the turner around from when I place a order for a prescription to being notified when ready. They need to be open & flexible with opening hours in this day & age.
I use the pharmacy ordering service for my monthly prescription which is convenient and saves me having to go through my GP every month.
It's very friendly, listens to your needs and keeps you fully updated with your prescription

[Name] pharmacy is excellent. Very organised and well run.
They seem overworked. Sometimes a repeat prescription that has been with them for days, has not yet been fulfilled when I turn up to collect it.
Staff very friendly and helpful. Now people by name. If you tell them your symptoms They will suggest medication to treat it
[Name] pharmacy appears to be too small for its customer base and is struggling to meet the demand. We'd benefit by a larger pharmacy. I have returned to a neighbouring pharmacy for this reason which isn't convenient.
They all appear to be very busy with long wait times for walk ins, advice is inconsistent depending which pharmacy you use or indeed which pharmacist is on duty, customer service is an issue maybe down to the local demographic and service users or just an attitude of you need us.
There doesn't seem to be a satisfactory service for provision of medication in a nomad. When my dad left hospital he needed carers, who can only administer medication from a nomad. I was asked by the hospital to do this for "a few days" until a nomad could be arranged. It turned out that there was a waiting list for this of up to 8 weeks, meaning I was required to visit 4 times every day to give him medication. Pharmacies are also reluctant to deliver now. I don't mind collecting my own prescription but having to go to collect for 2 elderly parents in addition every month is too much. After years of trying to sign everyone up for deliveries, pharmacies suddenly didn't want to deliver any more, presumably because it wasn't financially beneficial.
Unfortunately, the pharmacy opening hours are restrictive, it does not open early, late or weekends, only opening office hrs. This makes it very difficult for individuals who work.
Friendly , helpful and professional when appropriate (giving advice, guidance or minor treatments)
The staff are friendly and helpful. If I need to ask questions about medication or specific conditions they take the time to assist me.
The staff are very welcoming, friendly and nothing is too much trouble. I feel can I ask for advice without any embarrassment.
Many times no pharmacist there as they seem to have a relief system in place and no

permenent one.
Need a pharmacy in Finniy
Very friendly but the '7 day rule' often stretches to 10. Also, if a prescribed drug is not available, they sometimes fail to inform this leaving you without necessary medication and with no opportunity to request GP for an alternative.
Was having medication delivered but had to go back to local pharmacy as I was being left without my meds for two or three days each time I re ordered. Became far too stressful and suddenly stopping meds is not advised by the doctor.
Communication between doctor and pharmacy needs to be improved
It isn't the quickest with dispensing prescriptions.
Fast efficent service is always provided by my pharmacist
When my medication is collected Saturday is the most convenient day and my pharmacy is closed. There is a 10 day interval between ordering and collection.
My local pharmacy no longer opens at weekends
they have more services ie flue jabs etc
Now that the pharmacist is able to dispense antibiotics for minor infections, give vaccinations and provide other support, it makes it an even more valuable service and saves trying to get difficult doctors' appointments.
Get flu jabs.
Myself and my parents are part of the same doctors group. I live in [location] and access [name] pharmacy in the doctors, and they live in [location] and access [name] in the precinct for convenience. My prescription when out in via the same service as my parents (as same prescription phone line as same doctors) can be ready on the say or day after. My parents have to wait a week or more for [name] to get it ready and even when they are notified it is READY (not being prepared, actually ready) they turn up and have to wait as it hasn't been sorted at all. This is unacceptable - they need to be held to account and the service needs to be far quicker to match that or [name] Pharmacy.
Do not understand why it takes a week to fulfil a repeat prescription. Surely it does not take 5



days to take a packet off the shelf, check with pharmacist and put in a paper bag. Yet this is the service we have.
It alwsys takes between 5 to 7 working days for [name] in [location] to get it ready! When [name] do it the same dsy for my daughter. Why does it take all this time in [location]?
Feel that as we are in the 21st century that a pharmacy should not have to close for lunch. Obviously, implications for staff, but how many other businesses close for lunch in this day and age?
[Name] at [location] are so helpful sorting out problems often relating to to not seeing the doctor,
normally excellent service but due to some medication being difficult to source it can be frustrating, scary, and time consuming, especially if you have to contact g.p, surgery several times,
We have one pharmacy for the whole of [location]. It is very busy always and sometimes wait in a queue for half hour or more. Even if only one person on front of me it would still be at least 20 minutes wait. We need a second pharmacy in [location]!
There is a supply problem with my medicines and I have had to seek alternatives when medicines are out of stock or removed these are for average complaints not special needs service is generally low
The pharmacy recently changed hands form a chain to and independent and the improvement is remarkable. The shop is well stocked and thd service is excellent. I also use this pharmacy for my flu and covid jabs.
More vaccines given, shingles etc More minor ailments dealt with Longer opening hours Open all weekend More pharmacies in supermarkets
Parking isn't very good.
Like others mine sometimes has trouble with getting the medicines
Sometimes it takes so long to get the medication so have to order early and sometimes doctors won't do this.

staff are always polite and helpful
Not enough pharmacy choice
Useful for information, advice and vaccines
It's worrying that there are notices saying " Save our Pharmacies". As a village, it is vital that we have this service as there are lots of older people who make up the demographic. It would be a tragedy for lots of people if they had to travel for medication.
I work full time so I use supermarket pharmacy's so I can get there when they are open
[Location] has poor pharmacy provision on Sundays and Bank Holidays.
Local pharmacies are literally a life line for many, young and old. Not only for accessing prescribed medication but for the advice they give. They are now able to deal with minor ailments relieving pressures on GP surgeries. They administer winter flu vaccinations and they should be supported and given resources for more preventative medical advice. Every community should have access to a local pharmacy and this should be included in the revision of Doncaster's Local Plan when areas for housing development are identified. Impact of new housing developments includes affects on local amenities eg GP surgeries and schools. Access to local pharmacies should also be included and provision should be made so all members of Doncaster are able to receive this vital service.
Unfortunately it does not open on a weekend. My partner who works away Monday to Friday, can never get there and relies on me to collect his prescription each month. The trouble is it is part of the GP building and is the best in [location] to park, and get to.
EXTENDED HOURS DUE TO WORK COMMITMENT WOULD BE VERY HELPFUL AS OFTEN AT LUNCHTIME THE PHARMACIST IS ON A BREAK MEANING YOU CAN'T COLLECT YOUR PRESCRIPTION WHICH IS VERY ANNOYING IF YOU HAVE GONE DURING YOUR OWN LUNCH BREAK.
I order my prescriptions on line using the NHS app. The GP then use the automated service to refer to my chosen pharmacist. Most recently the pharmacy has begun to use text messages to let me know when the prescription is ready for collecting. This has improved the service greatly. Previously I had to wait up to 20 minutes whilst they prepared it or if the pharmacist was on a lunch break I had to return. The new process has made it much more user friendly.
There are less pharmacies than there were, need to make sure that all remaining pharmacies

are kept open to maintain service levels - sometimes one pharmacy runs out of medication and will arrange for it to be available from another pharmacy nearby.
Diabetes medicines not always in stock. Long back order for gluten free items.
Doesn't do flu or Covid. None in walking distance from my postcode.
The staff are friendly and helpful, especially the pharmacist. I receive a text telling me my medication is ready to be picked up which is very helpful.
I think they should always be located next to a Drs Surgery, or as close as possible for the convenience of patients, especially the elderly
I appreciate the service they have provided for many many years.
The staff are always very pleasant and my prescription is usually ready in good time.
The staff are always helpful and polite.
We have a good relationship with our pharmacy, they are always helpful and friendly
The staff changes frequently at the local pharmacy. Some of the staff can be a bit curt. Some of the medicines are substitutes for what has been prescribed.
As both my wife and I have multiple monthly repeat prescriptions (10 + items each) it is frustrating to have to wait while the prescription is prepared, this is often the case even though I wait a week after getting notification (by text) that the pharmacy has received our prescriptions. I am regularly advised that a shortage of pharmacists is hindering their work.
I Use [name] pharmacy in [location]. The service is awful, the staff sometimes rude, you have to wait ages but the alternative is to go to Town
Just swapped as the last one (inside my Drs) was very poor.
I am so glad we have a pharmacy at [location] otherwise we have a long journey with an inconvenient bus service elsewhere. The staff there are very helpful, kind & will help if they can.
Ours has been particularly helpful in providing extra needed supplies for type 1 diabetes

The staff at my local Pharmacy are very helpful, kind and polite
Our village has never had a Pharmacy and we have always had to travel to get there. this is made more difficult as we do not have a bus service that goes anywhere near our Pharmacy which is a 3mile round trip Aproximately which is extreamly difficult for the elderly particularly during the winter months. in addition to this the current system of prescription order delivery / collection are often irratic because of poor communication and delivery between the doctors and the pharmacy.
Always very busy, helpful and efficient. My wife and I could not manage without them.
Great staff, always prompt and sound advice. Wouldn't know what to do wuthout them
I feel it takes too long for a prescription to be dispensed. Before Covid it was 3 days max now it's 10 days. Worlds gone backwards
It used to be open until 8pm and open at weekends before it was taken over. It was really helpful, now I often have to get someone else to get my prescriptions depending on my working hours.
Takes too long to process
There isn't enough emergency or late night pharmacies near by
Staff are really helpful and informative. They are also friendly and efficient.
Absolutely great service and knowledge.
Need better division on weekends and late nights as this is lacking across the borough
At the present time my pharmacy is only open week days . Would be more helpful to at least include a Saturday.
Drug users can be overwhelming
Would be great if all opened on a saturday morning.
It is ridiculous how long it now takes for a repeat prescription to be ready.
It's the only one in our village and is over stretched.....people are constantly waiting long periods to recieve their medication.

I myself have to re order My monthly prescription up to 2 week before it's due to make sure I don't run out as the service is so poor.....
I find them pleasant, welcoming environments, staff are friendly, helpful and personable. The only gripe is sometimes the opening times and a couple of occasions, due to work commitments, I've been unable to get to them in time before they've closed.
They're always kind and helpful. Nothing is too much trouble for them.
[Name] Pharmacy ( previously [name] previously [name] ) Are absolutely amazing. There are staff there who know us & being there from previous owners, They are kind, considerate, extremely helpful and go out of their way to make sure everything is ok. Also advises us if a particular medication is not in stock before I collect the bulk orders so I can get it dealt with in time from the doctors surgery.
they put our meds into a nomad tray for us as i have trouble with my hands, but now [name] have decided to charge £10 per 4 weeks for the trays and that is a bit hit per annum for 2 of us on disability
Was better when they had the same pharmacist but now it seems to change everytime .
It has also been useful to attend my local pharmacy to get Covid vaccinations.
Pharmacy first service, emergency supply service is excellent
I like that the pharmacy informs me when my prescription is ready for collection, I think the pharmacy should be able to prescribe more as getting into the doctors isn't good
We need community pharmacies for all customer needs they are full of advice and very helpful. We need to keep pharmacy's open and give them more funding they are a key and important part of the community
[Location] needs more than one pharmacy
They need more money and be allowed to thrive. They perform a very important community function.
Partner was changed to [name] by GP. They deliver but during the day when we are at work- good job I have ring doorbell to tell them to put in blue bin!!!
I like my pharmacy ([name and location]) , the staff are all helpful and nice , it would be good

if they opened on a Saturday too .
Make hypoallergenic baby milk more easy to get instead of having to order it in to the chemists before it can be picked up, Christmas time I was stuck due to deliveries not coming in and I couldn't get my baby's milk that she has to have she was given another milk to tide her over but she reacted to it
The pharmacy in [location] is terrible they aren't enough pharmacists to do the job in a timely manner and there isn't enough space for the staff They constantly make mistakes
My oval pharmacy team are the best, always stretched however due to lack of funding. The government needs to sort this or we will lose them
The pharmacy attached to the [GP practice and location] are excellent. Even though they have reduced their opening hours it is still convenient, efficient and an effective service
A 24 hour pharmacy is needed in doncaster as if you go any out of hours doctors you can't get your prescription
There should be more pharmacy first and referrals from gps also more funding as the cost of medication out weights what gets paid to pharmacy's some times your making a loss just because you don't want to leave patients without medication that why so many pharmacy's are closing down.
I'm having memory problems and asked for a dosset box because I have 12 different meds a day and some of these are 3 or 4 each but I was told they are too busy to take more people's prescriptions like this so I have to struggle
Some take 7 days to process a repeat prescription. This is inflexible
The opening times of my local pharmacy aren't too bad. However, the late night pharmacies are really far away for me. On occasion I have needed to go to a pharmacy, but there isn't any close by or they're closed. I cared for someone who was terminally ill and sometimes it was incredibly difficult to get medications prescribed by out of hours doctors. I couldn't leave them, so I had to take them, due to the high levels of care needed, travelling longer than 20 mins was incredibly difficult.
It is always a very slow process despite the prescription going automatically from the GP. The pharmacist is late everytime I go in a morning. Long queues and slow customer service.

Our local pharmacy check my blood pressure regularly. Have a good repore with the staff
its far too busy with long queues and too few staff, taking 3 days or more to get a prescription ready is too long. Why do you have to see a person to collect your prescription if they sent you a text with a key code and the medicines were placed in a locker it would be much better, giving patients more flexibility and freeing up staff time.
Pretty good but make mistakes sometimes. Carer went to collect medicines and one was missing, when he went back they didn't take responsibility straight away. Did then order the medicine and he went to pick it back up the next day.  Passed on asthma tablets to delivery and didn't come for 3/4 days, so prefers to pick them up themselves
they're good, no issues
Don't think pharmacy should close during the day
We have a total of 7 pharmacies covering our Gp practice. Far too many resulting in poor service provision. The lack of permanent pharmacist mean they don't get to know their customers and are often unwilling to help with prescriptions or ordering items in despite knowing a person is in a specific drug.
[Name] pharmacy are excellent and a valuable and essential resource
Me and my family prefer to attend pharmacies where we have visited most of our lives. In this case, this was [name and location] and staff have known my family for years. They give really good sound advice and it can avoid us having to book a doctor's appointment as pharmacist advice is equally as good.
Find the Pharmacist helpful and understanding.
It's fine
Great service - always chase up with doctor if something is not right
I like being able to get my blood pressure checked and having a chat.
It is very efficient

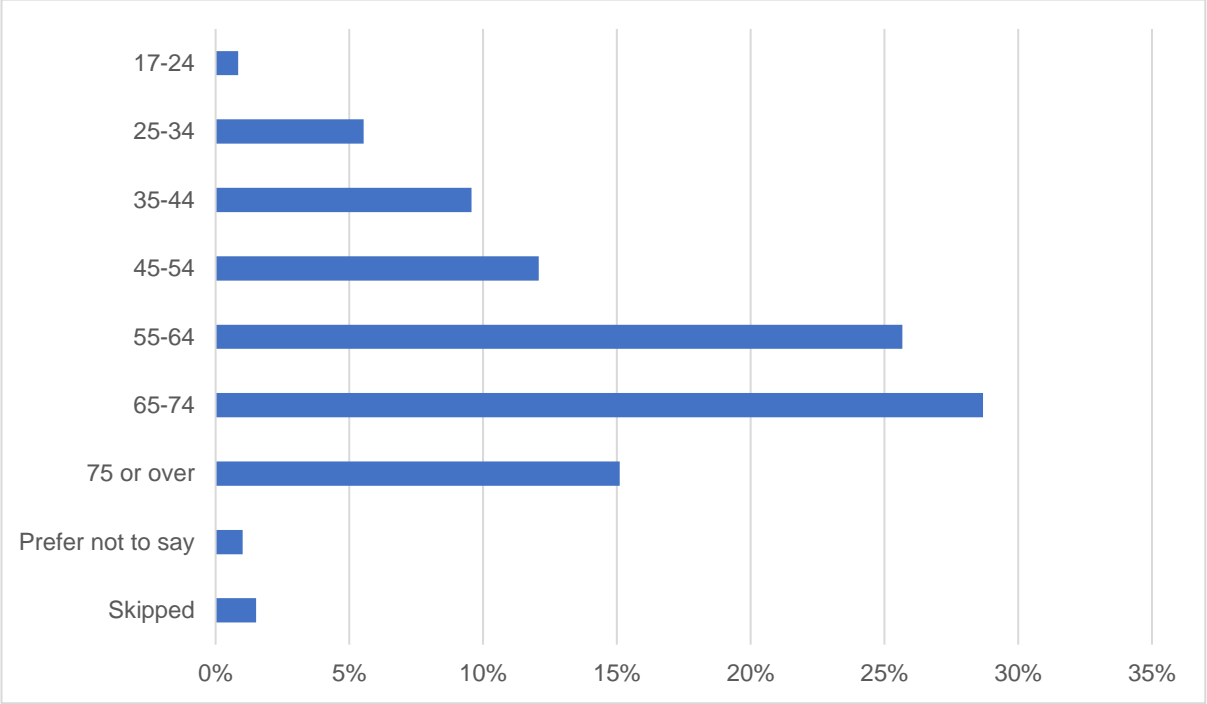
My prescription is sent electronically from my surgery to the pharmacy when i re-order online. I'm texted when prescription is ready for collection. System works well.
[Name], the pharmacist, is very kind, knowledgeable and i trust his advice. One member of staff knows me by name, has my prescription ready when she sees me enter. Always asks after my mum.
They're friendly and knowledgeable
I trust the staff who work there. The staff know me. Pharmacist very approachable and helpful.
I have my flu vaccination at the pharmacy
It's good
Very good
When collecting prescriptions it seems to take a long time to find prescription - why not in alpha order?
Very understaffed [location]
Plenty of staff [location]
Too long waiting
They are a bit slack - long waiting times
Very busy, trying our bests to keep on top of the workload. Need another pharmacy in village.
Always good
In our village [location], we have a new health centre being built with no pharmacy in place they are located a mile away. Please can we have a pharmacy closer to the new health centre when it is built.
It's slow as very busy - only one in village
Really brilliant
[Name] staff very unhelpful



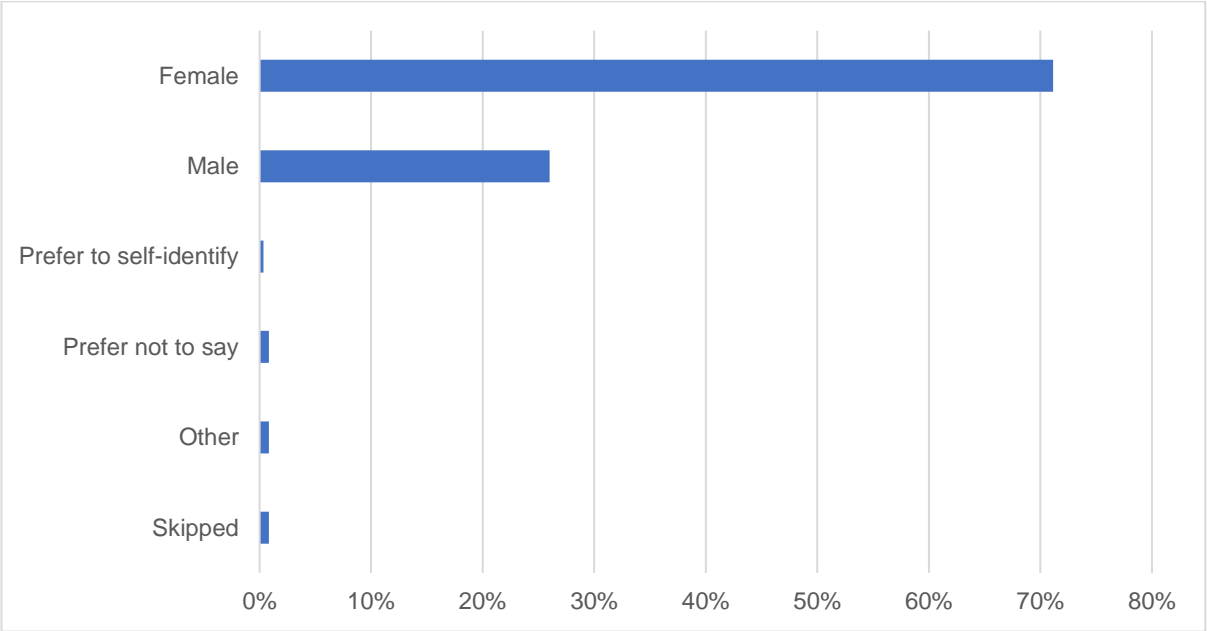


Equality questions

What age group do you belong to?



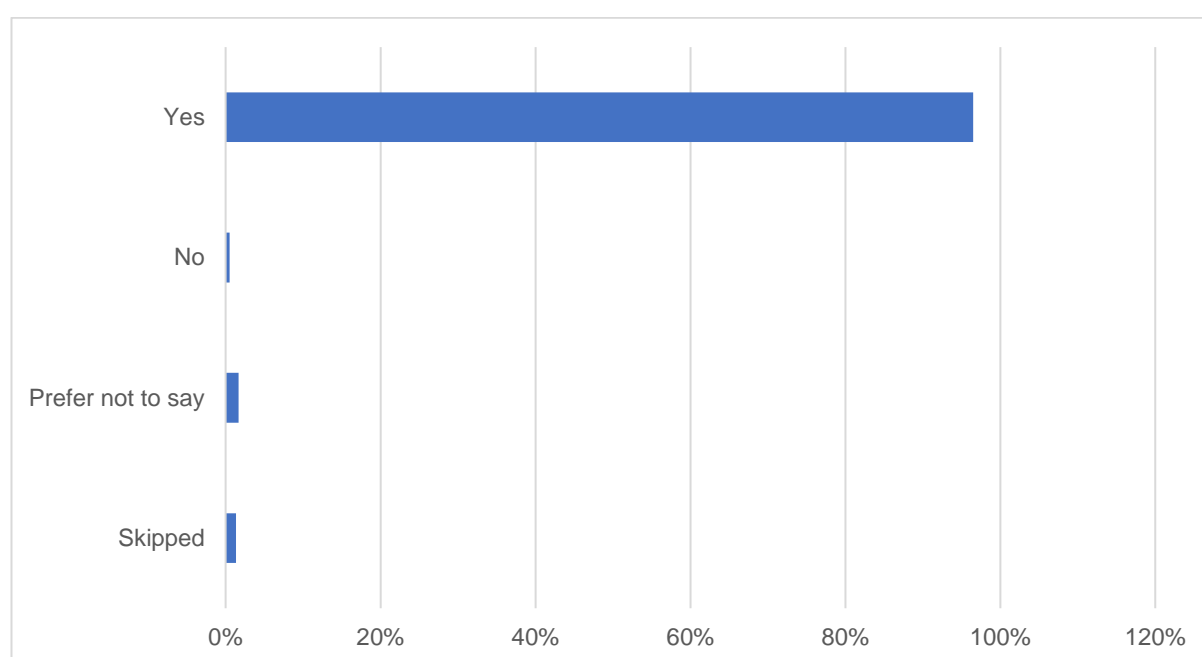
Which of the following best describes your gender identity?



Five comments were left in relation to this question.

Cabbage
Dn4
DN4
I don't have a gender identity. I am female

### Is your gender identity the same as the sex you were assigned at birth?



### What option best describes your ethnicity?

British, English, Northern Irish, Scottish, Welsh (those replying "Yorkshire" have been added to this category)	561
Carribean	4
Polish	3
Other White background, please specify: (no further details provided)	3
African	2
Other Black/Black British/Caribbean background	2

(no further details provided)	
Irish	2
German	2
Chinese	1
Pakistani	1
Indian	1
South Africa	1
Latvian	1
Romanian	1
White and Asian	1

**Please tick all of the following that apply to you.**

I have a disability	117 respondents
I have a long term condition	323 respondents
I am a carer	77 respondents
Prefer not to say	16 respondents

# Appendix I – Pharmacy and dispensing appliance contractors' questionnaire

Work has commenced on preparing the new Pharmaceutical Needs Assessment for City of Doncaster Council which we anticipate will be published by 1 October 2025. We would appreciate your help to gather important information to support the development of this document which:

- May identify unmet needs for, or improvements or better access to, pharmaceutical services for the population of Doncaster. This questionnaire will confirm/tell us where community pharmacies and dispensing appliance contractors are already contributing to meeting these needs and may be able to help us and other commissioners meet the needs of the population in the future, and
- Will be the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. NHS South Yorkshire Integrated Care Board (ICB) will use the document to make decisions regarding these matters.

We have developed a questionnaire with the support of the Pharmaceutical Needs Assessment steering group of which Community Pharmacy South Yorkshire is a member. In developing the questionnaire, we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible, with just four questions, and anticipate that it should take no more than five minutes to complete.

While available until Sunday 9 March 2025, we would encourage you to complete the questionnaire at your earliest convenience.

The responses you provide will be collected by Primary Care Commissioning CIC who has been commissioned by City of Doncaster Council to draft the PNA. Responses will only be used for the purpose of drafting the PNA. All data will be held in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulation.

For queries relating to the information requested or the answers required please email [pnasurveys@pcc-cic.org.uk](mailto:pnasurveys@pcc-cic.org.uk).

Please insert the ODS code (also known as the F code or pharmacy code and starts with the letter F) of the pharmacy or dispensing appliance contractor premises you are completing the questionnaire on behalf of:

Please insert the address of the pharmacy/dispensing appliance contractor premises you are completing the questionnaire on behalf of:

### 1. Hours of opening

NHS South Yorkshire ICB has provided us with the opening hours for the pharmacies and dispensing appliance contractor premises in Doncaster and a copy was attached to the email inviting you to complete this questionnaire. Please review the recorded opening hours for the premises you are completing the questionnaire on behalf of and inform the ICB if you believe your opening hours are different.

Please note that we will use the opening hours held by NHS South Yorkshire ICB for the purposes of the Pharmaceutical Needs Assessments.

### 2. Collection and delivery facilities

Please tick whether you currently provide any or all of the collection and delivery services (non-commissioned) below.

Service	Yes	No
Automated collection point at the premises		
Private, free of charge delivery service		
<ul style="list-style-type: none"> <li>Is this service available to all patients?</li> </ul>		
Private, chargeable delivery service		
<ul style="list-style-type: none"> <li>Is the service available to all patients?</li> </ul>		

If the delivery service is restricted, please confirm the patient groups who may use the service.

### 3. Languages spoken

Apart from English which other languages, if any, are available to patients from staff in the pharmacy every day.

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#### 4. Housing developments

As well as identifying whether or not there are any gaps in the current provision of pharmaceutical services, the Health and Wellbeing Board must identify any that will arise in the three-year lifetime of the Pharmaceutical Needs Assessment. In doing so, the Health and Wellbeing Board will take account of the housing developments in Doncaster, seek to quantify how many new people will move into its area, identify which pharmaceutical services they will need to access, and assess whether the existing spread of pharmacies and dispensing appliance contractor premises can meet that demand.

We therefore need to understand your current capacity and whether or not you can meet an increased demand for the pharmaceutical services you provide.

With this in mind please select the options that best reflect your situation at the moment with regard to your premises and staffing levels. We appreciate that the position may well change and will therefore treat your response as being at a fixed point in time. It will be just one of the many pieces of information that will be used when the Health and Wellbeing Board considers whether or not any gaps in the provision of one or more pharmaceutical services will arise in the next three years.

	Premises	Staffing levels
We have sufficient capacity to manage the increase in demand in our area.		
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.		
We don't have sufficient capacity and would have difficulty in managing an increase in demand.		

#### 5. Appliances

Are prescriptions for appliances dispensed at the premises?

	<b>Please tick one box</b>
Yes, all types	
Yes, excluding stoma appliances	
Yes, excluding incontinence appliances	
Yes, excluding stoma and incontinence appliances	
Yes, just dressings	
No - appliances are not dispensed	

**Details**

Name:

Job title:

Email address:



## Appendix J – Dispensing doctor questionnaire

Work has commenced on preparing the new Pharmaceutical Needs Assessment for City of Doncaster Council which we anticipate will be published by 1 October 2025. We would appreciate your help to gather important information to support the development of this document which:

May identify unmet needs for, or improvements or better access to pharmaceutical services for the population of Doncaster. We are using questionnaires to establish where community pharmacies, dispensing appliance contractors and dispensing doctors are already contributing to meeting these needs and may be able to help us and other commissioners meet the needs of the population in the future, and

Will be the basis for market entry applications to open new pharmacy and dispensing appliance contractor premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. NHS South Yorkshire Integrated Care Board will use the document to make decisions regarding these matters.

We have developed a questionnaire with the support of the Pharmaceutical Needs Assessment steering group of which Doncaster Local Medical Committee is a member. In developing the questionnaire, we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no more than five minutes to complete.

While available until Sunday 9 March 2025, we would encourage you to complete the questionnaire at your earliest convenience.

The responses you provide will be collected by Primary Care Commissioning CIC who has been commissioned by City of Doncaster Council to draft the PNA. Responses will only be used for the purpose of drafting the PNA. All data will be held in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulation.

For queries relating to the information requested or the answers required please email [pnasurveys@pcc-cic.org.uk](mailto:pnasurveys@pcc-cic.org.uk).

Please insert the practice's ODS code (also known as the C or Y code or practice code) you are completing the questionnaire on behalf of:

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approval to dispense from.

### 1 Are prescriptions for appliances dispensed at the premises?

	Please tick one box
Yes - All types	
Yes, excluding stoma appliances	
Yes, excluding incontinence appliances	
Yes, excluding stoma and incontinence appliances	
Yes, just dressings	
No - appliances are not dispensed	

### 2 Delivery and collection of dispensed items

Please tick whether you currently provide any or all of the collection and delivery services (non-commissioned) below.

Service	Yes	No
Automated collection point at the premises		
Private, free of charge delivery service		
Is this service available to all patients?		
Private, chargeable delivery service		
Is the service available to all patients?		

If the delivery service is restricted, please confirm the patient groups who may use the service.

### 3 Languages spoken

Apart from English which other languages, if any, are available to patients from staff in the dispensary every day.

### 4 Housing developments

As well as identifying whether or not there are any gaps in the current provision of pharmaceutical services, the Health and Wellbeing Board must identify any that will arise in the three-year lifetime of the Pharmaceutical Needs Assessment. In doing so, the Health and Wellbeing Board will take account of the housing developments in Doncaster, seek to quantify how many new people will move into its area, identify which pharmaceutical services they will need to access, and assess whether the existing spread of pharmacies and dispensing appliance contractor premises can meet that demand.

We therefore need to understand your current capacity and whether or not you can meet an increased demand for the dispensing service you provide.

With this in mind please select the options that best reflect your situation at the moment with regard to your premises and staffing levels. We appreciate that the position may well change and will therefore treat your response as being at a fixed point in time. It will be just one of the

many pieces of information that will be used when the Health and Wellbeing Board considers whether or not any gaps in the provision of one or more pharmaceutical services will arise in the next three years.

	Premises	Staffing levels
We have sufficient capacity to manage the increase in demand in our area.		
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.		
We don't have sufficient capacity and would have difficulty in managing an increase in demand.		

**5 Please provide us with your contact details.**

**Name:**

**Job title:**

**Email:**

# Appendix K – Report on the statutory consultation

## 1 Introduction

As part of the Pharmaceutical Needs Assessment process the Health and Wellbeing Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health and Wellbeing Board's area are accurately reflected in the final Pharmaceutical Needs Assessment document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

## 2 Consultation process

In order to complete this process, the Health and Wellbeing Board has consulted with those parties identified under regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft Pharmaceutical Needs Assessment addresses issues that they considered relevant to the provision of pharmaceutical services. Those consulted were:

- Barnsley Health and Wellbeing Board,
- Bradford Health and Wellbeing Board,
- Calderdale Health and Wellbeing Board,
- City of Doncaster Health and Wellbeing Board,
- Contractors included in the pharmaceutical lists
- East Riding Health and Wellbeing Board,
- Healthwatch Doncaster,
- Kirklees Health and Wellbeing Board,
- Leeds Health and Wellbeing Board,
- Doncaster Local Medical Committee,
- Community Pharmacy South Yorkshire,
- NHS England,
- NHS Humber and North Yorkshire Integrated Care Board,
- North Lincolnshire Health and Wellbeing Board,

- North Yorkshire Health and Wellbeing Board,
- Nottinghamshire Health and Wellbeing Board,
- Rotherham Health and Wellbeing Board,
- Rotherham, Doncaster and South Humber NHS Foundation Trust,
- Sheffield Health and Wellbeing Board,
- South Yorkshire Integrated Care Board,
- Wakefield Health and Wellbeing Board,
- York Health and Wellbeing Board, and
- Yorkshire Ambulance Service.

An email was sent to the above organisations, inviting them to submit their views on the Pharmaceutical Needs Assessment. Weblinks to the Pharmaceutical Needs Assessment, executive summary and questionnaire were included in the email.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online.

The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change, and identify any current and future gaps in pharmaceutical services.

The consultation ran from 9 June to 8 August 2025

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

The consultation received four responses, which identified as follows.

<b>Answer options</b>	<b>Response percent</b>	<b>Response count</b>
On behalf of an organisation	50%	2
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	50%	2
A personal response	0%	0
Chose not to respond	0%	0


<b>Answered question</b>	<b>4</b>
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### 3 Summary of online questions, responses and the Health and Wellbeing Board's considerations

All comments made as part of the consultation are included verbatim.

In asking “Has the purpose of the Pharmaceutical Needs Assessment been explained”, the Health and Wellbeing Board is pleased to note that all responders said “Yes”.

**Figure 25 – Has the purpose of the Pharmaceutical Needs Assessment been explained?**


Answer choices			Response percentage	Response total
1	Yes		100.00%	4
2	No		0.00%	0
3	Don't know		0.00%	0
			Answered	4
			Skipped	0

One comment was made by a consultee who said “Yes”.

- “Purpose of the assessment is clearly explained at the start of the document.”

The next question asked, “Does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area?” and the Health and Wellbeing Board is pleased to note all consultees said “Yes”.

**Figure 26 – Does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area?**

Answer choices			Response percentage	Response total
1	Yes		100.00%	4
2	No		0.00%	0
3	Don't know		0.00%	0
			Answered	4
			Skipped	0

No comments were made in response to this question.

When asked “Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the Pharmaceutical Needs Assessment?” the Health and Wellbeing Board is pleased to note all responders said “No”.

**Figure 27 – Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the Pharmaceutical Needs Assessment?**



Answer Choices			Response Percent	Response Total
1	Yes		0.00%	0
2	No		100.00%	4
3	Don't know		0.00%	0
			answered	4
			skipped	0



No comments were made in response to this question.

When asked “Does the draft Pharmaceutical Needs Assessment reflect the needs of your area’s population?”. The Health and Wellbeing Board is pleased to note that three responders agreed, although noted that one consultee said, “Don’t know”.

**Figure 28 – Does the draft Pharmaceutical Needs Assessment reflect the needs of your area’s population?**

Answer Choices			Response Percent	Response Total
1	Yes		75.00%	3
2	No		0.00%	0
3	Don't know		25.00%	1
			answered	4
			skipped	0



One comment was received from the consultee who advised “Don’t know”.

- “Completing from another Local Authority and so can't comment.”

The Health and Wellbeing Board is satisfied that no changes need to be made to the Pharmaceutical Needs Assessment on the basis of this response.

Consultees were then asked for their views on whether the Pharmaceutical Needs Assessment has provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises. The Health and Wellbeing Board is pleased to note that three consultees said “Yes” but noted that one said, “Don’t know”.

**Figure 29 – Has the Pharmaceutical Needs Assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?**

Answer Choices			Response Percent	Response Total
1	Yes		75.00%	3
2	No		0.00%	0
3	Don't know		25.00%	1
			answered	4
			skipped	0

No comments were made in response to this question. In the absence of any further information the Health and Wellbeing Board is satisfied that no changes need to be made to the Pharmaceutical Needs Assessment on the basis of this response.

Consultees were then asked whether the Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical service provision and plans for pharmacies and dispensing appliance contractors. The Health and Wellbeing Board is pleased to note all responders said “Yes”.

**Figure 30 – Has the Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**

Answer Choices			Response Percent	Response Total
1	Yes		100.00%	4
2	No		0.00%	0
3	Don't know		0.00%	0
			answered	4
			skipped	0

The consultation then asked whether respondents agreed with the conclusions of the Pharmaceutical Needs Assessment and the Health and Wellbeing Board is pleased to note that three consultees said “Yes”, although one said “No”.

**Figure 31 - Do you agree with the conclusions of the Pharmaceutical Needs Assessment?**

Answer Choices			Response Percent	Response Total
1	Yes		75.00%	3
2	No		25.00%	1
3	Don't know		0.00%	0
			answered	4
			skipped	0

One comment was received from the responder who said “No”.

- “Page 6 references Influenza vaccination gap however this is an Advanced service. If the council feel this is a gap it can be commissioned as a local service”.

The Health and Wellbeing Board has noted that the influenza vaccination service is an advanced service and therefore falls within the definition of ‘pharmaceutical services’. The Health and Wellbeing Board has defined it as an ‘other relevant service’ for the purposes of the Pharmaceutical Needs Assessment. Therefore, by virtue of paragraph 4, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the Health and Wellbeing Board is able to identify a gap in the provision of this service. It is satisfied that if the service was provided by a pharmacy in each of Stainforth and Moorends this would secure better access to the service.

Finally, those responding to the consultation were asked whether they had any further comments. Two responders said “Yes” and expanded upon their answers.

1. “Page 7 Future needs in Gateway East and Unity (between Hatfield and Stainforth) however in the locality sections it doesn’t state gap but could be construed as a gap

In the executive summary and chapter 12, the Health and Wellbeing Board articulated a future need for a pharmacy in each development providing specified services at certain times and on certain days of the week. The developments are identified in sections 9.1 and 11.1 and the future needs are identified in sections 9.7, 9.8, 11.7 and 11.8. The Health and Wellbeing Board is therefore satisfied that no changes need to be made to the Pharmaceutical Needs Assessment on the basis of this response.

Page 12 Supplementary hours states 5 weeks notice for a change however this is only applicable to a decrease

If a pharmacy contractor wishes to reduce or redistribute the supplementary opening hours or its pharmacy, it simply notifies the Integrated Care Board of the change, giving at least five weeks’ notice. If a pharmacy contractor wishes to increase the total number of supplementary opening hours of its pharmacy it is required to give notice to the Integrated Care Board in advance of the change, however there is no minimum notice period. The Pharmaceutical Needs Assessment has been amended accordingly.

page 186 Reference evening and weekend access at GP surgeries and hours should be matched at pharmacies. If not then the pharmacy could be directed to open, If no change

in pharmacy hours is this construed as a gap?”

The Health and Wellbeing Board has reviewed page 186 of the Pharmaceutical Needs Assessment and notes that this comment relates to the service providing enhanced access to primary medical services between 18.30 and 20.00 Monday to Friday, and between 09.00 and 17.00 on Saturdays. This service is commissioned from Primary Care Doncaster Limited by the five primary care networks.

Based on the times this service is provided and the opening hours of pharmacies, the Health and Wellbeing Board is satisfied that those residents requiring pharmaceutical services after accessing the enhanced access service are able to do so. Should this change, the Health and Wellbeing Board is satisfied that the Integrated Care Board would be able to direct one or more pharmacies to open if required. It is therefore satisfied that there are no needs for, or improvements or better access to, pharmaceutical services as a result of the enhanced access to primary medical services service.

2. “I have conducted a light touch review on behalf of [name] Health & Wellbeing Board to identify any conflicts with the [name] PNA or issues that could impact on the [name] population that live near the border. I am satisfied with the evidence presented that concludes that there are no gaps in provision within the scope of the PNA”

The Health and Wellbeing Board has noted this comment regarding cross-border provision of pharmaceutical services and is satisfied that no amendments need to be made to the Pharmaceutical Needs Assessment.

## **5 Summary conclusions**

The Health and Wellbeing Board is pleased to note that the response to the consultation has been very positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed, and the conclusions are agreed with.

## **6 Amendments**

The following amendments have been made to the Pharmaceutical Needs Assessment:

- Advanced service activity for December 2024 to March 2025 added to chapters 5, and 8 to 11.
- The number of pharmacies that have signed up to provide some of the advanced services has been updated to reflect the position at the beginning of August. Chapters 5, and 8 to 11.
- Prescription data for December 2024 and March 2025 and where those prescriptions were dispensed has been added.
- Section 5.1 updated to reflect applications for inclusion in the pharmaceutical list as of July 2025.
- Sections 5.1 and 5.1.8 updated to reflect number and percentage of dispensing patients as of May 2025.
- Section 5.1.4 updated to reflect the fact one distance selling premises has not signed up to provide the Pharmacy First service.
- Section 5.1.6 updated to reflect the fact that all pharmacies have now signed up to provide the contraception service.
- Section 5.3.1.1 updated as all the pharmacies provided the new medicine service in 2024/25.
- Section 5.3.1.4 updated to reflect a reduction of two pharmacies that have signed up to provide the smoking cessation service as of 27 July 2025.
- Sections 7.9 and 7.10 amended to reflect the expansion of the pharmacy contraception advanced service to include supplies of oral emergency contraception in 2025/26.

The Health and Wellbeing Board has noted that since the consultation draft of this document was produced:

- All pharmacies are now signed up to provide the contraception advanced service, and
- All pharmacies provide the new medicine service.

## Appendix L – Opening hours

Please see the separate document.