

Pharmaceutical Needs Assessment 2025-2028

North Northamptonshire

March 2025 – Consultation draft

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1. Introduction

This section introduces the Pharmaceutical Needs Assessment (PNA), outlining its purpose and the legislative background that underpins it. Next, it details the process followed to develop this PNA and defines the scope of the PNA.

1.1 Purpose of the PNA

The PNA is a critical document that evaluates how pharmaceutical services can address the health needs of the population within the North Northamptonshire Health and Wellbeing Board's area over the next three years. It focuses on the specific role of pharmaceutical services commissioned by NHS England (NHSE) and closely aligns to documents in the Joint Strategic Needs Assessment (JSNA) which identifies broader health priorities.

The PNA will identify potential gaps in pharmaceutical services provision, including whether additional premises or services are required, or if improvements to existing services can enhance access. These findings guide commissioners in optimising pharmacy and dispensing appliance contractor services to improve public health and reduce inequalities across North Northamptonshire.

1.2 Context

1.2.1 Legislative background

Under the [Health and Social Care Act 2012](#), all Health and Wellbeing Boards in England are mandated to assess and publish statements about pharmaceutical service needs within their jurisdictions. [The NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), require these assessments to be updated and published every three years. This document fulfils this statutory obligation for North Northamptonshire.

[The 2023 amendments to the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations](#) introduced updates related to service opening hours and temporary suspensions, including:

- The ability for Integrated Care Boards (ICB) to remove the “100 hours condition” from pharmacies that applied under regulation 13(1)(b) of The NHS (Pharmaceutical Services) Regulation 2005 (referred to as 100-hour pharmacies) following submission of a valid application.
- The ability for pharmacy contractors to reduce the core opening hours of their 100-hour pharmacy to between 72 and 100 hours where certain requirements are met.

This PNA incorporates these changes, referencing the original 2013 Regulations where applicable.

1.2.2 The Community Pharmacy Contractual Framework

[The NHS Community Pharmacy Contractual Framework \(CPCF\) 2019-2024](#) outlines the role of community pharmacies in delivering the [NHS Long Term Plan](#). All NHS pharmaceutical service providers must comply with the contractual framework, that is formed of the following components:

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- National Essential Services – these must be provided by all contractors nationwide.
- National Advanced Services – services that can be provided by contractors subject to accreditation requirements.
- National Enhanced Services – services commissioned by NHS England.
- Locally Commissioned Services – services commissioned by Local Authorities or an ICB.

Negotiations for CPCF arrangements beyond 2024 are ongoing between Community Pharmacy England, the Department of Health and Social Care (DHSC) and NHSE. Until these negotiations conclude, the current service arrangements will remain in effect.

1.2.3 Local relevant strategies for health and wellbeing

Northamptonshire's Integrated Care System (Integrated Care Northamptonshire) joins up services across NHS, local councils, voluntary and community organisations and other partners. As part of this system, Northamptonshire Integrated Care Partnership (NICP) brings together organisations who deliver mental health, social care and physical health care within Northamptonshire to support the populations health and wellbeing.

[The NICP's "Live Your Best Life" strategy \(2023-2033\)](#) outlines ten key ambitions to ensure equitable opportunities for all residents. These ambitions include:

- The best start in life
- Opportunity to be fit, well and independent
- Access to health and social care when they need it

While the NICP addresses county-wide service integration, the [North Northamptonshire Health and Wellbeing Board](#) focuses on meeting the specific needs of its local population. The North Northamptonshire Health and Wellbeing Board strategy (2024-2029) identifies five strategic priorities:

- Smoking and vaping – to reduce the prevalence of smoking and reduce inequalities in smoking in the North Northamptonshire population
- Keeping active – to deliver opportunities that enable active lifestyles for people who live, work and visit North Northamptonshire
- Mental health and wellbeing – to seek to reduce inequalities in access, outcome, and experience
- Children and young people – to promote the health and wellbeing of children and young people and reduce health inequalities
- Financial resilience – to build the financial resilience of households within targeted communities.

1.3 Process followed to develop the PNA

The last PNA for North Northamptonshire was published in May 2021, and the process to renew the PNA started in 2024. Due to alignment of timelines and shared key PNA stakeholders operating across Northamptonshire, the PNA process was conducted jointly with West Northamptonshire Council. This collaborative approach

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was taken to ensure system-wide efficiency. A joint Steering Group to oversee both PNAs was established. The North Northamptonshire Health and Wellbeing Board delegated authority to the Steering Group for the production of the PNA.

Step 1: Steering Group

The PNA Steering Group was led by West Northamptonshire Council Public Health. The Terms of Reference and composition of the group can be found in Appendix B. The Steering Group was responsible for defining the scope around localities, travel parameters and necessary services.

Step 2: Project management

A project management approach was used to develop the PNA. The views of Steering Group stakeholders were gathered through feedback in meetings or online via email.

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

a. Public engagement on pharmacy provision

The Steering Group created a questionnaire to be distributed to residents to gather their views on pharmaceutical services in North Northamptonshire. This questionnaire was promoted on North Northamptonshire Council's internal communications channels and external social media accounts, via email to Residents' Panel and Consultation Register databases and Town and Parish Councils. Views were obtained from a total of **311** people.

b. Pharmacy contractor and dispensing practice questionnaire

The Steering Group agreed a questionnaire to be distributed to the local pharmacies and dispensing practices to collate information for the PNA. This was distributed via email to local pharmacies, whilst also using the Local Pharmaceutical Committee (LPC) networks, newsletter and WhatsApp groups. This questionnaire was open between 5 August 2024 to 6 October 2024 but received **2** responses. The Steering Group agreed to shorten the number of questions asked and extended the closing date to 3 November 2024. In North Northamptonshire, a total of **13** responses were received from local pharmacies, and **0** from dispensing practices.

The questionnaire templates circulated as part of the stakeholder engagement in A-B above can be found in Appendix C.

c. Data collection

Detailed data on demography, health needs and pharmaceutical services in North Northamptonshire was sourced by members of the Steering Group. This was used alongside stakeholder engagement to develop the PNA.

Step 4: Preparing for the PNA draft for consultation

The Steering Group reviewed the draft PNA in February 2025, and the PNA content and detail was revised based on this feedback process.

Step 5: Statutory consultation

In line with the [Pharmaceutical Regulations 2013](#), a consultation on the draft PNA was undertaken between 7 March and 6 May 2025. The draft PNA and consultation response form was issued to all identified stakeholders. Please refer to additional document entitled “North Northamptonshire Pharmaceutical Needs Assessment 2025 Statutory Consultation”.

Step 6: Collation and analysis of consultation responses

The consultation responses were collated and analysed by the Steering Group on X. A summary of the responses received, and subsequent analysis is noted in the additional document entitled “North Northamptonshire Pharmaceutical Needs Assessment 2025 Statutory Consultation”.

Step 7: Publication of the final PNA

The collation and analysis of consultation responses were used by the Steering Group to revise the draft PNA. The final PNA was presented to North Northamptonshire Health and Wellbeing Board for approval on 17 June 2025 for publication by X.

1.4 Scope of the PNA

The [Pharmaceutical Regulations 2013](#) detail the information required to be contained within the PNA. A PNA is required to measure the adequacy of pharmaceutical services in the Health and Wellbeing Board area under five key themes:

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

For the purpose of this PNA, ‘Necessary Services’ are defined as National Essential Services and Flu Vaccination Service, COVID-19 Vaccination Service, New Medicine Service, Hypertension Case-Finding Service, Pharmacy First Service, Pharmacy Contraception Service and Lateral Flow Device Service. ‘Other relevant services’ are defined as National Advanced Services, National Enhanced Services, and locally commissioned services.

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

- Pharmacy Contractors
- Dispensing Appliance Contractor
- Local Pharmaceutical Service Providers
- Dispensing General Practitioner (GP) Surgeries.

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

1.4.1 Pharmacy contractors

Pharmacy contractors operate under the CPCF which sets out three levels of service under which pharmacy contractors operate: National Essential Services, National Advanced Services and National Enhanced Services.

Pharmacy contractors comprise the following: those located within North Northamptonshire Health and Wellbeing Board area, as listed in Appendix D, those in neighbouring Health and Wellbeing Board areas, and remote suppliers such as distance selling pharmacies. All pharmacy contractors operate under a contract with NHSE.

Although distance selling pharmacies may provide services from all three levels as described above, they must not provide National Essential Services face-to-face on the premises.

1.4.2 Dispensing appliance contractors

Dispensing appliance contractors operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the [Pharmaceutical Regulations 2013](#). They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages and other.

Dispensing appliance contractors must provide a range of National Essential Services, such as Dispensing Appliances and Clinical Governance. In addition, dispensing appliance contractors may provide the National Advance Services of Appliance Use Reviews and Stoma Appliance Customisation. Dispensing appliance contractors are unable to supply medicines.

1.4.3 Local pharmaceutical service providers

A provider of pharmaceutical services may be locally commissioned by NHSE to deliver specific services to their local population, or a specific population group, outside of the CPCF.

1.4.4 Dispensing GP surgeries

The [Pharmaceutical Regulations 2013](#), as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations. Dispensing GP surgeries can only provide dispensing services to communities within rural areas, known as 'controlled localities'. GP premises for dispensing must be listed on the pharmaceutical list held by NHSE, and patients retain the right to choose to have their prescription dispensed from a community pharmacy.

These provisions are to enable patients in defined rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP surgery. Reasonable access is defined as a distance of more than one mile (1.6km measured in a straight line) from a community pharmacy premises (excluding any distance selling pharmacy premises).

1.4.5 Other providers of pharmaceutical services in neighbouring Health and Wellbeing Board areas

There are 5 other Health and Wellbeing Board areas which border the North Northamptonshire Health and Wellbeing Board area:

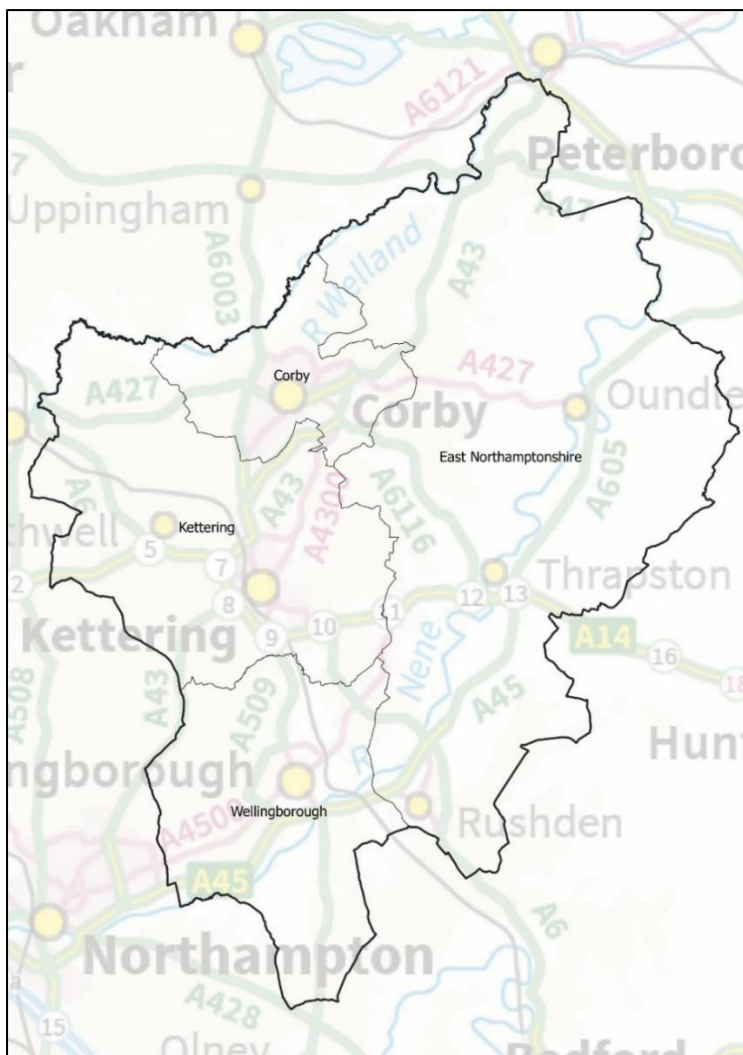
- West Northamptonshire Health and Wellbeing Board
- Leicestershire Health and Wellbeing Board
- Cambridgeshire and Peterborough Health and Wellbeing Board
- Central Bedfordshire Health and Wellbeing Board
- Milton Keynes Health and Wellbeing Board

In determining the needs of, and pharmaceutical service provision to the population of North Northamptonshire, the pharmaceutical service provision for the neighbouring Health and Wellbeing Board areas was considered.

1.4.5 Localities for the purpose of the PNA

North Northamptonshire Council transitioned to a unitary authority in 2021. As a result, the majority of data on the population is now only available at this unitary level. Where this applies, data is presented at this locality level in this PNA. In some instances, further breakdown of the data is available into four key areas of North Northamptonshire (previous district authority areas, although the district authorities no longer exist). Where this applies data is presented as the localities of Corby, Kettering, East Northamptonshire, and Wellingborough.

Figure 1: Map of North Northamptonshire by locality areas.



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2. Demographics and health needs profile

This section presents the most up-to-date data on the demography of North Northamptonshire and the overall health needs of the population. It includes trend analysis and comparisons to regional and national data where available. Next, this section describes the pharmaceutical services that can meet the health needs of the population, along with any changes since the previous PNA.

Lastly, this section presents a narrative literature review of health needs across different groups. It includes those with protected characteristics, inclusion health groups, and other patient groups that may exist within North Northamptonshire. Each sub-section will give a brief overview of the anticipated health needs within each group and highlight the pharmaceutical services that can meet these needs.

2.1 Demography of North Northamptonshire

2.1.1 Population estimates

According to the Office for National Statistics (ONS) [2023 Mid-Year population estimates](#), **367,991** people live in North Northamptonshire.

Since North Northamptonshire Council was vested in 2021, the population of its area has increased by **2.1%**. For comparison, the population of England has increased by **2%** and the population of West Northamptonshire has increased by **1.8%**.

The [ethnic composition of North Northamptonshire compared to the East Midlands and England average](#) is shown in Table 1.

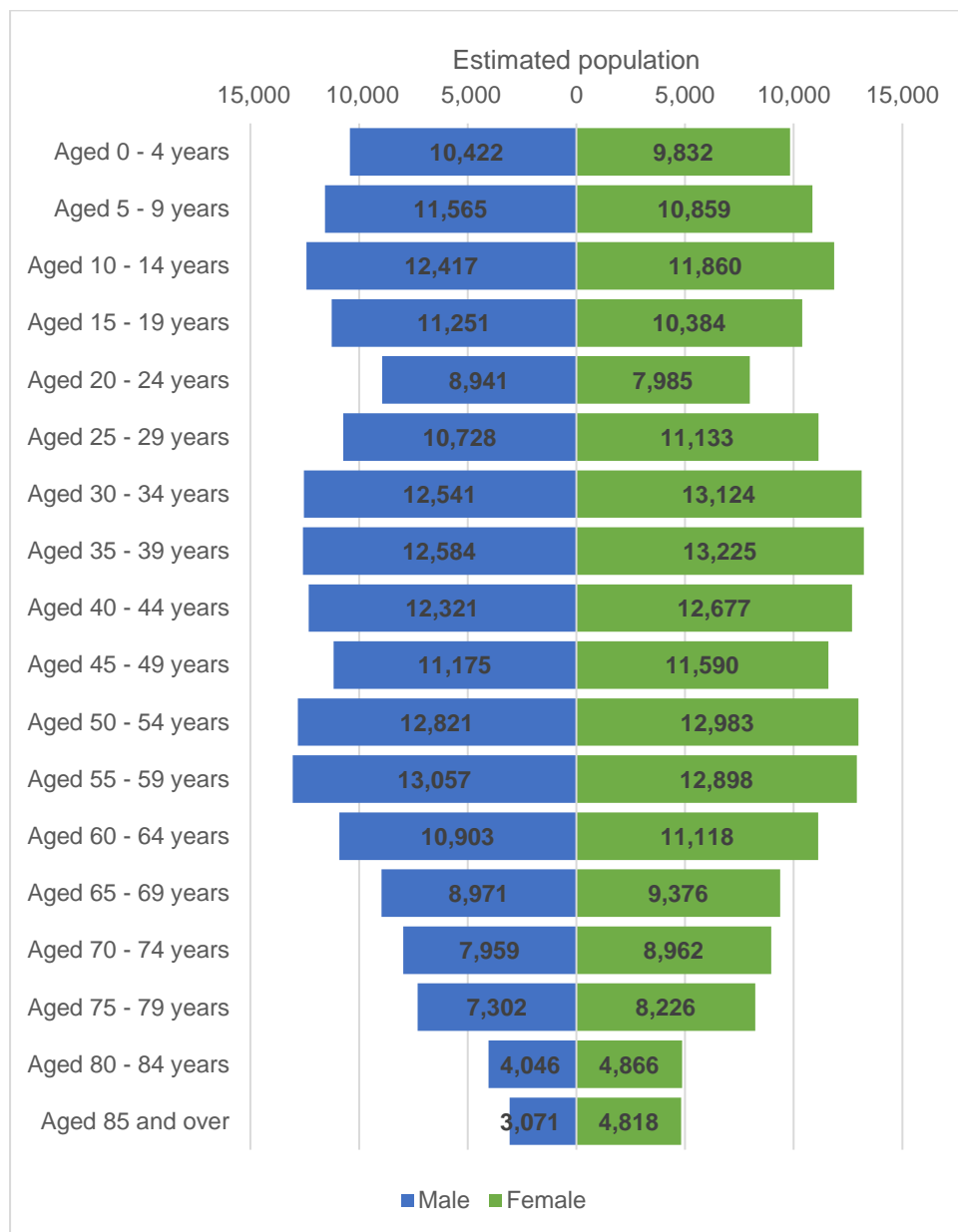
Table 1: Ethnic composition of North Northamptonshire compared to regional and national average, ONS Census 2021.

Ethnicity	North Northamptonshire	East Midlands	England
White	90.3%	85.7%	81.0%
Asian/Asian British	3.5%	8.0%	9.6%
Black/Black British	3.1%	2.7%	4.2%
Mixed/Multiple	2.3%	2.4%	3.0%
Other	0.8%	1.3%	2.2%

The gender split of Northamptonshire and North Northamptonshire is **49.5%** male and **50.5%** female.

Figure 2 presents the estimated 2023 population profile of North Northamptonshire by 5-year age group and gender. This figure shows a higher proportion of females in older age groups, reflecting differences in life expectancy. The working-age population (approximately 20-65 years) is relatively large, while younger age groups appear smaller, suggesting potential changes in birth rates. A significant proportion of the population is aged 65 and over, indicating an aging population structure.

Figure 2: Population of North Northamptonshire by 5-year age group and gender – ONS Mid-Year Estimates 2023.



The latest [NHS GP registered population for Northamptonshire, as of January 2025](#) (based on GP practices located within the Northamptonshire Integrated Care System (ICS) boundary) is **848,830**. The registered population exceeds the resident population of **802,340**, as it includes patients who live outside of Northamptonshire and remain registered with Northamptonshire GP practices.

2.1.2 Population growth

2.1.2.1 Population projections

The [Office for National Statistics](#) expect the population of North Northamptonshire to grow by around **1%** each year between 2023 and 2030, resulting in an increase of around **3,000** residents a year to an estimated **386,230** in 2030. This is an increase of **6%** in North Northamptonshire compared to **4%** in the East Midlands region and **3%** in England.

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Most of this increase is expected to be in older age groups, particularly those aged 80 and over. The ONS predict an additional **7,200** residents aged 80 and above in North Northamptonshire between 2023 and 2030, an increase of over **41%**.

This overall population growth is expected to be evenly distributed between genders, with a **5.9%** increase in the male population and a **5.4%** increase in the female population.

Table 2: Projected population increase expected from 2023, ONS 2018-based population projections.

Locality	2025	2030	2035
North Northamptonshire	1.84%	5.68%	8.95%
Northamptonshire	1.51%	4.64%	7.24%
East Midlands	1.28%	4.18%	6.62%
England	0.87%	2.82%	4.56%

2.1.2.2 Births

Tables 3 to 5 show the crude birth rate (the number of live births per 1,000 population), general fertility rate (Number of live births per 1,000 women aged 15 to 49) and total fertility rate (the average number of children a woman would have over her lifetime assuming she experiences the age-specific fertility rate throughout her childbearing years) for North Northamptonshire in 2021, 2022 and 2023 compared to the East Midlands and England average.

There were **3,587** [live births in North Northamptonshire](#) in 2023, **3,714** in 2022 and **3,789** in 2021. Birth rates have been falling both locally and nationally since 2021, though both general and total fertility rates for North Northamptonshire remain above regional and national averages.

Table 3: Crude birth rate (per 1,000 population), North Northamptonshire 2021 to 2023 compared to regional and national average. NOMIS.

Locality	2021	2022	2023
North Northamptonshire	10.5	10.2	9.7
East Midlands	9.8	9.5	9.2
England	10.5	10.1	9.8

Table 4: General fertility rate (per 1,000 women aged 15 to 49), North Northamptonshire 2021 to 2023 compared to regional and national average. NOMIS.

Locality	2021	2022	2023
North Northamptonshire	56.4	55	52.3
East Midlands	52.5	50.7	48.9
England	54.2	51.9	49.9

Table 5: Total fertility rate, North Northamptonshire 2021 to 2023 compared to regional and national average. NOMIS.

Locality	2021	2022	2023
North Northamptonshire	1.65	1.62	1.56
East Midlands	1.53	1.49	1.44
England	1.55	1.49	1.44

2.1.2.3 Migration

The [ONS migration indicator](#) classifies people based on the difference between their current address and their address one year ago. The latest data available is from 2021 and is presented in Table 6. In 2021, **355,811** records of migration were registered in North Northamptonshire: **90.3%** had the same address a year ago as the address of enumeration, **8.9%** migrated from within the UK, **0.7%** migrated from outside the UK and **0.2%** registered a student-term or boarding school address in the UK the previous year.

Table 6: Migration in North Northamptonshire in 2021, based on the difference between current address and one year ago. ONS Census 2021.

Indicator	Count	(%)
Address one year ago is the same as the address of enumeration	321,142	90.3%
Address one year ago is student term-time or boarding school address in the UK	632	0.2%
Migrant from within the UK: Address one year ago was in the UK	31,508	8.9%
Migrant from outside the UK: Address one year ago was outside the UK	2,529	0.7%

2.1.3 Deprivation

The [2019 English Indices of Deprivation](#) details the relative levels of deprivation across the UK. People living in areas of high deprivation experience greater health inequalities, including higher rates of premature mortality and poorer health outcomes. These areas often face additional challenges such as higher crime rates, greater exposure to narcotics, and lower levels of educational attainment, all of which contribute to and reinforce disparities in health and wellbeing.

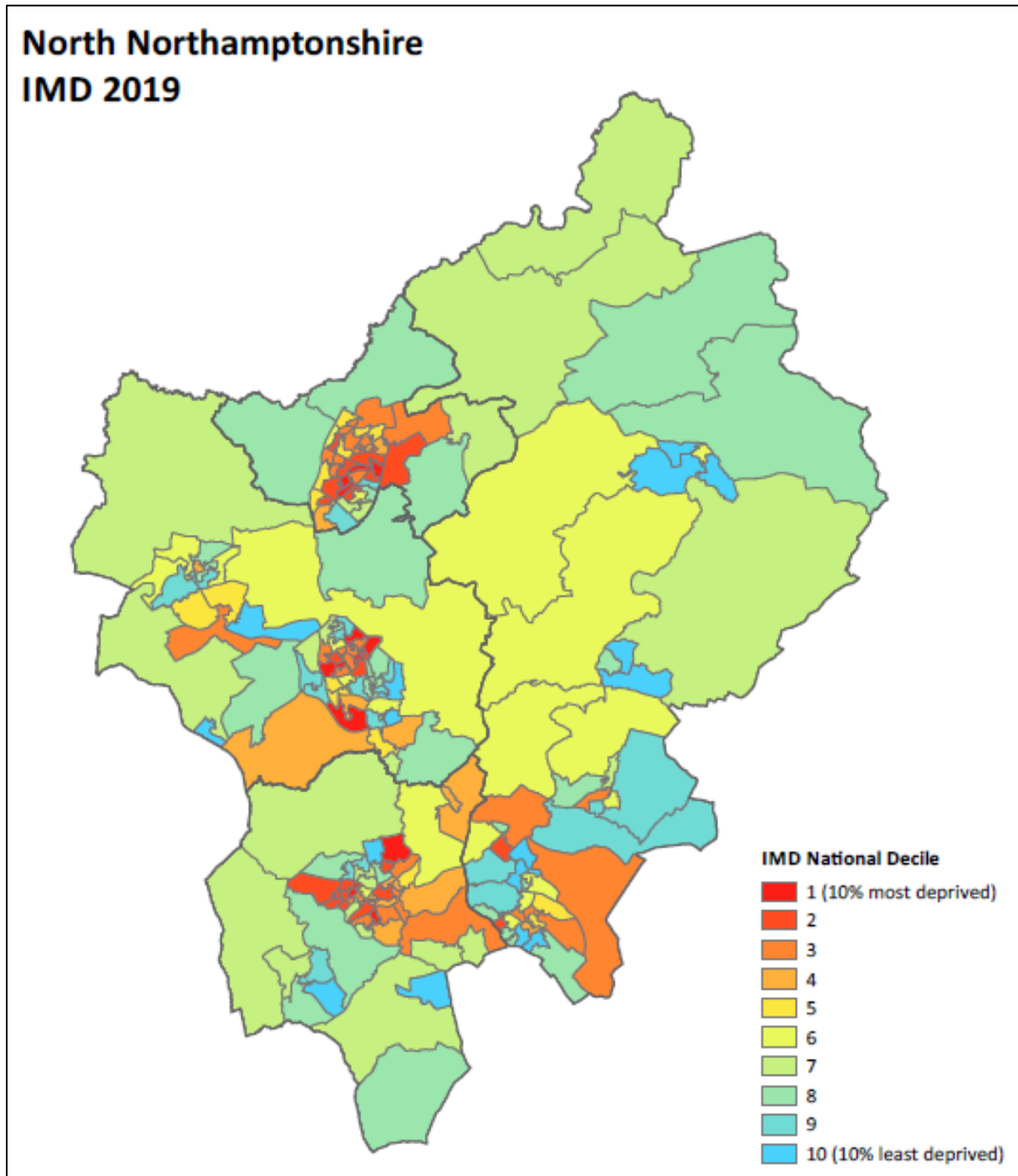
The most deprived areas of North Northamptonshire are centred around the main urban areas of Corby, Kettering and Wellingborough as shown in Figure 3 below.

In North Northamptonshire, **14%** of the population resides in the **20%** most deprived areas of England. In contrast, **19%** reside in the **20%** least deprived areas, according to the 2019 Index of Multiple Deprivation (IMD).

Corby has the highest proportion of its population (**24.4%**) living in the **20%** most deprived areas, followed by Wellingborough (**21%**), Kettering (**12%**), and East Northamptonshire (**4%**). According to the 2021 Census, **34%** of households in North

Northamptonshire were classified as deprived in at least one dimension of deprivation, which includes education, employment, health, or housing, while 14% were deprived in two dimensions. Overall, 17% of households in North Northamptonshire were experiencing multiple deprivation.

Figure 3: Overall deprivation in North Northamptonshire, 2019. Source: English Indices of Multiple Deprivation 2019.



Housing stock and housing developments

[According to North Northamptonshire Council's website](#), over the next five years, between 2025/26 and 2029/30, there are expected to be over **13,600** new homes completed in North Northamptonshire. Kettering will see the largest number of new homes, almost one third of this total (**4,394**) are within the Kettering locality. Geographic Information System (GIS) mapping of the housing developments in Kettering can be found in Appendix L.

Table 7: Number of projected housing completions in North Northamptonshire by former district/borough 2025/26 to 2029/30.

Locality	2025-26	2026-27	2027-28	2028-29	2029-30
Corby	430	414	333	676	730
East Northamptonshire	693	819	610	623	643
Kettering	737	812	723	1,111	1,011
Wellingborough	752	814	658	517	520
Total	2,612	2,859	2,324	2,927	2,904

2.2 Overall health needs of population

This section presents an overview of the health needs in North Northamptonshire, with comparisons to regional averages for the East Midlands and national averages for England. Additional tables and figures detailing health needs indicators are available in Appendix E.

2.2.1 Life expectancy

Life expectancy is an estimate of the average number of years a new-born baby would survive if they experienced the age-specific mortality rates for specific area and time period throughout their life. [Figures are taken from OHID Fingertips](#) and are calculated from deaths due to all causes and mid-year population estimates, based on data aggregated over a three-year period.

Healthy life expectancy is defined as the years a person can expect to live in good health (rather than with a disability or in poor health) and is a useful measure of mortality and morbidity. [Figures are taken from OHID Fingertips](#) and are calculated from deaths due to all causes, mid-year population estimates, and self-reported general health status, based on a data aggregated over a three-year period.

As shown in Table 8, [Fingertips data shows](#) the average life expectancy at birth in North Northamptonshire in 2021-2023 is **78.7 years for men** and **82.2 years for women**, which is relatively unchanged from 2020-2022, but statistically significantly worse than East Midlands (**78.8** years and **82.6** years respectively) and England average (**79.1** years and **83.1** years respectively).

Table 8: Life expectancy at birth, 3-year range, at the local authority, regional and national level from 2019 to 2023.

Locality	Male 2019-2021	Female 2019-2021	Male 2020-2022	Female 2020-2022	Male 2021-2023	Female 2021-2023
North Northamptonshire	79	82.4	78.8	82.2	78.7	82.2
East Midlands	78.8	82.6	78.6	82.4	78.8	82.6
England	79	82.9	78.9	82.8	79.1	83.1

As shown in Table 9, Fingertips data shows healthy life expectancy at birth in North Northamptonshire in 2021-2023 is **60.3 years for men**, which is slightly lower than, but statistically similar to, East Midlands (**60.4** years) and England (**61.5** years). [For women in North Northamptonshire](#), healthy life expectancy is **59.9** years, which is also lower than but statistically similar to East Midlands (**60.2** years) and England average (**61.2** years). Trend data from 2019 shows healthy life expectancy is decreasing for North Northamptonshire, the East Midlands and England for both men and women.

Table 9: Healthy life expectancy at birth, 3-year range, at the local authority, regional and national level from 2019 to 2023.

Locality	Male 2019-2021	Female 2019-2021	Male 2020-2022	Female 2020-2022	Male 2021-2023	Female 2021-2023
North Northamptonshire	62.5	62.7	60.4	59.7	60.3	59.9
East Midlands	61.3	61.7	61.3	61.2	60.4	60.2
England	62.7	63.7	62.3	62.8	61.5	61.9

2.2.2 Prevalence of diseases and chronic conditions

Information on prevalence of diseases and chronic conditions was provided by the [Quality and Outcomes Framework \(QOF\)](#). QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results.

Prevalence rates are calculated as a percentage of all registered patients within a GP practice who have been placed on a specific clinical register.

Table 10 presents a summary of 2023/24 prevalence rates for North Northamptonshire and the four locality areas, as well as national prevalence for broader benchmarking. The limitations of these prevalence estimates should be considered, as they are often dependent upon differences in diagnosis and treatment pathways between different GP surgeries.

In North Northamptonshire, the recorded prevalence rates for coronary heart disease, atrial fibrillation, heart failure, chronic obstructive pulmonary disorder (COPD), cancer, diabetes and epilepsy are comparatively higher than England. However, the recorded prevalence rates are not age standardised and therefore do not account for differences in the age structure of the populations being compared.

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Long term conditions, such as those listed above, increase with age, meaning prevalence will likely be higher in areas with an older population. The prevalence of these diseases are also affected by other demographics such as sex and ethnicity. Section 2.4 details this further.

Table 10: QOF disease specific prevalence at the locality, local authority and national level in 2023/24.

Clinical register	Corby	East Northamptonshire	Kettering	Wellingborough	North Northamptonshire	England
Coronary Heart Disease	3.08%	3.40%	3.02%	2.83%	3.09%	2.97%
Stroke	1.72%	2.06%	1.89%	1.65%	1.84%	1.86%
Atrial fibrillation	1.82%	2.63%	2.27%	1.96%	2.19%	2.18%
Heart failure	1.22%	1.27%	1.45%	0.99%	1.25%	1.06%
COPD	3.05%	2.24%	2.11%	1.92%	2.32%	1.86%
Asthma	5.93%	7.02%	6.94%	6.01%	6.52%	6.53%
Cancer	3.33%	4.47%	3.83%	3.34%	3.77%	3.64%
Chronic kidney disease	3.62%	4.03%	4.03%	3.36%	3.79%	4.41%
Diabetes	7.40%	8.04%	8.10%	8.52%	8.02%	7.66%
Palliative care	0.34%	0.34%	0.31%	0.22%	0.30%	0.55%
Dementia	0.64%	0.87%	0.76%	0.69%	0.75%	0.76%
Depression	1.11%	1.84%	0.89%	2.17%	1.47%	1.48%
Mental health	0.83%	0.72%	0.87%	0.86%	0.82%	0.96%
Epilepsy	0.83%	0.80%	0.91%	0.74%	0.83%	0.81%
Learning disabilities	0.54%	0.42%	0.67%	0.62%	0.56%	0.58%

2.2.3 Burden of disease

The [Global Burden of Disease \(GBD\)](#) assesses mortality and disability from hundreds of diseases, injuries, and risk factors around the world. Local authority data was introduced in 2017 and most recently updated in 2021 but is only available at the system level (Northamptonshire). All data presented in this section comes from the GBD.

Table 11 shows that neoplasms, cardiovascular diseases and respiratory infections and tuberculosis were the leading causes of death in all persons in Northamptonshire in 2021, however mortality rates for all three causes were less than East Midlands rates. These top three causes are also the leading causes of death in both all age males and all age females.

Table 11: Mortality rates (per 100,000 population) – leading cause of death, 2021. All age, all persons.

Cause	Northamptonshire	East Midlands	England
All causes	1,108	1,065	991
Neoplasms	278	289	267
Cardiovascular diseases	212	243	227
Respiratory infections and tuberculosis	160	193	193
Neurological disorders	69	79	77
Chronic respiratory diseases	78	80	72
Digestive diseases	44	49	44
Injuries	29	32	30
Diabetes and kidney diseases	26	27	23
Other non-communicable diseases	18	18	16
Substance use disorders	6	6	7
Musculoskeletal disorders	4	4	4
Skin and subcutaneous diseases	4	4	4
Maternal and neonatal disorders	2	2	2
Other infectious diseases	2	2	2
Enteric infections	2	2	1
HIV/AIDS and sexually transmitted infections	0	0	0
Nutritional deficiencies	0	0	0
Neglected tropical diseases and malaria	0	0	0
Mental disorders	0	0	0

The table showing the leading causes of death for males and females can be found in Appendix E.

As well as a higher recorded prevalence of COPD in North Northamptonshire, as shown in Table 10, the mortality rate for chronic respiratory diseases in Northamptonshire was statistically significantly higher at **78** per 100,000 population, compared to **72** per 100,000 population in England. However, the mortality rate for neurological disorders in Northamptonshire was **69** per 100,000 population, which is statistically similar to both East Midlands (**79** per 100,000 population) and England (**77** per 100,000 population).

2.2.4 Core20PLUS5 – overview of adults and children priority clinical areas

[Core20PLUS5](#) is a national NHSE approach to inform action to reduce healthcare inequalities at both national and system level. The Core20 refers to those living in the 20% most deprived areas of England, which is defined for North Northamptonshire in section 2.1.3. The PLUS refers to identified population groups that experience healthcare inequalities. The Northamptonshire ICS does not have a defined priority list of PLUS groups. However, in section 2.4 details the health needs of protected characteristic and inclusion health groups is detailed. The 5, refers to five focus clinical areas requiring accelerated improvement for both adults and children. This section focuses on data to provide context of the five clinical areas for adults and children in North Northamptonshire. Whilst this section predominantly provides mortality and hospital admissions data from OHID’s Fingertips tool, you can find more information on the prevalence of these conditions in table 10.

2.2.4.1 Adults - 5 clinical areas

Maternity

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being.

Table 12 presents that in North Northamptonshire, [the infant mortality rate indicator in Fingertips](#) was 4.5 per 1,000 live births in 2020-2022, which is statistically similar to East Midlands (4.3 per 1,000 live births) and England (3.9 per 1,000 live births). This table also shows the infant mortality rate in North Northamptonshire has increased over time, while rates in East Midlands and England have remained relatively stable.

Table 12: Infant mortality rate, count and crude rate (deaths per 1,000 live births), 2018-20 to 2020-22.

Area	2018-2020 rate	2018-2020 count	2019-2021 rate	2019-2021 count	2020-2022 rate	2020-2022 count
North Northamptonshire	3.5	40	3.9	45	4.5	50
East Midlands	4.2	607	4.3	614	4.3	611
England	3.9	7,111	3.9	7,036	3.9	6,918

Cancer

Cancer is a group of 200 diseases which together impose a heavy burden of disease. Cancer is the third highest cost category in the NHS, after mental health and cardiovascular disease.

Latest figures available in Fingertips from 2021 to 2023, shown in Table 13, demonstrate that in North Northamptonshire, [the mortality rate from cancer](#) is 268.4

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per 100,000 population, which is statistically significantly worse than in the East Midlands (**257.3** per 100,000 population) and England (**248.5** per 100,000 population). Trends show that cancer mortality rates in North Northamptonshire has risen by **2.9%** since 2019, whereas rates regionally and nationally have decreased by **1.4%** and **2.3%** respectively.

Table 14 shows that the [mortality rate from cancer considered preventable in persons under 75](#) indicator in Fingertips is **56.8** per 100,000 population, which is statistically significantly worse than in the East Midlands (**50.5** per 100,000 population) and England (**49.5** per 100,000). Trends show that under 75 preventable cancer mortality rates in North Northamptonshire has risen by **3.1%** since 2019, whereas rates regionally and nationally have decreased by **3.8%** and **3.9%** respectively.

Table 13: Mortality rate (per 100,000 population) from cancer, all-age, persons.

Locality	Rate 2019-2021	Rate 2020-2022	Rate 2021-2023
North Northamptonshire	260.8	263.1	268.4
East Midlands	261	259	257.3
England	254.3	251.7	248.5

Table 14: Under 75 mortality rate (per 100,000 population) from cancer considered preventable, all-age, persons.

Locality	Rate 2019-2021	Rate 2020-2022	Rate 2021-2023
North Northamptonshire	55.1	54.2	56.8
East Midlands	52.5	51.3	50.5
England	51.5	50.5	49.5

Serious Mental Illness

Serious mental illness (SMI) is a general term but is taken to include serious mental health conditions including mental and behavioural disorders due to psychoactive substance abuse, schizophrenia, schizotypal and delusional disorders, mood (affective) disorders, neurotic, stress-related and somatoform disorders, behavioural syndromes and disorders of adult personality and behaviour. The prevalence of mental health conditions (schizophrenia, bipolar affective disorder and other psychoses) can be found in table 10 and provides the number and percentage of GP registered patients who are on a mental health register.

There is no other available SMI data for this report.

Respiratory Disease

Respiratory diseases are diseases of the airways and other structure of the lung. Among the most common are COPD, asthma, occupational lung diseases and pulmonary hypertension.

The latest figures in Fingertips from 2021 to 2023, shown in Table 15, demonstrate that in North Northamptonshire, [the mortality rate from respiratory disease](#) is **128.1** per 100,000 population, which is statistically significantly worse than England (**106.3** per 100,000 population), yet lower than in the East Midlands (**135.4** per 100,000 population). Trends show that respiratory disease mortality rate in North Northamptonshire has dropped by **6.6%** since 2019-2021, in line with patterns seen regionally and nationally where rates decreased by **6.4%** and **2.6%** respectively.

Table 15: Mortality rate (per 100,000 population) from respiratory disease, all-age, persons.

Locality	Rate 2019-2021	Rate 2020-2022	Rate 2021-2023
North Northamptonshire	137.1	127.2	128.1
East Midlands	144.7	134.6	135.4
England	109.1	102.8	106.3

Table 16 shows that the mortality rate from [respiratory disease considered preventable in persons under 75](#) indicator in Fingertips is **23.1** per 100,000 population, which is statistically significantly worse than in the East Midlands (**17.8** per 100,000 population) and England (**18** per 100,000 population). Trends show that under 75 preventable respiratory disease mortality rates in North Northamptonshire has risen by **11.6%** since 2019, whereas region and national rates have seen a smaller increase of **3.8%** and **3.9%** respectively.

Table 16: Under 75 mortality rate (per 100,000 population) from respiratory disease considered preventable, all-age, persons.

Locality	Rate 2019-2021	Rate 2020-2022	Rate 2021-2023
North Northamptonshire	20.7	20.7	23.1
East Midlands	17.6	16.7	17.8
England	17.7	17	18

Cardiovascular Disease

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. CVD is one of the main causes of death and disability in England, but a healthy lifestyle can largely prevent these outcomes.

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Latest Fingertips figures from 2021 to 2023, shown in Table 17, demonstrate that in North Northamptonshire, the [mortality rate from CVD](#) is **234.9** per 100,000 population, which is statistically similar to the East Midlands (**244.6** per 100,000 population) and England (**233** per 100,000 population). Trends show that CVD mortality rates in North Northamptonshire have risen by **6%** since 2019, in line with patterns seen regionally and nationally where rates increased by **5.8%** and **1.7%** respectively.

Table 17: Mortality rate (per 100,000 population) from cardiovascular disease, all-age, persons.

Locality	Rate 2019-2021	Rate 2020-2022	Rate 2021-2023
North Northamptonshire	221.7	229.6	234.9
East Midlands	231.3	239.3	244.6
England	229	232.6	233

Table 18 shows that the Fingertips indicator for [mortality rate from CVD considered preventable in persons under 75](#) is **30.8** per 100,000 population, which is statistically similar to the East Midlands (**32.5** per 100,000 population) and England (**30.5** per 100,000 population). Trends show that under 75 preventable cardiovascular disease mortality rates in North Northamptonshire have risen by **15.8%** since 2019, whereas region and national rates have seen a smaller increase of **6.6%** and **5.2%** respectively.

Table 18: Under 75 mortality rate (per 100,000 population) from cardiovascular disease considered preventable, all-age, persons.

Locality	Rate 2019-2021	Rate 2020-2022	Rate 2021-2023
North Northamptonshire	26.6	28.9	30.8
East Midlands	30.5	31.8	32.5
England	29	30.1	30.5

2.2.4.2 Children - 5 clinical areas

Asthma

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. There is currently no cure, but there are simple treatments that can help the symptoms under control.

Fingertips data highlights statistically significantly fewer [hospital admissions for asthma in children under 19 years in North Northamptonshire](#) (71.1 per 100,000 population) compared to East Midlands (86.3 per 100,000 population) and England (122.2 per 100,000 population). However, the Fingertips admissions rate is higher in [children aged 0 to 9 years](#) (93.9 per 100,000) compared to [those aged 10 to 18 years](#) (47.9 per 100,000), though both indicators are statistically significantly better than the national average.

Diabetes

Diabetes is a condition that causes a person’s blood sugar level to become too high. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particular patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

As of 2022/23, the Fingertips indicator for [hospital admissions for diabetes for people under 19](#) in North Northamptonshire was 59.3 per 100,000 population, which is statistically similar to the East Midlands rate (47.6 per 100,000 population) and England (52.4 per 100,000 population). This was more prevalent for [ages 10 to 18 years](#) in North Northamptonshire with an admissions rate of 83.8 per 100,000 population which is also statistically similar to the East Midlands (67.7 per 100,000 population) and England (73.3 per 100,000 population).

Epilepsy

Epilepsy is a common condition that affects the brain and causes frequent seizures. Epilepsy can start at any age, but usually starts either in childhood or people in over 60. It’s often lifelong but can sometimes get slowly better over time.

As of 2022/23, the Fingertips indicator [hospital admissions for people under 19 for epilepsy](#) in North Northamptonshire was 47.4 per 100,000 population, Statistically significantly better than East Midlands (58.4 per 100,000 population) and the national rate of 74.1 per 100,000 population. Table 19 shows a decreasing trend for North Northamptonshire (decrease of 7.1% from 2020/21), compared to an increasing trend both regionally (increase of 4.8% from 2020/21) and nationally (increase of 7% from 2020/21). Admissions in North Northamptonshire were statistically significantly better in those [aged 0 to 9 years](#) (58.7 per 100,000 population), compared to those [aged 10 to 18 years](#) (35.9 per 100,000 population).

Table 19: Admissions for epilepsy (under 19 years), crude rate per 100,000 population.

Area	2020/21 rate	2020/21 count	2021/22 rate	2021/22 count	2022/23 rate	2022/23 count
North Northamptonshire	54.5	45	48.1	40	47.4	40
East Midlands	53.6	560	56.9	595	58.4	620
England	67.1	8,331	73.5	9,120	74.1	9,292

Oral health

Oral health is the practice of keeping your mouth clean and free from disease, decay and other problems by regularly brushing and cleaning your teeth and gums. Good oral hygiene is an important part of personal care and is considered a leading health indicator.

Latest Fingertips data for North Northamptonshire from 2020/21 to 2022/23, shows that **25.2%** of [5-year-olds have experience of visually obvious dental decay](#) in North Northamptonshire which is statistically similar to regional (**22.3%**) and national levels (**23.7**). However, the [rate of hospital admissions for dental caries in in 0- to 5-year-olds](#) is **163.0** per 100,000 population in North Northamptonshire, which statistically significantly higher than the East Midlands rate (**48.5** per 100,000 population), but statistically similar to the national value (**178.9** per 100,000 population). Whilst similar to the national average, both North and West Northamptonshire are significant outliers in the East Midlands for this indicator. There is a decreasing trend in North Northamptonshire, East Midlands and England.

Table 20: Hospital admissions for dental caries (0-5 years), crude rate per 100,000 population.

Area	2018/19 – 2020/21 rate	2018/19 – 2020/21 count	2019/20 – 2021/22 rate	2019/20 – 2020/21 count	2020/21 – 2022/23 rate	2020/21 – 2022/23 count
North Northamptonshire	318.3	240	242.5	180	163.0	120
East Midlands	91.0	870	67.7	635	48.5	450
England	227.9	26,427	197.5	22,468	178.8	20,084

Mental health

Mental health is an individual’s cognitive, behavioural and emotional wellbeing. Mental health is important to a child’s safety and can impact on all aspects of their life, including their physical wellbeing.

Latest Fingertips data from 2022/23 shows **3.2%** of [school age pupils in North Northamptonshire have social, emotional, and mental health difficulties](#) which is statistically similar to regional (**3.2%**) national levels (**3.3%**) and has increased locally from 2021/22 by **0.4%**. Latest Fingertips data from 2022/23, displayed in Table 23, shows **3.2%** of [school age pupils in North Northamptonshire have social, emotional, and mental health difficulties](#). This is also statistically similar to regional (**3.2%**) national levels (**3.3%**) and has increased locally from 2021/22 by **0.4%**.

Table 21: Percentage of school pupils with social, emotional and mental health needs, school age.

Area	2021/22 rate	2021/22 count	2022/23 rate	2022/23 count
North Northamptonshire	2.8	1,576	3.2	1,770
East Midlands	2.9	20,861	3.2	23,222
England	3.0	250,272	3.3	275,093

The Fingertips indicator [for hospital admissions for mental health conditions for under 18 years](#) in North Northamptonshire for 2022/23 is **49.9** per 100,000 population, which is statistically significantly less than East Midlands (**68.7** per 100,000 population) and England (**80.8** per 100,000 population) values and follows a decreasing trend locally, regionally and nationally.

Additionally, in 2019-2020, North Northamptonshire saw a rate of **3,484.2** per 100,000 [under 18 population new referrals to a secondary mental health service](#), which was statistically significantly lower than East Midlands (**5,432.7** per 100,000) and England (**6,977.4** per 100,000) and follows an increasing trend locally, regionally and nationally.

2.2.6 Relevant health behaviours

Vaccinations

Vaccination reduces the risk of infection at an individual level. On a population level, this helps limit the spread of infection, and when vaccination coverage is high enough, it becomes more difficult for the disease to reach those who cannot be vaccinated. Additionally, vaccination can lessen the severity of symptoms for those who do become infected, which in turn can help reduce pressure on health services.

According to Fingertips data, in 2023/4, [the uptake of flu vaccination in North Northamptonshire \(aged 65 and over\)](#) was **78.8%** (n=53,932), which is statistically significantly better than the national rate of **77.8%**. Furthermore, [flu vaccination for at risk individuals aged 6 months to 64 years in North Northamptonshire](#) was **41.9%** in 2023/4 (n=24,808), which was statistically significantly worse than the regional (**43.3%**) and national coverage (**41.4%**).

In addition to routine vaccination programmes, the emergence of COVID-19 in late 2019 led to the development of a large-scale vaccination programme in the UK. As of 2023 in North Northamptonshire, the Office for National Statistics report that **75.3%** of [people aged 18 and over had received all three vaccinations](#) which is statistically significantly better than the national uptake of **74.8%**.

Sexual health

Sexual health is fundamental to the overall health and wellbeing of individuals. Sexual health-related issues are wide ranging and can include negative consequences or conditions such as sexually transmitted infections (STIs). Caused by the chlamydia trachomatis bacterium, chlamydia is the most diagnosed STI in the

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UK, affecting both men and women. The following data is sourced from OHID's Fingertips tool.

In North Northamptonshire, **374** per 100,000 population were [diagnosed with an STI in 2023](#), which is statistically significantly lower than East Midlands (**567** per 100,000 population) and national (**704** per 100,000 population) diagnoses rate. STI diagnoses rate has increased locally, regionally and nationally from 2021. The [detection rate for chlamydia in 15-24 year olds](#) in North Northamptonshire is **1,437** per 100,000 population, which is statistically significantly lower than the [East Midlands](#) (**1,746** per 100,000 population) and statistically similar to the national value (**1,546** per 100,000 population).

The [prevalence of HIV diagnosis in North Northamptonshire](#) is **2.34** per 1,000 population aged 15 to 59, which is statistically similar to the East Midlands (**1.85** per 1,000 population aged 15 to 59) and the national rate (**2.40** per 1,000 population aged 15 to 59). However, according to the [Fingertips indicator statistically significantly fewer people in North Northamptonshire are being tested](#) (**662** per 100,000 population) compared to both East Midlands (**1,871** per 100,000 population) and England (**2,771** per 100,000 population).

Teenage conceptions

The Royal College of paediatrics found teenage pregnancy is [associated with poor outcomes for young women and their children](#). For mothers, there is a higher risk of poor educational attainment, social isolation and poorer mental and physical health, while their children are more likely to be born preterm or with low birthweight. The following data is sourced from OHID's Fingertips tool.

As of 2021, the [Fingertips under 18s conception rate indicator](#) for North Northamptonshire was **13.1** per 1,000 females, statistically similar to regional (**13.2** per 1,000 females) and national (**13.1** per 1,000 females) rates and has remained fairly constant from 2019. Of these conceptions in North Northamptonshire, the Fingertips indicator shows that **48.8%** [led to abortion](#), which is statistically similar to the East Midlands (**46.2%**) and England (**53.4%**) and follows a decreasing trend (decrease of **9.2%** from 2019).

Substance misuse

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

In 2023/24, the National Drug Treatment Monitoring System (NDTMS) shows **1,448** [adults were in treatment in North Northamptonshire for substance misuse](#), which is a decrease of **122** from 2021/22. **48.9%** were in treatment for opiates, which is more than East Midlands (**44.9%**) and England (**44.4%**), and **31.9%** for alcohol only, which is less than East Midlands (**34.4%**) but more than England (**13.6%**).

Among young people, **149** young people [under 18 were in treatment](#) in 2023/24 in North Northamptonshire for substance misuse, an increase of **58** from 2021/22. **38.9%** stated cannabis as a substance they used, which is less than regional

(49.0%) and national (47.7%) and has decreased locally since 2021/22. 24.2% stated alcohol which is more than both regional (20.0%) and national (21.3%) values.

2.3 Health needs which can be met by pharmaceutical services

The previous sections of this PNA have outlined the overall health needs of North Northamptonshire's population. While pharmaceutical services cannot address all health needs, this section focuses on the specific areas where they can play a key role in meeting demand.

Community pharmacies provide a wide array of services which can meet different health needs. Community pharmacies operate under the NHS CPCF which sets out three levels of service under which pharmacy contractors operate: National Essential Services, National Advanced Services and National Enhanced Services.

2.3.1 National Essential Services

These are nationally negotiated and must be provided by all pharmacies in North Northamptonshire.

National Essential Service	Description
Dispensing Medicines	The safe supply of medicines ordered on NHS prescriptions. Advice is given to the patient about the medicines being dispensed and information of how to use them safely and effectively. Records are kept of all medicines dispensed and maintained.
Dispensing Appliances	The safe supply of appliances ordered on NHS prescriptions and can be broadly categorised as stoma appliances, incontinence appliances and dressings. Advice is given to the patient about the appliances being dispensed and information of how to use them safely and effectively. Records are kept of all medicines dispensed and maintained.
Repeat Dispensing	The management and dispensing of repeatable NHS prescriptions for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before dispensing each supply, the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine and communicate any clinically significant issues to the prescriber.
Clinical Governance	Adherence with clinical governance requirements is part of the terms of service for pharmacies, as set out in Part 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 . These cover a range of quality related issues.
Discharge Medicine Service	The Discharge Medicines Service (DMS) was added as a new Essential service within the CPCF regulations on 15 th February 2021. This service allows NHS Trusts to refer patients who would benefit from extra guidance around

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	newly prescribed medicines to the DMS service at their community pharmacy. This service aims to be a significant contributor to the safety of patients transition from care and aims to reduce readmissions to hospital.
Public Health (Promotion of Healthy Lifestyles)	The provision of opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. These groups include diabetic patients, patients at risk of coronary heart disease, especially those with high blood pressure, patients who smoke and patients who are overweight. Pharmacies must also support up to six local campaigns a year, organised by NHS England. Campaign examples may include topics such as promotion of flu vaccination uptake, healthy living, or stop smoking.
Signposting	The provision of information provided by pharmacists and staff to refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national support groups.
Support for Self-Care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
Disposal of Unwanted Medicines	Community pharmacies accept unwanted medicines from households and individuals which require safe disposal. The medicines are then safely disposed of by a waste contractor engaged by NHSE. Pharmacies are not under any obligation to accept sharps under the terms of this essential service. Needle and syringe programmes are a locally commissioned service.

2.3.2 National Advanced Services

As of January 2025, there are 9 National Advanced Services within the CPCF. They are negotiated nationally, and any contractor may provide any of these services if they meet the requirements of the regulations and service specification associated with each service.

National Advanced Service	Description
Appliance Use Review	This service allows pharmacies or a specialist nurse to conduct an appliance use review to improve the patient's knowledge and use of any specified appliance.
Pharmacy First Service	This service was added to the CPCF from January 2024 and involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate for seven common conditions (age restrictions apply): Sinusitis (12 years and over), sore throat (5 years and over), Acute Otitis Media (1 to 17 years), Infected Insect Bite (1 year and over), Impetigo

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	(1 year and over), Shingles (18 years and over), Uncomplicated Urinary Tract Infection (women 16 to 64 years).
Flu Vaccination Service	Each year from autumn through to March, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.
Pharmacy Contraception Service	This service started in April 2023, allowing the on-going supply of oral contraception from community pharmacies. From December 2023, this service included both initiation and on-going supply of oral contraception.
Hypertension Case-Finding Service	This service was added to the CPCF in October 2021 and allows community pharmacies to offer blood pressure checks to people 40 years and over and refer them to their GP to confirm diagnosis and appropriate management.
New Medicine Service	This service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. It is focused on specific patient groups and conditions, including asthma and COPD, diabetes (type 2), hypertension, hypercholesterolaemia, osteoporosis, gout, glaucoma, epilepsy, Parkinson's disease, urinary incontinence/retention, heart failure, acute coronary syndromes, atrial fibrillation, long term risks of venous thromboembolism/embolism, stroke/transient ischemic attack, coronary heart disease.
Smoking Cessation Service	This service was added to the CPCF in March 2022 and allows NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.
Lateral Flow Device Service	This service was added to the CPCF in November 2023 and allows eligible patients to access lateral flow device tests to inform clinical assessment for COVID-19 treatments from the NHS.
Stoma Appliance Customisation	This service involves the customisation of a quantity of more than one stoma appliance, based on the patients' measurements or a template to ensure proper use and comfortable fitting of the stoma appliance.

Since the last PNA, some National Advanced Services have been decommissioned. The Community Pharmacist Consultation Service (CPCS) ended on 30 January 2024, and from 31 January 2024, the service was incorporated into the Pharmacy First Service. The C-19 Lateral Flow Device Distribution Service was decommissioned on 31 March 2022. The Hepatitis C Testing Service was decommissioned on 1 April 2023. The Pandemic Delivery Service was decommissioned on 31 March 2022.

2.3.3. National Enhanced Services

In December 2021, provisions were made within the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) for a new type of Enhanced Service: the National Enhanced Service. Under this service, NHSE commissions an Enhanced Service that is nationally specified. A National Enhanced Service allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme. As of January 2025, COVID-19 Vaccination Service is the only National Enhanced Service.

National Enhanced Service	Description
COVID-19 Vaccination Service	This service allows community pharmacy's to be used as sites to vaccinate patients and health and care workers.

2.3.4 Locally Commissioned Services

As of January 2025, there are 6 locally commissioned services in North Northamptonshire. Public Health North Northamptonshire commission Emergency Hormonal Contraception, NHS Health Checks, Emergency Infant Feeding Pathway and Adults Structured Treatment for Substance Misuse. As part of the treatment for substance misuse contract, the provider sub-commissions pharmacies to deliver Needle Exchange Service and Supervised Consumption. NICB commission COVID Medicines Delivery Unit (CMDU) Triage and Treatment Service and Palliative Care End of Life – Emergency Stock Service. Data relating to locally commissioned services in North Northamptonshire are presented in Appendix F.

Locally Commissioned Service	Description
Emergency Hormonal Contraception	Emergency Hormonal Contraception is available free-of-charge to young females of child-bearing potential through community pharmacies across North Northamptonshire.
Supervised Consumption Programme	The Supervised Consumption Programme ensures safe and monitored medication use for individuals undergoing Medication-Assisted Treatment, specifically for those using methadone, buprenorphine, and buprenorphine/naloxone.
Needle Exchange Service	This service offers sterile injecting equipment and promotes safer injecting practices for individuals who misuse drugs, particularly those not in structured treatment.
NHS Health Check	This service is a free check-up for overall health for adults aged 40-74 and can indicate risk for heart disease, diabetes, kidney disease and strokes.
Emergency Infant Feeding Pathway	The Emergency Infant Feeding Pathway is designed to support families experiencing food insecurity and who may rely on formula milk to provide nutrition for their babies under 1 year. Support is provided by selected pharmacies, from a professional referral, through an emergency supply of infant formula as well as wrap around support to help families find more sustainable solutions to financial hardship.
COVID-19 Medicines Delivery Unit (CMDU) Triage and Treatment Service	This service provides assessment and Covid antiviral treatment for patients who are in the 'highest risk group' of clinical vulnerability. These treatments include intravenous infusions of neutralising monoclonal antibodies (nMABs) or oral antiviral medications, specifically for high-risk patients who have tested positive with a PCR test.
Palliative Care End of Life – Emergency Stock Service	This service palliative care patients with good symptom control and maintenance by ensuring that there is an on-demand supply of palliative care drugs available from a network of pharmacies spread geographically across the NHS Northamptonshire ICB area. This service requires the pharmacy to maintain the required stock of palliative care drugs in line with the agreed list of palliative care drugs.

2.4 Health needs of protected characteristic and inclusion groups

Some groups of the population experience different health needs. This section presents groups by protected characteristic and inclusion health groups and identifies what their specific needs are for pharmaceutical services.

2.4.1 Equality Act Protected Characteristics

Age – Older Adults

As people age, they are more likely to experience several health conditions at the same time. Common conditions in older adults can also include hearing loss, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia ([WHO, 2024](#)). The management of multiple conditions presents particular challenges, and for individuals will likely entail multiple prescriptions and support from pharmaceutical dispensing services, including repeat dispensing and discharge medicine services. By 2040, levels of multimorbidity are expected to rise for all age groups, with people from minority ethnic backgrounds at particular risk ([Health Foundation, 2023](#)).

Overall, the biggest cause of disability in those aged 50 and over is musculoskeletal conditions, which account for **30%** of years spent with disability in people aged 50-69 and for **22%** in people aged 70 and over ([Institute for Health Metrics and Evaluation, 2024](#)). Signposting and referral into falls prevention services are of importance to over 65s who are more at risk of experiencing or being injured by a fall ([NICE, 2013](#)). Given their vulnerability, older adults should also be prioritised for vaccination rollouts for flu, and will also be eligible for COVID-19 vaccination and lateral flow device services ([NHS, 2024](#); [Community Pharmacy England, 2024](#)).

Loneliness and social isolation are key issues for older people that can be harmful for individual health. Around **3%** of adults over 65 in England go a week without speaking to a friend or family member ([Age UK, 2024](#)). Loneliness has been found to be associated with increased risk of developing both mental and physical illness, with lonely older people thought to be around **25%** more likely to develop dementia ([Lara et al., 2019](#)).

Age – Children

Overweight and obesity levels among children is a significant public health concern. In North Northamptonshire, **24%** of children in reception class and **34%** of children in Year 6 were classified as overweight or obese according to data from 2019/20, similar to national averages ([NNC, 2023](#)). Pharmacies can help support early intervention through promotion of advice, guidance and services that help address excess weight and promote physical activity.

Improving Children and Young People's mental health is a priority with growing demand for mental health support among children, especially following the pandemic ([NHS Providers, 2024](#)). Depression and anxiety are among the leading causes of illness and disability among adolescents, and suicide is among the leading causes of death in people aged 15–19 years ([WHO, 2024](#)). Pharmacies can serve as a valuable point of contact for mental health support, offering resources on stress management, emotional wellbeing, and referrals to more specialised services.

Providers with Pharmacy First services can support with common childhood illnesses such as, Sinusitis (12 years and over), sore throat (5 years and over), Acute Otitis Media (1 to 17 years), Infected Insect Bite (1 year and over), Impetigo (1 year and over).

Gender Reassignment

According to a [2018 Stonewall report on the mental health experienced by Lesbian, Gay, Bisexual, and Transgender \(LGBT\) people in Britain](#), almost half of trans people had thought about taking their own life in the previous year, and a fifth of trans people claimed they felt pressured into services aimed at suppressing their gender identity when accessing healthcare services.

Pharmaceutical providers can help remove barriers to care by creating a discrete and inclusive environment, considering cues and opportunities for disclosure, sensitive use of language and pronouns, and potential to offer private consultation spaces ([The Pharmaceutical Journal, 2024](#)).

Transgender patients have been found more at risk of HIV or experience infection of Hepatitis B / C than their cisgender counterparts. In terms of prescribing, this group may have cause to access gender-affirming hormone therapy (GAHT), which may include testosterone or oestrogen administration, and may need to be monitored by pharmacists via the New Medicine Service. Promotion of healthy lifestyle behaviours such as smoking cessation, healthy diet and exercise to reduce the risk of venous thromboembolism (VTE) and cardiovascular risk is also encouraged ([The Pharmaceutical Journal, 2024](#)).

Pregnancy/Maternity

Pregnant women are more at risk to certain conditions such as; venous thromboembolism, gestational diabetes, pre-eclampsia and hypertension, some of which may be managed by the New Medicine Service ([NICE 2021](#)). Rates of diabetes in particular have risen in recent years, and of the estimated **700,000** women who give birth in England and Wales each year, up to **5%** had either pre-existing diabetes or gestational diabetes ([NICE, 2015](#)).

During pregnancy, women can also be more susceptible to anxiety and antenatal depression, with maternal suicide a particular risk to women under the age of 20, with a national mortality rate of **3.84** per **100,000** pregnancies ([Care Quality Commission, 2024](#)). Referral pathways and signposting, particularly for those living with deprivation should be a priority given the potential impact of deprivation on the experience of pregnancy and childbirth. Women living in more deprived areas more likely to smoke during pregnancy and less likely to breastfeed than mothers from less deprived areas ([RCPCH, 2020](#)).

Northamptonshire Emergency Infant Feeding (EIF) pathway should be considered for families experiencing food insecurity and who may rely on formula milk to provide nutrition for their babies under 1 year. It is also recommended that pregnant women have the Flu and COVID-19 vaccine ([NHS, 2024a](#); [NHS, 2024b](#)). Their eligibility for COVID-19 vaccination means they will also be able to access Lateral Flow Device services where provided ([Community Pharmacy England, 2024](#)).

There is an increased homelessness need for single mothers in North Northamptonshire compared to other areas, and the experience of living in

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temporary accommodation can also bring with it increased risks to children in terms of infection and accidents (NNC, 2019).

Disability

An individual may be considered Disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities ([Equality Act 2010](#)). By contrast, Learning Disability or Intellectual Disability can be defined as 'a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood' ([Department of Health, 2001, p. 14](#)). This can include health conditions such as Down Syndrome, Williams Syndrome or certain forms of autism.

In general, those living with disability experience worse overall health outcomes than those without disability and can therefore experience substantial inequalities in wellbeing ([The Lancet Public Health, 2021](#)). Providers should note that inclusion of disabled groups within public health campaigns is important due to increased exposure to certain risk factors for non-communicable diseases such as; smoking, poor diet, alcohol consumption and lack of exercise ([WHO, 2023](#)). This includes being at increased risk of developing chronic conditions such as; asthma, depression, diabetes, obesity, oral diseases, and stroke ([WHO, 2023](#)).

Individuals with learning disability have been found to be more likely to experience reduced access to obesity related interventions including screening for thyroid disease and diabetes, lower take up for national cancer screening programmes and immunisation programmes and were at higher risk of death due to respiratory infection ([University of Hertfordshire, 2024](#)).

Both patient groups may have increased cause for accessing appliance dispensing services and use review where appropriate, repeat dispensing for ongoing prescriptions, and require increased support for self-care. Individuals with Learning Disability should be considered a vulnerable group to be prioritised within vaccination programmes for flu and COVID-19, as should carers for disabled individuals ([NHS, 2024a](#)).

In North Northamptonshire, **60,165** people were living with a long-term condition or disability (under the Equality Act) in 2021, lower than England levels. Additionally, **0.6%** of the population in North Northamptonshire reported a learning disability in 2023/24, which is in line with the national rate ([OHID, 2024](#)).

Race

In England, significant inequalities in health outcomes can be found between minority groups and the White British population. For example, individuals from Black and Mixed White, Black Caribbean, or South Asian backgrounds, can experience higher levels of childhood overweight and obesity rates, which may relate to higher levels of deprivation experienced by these groups ([The King's Fund, 2023](#)). The prevalence of diabetes among South Asian and Black communities is also greater

than white populations groups with tendency to develop the condition at a younger age ([The King's Fund, 2023](#)).

According to recent census data, **90.3%** residents in North Northamptonshire identified as White ethnicity ([ONS, 2023](#)). **6.5%** of the local population were recorded as Eastern European origin, clustering in urban areas such as Kettering, Corby and Wellingborough. A local study found that health issues with the highest prevalence among this community were dental health issues (**23.4%**), mental health issues (**15.6%**), chronic pain (**12.6%**) and obesity/overweight (**11.4%**) (Clinical Research Network, 2024). The study also found a variety of complex barriers relating to language, cultural differences, and lack of health literacy.

Religion/Belief

The relationship between religion and health can entail potential disparities in health outcomes between different religious groups. For example, individuals identifying with no religion tend to report higher rates of smoking, lower health satisfaction and poorer physical functioning compared to those identifying as Christian, Hindu, or Jewish ([ONS, 2020](#)).

Vaccination hesitancy can be more common amongst certain religious groups, driven by factors like distrust, access issues, and community influence. Lower levels of vaccination contributed to higher COVID-19 death rates in these communities, especially among Black African and Bangladeshi populations ([NHS, 2021](#)). Pharmacies can support these populations by understanding these health disparities and addressing barriers to health services, particularly vaccination uptake, in a culturally sensitive manner. This includes offering tailored health messaging, promoting inclusivity, and building trust with religious communities.

In 2021, **42.6%** of residents in North Northamptonshire reported having no religion, whilst **47.9%** identified as Christian. Other groups reported: **1.3%** Hindu, **1.2%** Muslim, **0.5%** Sikh, **0.5%** Other, **0.3%** Buddhist, **0.1%** Jewish ([ONS, 2023](#)).

Sex

Health needs and outcomes can vary between males and females and understanding these differences can help providers ensure better access to services and mitigate potential barriers or misconceptions. More generally, it has been suggested that there is a gender health gap within the UK where many women receive poorer healthcare than their male counterparts ([UK Parliament, 2021](#)).

Providers of Smoking Cessation Services should note that women have a harder time quitting smoking than men generally due to an ability to metabolize nicotine more quickly, potentially explaining why nicotine replacement therapies, like patches and gum, perform better with men ([NIH, 2024](#)). Women have also been found to be twice as likely as men to experience depression, more likely to admit and recognise negative moods, and pursue support for mental health issues ([NIH, 2024](#)). By contrast, men have been found to be **3** times more likely to die by suicide than women, with suicide as the leading cause of death in men under the age of 50 ([Public Health England, 2021](#)).

Community pharmacies with Hypertension Case-Finding Services will note that the prevalence of untreated hypertension was higher among men than women aged 45 to 64 (**25%**), yet the reverse was true for those aged 65 and over ([NHS England, 2023](#)). Hypertension Case-Finding typically focus on those aged over 40, however those under 40 years can be referred at the discretion of a pharmacist ([Community Pharmacy England, 2021](#)).

Sexual Orientation

LGBT individuals represent a high-risk group for a range of health issues, including higher rates of; HIV and other sexually transmitted infections, substance misuse, smoking, unhealthy weight control/perception, and violence victimization ([National LGBT Health Education Centre, 2016](#); [NNC, 2024](#)). Mental health is a key issue, with LGBT individuals at a higher risk of experiencing common mental health problems than the general population ([National LGBT Health Education Centre, 2016](#)).

These health inequities can be compounded by fears of discrimination and stigma, which are barriers to individuals seeking the support ([National LGBT Health Education Centre, 2016](#)). A sense of anti-LGBT bias in healthcare, including historical concerns around reparative therapy, can be felt among this group, which can affect health-seeking behaviour and contribute to a reluctance to reveal sexual orientation or gender identity to providers ([National LGBT Health Education Centre, 2016](#)). Pharmacies can support LGBT individuals by being sensitive to these issues and by providing accessible and inclusive care.

Key services will also involve access to Smoking Cessation Services, substance misuse referral pathways and support for mental health issues and promotion of healthy lifestyles given higher rates of cardiovascular disease and certain cancers in addition to the health issues outlined above ([Streed Jr, 2022](#)).

According to the 2021 census, **90.15%** of people in Northamptonshire identify as straight or heterosexual, **2.43%** of people in North Northamptonshire identify as LGBTQIA ([ONS, 2023](#)).

2.4.2 Inclusion Health Groups

Military Veterans

Most veterans have similar levels of health to the general population, but many can face additional health and social challenges, with a higher proportion of veterans identifying as living with disability ([ONS, 2021](#)). The most common reasons for medical discharge from military life are issues related to the back or knees, mental health issues or hearing loss ([Care Quality Commission, 2024](#)). To this end, Support for Self-Care, Dispensing Appliances and Medicine Services aimed at supporting individuals to live with long-term conditions, are areas in which providers may support this group.

Ex-armed forces are reported to be at greater risk of substance use/misuse, with high rates of drug or alcohol use disorders than the general population, emphasising

the importance of advice and promotion of healthy lifestyles, as well as signposting to drugs and alcohol support services ([Oster et al, 2017](#); [Ashwick & Murphy, 2018](#); [LGA, 2017 cited in Wilkinson 2023](#)). Equally, levels of smoking are higher compared to the general population which will be of relevance to National Advanced providers with Smoking Cessation provision or for referral into other local providers.

There are approximately **12,000** individuals living within North Northamptonshire with some form previous experience of serving within the UK armed forces, although there are no military bases situated in North Northamptonshire ([ONS, 2023](#)).

Care Experienced Young People

Without access to the necessary support networks, care leavers may be more likely to engage in unhealthy behaviours and are more exposed to adopting riskier behaviours in areas such as sexual health, alcohol and drug use ([Howell, 2001](#); [Dale 2016 cited in. Mckeown & Hagell, 2023](#)). Pharmaceutical services can play an important role in promotion of healthy lifestyle, smoking cessation, and support for self-care for those that need it. Access to contraception services including Emergency Hormonal Contraception should be considered, whilst parents in this group may benefit from referral to Emergency Infant Feeding pathways. This group are between **4** and **5** times more likely to experience a mental health disorder ([Meltzer et al, 2000](#); [NSPCC, 2015](#); [Evans et al, 2021](#); [Foley et al, 2022, cited in McKeown R. & Hagell A., 2023](#)) or attempt suicide compared to other young people, underlining the critical importance of good signposting and referral to sources of support and help groups ([Evans et al, 2021](#); [NYAS, 2019, cited in McKeown R. & Hagell A., 2023](#)).

As of December 2024, there were **434** children in care within North Northamptonshire across the following areas: **95** in Corby, **94** in East Northamptonshire, **146** in Kettering and **99** in Wellingborough (NNC, 2024).

People who experience homelessness

Reasons for rough sleeping in North Northamptonshire vary but the three leading causes are being evicted, drug or alcohol misuse and mental health problems ([NNC, 2023](#)). Over half of all support needs for rough sleepers involved drug or alcohol misuse, whilst just over a third requiring support due to their mental health, underlying the importance for signposting specialist support services and local referral pathways ([NNC, 2023](#)). This group may also have greater cause to access supervised consumption programmes or services for safe disposal of medication. Homeless groups are also considered a higher risk group for STIs and STDs and may have cause to access contraception services.

There were **6,389** active applicants on the North Northamptonshire housing register as of September 2024. Of which **8%** were homeless or at risk of homelessness; this represents **511** applicants. Figures from the North Northamptonshire Rough Sleeping team suggest there are approximately **30-35** individuals sleeping rough in North Northamptonshire each month and just over **260** households living in Temporary Accommodation ([NNC, 2024](#)).

People with drug and alcohol dependence

People with drug and alcohol dependence face complex health needs and can be at greater risk of homelessness, as well as drug-related, acquisitive or violent crime ([LGA, 2021](#)). Health needs for this group include but are not limited to; increased risk of infectious diseases, mental health issues, risk of liver damage, and vulnerability to injuries or overdose ([NHS, no date](#)).

Pharmacies can provide support through signposting and referral into local and specialist support services, promoting the risks of dangerous alcohol consumption and the use of screening tests for individuals to assess alcohol intake. Individuals may have cause to access Supervised Consumption Service or Needle Exchange Service. An association between alcohol consumption and smoking could also mean referral to smoking cessation services may be appropriate.

In the 12 months from July 2023 to June 2024, there were **676** people accessing substance misuse service in North Northamptonshire. Of these clients, **200 (29.6%)** live in Corby, **106 (15.7%)** live in East Northamptonshire, **211 (31.2%)** live in Kettering, and **159 (23.5%)** live in Wellingborough.

Migrants and Refugees

Refugees and migrants can be highly vulnerable, and the experience of migration can be traumatic and stressful leading to poorer mental health outcomes. Likewise, refugee and asylum-seeking children are more at risk of depression and post-traumatic stress disorder, but also less likely to access health-care services due to language or culture barriers ([WHO, 2021](#)).

Under-immunisation can be an issue too and this is often complicated by lack of documentation and immunisation records, which means in many cases catch-up immunisation practices are recommended, to prevent diseases such as rubella, tetanus and influenza. Often exposure to these infectious diseases is compounded by poor living conditions and inadequate hygiene services associated with the migration process ([WHO, 2021](#)).

In addition, refugees and migrants are considered a high-risk population for HIV and other common health issues can entail undiagnosed vision and hearing problems, as well as dental and oral health issues. Contraception is also an important health service need especially for women travelling from conflict situations where there are increased risks of unintended pregnancies, adverse pregnancy outcomes and poor conditions for childbirth ([WHO, 2021](#)).

Pharmacies can support this group by providing catch-up immunisations, contraception, and assistance in common health issues such as undiagnosed vision, hearing, and dental problems.

ONS Census data shows that in 2021 there were **2,529** individuals in North Northamptonshire that were considered a migrant from outside of the UK ([ONS, 2023](#)). Overall, **789** individuals have been supported under the Homes for Ukraine scheme, **105** as part of the Afghan Resettlement Programme, and **138** via Supported Asylum (NNC, 2024).

Gypsy, Roma and Traveller

Gypsy, Roma and Traveller people face reduced life expectancies estimated to be between **10** and **25** years lower than that of the general population and are more than twice as likely to report poor levels of health ([Friends, Families & Travellers, 2022](#)). Pharmaceutical providers should be aware that this community experience significantly higher prevalence of long-term illness and disability, and are more likely to be living with age-related conditions earlier in life (such as dementia, falls and frailty) ([Friends, Families & Travellers, 2022](#)). Support for self-care and management of long-term conditions and pain are potential needs that can be met by pharmaceutical providers.

Access to healthcare can be an issue for this group too and barriers can include refusal to accept registration by GP practices due to lack of addresses or identification, inability to access digital services, and challenges maintaining access while traveling. With this in mind, many can be excluded from services like screenings, and see low levels of child immunisation. Signposting and referral to national and local support services are also of importance with suicide rates notably higher than the general population ([Friends, Families & Travellers, 2022](#)).

According to most recent census data the population of Gypsy, Roma and Traveller population in North Northamptonshire was **1,130**, just over **0.31%** of the local population, slightly higher than the national average of **0.12%**. More recently total numbers of caravans present within North Northamptonshire is estimated to be just over **250** which includes sites within the localities of Corby (**7**), East Northamptonshire (**4**), Wellingborough (**8**) and Kettering (**18**) ([NNC, 2019](#)). In addition, there are also **4** Show-persons sites within North Northamptonshire.

People in contact with the criminal justice system

Imprisoned people are at increased risk of re-offending, homelessness and suicide upon leaving prison services. HMP Five Well release on average **64** individuals into the community each month ([HM Inspector of Prisons, 2024](#)). Additionally, it is recognised that individuals from HMP Peterborough are released into North Northamptonshire, but this number is unknown.

Helping imprisoned people to recover from addiction and illness - both within the prison system and when entering the community - is important to help reduce risk of reoffending as well as preventing crime in local communities. This patient group have been found to be more likely to smoke, misuse drugs and/or alcohol, suffer mental health problems, report having a disability, self-harm, attempt suicide or die prematurely compared to the general population ([HM Prison and Probation Service, 2014](#)).

As of January 2024 in North Northamptonshire, **160** prisoners at HMP Wells were receiving psychosocial support for substance use, whilst **108** were in receipt of opioid substitution therapy ([HM Chief Inspector of Prisons, 2024](#)).

For pharmaceutical providers, these health needs bear relevance to providers of Smoking Cessation Services, appropriate signposting, and referral pathways for specialist mental health support, as well as potential to access services concerned with Supervised Consumption or Needle Exchange, all of which can help to ensure appropriate support and integration into the wider community upon discharge from prison.

Sex Workers

Sex work encompasses a range of services, including online, indoor, and outdoor direct selling of sex, and workers in this group face multiple health risks from their occupation and to their general wellbeing ([Birmingham City Council, 2024](#)). This group are at increased risk of STIs, are more likely to smoke and use drugs compared to non-sex workers and experience poor mental health. Findings from a recent Sex Worker Pilot Project in Birmingham found that the most accessed services by sex workers were free condoms, sexual health services, food banks, housing support, and substance misuse services ([Turnaround Sex Worker Pilot Project cited in Birmingham City Council, 2024](#)). Contraception services such as Pharmacy Contraception Service and Emergency Hormonal Contraception and substance misuse services such as Supervised Consumption Programme should be a priority for community pharmacies.

Providers should also be sensitive to the sense of stigma concerning the nature of sex work. This creates further barriers to accessing necessary healthcare services or seeking help ([Birmingham City Council, 2024](#); [Jeal, 2007 cited in. WNC, 2024](#)). Pharmacies should promote inclusivity, ensuring staff are trained to be non-judgemental, non-discriminatory and demonstrate a discreet and welcoming approach.

Data that determines the precise numbers of sex workers in North Northamptonshire is not available, however the total number of people in all forms of sex working in Northamptonshire is estimated to be between **100-200** people ([WNC 2024](#)).

2.4.3 Other groups

Visitors to North Northamptonshire

The health needs of this patient group are expected to be consistent with that of the general population. These may include Dispensing Services or Repeat Dispensing Services or Pharmacy First Services.

Data for North Northamptonshire alone is not available, however it is estimated there are around **18 million** visits to Northamptonshire a year ([Northamptonshire Visitor Economy Strategy, 2023](#)). In addition, there are over **2 million** domestic visitors a year that stay in the county, just over a quarter of which are estimated to visit North Northamptonshire ([Northamptonshire Visitor Economy Strategy, 2023](#)).

3. Pharmaceutical services profile

This section provides information on the pharmacy contractors and pharmaceutical services that are available within and outside of the Health and Wellbeing Board’s area. It details the count, rate, location and opening hours of pharmacy contractors, as well as mapping the access to these premises. This section also details the access to, and geographical spread of necessary and other relevant services, as well as the number and location of forms and prescriptions from 2023/24. Finally, this section describes whether there is sufficient choice with regard to obtaining pharmaceutical services.

3.1 Necessary services: current provision within the Health and Wellbeing Board’s area

Necessary services are defined within the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulation 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

The [NHS Business Services Authority \(NHSBSA\) provide details on all pharmacy contractors](#). There are **62** pharmacies included in the pharmaceutical list for the area of the North Northamptonshire Health and Wellbeing Board as of January 2025, operated by **39** different contractors. Using a [2023 mid-year population \(ONS, 2023\)](#) of **367,991**, this equates to **16.8** pharmacies per 100,000 population. This is lower than seen nationally, where there are **18.5** pharmacies per 100,000.

By comparison, there were **63** pharmacies in North Northamptonshire recorded in the 2021 PNA, serving a population of **356,437**, which equates to **17.7** pharmacies per 100,000 population. However, figures for Northamptonshire and England, along with rates, were not provided.

Table 22: Count and rate (per 100,000 population) of pharmacies in North Northamptonshire. January 2025. Mid-2023 population estimates

Locality	Number of pharmacies	Rate per 100,000 population
North Northamptonshire	62	16.8
Northamptonshire	125	15.6
England	10,659	18.5

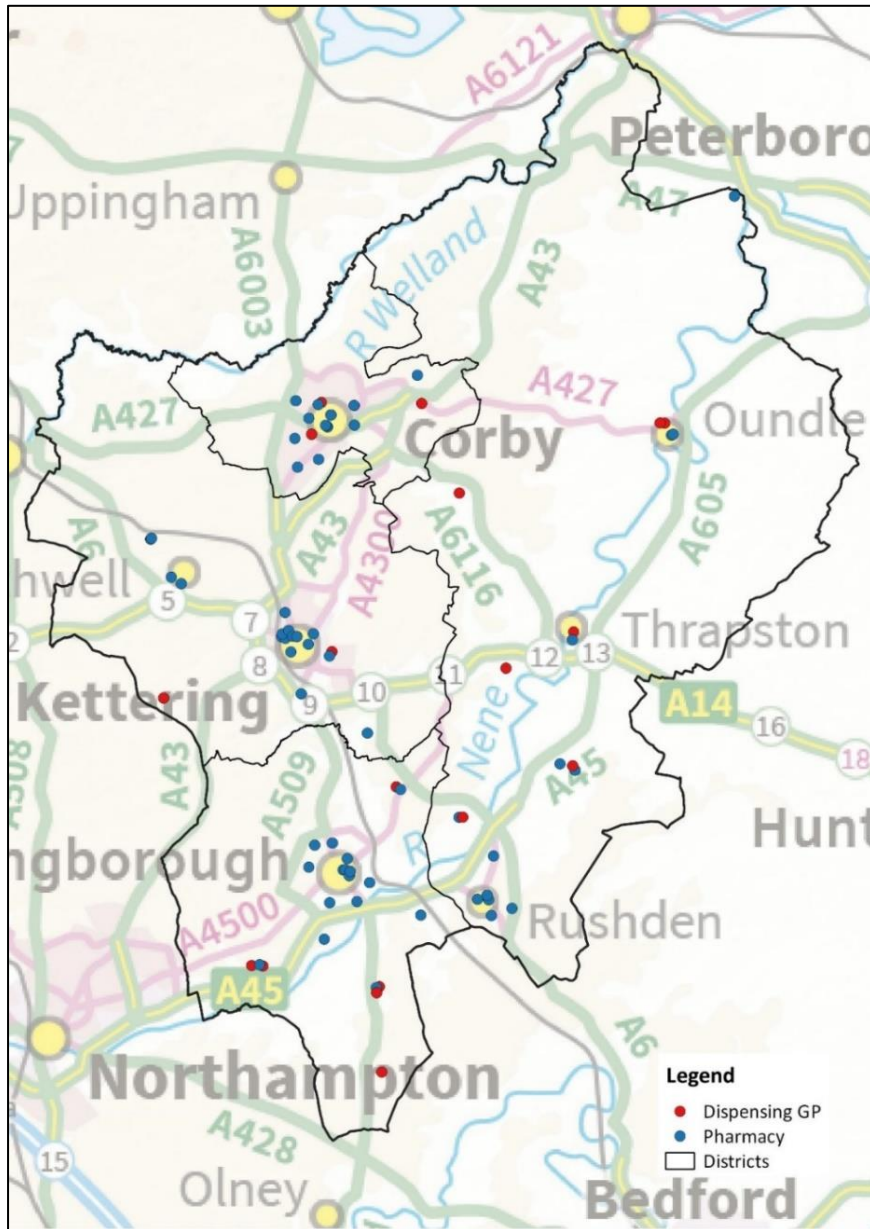
A list of providers of pharmaceutical services in each locality area can be found in Appendix D. The information contained in this appendix was collated based on the information provided by NHSE, North Northamptonshire Council, LPC, Local Medical Committee (LMC) and NICB. Data are correct as of January 2025. Figure 1 presents the geographical boundaries for the locality areas.

[NHSBSA contractor details as of January 2025](#) show that there are currently **5** pharmacies in North Northamptonshire that provide services for 100 hours per week. There is **1** distance selling pharmacy in North Northamptonshire. There are **0** pharmacies providing Local Pharmaceutical Services. There are **0** dispensing appliance contractors providing services within the Health and Wellbeing Board's area.

The [OHID SHAPE tool shows](#) that there are **47** GP practices in the Health and Wellbeing Board area, of which **10** dispense to eligible patients from **12** sites within the Health and Wellbeing Board's area.

Figure 4 shows the location of the pharmacy and dispensing practice premises within the Health and Wellbeing Board's area. Due to the size of the Health and Wellbeing Board's area, many of the premises are not shown individually. However, more detailed maps of each locality can be found in the Appendix G. As can be seen in Figure 5 and 6, premises are generally located in areas of higher population density and high deprivation (those areas shaded in a darker colour).

Figure 4: Location of pharmacies and dispensing practice premises by locality.



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Figure 5: Location of pharmacies and dispensing practice premises compared to population density.

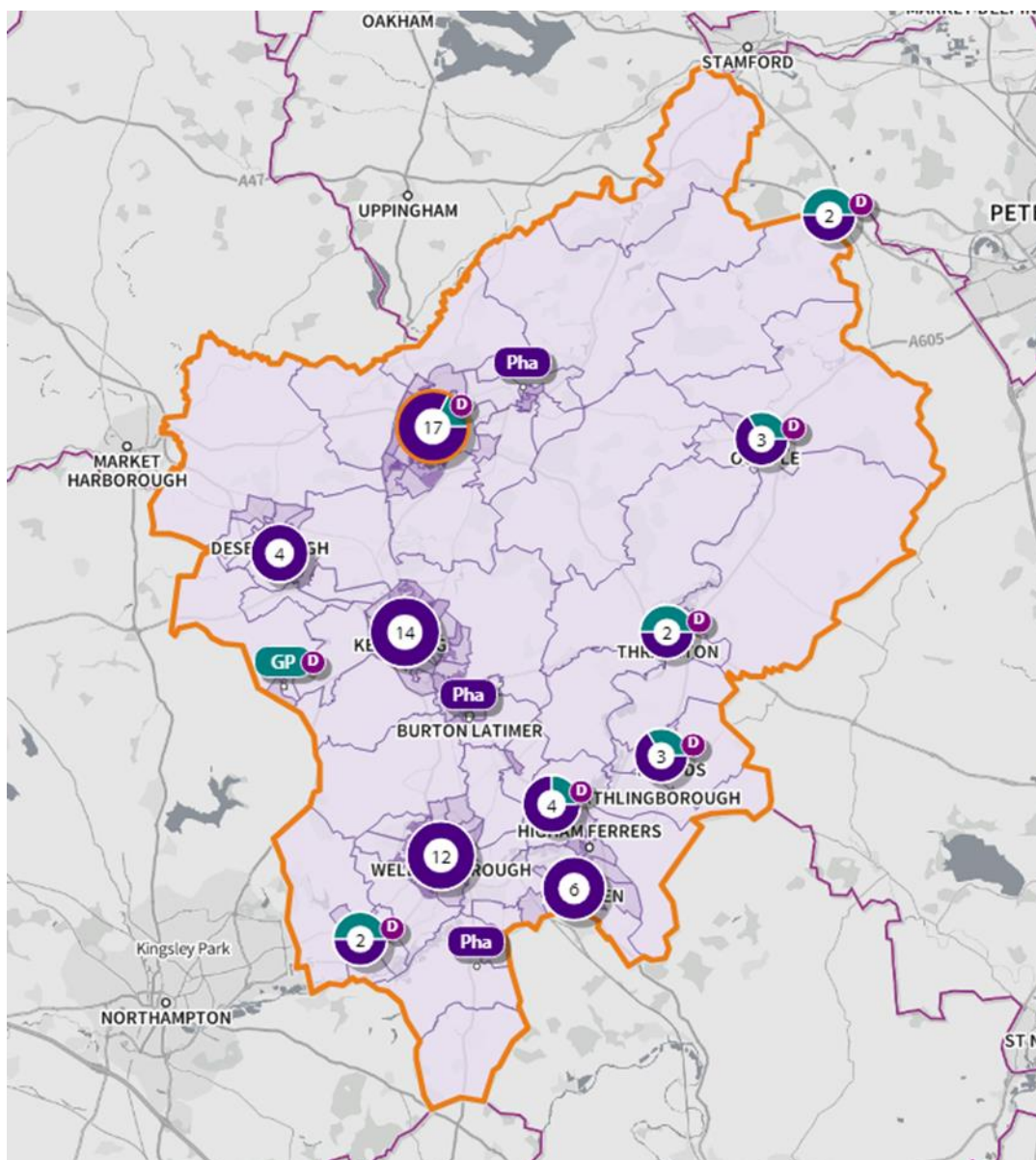
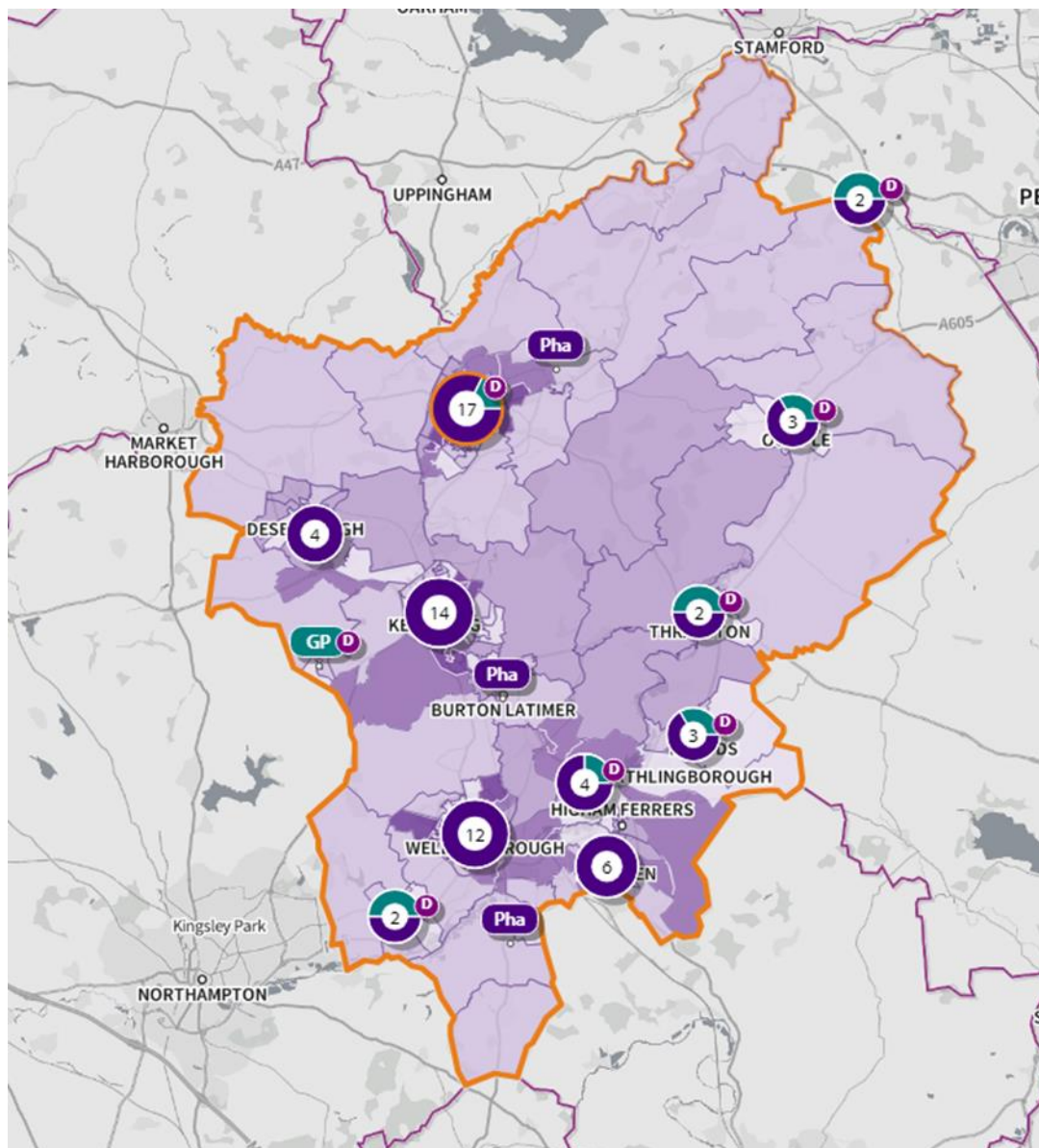


Figure 6: Location of pharmacies and dispensing practice premises compared to levels of deprivation.



3.1.1 Access to premises

Nationally, standards for access to a pharmacy are quoted as 99% of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or public transport ([Department of Health, 2008](#)).

In line with the national access standards and considering the urban-rural split of the county, the Health and Wellbeing Board has chosen 20-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 Department of Health and Social Care (DHSC) [Strategic Health Asset Planning and Evaluation \(SHAPE\)](#) tool.

Figures 7 and 8 show that most residents are able to access a pharmacy within the Health and Wellbeing Board's area within a 20-minute drive outside of rush hour

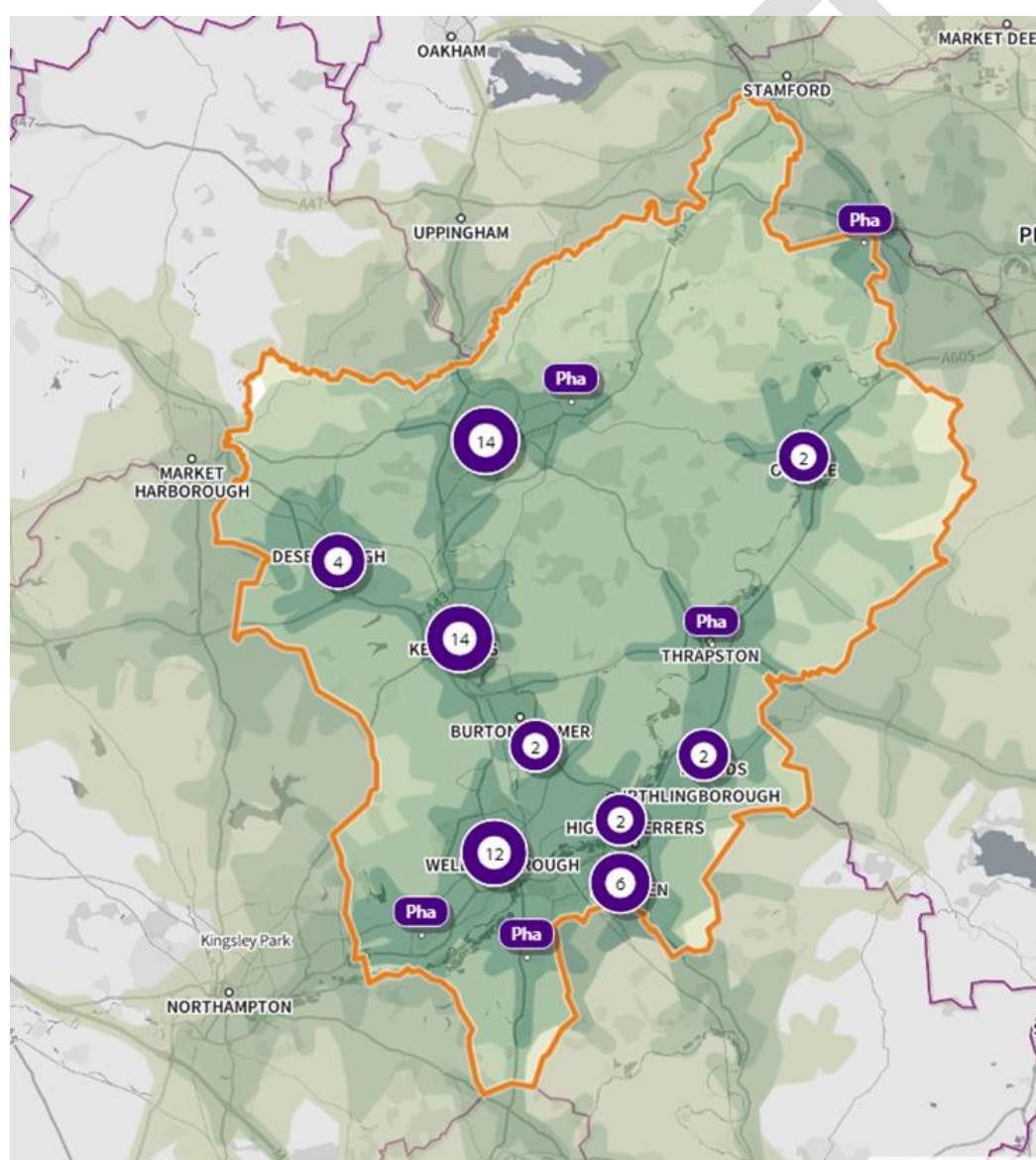
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times and during peak hours. The one area that doesn't meet this standard is on the western edge, to the west of the villages of Weston by Welland and Sutton Bassett (to the northeast of Market Harborough). However, according to Google Maps, there is no resident population in this area.

Table 23: Percentage of resident population able to access community pharmacies within driving travel time boundaries.

Locality	All pharmacies	Weekend pharmacies
North Northamptonshire	98.8%	97.0%
Northamptonshire	98.8%	92.8%

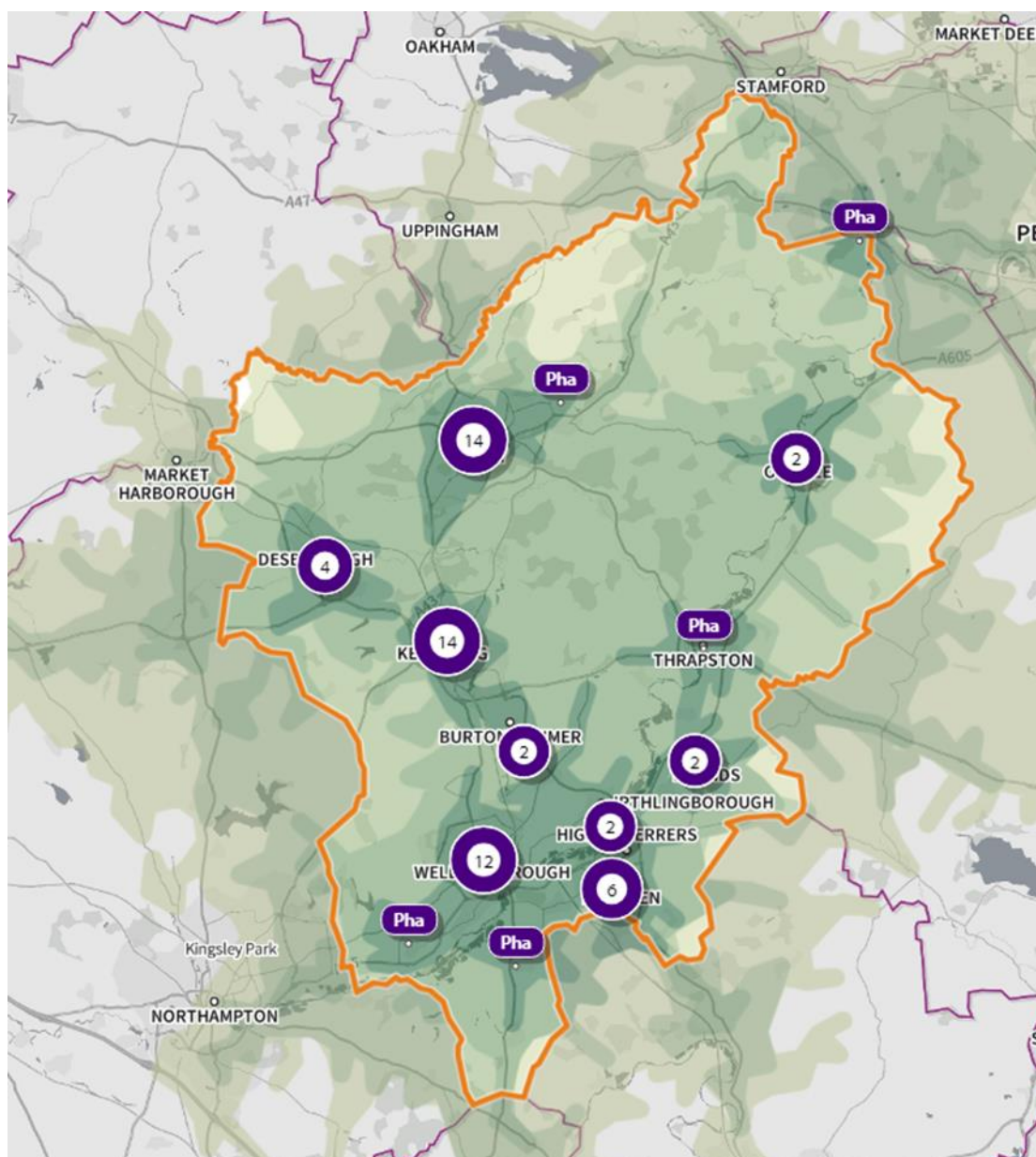
Figure 7: Time taken to access a pharmacy by car, outside of peak times.



Travel time in minutes



Figure 8: Time taken to access a pharmacy by car, peak times.

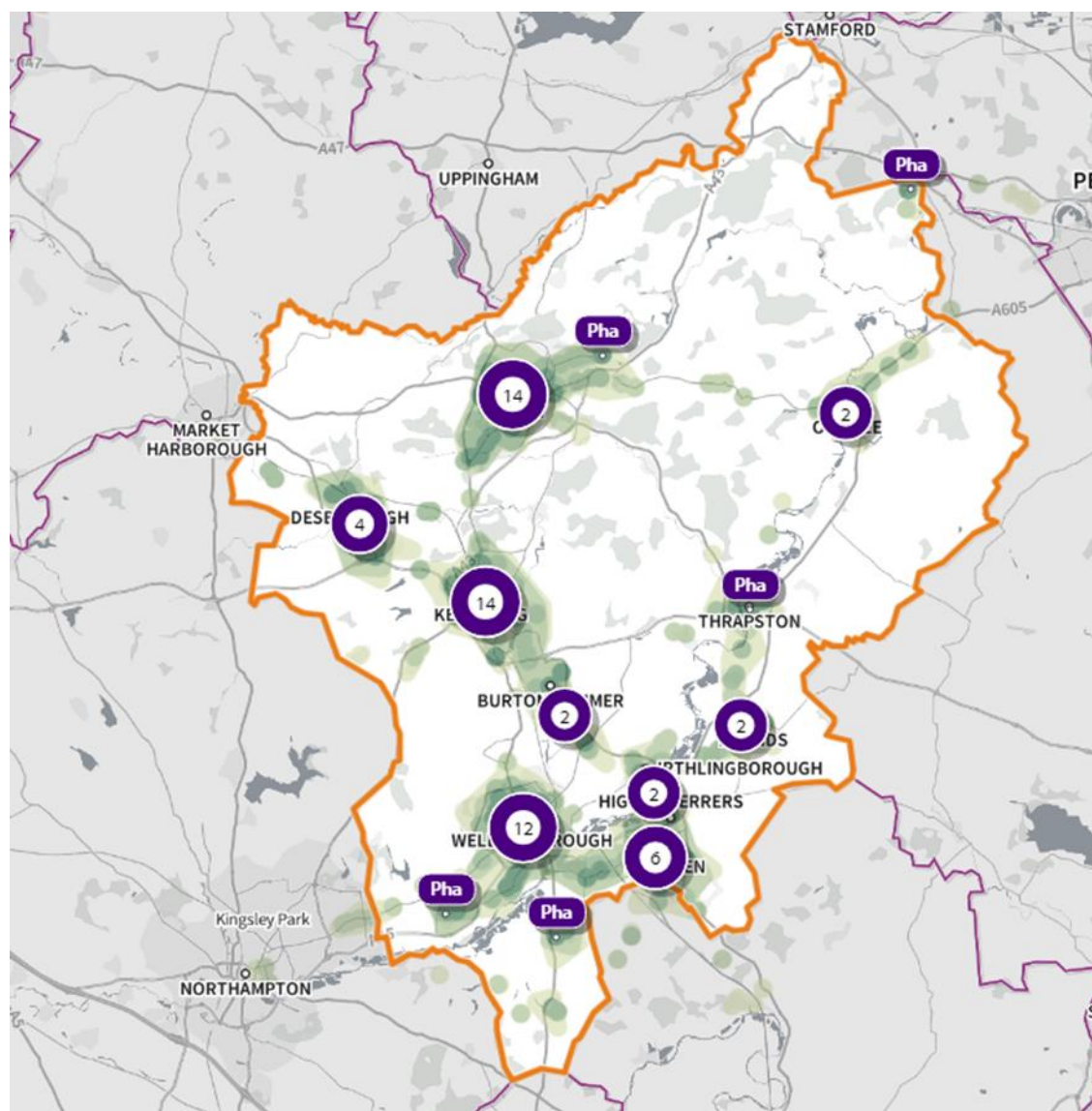


Time travel in minutes



Figure 9 shows the coverage of pharmacies within North Northamptonshire that can be accessed by public transport within 20 minutes. Access in urban areas, as well as along key transport routes is noticeably better than the more rural areas, where public transport links are less available and less frequent.

Figure 9: Time taken to access a pharmacy by public transport.



Time travel in minutes



3.1.2 Access to National Essential services

Whilst the majority of people will visit a pharmacy during the 08:30 to 18:30 period, Monday to Friday, there will be times when people will need or choose to access a pharmacy outside of those times.

[NHSBSA contractor details as of January 2025](#) show that of the 62 community pharmacies in North Northamptonshire, **9 (14.5%)** pharmacies open seven days a week, **40 (64.5%)** pharmacies are open Monday to Saturday, **10 (16.1%)** pharmacies are open Monday to Saturday lunchtime (up to 12:00), and **41 (66.1%)** pharmacies open Monday to Friday.

Table 24: Summary (number and percentage of total in each locality area) of community pharmacy opening hours.

Locality	40 hours count	40 hours %	Weekday Evenings count	Evenings %
Corby	15	100.0%	9	60.0%
East Northamptonshire	12	100.0%	7	58.3%
Kettering	19	100.0%	15	78.9%
Wellingborough	16	100.0%	11	68.8%
North Northamptonshire	62	100.0%	42	67.7%
Northamptonshire	123	98.4%	86	68.8%

The weekday opening times for all community pharmacies in North Northamptonshire have been presented in Appendix H.

The number, location and opening hours of community pharmacy providers open on Sundays vary significantly within each locality. Fewer pharmacies are open on Sundays than any other day in North Northamptonshire. For those pharmacies that are open on a Sunday, most are open between 10:00 to 16:00.

Table 25: Summary (number in each locality and percentage of total in Health and Wellbeing Board area) of community pharmacy providers open on weekends.

Locality	Saturday count	Saturday %	Sunday count	Sunday %
Corby	11	73.3%	3	20.0%
East Northamptonshire	8	66.7%	0	0.0%
Kettering	11	57.9%	3	15.8%
Wellingborough	10	62.5%	3	18.8%
North Northamptonshire	40	64.5%	9	14.5%
Northamptonshire	84	67.2%	20	16.0%

Pharmaceutical provisions outside of core hours has decreased since the previous PNA, as there are currently **5** pharmacies (**8%**) of all pharmacies providing 100-hour service, compared to **6** in 2021.

3.1.3 Access to Flu Vaccination Service

As of January 2025, there were **52** pharmacies (**83.9%**) that provided this service, **12** of which are pharmacies in the Corby locality, **10** pharmacies in the East Northamptonshire locality, **18** pharmacies in the Kettering locality and **12** pharmacies in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

Access data is not available for this service.

3.1.4 Access to Covid-19 Vaccination Service

As of January 2025, there were **30** pharmacies (**48.4%**) that provided this service, **4** of which are pharmacies in the Corby locality, **5** pharmacies in the East Northamptonshire locality, **12** pharmacies in the Kettering locality and **9** pharmacies in the Wellingborough. A map of the distribution of pharmacies providing this service can be found in Appendix I.

Access data is not available for this service.

3.1.5 Access to New Medicine Service

As of January 2025, there were **61** pharmacies (**98.4%**) that provided this service, **15** of which are pharmacies in the Corby locality, **12** pharmacies in the East Northamptonshire locality, **19** pharmacies in the Kettering locality and **15** pharmacies in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

Access data is not available for this service.

3.1.6 Access to Hypertension Case-Finding Service

As of January 2025, there were **55** pharmacies (**88.7%**) that provided this service, **14** of which are pharmacies in the Corby locality, **12** pharmacies in the East Northamptonshire locality, **17** pharmacies in the Kettering locality and **12** pharmacies in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

In the calendar year of 2024, **13,695** Hypertension Case-Finding consultations were conducted in North Northamptonshire. Corby had **3,158** consultations, East Northamptonshire had **1,964**, Kettering has **4,305** and Wellingborough has **4,268**. More detailed tables can be found in Appendix J.

3.1.7 Access to Pharmacy First Service

As of January 2025, there were **59** pharmacies (**95.2%**) that provided this service, **15** of which are pharmacies in the Corby locality, **12** pharmacies in the East Northamptonshire locality, **19** pharmacies in the Kettering locality and **13** pharmacies in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

In the calendar year of 2024, **11,138** Pharmacy First Service consultations were conducted in North Northamptonshire. In Corby, there were **2,493** consultations, East Northamptonshire had **2,352**, Kettering has **2,882** and Wellingborough had **3,411**. More detailed tables can be found in Appendix J.

3.1.8 Access to Pharmacy Contraception Service

As of January 2025, there were **34** pharmacies (**54.8%**) that provided this service, **7** of which are pharmacies in the Corby locality, **10** pharmacies in the East Northamptonshire locality, **11** pharmacies in the Kettering locality and **6** pharmacies in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

In the calendar year of 2024, 1,961 Pharmacy Contraception Service consultations were conducted in North Northamptonshire. In Corby, there were 589 consultations, East Northamptonshire had 261, Kettering had 643 and Wellingborough had 468. Further detail can be found in Appendix J.

3.1.9 Access to Lateral Flow Device Service

As of January 2025, there were **51** pharmacies (**82.3%**) that provided this service, **13** of which are pharmacies in the Corby locality, **11** pharmacies in the East Northamptonshire locality, **15** pharmacies in the Kettering locality and **12** pharmacies in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

Access data is not available for this service.

3.1.10 Access to pharmaceutical services on public and bank holidays

NHSE has a duty to ensure that residents of the Health and Wellbeing Board's area are able to access pharmaceutical services on public and bank holidays. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, although some choose to do so. NHSE asks each contractor to confirm their intentions regarding these days and where necessary, will direct a contractor or contractors to open 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 can access pharmaceutical services on these days.

3.2 Necessary services: current provision outside of the Health and Wellbeing Board's area

3.2.1 Access to National Essential services

Patients have a choice of where they access pharmaceutical services. Consequently, not all prescriptions written for residents of North Northamptonshire are dispensed within the area.

North Northamptonshire is bordered by **5** Health and Wellbeing Board areas. Figure 10 highlights all community pharmacies both within North Northamptonshire and within a 10km perimeter surrounding North Northamptonshire. This perimeter has been included, as these areas are more accessible by car to the population living close to the border of the county.

Figure 10 shows the additional **83** pharmacies that residents have access to, within a 10km radius of North Northamptonshire borders.

Figure 10: Community pharmacies in and around North Northamptonshire (10km boundary).

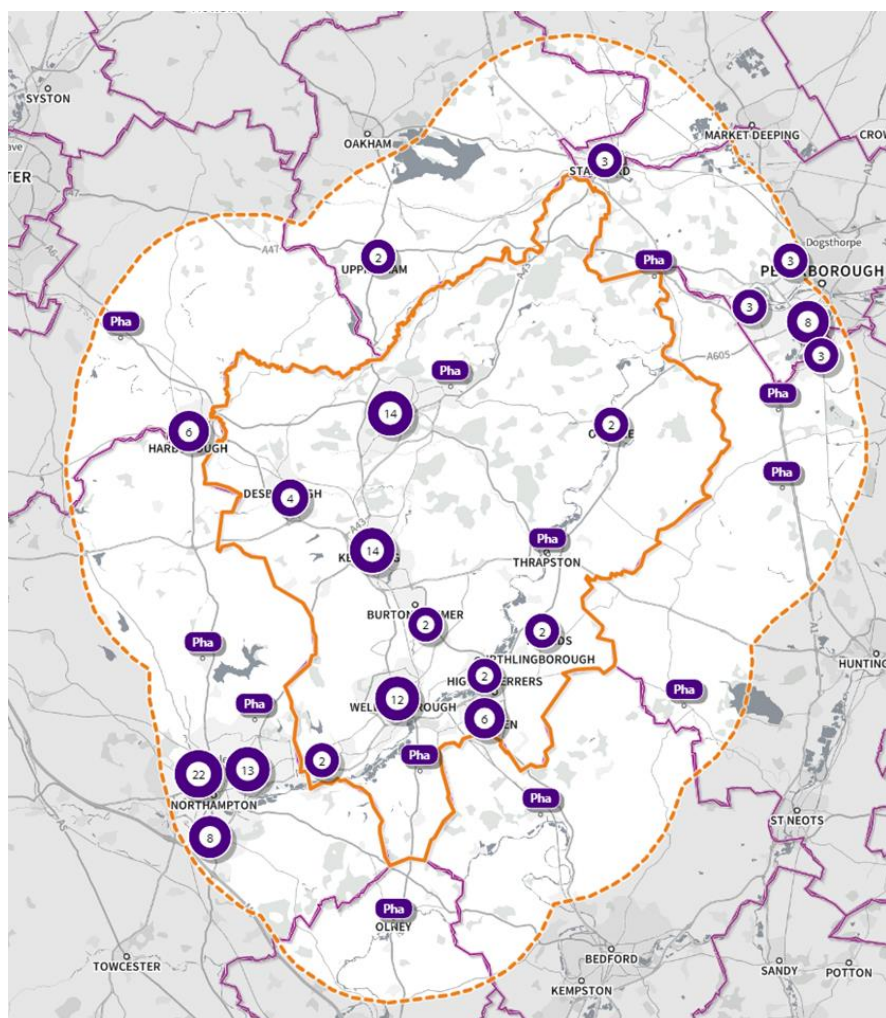


Table 26: Locality of dispensed prescriptions in 2023/24.

Locality	Pharmacy count	Number of forms	Number of items
Corby	15	62,984	138,742
East Northamptonshire	12	64,559	138,486
Kettering	19	87,255	191,979
Wellingborough	16	76,202	169,070
North Northamptonshire	62	291,000	638,277
Northamptonshire	125	585,021	1,285,209

[The Community Pharmacy England \(CPE\) Community Pharmacy Services Activity \(CPSA\) dashboard](#) shows that in 2023/24, **291,000** forms were written for patients, resulting in **638,277** items being dispensed. Of these items, **30.1%** were dispensed in Kettering, **26.5%** were dispensed in Wellingborough, **21.8%** in Corby and **21.7%** in East Northamptonshire. This follows the same pattern as the number of pharmacies

in each locality, with Kettering having the most, followed by Wellingborough, Corby and East Northamptonshire.

3.2.2 Access to necessary National Advanced, National Enhanced and locally commissioned services

Information on these services provided by pharmacies outside of the Health and Wellbeing Board's area to residents of North Northamptonshire is not available.

3.3 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.

3.3.1 Other relevant services within the Health and Wellbeing Board's area

3.3.1.1 Access to Appliance Use Reviews

No pharmacies in the Health and Wellbeing Board's area provide this service.

3.3.1.2 Access to Stoma Appliance Customisation

As of January 2025, there are **3** pharmacies that provide this service; **2** of which are pharmacies in the Kettering locality, and **1** pharmacy in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

3.3.1.3 Access to Smoking Cessation Service

As of January 2025, there are **23** pharmacies that provide this service; **4** of which are pharmacies in the Corby locality, **5** pharmacies in the East Northamptonshire locality, **6** pharmacies in the Kettering locality and **8** pharmacies in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

3.3.1.4 Access to Covid Medicines Unit Delivery (CMDU) Triage and Treatment Service

As of January 2025, there are **4** pharmacies that provide this service, of which **1** pharmacy is in the Corby locality, **2** pharmacies in the Kettering locality and **1** pharmacy in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

3.1.1.5 Access to Palliative Care End of Life – Emergency Stock Service

As of January 2025, there were **10** pharmacies (**16.1%**) that provided this service, **3** of which are pharmacies in the Corby locality, **2** pharmacies in the East Northamptonshire locality, **2** pharmacies in the Kettering locality and **3** pharmacies in the Wellingborough locality. A map of the distribution of pharmacies providing this service can be found in Appendix I.

3.3.2 Other relevant services provided outside the Health and Wellbeing Board's area

Information on these services provided outside the Health and Wellbeing Board's area to residents of North Northamptonshire is not available.

4. Other NHS and non-NHS services

This section looks at other NHS and non-NHS services that affect the need for pharmaceutical services in North Northamptonshire.

The following NHS and non-NHS services are deemed by the Health and Wellbeing Board to affect the need for pharmaceutical services within its area, by either increasing or reducing demand. As of January 2025, the [NHSBSA Open Data Portal](#) does not provide detailed data on items dispensed by hospital pharmacies, GP out-of-hour services or urgent care centres.

4.1 Hospital pharmacies

Hospital pharmacies reduce the demand for the essential dispensing services as prescriptions written in hospitals are dispensed by the hospital pharmacy service. Patients attending hospital settings on either an inpatient or outpatient basis may require prescriptions to be dispensed.

The following hospitals are located in North Northamptonshire:

- Kettering General Hospital
- Northamptonshire Healthcare NHS Foundation Trust – Corby Community Hospital, Isebrook Hospital in Wellingborough and St Mary's Hospital in Kettering.

There is a pharmacy at Kettering General Hospital which is run by the hospital trust. However, there are no pharmacies located at the other hospitals.

4.2 Personal administration of items by GPs

This service reduces the demand for the essential dispensing services. Items are sourced and personally administered by GPs and other clinicians at the practice, and do not require a pharmacy to dispense.

Under their general medical services contract with NHSE and NICB, there will be an occasion where a GP or other healthcare profession at the practice personally administers an item to a patient. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraception devices and sutures.

It is not possible to quantify the number of items that were personally administered by GP practices in North Northamptonshire.

4.3 GP out of hours service

The out of hours GP services will, depending on the nature of the condition, dispense either a full course of medication, or sufficient medication to tide a patient over until they can access a pharmacy to dispense a prescription.. This service will therefore affect the demand for pharmaceutical services.

This service is available Monday to Fridays between 18:30 and 08:00, and 24 hours a day on weekends and bank holidays.

The GP out of hours service locations in North Northamptonshire are:

- Kettering General Hospital for Kettering and the surrounding area
- Isebrook Hospital for Wellingborough and the surrounding area

It is recognised that North Northamptonshire residents may also access the out of hours service based at Northampton General Hospital and there may be residents of West Northamptonshire accessing the out of hours service based at Kettering General Hospital and Isebrook Hospital.

4.4 Locally commissioned services

North Northamptonshire Council is responsible for the commissioning of public health services, which include: the Emergency Hormonal Contraception service, the Supervised Consumption Programme, the Needle Exchange Service, the NHS Health Checks programme, and the Emergency Infant Feeding Pathway.

NICB commission the Covid Medicines Delivery Unit (CMDU) Triage and Treatment service and the Palliative Care End of Life – Emergency Stock service.

Locally commissioned services remove the need for them to be commissioned as Nationally Enhanced Services by NHSE.

4.5 Corby Urgent Care Centre

The urgent care centre in Corby is a single point of access to urgent care services aimed at reducing the need for patients to travel to A&E. Services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions.

The Corby Urgent Care Centre is open 08:00 to 20:00 every day of the year.

4.6 Prison

A contract for the provision of pharmacy services to HMP Five Wells in Wellingborough has been awarded. It is therefore not expected that any prescriptions will need to be dispensed under pharmaceutical services.

4.7 Thackley Green Specialist Care Centre

Thackley Green Specialist Centre in Great Oakley, Corby, offers a range of care services for older people. This centre generates prescriptions which affects the need for essential dispensing services.

4.8 Substance Misuse Services

With bases in Corby, Kettering and Wellingborough, Substance to Solution is available to provide support for adults (over 18) with substance misuse issues within the North Northamptonshire area. This service generates prescriptions which affects the need for essential dispensing services.

5. Engagement results

This section analyses the public and pharmacy engagement questionnaire that was conducted to inform this PNA. Full results and data tables are provided in Appendix K.

5.1 Public engagement

A total of **311** respondents either completed (**270**) or partially completed (**41**) the questionnaire. ‘Completed’ refers to those who finished and submitted their responses, while ‘partially completed’ includes respondents who began the questionnaire but did not finish and/or submit their responses for unknown reasons. For comprehensive analysis, responses from both groups have been combined.

5.1.1 Demographics

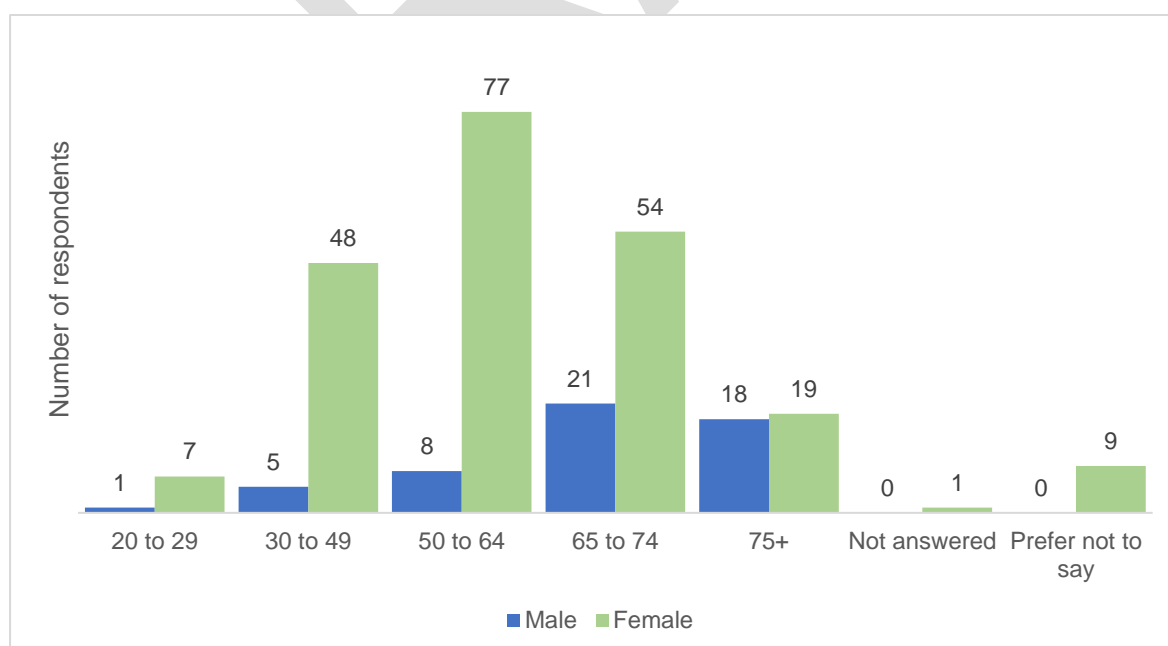
Gender

Of these respondents, **215 (69%)** were female, and **53 (22%)** were male. The remaining respondents either did not answer or chose not to disclose their gender.

Age

The age distribution by gender is displayed in Figure 11 below. The highest proportion of responses came from the 50 to 64-year age group (**27%**), closely followed by the 65-to-74-year age group (**24%**). The lowest proportion of responses came from the 20 to 29-year age group (**3%**). For males, the highest proportion of responses are in the 65-to-75-year age group, closely followed by 75+. For women, the highest proportion of responses are in the 50-to-64-year age group.

Figure 11: Age group breakdown of male and female respondents.



Ethnicity

For ethnicity, **239** respondents (**77%**) identified as White British. This is likely linked to respondents age, as the White British group has the highest elderly population in Northamptonshire ([NICB, 2024](#)). The next largest groups were those who chose to not disclose their ethnicity or left it unanswered. There was minimal representation from White Irish, Black, other White and other ethnic groups.

Sexuality

Out of the respondents, 210 (**68%**) identified as heterosexual, while a small proportion identified as gay men (**3**), gay women/lesbians (**2**), or bisexual (**6**). The remaining respondents chose not to disclose their sexuality or did not answer the question.

Pregnancy

Out of the respondents, **5** reported being pregnant at the time of the survey.

Marital Status

In terms of marital status, **161** are married, followed by **41** who are single and **21** who reported co-habiting or living together. A notable number of respondents did not answer the question (**47**). Additionally, **20** individuals identified as widowed or widowers, and **12** preferred not to disclose their marital status. Smaller groups include **7** individuals who selected 'Other' and **2** who reported being in a civil partnership. This breakdown underscores that marriage was the predominant status among respondents, with a diverse range of other categories also represented.

Religion or Belief

As shown in Table 27, Christianity and lack of religious affiliation was the primary belief categories among respondents, with limited but notable representations of diverse beliefs. In the free text field, some respondents specified alternative beliefs, including Spiritualist (**4**), Humanist (**1**) and Methodist (**1**).

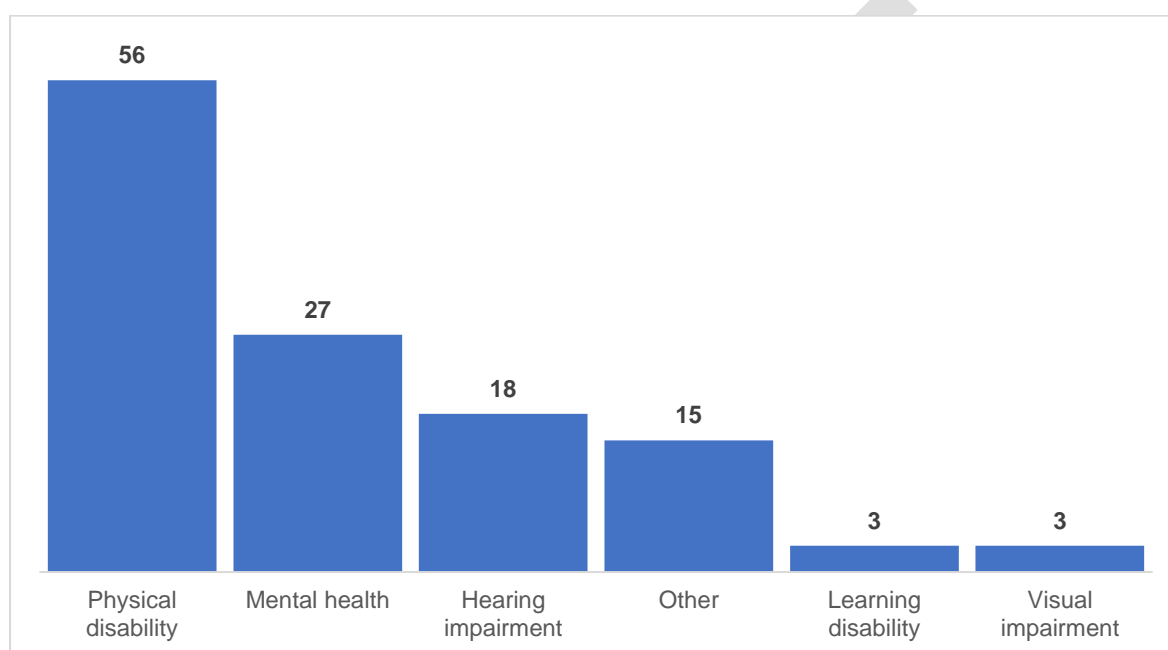
Table 27: Religion or belief of respondents.

Religion/Belief	Count
Christian	127
None	103
Not Answered	48
Prefer not to say	30
Muslim	1
Jewish	1
Buddhist	1
Total	311

Disability

Among the **311** respondents, **82** individuals (**26%**) reported having a disability. Figure 12 below illustrates the breakdown of the types of disabilities reported. Physical disability was the most prevalent among respondents aged 50 to 64, 65 to 74 and 75 and older, with this trend consistent across genders. In contrast, mental health conditions were the most reported disabilities among those aged 20 to 29 and 30 to 49. Respondents could select multiple types of disabilities for this question.

Figure 12: Type of disabilities amongst the respondents.

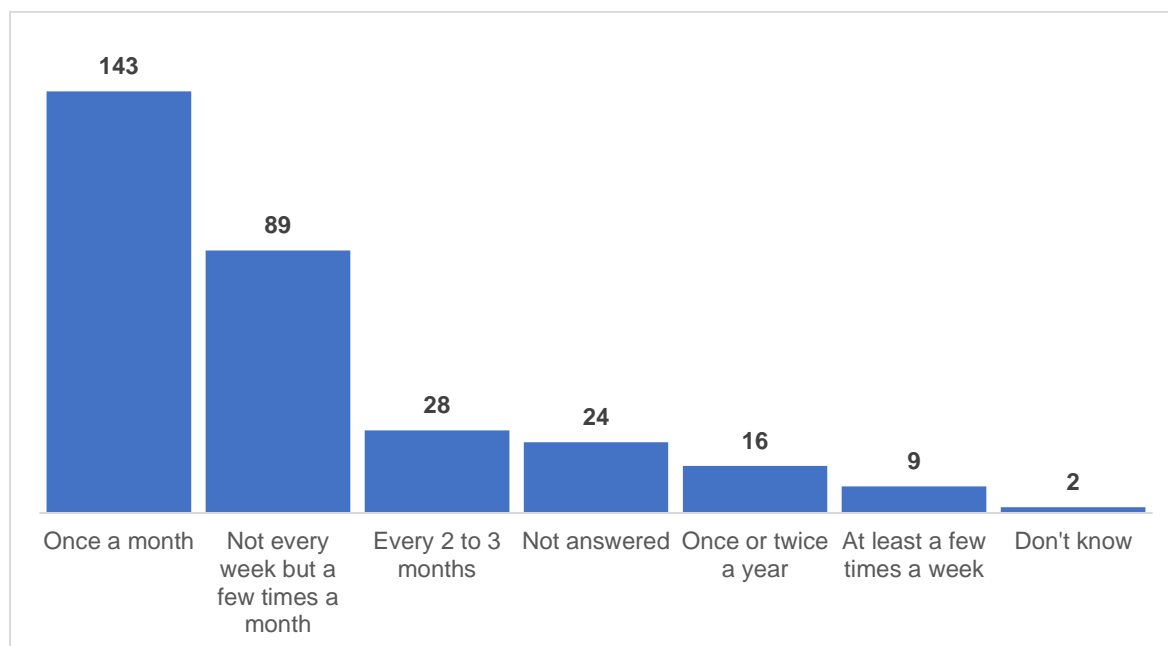


5.1.2 Use of pharmacies

Usage frequency

In terms of pharmacy usage frequency, **143** respondents (**46%**) reported visiting a pharmacy at least once a month, followed by **89** respondents (**29%**) who used a pharmacy a few times a month. These were the most common answers across different age groups and genders. Notably, **9** respondents (**3%**) indicated they visited a pharmacy multiple times per week over the past year.

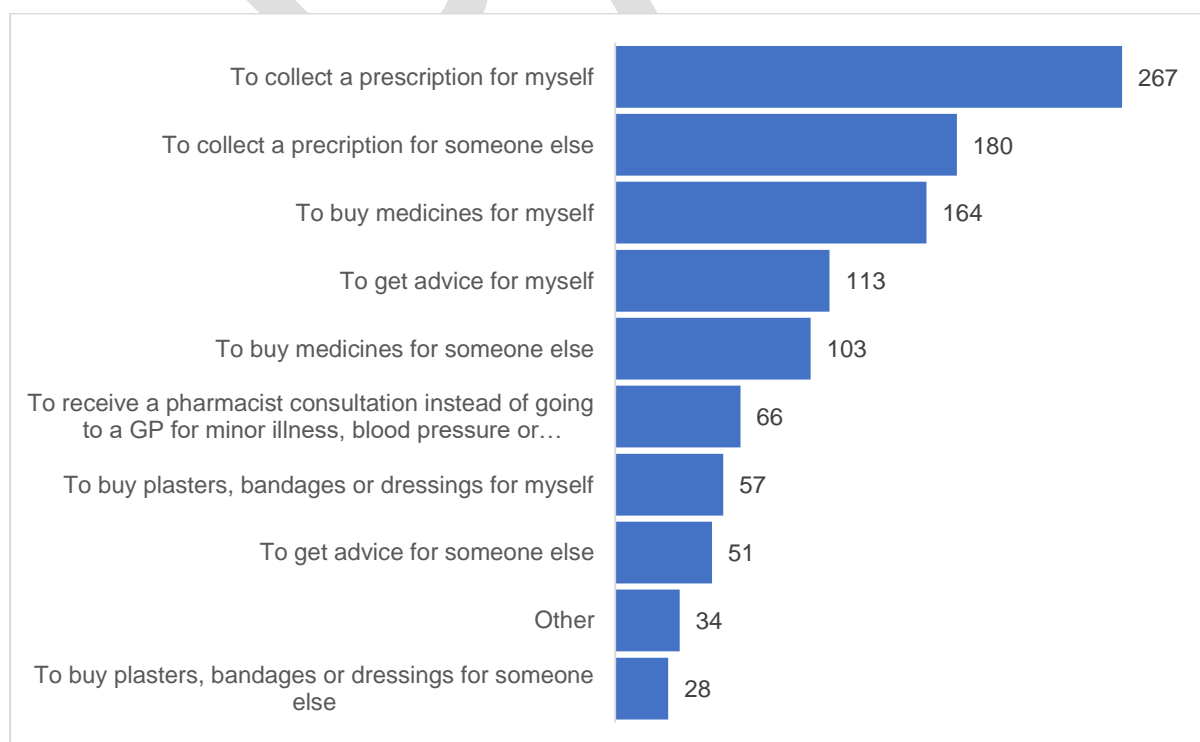
Figure 13: Respondents pharmacy usage frequency.



Reasons for visiting a pharmacy

Of those that visited a pharmacy in the last 12 months, the most common reason was for a prescription collection for themselves. The least common reason was for buying plasters, bandages, or dressings for someone else. Other reasons have included vaccinations (Flu and Covid-19), medication delivery, COVID testing kits, health advice, needle disposal, toiletries and consultations. Respondents could select multiple answers for this question.

Figure 14: Reasons why respondents visited a pharmacy in the last 12 months.



Preferred time to visit a pharmacy

When analysing preferred days and times, Monday emerged as the most popular day for pharmacy visits (**296** responses), while Sunday was the least popular (**244** responses). Excluding ‘no preference’ responses, the most preferred time slot was after 14:00 and before 17:30, and the least preferred was after 12:00 and before 14:00. Specifically, Saturday mornings (09:00 to 12:00) were the most popular combination of both time and day (**62** responses), while Sunday evenings between 17:30 and 21:00 were the least preferred (**13** responses). Respondents could select multiple answers for this question.

Table 28: Respondents preferred days and times to use a pharmacy.

Day	Between 09:00 and 12:00	After 12:00 and before 14:00	After 14:00 and before 17:30	Between 17:30 and 09:00	No preference	Total
Monday	35	20	45	39	157	296
Tuesday	30	17	42	36	156	281
Wednesday	31	19	45	37	156	288
Thursday	30	16	46	36	154	282
Friday	34	18	45	37	155	289
Saturday	62	31	31	17	150	291
Sunday	32	24	20	13	155	244
Total	254	145	274	215	1,083	1,971

Further analysis examined differences in pharmacy use by age and gender. Among age groups, the working age population (20-64 years) favoured Saturdays and later afternoon or evening visits, whereas respondents aged 65 and over preferred weekday mornings.

Females preferred visiting a pharmacy on Saturdays, with Monday as a close second, favouring the time slot between 14:00 and 17:30. For females, the most preferred day and time combination was Saturday mornings from 09:00 to 12:00. In contrast, males preferred Tuesdays, with Fridays as a close second, and favoured the 09:00 to 12:00 time slot. For males, the most preferred day and time combination was Tuesday mornings from 09:00 to 12:00.

Discussing health related problems with a pharmacist

The data indicates that respondents who do speak to a pharmacist when they visit generally feel comfortable discussing health topics, particularly regarding medications and treatments. **192** reported feeling “very comfortable” or “comfortable” when discussing medications, with only a small group (**17**) expressing discomfort.

Discussing sensitive or private health issues with pharmacists elicited the lowest comfort levels among respondents. Overall, while most respondents are open to discussing general health matters with pharmacists, they show some hesitation when it comes to more personal or sensitive health topics.

5.1.3 Choice of pharmacy

Pharmacy of choice

Most respondents (**61%**), regardless of age or gender, demonstrate strong loyalty to a single pharmacy. **26%** of respondents primarily use one pharmacy, but occasionally visit others, while less than **2%** of respondents frequently switch pharmacies. This trend highlights a tendency towards consistency and routine in pharmacy choice. The rest did not answer this question.

Respondents cited several reasons for their pharmacy preference as highlighted in Table 29 Respondents could select multiple answers for this question.

Table 29: Respondents reasons for using their pharmacy of choice.

Why do you use this pharmacy:	Count
It is in reasonable distance from my home or workplace	192
The pharmacy is linked to my GP practice	132
I can order my repeat medicines for this pharmacy using the NHS app	128
The pharmacy provides good advice and information	116
The pharmacy is easy to access and offers face to face consultations	112
They usually have what I need in stock	105
There is a private area if I need to talk to the pharmacist	103
The pharmacy has good opening hours	97
The pharmacy collects my prescriptions or delivers my medicines	52
It's not one of the big chains	49
The pharmacy delivery other extra clinical services which I can use instead of going to a GP	49
It is very accessible, for example it's wheelchair or baby buggy friendly	33
Other (Please state below)	22
It's a well-known big chain	16
It is in reasonable distance from my school, college or university	1

The top three reasons of proximity, GP linkage and NHS app compatibility were consistent across gender. While the same trend is less evident among age groups, proximity still ranked highly in importance. Overall, convenience appears to be a key factor in pharmacy selection for most respondents.

However, **87 (28%)** respondents stated that there is a more convenient or closer pharmacy that they do not use. Respondents shared various reasons for this, with the most common concerns including issues with reliability such as frequent stock shortages and long wait times and prescription errors. Additionally, some local pharmacies were described as lacking key services or facilities such as parking, wheelchair access, or integration with GP surgeries. Personal preference and positive past experiences with specific pharmacies also played a significant role, with some respondents highlights benefits such as home delivery, knowledgeable staff and tailored services. These responses reflect the importance of reliability, accessibility and quality service over mere proximity when choosing a pharmacy.

Accessing their usual pharmacy

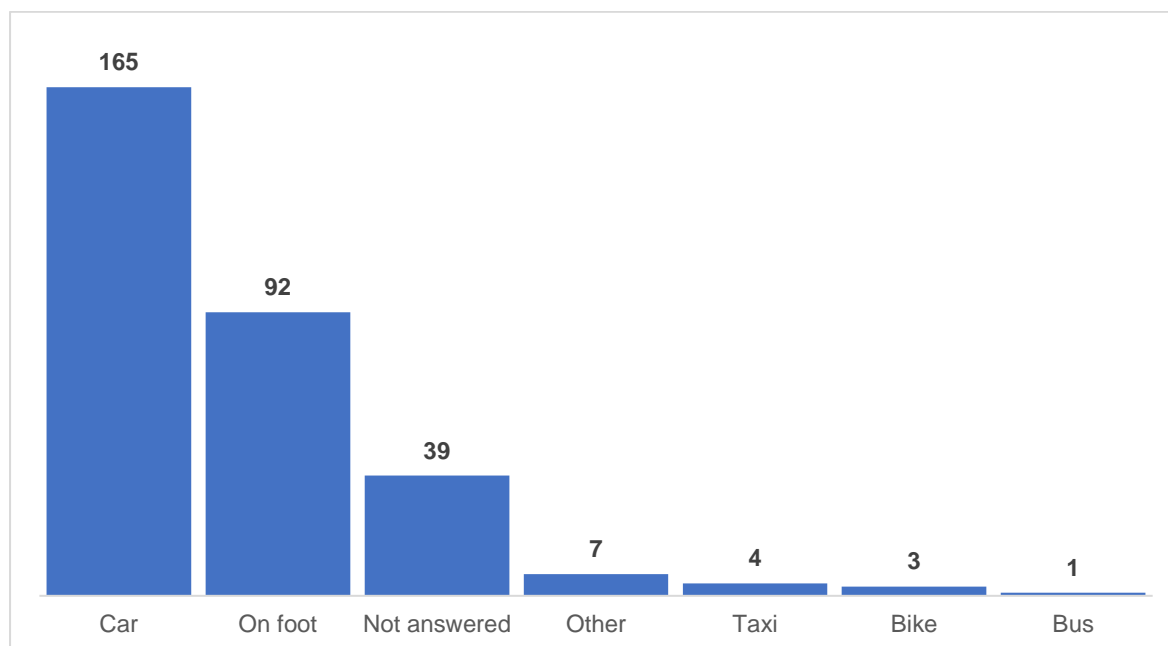
Over the past 12 months, **243** respondents (**78%**) reported being unable to use their usual pharmacy due to unavailability. **68** respondents didn't answer this question. The most common response in this situation was to visit an alternative pharmacy (**103** responses) or choosing to wait until their regular pharmacy reopened (**109** responses).

When asked to give reasons for not using their usual pharmacy, respondents most commonly cited closures as the primary reason, whether due to insufficient opening hours (evenings and weekends) or staff shortages. Many also reported issues with medications being out of stock, long wait times, or specific services being unavailable. In response to this, some turned to alternative services nearby, while others opted for online services for greater reliability and convenience. A few expressed frustrations with poor service, early closures, or delays in fulfilling prescriptions, noting that these issues were recurring and disruptive.

5.1.4 Travelling to a pharmacy

Driving (**53%**) and walking (**30%**) were the most common methods of travelling to a pharmacy, with these preferences remaining consistent across genders and most age groups. Among those aged 20-29, walking was the most common method. Interestingly, males used both driving and walking almost equally as their means of travel to a pharmacy, whilst females showed a strong preference for travelling by car.

Figure 15: Respondents methods of travel to a pharmacy.



When it came to travel times to their pharmacy, **159 (51%)** respondents travel between 5 and 15 minutes, while **72 (23%)** can reach a pharmacy in under 5 minutes. A small group, **37 (12%)** respondents, reported travel times of more than 15 but less than 30 minutes, and only **3** respondents have travel times exceeding 30 minutes.

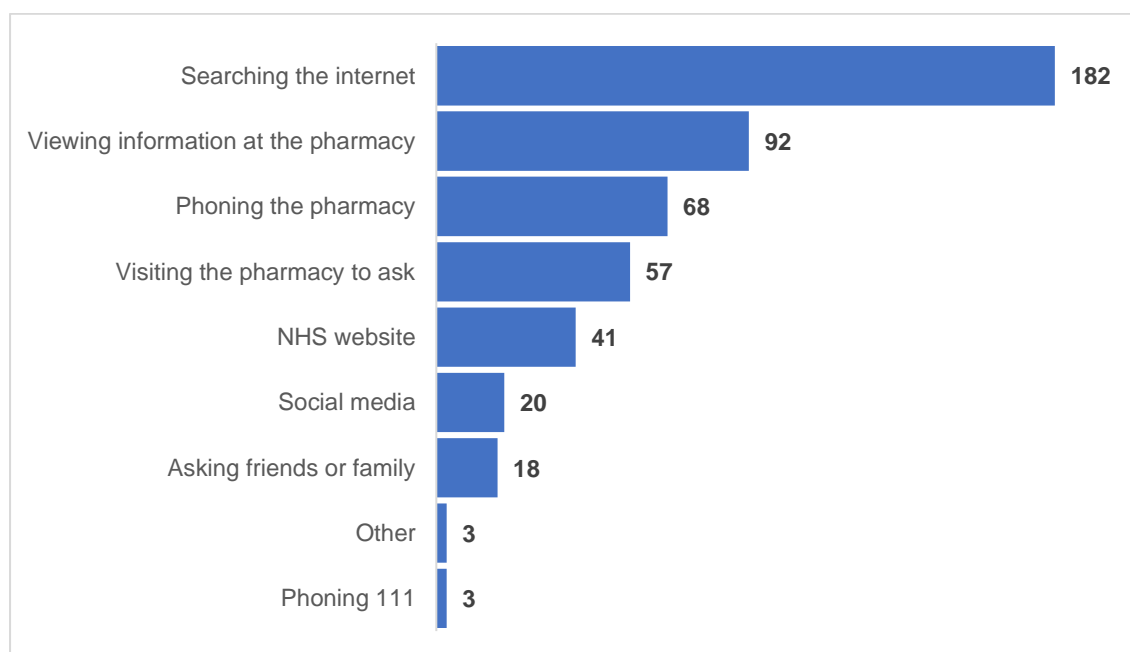
Table 30: Respondents travel times to a pharmacy.

Travel times to a pharmacy	Count
Between 5 and 15 minutes	159
Less than 5 minutes	72
Not answered	40
More than 15 minutes but less than 30 minutes	37
More than 30 minutes	3

5.1.5 Finding information about pharmacies

Searching the internet was the most common method for finding information about a pharmacy, reflecting our increasingly digital world. Pharmacies, however, were a close second when combining various forms of access such as in person visits, phone calls and browsing. This highlights the important role that pharmacies continue to play as a source of information. Respondents could select multiple answers for this question.

Figure 16: How respondents find information about pharmacies.



5.1.6 Themes for feedback provided

Final comments have been grouped by positive, negative and neutral feedback comments. We had **95** respondents leave comments. The themes for each are outlined below, with all comments in Appendix K for reference.

Positive Feedback

Many respondents praised their pharmacy for friendly, knowledgeable and helpful staff, with several mentioning that staff go above and beyond to meet their needs. Respondents appreciated pharmacies that provide quick service, free delivery, and reliable availability of medications. Several individuals also highlighted the convenience of pharmacies linked to GP surgeries and the ease of booking vaccinations like flu and COVID-19. Specific mentions included excellent customer service, familiarity with individual patients and tailored support for elderly or disabled clients. Some described their local pharmacy as a vital community resource, offering a sense of trust and safety.

Negative Feedback

The most common criticisms centred around delays in dispensing prescriptions, often requiring waits of up to a week or more. Others expressed frustration with limited opening hours, especially during weekends and evenings, making access difficult for full-time workers. Some pharmacies were described as poorly managed, understaffed, or disorganised, with complaints about rude or unhelpful staff. Stock shortages and repeated errors, such as giving out incorrect prescriptions, were frequently mentioned. Several respondents criticised the lack of privacy in small pharmacies and noted issues following recent ownership changes, citing declining service quality and poor atmosphere.

Neutral/General Feedback

A number of respondents provided general observations about the need for extended opening hours or improved services, such as recycling blister packs or offering home delivery for the elderly and disabled. Others mentioned occasional inconveniences, like pharmacies being closed during lunch breaks or the lack of messaging services for prescription readiness. Some respondents expressed concerns about the broader healthcare system, questioning the ability of pharmacists to handle certain health issues due to limited training compared to doctors. A few respondents offered mixed reviews, acknowledging good staff service but citing systemic inefficiencies.

5.2 Contractor engagement

Upon analysis, responses from only **7** pharmacies were included. This adjustment was made because **2** pharmacies submitted multiple responses, and the **3** partial responses lacked substantive information beyond confirming their location in North Northamptonshire.

It is important to note that these responses represent only **11%** of 62 community pharmacies in the area. As such, findings cannot be considered fully representative of all pharmacies in North Northamptonshire. While some questions were consistent across both versions of the questionnaire, others were unique to either the initial or revised version. Where relevant, the analysis highlights these differences.

Consultation facilities

When asked about their consultation facilities, **5** pharmacies stated that they have an available consultation area on the premises that is wheelchair accessible, while **2** indicated that their consultation area is not wheelchair accessible.

Additional provisions

Regarding provisions to assist individuals with specific needs, **5** pharmacies reported providing language interpretation services. The languages offered included Hindi, Gujarati, Urdu, Punjabi, Latvian, Russian, Polish, Romanian and Bulgarian. In addition to the language interpretation service, **1** pharmacy also stated to offering a hearing loop service to support individuals with hearing impairments. The remaining **2** pharmacies did not provide a response to the question.

Capacity to meet needs

When asked about their capacity to meet the needs of residents moving into new developments, **3** pharmacies confirmed they have sufficient capacity within their existing premises and staffing levels. While **2** pharmacies indicated they currently lack sufficient capacity, they noted the ability to make adjustments to manage. Another **2** pharmacies stated they do not have adequate premises and staffing capacity and would face difficulties in managing.

Gaps in service provision

In the first questionnaire, pharmacies were asked about any gaps in service provision. Only 1 pharmacy provided feedback, stating that they often do not open on time, close early, or delay prescriptions, with wait times for prescriptions sometimes extending up to 10 days. The other pharmacy did not respond to this question.

DRAFT

6. Discussion and Statements

This PNA has collected a range of information to assess how pharmaceutical services can meet the health needs of North Northamptonshire's population over the next three years. The Steering Group used the national PNA guidance to determine the types of gaps which would be analysed and described in the PNA statements. The gaps analysis covered gaps in location of premises, provision of services, and times or days at which services are provided. It was noted this approach does not identify other barriers to access as a gap in provision. However, there are important insights related to inequalities in access to services that have been collected and therefore recommendations to wider system partners based on this are also included. This section presents the statements of the PNA and the additional recommendations. The key findings and statements are based on information collected during the PNA process and should be understood within the strengths and limitations of the needs assessment.

The strengths of the PNA include a robust methodology following the national guidance, and good engagement achieved through a steering group membership covering key system stakeholders. The limitations of the PNA include the low response rate to both engagement surveys, reducing the generalisability of the survey results. There have also been changes in availability of relevant data since the last PNA: the establishment of a unitary authority has resulted in fewer data sources available at a level below the unitary level; and changes in the availability of pharmaceutical data has resulted in a reduced understanding of the local demand for National Advanced and National Enhanced services.

6.1 Necessary services: current provision

The Health and Wellbeing Board have identified and detailed in section 3.1, the current provision of necessary services within the area of the North Northamptonshire. The Health and Wellbeing Board have identified and detailed in section 3.2, the current provision of necessary services outside the area but which nevertheless contribute towards meeting the need for pharmaceutical services in its area.

6.2 Other relevant services: current provision

The Health and Wellbeing Board have identified and detailed the current provision of other relevant services in section 3.3.

6.3 Other NHS services

The Health and Wellbeing Board have identified and detailed other NHS and non-NHS services which affect the demand for pharmaceutical services in North Northamptonshire in section 4.

6.2 Necessary services: gaps in current provision

This section presents the assessment of location, travel time and opening hours (in relation to premises and services) in determining the extent to which the current provision of necessary services meets the needs of the population.

The entire population of North Northamptonshire is able to access a pharmacy within 20 minutes by car, both within and outside of rush hour travel times. Only a small area of North Northamptonshire is not within 20 minutes of a pharmacy by car, but this area does not have a resident population and is only green space. The findings from the public engagement survey support this, with most travel to a pharmacy reported as via walking or travelling in a car. Most respondents also reported a travel time within 15 minutes. A small number of respondents noted travel times over 30 minutes, however another finding of the survey was that proximity was not the main driver of pharmacy choice. This indicates to the Health and Wellbeing Board that there is sufficient access to pharmacy premises in North Northamptonshire and therefore sufficient access to the National Essential Services.

Access to seven necessary services beyond the National Essential Services, were also found to sufficient by the Health and Wellbeing Board. Pharmacy data showed that all seven necessary services are available in each of the four localities within North Northamptonshire. **5** of these necessary services are available in most (above **80%**) of pharmacies: Flu Vaccination Service, New Medicine Service, Hypertension Case-Finding Service, Pharmacy First Service and the Lateral Flow Device service. A further two services have lower but still sufficient coverage given the geographic spread, the COVID-19 Vaccination Service (**48.4%** of pharmacies) and the Pharmacy Contraception Service (**54.8%** of pharmacies).

All pharmacies are open for 40 hours a week, therefore the Health and Wellbeing Board is satisfied there is sufficient access to necessary services during normal working hours.

Taking into account the above information, the health and wellbeing board is satisfied there are no current gaps in the provision of necessary services that have been identified.

6.3 Improvements and better access: gaps in current provision

This section presents the assessment of location, travel time and opening hours (in relation to premises and services) in determining the extent to which improvements and better access to the current provision of necessary services and other relevant services could meet the needs of the population.

Public transport access to pharmacies is generally within 20-minutes within urban areas in North Northamptonshire. There are significant rural areas where access to pharmacies using public transport is longer than 20-minutes. However, according to the public engagement survey the choice of travel to a pharmacy using public transport was very low. There was no information available at the time of analysis on public transport routes in North Northamptonshire. There was also no data collected expressing a demand for pharmacy access via public transport in rural areas. Based on this information, no gap in provision has been identified.

For other relevant services, there is provision of the Smoking Cessation Service across all four localities. The Stoma Appliance Customisation service is not provided in the localities of Wellingborough or East Northamptonshire. The Covid Medicines Unit Delivery Service is not provided in East Northamptonshire. Only one, the

Appliance Use Reviews service is not provided anywhere in North Northamptonshire. There was insufficient information available to quantify the demand for these services, no information available on the provision of these services outside of the Health and Wellbeing Board area that would remain within a 20-minute travel time for residents of North Northamptonshire. Given the data available in this report, the Health and Wellbeing Board does not have sufficient evidence to identify a gap in provision.

When reviewing supplementary hours, each locality has community pharmacy provision that is open during the weekday evenings and on a Saturday. Most localities also have pharmacy provision on a Sunday; however East Northamptonshire does not have community pharmacy provision on a Sunday. The locality of East Northamptonshire also has a lower level of pharmacy provision available on weekday evenings, compared to the other locality areas. The public engagement indicated equal demand for pharmacy provision on a Sunday, with feedback that current hours made access difficult for those of working age. These responses did not provide detail on the location, services or times required. It is noted that East Northamptonshire is a mostly rural locality, with some areas over 20-minute drive to other large towns.

Taking into account the above information, the Health and Wellbeing Board is satisfied that better access to necessary services would be secured by their provision in East Northamptonshire on a Sunday.

6.4 Necessary services: gaps in future provision

This section presents the assessment of projected future population changes and new housing developments (in relation to premises and services) in determining the extent to which the provision of necessary services meets the future needs of the population.

The projected population change in North Northamptonshire indicates a large increase in the older population, particularly those aged 80 years and above. As the literature search results indicated, older people are more likely to experience multiple health conditions. Many of the common conditions experienced by older people likely entail multiple prescriptions and support from pharmaceutical services such as: Repeat Dispensing; Discharge Medicine Service; Flu Vaccination Service; COVID-19 Vaccination service; Lateral Flow Device Service; and New Medicine Service. There was no information reported on these other relevant services in the engagement surveys, apart from feedback that the provision of vaccination in pharmacies was a positive. The current provision of these services was deemed sufficient, and there was not sufficient information to indicate these services would not meet future demand.

The Health and Wellbeing Board is satisfied that this is not a gap. It is noted that provision for this population group and these services should continue to be a focus for review within the next cycle.

6.5 Improvements and better access: gaps in future provision

This section presents the assessment of projected future population changes and new housing developments (in relation to premises and services) in determining the extent to which improvements and better access to the provision of necessary services and other relevant services could meet the future needs of the population.

North Northamptonshire is expected to see **13,600** new homes in the next five years, with a significant concentration of developments in Kettering, accounting for one-third of all new housing projects locally. In line with the other locality areas, Kettering is expected to see **51%** of this growth over the next three years, with a larger increase in housing growth projected over the first two years of the next PNA cycle. The contractor engagement yielded capacity concerns within Kettering in a small number of pharmacies. They indicated they do not have adequate premises and staffing capacity, and that they would face difficulties in managing additional demand. Another pharmacy reported that they often do not open on time, close early or delay prescriptions, with wait times extending up to ten days. Although concerns some pharmacies have reached capacity, they represent a small number of the total provision of pharmacy services in Kettering locality. The low response rate to the survey was noted, however there is not sufficient evidence at present to identify a future gap in provision of necessary services.

In the town of Rothwell, there are approximately **285** housing developments over the next three years. Currently, there are **2** pharmacies in Rothwell, one of which has stated they do not have capacity and would have difficulty managing additional demand. Our understanding of capacity across other pharmacies is limited, due to the low response rate of the contractor engagement, as such there is no further evidence of pharmacies at capacity. Despite the housing increase in the town of Rothwell, residents are within the 20-minute travel time by car of the large urban towns of Corby and Kettering and have access to pharmacy provision there. Given this agreed travel time parameter a gap has not been identified.

There was no information that indicated future population changes or new housing developments would impact on the demand for other relevant services.

Taking into account the above information, the Health and Wellbeing Board is satisfied that there is not a gap in provision that would secure improvements or better access to pharmaceutical services in the future.

6.6 Broader access considerations for system partners

This section presents some recommendations based on information collected which provides insights for system partners on broader factors which impact accessibility of pharmacy services. Key recommendations include:

- Enhancing pharmaceutical services with private consultation spaces to support inclusivity for individuals undergoing gender reassignment.
- Ensure accessible premises for individuals with disabilities.
- Promoting understanding of health inequalities and language needs to improve health promotion efforts among different ethnic groups.

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- Addressing health inequalities and barriers to health services, particularly vaccination uptake, among various religious groups.
- Improving sensitivity and awareness regarding LGBT issues.
- Enhancing awareness of, and attitudes toward, Gypsy, Roma and Traveller communities, as well as sex workers.

Overall, these recommendations can be considered by a range of system partners when addressing equitable access to services in North Northamptonshire.

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7. Conclusion and next steps

This PNA assesses how pharmaceutical services can meet the health needs of North Northamptonshire's population over the next three years. A system-wide steering group oversaw the process to produce this PNA, on behalf of the North Northamptonshire Health and Wellbeing Board. The report presents findings and statements in relation to identifying potential gaps in provision and whether additional premises or services, or improvements to existing services, are needed to enhance access. The report also presents broader recommendations for system partners when considering inequalities in access to services for different population groups.

This PNA has identified a gap in pharmaceutical provision in East Northamptonshire on Sundays. It also highlights considerations related to the ageing population and housing developments in Kettering, though no gaps have been identified within the life cycle of this document. Additionally, this PNA offers recommendations and insights for system partners regarding broader factors that affect the accessibility of pharmacy services.

This PNA covers a three-year period. As per the 2013 regulations, the North Northamptonshire Health and Wellbeing Board are required to publish the subsequent PNA within three years of this PNA's publication date. The next PNA is required to be published in June 2028. It is the responsibility of the Health and Wellbeing Board to determine whether a supplementary statement should be issued when notified of changes to pharmaceutical services by Primary Care Support England or NHSE. Supplementary statements will be published with this PNA when necessary.