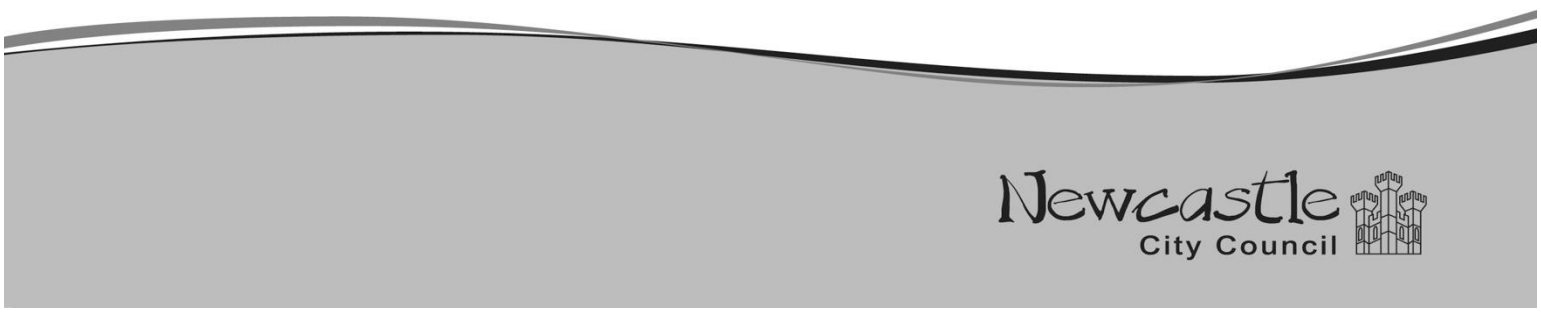
Pharmaceutical Needs Assessment 2025-2028


Newcastle
City Council

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Executive summary

Chapter 1 Introduction:

The purpose of this document is two-fold:

- To determine if there are sufficient community pharmacies to meet the needs of the population of Newcastle
- To determine other services which could be delivered by community pharmacies to meet the identified health needs of the population.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating Pharmacy Needs Assessments (PNAs) to Health and Wellbeing Boards, who were obliged to produce an updated PNA by 1st April 2015 and refresh it every three years. The PNA 2025-2028 is due for publication 1st October 2025.

The North East and North Cumbria Integrated Care Board (NENC ICB) will use this PNA to help inform decisions related to applications for new pharmacies and to determine the need for new pharmacies and/or extended hours. Newcastle's Health and Wellbeing Board partners will use this PNA to inform the commissioning of services from Newcastle pharmacies to meet the needs of the local population.

Chapter 2 Pharmaceutical needs assessment process:

A brief overview of the methodology adopted in bringing together the information contained within the PNA is described. Existing service provision by community pharmacy has been assessed, for the purposes of this PNA, through a combination of these main data sources:

- A survey of public views of community pharmacy provision (conducted on behalf of the Health and Wellbeing Board in 2024/5).
- Newcastle PNA pharmacy survey (a questionnaire sent to all practicing pharmacies in the city).
- Existing commissioning data held by the Local Authority and NENC ICB.

This section also describes the formal consultation on the draft PNA and the relevant stakeholders with which the draft was shared. The consultation sets out to determine:

- Whether the PNA provides a good reflection of the current pharmacy provision in Newcastle.
- Whether there are sufficient community pharmacies to meet the needs of the population.

Chapter 3 Identified health needs:

This chapter identifies an overview of the broad health needs of Newcastle's population. The population profile includes current and projected populations, ethnicity, long-term conditions or disability, carers, deprivation, life expectancy and disease prevalence.

Lifestyle factors that impact on health and wellbeing are described, including smoking and vaping, substance use (drugs and alcohol), obesity, sexual health and teenage conceptions. Immunisation, vaccination and screening programmes available in the city are described, in addition to an analysis of uptake levels. Future housing and planning developments are described and considered in relation to local pharmacy provision.

The information within this section helps contextualise the development of pharmacies as prime providers of accessible support from within local communities.

Chapter 4 Current provision of pharmaceutical services:

This chapter defines the range of pharmaceutical services available in Newcastle, including essential, advanced and enhanced services provided under the NHS Community Pharmacy Contractual Framework. Services are delivered by a mix of community pharmacies, one distance selling pharmacy, and one dispensing appliance contractor.

The majority of community pharmacies in Newcastle operate a 40-hour contract, with one pharmacy operating under a reduced 72-hour model following changes to the 100-hour contract regulations. Most pharmacies also provide supplementary hours, with changes to core or supplementary hours requiring notification or approval from NENC ICB.

Government initiatives such as Pharmacy Access Scheme, planned changes to pharmacy supervision, and the introduction of the hub and spoke model and independent prescribing are discussed for their potential impact on future service delivery.

Chapter 5 Access to pharmacies in Newcastle:

This chapter examines the geographical and physical accessibility of pharmaceutical services across the city. It details pharmacy numbers by locality, access on foot and via public transport, and opening hours across weekdays and weekends.

In Newcastle, there are currently 56 dispensing contractors providing pharmaceutical services, made up of 54 community pharmacies, 1 dispensing appliance contractor and 1 distance selling pharmacy.

Since the previous PNA, Newcastle has seen seven pharmacy closures and one new opening, alongside several ownership changes and relocations. While most areas of the city remain well served, analysis of pharmacy locations, public transport links, and travel times identified access issues in specific wards.

Notably, recent pharmacy closures in Elswick, Kenton, and Heaton have led to reduced access in these areas, particularly affecting residents without access to a car, those with disabilities, and those living in areas of higher deprivation. In Heaton, access issues are compounded by a previous closure in the neighbouring Manor Park area.

These access gaps were also highlighted in public feedback and support the Health and Wellbeing Board's previous decision to issue supplementary statements following these pharmacy closures.

Chapter 6 Pharmaceutical services:

This chapter describes the Essential, Advanced and Enhanced services provided through community pharmacies in Newcastle.

All Essential services are delivered city-wide, including dispensing, repeat dispensing, health promotion, and the disposal of unwanted medicines.

Advanced services, such as the New Medicine Service, Hypertension Case-Finding, Influenza Vaccination, and the newly introduced Pharmacy First and Pharmacy Contraception Service, are offered by the majority of pharmacies. Uptake of services varies by locality and provider, influenced by available workforce, space and public awareness. The chapter also outlines the provision of the Smoking Cessation Service, Appliance Use Reviews, Stoma Appliance Customisation, and the COVID-19 Vaccination Programme.

Chapter 7 Locally commissioned services:

This chapter outlines the range of pharmacy services commissioned locally by the North East and North Cumbria Integrated Care Board and Newcastle City Council. These services aim to improve public health, with a particular focus on vulnerable populations and improving access to healthcare through pharmacies.

Newcastle City Council commissions providers which sub-commission the following services to be provided by pharmacies: Needle exchange, supervised consumption of opiates, emergency hormonal contraception (EHC), C-card scheme and stop smoking services. There is limited provision of needle exchange, C-card scheme and stop smoking advisors in the city, and good provision of supervised consumption, EHC and stop smoking supply services.

North East and North Cumbria ICB commission pharmacies to provide the "Think Pharmacy First" minor ailment scheme, the specialist drug service, and the maternal smoking e-voucher service.

Chapter 8 Current and future pharmacist role:

Pharmacists in Newcastle are increasingly contributing to the wider health system, with roles evolving beyond traditional dispensing to include clinical services and public health interventions. The growing portfolio of advanced and enhanced services places community pharmacy as a key access point for primary care.

National policy developments such as the expansion of independent prescribing and Pharmacy First support the strategic aim of making greater use of pharmacists' clinical skills. However, challenges remain around digital integration, staff training, infrastructure and public understanding of pharmacists' capabilities. The chapter highlights opportunities to further develop pharmacy-led care, contributing to reduce system pressures such as GP access and urgent care demand.

Chapter 9 Conclusions and recommendations:

While pharmacy provision across Newcastle is generally good, this chapter identifies specific gaps in access following recent pharmacy closures. Closures in Elswick, Kenton and Heaton wards have created areas where residents, particularly those with disabilities, without access to a car, or living in areas of high deprivation, face increased travel distances to the nearest pharmacy. In Heaton, the issue is compounded by a previous closure in Manor Park, creating a substantial area without adequate weekday pharmacy access.

The Health and Wellbeing Board has determined that new provision is needed in these three wards to meet the current need for essential services. These findings are supported by public engagement, which also highlighted concerns about reduced opening hours, a lack of clear service information, and inconsistent provision.

The PNA makes the following statements:

Current provision of Necessary Services

- There is a current need for a pharmacy located either in the northern part of Heaton ward, or the southern part of Manor Park ward, to provide Essential services, Monday to Friday between 9.00 and 17.00.

  It is noted that an application to open a new pharmacy in this location has been approved, following successful appeal through NHS Resolution. Once the new pharmacy subsequently opens, then this gap in current provision would be filled.

- There is a current need for a pharmacy in Kenton ward, located in the northern part of the ward, to provide Essential services, Monday to Friday between 9.00 and 17.00.

  It is noted that an application to open a new pharmacy in this location has been approved, following successful appeal through NHS Resolution. Once the new pharmacy subsequently opens, then this gap in current provision would be filled.

- There is a current need for a pharmacy located in Cruddas Park within Elswick ward, to provide Essential services, Monday to Friday between 9.00 and 17.00.

  It is noted that an application to open a new pharmacy in this location has been received by NENC ICB. Should this or any future application be successful, and a new pharmacy subsequently opens, then this gap in current provision would be filled.

- Other than the above, there are no gaps in the current provision of Necessary services in Newcastle to meet the needs of the population.

Future provision of Necessary Services

- No gaps have been identified in the need for pharmaceutical services in future circumstances across Newcastle

Improvements and better access

- There are no gaps in the provision of Advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Newcastle.
- There are no gaps in the provision of Enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Newcastle.
- Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future (lifetime of this PNA) circumstances across Newcastle to meet the needs of the population.

Chapter 10 Equality impact assessment:

The PNA seeks to improve access to pharmacy services for all sectors of the population, with an emphasis on meeting the needs of specific groups. The PNA gives the Local Authority the opportunity to highlight ways to enhance available services to a wide range of target groups including those covered by the Equality Act.

Introduction

1.1 What is the Pharmaceutical Needs Assessment

A pharmaceutical needs assessment (PNA) describes the health needs of the population, current pharmaceutical services provision, and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of the strategic plan, while taking account of financial constraints.

The PNA will be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information.
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need.
- Support commissioning of high-quality pharmaceutical services.
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the joint strategic needs assessment.
- Facilitate opportunity for pharmacists to make a significant contribution to the health of the population of Newcastle

This is not a stand-alone document and is aligned with Newcastle's Joint Strategic Needs Assessment (JSNA)[1]. It will be used as a tool to inform future service developments aimed at meeting the objectives of the strategic plan, e.g. delivering care in the most appropriate setting, reducing reliance on hospital care, supporting those with long term conditions, promoting wellbeing and preventing ill-health, and improving access to primary care.

1.2 Overview of NHS services provided by pharmacies

There were 12,009 active community pharmacies in England during 2023/24 providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for approximately 90% of total turnover[2].

Community pharmacies in England provide a range of services including:

- Dispensing and repeat dispensing medicines
- Support for self-care
- Signposting
- Healthy Living Pharmacies

[1] Joint Strategic Needs Assessment (JSNA) | Newcastle City Council

[2] (2025) Community Pharmacy England - Funding. Available at: https://cpe.org.uk/learn-more-about-community-pharmacy/funding/ (Accessed: 09/01/2025)

- Signposting patients to other healthcare professionals
- Participation in set public health campaigns (to promote healthy lifestyles)
- Disposal of unwanted medicines
- Discharge medicines service
- Dispensing of appliances (in the “normal course of business”)
- Promotion of healthy lifestyles (Public Health)

Key findings of the General Pharmaceutical Services in England 2015/16-2023/24 report[3] indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.

- 1.11 billion prescription items were dispensed by community pharmacies in England in 2023/24. This is a 3% increase from the number of items dispensed in 2022/23, and an 12% increase since 2015/16.

    - England’s population increased by 1% between 2022 and 2023, and 5% between 2015 and 2023[4]. The increase in prescribed items within these time periods was substantially greater than the increase in population size.

- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96% of all items dispensed in the year. This is an increase of 61% from 2015/16.

- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. This was an increase of 5% from £9.72 billion in 2022/23 and a nine-year high.

- 3.77 million seasonal influenza vaccines were administered by community pharmacies in 2023/24. This was a 25% decrease from the 5.01 million vaccines administered in 2022/23, but a 534% increase on the 595 thousand vaccines administered in 2015/16. In addition, towards the end of 2020/21 community pharmacies began providing COVID-19 vaccinations, which is now a national Enhanced service.

- Pharmacy First, an Advanced service which was introduced on 1st February 2024, continues to grow with over 750,000 interactions nationally in September 2024

[3] NHSBSA Report - General Pharmaceutical Services in England 2015/16 – 2023/24 https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gphs_annual_2023_24_v001.html

[4] Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland - Office for National Statistics

compared with an average of 141,000 per month in the first 3 months of February – April 2024.

Over 95% of community pharmacies now have a private consultation room from which they can offer advice to patients and a range of nationally commissioned services such as vaccine administrations and private, personal discussions regarding medicines. Many pharmacies are also commissioned to offer public health services by local authorities and the NHS.

1.3 Community Pharmacy Contractual Framework

The Department of Health and Social Care (DHSC), NHSE and Community Pharmacy England (previously known as the Pharmaceutical Services Negotiating Committee (PSNC)) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual Framework (CPCF)[5] which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan.

In April 2025, agreement was reached between DHSC, NHSE and Community Pharmacy England (CPE), on the funding arrangements for both the CPCF for 2024 to 2025 and 2025 to 2026, and Pharmacy First[6]. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace. Contractual arrangements post April 2026 have yet to be agreed.

The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1st April 2025. The criterial focus included:

- Being signed up to deliver Pharmacy First pathway and the pharmacy contraception service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training.
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years

Section 5 within this PNA describes these clinical services in more detail.

[5] Community Pharmacy Contractual Framework: 2019 to 2024: https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

[6] Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026: https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026

1.4 Market Entry

Community pharmacies are not a direct part of the NHS but provide Essential services on behalf of the NHS to the general public. If a person (a pharmacist, dispenser of appliances or in some areas a GP) wants to provide NHS pharmaceutical services they are required to apply to the NHS to be included on a pharmaceutical list. This is commonly known as the NHS "market entry" system. In Newcastle, pharmaceutical lists are compiled and held by North East and North Cumbria Integrated Care Board (NENC ICB).

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[7] a person i.e., a pharmacist, a dispenser of appliances or, in some rural areas, a GP, who wishes to provide NHS pharmaceutical services must apply to Primary Care Support England (PCSE) to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e. internet or mail order only) basis.

The regulations allow an automatic exemption for distance selling/internet-based pharmacies to the regulatory test, provided that they provide:

- The uninterrupted provision of Essential services, during the opening hours of the premises, to persons anywhere in England who request those services.
- The safe and effective provision of Essential services without face-to-face contact between any person receiving the services, whether on their own or on someone else's behalf, and the applicant or the applicant's staff.

There are five types of market entry application that can be made to be included on the NHS Pharmaceutical List. These are:

- To meet a current need identified in the PNA
- To meet a future need identified in the PNA
- To improve current access
- To improve future access
- To fulfil an unforeseen benefit, where the applicant provides evidence of a need that was not foreseen when the PNA was published.

In December 2016, following the consultation on community pharmacy 2016/17, amendments to the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013[8] came into force which facilitate pharmacy business consolidations from two sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two

[7] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: https://www.legislation.gov.uk/uksi/2013/349/contents

[8] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: https://www.legislation.gov.uk/uksi/2013/349/contents

pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

It is essential that Health and Wellbeing Boards (HWBs) are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned to support more effective patient care.

Pharmaceutical needs assessment process

2.1 Identification of health need

Newcastle upon Tyne is working towards becoming a Marmot City; the 'Marmot Eight' principles are to be covered in the assessment and identification of health need[9]. Newcastle City Council is committed to implementing a 'Health Equity in All Policies' approach throughout the organisation, ensuring that the health and wellbeing of residents is central to all work, including the PNA.

It is important to note that population health needs across the city of Newcastle are already identified as part of the HWB JSNA. The JSNA seeks to provide an integrated, coherent and evidence-based means for partners to work together to determine priorities in the city. This includes detailed assessment of the health and wellbeing needs of the city, including the key causes of ill health and premature mortality, and the contribution of lifestyle factors to these. This document is a "living document" and is continually updated as and when new information becomes available[10].

Newcastle City Council's public health team have worked in collaboration with various stakeholders within the local authority and at other commissioning organisations to provide additional understanding of these identified health needs specifically in relation to community pharmacies. To develop this iteration of the PNA, an independent subject matter expert organisation was commissioned - North of England Care System Support (NECS) – to support the public health team to identify issues that affect the commissioning of community pharmacy services and to identify priorities for the future provision of community pharmacy services.

It is important to note that not all health needs identified by this document will necessarily be met by community pharmacy in the future. It is for commissioners and pharmacy leaders to decide which needs articulated within this PNA can best be met by community pharmacy in Newcastle.

2.2 Assessment of current pharmaceutical service provision

A steering group consisting of Newcastle City Council's public health and planning teams, NECS, NENC ICB, Healthwatch Newcastle and the Local Pharmaceutical Committee was established to oversee the process. For full membership of the group, see Appendix 5.

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well-researched, well-considered and robust PNA, building on expertise from across the local healthcare community. Establishing the group ensures that

[9] Marmot Places - IHE

[10] Joint Strategic Needs Assessment (JSNA) | Newcastle City Council

the views of the main stakeholders are considered throughout the process of writing the document.

Information was also gathered from a number of other sources, including NHS England, Commissioners, Public Health Observatory, Local Pharmaceutical Committee.

2.3 Localities

Newcastle City Council's public health team undertook work to update the designated localities which have been used throughout previous PNAs to aid the discussion in the document and aim to support future commissioning decisions. The localities were determined by looking at the ward level population, the population size, Index of Multiple Deprivation (IMD) score for each ward and geographical location. Each locality had an average of 51,000 residents[11], as shown in Table 1 and Figure 1.

Table 1: Population estimates by locality. Source: ONS mid-year population estimates, 2022

Locality	Population estimate
Central	40,760
Inner East	53,164
Inner West	52,403
North	59,198
Outer East	47,535
Outer West	54,505
Total	*307,565*

[11] Ward-level population estimates (official statistics in development) - Office for National Statistics

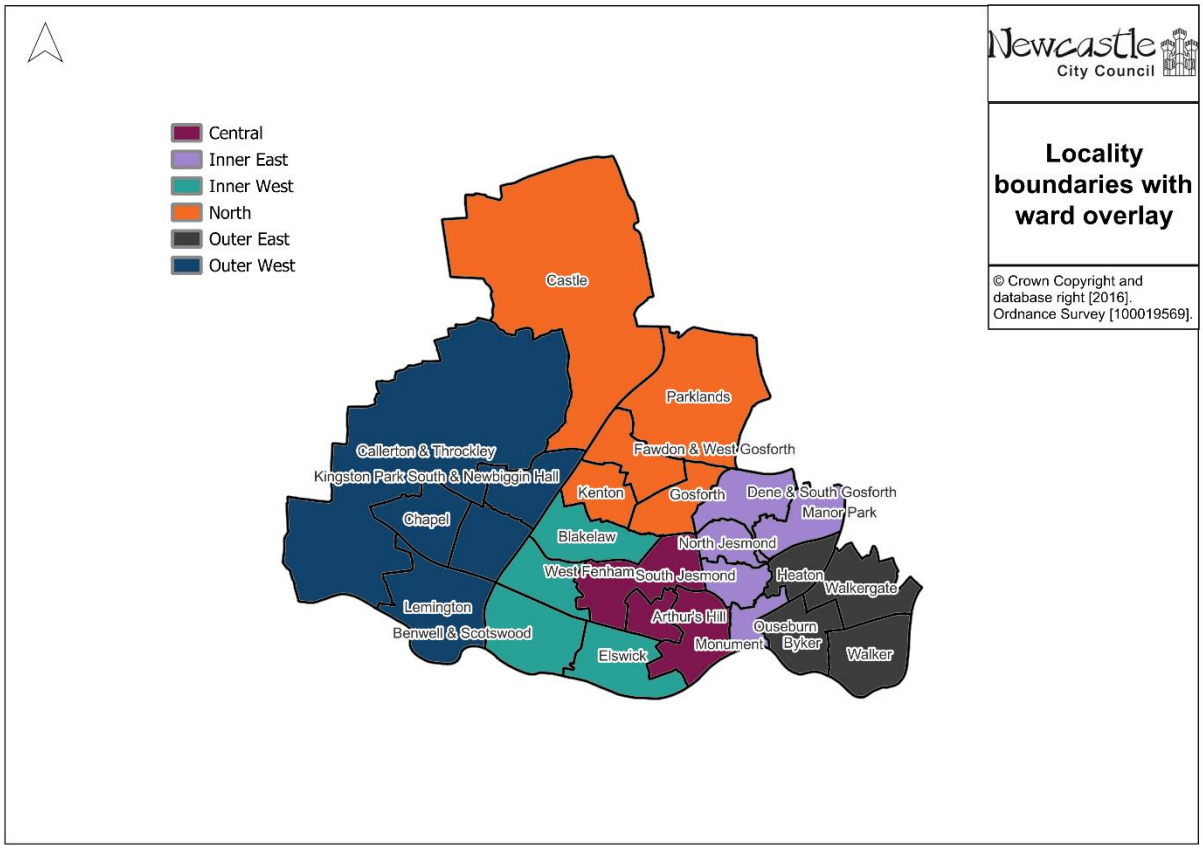

Figure 1: Locality map of Newcastle. Source: Newcastle City Council

2.4 Necessary pharmaceutical services

The 2013 regulations require the HWB to include a statement of Necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, the HWB has agreed that, as in the previous PNA, Necessary services are defined as the Essential services in the NHS Community Pharmacy Contractual Framework. Essential services are mandatory for community pharmacies.

At the time of publication, the Essential services are:

- Dispensing medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health)
- Signposting
- Support for self-care

- Healthy Living Pharmacies
- Discharge medicines service
- Dispensing of appliances (in the "normal course of business")

2.5 Other relevant services

Pharmaceutical services not included as Necessary services have been deemed by the HWB as other relevant services. These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision contributes to meeting the health and wellbeing needs of the population. The provision of these has secured improvements, or better access, to pharmaceutical services for the population of Newcastle.

The HWB has determined that relevant services for the purposes to this PNA are Advanced services and Enhanced services within the NHS Community Pharmacy Contractual Framework. These are:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- The COVID-19 Vaccination Programme

The HWB has also determined that services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

The statement of pharmaceutical needs in Section 9 is based on this definition of other relevant services.

2.6 Other NHS services

Other NHS services that the HWB considers affect the need for pharmaceutical services are deemed to be:

1. those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:

- hospital pharmacies
- personal administration of items by GP practices
- public health services commissioned by the local authority
- ICB-commissioned pharmacy services (as this reduces the need for such services to be commissioned as national enhanced services):

2. NHS services that increase the demand for pharmaceutical services including:

- GP out of hours services (where a prescription is issued)
- walk-in centres and minor injury units (where a prescription is issued)
- community nursing prescribing
- dental services.

The statement of pharmaceutical needs in Section 9 is based on this definition of other NHS services.

2.7 Public and healthcare engagement

2.7.1 Public survey regarding local pharmacy services

A public survey ran from 17th December 2024 – 31st January 2025, seeking to gain insight into the public's perspective on pharmacy services and provision in Newcastle. The survey was hosted on Let's Talk Newcastle, the Local Authority's public consultation platform. All members of Let's Talk Newcastle were invited to take part in the survey. The survey was also distributed widely to relevant stakeholders and partners throughout the city, including Newcastle City Council's Community Champions Network and Connected Voice. The full distribution list can be found in Appendix 2 - Public Survey and Analysis of Results. The survey was based on Microsoft Forms and was also available in an Easy Read format.

The responses from the survey help to identify gaps in provision, accounting for changes to provision over the previous three years. They aid understanding of the health needs of Newcastle's population, the scale and accessibility of pharmacy services in Newcastle, and how these services can be maintained or developed to better meet the needs of residents.

Of the respondents that declared their gender, 73% were female and 27% male. Participants were aged between 18-75+ years, with a most common age of 55-64 years of age (25% of respondents). The majority of participants described their ethnicity as White (English/Scottish/Welsh/Northern Ireland/British).

Of the 245 respondents, 210 provided the first half of their postcode. 187 postcodes provided were located within Newcastle, the most common of which was NE6 (covering Byker, South Heaton, Walker, Walkergate, Ouseburn, South Jesmond). The 23 responses from those reporting a postcode outside of Newcastle were included within analysis, as respondents may use a pharmacy within Newcastle when in the area for work, leisure, etc.

Most respondents attended their pharmacy approximately once per month, attending on weekdays between 9am and 6pm. The majority of participants felt "happy" or "very happy" with their current pharmacy (71%), and felt either "satisfied" or "very satisfied" that their pharmacy met their current needs (70%). Pharmacy users typically use the pharmacy for themselves (94%), or a family member (54%), with users travelling to the pharmacy by walking (60%) or by car (52%) with an average journey time of 0-15 minutes.

111 of the 245 participants reported a change in their pharmacy services recently (45%). 14 discussed positive changes, primarily that more services were offered, an updated digital system, and the introduction of pharmacy first. 86 respondents discussed negative changes occurring, primarily in their local pharmacy closing down (n=61), reduced opening hours (n=9) and increased waiting times (n=8). 11 respondents discussed that the management of their pharmacy had changed recently.

When asked if there was anything they would improve or change about their local pharmacy 49 respondents wanted a new pharmacy in their local area; 18 reported wanting longer opening hours; and 18 reported wanting a reduction in waiting times.

As part of the public survey, a focus group was carried out with a panel of parents and carers from the group Northeast Action for Children, Parents and Inclusion (NAPI) at Byker Sands in January 2025. The panel had seven members, all of which were female, and were from different wards of Newcastle. Panel members accessed pharmacies both for their own needs (n=7), their dependents (n=7), and to access specific services (n=2). The majority of members accessed their pharmacy once a month, with other members using their pharmacy once or twice a year. All members either drive or walk to their pharmacy, all of which were within a 15-minute journey of their home.

All participants described being generally happy with their local pharmacy, however they did discuss some concerns. Participants discussed that inefficient pharmacies were a problem for new parents/carers, with a noticeable increase in waiting times; participants discussed that if their waiting times were too long that they would consider moving pharmacies.

Participants described logistical challenges with accessing pharmacies. All participants agreed that pharmacy opening times were an issue, stating that they wished their local pharmacy was open later in the evenings. Additionally, participants discussed that they felt that the accessibility of their pharmacies was a problem. Often on-street parking is the only way of parking close to the pharmacy, which is a particular issue if the user is attending with a young dependent.

In addition to the physical accessibility of the pharmacies, one of the key issues discussed by the group was a lack of clarity on which pharmacies offered which services (e.g. stop smoking services), with some participants discussing that they were told to attend their pharmacy for help, but were turned away either if the pharmacy didn't offer the service required, or the pharmacist on shift was not trained; members of the group were keen to interact with the pharmacists, and wanted to receive services at their pharmacy rather than at their GP.

The group suggested that communication by pharmacies in multiple instances could be improved, including better communication of what services are available in the pharmacies, better communication between pharmacies and GPs, and better communication of what medications are in stock. Members also discussed wanting to ensure that every pharmacist in each practice offering a service was trained to perform all the services they offered.

As part of the public survey, responses were also collected on behalf of local stakeholders and organisations. Three responses were received (Cumbria, Northumberland, Tyne and Wear NHS foundation trust (CNTW) Pharmacy department, CNTW Addiction Services, Newcastle Carers). This feedback was centred around issues for the groups' users, with issues raised spanning previously mentioned issues from both the public and pharmacy surveys.

The most common issue raised by stakeholders was the closure of pharmacies, with other concerns being opening hours (both reductions and poor provision of late-night pharmacies), a reduction in the treatments being offered, and poor communication on the services available from the pharmacies. Stakeholders also raised concerns around a lack of support in identifying at risk groups and providing those at risk with sufficient advice or referrals to the support available to them.

2.7.2 Provider engagement

The provision of services and levels of accessibility varies between pharmacies in the city. A provider survey was sent to all community pharmacies, asking about accessibility, prescription

delivery services, monitored dosage systems and challenges faced by pharmacies at the time of response. As with the public survey, the questionnaire was undertaken between 17th December 2024 and 31st January 2025. Pharmacies were contacted regularly via email; two weeks before the survey closed, pharmacies were contacted via telephone by a member of the Public Health team at Newcastle City Council, and were invited to take part over the phone, or reminded to complete the survey. 45 of the 55 pharmacies responded to the survey (82%), full details of which are available in Appendix 3 - Pharmacy Survey and Analysis of Results.

All but two pharmacies reported offering wheelchair access at their entrance and to their consultation room; 28 (51%) pharmacies reported having unaided wheelchair access, whilst 15 (27%) reported wheelchair access being available with assistance.

42 (93%) of the 45 pharmacies reported offering a delivery service, with 32 of the 42 (76%) offering a free delivery service to all patients. Two of the pharmacies offering a delivery service charge all patients requesting the service. 37 (82%) of pharmacies reported offering a monitored dosage systems (MDS) for their patients. 27 (60%) pharmacies reported having a pharmacist that spoke a language other than English, the most common of which were classified as South Asian[12].

Providers were asked to state whether or not they experienced twelve different issues in delivering their community pharmacy practice; pharmacies were able to select more than one issue that affected them. Nearly all pharmacies experienced at least one challenge, with the most common experienced being insufficient funding, as shown in Table 2. One pharmacy reported having no challenges in delivering community pharmacy services.

[12] Specific languages are not detailed due to low counts

Table 2: Frequency of contractor responses to the challenges faced by pharmacies in Newcastle. Source: PNA Pharmacy survey

Challenge faced	Number of responses
Insufficient funding under the current Community Pharmacy Contractual Framework (CPCF)	27
Increasing demand to deliver new services in addition to essential services	15
Pressures of medicine supply issues	15
Increased administrative workload	14
Lack of public awareness of pharmacy services	11
Recruitment and retention of staff	9
Ensuring the range of pharmacy services all remain accessible throughout trading hours	9
Not having sufficient time to talk and listen to patients	8
Challenges in digital integration with NHS systems	7
Training costs/time to prepare for services	7
Limited space and infrastructure for service expansion	6
Impact of online pharmacies on reducing footfall in high street pharmacies	6
No concerns at present	1

2.7.3 Pharmaceutical Needs Assessment Formal Consultation

The formal consultation on the draft PNA for Newcastle ran from 27th May to 25th July September 2025 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012[10], which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)[11], in addition to the Health and Wellbeing Board members, the following stakeholders were consulted during this time:

- North of Tyne Local Pharmaceutical Committee
- Newcastle and North Tyneside Local Medical Committee
- All persons on the pharmaceutical lists, including dispensing appliance contractors
- NHS North East and North Cumbria ICB (incorporating the former Newcastle Gateshead Clinical Commissioning Group)
- Healthwatch Newcastle
- Newcastle-Upon-Tyne Hospitals NHS Foundation Trust, and CNTW Mental Health NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Gateshead, South Tyneside, Northumberland and North Tyneside
- General Practitioners
- General public via the council website and Healthwatch Newcastle

Notice was sent to all consultees informing them of the web site address (https://www.letstalknewcastle.co.uk) which contained the draft PNA document. The DHSC

PNA guidance states that “a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60-day period for making responses to the consultation”.

The consultation sets out to determine:

- Whether the PNA adequately and accurately describes the services delivered by pharmacies within Newcastle
- Whether there any gaps in service provision that have not been identified in the PNA, i.e. when, where and which services are available
- Any additional information which should be included in the PNA
- Whether the PNA has provided enough information to inform future pharmaceutical services provision and plans for pharmacies/dispensing appliance contractors
- Whether stakeholders agree or disagree with the key considerations, recommendations and conclusions of the draft PNA

Findings from the consultation are described in Appendix 4 - Findings of the Consultation on the Draft Pharmaceutical Needs Assessment.

Identified health needs

3.1 Newcastle's Population

3.1.1 Population demographics

This section aims to summarise the population of Newcastle, describing key demographic factors that influence the health of the population. More detailed information both on the demographics of the city (including on a ward level) and key health factors is available as part of the Joint Strategic Needs Assessment, available on the Newcastle City Council Website[13], alongside a range of needs assessments focused on specific topics.

Between 2011 and 2021, the population of Newcastle upon Tyne increased 7%, rising from 280,200 to 300,100. This was the largest percentage increase in the North East (compared to the regional average of 2%, and the national average of 7%)[14]. In 2023, the population of Newcastle was estimated to be 311,976[15] (as shown in Figure 2), with latest projections from the ONS (2018) estimating a population of 314,084 in 2035.

- Based on the 2023 population, approximately 68% of Newcastle upon Tyne are of working age (16-64 years), a decrease of 0.5% since 2021.
- Approximately 15% of the population are aged 65 years or older, expected to increase to 17% in 2030.
- In 2023, the median age in Newcastle was estimated to be 34 years of age.
- In 2021 Census, approximately 81% of the population described their health as "very good or good", whilst 6% described their health as "bad or very bad".
- 80% of the population of Newcastle in the 2021 Census described themselves as "White"; down from 86% since the 2011 Census (using six categories for ethnicity).

[13] Newcastle City Council Joint Strategic Needs Assessment

[14] Census - Office for National Statistics

[15] Office for National Statistics. (2024, July). *Population Estimates for England and Wales: Mid-2023*.

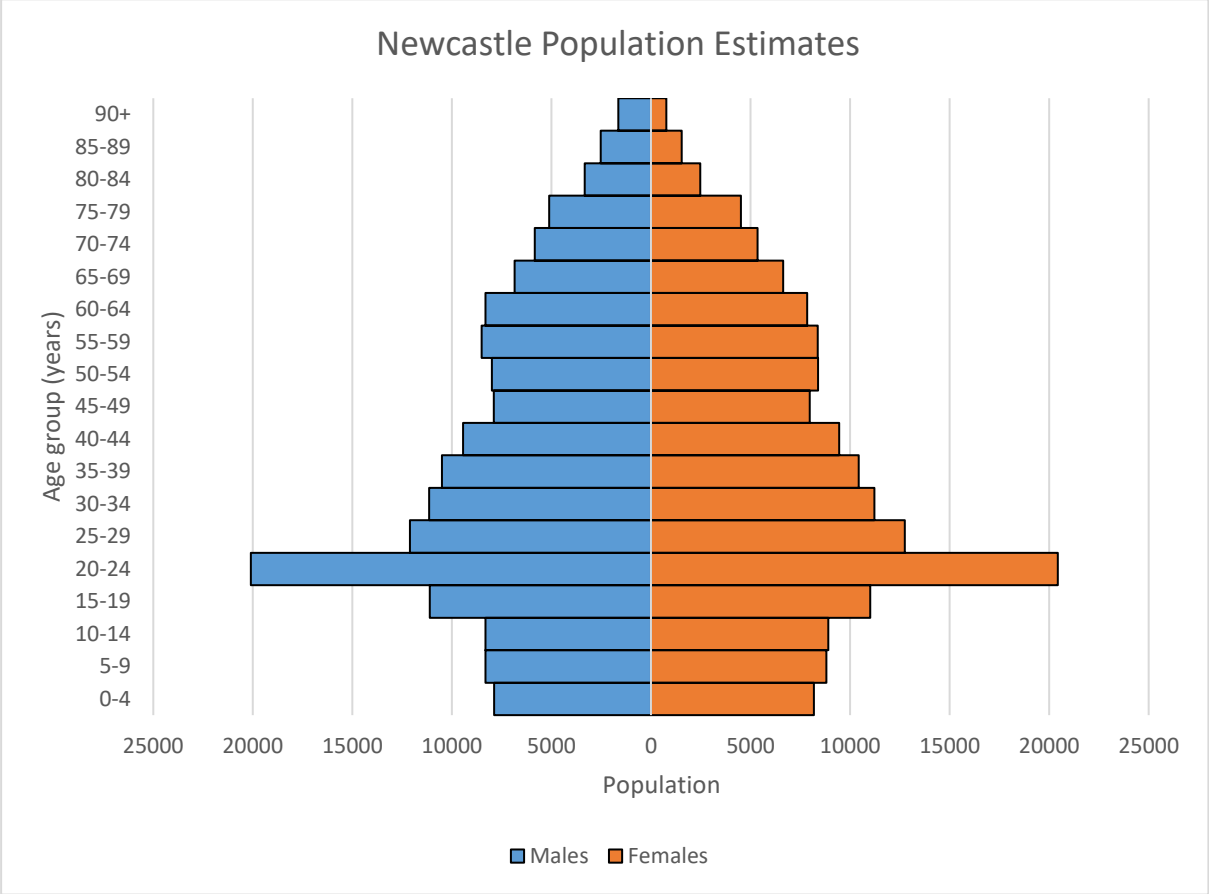

Figure 2: Population Pyramid for Newcastle using mid-year population estimates 2023 . Source: Office for National Statistics, [Population Estimates for England and Wales: Mid-2023]

The majority of the student-aged population (aged 20-24 years) live in the Inner East locality, whilst the Outer West has the oldest population on average, as shown in Figure 3. The Inner West has the highest proportion of residents aged 0-15 years, making up just under one in four residents[16].

[16] *Source: ONS How Life has changed in Newcastle upon Tyne, Census 2021: How life has changed in Newcastle upon Tyne: Census 2021,*

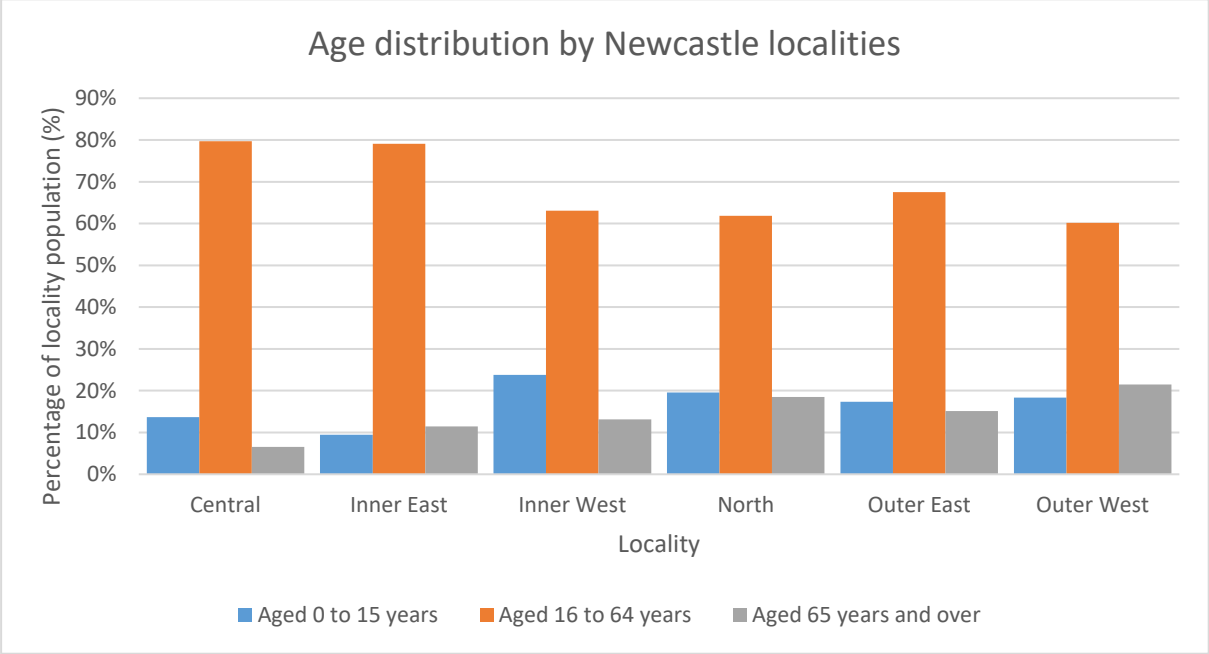

Figure 3: Locality populations broken down by age group. Source: Census 2021

Comparatively, Figure 4 shows the proportion of each age group living within each locality. The largest population of those aged 0-15 years of age is in the Inner West locality, whilst the largest population of those aged 65 years and over is in the Outer West.

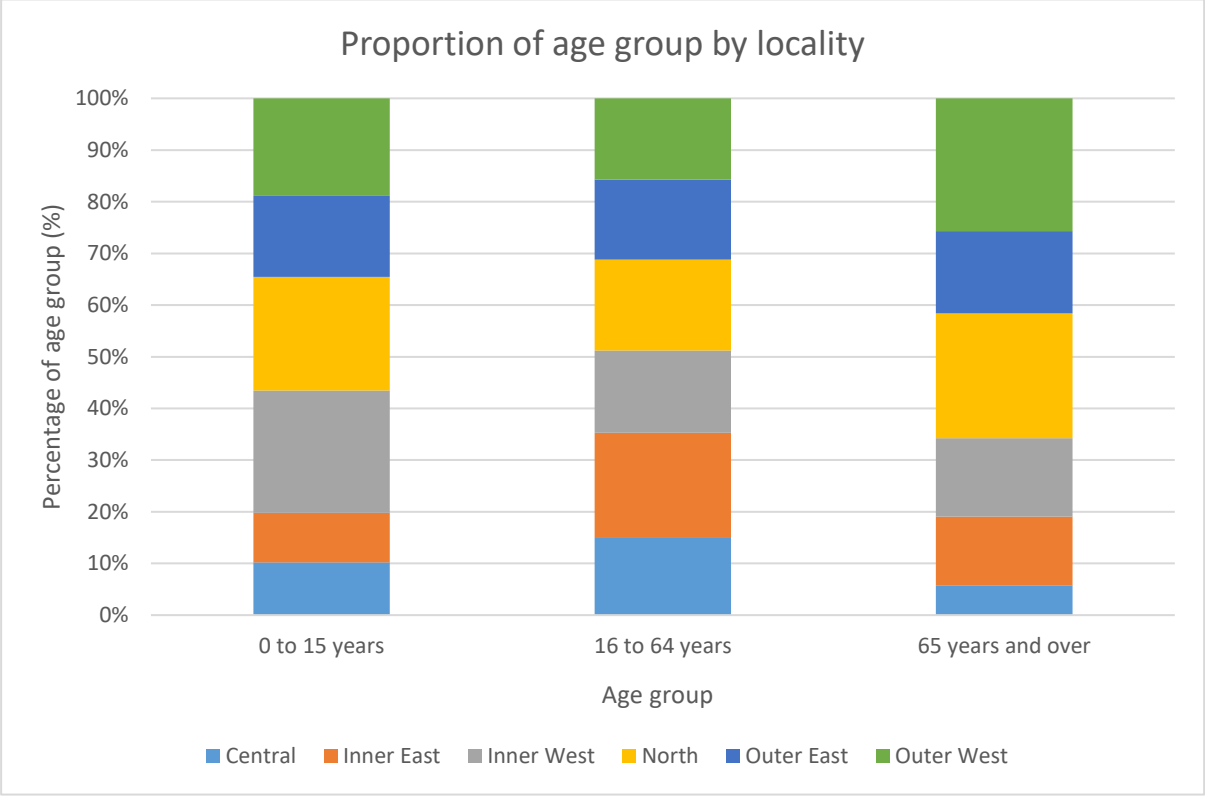

Figure 4: Distribution of age groups across Newcastle localities. Source: Census 2021

3.1.2 Ethnicity

- 80% of Newcastle described their ethnicity as White, a decrease from 86% in 2011 and 93% in 2001[17].
- 11% described their ethnicity as Asian, Asian British, or Asian Welsh.
- Self-defined ethnicity of residents in Newcastle varies across the city and between geographies. Detailed mapping by the ONS is available here, showing the ethnicity of residents in each neighbourhood area (output area).
- Figure 5 shows the proportion of different ethnic groups within each locality. In all localities the most populus ethnicity is those that identified as White, ranging from 56% in the Central Heaton to 94% of the Outer West.

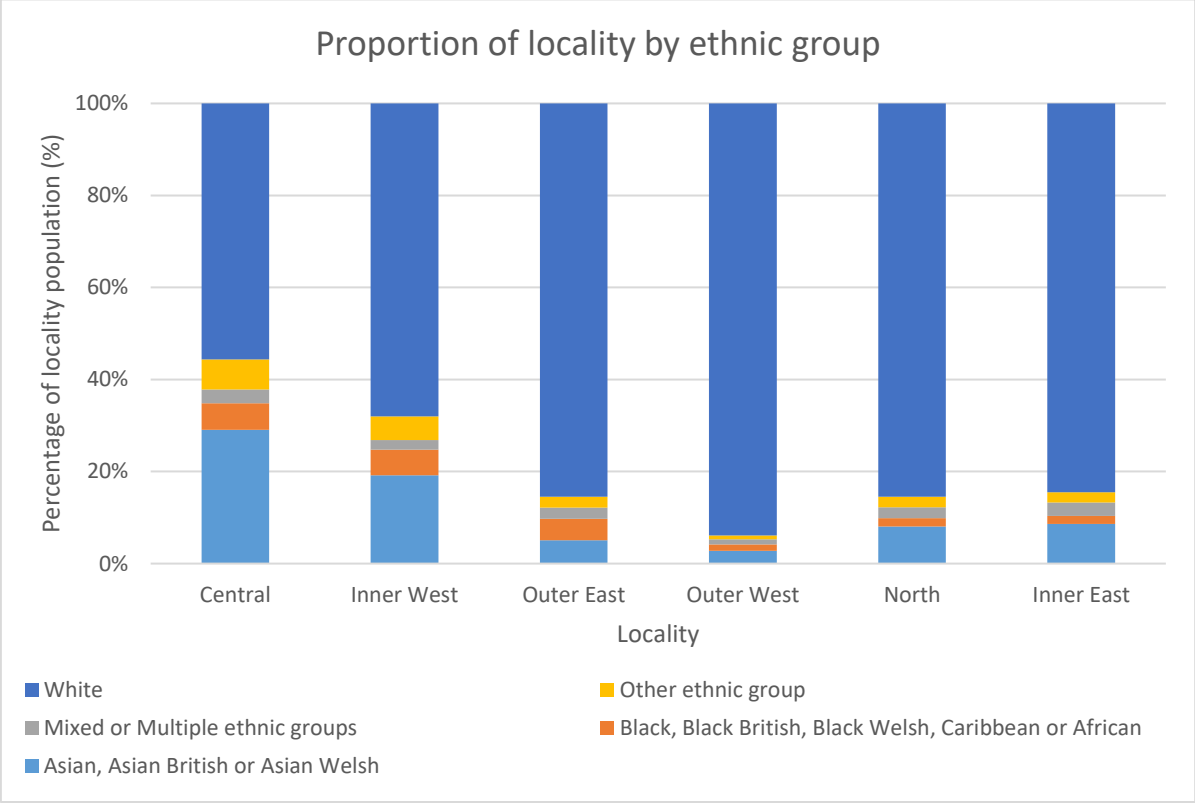

Figure 5: Proportion of locality by ethnic group. Source: Census 2021

- Figure 6 shows the proportion of each ethnic group by locality. The highest proportion of Black, Black British, Black Welsh, Caribbean or African, and Other ethnic groups are in the central locality (both at 29%). The highest proportion of the White population is found in the North and Outer West localities (both 21%).

[17] Office for National Statistics. (2023, January). *How life has changed in Newcastle upon Tyne: Census 2021*.

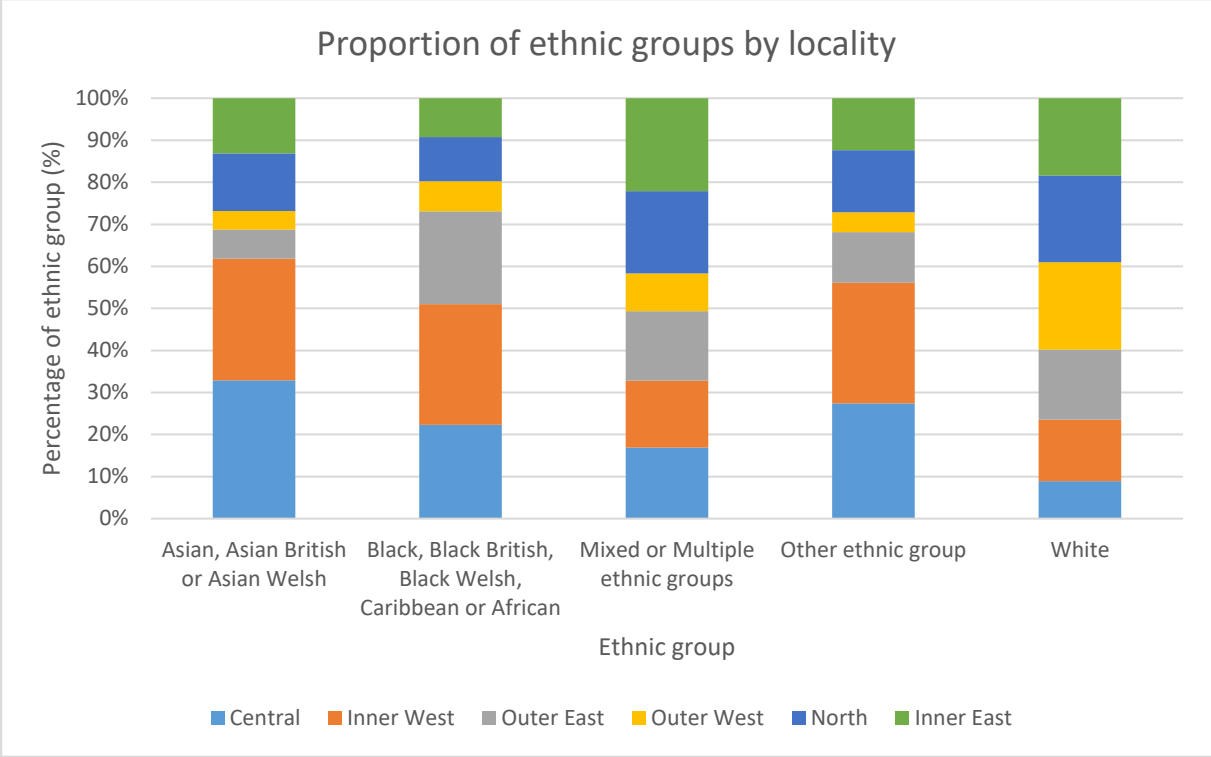

Figure 6: Proportion of ethnic group in each locality. Source: Census 2021

- In 2021, 88% of households spoke English as their first language; 4% had at least one adult that spoke in English as a main language (but not the whole household), 2% had no adults that spoke English, but at least one 3-to-15-year-old that did, and 6% had no household members with English as a first language[18].
- 60% of school children identify as being White British in 2023/24 (taken from School Census), down from 65% in 2020/21.
- Further information regarding ethnic minorities in Newcastle is available in the Ethnic Minority Needs Assessment.

3.1.3 People with long term health problems or disability

- In 2021, 56,961 people in Newcastle were classified as disabled under the Equality Act, approximately 19% of the population[19].
- Of the 19%, 11% stated that their disability impacts their day to day lives a little, 8% stated their disability impacts their day to day lives a lot. 7% classify themselves as having a long-term physical or mental health condition that does not limit their day-to-day activities, as shown in Table 3.
- 28% of households in Newcastle had at least one disabled member, 7% had two or more disabled members.

[18] Office for National Statistics . (2022, November). *Household language- Census 2021*.

[19] Office for National Statistics. (2023) Disability, England and Wales - Office for National Statistics

- In 2023/24, an estimated 0.8% of Newcastle's population had a learning disability[20], higher than the national average (0.6%).

Table 3: Percentages of PNA localities reporting having a disability under the equality act. Source ONS Disability Census 2021, Disability- Census.

	Disabled under the Equality Act		Not disabled under the Equality Act	
	Day-to-day activities limited a lot	**Day-to-day activities limited a little**	**Has long term physical or mental health condition but day-to-day activities are not limited**	**No long term physical or mental health conditions**
Central	6%	9%	6%	79%
Inner West	12%	12%	6%	71%
Outer East	10%	12%	6%	72%
Outer West	9%	10%	7%	75%
North	7%	10%	6%	77%
Inner East	6%	12%	8%	74%
Total	**8%**	**11%**	**6%**	**75%**

3.1.4 Carers

A carer is anyone who provides unpaid care and support for someone who needs their help with day to day life because of their age, illness, disability, mental health, substance misuse or other issue. Each caring situation is unique. Often a caring role arises unexpectedly and is done alongside the carer's own work or education. For some people, caring is a lifelong role.

[20] National Health Service. (2024). *Quality and Outcomes Framework, 2023-24*

Many carers, especially when they are early in their caring journey, do not see themselves as carers or recognise that the support they provide is helping someone close to them.

- Approximately 8% of the population self-reported providing a form of care unpaid, up from 8% in 2021[21].
- Of those that provide care, approx. 33% provide 50 or more hours per week (3% of all residents in 2022, an increase from 3% in 2021).

Newcastle's Carer Strategy can be found here.

3.1.5 Children and Families Network Localities

When considering children and young families in Newcastle, wards are grouped into four localities (differing from the six localities described throughout this needs assessment), aligning with the locations of the Children and Families hubs within the city: Outer West, Inner West, East and North. Each locality is led by a voluntary and community organisation that also link with other organisations and services across their locality, including smaller voluntary sector organisations and schools. There is a community hub in each of the localities.

The highest rate of pharmacies per 10,000 of the population was found in the East locality, with a rate of 2.0 pharmacies per 10,000 of the population, as shown in Table 4 and Figure 7. The lowest provisions are found in the Outer West and North localities, with a provision of 1.7 pharmacies per 10,000 of the population.

Table 4: Provision of pharmacies per 10,000 of the population in each children and families Newcastle locality. Source: ONS Ward level population estimates Ward-level population estimates (official statistics in development) - Office for National Statistics

	Number of Pharmacies	Population	Pharmacies per 10,000
Outer West	9	54,416	1.7
Inner West	15	78,768	1.9
East	17	83,760	2.0
North	15	89,458	1.7

[21] Office for National Statistics. (2023). *Disability- Census*.

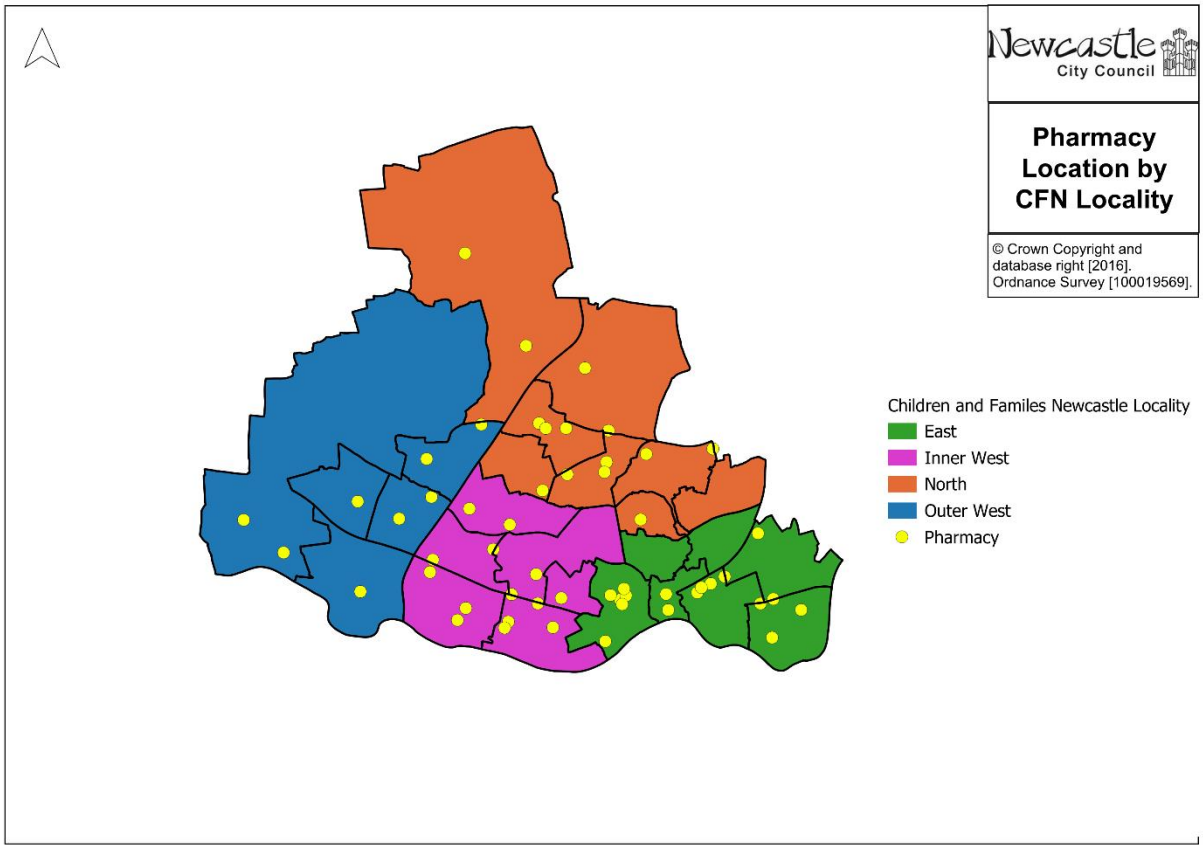

Figure 7: Locations of Pharmacies within each Children and Families Newcastle locality. Source: Newcastle City Council

There are also differences in the age distribution of Newcastle's population by area. The Inner West has the highest proportion of children aged 15 years and under in the city, making up 22% of the population in this locality[22]. The greatest proportion of the population aged 16-24 years was in the East locality, accounting for 31% of the population. The largest proportion of older adults in the city are in the Outer West locality, with 22% of the population being 65 years of age or older.

The Inner West locality has the highest proportion of all residents that do not hold a qualification (or hold a qualification below GCSE/Foundation GNVQ level) within the city (27%) [23], the lowest proportion with English as a first language (66%)[24], and the lowest proportion declaring their ethnicity as White (62%) [25].

[22] *Source: ONS How Life has changed in Newcastle upon Tyne, Census 2021: How life has changed in Newcastle upon Tyne: Census 2021,*

[23] *ONS, 2023, Highest level of qualification - Office for National Statistics*

[24] *ONS, 2022, Language, England and Wales - Office for National Statistics*

[25] *ONS, 2022, Ethnic group, England and Wales - Office for National Statistics*

3.2 Deprivation

Associations between social and economic deprivation and poor health outcomes are well established; those living in areas with higher levels of deprivation tend to have poorer health than those living in more affluent areas. The Index of Multiple Deprivation (IMD) 2019 provides an overall deprivation score for small areas known as 'lower layer super output areas' (LSOAs),

Newcastle is ranked the 41st most deprived authority out of 317 in the country based on IMD deprivation score[26]. Approximately 25% of people in Newcastle live in the 10% most deprived areas nationally and 10% live in the least deprived areas nationally, as shown in Figure 8.

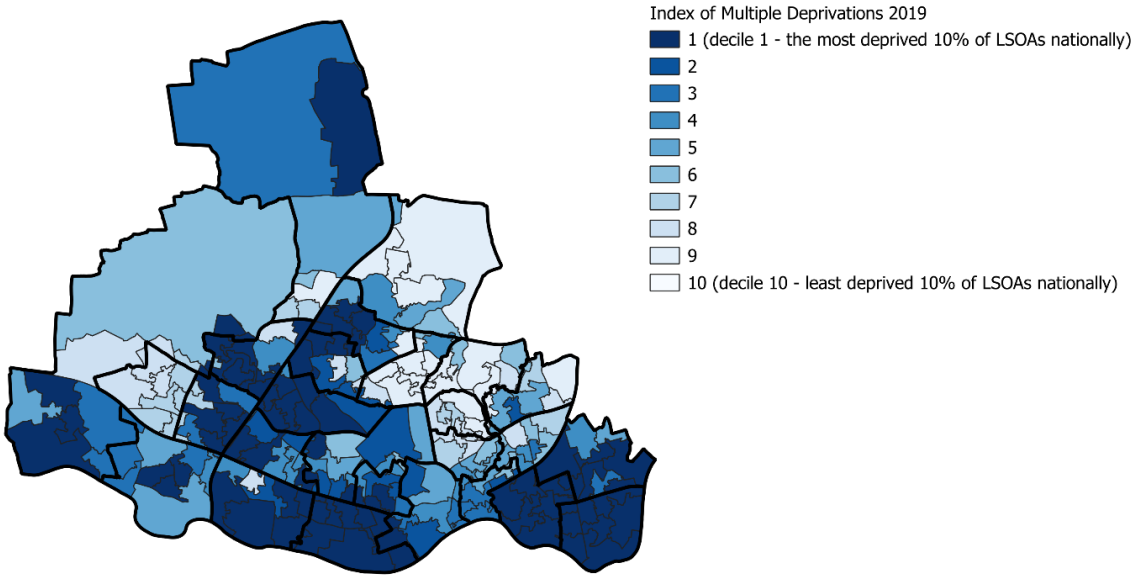

Figure 8: Index of Multiple Deprivation 2019 in Newcastle. Source: Ministry of Housing, Communities and Local Government (2019) Index of Multiple Deprivation, Office for National Statistics (2019) Open Geography Portal.

[26] *Ministry of Housing, Communities and Local Government (2019), Index of Multiple Deprivation.*

3.3 Life expectancy and disease prevalence

Life expectancy at birth for an area is the average length of time a person born today would be expected to live, based on current death rates in that area [27].

- In 2022 the average life expectancy for males in Newcastle is 77.2 years and for females 81.7 years. Life expectancy at birth has been decreasing since 2017-19.
- In 2022 females in the most deprived areas of Newcastle could expect to live 8.6 years and males 10.6 years less than the least deprived areas.

Healthy life expectancy (HLE) is the average number of years a person would expect to live in good health [28].

- In 2022 the HLE of males in Newcastle is 60.8 years, whilst females have a HLE of 60.7 years. HLE in Newcastle is significantly lower than the average for England (63.1 years for males and 63.9 years for females).

One way of assessing the health issues faced in Newcastle is comparing the causes of mortality per 100,000 of the population, often referred to as assessing the burden of disease. Mortality rate is the number of deaths that occur and is commonly presented as per 100,000 of the population, and is typically presented using directly standardised rates, which take into account different age structures within a population, along with other factors such as gender. The measure is a key marker of the health of a population, with a lower mortality rate indicating fewer deaths[29]. In 2023, the mortality rate from all causes in Newcastle was 1,129 per 100,000 of the population, with a lower rate in females than males (923 and 1,350 respectively).

Comparing mortality rates over time provides an insight into how the prevalence of certain diseases, conditions and illnesses have changed over time in Newcastle. A comparison of the leading causes of mortality between 1990 and 2021 is shown in Figure 9, which both ranks the causes of mortality and categorises them based on their disease type.

- The main cause of death has changed from cardiovascular disease in 1990 to cancer (neoplasms) in 2021, with a comparative decrease in cardiovascular disease, as shown in Figure 9. The leading category of causes of death remain non-communicable diseases, followed by communicable diseases and then injuries.
- In 2023/24 prevalence of cancer within Newcastle was 3%, lower than that of regional and national averages (4% and 4% respectively). Newcastle ranked sixth highest of local authorities nationally in 2021-23 for mortality from cancer considered preventable in under 75s, with a rate of 73 per 100,000 of the population.
- The mortality rate for cardiovascular disease in Newcastle in 2023 was 244 per 100,000 of the population, higher than the national average of 232 per 100,000.

[27] Office for National Statistics. (2024). *Life expectancy for local areas in England, Northern Ireland and Wales: single year periods, 2018 to 2022*.

[28] Office for National Statistics. (2024). *Healthy life expectancy in England and Wales Statistical bulletins*.

[29] Department of Health & Social Care. (2024). *Mortality Profile*.

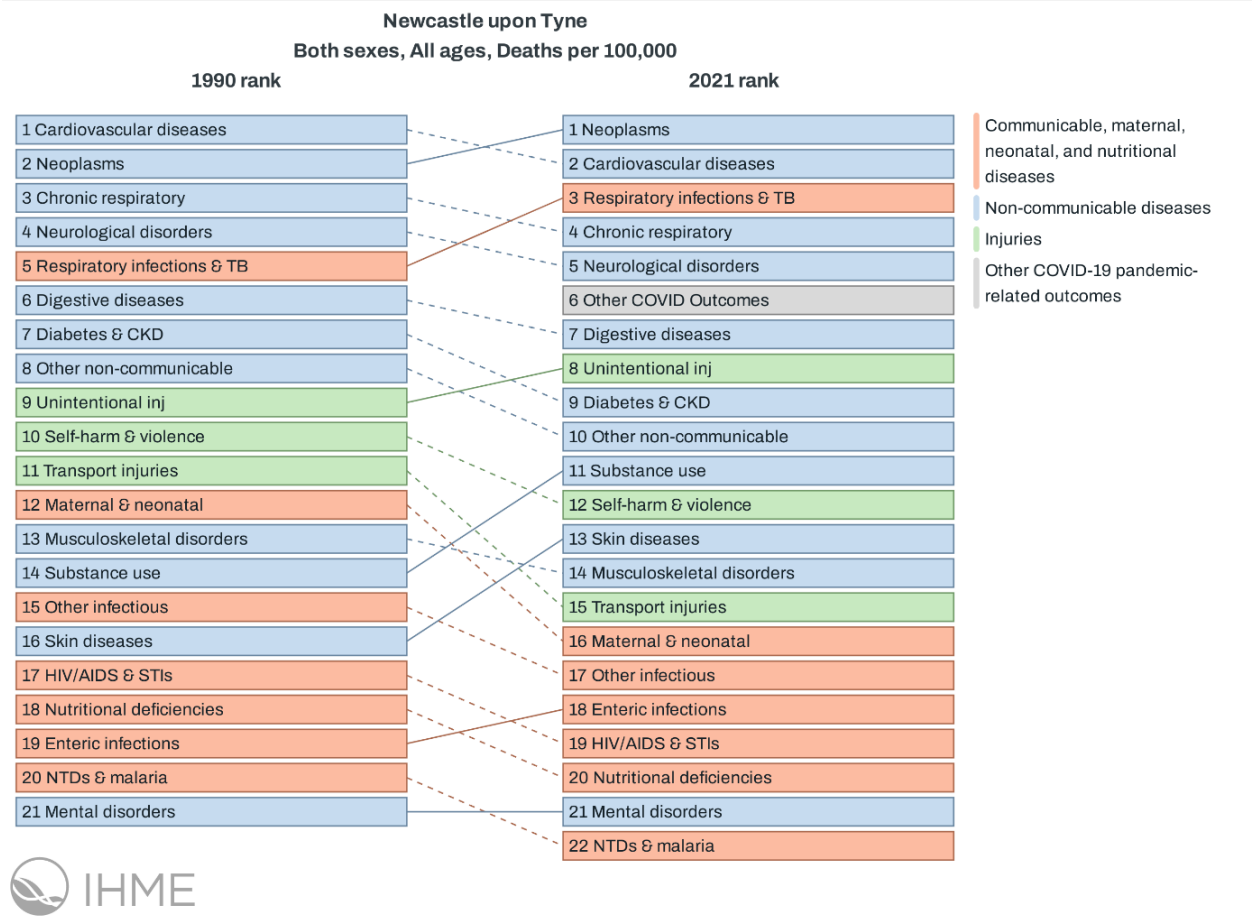

Figure 9: Comparison of the ranked top causes of mortality per 100,000 of the population in Newcastle upon Tyne, with lines drawn between the ranking in 1990 and 2021, generated using the Global Burden of Disease Tool. Source: Institute for Health Metrics and Evaluation (2024).

In addition to the overall mortality rate, the mortality rate in those under the age of 75 is also an important marker of population health, often referred to as premature mortality.

- In 2023 the premature mortality in Newcastle was 211 per 100,000 population, ranking 258th out of 294 local authorities in England, where a lower rank indicates a poorer rate of premature mortality.
- Premature mortality rates for all causes in 2021-23, cancer and cardiovascular diseases were all higher than regional and national average; premature mortality due to respiratory conditions was in line with the regional average, both of which were higher than the national average.

A further way to measure the illness and conditions are affecting a population is by assessing number of disability-adjusted life years (DALYs); one DALY is the loss of one year of full health. DALYs can be presented either on an individual level, or as the total number of DALYs in a population. In 2021, the largest causes of DALYs were neoplasms (cancer), cardiovascular disease, respiratory infections & tuberculosis, musculoskeletal disorders, and mental disorders, as shown in Figure 10. The largest categorical cause of DALYs was non-communicable diseases.

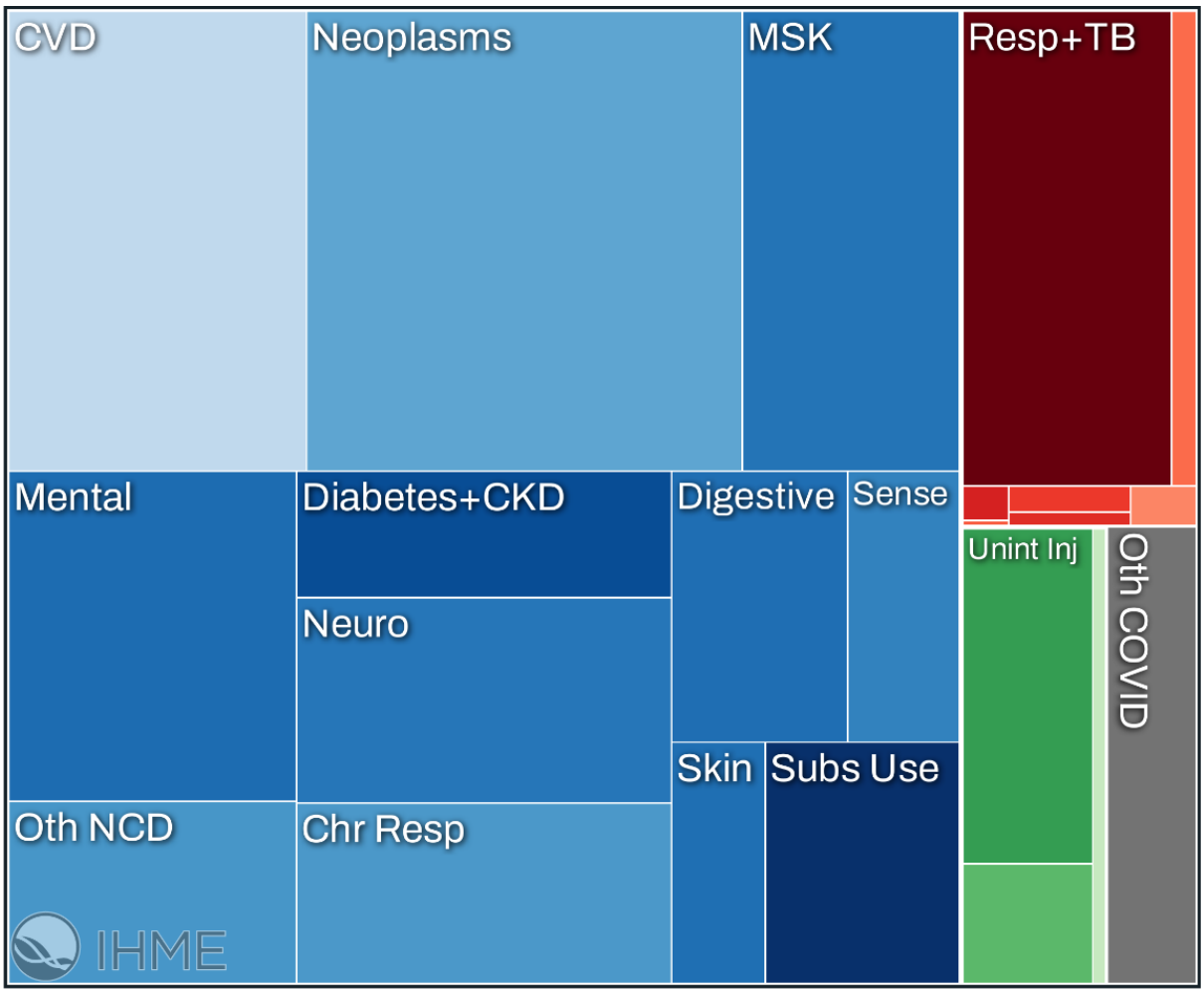

Figure 10: Visualisation of the causes of DALYs in Newcastle for all ages and sexes, with larger squares indicating more DALYs lost due to a certain condition in Newcastle. Blue squares denote non-communicable diseases, red squares denote communicable, maternal, neonatal and nutritional diseases, green squares denote injuries, and grey squares indicate other COVID-19 pandemic related outcomes. Source: Institute for Health Metrics and Evaluation (2024).

3.4 Lifestyle risk factors

3.4.1 Smoking and Vaping

Smoking is one of the leading causes and risk factors of morbidity and premature mortality across Newcastle.

- Cancer Research UK estimates that 72% of lung cancer cases are associated with exposure to tobacco smoke [30].

[30] Lung cancer risk, Cancer Research UK, 2015 https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer/risk-factors

- In 2023, approximately 11% of the population of Newcastle self-reported smoking tobacco, lower than the regional and national averages (11% and 12 % respectively)[31].
- Those working routine and manual occupations are more likely to smoke, with a prevalence of 22%, higher than the regional and national averages (18% and 20% respectively).
- In 2017-19 the mortality rate attributable to smoking in those aged 35 years and over in Newcastle was 267 per 100,000, significantly higher than the national average (202 per 100,000)[32].
- In Newcastle, there were 2,914 smoking attributable hospital admissions in 2019/20, equating to a rate of 2,121 per 100,000, which is significantly worse than the England average of 1,398 per 100,000.
- A local survey of school age children (Health Related Behaviours Questionnaire (HRBQ)) found that approximately 92% of pupils in Years 8 and 10 (12-15) had never smoked a cigarette; 5% had tried a cigarette once or twice.
    - 25% of secondary school pupils had tried vaping; 5% reported vaping regularly. 54% of those that reported vaping had also smoked a cigarette.

3.4.2 Substance Misuse – Alcohol

Alcohol misuse is a risk factor for numerous medical conditions, including high blood pressure, stroke, liver disease and dementia. Alongside potential significant health impacts, misuse of alcohol can have major social impacts, including financial problems, crime and disorder, injury and risk-taking behaviours.

Identifying and treating those substance use issues can both improve the quality of life of the individual and reduce potential costs of health and social care.

- In 2023, the alcohol specific mortality rate in Newcastle was 65 per 100,000, significantly higher than the regional and national averages (19 and 12 per 100,000 respectively). Alcohol related mortality was also higher in Newcastle with a rate of 119, also significantly higher than regional and national averages (50 and 40 per 100,000)[33].
- In 2023/24 1,210 admissions per 100,000 of the population were made to hospital for alcohol-specific conditions in Newcastle, significantly higher than regional and national averages (986 and 612 per 100,000 respectively)[34].
- Approximately 720 adults were in alcohol treatment in Newcastle in 2023/4; this figure has been increasing since 2019/2020[35].
- Data from the HRBQ found that approximately 8% of secondary school pupils (aged 12-15) drank alcohol in the week prior to completing the questionnaire. Rates of secondary school age children who had never drank alcohol have increased since 2013, rising from 40% to 58% in 2024.

[31] Adult smoking habits in Great Britain - Office for National Statistics

[32] Fingertips | Department of Health and Social Care

[33] Fingertips | Department of Health and Social Care

[34] Fingertips | Department of Health and Social Care

[35] NDTMS - Home

3.4.3 Substance Misuse – Drugs

Drug addiction is a complex, but treatable, condition which can be incredibly damaging to both an individuals' physical and mental health, but also to those around them. Drug addiction often leads to poor health, homelessness, unemployment, offending, and the breakdown of family environments.

- In 2019/20, the estimated rate of opiate and/or crack cocaine users in Newcastle was 15 per 1000 population, which is higher than both the North East and England averages (13 and 10 per 1,000 population respectively) [36].
- 1120 adults were treated for opiate misuse in Newcastle in 2023/24, of which approximately 5% successfully completed drug treatment, above that of the regional average (4%) and similar to the national (5%)[37].
- In 2023/24, 290 adults were treated for non-opiate misuse, the highest incidence since 2010. Non-opiate users receiving treatment had a success rate of approximately 28%.
- Approximately 95% of those accessing opiate and non-opiate treatment in Newcastle are White.
- Mortality from drug misuse was approximately 12 per 100,000 in Newcastle in 2021-23, significantly higher than the national average (6 per 100,000 population)[38].
- Approximately 84% of those entering drug treatment have a diagnosed mental health need.

3.4.4 Substance Misuse - Young People

Most young people do not use drugs, and are not dependent on drugs and alcohol, but for those that do, substance misuse can have a major impact on young people's life, their health, education, their families and their long-term chances in life.

The HRBQ in Newcastle also collects information about young people using drugs and alcohol [39]:

- The 2024 survey found that approximately 2% of primary pupils had said they had been offered drugs, whilst 8% were "fairly sure" or "certain" that they knew someone who used drugs for not medicinal purposes.
- 4% of secondary pupils said they had taken drugs (2% of year 8 pupils, 6% of year 10 pupils). The most common drug taken by secondary pupils was cannabis, followed by synthetic drugs, other illegal drugs, and anabolic steroids.
- 52% of year 10 pupils reported having drank alcohol a few times, or drinking, or drinking occasionally/regularly.

[36] Opiate and crack cocaine use: prevalence estimates - GOV.UK

[37] NDTMS - Home

[38] Fingertips | Department of Health and Social Care

[39] Health Related Behaviour Survey | Services to Schools

- In 2023/24, 70 young people were in drug treatment, down from 75 in 2022/23[40].

3.4.5 Overweight and Obesity

Obesity is the second biggest cause of preventable morbidity in the UK, costing the NHS approximately £6.5 billion a year [41], with some estimates putting the cost of obesity and related conditions between 1-2% of GDP[42]; a 10% reduction in the prevalence of obesity has been estimated to potentially save £6bn per year. In 2022/23, 64% of adults in England were classified as overweight or obese, rising from 61% in 2015/16 [43].

- In Newcastle, approximately 30% of the population are obese, and 37% are overweight, both of which are higher than the average for England as a whole, but below that of the North East region.
- In 2023/24, 14% of reception age children (4-5) were classified as being overweight, with 10% being classified as obese. 26% of Year Six pupils (10-11) overweight, 15 obese; this proportion has been increasing since 2006/07.

3.4.6 Sexual health

Sexual health and wellbeing is a major public health challenge, with a higher prevalence of sexually transmitted infections (STIs) in young people, gay and bisexual men, and black and minority ethnicity groups [44].

- In 2023, 1,732 new STIs were diagnosed (excluding chlamydia), a rate of 563 per 100,000 population. This rate has been decreasing since 2015. This rate is significantly higher than the regional average, and slightly higher than the national average (390 and 520 per 100,000 respectively).
- Chlamydia remains the most common diagnosed STI in Newcastle, with a detection rate of 1875 per 100,000 in 15-24 year old females for 2023, a rate lower than regional and national averages (2173 and 1962 per 100,000 of the population).
- Diagnosis of gonorrhoea decreased between 2022 and 2023 in Newcastle, with a rate of 210 per 100,000 in 2023 (down from 225). Levels remain higher than that observed before COVID-19 lockdowns (147 per 100,000 in 2019).
- New HIV diagnoses have risen to pre-pandemic levels, with a rate of 11 per 100,000 in 2023, above that of the regional average, but similar to that of the national average (6 and 10 per 100,000 respectively).

[40] *National Drug Treatment Monitoring System 2024, Young people Profiles*

[41] *DHSC Media Team (2023), Government plans to tackle obesity in England*

[42] *Institute for Government (2023), Tackling obesity; Improving policy making on food and health.*

[43] *Fingertips Obesity Profile 2025, Obesity Profile - Data | Fingertips | Department of Health and Social Care*

[44] *Fingertips Sexual Health Profile, 2025, Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care*

3.4.7 Teenage conceptions

- The rate of teenage conception (under 18 years of age) in Newcastle in 2021 was 18 per 1,000 population, which has continued trending downwards since 2007. The rate in Newcastle is significantly higher than the national average of 13 per 1,000[45].
- Approximately 35% of teenage conceptions resulted in an abortion, significantly lower than the national average of 53%.

3.5 Immunisation, Vaccinations and Screening

One of the primary health protection interventions used within public health is the use of immunisations and vaccinations, aiming to protect both the individual and population as a whole (herd immunity). In addition to vaccination and immunisation programmes individuals are invited to screening programmes, which aim to detect illnesses and conditions as early as possible.

Throughout a person's life, they will be invited to take part in multiple immunisation, vaccination and screening programmes. Ensuring that individuals not only have access to these programmes but have appropriate knowledge to inform their decision to attend is vital in the success of the programmes, and the autonomy of the individual. Screening and immunisation programmes in Newcastle include:

- Screening programmes such as diabetic eye screening and Abdominal Aortic Aneurysm (AAA).
- Newborn screening; bloodspot, hearing and infant physical examination.
- Cancer screening programmes, e.g. cervical, breast and bowel cancer.
- Influenza vaccination uptake.
- Childhood immunisations programme delivered to infants at 12 months, 24 months and 5 years.
- School aged immunisations programme delivered to secondary school aged children.
- The Covid-19 vaccination programme.

Flu Vaccine Uptake in 2023 in Newcastle was lower in multiple groups than the national average:

- Uptake in those at risk in Newcastle was 42%, lower than the national average of 51%.
- Approximately 79% of those aged 65 and over in Newcastle received their Flu vaccine, significantly lower than the national average of 85%.
- Uptake in young people was also lower in Newcastle than the national average, with 43% of those aged 2-3 years being vaccinated compared to 63% nationally, and 55% of primary school children in Newcastle receiving a vaccination compared to a national average of 81%.

3.6 Holiday and Travel in Newcastle

Newcastle attracts a significant number of weekend visitors. Their basic health needs are usually met through community pharmacies providing self-care and emergency supply of medicines. Pharmacy related travel needs for Newcastle residents venturing outside of the city are normally for travel accessories (first aid kits, repellent products, OTC medications), anti-malarial treatment and vaccinations advice.

3.7 Housing

The Planning Team within Newcastle City Council's Investment and Growth directorate provided the following information relating to housing plans in the city.

The Local Plan is a collection of documents that guide future development including housing need up to 2030 and can be accessed through Newcastle City Council's website. The Core Strategy and Urban Core Plan (CSUCP) identifies current households and future projected households in Newcastle. In Spring 2025 the council undertook a review of the CSUCP to determine if the plan is in alignment with changing needs and circumstances. The review concluded that the local plan should remain the basis for planning applications, but some policies need updating. The Council has started a new joint local plan with Gateshead Council to address these updates. Until then, the existing local plan will continue to guide decision-making.

It states there are 122,800 households in Newcastle in 2021 (ONS Census of Population); this is projected to increase to 130,700 by 2035 (ONS 2018 Household Projections). The local housing need figures for Newcastle has increased in 2025 to 1244 per annum, due to government reforms to housing. This figure is greater than the annualised CSUCP housing requirement of 1,080 per annum until 2030. In 2022/23, as part of the Local Authority Housing Statistics (LAHS), Newcastle recorded 24,669 local authority owned dwellings, with 24,084 as Social Rent.

Figure 11 features a map showing planned developments under the Core Strategy (Strategic Land Release Sites), many of which are located in the Outer West, and their proximity to pharmacies. The planned developments in the Outer West are currently served by the 9 pharmacies in this locality. The HWB will continue to monitor the increasing demands on pharmaceutical services in the future as a result of these developments.

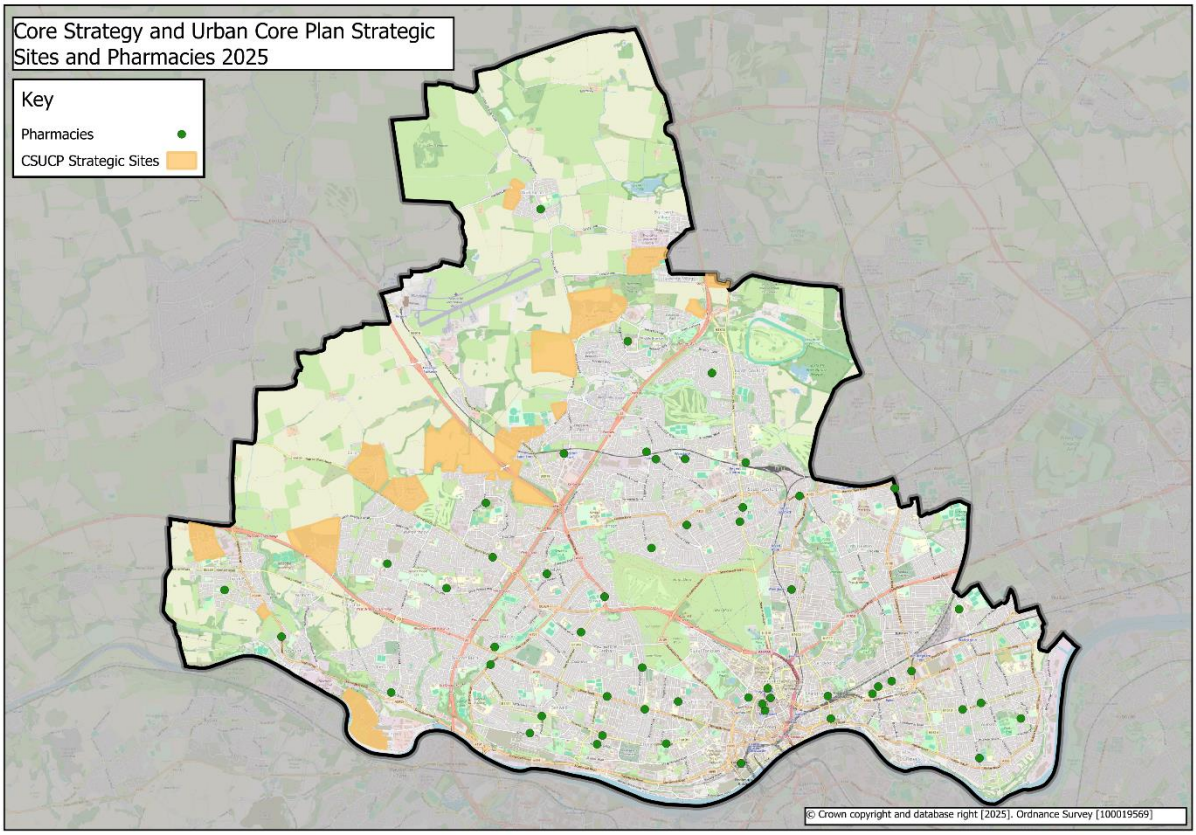

Figure 11: Planned developments under the Core Strategy, to 2030, alongside pharmacies. Source: Newcastle City Council Planning

Current Provision of Pharmaceutical Services

4.1 Definition of pharmaceutical services

NENC ICB is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies. The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[46] and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013[47].

4.1.1 Core hours

Community pharmacy contractors provide Essential services as part of the NHS Community Pharmacy Contractual Framework. Most community pharmacies provide a core of 40 hours per week although some pharmacies may be contracted to provide a 100-hour pharmacy service, and some may offer less than 40 hours. Core opening hours can only be changed by first applying to NENC ICB and as with all applications, these may be granted or refused.

4.1.2 100-hour pharmacies

100-hour pharmacies were required to open for at least 100 hours per week until May 2023 when the Department of Health and Social Care (DHSC) introduced a number of changes to the regulations[48]. Amongst those changes was the option for 100-hour pharmacies to reduce their weekly opening hours to no less than 72, subject to various requirements, which included continuation of 7-day provision and late opening on weekdays. The changes were introduced in an effort to maintain the availability of this provision against a backdrop of pharmacy closures. 100-hour pharmacies were seen as particularly vulnerable to closure due to higher operating costs.

4.1.3 Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur. Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible

[46] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: https://www.legislation.gov.uk/uksi/2013/349/contents

[47] https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

[48] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 https://www.legislation.gov.uk/uksi/2023/479/made

4.1.4 Pharmacy Access Scheme

The Department of Health (DH) confirmed the introduction of a Pharmacy Access Scheme (PAS) in October 2016, with the aim of ensuring that a baseline level of patient access to NHS community pharmacy services is protected. It is envisaged that the PAS will protect areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Information provided by NENC ICB in December 2024 indicated that two pharmacies in Newcastle were identified as being eligible for the Pharmacy Access Scheme for 2022, these are:

- Brunton Park Pharmacy
- Great Park Pharmacy

4.1.5 Dispensing appliance contractors

Dispensing Appliance Contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

DACs are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely, receiving prescriptions either via the post or EPS and arranging for dispensed items to be delivered to the patient.

Some patients may choose to have appliances supplied by appliance contractors. Although there is one dispensing appliance contractor located within Newcastle, these products are usually delivered to the patient's home, so distance to the dispenser is not an impediment to service.

4.1.6 Distance selling pharmacies

Distance Selling pharmacies (DSP) are required to deliver the full range of Essential services, though the 2013 regulations[49] do not allow them to provide Essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via EPS or through the post, dispense them at the pharmacy and then arrange for them to be delivered to the patient.

They must provide Essential services to anyone, anywhere in England, where requested to do so and may choose to provide Advanced and Enhanced services, but when doing so must

[49] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: https://www.legislation.gov.uk/uksi/2013/349/contents

ensure that they do not provide any Essential services whilst the patient is at the pharmacy premises.

The 2013 regulations[50] will be amended so that DSPs will no longer be able to provide Advanced and Enhanced services to patients on the pharmacy premises[51]. Where the service specification for individual services allows remote consultations to be provided, or off-site provision of a service, that will still be possible for all pharmacies, including for DSPs. This is likely to be effective from 2 October 2025, after the regulations have been amended.

As of 31st March 2024, there were 409 DSPs in England, based in 115 HWB areas. Not every HWB therefore has one in their area, however it is likely that some of their residents will use one.

In December 2024, there were 21 DSPs in the NENC ICB region. One of these is based in Newcastle, which opened in June 2022.

4.1.7 Dispensing doctors

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are currently no dispensing doctor practices in Newcastle.

4.1.8 Hospital pharmacy services

NHS hospital trusts and private hospitals do not provide services under the CPCF and are therefore outside the scope of the PNA.

4.1.9 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Newcastle area that provide dispensing services to the registered population of Newcastle. This is detailed in Section 5.5.

[50] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: https://www.legislation.gov.uk/uksi/2013/349/contents

[51] CPE Briefing 010/25: Funding Settlement for 2024/25 and 2025/26: https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf

4.1.10 Government consultations

4.1.10.1 Pharmacy supervision

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

The results of the consultation have not been shared at the time of writing.

4.1.10.2 Hub and Spoke dispensing

Hub and spoke dispensing occurs when a community pharmacy 'spoke' sends prescriptions to another pharmacy 'hub' to be dispensed and is used currently by pharmacy multiples to free up pharmacist time at the spoke and achieve economies of scale at the hub. Legislation permits this provided certain conditions are met, but both parties must be part of the same legal entity.

In March 2025 the Government confirmed[52] that it is introducing Hub and Spoke dispensing Model 1, and changes to the Human Medicines Regulations 2012 will be made in the coming weeks. Model 1 is where the medicines are returned assembled from the hub to the spoke pharmacy for supply to the patient (patient – spoke – hub – spoke – patient). It is intended that this will be available later in the year.

This change should create and/or preserve capacity for pharmacists to deliver patient facing services.

4.1.10.3 Independent prescribing

Independent prescribing by pharmacists has been available since 2006, and in recent years there has been a drive to upskill the current pharmacist workforce, enabling a large number of pharmacists to qualify as independent prescribers. Alongside this, newly registered pharmacists qualifying from 2026 will automatically become independent prescribers following changes made by schools of pharmacy to reflect this significant change to pharmacists' workload.

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and ICBs have continued to develop the Community Pharmacy Independent Prescribing Pathfinder Programme[53], designed to

[52] DHSC to introduce Hub and Spoke Model 1: https://cpe.org.uk/our-news/dhsc-to-introduce-hub-and-spoke-model-1/

[53] https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/

establish a framework for the commissioning of community pharmacy services that incorporate independent prescribing.

Over the next few years, there could be a significant change to the delivery of community pharmacy services, as the skills and capabilities of community pharmacists are utilised to build on clinical services already commissioned as advanced pharmaceutical services, or to add into locally commissioned services.

Access to Pharmacies in Newcastle

5.1 Number and type of pharmacies and other dispensing contractors

In Newcastle, there are currently 56 dispensing contractors providing pharmaceutical services, made up of:

- 54 community pharmacies
- 1 dispensing appliance contractor
- 1 distance selling pharmacy

Of the 54 community pharmacies in Newcastle, 53 operate under the standard NHS 40-hour contract, with many providing supplementary hours beyond their core 40 hours. 1 operates under the NHS 100-hour contract, though it now opens for 72 hours per week following the amendment to pharmacy regulations in July 2023. This regulatory change allows 100-hour pharmacies to reduce their opening hours to a minimum of 72 hours per week.

There are no dispensing doctor practices in Newcastle, nor any branch sites in Newcastle linked to dispensing doctor practices based outside the Newcastle HWB area. Additionally, there are no pharmacies operating under a Local Pharmaceutical Services (LPS) contract in Newcastle.

5.2 Changes in the provision of pharmaceutical services since the 2022-25 PNA

Pharmacy closures and consolidations (September 2022 – May 2025)

Since the publication of the last PNA in September 2022, seven community pharmacies have closed. Of these, one closure resulted from a successful consolidation of two existing pharmacies, while the remaining six were standalone closures. Details are provided in Table 5 below:

Table 5: Pharmacy closures/consolidations since last PNA (September 2022 – May 2025). Source: NENC ICB

Pharmacy name	Location	Ward	Date of closure/ consolidation	Notes
St. Steven's Pharmacy	23a Heaton Road, Byker, Newcastle upon Tyne, NE6 1SA	Byker	11/11/2022	Consolidation with Molineux Pharmacy (NE6 1SQ)
Lloydspharmacy	Sainsbury's, Etherstone Avenue, High Heaton, NE7 7JW	Manor Park	13/06/2023	-
Boots	121-125 Shields Road, Byker, NE6 1DN	Byker	14/10/2023	-
Boots	53 St George's Terrace, Jesmond, NE2 2SX	North Jesmond	14/10/2023	-
Boots	Cruddas Park Shopping Centre, Westmorland Road, NE4 7RW	Elswick	02/03/2024	-
Boots	293/295 Chillingham Road, Heaton, NE6 5LL	Heaton	23/03/2024	-
Boots	41 Halewood Avenue, Kenton NE3 3RX	Kenton	16/03/2024	-

New pharmacy opened (September 2022 – May 2025)

In addition, a new pharmacy opened on 3rd July 2023, addressing a previously identified gap in the last PNA:

- B&S Health Ltd (trading as Falcons Pharmacy), Dinnington Clinic / Health Clinic, Main Road, Dinnington, Newcastle upon Tyne, NE13 7JW.

Changes in pharmacy ownership (September 2022 – May 2025)

Since the last PNA, several ownership changes have occurred, particularly affecting former Lloydspharmacy sites. Details are provided in Table 6:

Table 6: Changes to pharmacy ownership since last PNA (September 2022 – May 2025). Source: NENC ICB

Previous pharmacy owner (PNA 2022-25)	New pharmacy owner (PNA 2025-28)	Location	Ward	Date of ownership change
Bestway National Chemists	**Alrahi & Singh Ltd (t/a Pharmacy Express)**	29 Arington Avenue, Kenton, NE3 4TS	Kenton	06/02/2024
Boots	**Sigma Med (t/a Lonnen Pharmacy)**	295 Two Ball Lonnen, NE4 9RX	West Fenham	05/08/2024
Boots	**Mohammed N.A. Mehdi (t/a Lemington Pharmacy)**	3 Tyne View, Lemington, NE15 8DE	Callerton & Throckley	12/08/2024
Lloydspharmacy	**LP SD Fifty Two Ltd**	Prospect Medical Group, 501 Westgate Road	Elswick	19/09/2023
Lloydspharmacy	**S K Pharmacare Ltd (t/a Cockerton Pharmacy)**	141 Beaconsfield Street, NE4 5JP	Central	31/07/2023
Lloydspharmacy	**AAA Health Ltd (t/a West End Pharmacy)**	168 West Road, NE4 9QB	Wingrove	01/09/2023
Lloydspharmacy	**Parkside Benton Ltd (t/a Parkside Pharmacy Benton)**	335 Benton Road, Benton, NE7 7EE	Dene & South Gosforth	21/08/2023
Lloydspharmacy	**Parkside Walker Ltd (t/a Parkside Pharmacy Walker)**	436 Welbeck Road, Walker, NE6 2NY	Walker	30/01/2023
Lloydspharmacy	**D.L. Carter & Sons Ltd (t/a Chapel House Pharmacy)**	Chapel House Healthcare Centre, Hillhead Parkway, NE5 1LJ	Chapel	02/05/2023

Norchem Healthcare Ltd	**AAA Health Ltd (t/a Meadows Pharmacy)**	46-50 The Meadows, Fawdon, NE3 3NA	Fawdon & West Gosforth	28/09/2024
Norchem Healthcare Ltd	**Bestway National Chemist Ltd (t/a Well)**	15 Heaton Road, Heaton, NE6 1SA	Byker	29/03/2024
Norchem Healthcare Ltd	**Bestway National Chemist Ltd (t/a Well)**	26 Shields Road, Byker, NE6 1DR	Byker	31/01/2024
Whitworth Chemists Ltd	**Farah Chemists Ltd (t/a Farah Chemists)**	132-136 Elswick Road, Elswick, NE4 6SL	Elswick	13/07/2024

Relocations of pharmacies (September 2022 – May 2025)

Two pharmacy contractors were successful in applying for a minor relocation of premises, and are now operating at different locations from the last PNA.

Table 7: Relocation of pharmacy premises. Source: NENC ICB

Pharmacy name	Previous address	New address	Ward	Date of relocation
Boots	11 Church Walk, Walker, NE6 3DP	**Walker Medical Group, Church Walk, Walker, NE6 3BS**	Walker	13/05/2024
Norchem Healthcare Ltd	31 Heaton Road, Heaton, NE6 1SA	**15 Heaton Road, Heaton, NE6 1SA**	Byker	01/12/2023

Supplementary statements to the 2022-25 PNA

As part of the ongoing assessment of pharmaceutical service provision in Newcastle, the HWB has a process to identify any changes to the availability of pharmaceutical services and then determine whether it needs to issue a supplementary statement.

A supplementary statement can be published to explain changes to the availability of pharmaceutical services when:

(a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the HWB's area; and

(b) the HWB is satisfied that producing a new PNA would be a disproportionate response to those changes or it is already producing its next PNA but is satisfied that it needs to immediately modify the existing document to prevent significant detriment to the provision of pharmaceutical services.

Supplementary statements are statements of fact; they do not assess the impact that the change may have on the **need** for pharmaceutical services. Effectively, they update what the PNA says about the **availability** of pharmaceutical services. They do not update what the pharmaceutical needs assessment says about the need for pharmaceutical services.

Once published, the supplementary statement becomes part of the PNA and will be referred to by NHS England and NHS Improvement when determining applications for inclusion in a pharmaceutical list. It will also be referred to by NHS Resolution when determining an appeal. Supplementary statements are published alongside the PNA.

Supplementary statements can be issued when the change that has occurred is relevant to the granting of market entry applications, typically including closures, consolidations, and the opening of new pharmacies.

According to DHSC guidance https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack:

- **Closures:** The HWB must consider if the closure creates a gap in provision that would have been identified as a need when the PNA was written. If a gap is identified, a supplementary statement should be issued. If no gap in provision is identified, then a supplementary statement should not be issued, as it could lead to applications to meet a current need inferred by the publication of the supplementary statement.

- **Consolidations:** A supplementary statement is issued when two pharmacies merge into one, ensuring continuity of pharmaceutical service provision. Such a supplementary statement remains in place and provides regulatory protection for the continuing pharmacy against an application offering to meet a need for, or secure improvements or better access to, pharmaceutical services for the remaining lifetime of the pharmaceutical needs assessment.

- **New Openings:** If a pharmacy opens following a granted application to meet an identified need, a supplementary statement must be published to reflect the additional service availability and to prevent unnecessary applications.

Since the 2022-25 PNA was published, five supplementary statements have been issued, as detailed below:

Consolidation of Molineux Pharmacy (Newcastle upon Tyne, NE6 1SG) and St. Stevens Pharmacy (23a Heaton Road, Newcastle upon Tyne, NE6 1SA), resulting in the closure of the latter site

An application to consolidate the two pharmacies was approved by NHS England. The HWB determined that this consolidation would not result in a gap in pharmaceutical service provision, as several pharmacies remained within close proximity of the closing site. A supplementary statement was published on 12th November 2022 to provide regulatory protection for the continuing pharmacy against an application offering to meet a need for, or secure improvements or better access to, pharmaceutical services for the remaining lifetime of the 2022-25 PNA.

Opening of a new pharmacy at Dinnington Clinic/Health Centre, Main Road, Dinnington, Newcastle upon Tyne, NE13 7JW

A gap in the provision of pharmaceutical services in Dinnington was identified in the 2022-25 Newcastle PNA. B & S Health Ltd (trading as Falcons Pharmacy) was successful in its application to open a new pharmacy at Dinnington Clinic/Health Centre, Main Road, Dinnington, Newcastle Upon Tyne, NE13 7JW. The pharmacy opened on 3rd July 2023, and a supplementary statement was published on 19th July 2023 to update the PNA and to avoid the submission of unnecessary additional applications.

Closures of (i) Boots, 293-295 Chillingham Road, Heaton, Newcastle upon Tyne, NE6 5LL; (ii) Boots, Cruddas Park Shopping Centre, Westmorland Road, Cruddas Park (Elswick), Newcastle upon Tyne, NE4 7RW; and (iii) Boots, 41 Halewood Avenue, Kenton, Newcastle upon Tyne, NE3 3RX

In 2024, five Boots branches in Elswick, Kenton, Heaton, Byker, and Jesmond ceased trading. A detailed evaluation was conducted to assess accessibility by foot and public transport and to determine whether these closures resulted in gaps in provision to meet the current need as articulated in the 2022-25 PNA.

Gaps in provision

The closures of Boots in Elswick, Kenton, and Heaton wards in particular were found to have a significant impact on local accessibility. Many residents in these areas rely on pharmacies within walking distance due to mobility issues, lack of private transport, or reliance on public transport. The closures in Jesmond and Byker were less likely to impact the local population given the proximity of surrounding pharmacies.

Geographical Accessibility: The closures have increased the distance residents must travel to access a pharmacy. In Elswick, the nearest alternative pharmacy requires walking distances exceeding 800m for some residents, which may be challenging for those with limited mobility. In Kenton, the closure has left a gap in coverage for a large residential area, particularly affecting those in the northern part of the ward. Similarly in Heaton, the loss of a centrally located pharmacy has resulted in many residents in Heaton and Manor Park not being within 800m of a pharmacy.

Population Needs: Elswick is an area of relatively high deprivation, as are several parts of Kenton. Residents living in areas of higher deprivation are less likely to have access to a car/van[54], therefore accessing a pharmacy may be more difficult. Additionally, Census 2021 showed that a relatively high proportion of the population in Elswick and Kenton were classified as disabled[55]. These residents may face additional barriers accessing pharmacies outside of their area. Both Elswick and Kenton have a relatively high number of 0-15 year olds compared to other wards in the city. This population are likely to use local pharmacy provision.

Public Transport Links: While public transport is available in these areas, not all residents have easy access. In Elswick, some bus routes do not directly serve alternative pharmacy locations, requiring additional walking or multiple transfers. In Kenton, the frequency of buses is limited during off-peak hours, which could pose difficulties for elderly and disabled residents. In

[54] Number of cars or vans - Census Maps, ONS

[55] Disability, England and Wales - Office for National Statistics

Heaton, although buses are available, the additional cost and inconvenience of travel may discourage some residents from seeking pharmacy services as needed.

Following the assessment, the HWB determined that there were gaps in pharmaceutical provision in Elswick, Kenton, and Heaton that needed to be addressed to meet current need for pharmaceutical services. Consequently, a supplementary statement was issued for each of these closures on 15th May 2024 to reflect these findings.

Subsequently a number of applications to open a new pharmacy have been received by NENC ICB, to address gaps in pharmacy provision across Newcastle. At the time of writing:

- In Heaton, an application to open a new pharmacy has been approved, following successful appeal through NHS Resolution after initial refusal.
- In Kenton, an application to open a new pharmacy has been approved, following successful appeal through NHS Resolution after initial refusal.
- In Cruddas Park, an application to open a new pharmacy has been received and is currently awaiting decision.

Should an application or appeal be successful, and a new pharmacy subsequently opens, then the identified gap in current provision would be filled.

5.3 Geographical location of pharmacies

Figure 12 shows the location of pharmacies in Newcastle. The map is duplicated in Appendix 1 - Location maps, with an accompanying key identifying the pharmacies.

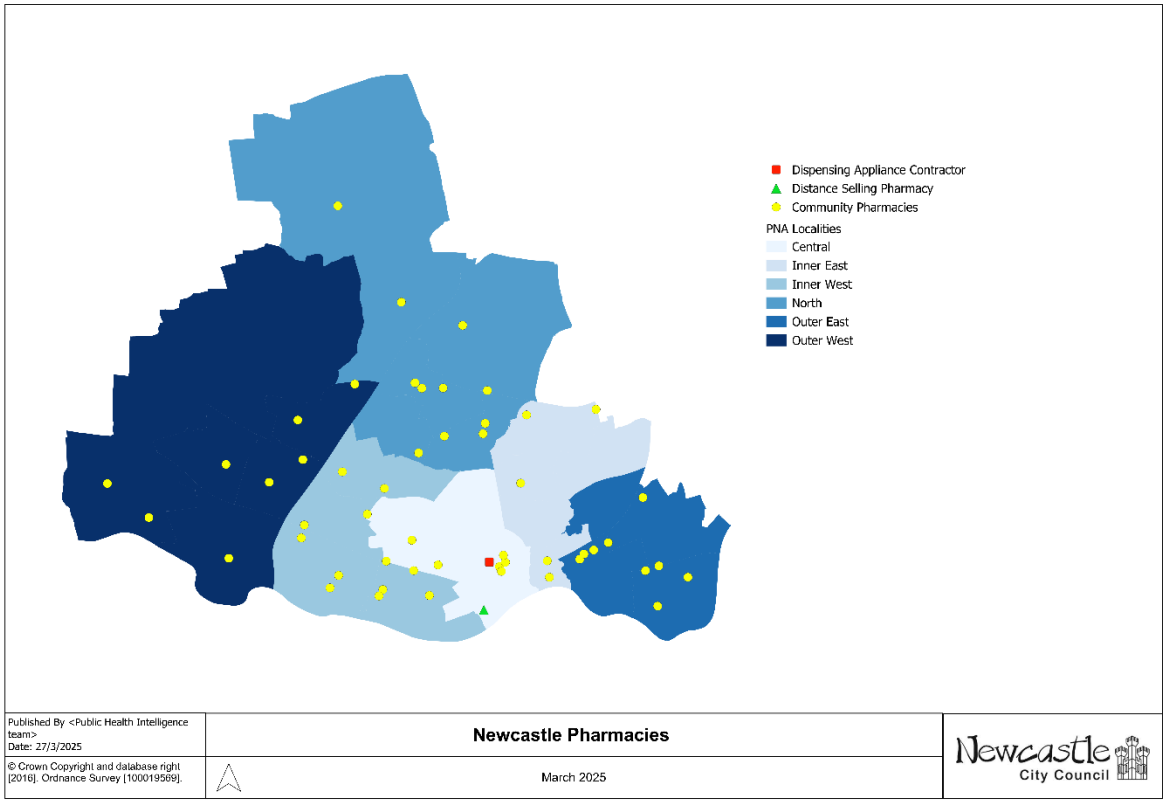

Figure 12: Location of pharmacies in Newcastle. Overlap is present at three different coordinates, with two pharmacies located on Benton Road in the Inner East, two pharmacies located on West Road in the Inner West, and two pharmacies located on Brunton Lane in the Outer West within the same postcode. Source: NENC ICB

As shown in Table 8, there are 55 community pharmacies (including the DSP) serving Newcastle's population of 307,565[56], equating to 18 pharmacies per 100,000 people, or approximately one pharmacy per 5,592 residents. This is lower than the national average of 21 pharmacies per 100,000, based on ONS Mid-2023 population estimates and NHSBSA data for 2023/24.

The 2022-25 PNA reported a higher number of community pharmacies (60) in Newcastle, equating to 20 pharmacies per 100,000 people based on a 2020 population of 306,824. This represents a 10% reduction in pharmacy numbers in Newcastle.

Table 8 demonstrates that pharmacy provision differs across Newcastle, with some localities having fewer pharmacies relative to their population. The Inner East (11 per 100,000) has the lowest provision, while the Inner West (25 per 100,000) exceeds both the citywide and national averages.

Concerns about pharmacy closures were highlighted in public engagement. 61 of 245 survey respondents reported that their local pharmacy had closed, and this issue was also raised in a focus group by the North East Action for Children, Parents, and Inclusion.

Since the last PNA, several pharmacies have closed across different areas. The Outer East locality has lost three pharmacies (two in Byker and one in Heaton ward), while Inner East has lost two (Manor Park and North Jesmond wards). The Inner West lost one pharmacy (Elswick), and the North lost one (Kenton ward), but gained another in Castle ward. Central and Outer West localities have seen no changes in pharmacy numbers.

Table 8: Number of community pharmacies per 100,000 population, by locality. Source: NENC ICB; ONS mid-year population estimates 2022

Locality name	Number of community pharmacies	Population	Community pharmacies per 100,000 population
Central	7	40,760	17.2
Inner East	6	53,164	11.3
Inner West	13	52,403	24.8
North	11	59,198	18.6

[56] Ward-level population estimates (official statistics in development) - Office for National Statistics

Outer East	9	47,535	18.9
Outer West	9	54,505	16.5
Newcastle (total)	55	307,565	17.9

5.4 Access to pharmacies by foot and by public transport

Figure 13 and Figure 14 show access to pharmacies in Newcastle via typical walking and public transport routes. The maps show population breakdown by Acorn groups[57] (based on home postcode) and the amount of time it takes respective groups to reach their nearest pharmacy.

It is estimated that 96% of Newcastle residents live within 15-minute walking distance of a pharmacy[58], as shown in Figure 13. Comparatively, 82% of Newcastle residents were estimated to live within a 15-minute public transport journey of a pharmacy, as shown in Figure 14.

[57] https://www.caci.co.uk/wp-content/uploads/2022/03/Acorn-User-Guide-NEW.pdf

[58] SHAPE - Shape

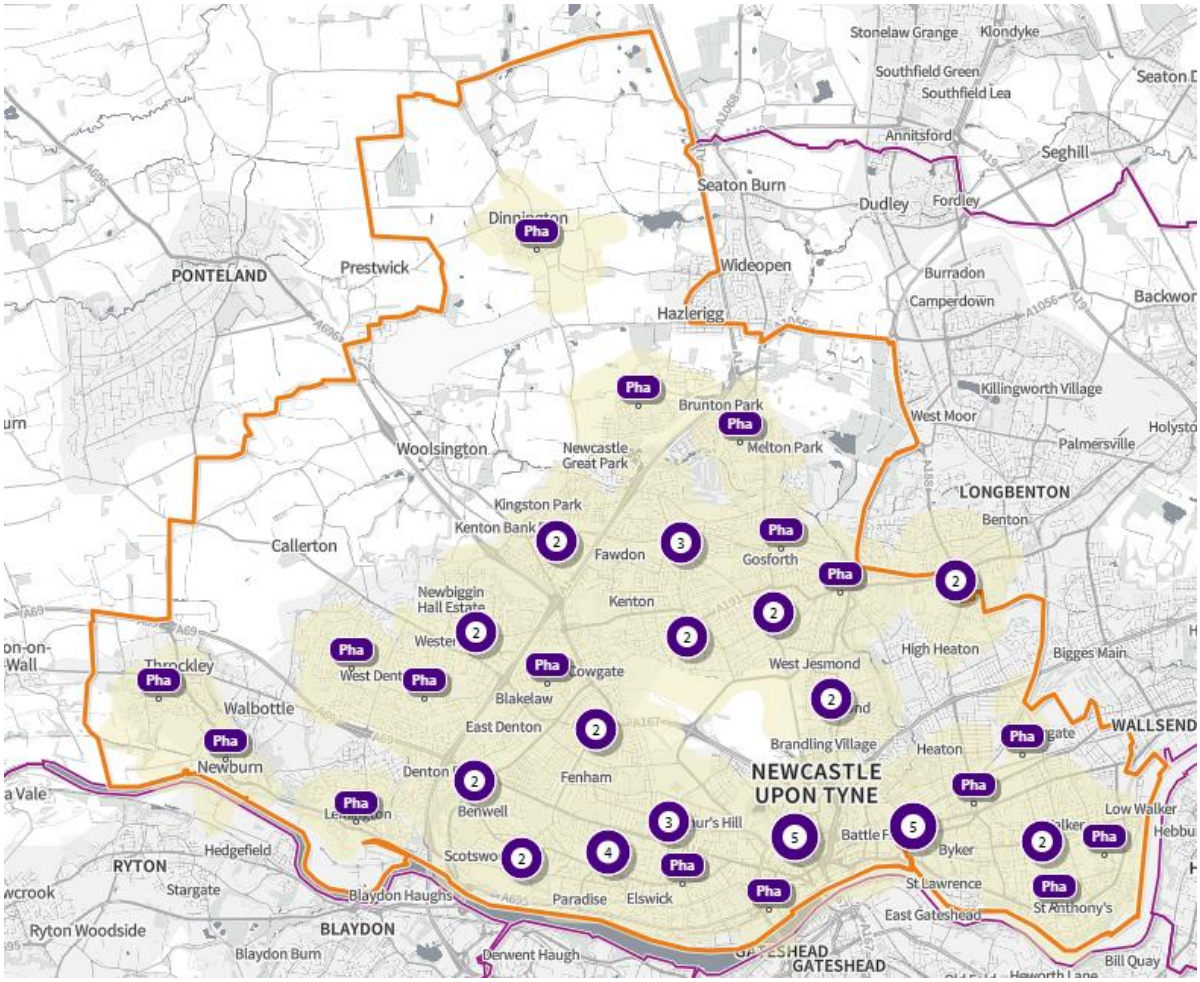

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Figure 13: Location of pharmacies and population within a 15-minute walk. Source: SHAPE Atlas

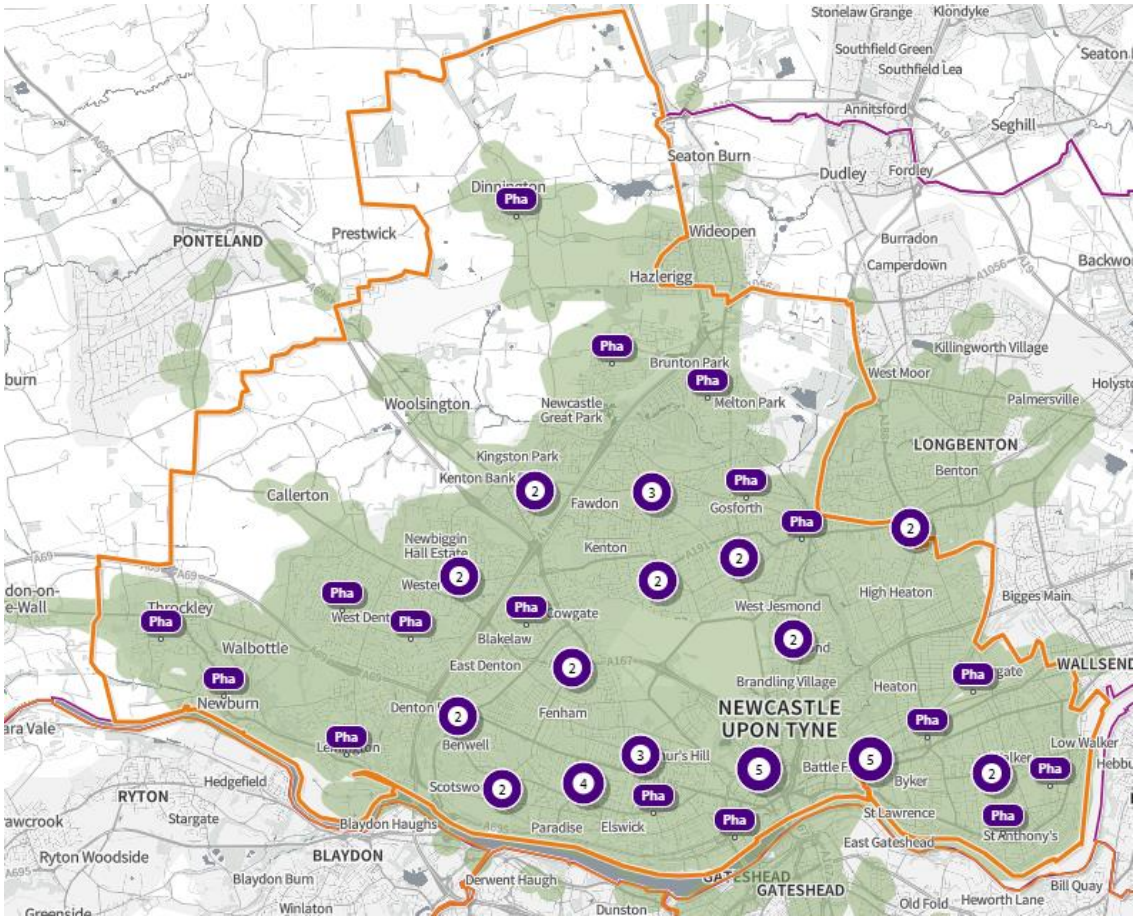

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Figure 14: Location of pharmacies and population within a 15-minute public transport journey. Source: SHAPE Atlas

The public survey for this PNA included questions about access to pharmacies. Users typically accessed their pharmacy via car (52%) or by walking (60%), with the majority being within a 0-15 minute journey of their pharmacy (63%). 19 (8%) respondents reported that accessing their local pharmacy requires a journey of more than 30 minutes.

The recent pharmacy closures have increased the distance some residents must travel to access a pharmacy. In Elswick, where Boots in Cruddas Park Shopping Centre closed in 2024, the nearest alternative pharmacy requires walking distances exceeding 1km for some residents, as shown in Figure 15, which may be challenging for those with limited mobility. Elswick has a high proportion of residents from lower-income backgrounds, many of whom do not own a car and depend on walking or public transport to access healthcare services. These areas also have a significant proportion of young residents and individuals with long-term health conditions who require regular prescriptions and pharmacist advice.

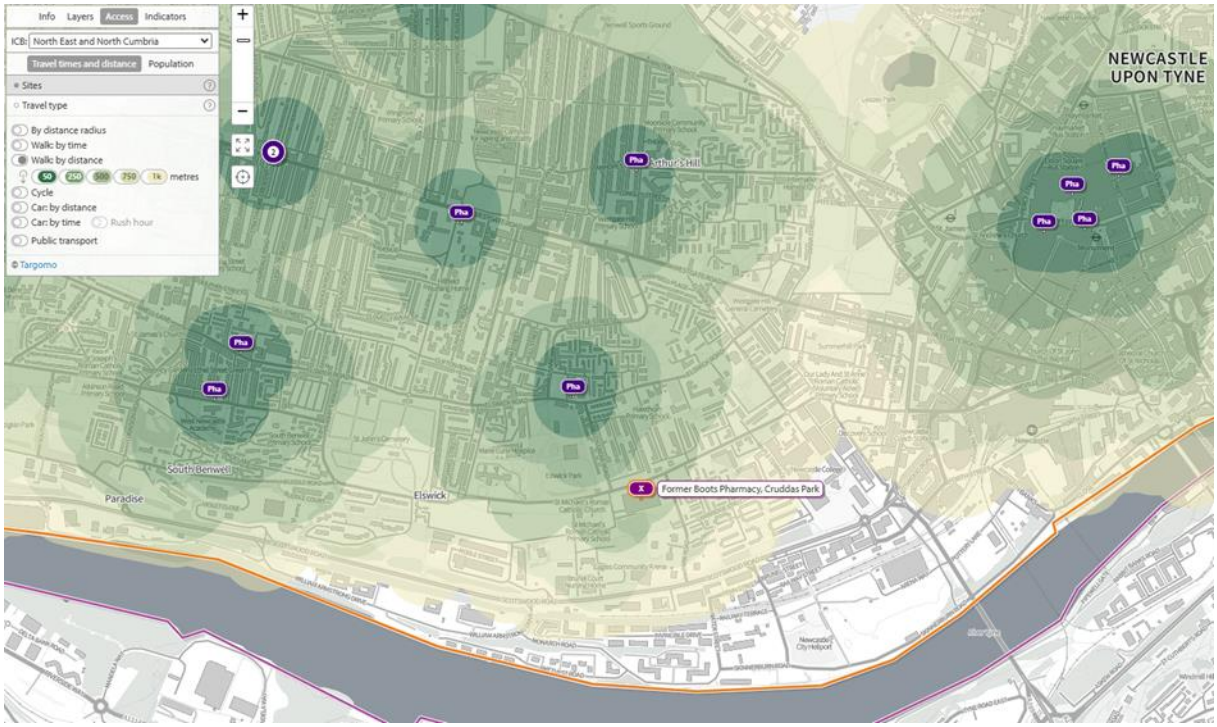

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Figure 15: Location of pharmacies and population within a 1km walk by distance around the site of the former Boots Pharmacy, Cruddas Park Shopping Centre, Westmorland Road, Cruddas Park (Elswick), Newcastle upon Tyne, NE4 7RW. Source: SHAPE Atlas.

In Kenton, where Boots on Halewood Avenue closed in 2024, the closure has left a gap in coverage for a large residential area, particularly affecting those in the northern part of the ward. This is shown in Figure 16. Kenton also has a high proportion of residents from lower-income backgrounds, many of whom do not own a car and depend on walking or public transport to access healthcare services.

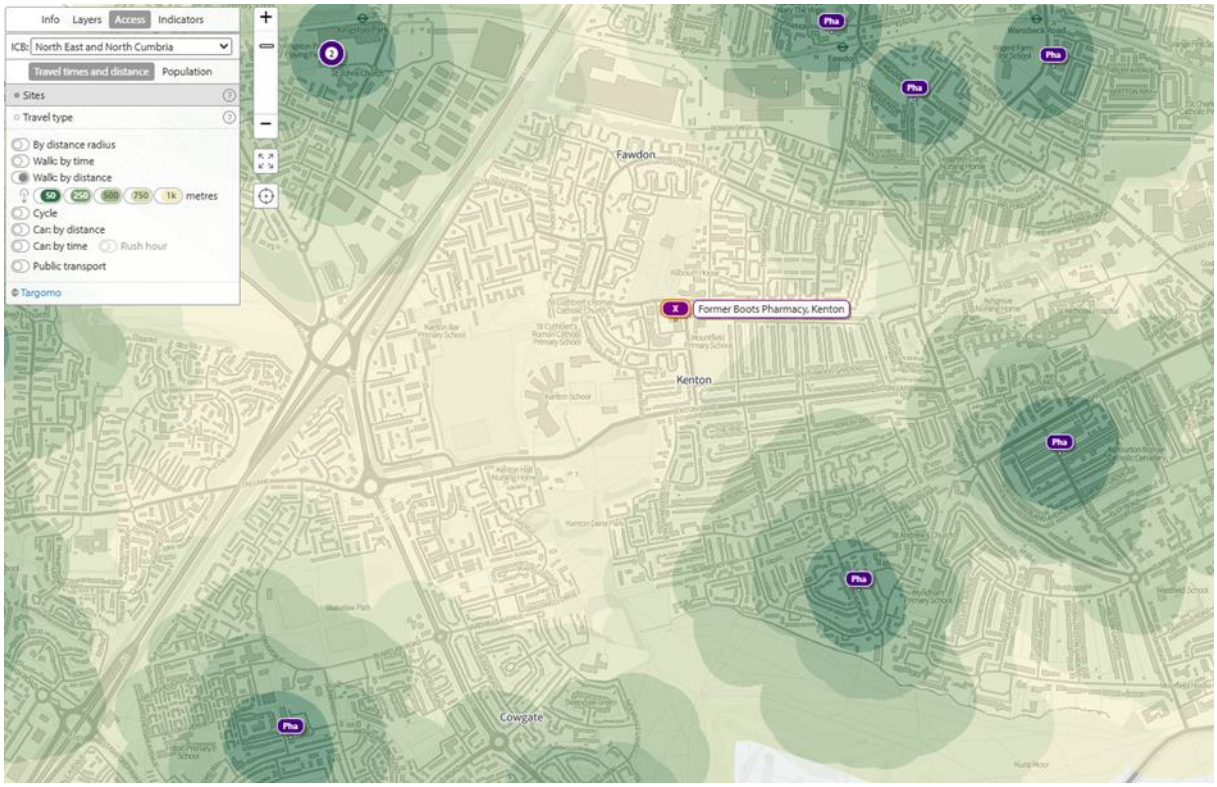

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Figure 16: Location of pharmacies and population within a 1km walk by distance around the site of the former Boots Pharmacy, 41 Halewood Avenue, Kenton, Newcastle upon Tyne, NE3 3RX. Source: SHAPE Atlas.

In Heaton, where Boots on Chillingham Road closed in 2024, the loss of a centrally located pharmacy has forced some residents to travel further, including crossing busy roads or taking multiple public transport routes. A large area of Heaton and Manor Park wards now have a walking distance over 1km to reach the nearest pharmacy, as shown in Figure 17. Access to pharmacies in this area had already been reduced by a previous closure of Lloydspharmacy in Sainsbury's on Etherstone Avenue in the Manor Park ward to the north of Heaton.

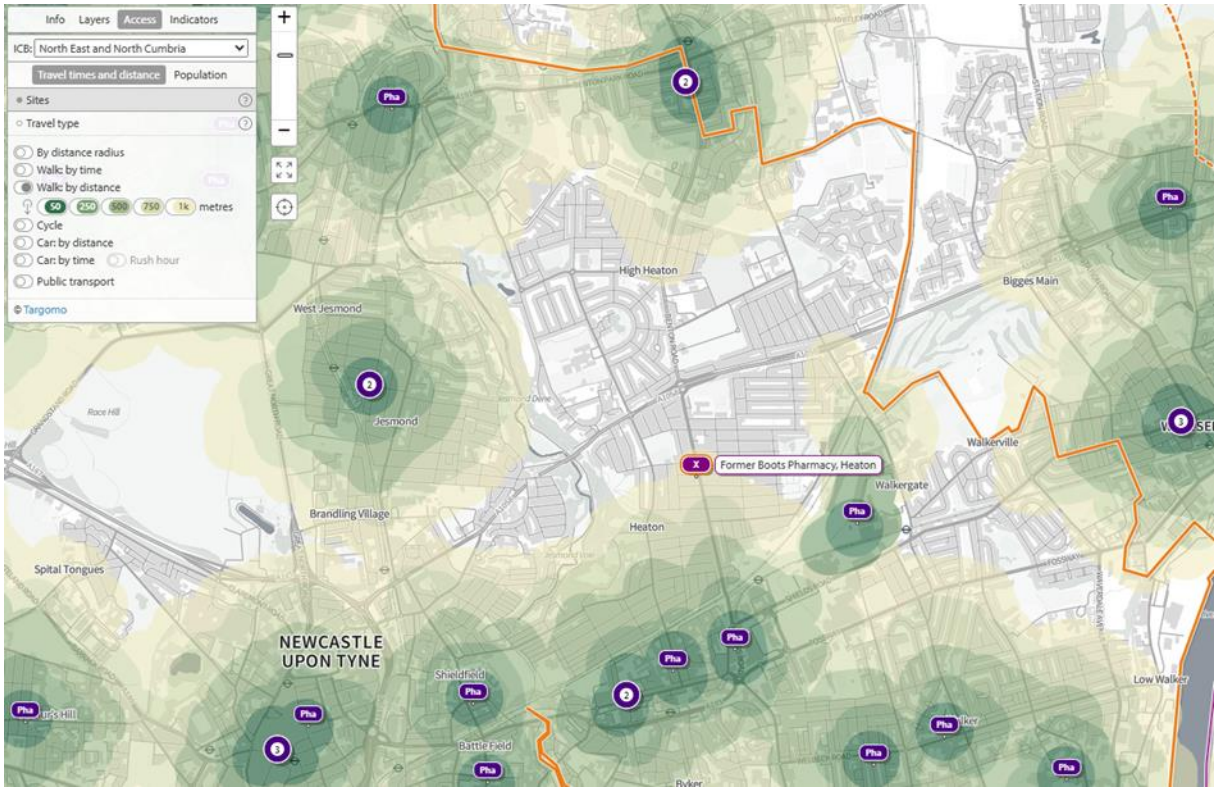

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Figure 17: Location of pharmacies and population within a 1km walk by distance around the site of the former Boots Pharmacy, 293-295 Chillingham Road, Heaton, Newcastle upon Tyne, NE6 5LL. Source: SHAPE Atlas.

5.5 Dispensing activity

To assess the average dispensing activity levels of Newcastle's community pharmacies, data from the NHS Business Services Authority (ePACT2) was analysed.

In 2023/24, a total of 7,814,387 prescription items were issued by GPs and other healthcare providers (such as community nursing teams, hospices, and urgent treatment centres) within the Newcastle HWB area.

Table 9 below shows the average number of prescription items dispensed per pharmacy, including distance-selling pharmacies. On average, Newcastle community pharmacies dispensed 145,319 prescription items per year, significantly higher than the national average of 92,680 items per pharmacy in England.

Table 9: Average number of prescription items dispensed. Source: NHS Business Services Authority

	Number of community pharmacies	Number of prescriptions dispensed	Average per annum items dispensed per pharmacy
Newcastle	55	7,992,547	145,319
England	12,009	1,113,000,000	92,680
Source: NHS Business Services Authority (Note: these items include all dispensed prescriptions, prescribed from any area)			

Prescribing and analysis of data reports (ePACT2) published by NHS Business Services Authority in October 2024, indicated that in 2023/24, 93% of the items prescribed by GP practices in Newcastle were dispensed by pharmacies in the Newcastle area and 7% were dispensed "out of area".

The number of prescriptions dispensed out of area has slightly increased over the last three years with 6% being dispensed out of area in 2021/22 and 6% in 2022/23.

Out of area dispensing may be due to people choosing to use a distance selling pharmacy for their medicine supplies or people who live on the boundaries of the area accessing pharmacies which are convenient to visit but are in a neighbouring HWB area.

Newcastle pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. This activity has increased slightly over the last three years. In 2023/24, 9% of the dispensing activity of pharmacies in Newcastle were from prescribers out of area whereas in 2021/22 the activity was 8% and in 2022/23 it was 8%

5.6 Pharmacy opening hours

As outlined in section 5.1, community pharmacy contractors are required to open for a minimum of 40 core hours per week as part of essential pharmacy services, unless a reduction is agreed with NHSE. Pharmacies with 100-hour contracts must be open for at least 72 core hours per week, as per the recent changes introduced by DHSC.

In Newcastle, 49 pharmacies with standard contracts operate for 40 core hours per week, with a further 4 standard contract pharmacies contracted for more than 40 per week (ranging from 40.5 to 45 core hours). Boots at Kingston Park operates under a 100-hour contract pharmacy but now provides 72 core hours per week.

Additionally, there are 44 pharmacies which choose to provide supplementary hours to meet the needs of their populations (ranging from 2.5 to 42 supplementary hours per week).

In total, 85.2% of pharmacies are open more than 40 hours per week, almost unchanged from the 85.0% reported in the 2022–25 PNA, as shown in Table 10.

Table 10: Number of hours of community pharmaceutical services available per week. Source: NENC ICB

	PNA 2025-28		PNA 2022-2025	
	Number of pharmacies	Percentage of pharmacies (%)	Number of pharmacies	Percentage of pharmacies (%)
Exactly 40 Hours	8	14.8%	9	15.0%
More than 40 and up to 45	13	24.1%	21	35.0%
More than 45 and up to 50	17	31.5%	13	21.7%
More than 50 and up to 55	7	13.0%	8	13.3%
More than 55 and up to 60	3	5.6%	3	5.0%
More than 60 but less than 100	6	11.1%	5	8.3%
100 hours or more	0	0.0%	1	1.7%
Total	54	100%	60	100%

5.6.1 Weekday opening

Newcastle has good weekday coverage of pharmacies between 9am and 5pm, with all pharmacies being open between 9am-12:30pm and 2:30-5pm, as shown in Figure 18. 26% of pharmacies were closed between 1-1:30pm on weekdays.

All community pharmacies in Newcastle are open from at least 9.00am on weekday mornings, with 16 pharmacies offering opening times before 9am. 76% of pharmacies are open until 6pm, however this reduces considerably after this time, with no pharmacies in the Inner East or Inner West localities remaining open.

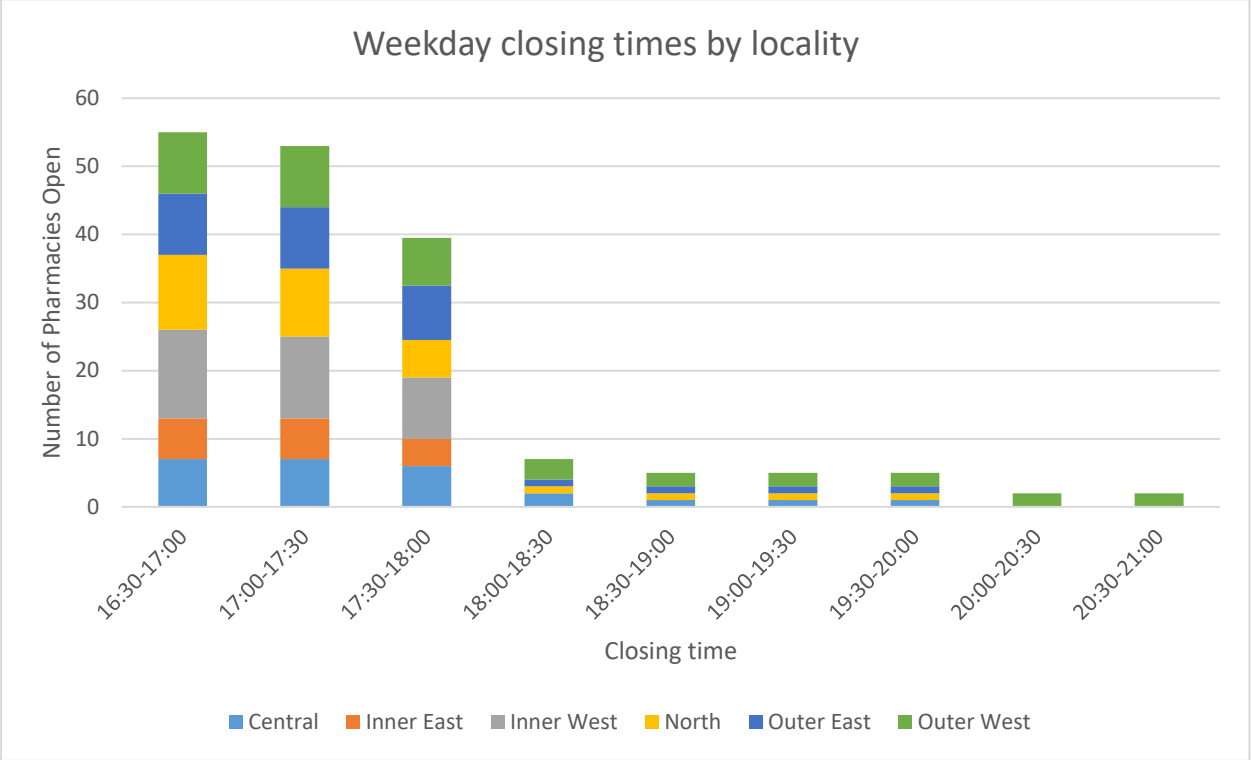


Figure 18: Closing times of pharmacies on weekdays, by locality. Sources: NENC ICB

5.6.2 Weekend opening

32 pharmacies in Newcastle open on Saturdays (58.2%). The main availability of pharmacies is between 9.00am-12.00pm, decreasing in coverage for the rest of the day, as shown in Figure 19. All localities have at least one pharmacy open until 5.00pm; while the Outer West, Central, Outer East and North localities maintain coverage until 8.00pm. 20 of the pharmacies use supplementary hours for their Saturday opening times, with the opening hours in 12 of these entirely reliant on supplementary hours.

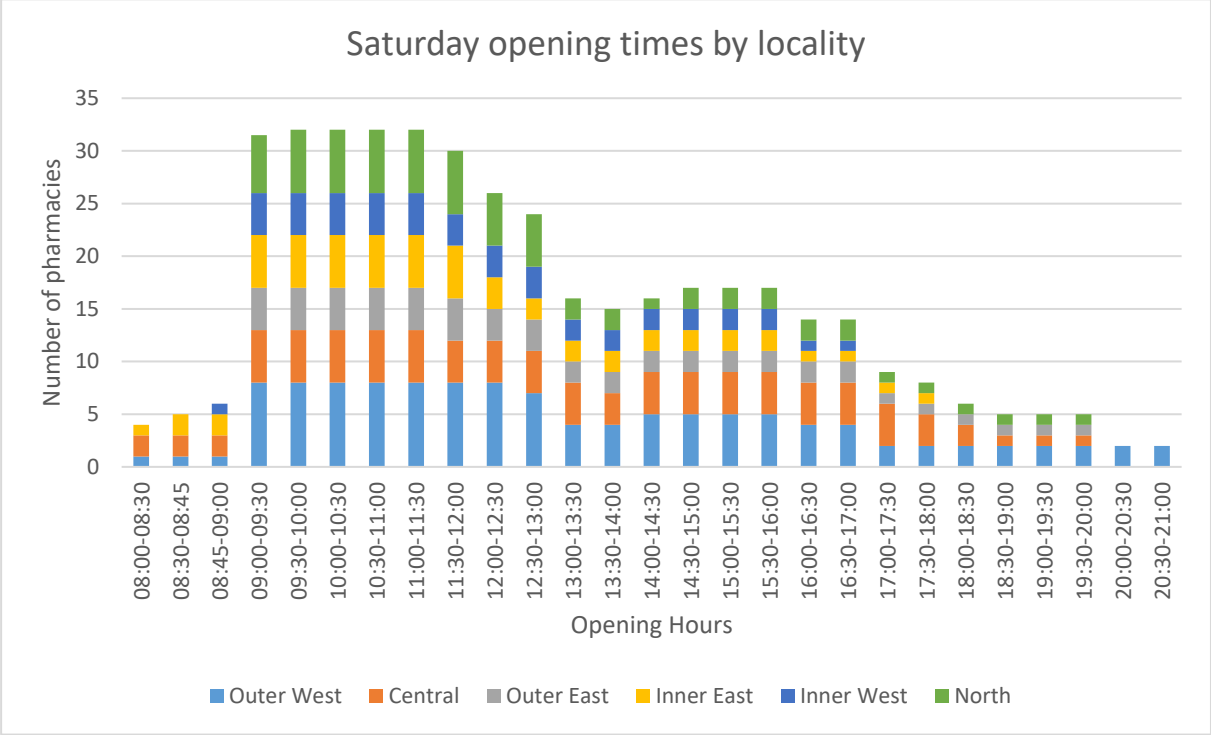


Figure 19: Pharmacies open on Saturdays, by locality. Source: NENC ICB

Newcastle has seven pharmacies that are open on a Sunday, with coverage in all localities other than Inner East, as shown in Figure 20. No pharmacies are open past 5pm, although this may be due to restrictions on Sunday trading hours. Five of the pharmacies open on a Sunday do so exclusively using supplementary hours.

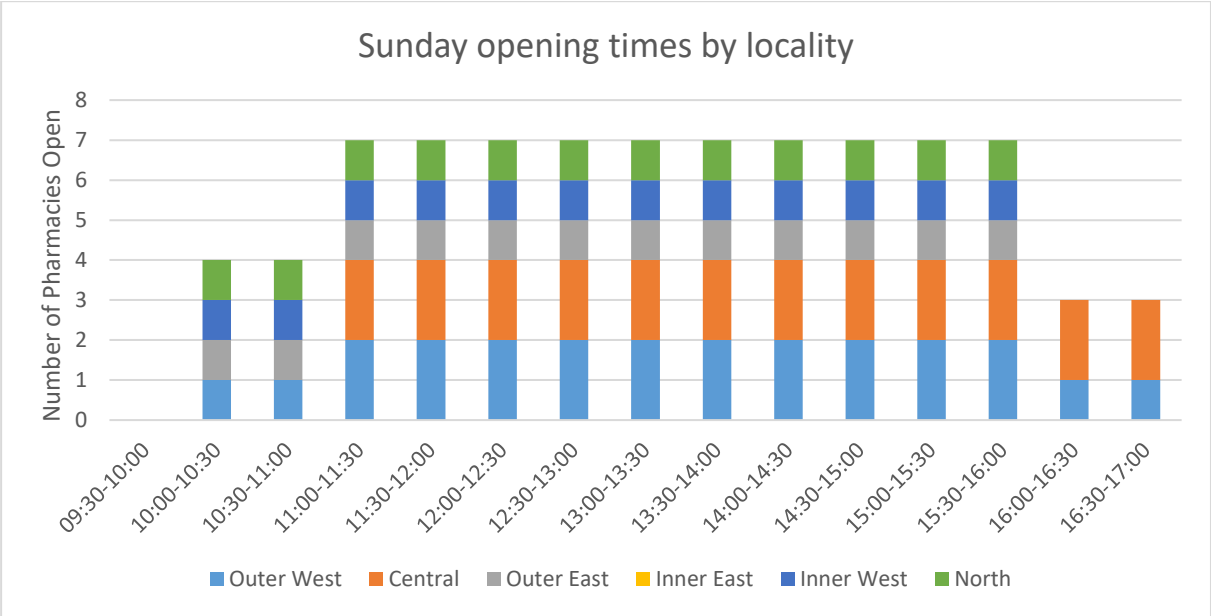


Figure 20: Pharmacies open on a Sunday. Source: NENC ICB

Newcastle has a single 100-hour contract pharmacy, though it now opens for 72 hours per week following the amendment to pharmacy regulations in July 2023. Despite the reduction, this continues to support improved access to pharmaceutical services, particularly during evenings and at weekends. City centre, Gosforth and Kingston Park pharmacies provide extended opening hours, and are accessible by public transport.

There are also 100-hour contract pharmacies in North Tyneside (Chirton) and Northumberland (Blyth and Ashington) which patients in outer Newcastle can also access if required and able.

5.7 Improving accessibility

5.7.1 Disability access

To comply with the Equality Act 2010[59] community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day-to-day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers;
- Large print labels;
- Reminder charts, showing which times of day medicines are to be taken;
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

In the PNA pharmacy survey, 28 (62%) respondents indicated that there was unaided wheelchair access to their premises, while 15 (33%) respondents indicated that there was wheelchair access with assistance. Two respondents indicated they did not have wheelchair access to their premises. Table 11 shows the pharmacy accessibility as reported via the PNA pharmacy survey per locality.

[59] Equality Act 2010 https://www.legislation.gov.uk/ukpga/2010/15/contents

Table 11: Number of community pharmacies offering wheelchair access, by locality. Source: PNA pharmacy survey

Locality ***(Number in brackets indicates the total number of pharmacies per locality)***	**Pharmacy survey responses received per locality**	**Number of pharmacies offering unaided wheelchair access**	**Number of pharmacies offering wheelchair access with assistance**
Central (7)	4	2	1
Inner East (6)	5	3	2
Inner West (13)	11	3	8
North (11)	9	7	1
Outer East (9)	7	5	2
Outer West (9)	9	8	1
Newcastle (55)	**45**	**28**	**15**
Source: PNA pharmacy survey, 2024/25. Valid responses: 45/55 pharmacies			

5.7.2 Consultation rooms

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHS England regulations and guidance[60] almost all pharmacies comply with the need to have a consultation room as specified in order to deliver advanced services.

[60] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 https://www.legislation.gov.uk/uksi/2013/349/contents

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying "Consultation Room";
- Distinct from the general public areas of the pharmacy premises;
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

Of the 45 respondents to the PNA pharmacy questionnaire, 28 (62%) stated that there was unaided wheelchair access to their consultation room, 15 (33%) stated it was accessible with assistance, and 2 (4%) stated it was not accessible by wheelchair.

5.7.3 Information technology and digital solutions

Under the terms of service, community pharmacies are now required to have digital solutions in place to provide connectivity across healthcare settings, including:

- Premises specific NHS mail account which their staff can access and can send and receive NHS mail from thereby ensuring safe and secure transfer of information across healthcare settings. Pharmacy contractors should ensure that NHS mail accounts are regularly checked throughout the opening hours of the pharmacy.
- Pharmacy staff have access to EPS (a service which allows prescribers, such as GPs, to send prescriptions electronically to a dispensing site of the patient's choice) at their pharmacy premises which must be constant and reliable throughout core and supplementary opening hours, in so far as that is within the control of the contractor. In addition, where a contractor is unable to access EPS to dispense an EPS prescription, they must take all reasonable steps to ensure that the item is supplied within a reasonable timescale. In 2023/24, 96% of all dispensed items were dispensed via EPS.
- There is a comprehensive and accurate profile for their pharmacy on the NHS website (www.nhs.uk).
- Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS). This ensures consistent and reliable access during opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

5.7.4 Language services

As described in section 3.1.2, Newcastle has an increasing ethnic diversity including 6% of households where English is not considered the main language. This may have implications in terms of support required for different communities to support access and understanding of their medicines.

27 out of 45 respondents (60%) to the pharmacy survey stated that there are languages other than English spoken by their regular pharmacy staff. More than half of these 27 pharmacies had staff who could speak more than one additional language.

The range of languages spoken across community pharmacies in Newcastle, at the time of survey completion, is shown in Figure 21.

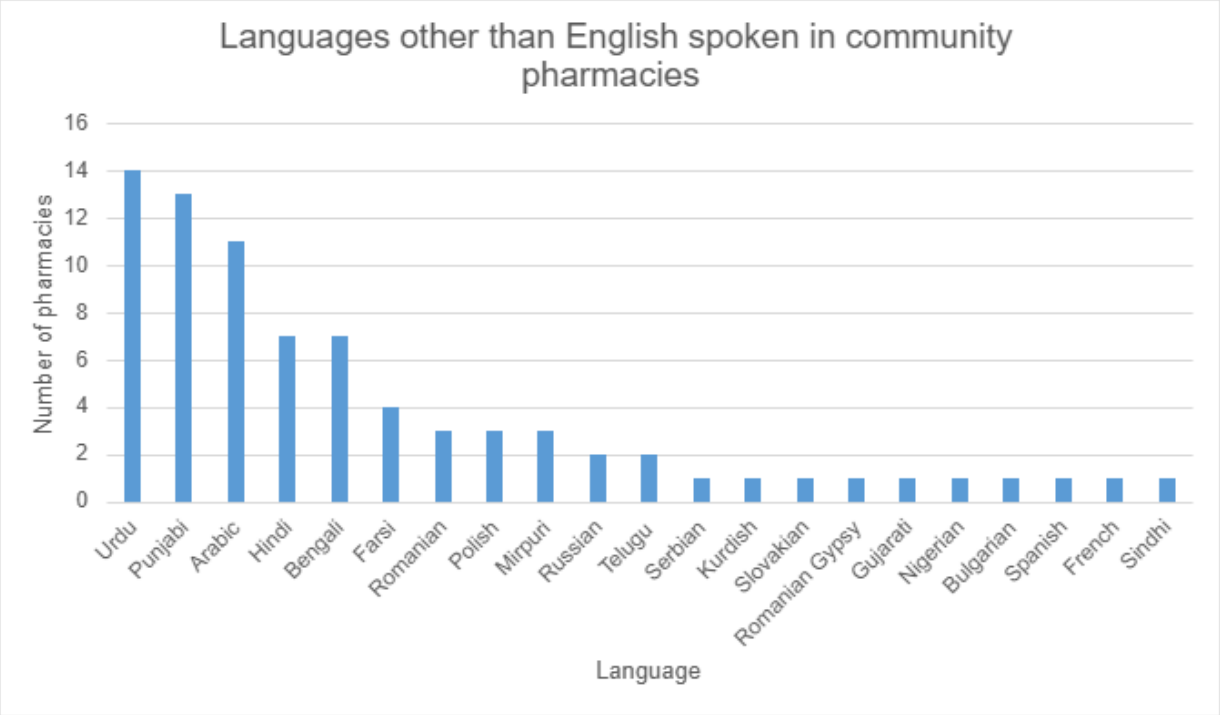


Figure 21: Languages other than English spoken in community pharmacies in Newcastle. Source: PNA pharmacy survey

NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other primary care settings.

Language Empire provides various linguistic services, and all pharmacies have been able to access these interpretation and translation services since April 2021.

5.7.5 Collection and delivery services

Two further services which improve access to medicines are prescription collection from the GP surgery and home delivery services. As the utilisation of EPS has increased over the years with now over 96% of prescriptions sent electronically, demand for prescription collection services (i.e. the pharmacy picking up a paper prescription from a GP practice) has decreased, but delivery services are still well utilised and provided by most pharmacies. The PNA pharmacy survey showed that 93% of responding pharmacies offered a delivery service, with most of these pharmacies providing this free of charge.

5.7.6 Monitored dosage systems

Pharmacies are expected to make suitable arrangements or “reasonable adjustments” for patients who have disabilities which ensure that they can take their medicines as instructed

by the doctor in line with the Equality Act 2010[61]. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67[62] published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that "use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out".

Pharmacies may also choose to provide MDS to other patients where they are not required under the Equality Act 2010 to offer such adjustments. In the PNA pharmacy survey, 37 (82.2%) of the responding pharmacies reported offering this service to such patients.

[61] Equality Act 2010: https://www.legislation.gov.uk/ukpga/2010/15/contents

[62] Managing medicines for adults receiving social care in the community: https://www.nice.org.uk/guidance/ng67/chapter/recommendations#supporting-people-to-take-their-medicines

Pharmaceutical Services

NHSE commissions pharmaceutical services via the CPCF, detailed in section 1.3. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- Essential services: services all community pharmacies are required to provide.
- Advanced services: services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide as long as they meet the requirements set out in the directions.
- Enhanced services: services that can be commissioned locally by NHSE.

In addition, a Local Pharmaceutical Services (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities and ICBs.

6.1 Essential services

As of October 2021, the Essential services are:

- Dispensing medicines
- Repeat dispensing (and electronic repeat dispensing (eRD)) i.e., a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health), which includes providing advice and participating in health campaigns when requested to do so by NHS England
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information
- Support for self-care which may include advising on over-the-counter medicines or changes to the person's lifestyle
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities
- Discharge medicines service - introduced in 2021 with the aim of reducing the risk of medication problems when a person is discharged from hospital. This service significantly contributes to the safety of patients at transitions of care by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business")

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions
- Dispensing of repeat prescriptions

- For certain appliances, offer to deliver to the patient and provide access to expert clinical advice

Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can

6.1.1 Current provision of Essential pharmacy services in Newcastle

Figure 22 identifies the current provision of Essential pharmaceutical services and will be used to determine any applications for new pharmacy contracts. This map is duplicated and enlarged in Appendix 1.

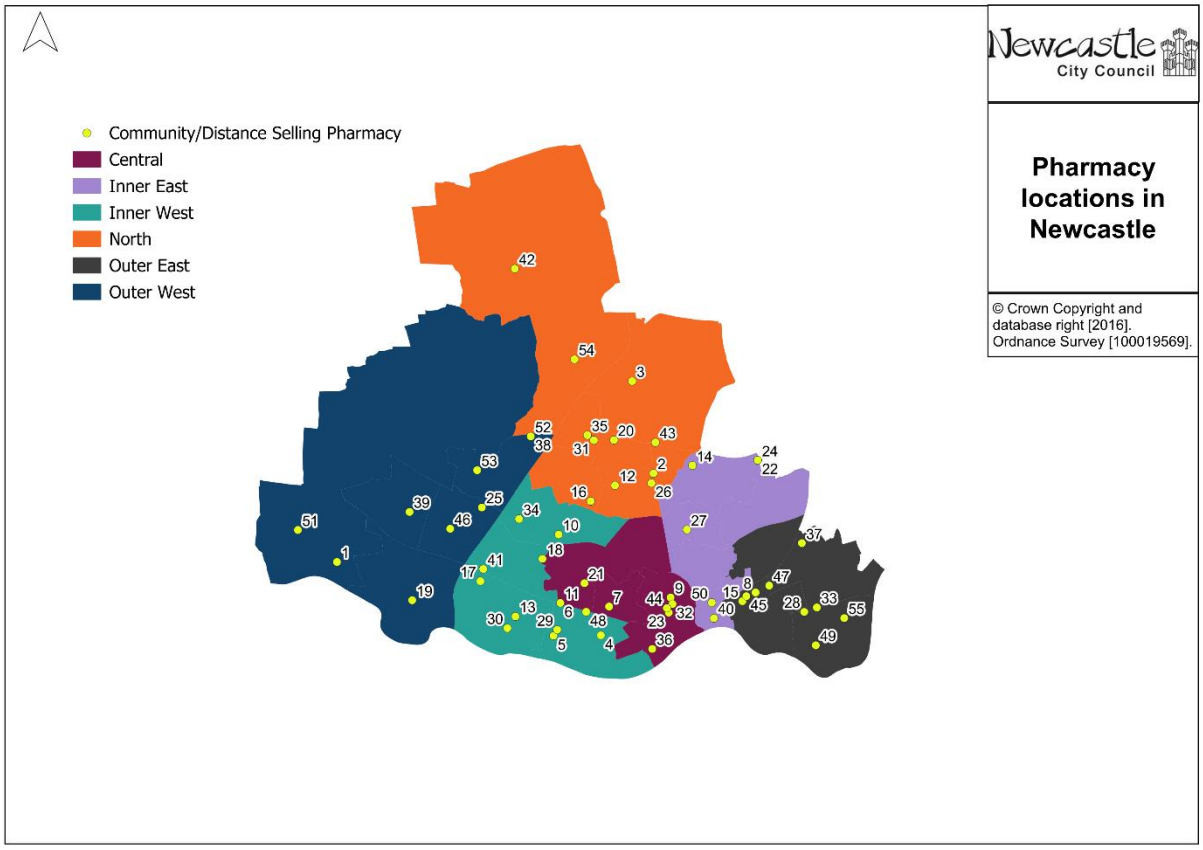


Figure 22: Pharmacy services in Newcastle (numbered). Source: Newcastle City Council

6.2 Advanced services

In addition to the Essential services, the NHS CPCF allows for the provision of 'Advanced services'. Community pharmacies can choose to provide any of these services as long as they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements to be met regarding premises. They are commissioned by NHSE and the specification and payment is agreed nationally.

Advanced services are:

- Appliance Use Review
- Hypertension Case-Finding Service
- Influenza Vaccination Service

- Lateral Flow Device Tests Supply Service
- New Medicines Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service

Table 12 shows the distribution of pharmacies (not including DACs) across the localities of Newcastle that deliver the Advanced services, taken from information supplied by NENC ICB in February 2025. The distance selling pharmacy is also included in Table 12 as it provides a number of these services. Please note the number of pharmacies per locality may have changed between data collection and final publication of the PNA.

Table 12: Distribution of pharmacies across Newcastle offering advanced services. Source: NENC ICB February 2025

Pharmacies in Newcastle localities providing advanced services	Appliance use review	Hypertension case-finding	Influenza vaccination	Lateral flow device tests supply	New medicines service	Pharmacy contraception service	Pharmacy First service	Smoking cessation service	Stoma appliance customisation
Central (7)	1	6	6	5	7	6	7	4	1
Inner East (6)	1	6	6	5	6	5	6	5	1
Inner West (13)	2	8	11	6	13	9	13	5	2
North (11)	0	8	10	7	10	7	11	5	0
Outer East (9)	1	9	9	8	9	5	9	2	1
Outer West (9)	0	9	9	6	9	9	9	4	1
Newcastle total (55)	5	46	51	37	54	41	55	25	6
Percentage of pharmacies providing services	9%	84%	93%	67%	98%	75%	100%	45%	11%

6.2.1 Appliance Use Reviews

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

Five pharmacies provide the AUR service (as shown in Figure 23). However, this service is also provided by the dispensing appliance contractors as a specialism of their services. Dispensing appliance contractors tend to operate remotely, receiving prescriptions via EPS, and arranging for dispensed items to be delivered to the patient. Consequently, not every HWB will have a dispensing appliance contractor operating in their area, however residents will be accessing their services elsewhere in the country.

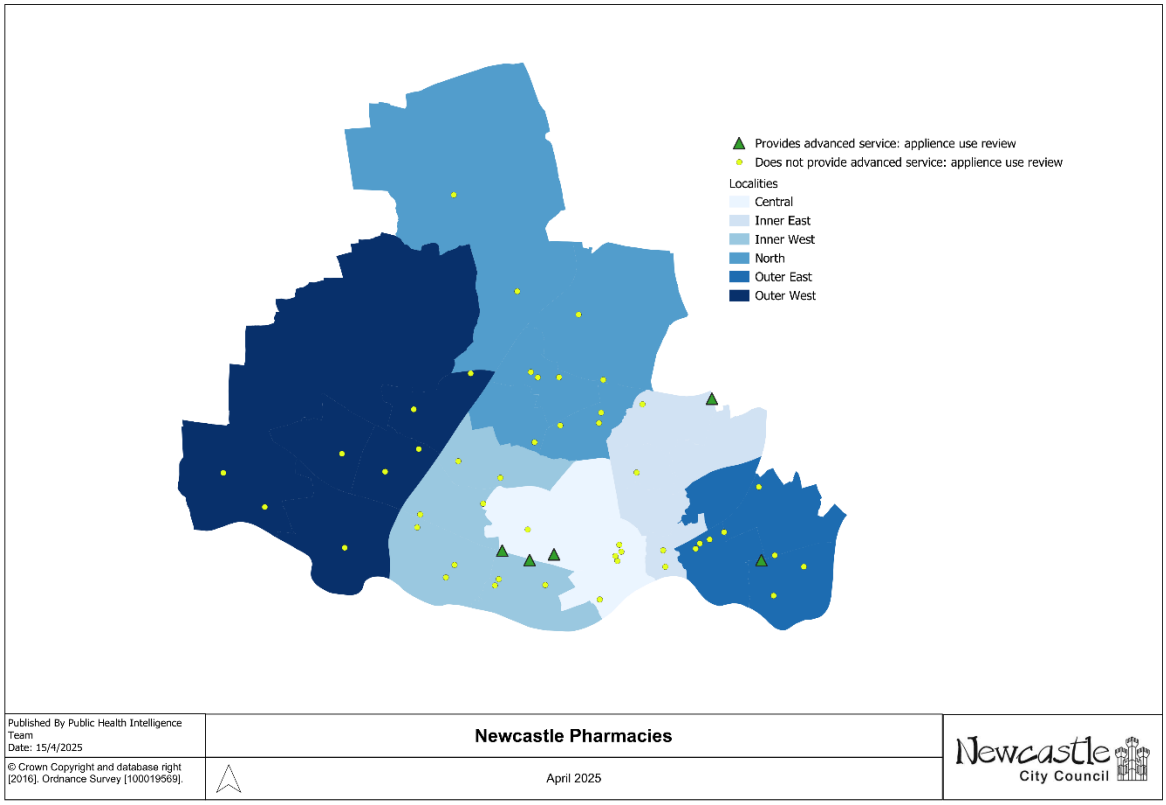


Figure 23: Pharmacies offering the appliance use review service Source: NENC ICB

6.2.2 Hypertension Case Finding Service

The Hypertension Case Finding Service was commenced as an Advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff.

The service aims to:

1. Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
2. At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
3. Provide another opportunity to promote healthy behaviours to patients.

Since the 2022-2025 PNA, when eight pharmacies offered the service, provision has increased significantly and there are currently 46 pharmacies across all localities signed up to provide the service in Newcastle (as shown in Figure 24).

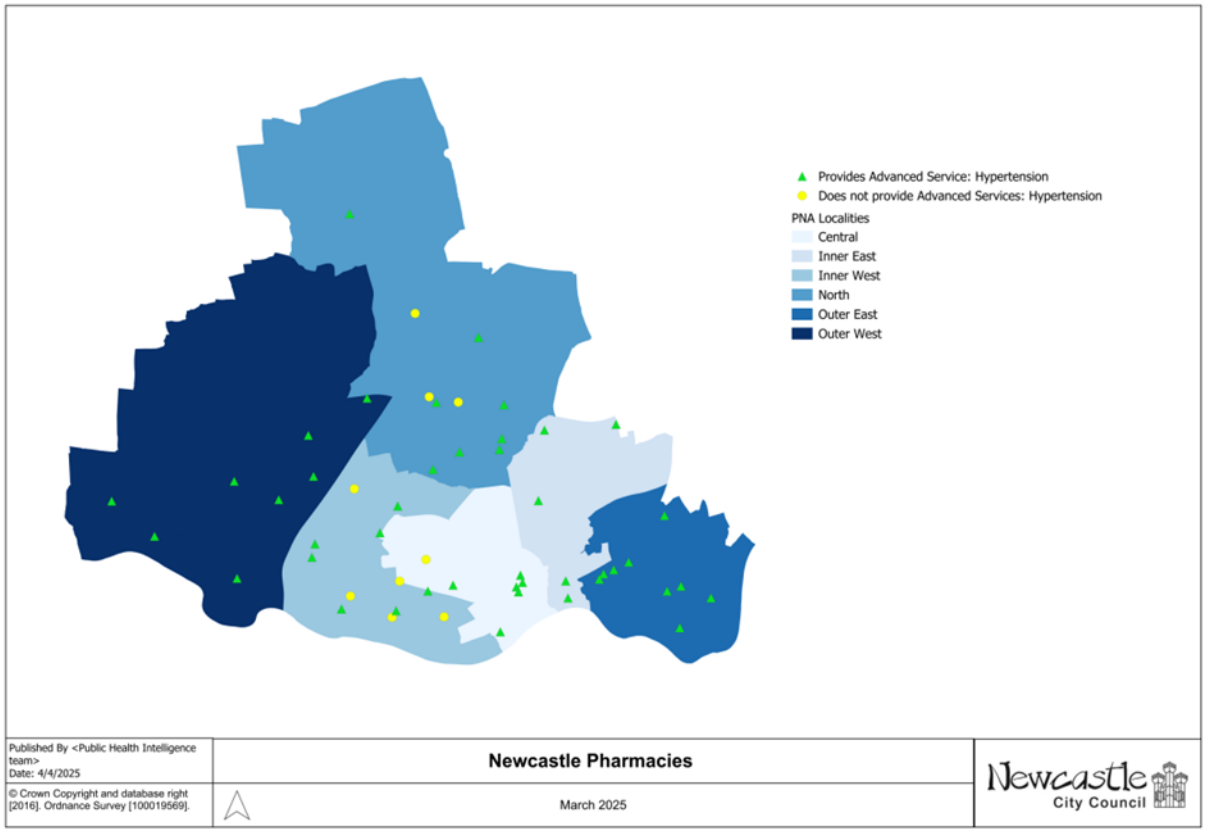


Figure 24: Pharmacies offering the Hypertension Case Finding Service. Source: NENC ICB

6.2.3 Influenza Vaccination Service

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

Pharmacies, through the influenza vaccination service, are now able to help to maximise uptake of the vaccine in 'at risk groups', provide more convenience for eligible patients to access the vaccinations and reduce variation in coverage of influenza vaccination across England.

The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

In Newcastle, 52 out of 55 pharmacies provide the influenza vaccination service, with good provision across all localities, helping to maximise vaccination uptake across the city (as shown in Figure 25).

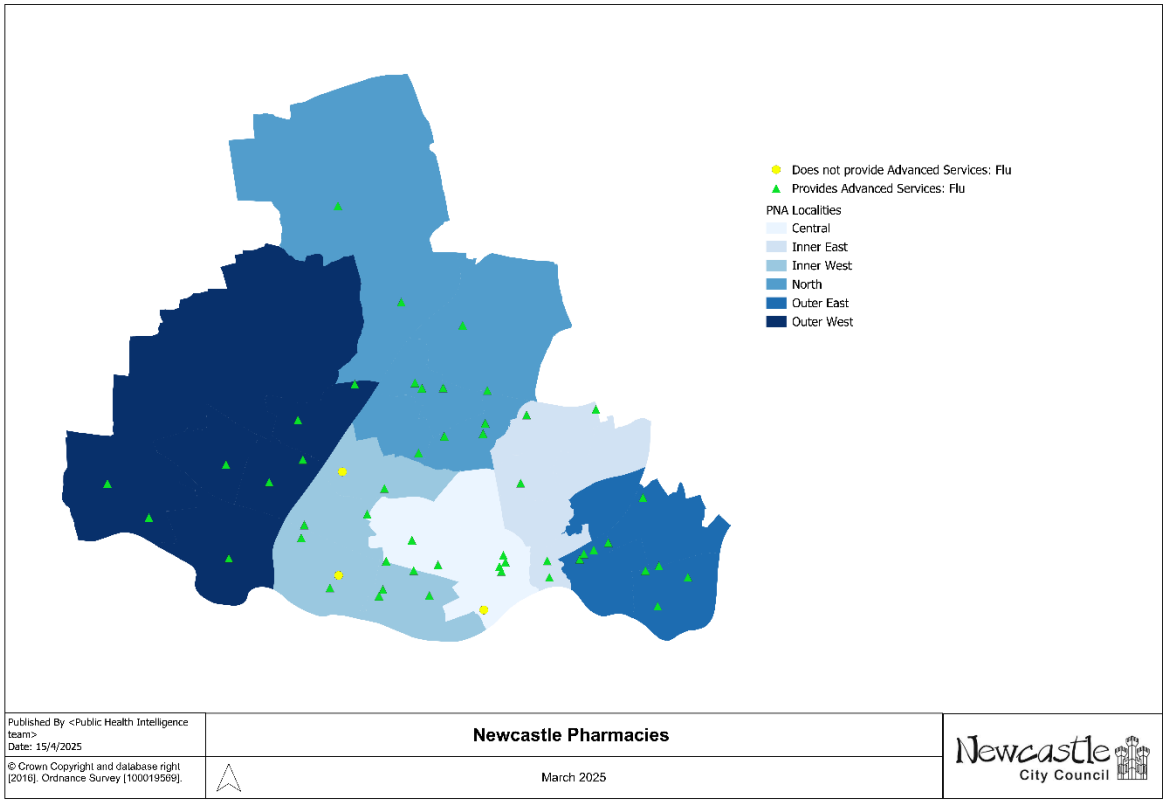


Figure 25: Pharmacies offering the influenza vaccination service. Source: NENC ICB

6.2.4 Lateral Flow Device Tests Supply Service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test.

The LFD tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

37 pharmacies across Newcastle are signed up to provide the LFD tests supply service (as shown in Figure 26).

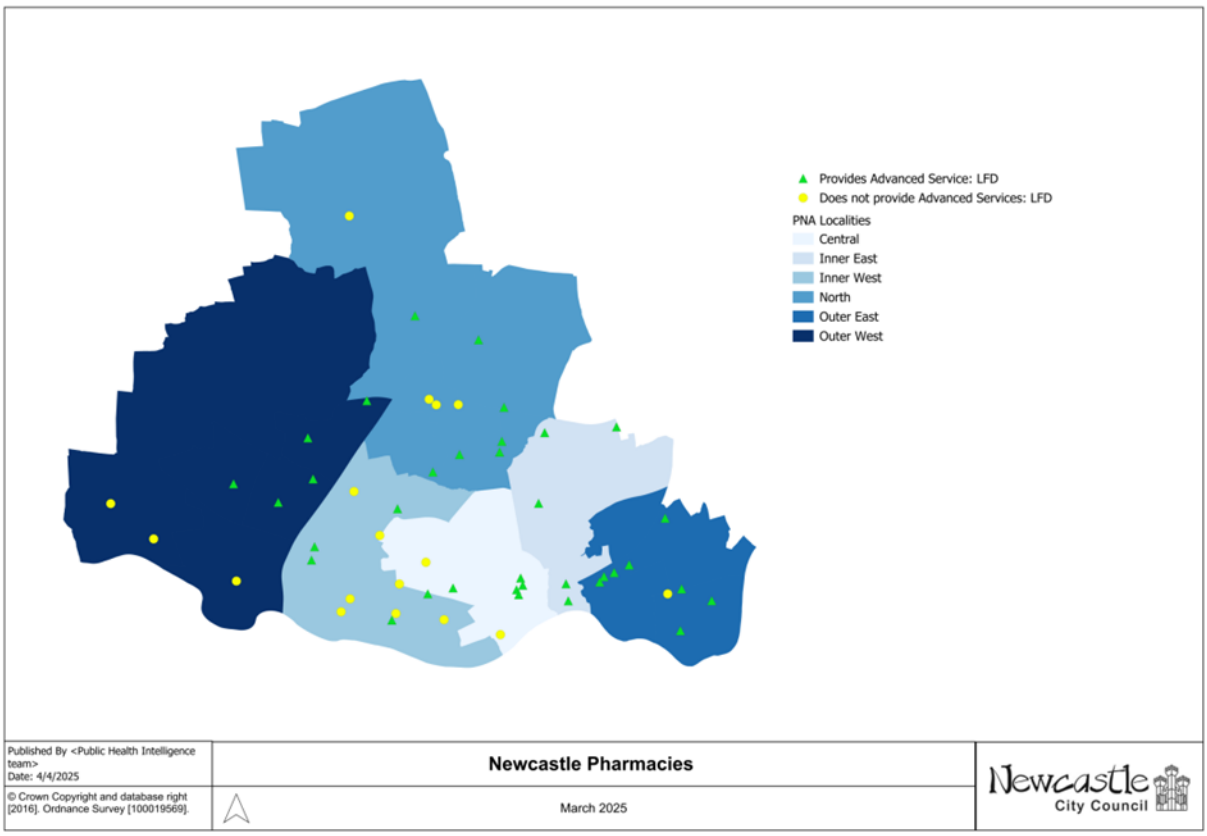


Figure 26: Pharmacies offering lateral flow device tests supply service. Source: NENC ICB

6.2.5 New Medicines Service

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. Non-adherence to prescribed medicine regimens is often a hidden problem, undisclosed by patients and unrecognised by prescribers. People make decisions about the medicines they are prescribed and whether they are going to take them very soon after being prescribed the new medicine.

The new medicines 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.

A broad range of conditions are covered by the service including respiratory conditions, diabetes (Type 2); hypertension, hypercholesterolaemia, osteoporosis, gout, glaucoma, epilepsy, Parkinson's disease, urinary incontinence/retention, and many cardiac related conditions such as heart failure, atrial fibrillation, coronary heart disease, strokes, and long-

term risks of venous thromboembolism/embolism. From October 2025, the service will be expanded further to include depression within the conditions and associated medicines[63].

There is substantial provision of this service across the city, with all 55 pharmacies signed up to deliver this service.

6.2.6 Pharmacy Contraception Service

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102)[64].

The objectives of the service are to:

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

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and
- Ongoing supply: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary.

[63] Briefing 010/25: Funding Settlement for 2024/25 and 2025/26: https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf

[64] NICE guideline NG102: Community pharmacies: promoting health and wellbeing: https://www.nice.org.uk/guidance/ng102

The contractual settlement for 2025/26 includes plans for further changes to the pharmacy contraception service specification[65] including:

- Recognition of suitably trained pharmacists and competent pharmacy technicians will be able to provide the service, thereby utilising a greater skill mix and provision of service
- Expanding the list of products available via PGD
- From October 2025, expanding the service to include Emergency Contraception

41 pharmacies across all localities in Newcastle are currently signed up to provide this service.

Note that Newcastle City Council Public Health also commissions the supply of emergency hormonal contraception. This is described in more detail in the locally commissioned services section of the PNA.

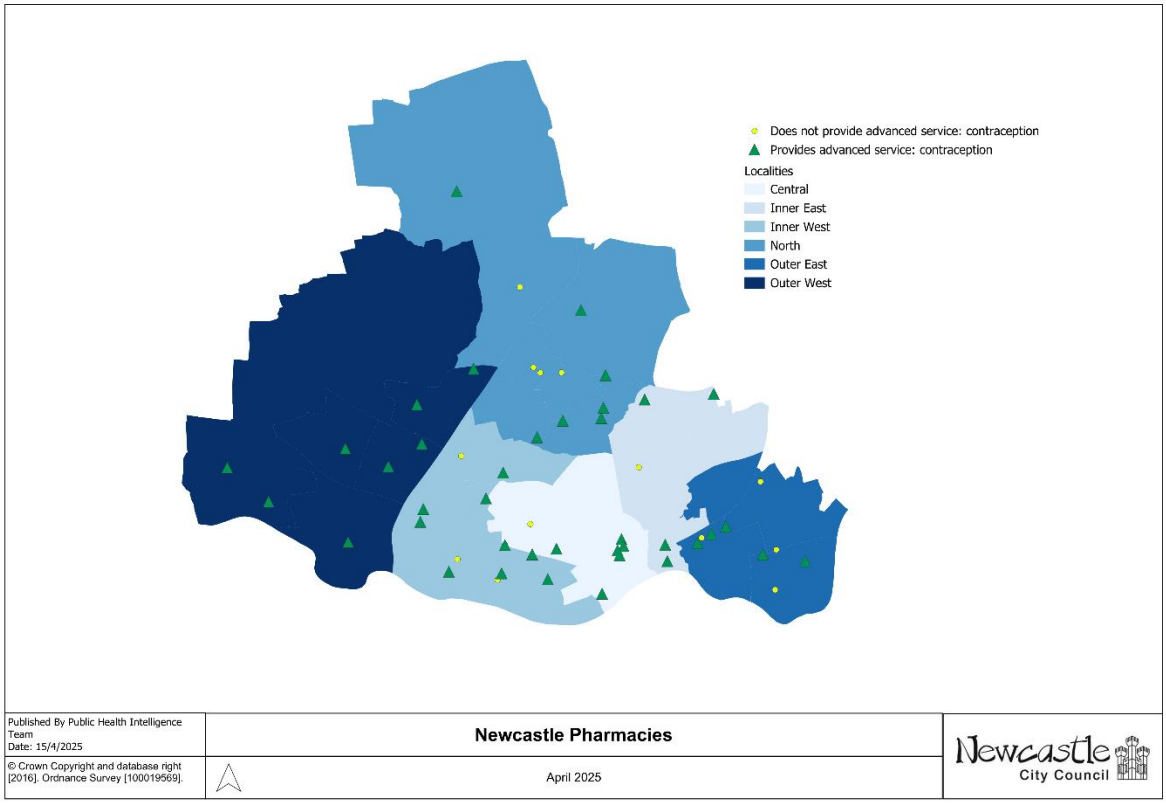


Figure 27: Pharmacies offering the pharmacy contraception service. Source: NENC ICB

[65] Pharmacy Contraception Service (PCS): https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/

6.2.7 Pharmacy First Service

The Pharmacy First service, which commenced on 31 January 2024 and replaced the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

Following the contractual settlement, further changes to the Pharmacy First Service[66] include "bundling" requirements such that providers must provide the Hypertension Case Finding Service and Pharmacy Contraception Service in order for them to receive Pharmacy First monthly payments (from June 2025).

All 55 pharmacies across Newcastle are signed up to deliver this service.

6.2.8 Smoking Cessation Service

The smoking cessation Advanced service commenced in March 2022 for people referred to community pharmacies by hospital services. This service supplements other locally commissioned smoking cessation services and enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

The contractual settlement for 2025/26 includes plans for further changes to the Smoking Cessation Advanced Service specification[67] including the introduction of PGDs in 2025 to 2026 to enable the provision of varenicline and cytisinicline (cytisine).

There are 25 pharmacies across all localities currently offering this service in Newcastle.

[66] Pharmacy First Service: https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/

[67] Smoking Cessation Service: https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/

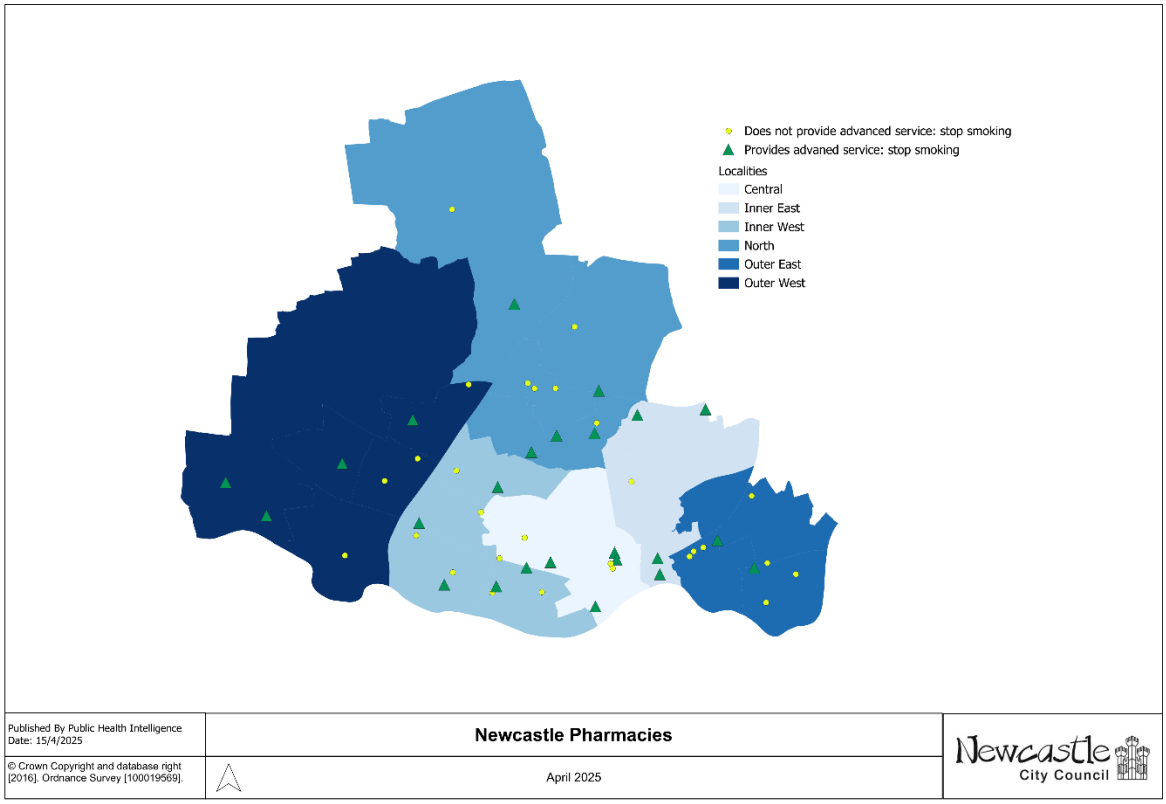


Figure 28: Pharmacies offering stop smoking Advanced service. Source: NENC ICB

The service supplements other locally commissioned smoking cessation services, such as the Newcastle council Public Health-commissioned stop smoking service and the ICB-commissioned maternal smoking e-voucher dispensing service, both detailed further in this document.

6.2.9 Stoma Appliance Customisation Service

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Six pharmacies in Newcastle offer this service (Figure 29). As with AUR, this service is also provided by the dispensing appliance contractors as a specialism of their services.

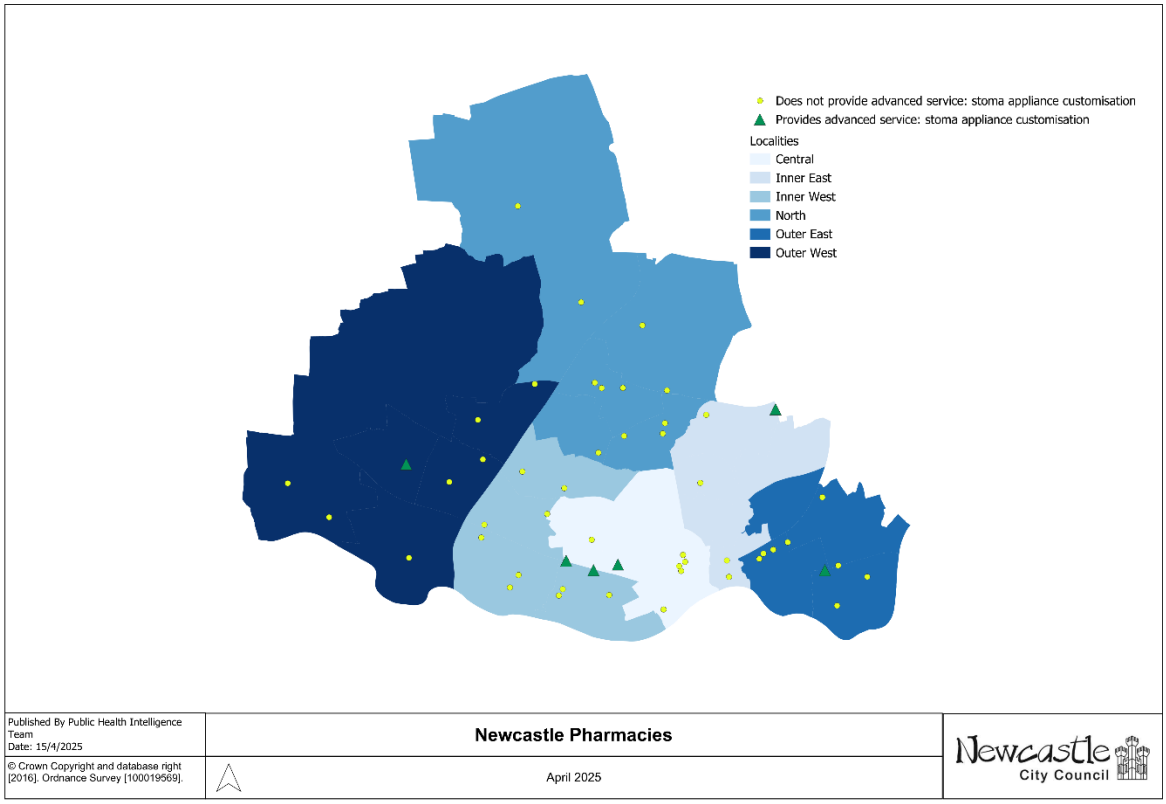


Figure 29: Pharmacies offering the stoma appliance customisation service. Source: NENC ICB

6.3 Enhanced services

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[68] for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an Enhanced service that is nationally specified. This requires NHSE to consult with Community Pharmacy England (CPE) on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with Local Pharmaceutical Committees (LPCs). A NES 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.

There is currently one NES commissioned by NHSE, the COVID-19 vaccination programme.

[68] NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 https://www.legislation.gov.uk/uksi/2013/349/contents

6.3.1 COVID-19 Vaccination Programme

Pharmacies have been central to the Government's COVID-19 response, and figures from NHSE, in January 2022, show just how significant a contribution they have made to the vaccination efforts. In the previous 12 months to January 2022, which marked the one-year anniversary of the sector providing COVID-19 vaccinations, more than 22 million vaccinations were administered by community pharmacy-led COVID vaccination sites. NHSE also highlighted a 50% increase in the number of pharmacies delivering COVID-19 boosters since October 2021.

Across Newcastle, 27 pharmacies had signed up to deliver the COVID-19 vaccination programme for the autumn/winter 2024 campaign.

Locally Commissioned Services

7.1 Services commissioned by North East and North Cumbria ICB

At the time of preparing this PNA, NENC NHS Integrated Care Board (ICB) commissioned the following services with community pharmacy:

- Think Pharmacy First minor ailment scheme
- Specialist and palliative drugs service
- Maternal smoking e-voucher dispensing service
- Bank holiday directed opening

7.1.1 Think Pharmacy First (minor ailments)

Pharmacies across the NENC ICB region can offer advice and treatment for many common conditions, under the banner 'Think Pharmacy First'. Not to be confused with the 'Pharmacy First' advanced service, this scheme covers conditions which would more typically be managed in a pharmacy setting but where the price of the medications provides either a barrier to treatment, or forces patients to access other services such as general practice or accident and emergency. The aim is to therefore improve both equity and access whilst at the same time reduce pressure elsewhere in the system.

All 55 pharmacies (community pharmacies and distance selling pharmacy) in Newcastle are signed up to offer this service, giving good access to advice and treatment for minor ailments throughout the area.

7.1.2 Specialist drug service

This service ensures that a small number of pharmacies across Newcastle keep a permanent stock of medicines that require access without any delays in dispensing. The agreed list of medicines held in participating pharmacy stores includes palliative care medicines and some less-commonly stocked antibiotics and antivirals and is routinely reviewed every 6 months.

Seven pharmacies participate in the scheme in Newcastle, which were selected based on their geographical location and opening hours to ensure that all areas of the city have adequate coverage:

- Asda Pharmacy, Newcastle Shopping Park, Byker
- Boots, Hotspur Way, Eldon Square
- West End Pharmacy, 168 West Road, Fenham
- Asda Pharmacy, Hollywood Avenue, Gosforth
- J&J Whittakers, 32 Wansbeck Road South, Gosforth
- Boots, 35 Blackett Street, Newcastle
- Boots, Kingston Park Retail Park, Kingston Park

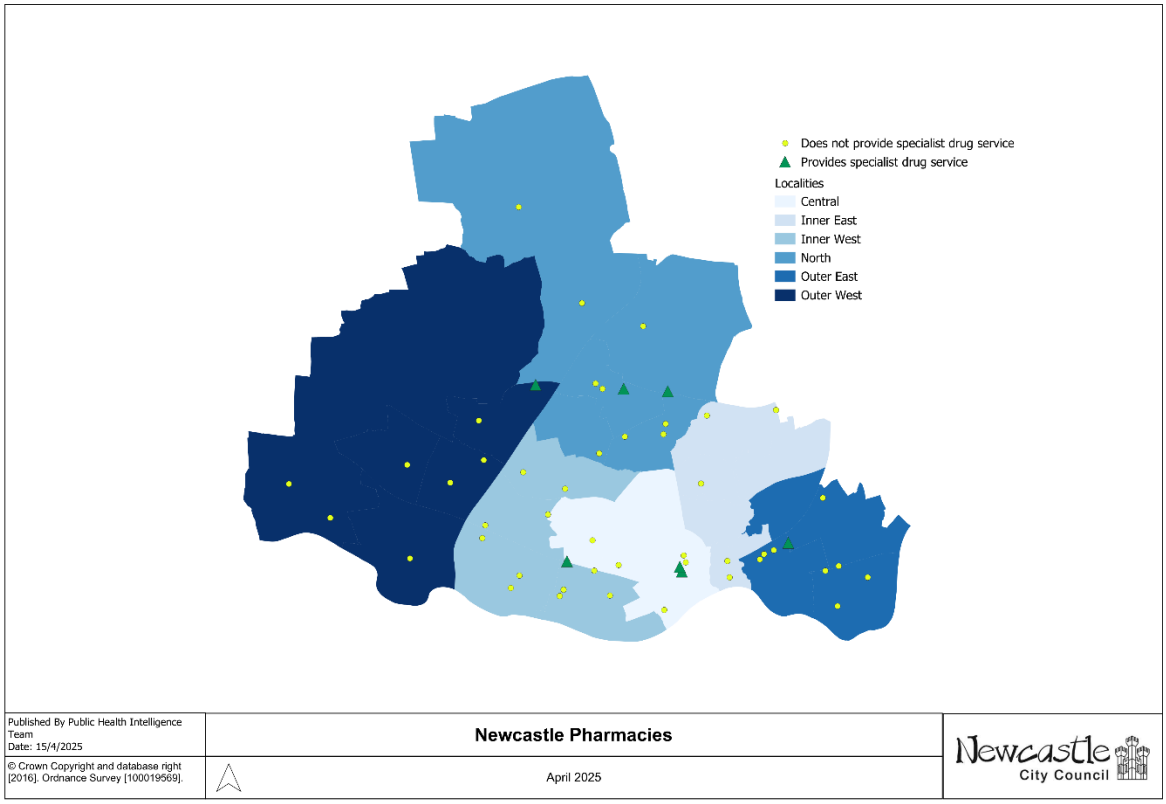


Figure 30: Pharmacies participating in the Specialist Drug Service. Source: NENC ICB

7.1.3 Maternal smoking e-voucher dispensing service

The NHS Maternity Tobacco Dependency Treatment service delivery model in the North East includes all pregnant women being screened for carbon monoxide at booking, with all women who have a level of 4ppm (parts per million) or above, or those who have stopped in the previous two weeks being referred to a specialist trained tobacco treatment advisor within the maternity service on an 'opt-out' basis. The advisors see all women referred and develop a personalised quit plan including medication. The maternity tobacco treatment advisor will provide structured support on top of existing antenatal care in line with National Centre for Smoking Cessation and Training (NCSCT) standards throughout the maternity care pathway. Quick and simple access to Nicotine Replacement Therapy (NRT) is an essential element of the maternity pathway.

Community pharmacists utilise the online platform e-voucher scheme to receive requests from NHS maternity tobacco treatment advisors for pregnant women participating in a structured supported quit attempt, as well as providing advice on how to use the medication.

This scheme is available through 40 pharmacies in Newcastle across all localities.

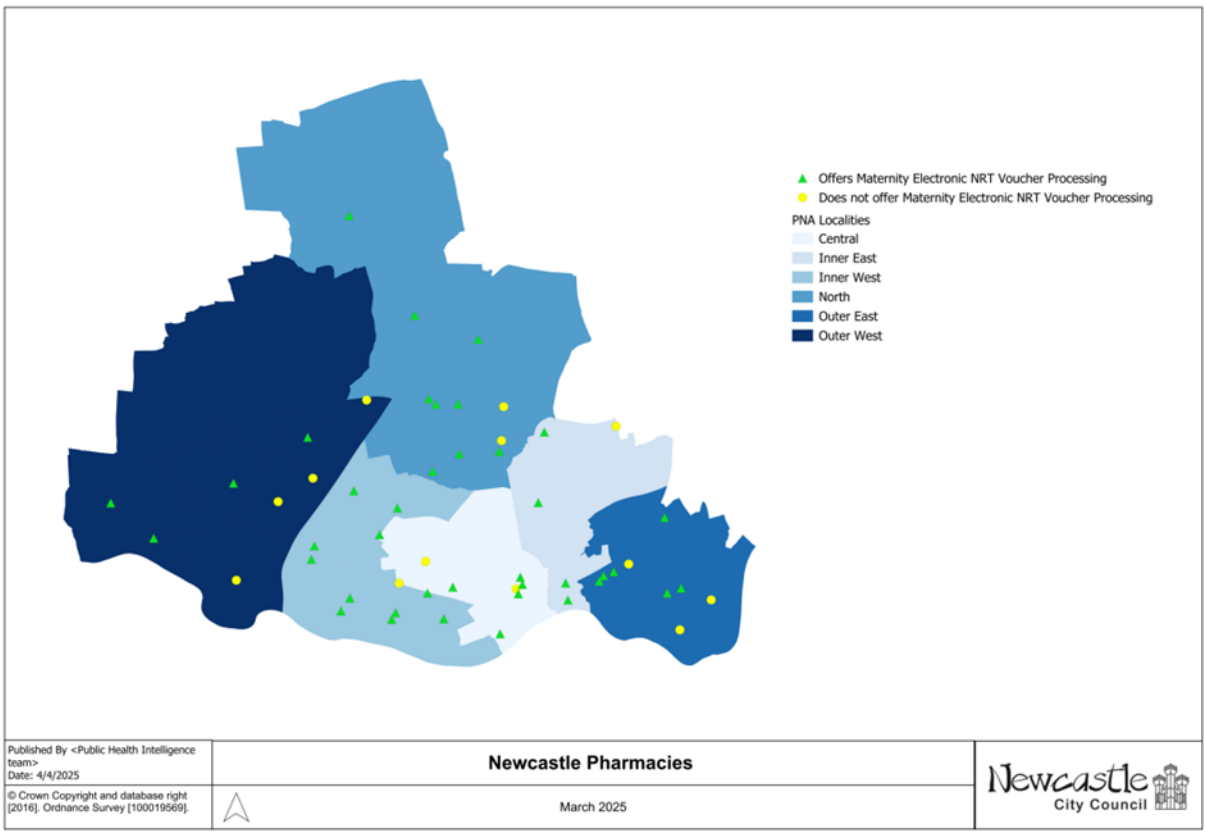


Figure 31: Pharmacies offering the maternal smoking e-voucher dispensing service. Source: PSNE

7.1.4 Bank holiday directed opening

In order to ensure adequate pharmaceutical provision over bank holidays, NENC ICB directs pharmacies in each locality to open for a limited period. This is of particular importance on special bank holidays when all pharmacies (including former 100-hour pharmacies) are closed. If a pharmacy is directed to open it must comply with this instruction.

7.2 Services commissioned by Newcastle City Council Public Health Team

7.2.1 Alcohol and drug misuse services

The aim of pharmaceutical alcohol and drug misuse services is primarily treatment, with harm reduction being a major component:

- reducing the risks associated with illegal drug use
- reducing the numbers of people who use illegal drugs
- promoting the responsible use of alcohol

There are major alcohol challenges in the North East, with a variety of support available across primary and secondary care and the voluntary sector. However, Newcastle does not currently commission any alcohol specific services from community pharmacies.

7.2.2 Needle exchange

A key aim of this service is to reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment. Pharmacies provide needle exchange services to encourage those that use illegal drugs to use them as safely as possible, providing them access to clean needles, syringes and other equipment. It can also provide an access route into specialist treatment through signposting and direct referral activity within the pharmacy. Five community pharmacies provide a needle exchange service in the city, as shown in Figure 32.

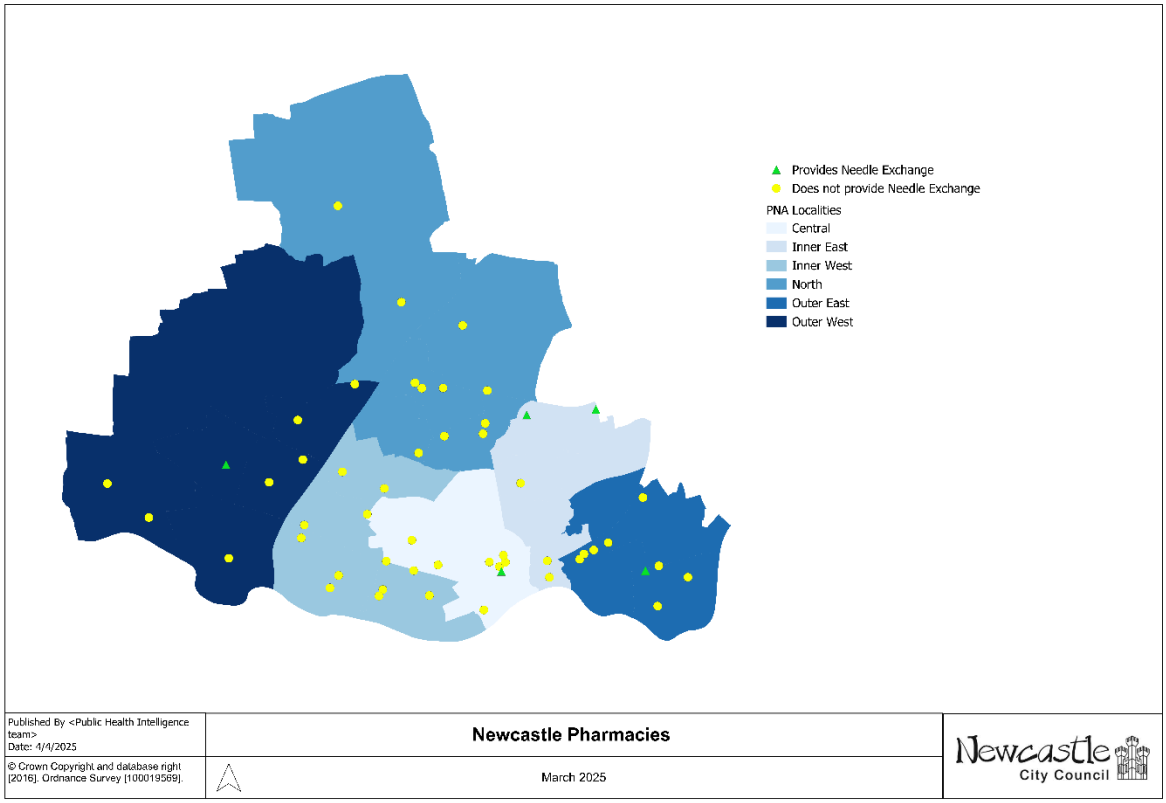


Figure 32: Location of pharmacies providing a needle exchange service. Source: Newcastle Treatment and Recovery

7.2.3 Supervised consumption of opiate substitutes

Pharmacies can provide a supervised consumption scheme for methadone and buprenorphine for those individuals who have made the decision to reduce their illegal opiate use. Substance use services prescribe an opiate substitute, tailoring the dose to the individual's needs. The pharmacist, who is a key partner in the treatment plan, then supervises the patient's consumption to ensure that supplies are not diverted. They are also important for monitoring, reviewing risk and sharing information within the service for the benefit of patients.

The majority of pharmacies provide a daily contact which allows the pharmacy staff to get to know their clients and provides opportunities for health messages to be re-enforced. The staff may also react to other cues about the client's health status, signposting to other relevant services where necessary. It is important that pharmacies providing supervised consumption services are linked into the support services offered by the public health team, so that the pharmacy receives relevant updates and alerts. It is also important that pharmacies serving larger numbers of clients have sufficient trained staff to serve all customers' health needs. 49 pharmacies in Newcastle provide supervised consumption services.

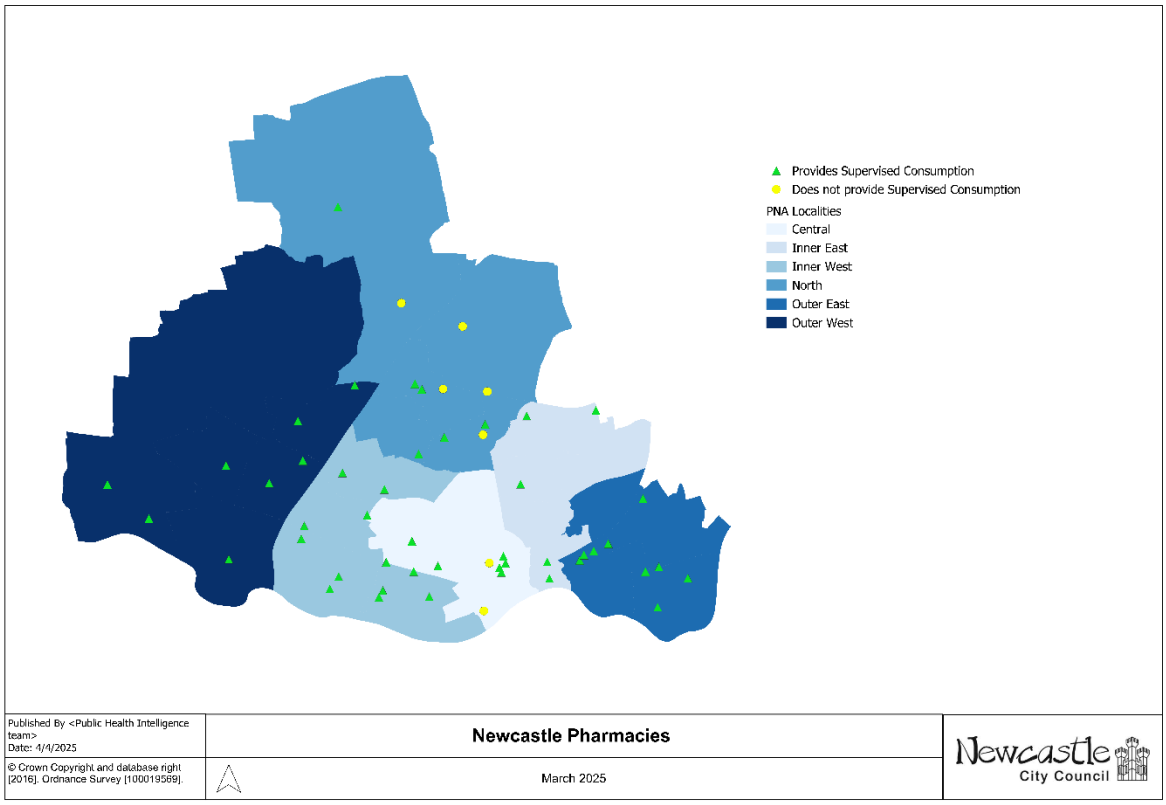


Figure 33: Pharmacies providing supervised consumption services in Newcastle. Source: Newcastle Treatment and Recovery

7.2.4 Emergency hormonal contraception

Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient. The service aims to improve access to emergency hormonal contraception (EHC) by providing it free of charge to females from community pharmacies in Newcastle.

The service also helps to increase the knowledge of emergency contraception and its use, especially among young people. Whilst EHC is available to purchase without prescription at community pharmacies, the retail cost means that it may be unaffordable for many in greatest need.

Pharmacists who provide the service are specifically trained to assess the patient's suitability for EHC and provide the medication under a PGD. The patient will also be provided with support and advice and can be referred to specialist services if appropriate.

In addition to the intervention, as part of this service provision, the patient is offered a chlamydia testing kit as part of the EHC consultation. Offering testing kits as part of an EHC consultation helps support the aims of the National Chlamydia Screening Programme (NCSP), where focus is on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women and other people with a womb or ovaries, and in 2021 the Government made changes to the NCSP that opportunistic screening should focus on women only.

In 2024/25, there were 7,067 provisions of EHC by pharmacies in Newcastle[69]. 41% of the service provision was to the 20-24 years population, followed by 24% to the 16-19 years population. The most common postcode district for patients to live in NE2, which covers areas of Jesmond, South Gosforth and the city centre.

52 community pharmacies and one distance selling pharmacy provide EHC, as shown in Figure 34.

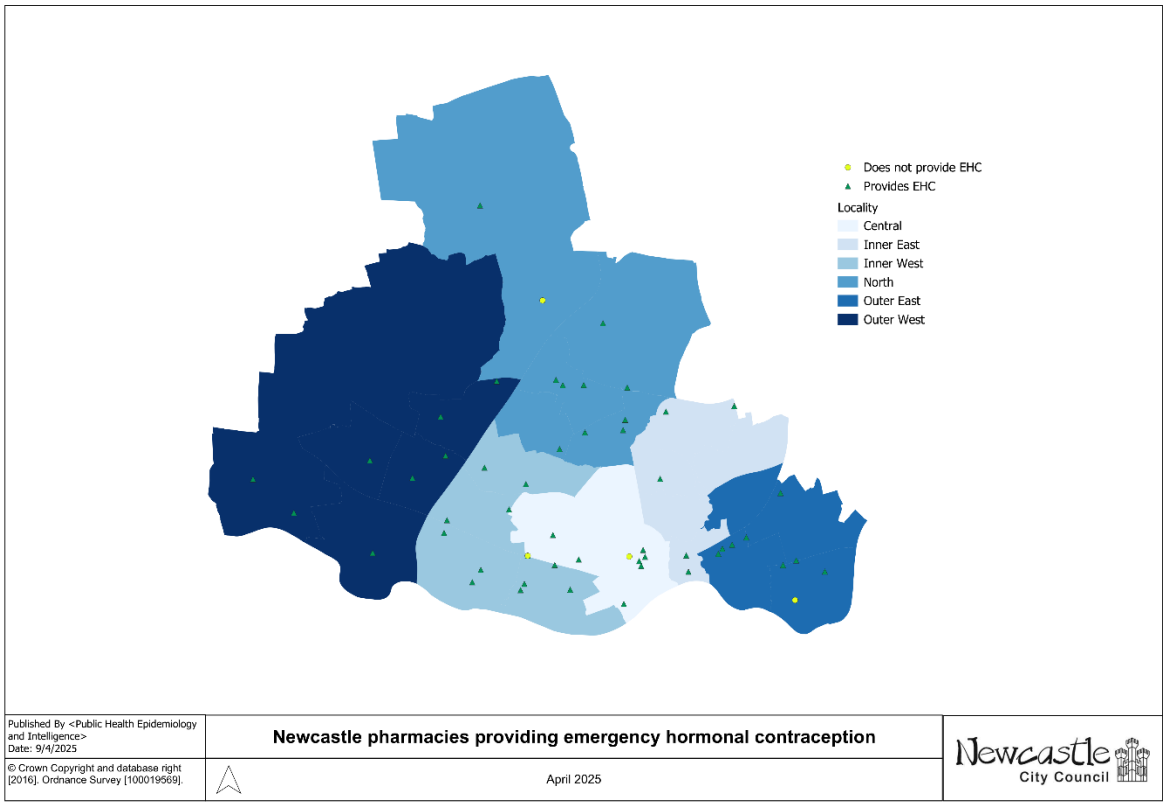


Figure 34: Pharmacies providing emergency hormonal contraception services in Newcastle. Source: PSNE

7.2.5 Condom distribution (C-Card)

The C-Card scheme is a free and confidential service offering free condoms and sexual health information and support to all young people aged 13–25 years. The service user registers for a C-Card by visiting one of the C-Card outlets and having an induction with a trained C-Card worker. Once signed up, the C-Card can be used to obtain free condoms at outlets in any areas across the UK that offers the scheme. In Newcastle, five pharmacies offer this scheme.

[69] Pharmoutcomes 2024/25

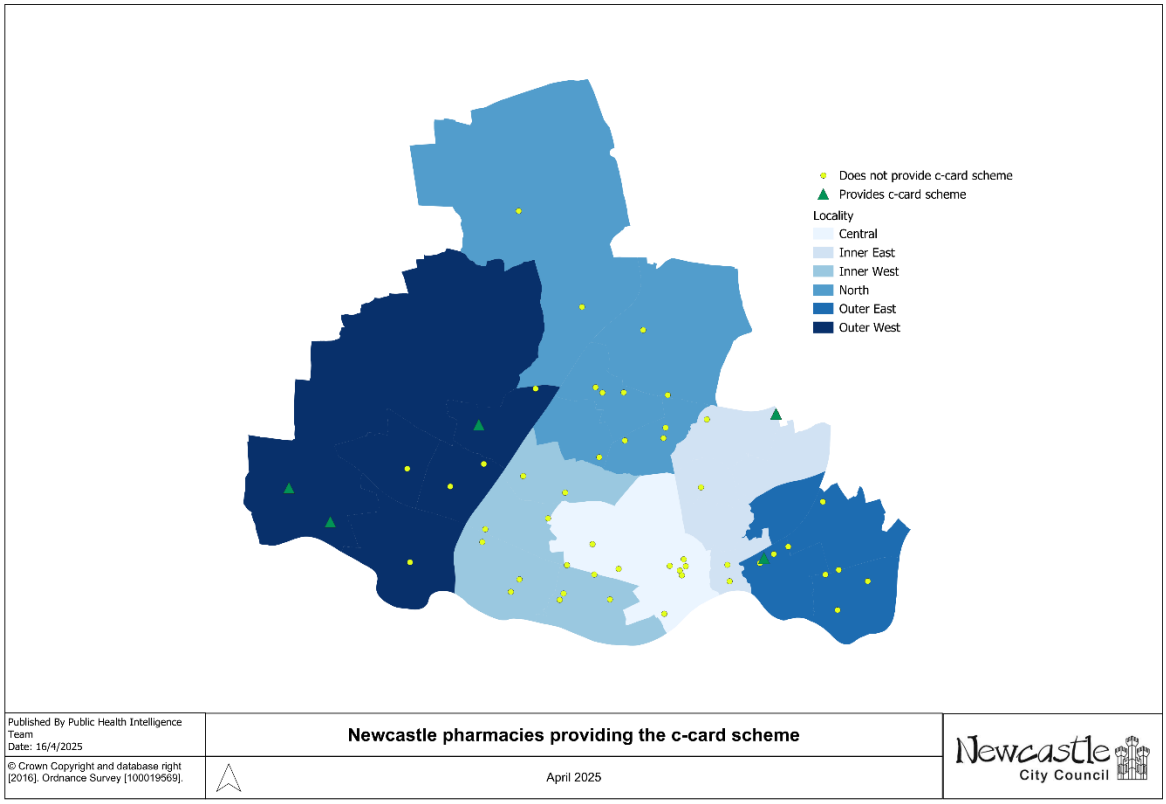


Figure 35: Newcastle pharmacies providing the c-card scheme. Source: Solutions4Health

7.2.6 Stop smoking services

Pharmacies in Newcastle can provide smoking cessation behavioural support services in Newcastle, as part of a wider Stop Smoking Service facilitated by several stakeholders. The service enables anyone who wishes to quit to receive an intervention (whether that be provided by a pharmacy, the Specialist Stop Smoking Service or a community provider) to exchange a voucher for nicotine replacement therapy (NRT). This replaces the need for a prescription. 53 pharmacies offer a stop smoking supply service, whilst 19 offer a stop smoking advisor service.

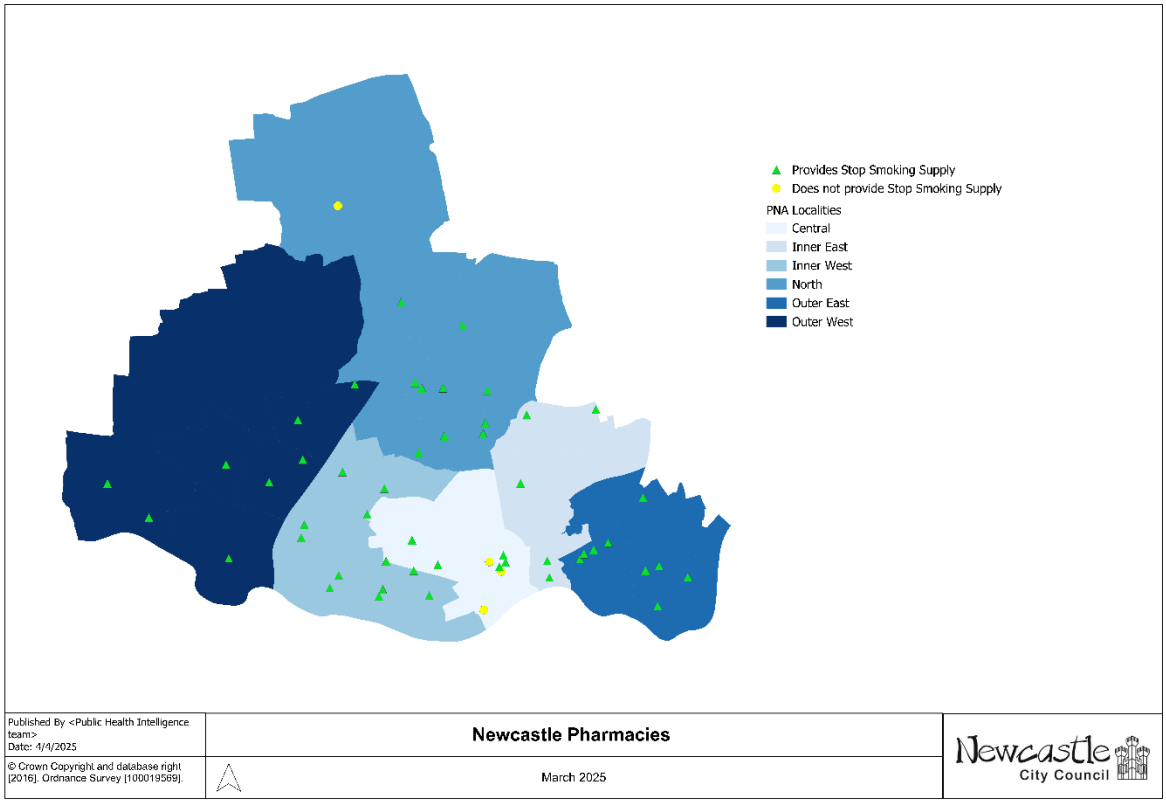


Figure 36: Pharmacies providing stop smoking supply services in Newcastle. Source: CGL

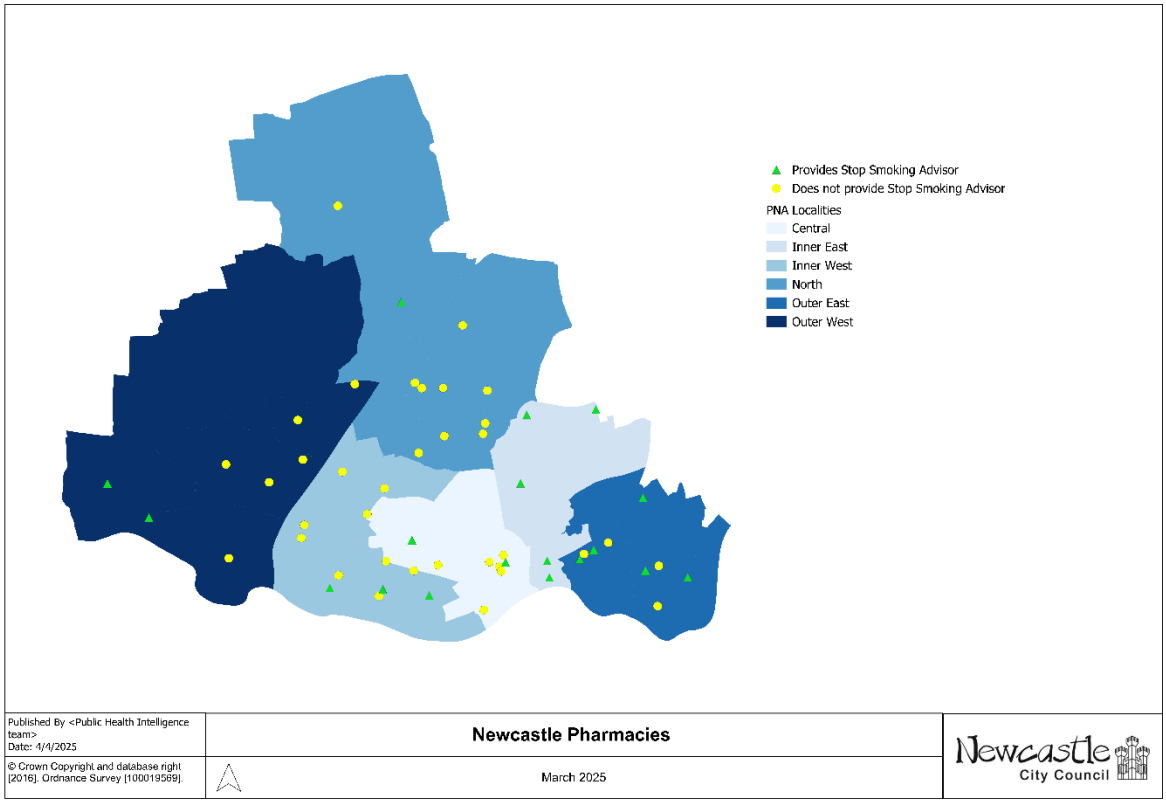


Figure 37: Pharmacies providing a stop smoking advisor service in Newcastle. Source: CGL

7.3 Non-commissioned Services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by local commissioners. These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for special patient groups, for example the housebound or elderly. As these services are not reimbursed by the NHS, the decision to provide the service is at the discretion of the pharmacy owner and may or may not incur an additional fee.

It is worth noting that patients are often surprised to find that these are not NHS services.

Non-commissioned services identified in the PNA pharmacy survey included:

- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems

These services are described further in section 4 of the PNA.

Current and Future Pharmacist Role

Newcastle HWB values the contribution that community pharmacy makes to the local health economy through their Essential services, Advanced services and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

Newcastle Council's Public Health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations. Community pharmacy has a critical role to play in the Newcastle health system. It is essential that community pharmacy continues to be recognised and supported, so that they in turn can support the health needs of the population of Newcastle. It is also important that the people of Newcastle are aware of and fully utilise the services available from their community pharmacies.

The demand on community pharmacy, and on community pharmacists and their staff, is significant and continues to grow. Alongside an acute shortage of local pharmacists, many pharmacies are operating within challenging financial and workforce constraints. These pressures can affect staffing levels, which in turn increases workload for remaining staff and may lead to longer waiting times for patients and customers. Recruitment of pharmacists and pharmacy technicians into roles within Primary Care Networks (PCNs) and other healthcare services has added to the strain on community pharmacy capacity. Despite these challenges, community pharmacies in Newcastle have responded with resilience—adapting to new commissioned services with innovation and commitment. It remains important for commissioners to be aware of the pressures on the sector and to consider capacity when developing and implementing new services.

Conclusions and Recommendations

9.1 Summary of key findings

Newcastle currently has 56 dispensing contractors, which includes 54 community pharmacies, one distance selling pharmacy, and one dispensing appliance contractor.

- Of the 54 community pharmacies in Newcastle, 53 operate under the standard NHS 40-hour contract, with many providing supplementary hours beyond their core 40 hours. One pharmacy operates under the NHS 100-hour contract, but now opens for 72 hours per week, following the amendment to pharmacy regulations in July 2023. This regulatory change allows 100-hour pharmacies to reduce their opening hours to a minimum of 72 hours per week.
- There are no dispensing doctor practices or branch sites linked to dispensing doctor practices based outside the Newcastle HWB area. Additionally, there are no pharmacies operating under a Local Pharmaceutical Services (LPS) contract in Newcastle.
- Since the publication of the last PNA in September 2022, seven community pharmacies have closed. These closures have been spread across various localities:

    - Outer East locality has lost three pharmacies (two in Byker and one in Heaton wards),
    - Inner East has lost two (Manor Park and North Jesmond wards)
    - Inner West lost one pharmacy (Elswick),
    - North lost one (Kenton ward).
    - Central and Outer West localities have seen no changes in pharmacy numbers.
- A new pharmacy opened in Dinnington (Castle ward), addressing a previously identified gap in the last PNA.
- The result of these changes has been a net loss of six pharmacies (10%) in Newcastle since the last PNA.

The 54 community pharmacies and 1 distance selling pharmacy serving Newcastle's population of 307,565 equates to 17.9 pharmacies per 100,000 people, or approximately one pharmacy per 5,592 residents. This is lower than the national average of 20.8 pharmacies per 100,000, based on ONS Mid-2023 population estimates and NHSBSA data for 2023/24.

Pharmacy provision differs across Newcastle, with some localities having fewer pharmacies relative to their population. The Inner East (11.3 per 100,000) has the lowest provision, while the Inner West (24.8 per 100,000) exceeds both the citywide and national averages.

Public engagement highlighted concerns about pharmacy closures. 61 of 245 survey respondents reported that their local pharmacy had closed, with further concerns raised in a focus group by North East Action for Children, Parents, and Inclusion.

Pharmacy opening hours in Newcastle are generally good, with all pharmacies opening by 9:00am on weekdays. Most remain open until 6:00pm, but evening coverage significantly drops, particularly in the Inner East and Inner West localities, where no pharmacies stay open past 5:00pm.

On Saturdays, 30 pharmacies are open, with the majority providing coverage from 9:00am to 12:00pm. However, the number of pharmacies open decreases later in the day. Some localities, including Outer West, Central, Outer East, and North, have pharmacies open until 8:00pm.

Seven pharmacies open on Sundays, although none remain open past 5:00pm due to Sunday trading restrictions. Of these, five are open exclusively using supplementary hours.

A number of community pharmacies provide Advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, hypertension case-finding, contraception, influenza vaccination, and new medicines services are well supported by the community pharmacies in Newcastle, with most pharmacies signed up to deliver these services.

This Pharmaceutical Needs Assessment has identified that, while Newcastle generally has good coverage of community pharmacy services, several recent closures have created gaps in provision in specific areas, potentially affecting residents' access to Necessary pharmaceutical services.

Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. These are specialist drugs supply, "Think Pharmacy First", maternal smoking e-voucher dispensing service, stop smoking, sexual health services, supervised consumption of opiate substitutes, and needle exchange.

The HWB has identified the following:

- Pharmacy closures in Cruddas Park, Kenton, and Heaton have significantly increased travel distances to the nearest pharmacy, exceeding 1 kilometre for some residents.
- Elswick and Kenton wards are also characterised by:
    - Higher levels of deprivation
    - Greater prevalence of disability
    - Lower levels of car ownership
    - Higher numbers of children and young people
- The pharmacy closure in Heaton was also compounded by a previous closure in Manor Park, leaving a large, populated area with increased walking distance and travel times to reach the next nearest pharmacy.
- Stakeholder and public feedback highlighted difficulties in accessing services due to reduced opening hours, unclear service availability, and a desire for more consistent provision.

These factors, taken together, indicate that gaps in current provision now exist in these wards.

Following successful appeals to NHS Resolution after initial refusals, new pharmacy applications in both Heaton and Kenton have been approved, and pharmacies are due to open, helping to address gaps created by previous closures. In Cruddas Park, a new pharmacy application was refused but is currently under appeal; if successful, it would re-establish provision near the Cruddas Park shopping centre in an area identified as underserved.

9.2 Statement of pharmaceutical needs

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

For the purposes of this PNA, Necessary services for Newcastle HWB are defined as Essential services, as described in section 3.4.

Advanced services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Newcastle.

Locally commissioned services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Newcastle, and are commissioned by NENC ICB or local authority, rather than NHS England.

9.2.1 Current provision of Necessary services

Necessary services have been defined in this PNA as Essential services, which are described in Section 3.4. Further information on access to Necessary Service in Newcastle is provided Section 5.2.

- There is a current need for a pharmacy located either in the northern part of Heaton ward, or the southern part of Manor Park ward, to provide Essential Services, Monday to Friday between 9.00 and 17.00.

It is noted that an application to open a new pharmacy in this location has been approved, following successful appeal through NHS Resolution. Once the new pharmacy subsequently opens, then this gap in current provision would be filled.

- There is a current need for a pharmacy in Kenton ward, located in the northern part of the ward, to provide Essential Services, Monday to Friday between 9.00 and 17.00.

  It is noted that an application to open a new pharmacy in this location has been approved, following successful appeal through NHS Resolution. Once the new pharmacy subsequently opens, then this gap in current provision would be filled.

- There is a current need for a pharmacy located in Cruddas Park within Elswick ward, to provide Essential Services, Monday to Friday between 9.00 and 17.00.

  It is noted that an application to open a new pharmacy in this location was initially refused but is currently under appeal through NHS Resolution. Should the appeal be successful and a new pharmacy subsequently open, then this gap in current provision would be filled.

9.2.2 Future provision of Necessary services

- No gaps have been identified in the need for pharmaceutical services in future circumstances across Newcastle

9.2.3 Improvements and better access

- There are no gaps in the provision of Advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Newcastle.

- There are no gaps in the provision of Enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Newcastle.

- Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned services, either now or in specific future (lifetime of this PNA) circumstances across Newcastle to meet the needs of the population.

Equality Impact Assessment

The Equality Impact Assessment has been published alongside the PNA.

Appendices

10.1 Appendix 1 - Location maps

10.1.1 Pharmacy locations and trading names

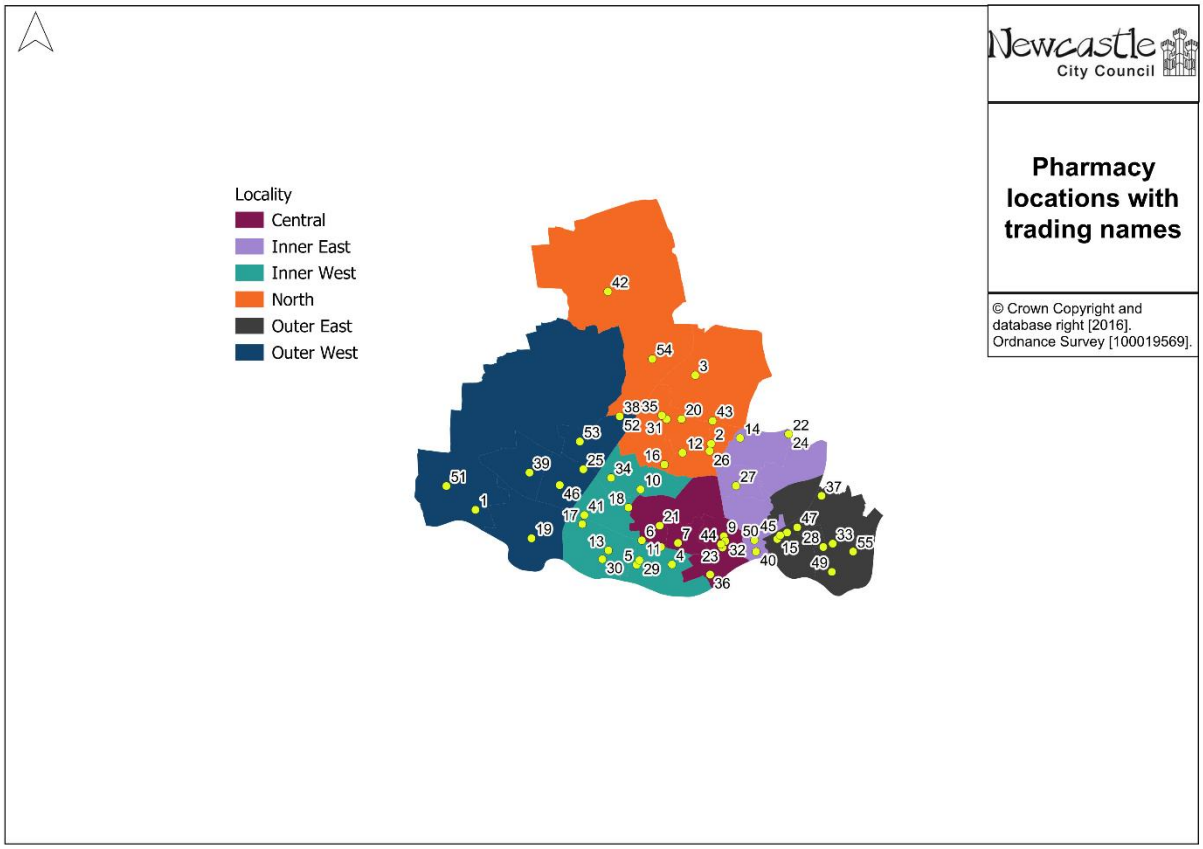


Figure 38: Map of pharmacies, including community, distance selling and dispensing appliance contractors, in Newcastle, with respective trading names below. Source: NENC ICB

Number	ODS Code	Category	Trading name	Address
1	FV856	Community Pharmacy	Newburn Pharmacy	1 Newburn Road, Newburn, Newcastle Upon Tyne, NE15 8LX
2	FKM31	Community Pharmacy	Boots UK Limited	13 Gosforth Centre, High Street, Gosforth, Newcastle upon Tyne, NE3 1JZ
3	FJR84	Community Pharmacy	Brunton Park Pharmacy	13 Princes Road, Brunton Park, Gosforth, Newcastle upon Tyne, NE3 5TT
4	FQ730	Community Pharmacy	Farah Chemists	132-136 Elswick Road, Elswick, Newcastle Upon Tyne, NE4 6SL
5	FRX06	Community Pharmacy	Farah Chemists	136 Armstrong Road, Benwell, Newcastle upon Tyne, NE4 8PR
6	FXK64	Community Pharmacy	West Road Pharmacy	140 West Road, Newcastle upon Tyne, NE4 9QB
7	FX736	Community Pharmacy	Cockerton Pharmacy	141 Beaconsfield Street, Newcastle upon Tyne, NE4 5JP
8	FCL77	Community Pharmacy	Well	15 Heaton Road, Heaton, Newcastle Upon Tyne, NE6 1SA
9	FHM40	Community Pharmacy	Boots UK Limited	150 Northumberland Street, Newcastle upon Tyne, NE1 7DQ
10	FH466	Community Pharmacy	Ponteland Road Pharmacy	163-167 Ponteland Road, Cowgate, Newcastle Upon Tyne, Tyne and Wear, NE5 3AE
11	FF671	Community Pharmacy	West End Pharmacy	168 West Road, Newcastle upon Tyne, NE4 9QB
12	FL531	Community Pharmacy	Douglas Pharmacy	17 Ashburton Road, Gosforth, Newcastle Upon Tyne, NE3 4XN
13	FKV92	Community Pharmacy	Farah Chemists	189 Delaval Road, Benwell, Newcastle upon Tyne, NE15 6TR
14	FC015	Community Pharmacy	Mills Pharmacy	21 Station Road, South Gosforth, Newcastle upon Tyne, NE3 1QD
15	FCF26	Community Pharmacy	Well	26 Shields Road, Byker, Newcastle Upon Tyne, NE6 1DR
16	FMC78	Community Pharmacy	Pharmacy Express	29 Arlington Avenue, Newcastle upon Tyne, NE3 4TS
17	FRT38	Community Pharmacy	Denton Road Pharmacy	293 Denton Road, Denton, Newcastle upon Tyne, NE15 7HJ
18	FKG92	Community Pharmacy	Lonnen Pharmacy	295 Two Ball Lonnen, Fenham, Newcastle Upon Tyne, NE4 9RX
19	FJX31	Community Pharmacy	Lemington Pharmacy	3 Tyne View, Lemington, Newcastle upon Tyne, NE15 8DE
20	FXP48	Community Pharmacy	J. & J. Whittaker (CHEMIST) Limited	32 Wansbeck Road South, Gosforth, Newcastle upon Tyne, NE3 3HQ
21	FCF54	Community Pharmacy	Nunsmoor Pharmacy	33 Nunsmoor Road, Fenham, Newcastle upon Tyne, NE4 9AU
22	FVM81	Community Pharmacy	Parkside Pharmacy Benton	335 Benton Road, Benton, Newcastle upon Tyne, NE7 7EE
23	FQF93	Community Pharmacy	Boots UK Limited	35 Blackett Street, Newcastle upon Tyne, NE1 7AN
24	FHK43	Community Pharmacy	Fairmans Pharmacy	379 Benton Road, Benton, Newcastle upon Tyne, NE7 7EE

25	FHM58	Community Pharmacy	Boots UK Limited	381 Stamfordham Road, Westerhope, Newcastle uponTyne, NE5 2LH
26	FWG10	Community Pharmacy	Well	41 High Street, Gosforth, Newcastle upon Tyne, NE3 4AA
27	FNK82	Community Pharmacy	Medicentre (Newcastle) Limited	41/47 St.George's Terrace, Jesmond, Newcastle upon Tyne, NE2 2SX
28	FGW95	Community Pharmacy	Parkside Pharmacy Walker	436 Welbeck Road, Walker, Newcastle Upon Tyne, NE6 2NY
29	FHV54	Community Pharmacy	Farah Chemists	44 Adelaide Terrace, Benwell, Newcastle upon Tyne, NE4 8BL
30	FM820	Community Pharmacy	Chambers Chemist Limited	464 Armstrong Road, Newcastle upon Tyne, NE15 6BY
31	FEC33	Community Pharmacy	Meadows Pharmacy	46-50 The Meadows, Jubilee Road, Fawdon, Newcastle upon Tyne, NE3 3NA
32	FET99	Community Pharmacy	Superdrug Pharmacy	46-52 Northumberland Street, Newcastle upon Tyne, NE1 7DF
33	FVR13	Community Pharmacy	Walker Pharmacy Limited	495a Back Welbeck Road, Walker, Newcastle upon Tyne, NE6 2PB
34	FGD00	Community Pharmacy	Blakelaw Pharmacy	8 Moulton Place, Blakelaw, Newcastle Upon Tyne, NE5 3RL
35	FCA87	Community Pharmacy	Fawdon Park Pharmacy	9 Fawdon Park Shopping Centre, Fawdon Park Road, Newcastle upon Tyne, NE3 2PE
36	FPF27	Distance Selling Pharmacy	North East Pharmacy	Arch 15, Forth Banks off Forth street, Newcastle-upon-Tyne NE1 3PG
37	FKV74	Community Pharmacy	Walkergate Pharmacy	Benfield Park Health Centre, Benfield Road, Walkergate, Newcastle upon Tyne, NE6 4QD
38	FL985	Community Pharmacy	Tesco Stores	Brunton Lane, Kingston Park, Newcastle upon Tyne, NE3 2FP
39	FTD68	Community Pharmacy	Chapel House Pharmacy	Chapel House Healthcare Centre, Hillhead Parkway, Newcastle upon Tyne, NE5 1LJ
40	FNE33	Community Pharmacy	Quayside Pharmacy Limited	Crawhall Road, Quayside, Newcastle upon Tyne, NE1 2BL
41	FWM52	Community Pharmacy	Denton Turret Pharmacy	Denton Turret Medical Centre, 10 Kenley Road, Slatyford, Newcastle upon Tyne, NE5 2UY
42	FEQ79	Community Pharmacy	Falcons Pharmacy	Dinnington Clinic/Health Centre, Main Road, Dinnington, Newcastle Upon Tyne, NE13 7JW
43	FVA24	Community Pharmacy	Asda Pharmacy	Hollywood Avenue, Gosforth, Newcastle upon Tyne, NE3 5BU
44	FDF09	Community Pharmacy	Boots UK Limited	Hotspur Way, Eldon Square, Newcastle upon Tyne, NE1 7XE
45	FT417	Community Pharmacy	Molineux Pharmacy	Molineux Primary Care Centre, Molineux Street, Byker, Newcastle upon Tyne, NE6 1SG
46	FEF85	Community Pharmacy	Boots UK Limited	New Health Centre, West Denton Way, Newcastle upon Tyne NE5 2QZ

47	FFH18	Community Pharmacy	Asda Pharmacy	Newcastle Shopping Centre, Fossway, Byker, Newcastle upon Tyne, NE6 2XP
48	FVN94	Community Pharmacy	Lloyds Pharmacy	Prospect House Medical Group, 501 Westgate Road, Newcastle upon Tyne, NE4 8AY
49	FE802	Community Pharmacy	St Anthonys Pharmacy	St Anthonys Road, Walker, Newcastle upon Tyne, NE6 2NN
50	FVH30	Community Pharmacy	Shieldfield Pharmacy	Stoddart Street, Newcastle-Upon-Tyne, NE2 1AN
51	FEJ20	Community Pharmacy	Throckley Chemists	Tillmouth Road, Throckley, Newcastle upon Tyne, NE15 9PA
52	FGX03	Community Pharmacy	Boots UK Limited	Unit 1, Kingston Park Shopping Centre, Brunton Lane, Newcastle upon Tyne, NE3 2FP
53	FKA12	Community Pharmacy	Fairmans Pharmacy	Unit 2, Trevelyan Drive, Newbiggin Hall Estate, Newcastle Upon Tyne, NE5 4FB
54	FTL04	Community Pharmacy	Great Park Pharmacy	Unit 5, Middleton North, Wagonway Dr, Great Park, Newcastle upon Tyne, NE13 9BH
55	FK990	Community Pharmacy	Boots UK Limited	Walker Medical Group, Church Walk, Newcastle upon Tyne, NE6 3BS
56	FLJ41	Dispensing Appliance Contractor	Medilink	28-30 Leazes Park Road, Newcastle upon Tyne, NE1 4PG

10.1.2 Pharmacy and GP locations in Newcastle

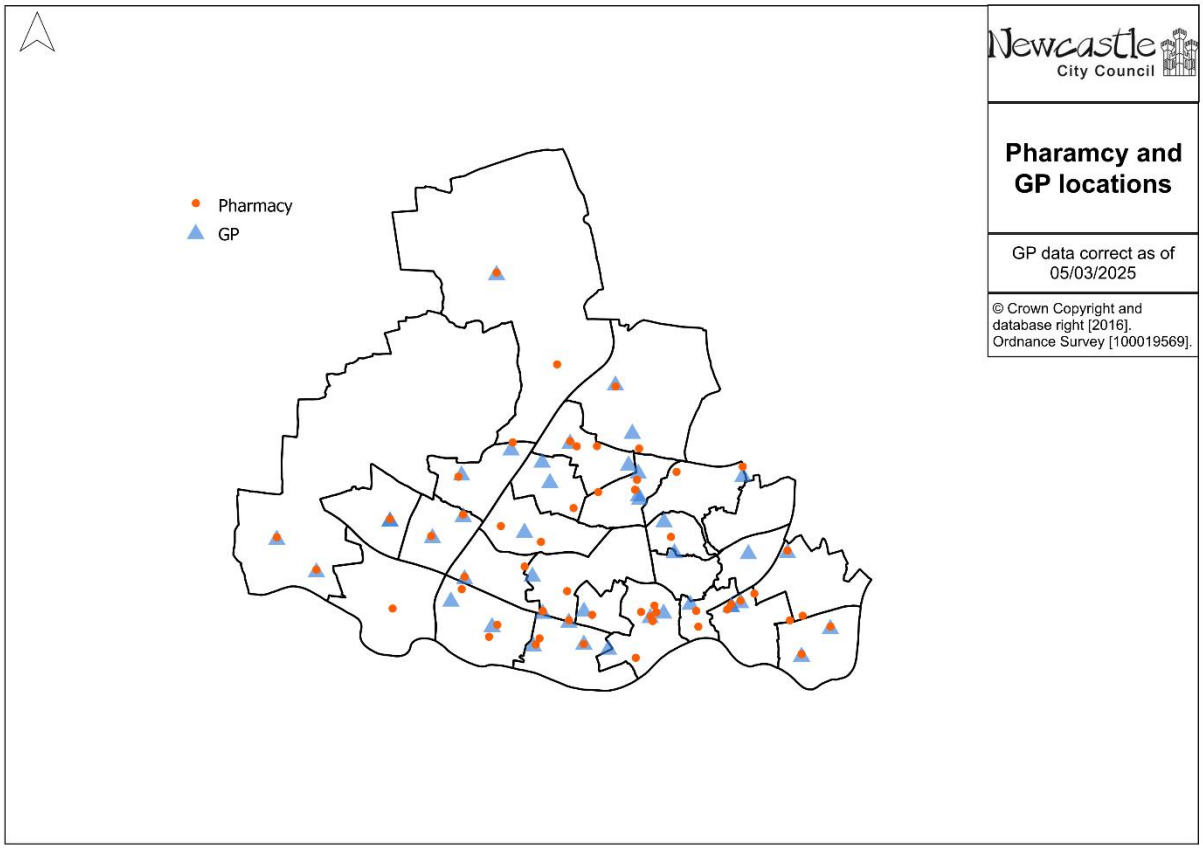
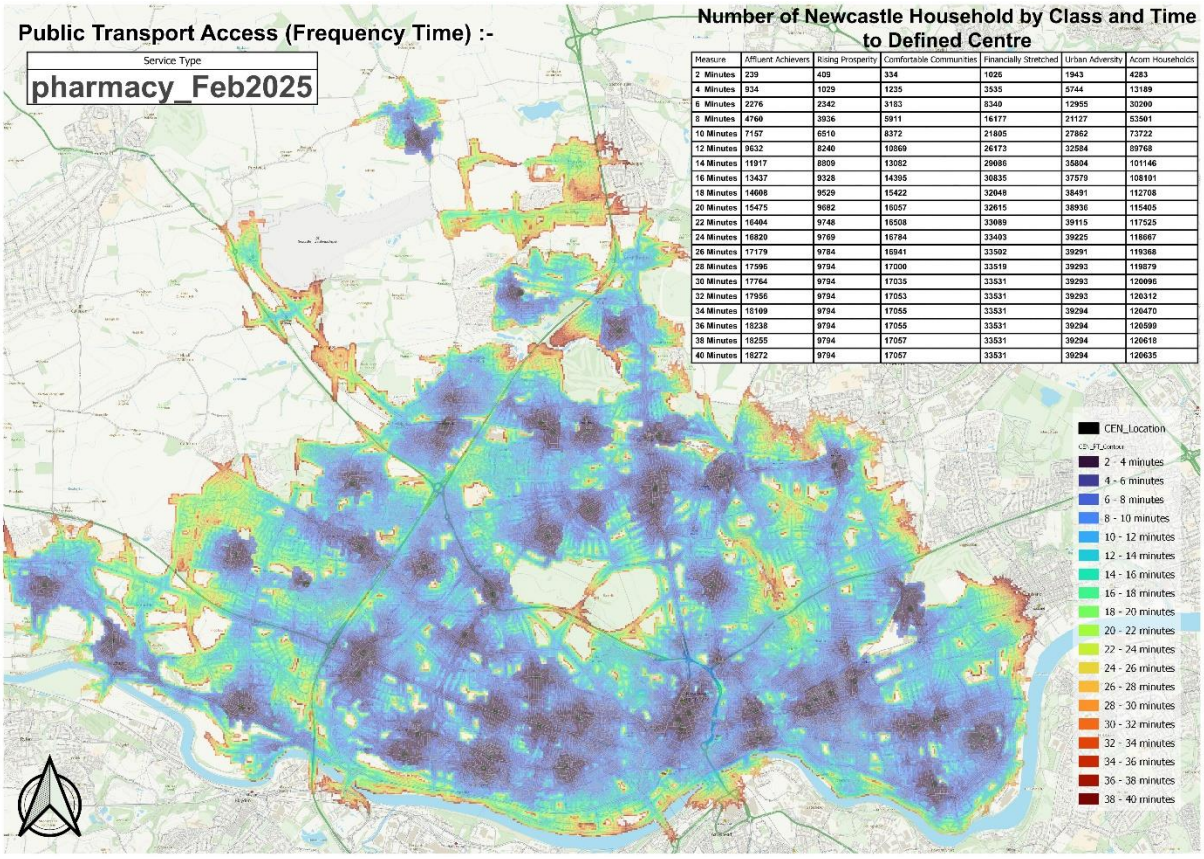


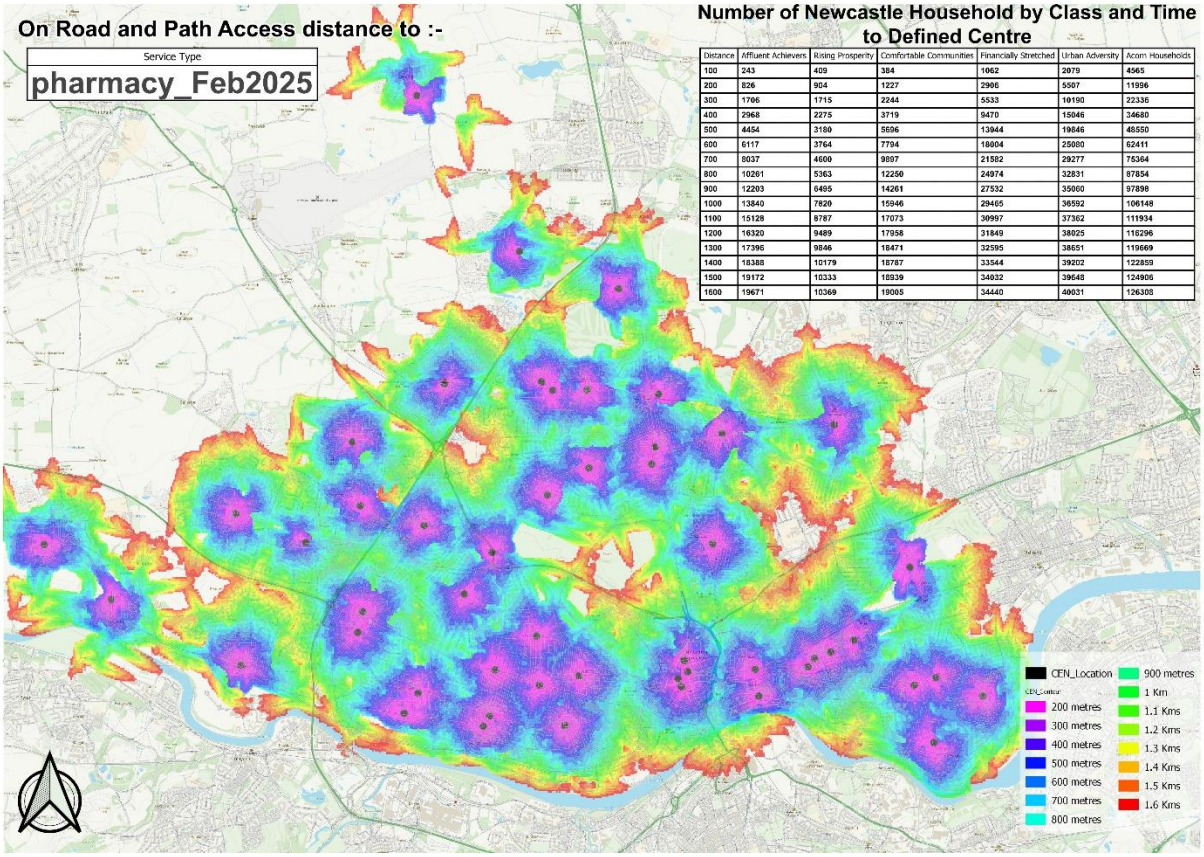
Figure 39: Map of pharmacies and GPs in Newcastle. Source: NENC ICB (pharmacy locations); Shape Atlas (GP locations)

10.1.3 Access to pharmacies via public transport and walking routes



Measure	Affluent Achievers	Rising Prosperity	Comfortable Communities	Financially Stretched	Urban Adversity	Acorn Households
2 Minutes	239	409	334	1026	1943	4283
4 Minutes	934	1029	1235	3535	5744	13189
6 Minutes	2276	2342	3183	8340	12955	30200
8 Minutes	4760	3936	5911	16177	21127	53501
10 Minutes	7157	6510	8372	21805	27862	73722
12 Minutes	9632	8240	10869	26173	32584	89768
14 Minutes	11917	8809	13082	29086	35804	101146
16 Minutes	13437	9328	14395	30835	37579	108101
18 Minutes	14608	9529	15422	32048	38491	112708
20 Minutes	15475	9682	16057	32615	38936	115405
22 Minutes	16404	9748	16508	33089	39115	117525
24 Minutes	16820	9769	16784	33403	39225	118667
26 Minutes	17179	9784	16941	33502	39291	119368
28 Minutes	17595	9794	17000	33519	39293	119879
30 Minutes	17764	9794	17035	33531	39293	120096
32 Minutes	17956	9794	17053	33531	39293	120312
34 Minutes	18109	9794	17055	33531	39294	120470
36 Minutes	18238	9794	17055	33531	39294	120590
38 Minutes	18255	9794	17057	33531	39294	120618
40 Minutes	18272	9794	17057	33531	39294	120635

Figure 40: Typical public transport access to pharmacies in Newcastle (February 2025). Source: Newcastle City Council



Distance	Affluent Achievers	Rising Prosperity	Comfortable Communities	Financially Stretched	Urban Adversity	Acorn Households
100	243	409	384	1062	2079	4565
200	826	904	1227	2906	5507	11996
300	1706	1715	2244	5533	10190	22336
400	2968	2275	3719	9470	15046	34680
500	4454	3180	5696	13944	19846	46550
600	6117	3764	7704	18004	25000	62411
700	8037	4600	9897	21582	29277	75364
800	10261	5363	12250	24974	32831	87854
900	12203	6495	14261	27532	35060	97898
1000	13840	7820	15946	29465	36592	106148
1100	15128	8787	17073	30997	37362	111934
1200	16320	9489	17958	31849	38025	116296
1300	17396	9846	18471	32595	38651	119669
1400	18388	10179	18787	33544	39202	122859
1500	19172	10333	18939	34032	39648	124906
1600	19671	10369	19005	34440	40031	126308

Figure 41: Walking access to pharmacies in Newcastle (February 2025). Source: Newcastle City Council

Appendix 2 - Public Survey and Analysis of Results

Where the data came from?

The public survey was distributed via the following networks

- Newcastle City Council's Community Champions network
- Registered members of Let's Talk Newcastle
- Newcastle City Council's Carer's network
- Newcastle City Council's drug and alcohol carers network
- Newcastle City Council's Communication Team (social media and staff bulletin)
- Newcastle City Council's Communities Team
- Haref
- Connected Voice
- Newcastle City Council's Public Health teams' networks
- Newcastle Elders Council
- Newcastle University
- Children and Families Newcastle family hubs
- Newcastle Neighbourhoods network
- NHS Involvement and Engagement lead
- North East Action for Children, Parents and Inclusion (NAPI)
- Newcastle locality leads
- Healthworks
- Newcastle ward councillors
- Information Now

Posters advertising the public consultation, including QR code to complete it, were provided in the following locations:

1. Newcastle Libraries
2. Newcastle Civic Centre
3. Newcastle Pharmacies

The survey was additionally made available in an Easy Read format.

Demographics

Of the respondents that declared their gender 73% were female, with 27% declaring their gender as male. Participants were aged between 18-75+, as shown in Figure 42, with the most common age group being those aged 55-64 years of age (25% of respondents). Younger age groups had the poorest representation, with 5% of respondents being aged 18-24 years of age, and 8% of respondents being 25-34 years of age.

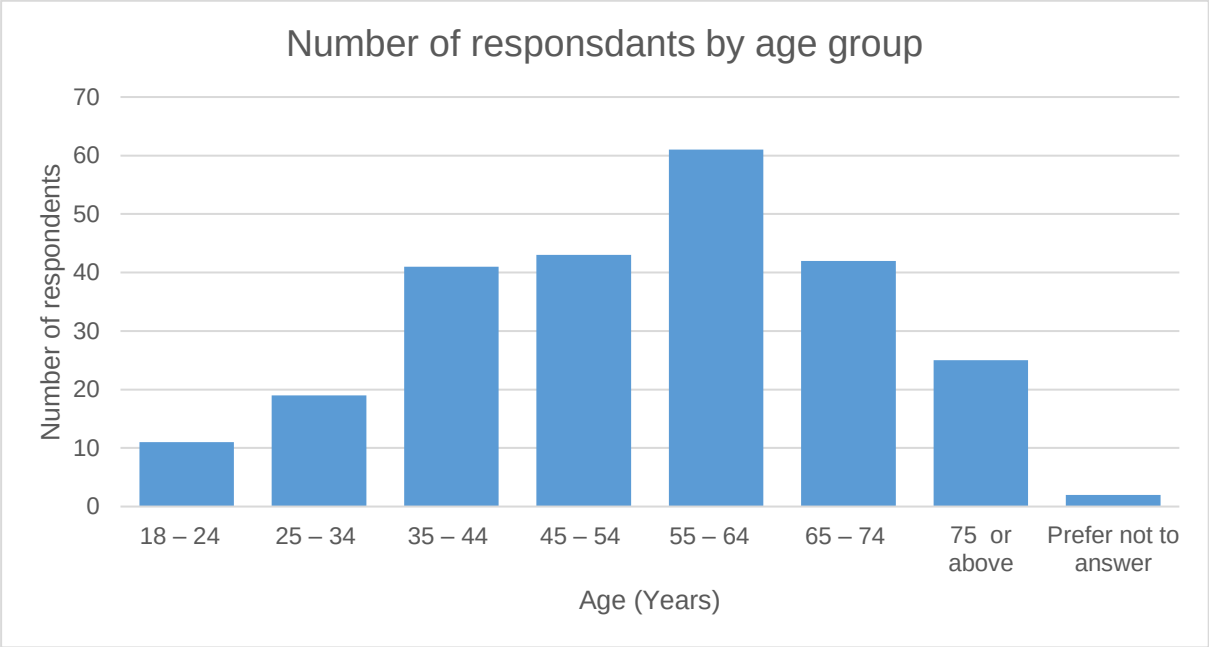


Figure 42: Age distribution of respondents. Source: PNA Public Survey

The majority of participants described their ethnicity as White-English/Scottish/Welsh /Northern Ireland/British (86%), as shown in Table 13.

Table 13: Ethnicity of PNA public survey respondents. Source: PNA public survey

What is your ethnic group or background?	Number of respondents (%)
White- English / Scottish / Welsh / Northern Irish / British	210 (86%)
Prefer not to Answer	9 (4%)
White- Irish	<6
Asian/Asian British- Indian	<6
Mixed / Multiple Ethnic Groups- White and Asian	<6
British-Italian	<6
White- Eastern European	<6
Jewish (Ashkenazi)	<6
Other Ethnic Group- Arab	<6
Asian/Asian British- Pakistani	<6
Black / Black British / Caribbean or African- Caribbean	<6
Asian/Asian British- Chinese	<6
Other Asian	<6

159 participants reported having a medical condition, of which 57% reported that their condition limited what they can do in some way.

Of the 245 responses, 35 respondents did not provide their postcode. 187 responses provided were from Newcastle postcodes, as shown in Table 14. As distribution was carried out on a city-wide basis no areas were targeted for responses; the high response rate from those in NE6 may reflect residents wishes to express their opinions on the topic.

Table 14: Location of respondents of the public survey. Source: PNA public survey

Postcode	Ward	Number of respondents
NE6	Byker, South Heaton, Walker, Walkergate, Ouseburn,South Jesmond	75
NE3	East Gosforth, West Gosforth, Dene, Fawdon, Parklands,Castle	32
NE7	Dene, North Heaton, South Jesmond	26
NE2	Ouseburn, South Jesmond, North Jesmond, East Gosforth, West Gosforth,Dene	16
NE5	Denton, Westerhope, Newburn, Woolsington, Fenham,Blakelaw	12
NE4	Wingrove, Westgate, Elswick, Benwell and Scotswood, Blakelaw,Fenham	10
NE15	Benwell and Scotswood, Elswick, Lemington, Newburn	9
NE13	Castle, Woolsington, Parklands	<6
NE1	Westgate, Ouseburn, South Jesmond	<6
NE12	Forest Hall, Killingworth , Burradon	<6

Question 1: Why do you usually visit a pharmacy?

The majority of participants described using a pharmacy for more than one reason (135, 55%).

The most common reason people visited a pharmacy was to get a prescription for themselves or someone else (224 responses). 60 respondents (24%) reported that use a pharmacy service such as stopping smoking, blood pressure etc. 128 reported buying medicines for either themselves or someone else.

Question 2- How often do you use the pharmacy?

Of the 245 respondents the most common usage of a pharmacy was approximately once a month, followed by once every two weeks, then about once or twice a year.

Table 15: How often different respondents use their pharmacy. Source: PNA public survey

How often do you use the pharmacy?	Number of respondents (%)
About once a week	17 (7%)
About once every two weeks	41 (17%)
About once a month	135 (55%)
About once every two months	<6
About every three months	7 (3%)
About once or twice a year	39 (16%)
As and when needed	<6
I do not use the pharmacy	<6

Q3-When you visit the pharmacy, what times and days of the week do you usually go?

183 respondents reported visiting the pharmacy at the same time whenever they visit, with the most common time to visit being on weekdays between 9am-6pm, as shown in Table 16. More respondents reported accessing their pharmacy at the weekend rather than attending after 6pm.

Table 16: Frequency of visit times by respondents. Source: PNA public survey*

When you visit the pharmacy, what times and days of the week do you usually go?	Number of respondents
I go to the pharmacy weekdays, usually before 9am	15
I go to the pharmacy weekdays, usually between 9am and 6pm	196
I go to the pharmacy weekdays, usually after 6pm	44
I usually go to the pharmacy on Saturday	58
I usually go to the pharmacy on Sunday	14
I do not visit the pharmacy or 'other'	11

*(N.B respondents could select more than one time visiting the pharmacy)

Q4- How happy or unhappy are you with the pharmacy you usually use?

The majority of participants reported being “Happy” or “Very Happy” about the pharmacy they used (71%), as shown in Figure 43. 14% of respondents reported being either “Unhappy” or “Very Unhappy” with their current pharmacy.

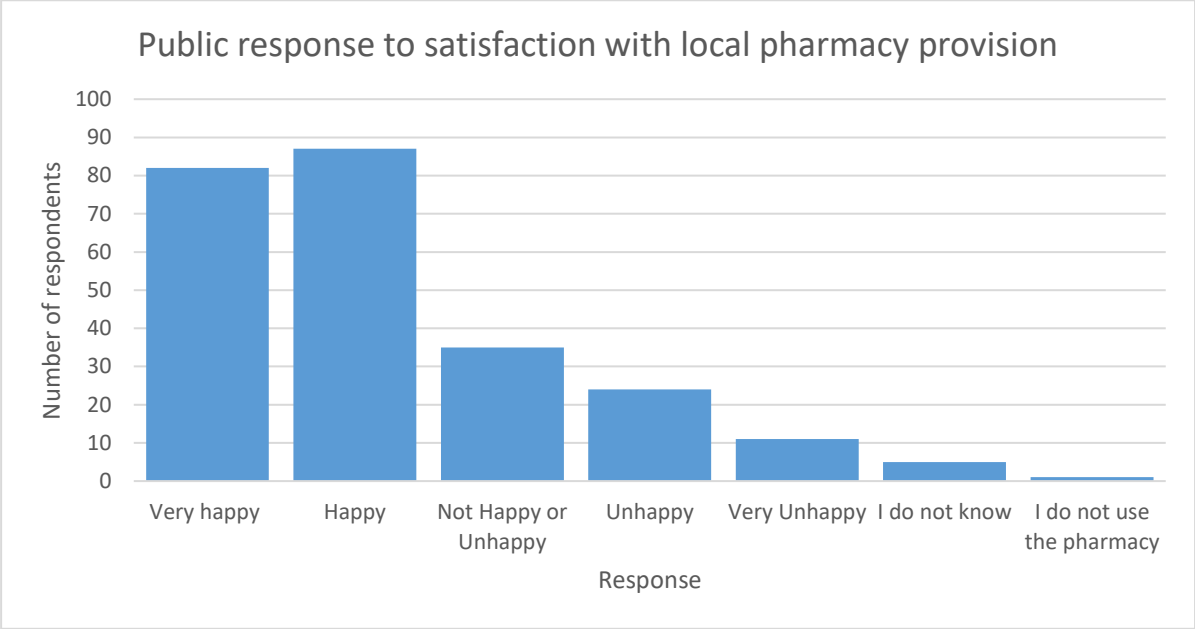


Figure 43: Frequencies of respondent’s opinions on whether they were happy with their current pharmacy. Source: PNA public survey

Q5- How satisfied are you that your local pharmacy meets your needs?

The majority of participants reported that they were either “Very satisfied” or “Satisfied” that their pharmacy met their current needs (70%), as shown in Figure 44. A slightly higher percentage of participants felt either “Unsatisfied” or “Very Unsatisfied” than those that reported being “Unhappy” or “Very Unhappy” in Q4 (18%).

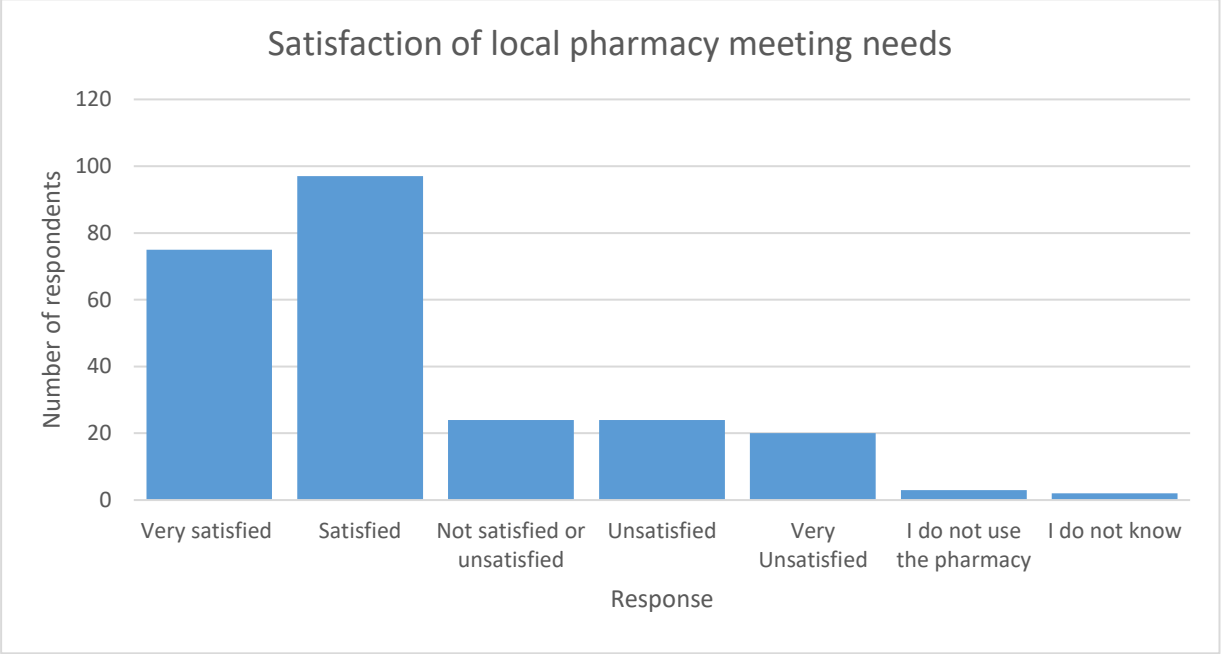


Figure 44: Frequencies of respondents that feel that their local pharmacy meets their current needs. Source: PNA public survey

Q6- Who do you normally visit or use the pharmacy for?

Nearly all participants reported visiting their pharmacy for themselves (94%), whilst more than half reported visiting for a family member (54%), as shown in Table 17.

Table 17: Who respondents visit the pharmacy for. Source: PNA public survey

Who do you normally visit or use the pharmacy for?	Number of respondents (%)
Yourself	229
A family member	131
A neighbour or friend	7
Someone you care for	7

Q7- If you use or visit the pharmacy regularly for someone else, please tell us why

The majority of participants that reported accessing/using pharmacy services for someone else did so because the person/child is dependent on them to attend the pharmacy, as shown in Table 18.

Table 18: Frequency of reasons that respondents used or visit the pharmacy regularly for someone else. Source: PNA public survey

If you use or visit the pharmacy regularly for someone else, please tell us why	Number of respondents (%)
The pharmacy opening hours don't suit them	36 (15%)
They are a child or depend on me to go to the pharmacy for them	48 (20%)
They can't access the pharmacy because they: have a disability, condition, or illness that makes it very difficult or impossible to visit the pharmacy; do not have transport to visit the pharmacy; other reasons why they cannot access the pharmacy	36 (15%)
They cannot access the pharmacy's digital or online service or they cannot use the pharmacy delivery service	8 (3%)
They are too unwell to visit the pharmacy	9 (4%)
I do not use or visit the pharmacy for someone else	114 (47%)
Other	18 (7%)

Q8- How do you usually use or visit the pharmacy?

The majority of respondents used only one method of transport to access their local pharmacy (70%); the most common method respondents used to visit their pharmacy was via walking, followed by via car, and public transport, as shown in Table 19.

Table 19: Frequency of respondent's methods of attending their local pharmacy. Source: PNA public survey

How do you usually use or visit the pharmacy?	Number of respondents
I walk to the pharmacy	148
I go to the pharmacy by car	127
I use public transport, like the Metro or bus, to get to the pharmacy	29
I ride my bike to the pharmacy	11
I use the pharmacy digital or online service	6
I get a taxi to the pharmacy	<6
Other	<6
I have a video or telephone call with the pharmacy	<6

Q9-If you visit the pharmacy in person, how long does it take you to get to the pharmacy?

The most common time taken to travel to the pharmacy by participants is 0-15 minutes, as shown in Figure 45.

Figure 45: Frequency of time taken by participants to travel to their pharmacy. Source: PNA public survey

Q10 and Q11- Have there been any changes to your pharmacy's services lately, and what are the changes?

Of the 245 participants, 111 (45%) reported that they had noticed changes to their pharmacies services recently; 62 (25%) respondents had noticed no changes in their pharmacy provision, and 72 (29%) reported not knowing if there had been any changes. Of the 111 that reported noticing changes to their local pharmacy, 14 discussed positive changes (More services being offered, an updated digital system, and introduction of the Pharmacy First Programme). 86 respondents reported negative changes to their local pharmacy, with the most common responses being that their local pharmacy had closed down (n=61), that the opening hours at reduced (n=9), and that waiting times had increased (n=8). 11 respondents also discussed that the management of their pharmacy had changed (e.g an independent pharmacy being taken over by a chain).

Q12- Is there anything you want your pharmacy to improve, change, or any new services to offer?

98 respondents did not feel their was anything that they would improve, change or require any new services from their pharmacies. Of the 147 participants that felt they wanted to change something about their local pharmacy, 49 reported wanting a pharmacy to open in their local area. The other most common responses were wanting a reduction in waiting times, and longer opening hours.

Table 20: Frequency of suggested improvements, changes and new services offered. Source: PNA public survey

Change Suggested	Number of respondents
More Local Pharmacies	49
Reduced waiting times	18
Opening hours	18
Better access to prescriptions	13
Better OTC Medicines (inc. Price and availability)	11
More services offered	7
Improved information on services offered	6
Lunch Time Opening Hours	6
Prescription Reminder	6
Customer Service	<6
Prescription Delivery Service	<6
Needing more Staff	<6
Better communication with GP	<6
Choice of Pharmacist Gender	<6
Accessing Services	<6
Accessibility (inc. parking)	<6
Change non-medical products	<6

Q13- Is there anything else you want to tell us about your local pharmacy services?

Respondents final question was to expand on any other comments they feel were relevant to their experience of pharmacies. Respondents that had more feedback to provide often expanded on their response to the previous question, being based around comments around accessibility, delivery services, and the closure of local pharmacies; examples are provided in Box 1.

Box 1: Quotations from participants when asked to expand on any other feedback they wished to provide on their local pharmacy services. Source: PNA public survey

"Apart from the weekend issue they are very good and easily accessible"

"I find pharmacies within supermarkets convenient as I usually need to buy something groceries related as well."

"I've noticed a lot of pharmacies closing lately and I worry about older adults accessing these services if they are not as local as they used to be."

"Aside from inconvenience having to travel further to a pharmacy, the workload on our new pharmacy and other neighbouring pharmacies has increased. This has been compounded by Lloyds Pharmacy inside Sainsburys Heaton also closing."

"I would like to see a Pharmacy return to Chillingham Road. Heaton has a desperate shortage of pharmacy services especially due to the local population."

Appendix 3 - Pharmacy Survey and Analysis of Results

When we consulted

December 17th 2024- January 31st 2025.

How we consulted and who responded

A survey was developed by members of the Newcastle City Council Public Health Epidemiology and Intelligence team and local *pharmaceutical committee members* on the PNA steering group. All 55 pharmacies in Newcastle were invited to take part in the survey, including both 40 hour and 100-hour pharmacies, and both community and distance selling pharmacies.

45 (82%) of the 55 pharmacies in Newcastle responded, the locations of which are shown in Figure 46. All pharmacies that responded were community pharmacies.

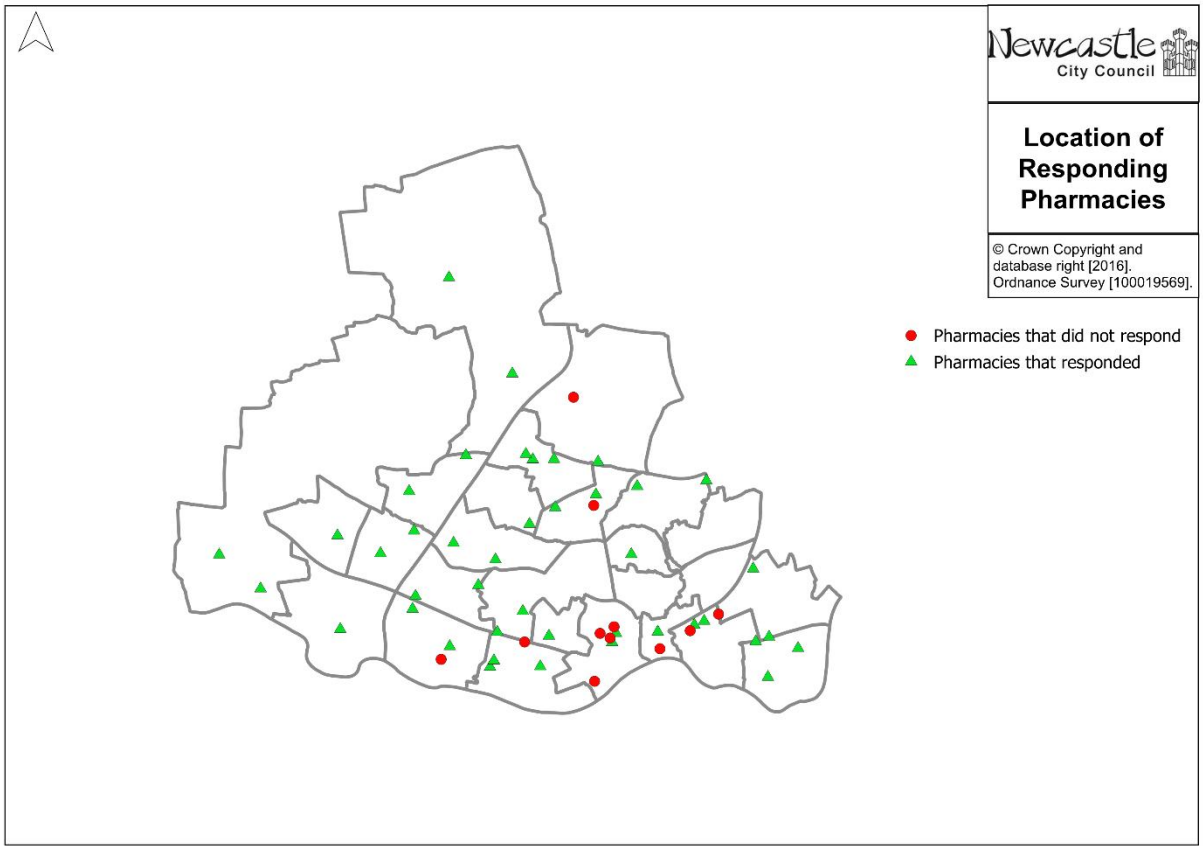


Figure 46: Pharmacy responses to the PNA pharmacy survey 2025. Source: PNA pharmacy survey

Survey Responses

Wheelchair Accessibility

All but two pharmacies offered wheelchair access at their entrance and to their consultation room; 28 (51%) pharmacies reported having unaided wheelchair access, whilst 15 (27%) reported wheelchair access being available with assistance.

Delivery Service

42 (93%) of the 45 pharmacies offered a delivery service, with 32 of the 42 (76%) offering a free delivery service to all patients. 2 of the pharmacies offering a delivery service charge all patients.

Monitored Dosage System

37 (82%) of pharmacies reported offering a monitored dosage systems (MDS) for their patients.

Languages spoken

27 (60%) pharmacies reported having a pharmacist that spoke a language other than English. Of the pharmacies that had staff that spoke a language other than English, all but three spoke more than one other language, as shown in Table 21.

Table 21: Self-reported number of non-English languages spoken by pharmacy staff. Source: PNA pharmacy survey

Non-English languages spoken in pharmacy	Number of pharmacies
1	3
2	7
3	11
4	3
5	1
6	1
7	1

The most common language spoken by pharmacists that was not English was “South Asian Language”, as shown in Table 22.

Table 22: Frequencies of non-English Languages spoken by pharmacists. Source: PNA pharmacy survey

Language Classification	Number of pharmacies
South Asian Language	47
West or Central Asian Language	16
Other European language (EU)	8
Russian	<6
Other European language (EU and non-EU): Bosnian, Croatian, Serbian, and Montenegrin	<6
Other UK language: Romany English	<6
African language (any other Nigerian language)	<6
Spanish	<6
French	<6

Challenges faced in pharmacies

Pharmacists were asked to state whether or not they felt twelve different issues were challenges they experienced in delivering community pharmacy practice. Nearly all pharmacies experienced at least challenge, with the most common experienced being insufficient funding, as shown in Table 23. Only one pharmacy reported having no challenges in delivering community pharmacy services.

Table 23: Frequency of contractor responses to the challenges faced by pharmacies in Newcastle. Source: PNA Pharmacy survey

Challenge faced	Frequency
Insufficient funding under the current Community Pharmacy Contractual Framework (CPCF)	27
Increasing demand to deliver new services in addition to essential services	15
Pressures of medicine supply issues	15
Increased administrative workload	14
Lack of public awareness of pharmacy services	11
Recruitment and retention of staff	9
Ensuring the range of pharmacy services all remain accessible throughout trading hours	9
Not having sufficient time to talk and listen to patients	8
Challenges in digital integration with NHS systems	7
Training costs/time to prepare for services	7
Limited space and infrastructure for service expansion	6
Impact of online pharmacies on reducing footfall in high street pharmacies	6
No concerns at present	1

Appendix 4 - Findings of the Consultation on the Draft Pharmaceutical Needs Assessment

The formal consultation of the PNA ran between 26th May and 25th July 2025. 21 responses were received as part of the online consultation. 16 responses were received from members of the public, with one response also received from a GP surgery, pharmacy, local health and wellbeing board, LPC and Newcastle City Council departments respectively.

16 of the 21 respondents reported that they agreed or strongly agreed with the findings of the PNA. Three respondents neither agreed or disagreed, and one respondent strongly disagreed with the findings. Of these four responses that disagreed with the findings further comments were added discussing a lack of pharmacies in Heaton, a gap identified within the document. Those that agreed with the findings of the PNA also described this lack of pharmacies in Heaton.

Of the responses received from members of the public, one response suggested "A metric to give an indication of how busy an individual pharmacy is e.g. processing time between receipt of prescription by the pharmacy to its readiness for collection by the consumer". Additional responses included suggesting more information is required around sharps box disposal availability, and the impact of closures on other existing services.

A response from Newcastle City Council's Adult Social Care department reported that there were current issues in medication preparation, which the ICB no longer provides supporting creating medication packs (including medipacks, delivering prescriptions, and providing signposting information via resources).

The response from the LPC suggested that the document should include information on how well utilised different community pharmacies are, including items dispensed, or average number of patients accessing services. The LPC also made the following comments:

- Some of the listed gaps have now been filled or are in the process of being filled through application process. Section 4.1.3 mentions 5 weeks notice for change in supplementary hours however only applicable if a reduction in hours
- With reference to the following paragraph: The group suggested that communication by pharmacies in multiple instances could be improved, including better communication of what services are available in the pharmacies, better communication between pharmacies and GPs, and better communication of what medications are in stock. Members also discussed wanting to ensure that every pharmacist in each practice offering a service was trained to perform all the services they offered. The LPC would note that the availability of stock lines is out with the control of the pharmacies who are subject to supply chain issues. Contractors are not always aware of which lines are in or out of stock until an order has been placed. It should also be noted that the different service offer dependent on pharmacist training is becoming less of an issue with the advent of pharmacy first and the national provision of EHC via contraception service.

A formal response was received from the North East North Cumbria ICB via email rather than the online questionnaire. The response supported the findings of the PNA and acknowledged that applications were being considered in the areas with identified gaps.

Additionally, a focus group was carried out with the group North East Action for Children Parents and Inclusion (NAPI). The group agreed with the findings of the PNA, in particular the identified gaps in Heaton and Elswick. Participants in the group discussed the identified gaps in Heaton, with some members of the panel discussing their closest pharmacy now being in North Tyneside (Four Lane Ends). Focus group members also highlighted that opening hours are one of the primary issues for parents and carers, but also that the capacity of pharmacies

is a potential issue; pharmacies with a higher user burden located within supermarkets often lead to long waiting times, in which parents and carers may feel pressure to buy items for their dependents.

Participants also discussed delays and lack of communication when receiving prescriptions for controlled medicines, the importance of personable pharmacy staff members, and that they did not feel pharmacies encouraged the use of services such as Pharmacy First as much as they possibly could.

Response to Consultation Feedback

The consultation responses have been carefully considered and updates have been made to the final PNA where appropriate.

Where possible, factual changes that occurred during or after the consultation have been incorporated into the final document. These include an update on the appeal status of a previously refused application to open a new pharmacy in Heaton. A reference to the asylum seeker prescription charge reimbursement scheme was removed after the commissioner confirmed that the service has been decommissioned. Additionally, the opening hours section was updated to reflect a notified increase for one pharmacy, which affects Figure 19.

Regarding the suggestion to include dispensing volumes as a measure of pharmacy activity, this PNA has chosen not to incorporate such data. Dispensing volumes alone do not reliably indicate a pharmacy's capacity or ability to meet local needs, as high volumes may be managed efficiently by well-resourced pharmacies. Furthermore, dispensing figures do not capture the differing time and resources required for dispensing various types of prescriptions, such as medicines dispensed into monitored dosage systems compared to dispensing in original packs.

Similarly, while dispensing wait times could theoretically offer insight into pharmacy workload and efficiency, there is currently no published or consistently collected data on dispensing times available at a system-wide level. Even if such data were available, wait times can be influenced by numerous factors unrelated to capacity or service quality, including patient arrival patterns, staffing levels during peak periods, and the complexity of individual prescriptions. As a result, dispensing wait times would not provide a reliable or comparable metric for assessing pharmaceutical service provision across the area.

Given these limitations, the assessment focuses on pharmacy locations, accessibility, range of services, and local health needs to provide a more accurate picture of pharmaceutical provision. Comments on capacity and service promotion have not been reflected in the recommendations, as they fall outside the regulatory definitions of necessary or relevant services.

The information on the rules for notifying the commissioner of changes to supplementary hours provision (section 4.1.3) has been updated in line with comments received. Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur. Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible

Where feedback related to operational matters outside the scope of the PNA, such as national stock shortages and disposal of sharps boxes, no changes have been made to the assessment. However, these issues have been shared with the relevant commissioners for their consideration.

Appendix 5 – Steering group membership

Membership of the Group:

- Public Health Portfolio Lead Epidemiology & Intelligence (Newcastle City Council)
- Senior Medicines Optimisation Pharmacist (NECS)
- Strategic Lead Pharmacy Technician (NECS)
- Public Health Intelligence Specialist (Newcastle City Council)
- Local Pharmaceutical Committee Representative
- Healthwatch Newcastle Representative
- Integrated Care Board Representative
- Local Authority Planning Department Representative (Newcastle City Council)
- LMC/Dispensing Doctor Representative