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HEALTH AND WELLBEING BOARD

Thursday 12 June 2025
2.00 pm
Warspite Room, Council House

Members:
Councillor Aspinall, Chair
Councillors Laing, Lugger and P.Nicholson

Statutory Co-opted Members:
Director of Children's Services, Director of Public Health, Strategic Director for Adults, Health and Communities, NHS Devon ICB, and Healthwatch.

Non-Statutory Members:
Livewell SW, University Hospitals Plymouth NHS Trust, University of Plymouth and the Voluntary and Community Sector.

Members are invited to attend the above meeting to consider the items of business overleaf.

This meeting will be webcast and available on-line after the meeting. By entering the Council Chamber, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

Tracey Lee
Chief Executive

Health and Wellbeing Board

1. Apologies

To receive apologies for non-attendance by Health and Wellbeing Board Members.

2. Declarations of Interest

The Board will be asked to make any declarations of interest in respect of items on this agenda.

3. Appointment of a Vice-Chair for the Municipal Year 2025-26

For the Board to appoint a Vice-Chair for the Municipal Year 2025-26.

4. Chairs urgent business

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

5. Minutes (Pages 1 - 8)

To confirm the minutes of the meeting held on 06 March 2025.

6. Questions from the public

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to democraticsupport@plymouth.gov.uk. Any questions must be received at least five clear working days before the date of the meeting.

7. Plymouth Pharmaceutical Needs Assessment 2025-28 (Pages 9 - 242)

8. MoN - Strengthening Measures to Combat Youth Vaping. A review of the current Health and Wellbeing Board position statement on vaping (Pages 243 - 264)

9. Health and Wellbeing Board Development Session Feedback (Pages 265 - 270)

10. Tracking Decisions (Pages 271 - 272)

For the Board to review the progress of the Tracking Decisions Log.

11. Work Programme (Pages 273 - 274)

For the Board to consider items for the work programme.

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Health and Wellbeing Board

Thursday 6 March 2025

PRESENT:

Councillor Aspinall, in the Chair.
Councillor Ms Watkin, Vice Chair.
Councillors Laing and P.Nicholson

Co-opted Representatives: David Haley (Director of Children's Services), Professor Steve Maddern (Director of Public Health), Chris Morley (NHS Devon), Tony Gravett (Healthwatch), Stephen Beet (Head of ASC Retained Functions (Substitute for Gary Walbridge)), Karen Pilkington (VCSE Rep), Rob Smith (Wellbeign Hubs Rep), Laura Alexander (University of Plymouth), and Rachel O'Connor (University Hospitals Plymouth).

Also in attendance: Jon Taylor (NHS Devon), Gary Wallace (Lead Manager, Trading Standards and Health Improvement), Ruth Harrell (Consultant in Public Health), Kamal Patel (Consultant in Public Health), and Elliot Wearne-Gould (Democratic Advisor).

Apologies for absence: Gary Walbridge (Strategic Director for Adults, Health and Communities), Matt Garrett, Jones, Lee, Taylor and Thomas(Livewell Southwest).

The meeting started at 10.00 am and finished at 12.30 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

31. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

32. **Chairs urgent business**

There were no items of Chair's Urgent Business.

33. **Minutes**

The Board agreed the minutes of 29 January 2025 as a correct record, subject to grammatical corrections.

34. **Questions from the public**

There were no questions from members of the public.

35. **One Devon Joint Forward Plan**

Jon Taylor (Head of Planning and PMO, NHS Devon) delivered the One Devon Joint Forward Plan (JFP) report, and discussed:

a) The Joint Forward Plan (JFP) was a five year mandatory plan, which set out how the Integrated Care Strategy (ICS) would be delivered by the Integrated Care Board (ICB) and partners;

b) NHS England Operating Planning Guidance had instructed that the Joint Forward Plan required updating this year, with publication required by April 2025;

c) This year's update was light-touch due to the following factors:
   I. The ICS had not yet been updated this year;
   II. The NHS Long Term Plan was expected to be published in the spring;
   III. The publication of the above two documents would require more substantial changes to the One Devon Joint Forward Plan at a later date.

d) This year's update to the JFP took account of:
   I. Alignment with the NHS Devon Annual Plan;
   II. Alignment with NHS Operational Planning Guidance;
   III. Alignment with the latest NHS and local government Medium Term Financial Plans;
   IV. Updated governance procedures;

e) The JFP was scheduled for consideration at the next NHS Devon Board meeting on 27 March 2025. It would then submitted to NHS England, before being published in April 2025;

f) The Board were requested to endorse the updated JFP, and to confirm it aligned with local strategies.

In response to questions, the Board discussed:

g) The system's transition to 'care in the community', which alleviated critical hospital capacity and enabled patients to be cared for in their preferred place;

h) Reablement and care capacity had been increased, facilitating a 120% increase in the number of people who were discharged straight home this year, compared to last;

i) A need to address potential implications for the generation of young people impacted by the Covid Pandemic and national lockdowns in future reviews of the plan;

j) In a more comprehensive review next year, NHS Devon would undertake extensive engagement prior to refreshing the plan, which would incorporate new priorities;

k) There were numerous ICB actions and initiatives for children and young people ongoing, and communication with PCC was strong;

l) Recognition of additional capacity within the multi-agency safeguarding hub;

m) A need to consider the impact of the Government's new reforms under the Children's Wellbeing and Education Bill, particularly relating to the requirement for increased integration and cooperative working between partners;

n) Recognition and support for the plan's Public Health focus on the wider determinants of health, prioritising healthier, safer communities;

o) A need to ensure that housing and employment was considered as an integral part of any future plan refresh, and that the Local Authority was involved given its statutory duties for housing delivery;

p) Recognition of fragmentation and gaps within health protection across partners, with a need to enhance collaboration and integration;

q) The importance of dental provision, and a need for future reviews of the JFP to identify dentistry as a distinct priority;

r) Potential to lobby Government for increased health contributions from developers under S106 monies. Government was currently reforming the Planning system, which could be utilised to secure greater contributions from developers towards heath infrastructure;

s) The need to ensure the VCSE sector and Wellbeing Hubs were engaged in co-designing integrated local services, through strong planning and collaberation.

The Board agreed to:

1. Endorse the updated draft Joint Forward Plan for 2025-20230, and confirm it aligned with priorities identified in the latest Health and Wellbeing Strategy.

36. **Neighbourhood Health Services**

Chris Morley (NHS Devon ICB) delivered the Neighbourhood Health Services report to the Board, and discussed:

a) The purpose of Neighbourhood Health Services, which aimed to bring various health and social care services together in a more effective manner within communities;

b) The focus of Neighbourhood Health Services, which aimed to improve health and well-being while reducing avoidable pressures on health and social care systems;

c) The significance of partnerships between the NHS, local government, social care providers, and community organizations to support individuals and unpaid carers effectively;

d) The Key Components of Neighbourhood Health Services were:

   I. Strategic Focus;
   II. Integration of services for complex needs;
   III. Prevention and early intervention;
   IV. Utilization of community assets;
   V. Digital transformation;
   VI. Strong partnerships among stakeholders;
   VII. Population health management.

e) There were existing community assets in Plymouth, which could be leveraged to enhance the integration of services. It was important to build upon existing frameworks to develop a community-centric model of healthcare delivery;

f) Delivery guidance for 2025/26 would focus on those with the most complex needs. This would target 7% of population nationally, focussing on cohorts with greatest potential to improve independence;

g) A steering group had been established to develop a roadmap for the development and delivery of services across Devon;

h) Neighbourhood health services formed part of the three NHS strategic shifts:

   I. From Acute to Community Care: Moving services closer to the community level to better meet local needs;
   II. Digital Transformation: Emphasizing the use of digital tools to enhance service delivery;
   III. Focus on Prevention: Transitioning from reactive to proactive health care strategies.

i) A national implementation programme would be launched to support local areas to develop integrated health services. Plymouth could participate in the programme, which would provide additional resources for enhancing local health services.

In response to questions, the Board discussed:

j) The introduction of Neighbourhood Health Services was without additional funding. The programme would prioritise the best utilisation of existing resources, assets and funding arrangements;

k) Community Health and Wellbeing Hubs, and voluntary sector organisations provided crucial support, acting as gateways to services and community engagement;

l) It was important to engage with the community to understand their needs and involve individuals in the development of services best suited to them;

The Board agreed to:

1. Note the report;

2. Continue local support and engagement in the development of Neighbourhood Health Services.

37. **Plymouth HDRC Annual Update**

Ruth Harrell (Consultant in Public Health) and Gary Wallace (Lead Manager, Trading Standard and Health Improvement) delivered the Plymouth Health Determinant Research Collaboration (HDRC) annual update and discussed:

a) The HDRC was a partnership between Plymouth City Council, the University of Plymouth, and the Plymouth Octopus Project;

b) The HDRC was funded by the National Institute of Health Research (NIHR) and aimed to tackle the wider determinants of health inequalities in Plymouth, providing opportunities to undertake research, ask challenging questions and understand how wider societal issues such as education, poverty, housing, planning, transport and employment influenced the health of the communities in the city;

c) The collaboration focussed on developing a learning culture, producing locally valuable knowledge, and using innovative approaches to inform decision-making;

d) Researchers from the University of Plymouth were working alongside council officers to access evidence and evaluate interventions;

e) Plymouth was one of 13 local authorities who had been successful in their bid for the HDRC, receiving approximately £5 million over a five-year programme;

f) The Council was taking a human learning systems approach to meet individuals' needs and understand the complex paths to achieving healthy outcomes;

g) The HDRC was collaborating with other coastal cities who faced similar problems to Plymouth, prioritizing projects which achieved maximum benefit;

h) Researchers from the University of Plymouth were embedded within the Council to help access evidence and evaluate interventions;

i) The Council was engaging with the NHS and the Voluntary, Community and Social Enterprise (VCSE) sector to leverage their contributions and innovative approaches;

j) The HDRC recognised that results would take time to emerge, and that there may be a requirement to extend the programme beyond the five year project. The process for attaining this was currently unknown.

In response to questions, the Board discussed:

k) The need to continue developing a learning culture within the Council to inform decision-making and produce locally valuable knowledge;

l) Maintaining collaboration with other coastal cities and sectors to address common health determinants and share best practices;

m) Ensuring that interventions were tailored to meet individuals' needs and considered the complexity of their lives.

The Board agreed:

1. To note the progress made to date;

2. To encourage ongoing collaboration between the HDRC, Plymouth City Council, the University of Plymouth, and other stakeholders.

38. **Partner Updates**

Rachel O'Connor (University Hospitals Plymouth) delivered the UHP Partner Update report and discussed:

a) There had been significant improvements in urgent and emergency access at UHP, with the implementation of new interventions and a new model of care under the 'One Plan', to support patients differently;

b) In the past two months, UHP was the most improved in the country for the 4-hour improvement standard and the 10th most improved for 12-hour patient stays;

c) There had been a 2/3 reduction in long ambulance handover waits, with a continued focus to achieve zero, over eight-hour waits;

d) Virtual Wards had fully opened, delivering increased community support for vulnerable individuals. 57 Community Frailty Virtual Wards were now operational;

e) There had been a 150% increase in the number of people supported directly home, avoiding the need for intermediate bedded care;

f) The mobile X-ray car was operational, supporting 90% of patients at home through conservative management;

g) UHP had been included in the New Hospitals Programme, with new emergency care buildings and additional facilities expected to be completed by Autumn 2028 and Summer 2029;

h) The Plymouth Community Diagnostic Centre had been fully funded and approved, and was expected to open in September 2026, providing significant offsite diagnostic capacity.

In response to questions, the Board discussed:

i) The Community Diagnostic Centre and capacity modelling;

j) Recognition and praise for the rapid improvement of demand and delay figures at the UHP Emergency Department (ED);

k) Beds dedicated to End of Life Care at Mt. Gould hospital had been increased from 8 to 12;

l) Demand at UHP had exceeded predictions used for planning by 9%. A review of this need and trend would be analysed;

m) Continued work and development of the 'One Plan' was ongoing, managing demand and ensuring care was delivered in the most appropriate location.

The Board agreed to note the report.

39. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) delivered the following updates to the Tracking Decisions Log:

a) The Director of Public Health was liaising with the University of Plymouth in respect of collaborative research projects between the University of Plymouth and Plymouth City Council (PCC), as requested by the Board;

b) The Dental Taskforce had completed the request from the Board to consider 'workforce' at its next meeting. On 7th of February, workforce was covered in the ICB update, and was selected as a new area of focus for the Dental Taskforce going forwards;

c) The Devon Stakeholder Dental briefing had been circulated to Board members as requested, on 17 of February 2025.

The Board agreed to:

1. Request an update from NHS Devon regarding the dental contract, to ascertain when routine check-ups and normal operation would resume, following delays created during the Covid Pandemic;

2. Note the Tracking Decisions Log progress.

40. **Work Programme**

The Board agreed to note the work programme, which would include:

1. Motion On Notice relating to Youth Vaping;
2. The Pharmaceutical Needs Assessment;
3. Dental Check-ups;
4. Health Protection Annual Report.

Health and Wellbeing Board

Date of meeting:	12 June 2025
Title of Report:	**Plymouth Pharmaceutical Needs Assessment 2025-28**
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Professor Steve Maddern (Director of Public Health)
Author:	Robert Nelder
Contact Email:	robert.nelder@plymouth.gov.uk
Your Reference:	PNA
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The Health and Social Care Act 2012 transferred the responsibility to develop and update Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts to Health and Wellbeing Boards (H&WBs) from 1 April 2013. This means that Plymouth's H&WB has a legal duty to ensure the production of a PNA for Plymouth going forward.

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a H&WB's area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of an area, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS Integrated Care Boards (ICBs).

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the NHS ICB to be included in the pharmaceutical list for the H&WB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the H&WB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

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

Whilst the PNA is primarily a document for the local NHS ICB(s) to use to make commissioning decisions, it may also be used by local authorities and other commissioners of health and wellbeing services. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors are able to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need.

Recommendations and Reasons

The recommendation is for the Health and Wellbeing Board to:

1. Formally accept the Plymouth PNA for 2025-28
2. Agree to its publication on the Health and Wellbeing Board page of the Plymouth Public Health website (part of the wider Plymouth City Council site).

Alternative options considered and rejected

There is strict guidance relating to the production and publication of PNAs that all Health and Wellbeing Boards must adhere to. Therefore, no alternatives were considered.

Relevance to the Corporate Plan and/or the Plymouth Plan

The PNA will enable the appropriate level of pharmacy provision to be available to the Plymouth population and as such should impact positively upon residents' health and wellbeing.

Implications for the Medium Term Financial Plan and Resource Implications:

None as PCC does not commission or provide pharmacy services

Financial Risks

None as PCC does not commission or provide pharmacy services

Legal Implications

(Provided by AC)

It is a statutory requirement for Health and Wellbeing Boards to publish a PNA.

There are no specific legal implications arising out of this report.

Carbon Footprint (Environmental) Implications:

None as PCC does not commission or provide pharmacy services

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

The PNA will enable the appropriate level of pharmacy provision to be available to the Plymouth population and as such should impact positively upon residents' health and wellbeing.

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

C	Climate Impact Assessment (if applicable)							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

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Originating Senior Leadership Team member: Robert Nelder

Please confirm the Strategic Director(s) has agreed the report? Yes (via email)

Date agreed: 23/05/2025

Cabinet Member approval: Approved verbally by Cllr. Mary Aspinall

Date approved: 28/05/2025

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PHARMACEUTICAL NEEDS ASSESSMENT FOR PLYMOUTH 2025-2028

PLYMOUTH
CITY COUNCIL

This Pharmaceutical Needs Assessment is produced as part of Plymouth's Joint Strategic Needs Assessment.

DOCUMENT INFORMATION

This is a controlled document. It should not be altered in any way without the express permission of the authors or their representatives. On receipt of a new version, please destroy all previous versions.

Document status:	Draft
Author:	The document was developed by the Office of the Director of Public Health (Plymouth City Council) and the Devon PNA Steering Group, on behalf of Plymouth's Health and Wellbeing Board.
Document version:	Version 1.1
Document date:	28/05/25
Next review date:	
Approved by:	
Date approved:	
Link to Plymouth's JSNA :	https://www.plymouth.gov.uk/facts-and-figures-joint-strategic-needs-assessment

Amendment History

Version:	Status:	Date:	Reason for change:	Authorised by:
1.0	Draft	02/03/25	Initial draft (prior to consultation)	Devon PNA Steering Group
1.1	Draft	28/05/25	Reference to NHS England and NHS Improvement (NHSEI) changed to NHS England throughout. Specialised medicines service commissioning statement updated in Section 6.1, 6.3.5, 8.1 to 8.4, 9.3 and 9.4. Publication of The Strategy Framework for Community Pharmacy in Devon - Five Year Plan (2025-2029) in Sections 2.3 & 2.9.5. Publication of the Joint Forward Plan (JFP) 2025–30 in Section 2.3. New community pharmacy opened May 2025 and Sections 6.2, 6.3.1.1 to 6.3.1.4, 8.1, 8.3, 8.4, 7.1.1 to 7.2.1 and Appendix 4 updated. A community pharmacy changed ownership in May 2025 and Sections 6.2, 8.1 and Appendix 4 updated. Community pharmacy in South locality extended supplementary opening hours on Thursdays (from March 2025). Sections 6.2.1, 6.3.2, 8.3 and Appendix 4 updated.	Devon PNA Steering Group

			Incorrect notice period for a pharmacy to change their supplementary opening hours in Section 2.8 corrected. No. of Pharmacy First service accreditations updated as of May 2025 in Sections 7.1.1 and 8.1 to 8.4. No. of NMS accreditations updated as of May 2025 in Sections 7.1.2 and 8.1 to 8.4. No. of Seasonal Influenza Advanced Service accreditations updated as of May 2025 in Sections 7.1.3 and 8.1 to 8.4. No. of Hypertension Case-Finding Service accreditations updated as of May 2025 in Sections 7.1.4 and 8.1 to 8.4. No. of CPS accreditations updated as of May 2025 in Sections 7.1.5 and 8.1 to 8.4. No. of Smoking Cessation Referral Service accreditations updated as of May 2025 in Sections 7.2.1, 9.5 and 8.1 to 8.4. No. of LFD Service accreditations updated as of May 2025 in Sections 7.2.2, 9.5 and 8.1 to 8.4.	

Acknowledgments

The development of this Pharmaceutical Needs Assessment (PNA) was overseen by the Devon PNA Steering Group. The authors of this report would like to thank Members of the Steering Group for their considerable input and support throughout the process. In addition, special thanks are given to:

- Carol Harman (Senior Public Health Analyst, Plymouth City Council)
- Sarah Macleod (Senior Public Health Analyst, Plymouth City Council)

Finally, the authors would like to thank all persons who contributed to the consultation on this PNA.

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1. Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant). The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards (H&WBs) from 1st April 2013. This means that Plymouth's H&WB has a legal duty to ensure the production of a PNA for Plymouth every three years, or sooner if changes to the need for pharmaceutical services are identified which are of significant extent.

The PNA for Plymouth 2025-28 presents a picture of community pharmacy need and provision in the city, and links to Plymouth's Joint Strategic Needs Assessment (JSNA). The PNA serves two main purposes:

- To assist NHS Devon Integrated Commissioning Board (ICB), in evaluating requests for new pharmacies or changes to existing ones
- To aid local commissioners in deciding on services that community pharmacies could offer to address the future health needs of the population.

Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need, as set out in the PNA.

The PNA explores the demographics and health and wellbeing needs of Plymouth. It includes feedback from patients and the public on pharmacy services they use. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of Plymouth residents and whether there are any gaps, either now or within the lifetime of the document, from the date of its publication to July 2028. It assesses current and future provision with respect to:

- Necessary Services, i.e., current accessibility of pharmacies and their provision of Essential Services
- Other Relevant Services and Other Services including Advanced and Enhanced Pharmacy Services. These services are commissioned by NHS England, NHS Devon ICB, or Plymouth City Council.

Plymouth's PNA was developed in partnership with the Devon-wide PNA Steering Group on behalf of Plymouth's H&WB. This was to ensure that production of the PNAs for Plymouth, Devon, and Torbay followed the same process and format but with locally relevant information.

In order to identify local health needs and assess current pharmaceutical services provision, Plymouth was divided into its four established (Livewell Southwest) localities: East, North, South and West. A locality is a distinct population cluster in which the inhabitants live in adjoining neighbourhoods, and that has a name or a locally recognised status. Plymouth's localities are aggregations of the city's 20 electoral wards, which themselves are aggregations of its 39 neighbourhoods.

Methodology

In January 2024 the Plymouth H&WB appointed a steering group of key stakeholders to advise, support and supervise the development of the PNA, ensuring that it meets the statutory requirements. The process of the development of the PNA included:

- A review of the current and future demographics and health needs of the Plymouth population determined on a locality basis
- As part of the **NHS Devon ICB Strategy Framework for Community Pharmacy in Devon - Five Year Plan (2025-2029)**, Plymouth patients and the public were surveyed on their use and expectations of pharmacy services
- As part of the **NHS Devon ICB Strategy Framework for Community Pharmacy in Devon - Five Year Plan (2025-2029)**, Plymouth pharmacy contractors were surveyed to determine their capacity to fulfil any identified current or future needs
- An assessment of the commissioned essential, advanced, and enhanced pharmacy services provided in Plymouth.

The PNA consultation draft was published for a 60-day formal consultation between the period of 3rd March 2025 to 6th May 2025. The method of consultation was agreed by the PNA Steering Group. The PNA Steering Group met following the end of the consultation period to discuss the feedback received and agree appropriate action.

The primary care system is undergoing a level of transformation in the city. The transformation includes how primary care and Wellbeing Hubs, and linked services including community empowerment, work together to better support people and enable improved health and wellbeing outcomes in the population.

It should be noted that the main audience for the PNA is those wishing to enter the local pharmaceutical market. The analysis contained within this document is limited to the identification of gaps in terms of location, opening hours and service availability as defined by Department of Health and Social Care (DHSC). It is acknowledged that there may be issues with access to pharmaceutical services for

Plymouth residents that fall outside of this scope. These include the quality of the service provided by community pharmacies such as medication availability, staffing levels, and waiting times. These should be referred to the organisations which are responsible for these aspects of service delivery.

In conclusion, Plymouth's growing and ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Plymouth are well placed to deliver healthcare services to their local communities and current pharmaceutical provision is assessed as being sufficient to meet the anticipated needs over the next three years. However, it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision. Whilst the core activity of community pharmacies is commissioned by NHS Devon ICB, they continue to provide a key role for Plymouth City Council, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities.

2. Introduction

Community pharmacies play a crucial role in delivering high-quality healthcare services at the heart of local communities. As one of the most frequented healthcare provisions in England, they often serve as patients' first point of contact with healthcare professionals and, for some individuals, represent their only interaction with the healthcare system.

2.1 Purpose of the PNA

Regulation of NHS Pharmaceutical Services operates within a controlled market structure. Pharmacists and dispensing appliance contractors seeking to offer NHS Pharmaceutical Services must undergo an application process with NHS England and ICBs to be included in the Pharmaceutical List of the Health and Wellbeing Board (H&WB).

The primary objective of the PNA is to facilitate the planning of pharmaceutical services commissioning and to contribute to decision-making regarding new applications or changes to pharmacy premises. This involves supporting the decision-making process, known as 'market entry', conducted by NHS Devon ICB, particularly concerning applications for new pharmacies or alterations to existing pharmacy locations.

Furthermore, the PNA serves as a valuable tool for the H&WB in several ways. It aids in informing about pharmaceutical needs within the city, facilitating planning, development, and delivery of pharmaceutical services tailored to the population. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of greatest health need, and reduce the risk of overprovision in areas where there is less need.

2.1.1 Legislative context and statutory requirements

This PNA covers a three-year period from 1st July 2025 to 30th June 2028. It supersedes the previous PNA published by Plymouth H&WB on 19th September 2022.

The development and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:

- The NHS Pharmaceutical Services and Local Pharmaceutical Services

Regulations 2013[1]

- Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards[2]

As mandated by the 2013 regulations, the PNA must incorporate statements on various aspects:

- **Necessary Services – Current Provision**: Services presently delivered, deemed "necessary to meet the need for pharmaceutical services in the area", encompassing those within the city and in the neighbouring area.

- **Necessary Services – Gaps in Provision**: Services not currently provided but considered necessary by the H&WB "in order to meet a current need for pharmaceutical services".

- **Other Relevant Services – Current Provision**: Services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have "secured improvements or better access to pharmaceutical services".

- **Improvements and Better Access – Gaps in Provision**: Services not currently provided, but the H&WB considers would "secure improvements, or better access to pharmaceutical services" if provided.

- **Other Services**: Services provided by local authorities, NHS entities, or trusts affecting pharmaceutical service needs.

- **Future Need**: Identifying pharmaceutical services crucial to meeting current or future needs.

As required by the 2013 Regulations, the PNA must also contains details of:

- How the H&WB has determined the localities in its area (Section 2.9.3)
- How it has accounted for the different needs of the different localities, and the different needs of those who share protected characteristics (Section 3.3)
- A report on the consultation process (Appendix 3)
- A map that identifies the premises at which pharmaceutical services are provided (Sections 8.1 to 8.4)

[1] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations (2013) https://www.legislation.gov.uk/uksi/2013/349/contents/made

[2] Department of Health and Social Care Pharmaceutical needs assessments: Information pack for local authority health and wellbeing boards (2021) https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

- Information on the demography of the area (Section 3)
- Whether there is sufficient choice with regard to obtaining pharmaceutical services (Section 6)
- Any different needs of the different localities (Sections 3, 4, 5 and 8)
- The provision of pharmaceutical services in neighbouring H&WB areas (Section 6.2.2 and Appendix 5).

2.1.2 Consultation

A draft PNA was put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the H&WB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the H&WB area
- Any local medical committee (LMC) for the H&WB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the H&WB area
- Any local Healthwatch organisation for the H&WB area, and any other patient, consumer and community group, which in the opinion of the H&WB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in the H&WB area
- NHS England
- Any neighbouring Health and Wellbeing board.

2.1.3 Updating the PNA

The PNA is subject to revision every three years. However, if the H&WB deem there to be significant changes to the need for pharmaceutical services within this time, this PNA will be updated sooner. If the H&WB becomes aware of a minor change that means a review of pharmaceutical services is required, the H&WB will issue supplementary statements to update the PNA.

2.2 National context

This section summarises the key national policies and strategies which contribute to our understanding of the strategic context for England’s community pharmacy services.

Health and Social Care Act (2022)[3]

The Health and Care Act 2022 expands on NHS proposals from the Long-Term Plan and the 2021 White Paper "Integration and Innovation: Working Together to Improve Health and Social Care for All". It emphasises collaborative working, drawing from pandemic experiences to enhance system responsiveness. The Act focuses on three core themes: integrating different NHS components and local government to address health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing appropriate accountability mechanisms. These measures complement ongoing system transformations. Additional policies target social care support, NHS quality and safety improvements, public health flexibility, and global healthcare agreements. The Act aims to provide a supportive legislative framework for health and care organisations to pursue integrated care pragmatically. It aims to assist in post-pandemic recovery by fostering collaboration, removing barriers, and facilitating necessary changes and innovations in the healthcare system.

The NHS Long Term Plan (NHS LTP) 2019[4]

As societal needs evolve, healthcare advances, and the NHS progresses, it is imperative for the NHS to consistently adapt to meet these evolving demands. The NHS Long Term Plan (2019) (NHS LTP) outlines a modernised service model for the 21st century. It emphasises initiatives aimed at preventive healthcare, reducing health disparities, improving care quality and outcomes, organising workforce planning, fostering digitally-enabled care, and ensuring cost-effectiveness.

Pharmacies will play a crucial role in implementing the NHS LTP, with £4.5 billion allocated for expanded community multidisciplinary teams aligned with primary care networks. These teams, including pharmacists, nurses, GPs, and other professionals, will collaborate to improve patient care. The plan also emphasises expanding roles within the workforce, such as community pharmacists and technicians, to enhance efficiency in community health services alongside an increase in the number of GPs.

Another area the plan will focus on involves elderly patient groups. Studies suggest that about 10% of elderly patients end up in hospitals due to preventable medication-related issues, with up to 50% failing to adhere to their medication. Primary care network funding will be used to increase the number of clinical pharmacists in general practices and care homes. Additionally, the NHS plans to collaborate with the government to enhance recognition of community pharmacists' skills and improve

[3] Department of Health and Social Care (2022). Health and Care Act 2022. Available at: https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version
[4] NHS. The NHS Long Term Plan (2019). Available at: https://www.longtermplan.nhs.uk

patient engagement. Community pharmacists will play a crucial role in promoting medication adherence, reducing waste, and encouraging self-care as part of preventive healthcare and addressing health inequalities.

Community pharmacists within Primary Care Networks (PCNs) will also play a crucial role in supporting individuals with high-risk conditions like and cardiovascular disease (CVD). The pharmacists will work on case-finding, such as hypertension, and conducting medication reviews, including educating patients on inhaler usage and transitioning to smart inhalers.

Lastly, H&WBs must develop Health and Wellbeing Strategies to outline how partners will address local health needs, enhance outcomes, and reduce health disparities.

Next Steps for Integrated Primary Care: Fuller Stocktake Report 2022[5]

The Fuller Stocktake Report was commissioned in 2021 to gather information on integrated primary care in England. The proposed reforms aim to streamline and enhance primary care services through a holistic approach that addresses various aspects of service delivery. This includes establishing integrated urgent care systems to ensure prompt and sustainable care for patients, alongside facilitating the transition of Primary Care Networks (PCNs) into Integrated Neighbourhood Teams (INTs). These teams will feature a diverse workforce and focus on personalised care, particularly for vulnerable populations, such as Core20PLUS5 groups.

Furthermore, efforts will be made to strengthen workforce planning and development within primary care, integrating professionals into system-wide planning and delivery. This will involve promoting innovative employment models and supporting recruitment, retention, and increased participation, including for GPs. Additionally, measures will be taken to improve data flows, address data-sharing liabilities, and identify target populations for tailored healthcare interventions by neighbourhood teams.

The Fuller Stocktake Report sets out the next steps in integrating primary care services at a neighbourhood level and emphasises the importance of aligning commissioning plans with the report considering community pharmacy as part of the urgent care system with other primary and community care providers surrounding the patient; and for community pharmacy to play a more active role in signposting eligible patients to screening and supporting early cancer diagnosis.

[5] Next Steps for Integrated Primary Care: Fuller stocktake report (2022). Available at: https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

- **A vision for pharmacy professional practice in England and A vision for pharmacy professional practice in England one year on** - outlines the potential for pharmacy practice to develop over the next 10 years with clear ambitions for future Community Pharmacy England strategy, building on the Royal Pharmaceutical Society's vision and the Fuller report to; provide more clinical care for patients for both common ailments and some long term conditions e.g. asthma; to prevent ill health and support wellbeing, with a particular focus on reducing health inequalities; support patients to live well with their medicines and; to be part of an integrated primary care offer for neighbourhoods giving people access to care closer to home and supporting people with ongoing care needs.

- The reports highlight that medicines exist in all parts of the healthcare system and sit only second in budgetary terms to staff so it is considered pharmacists are well placed to support the management of certain areas of overprescribing.

- The report includes a delivery plan for recovering access to primary care - community pharmacy is seen as a key provider to support the recovery of core primary care with significant investment over two years to expand services to be offered via community pharmacy i.e. Pharmacy First (launched 31st January 2024), blood pressure checks and oral contraception supply and review and to improve the digital infrastructure between general practice and community pharmacy to develop and deliver interoperable digital solutions.

- **NHS Long Term Workforce Plan and Community Pharmacy Independent Prescribing Pathfinder programme** – estimated that education and training places for pharmacists (as a whole, not just community) need to grow by 31–55% to meet the demand for pharmacy services. Another aim is to continue to grow the pharmacy technician workforce to ensure expansion of this professional group to support transformation; this includes expanding the training via the apprenticeship route for pharmacy technicians.

- From 2026, all newly qualified pharmacists will be independent prescribers. Some existing pharmacists (eight sites across the county of Devon at the time of publication) are also developing these skills through the Community Pharmacy Independent Prescribing Pathfinder Programme. This will inform the development of a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing to deliver direct patient care. It will require sufficient designated prescribing practitioners to 'sign-off' the individual's competency to prescribe and development of a suitable foundation year experience so newly qualified pharmacists can become safe and effective prescribers within multi-

disciplinary clinical teams.

Health Equity in England: Marmot Review 10 years On[6]

Since the release of the 2010 Marmot review, significant progress has been made in understanding the impact of social determinants on health and implementing interventions and policies to address them.

The Health Equity in England: Marmot Review 10 years On report highlights key developments in areas crucial for achieving equity. These include initiatives such as increasing funding for early childhood education, particularly in deprived areas, improving the quality of early years services, investing in preventative services to reduce school exclusions, restoring per-pupil funding for secondary schools and further education, raising the national minimum wage to reduce in-work poverty, expanding post-school apprenticeships and supporting in-work training, prioritising health equity and well-being in economic planning at local, regional, and national levels, and investing in the development of economic, social, and cultural resources in the most deprived communities.

Public Health England (PHE) Strategy 2020-2025[7]

The Office for Health Improvement and Disparities (OHID), formerly Public Health England, set out a strategy dedicated to enhancing the nation's health, reducing health disparities, and fostering a robust economy by prioritising public safety, disease prevention, health equity, and environmental health. Aligned with these objectives, OHID has committed to achieving a smoke-free society by 2030, promoting healthy eating and mental wellbeing, and mitigating air pollution. Moreover, OHID aims to bolster early childhood health to establish strong foundations for lifelong well-being and to prevent illness in later adulthood. Strengthening the health protection system is also a focus to alleviate pressures during major incidents or pandemics. Furthermore, enhancing public health systems involves leveraging technology for intervention strategies, improving data quality, and enhancing disease surveillance approaches.

[6] Health Equity in London: The Marmot Review 10 years on. Executive summary (2020). Available at: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on
[7] Public Health England Strategy 2020-2025 (2019). Available at: https://www.gov.uk/government/publications/phe-strategy-2020-to-2025

Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026[8]

The Community Pharmacy Contractual Framework (CPCF) serves as an agreement that sets the direction for pharmacy services in England and determines how community pharmacies contribute to the NHS reform agenda.

Pharmacy Quality Scheme 2024/25

The 2024/25 Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors who deliver quality criteria. Pharmacy contractors must Sign up and be registered to deliver Pharmacy first clinical pathways and the Pharmacy Contraception Service.

Pharmacy Integration Fund[9]

The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include: collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.

Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

The NHS Pharmacy First consultation service was launched in January 2024 to give patients quick and accessible care for a minor illness or an urgent repeat medicine supply and ease pressure on GP services. The services was commissioned by NHS England building on the original Community Pharmacist

[8] Community Pharmacy Contractual Framework (2025). Available at: 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

[9] Pharmacy Integration Fund. Available at: https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund

Consultation Service (CPCS) which has now been superseded by Pharmacy First.

Pharmacy First enables community pharmacists to complete episodes of care without the need for the patient to visit their GP, shifting demand away from general practice. They are also enabled to manage patients and treat where appropriate for seven conditions: acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections, provided patients meet certain criteria. It is expected that Pharmacy First will continue to develop over the lifetime of this PNA as its importance is referenced in various national policy documents. In addition GPs, NHS 111 and urgent treatment centres may make formal referrals for a range of minor illnesses for self-management by patients.

Discharge Medicines Service (DMS) is a new essential service from 15th February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England Medicines Safety Improvement Programme to be significant contributor to the safety of patients at transitions of care, by reducing re-admissions to hospital.[10]

[10] Discharge Medicines Service. 17 June 2022 https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/

2.2.1 Mitigating the impacts of the coronavirus (COVID-19)

National, regional and local evidence on the impacts of COVID-19 shows that inequalities in physical and mental health have widened as a consequence of the pandemic. This is a result of both the direct effects of the virus, and the indirect effects through the control measures taken. While COVID-19 is not the primary focus of this PNA, it is recognised that its impacts on health and wellbeing inequalities, and on how people interact with services, are likely to influence what people need from community pharmacy services and how they access them.

2.3 Devon context

This section summarises the key regional policies and strategies which contribute to our understanding of the strategic context for England's community pharmacy services.

Community pharmacy teams dispense prescriptions, advise on medicine use and self-care of common conditions, provide additional and accessible clinical services e.g. smoking cessation, accept referrals from general practice for minor ailments, measure blood pressures, advise on new medicines, and administer flu and Covid vaccinations. They have a key role to play in helping patients to get the greatest health benefit they can from their medicines for long-term conditions, to provide essential advice on, and treatment for, common conditions, and as healthy living pharmacies they are ideally situated to provide community-based care to promote healthy living, self-care and public health services.

The Strategy Framework for Community Pharmacy in Devon - Five Year Plan (2025-2029) was published by NHS Devon ICB in March 2025 and available at: https://onedevon.org.uk/our-work/services-and-support/pharmacy-services/developing-a-strategy-for-community-pharmacy-in-devon/

The development of the Strategic Framework was a detailed process, involving engagement sessions with multiple stakeholders across the Devon system, including the public and patient groups. The Framework provides the baseline for joint working across the system for the next five years, in order to achieve the vision and mission for NHS community pharmacy in Devon.

The strategy was developed in response to the Challenges facing Community Pharmacy:

- Funding - Core Contract Funding has fallen by over 30% in real terms since 2015.

- Workforce - many pharmacists and pharmacy technicians moved from community pharmacy to Primary Care Networks, resulting in staffing shortages and an over-reliance on locums to enable a pharmacy to open. Community pharmacy also has the challenges associated with working in a retail environment.
- Medicines Stock Shortages - patients have faced challenges accessing the vital medication they need; These national stock shortages are almost completely outside the control of the community pharmacy.
- IT System Connectivity and Processes - this is a complex area and is yet to be fully implemented as intended

The vision for Community Pharmacy outlined in the Strategy is to deliver the best NHS community pharmacy service for the people of Devon. This will be an NHS community pharmacy service that is integrated with other primary, community-based health and care services to maintain and enhance public access to joined-up, responsive care, ensuring patients live well with the medicines they take for acute and long-term conditions, as well as providing a wide range of clinical services, supporting and promoting self-care, prevention of ill health and addressing health inequalities in the community.

The mission is to develop a thriving NHS community pharmacy network that responds efficiently and effectively to meet the health needs of our Devon population and improves cross-system collaboration.

The Strategy is the baseline for joint working for the next five years and the four aims are:

1. Improve the resilience of the community pharmacy network to maintain good access to services.
2. Building a robust community pharmacy workforce.
3. Developing and expanding community pharmacy services to provide additional clinical capacity in primary care to meet clinical demand.
4. Integrating community pharmacy with other healthcare services to collectively deliver clinical services and deliver preventative care that will improve outcomes in population health and support the wider system in the long term.

Devon 5-Year Joint Forward Plan (JFP)[11]

Devon's Joint Forward Plan (JFP), which was written in collaboration with partners across One Devon, was originally published in July 2023 and was refreshed in April 2024. It describes how the health and care sectors plan to meet the challenges

[11] Devon Joint Forward Plan refresh (2024) Available at: https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/

facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.

2.4 Plymouth context

Plymouth Joint Strategic Needs Assessment (JSNA)

Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of local communities. These are needs that could be met by services commissioned (bought) by the local authority, ICBs, or by NHS England.

H&WB are responsible for overseeing the production of the JSNAs. Local authorities and ICBs have equal and joint duties to prepare them. Local areas are free to carry out JSNAs in a way best suited to their circumstances.

In Plymouth, the JSNA is not one single document. Our JSNA process involves the production of a series of profiles and reports. It explores a variety of topic areas in depth.

The closest thing we have to a single written JSNA is the 'Plymouth Report' which has a health and wellbeing chapter ('Healthy city') within it. The Plymouth Report provides an overview of a number of key issues which impact upon health and wellbeing in Plymouth, such as crime, education, and employment. Please see the following link: Plymouth Report 2023

Our Plymouth JSNA reports have been grouped under topic areas (listed below in alphabetical order):

- Alcohol
- Dental health
- Healthy diet
- Healthy weight
- Long-term conditions
- Life expectancy
- Mental health and wellbeing
- Miscellaneous (uncategorised)
- Physical activity
- Sexual health
- Smoking
- Vulnerable people

Please see the following link to the Plymouth JSNA topics:

https://www.plymouth.gov.uk/our-jsna-topics

The JSNA is a statutory responsibility of the Director of Public Health, Director of Children's Services and Director of Adult Social Services. The Director of Public Health's annual reports for Plymouth should:

- Contribute to improving the health and wellbeing of local populations
- Reduce health inequalities
- Promote action for better health, through measuring progress towards health targets
- Assist with the planning and monitoring of local programmes and services

Please see the following link to the Plymouth Director of Public Health Annual Report:
https://democracy.plymouth.gov.uk/documents/s151000/Thrive%20Plymouth%20Report%20final.pdf

https://www.plymouth.gov.uk/director-public-health-annual-report-2022

Thrive Plymouth is led by the Office of the Director of Public Health, Plymouth City Council and is our 10-year plan to improve health and wellbeing and reduce health inequalities in the city. Please see the following link:
https://www.plymouth.gov.uk/thrive-plymouth

2.4.1 Primary Care Networks (PCNs)

Primary care plays a key role through the development of strong, inter-connected Primary Care Networks (PCNs), described as the 'building block' of local healthcare systems. Established in 2019, PCNs comprise a wide range of staff working collaboratively such as GPs, pharmacies, district nurses, community geriatricians, dementia workers and AHPs, joined by social care and the voluntary sector. Fully integrated community-based healthcare is supported through the ongoing training and development of multi-disciplinary teams in primary and community hubs.

PCNs have been created to build on the joined-up working that already exists across Primary Care. This requires GPs and pharmacies to work even more closely with community and secondary care providers around an individual's care needs. Culturally, there will be an emphasis placed on prevention, pro-active personalised care and helping people to manage their own care where appropriate. The aim is to address health issues earlier on and reduce demand for hospital-based services, particularly urgent care. For community pharmacy services, this reinforces a continued shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services. There is an expectation that each PCN will have a lead community pharmacy PCN lead as well as a lead clinician for GPs.

Plymouth has seven PCNs (as at May 2025):

- Beacon Medical Group
- Drake Medical Alliance Limited
- Mayflower Medical Group
- Mewstone
- Pathfields Medical Group
- Sound
- Waterside Health Network

2.5 The scope of this PNA: Contractors and services

2.5.1 Contractors

The NHS South West Collaborative Commissioning Hub must keep lists of contractors who provide pharmaceutical services in the area of the H&WB. The principal types of contractor are:

(i) Pharmacy contractors

Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).

- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.

- **Distance-selling pharmacies (DSP)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example, a patient may post their prescription to a distance-selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or

a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England, and cannot limit their services to particular groups of patients.

(ii) Dispensing appliance contractors (DAC)

DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.

(iii) Dispensing doctors

Medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations.

2.5.2 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being LPS contractors). Instead, as noted in Section 2.5.1, they provide services under terms of service set out in legislation.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services.

2.5.2.1 Essential services

All community pharmacies in England offer the following services:

- **Dispensing prescriptions (medicines and devices)**
  The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also the urgent supply of a drug or appliance without a prescription at the request of a prescriber. Pharmacies are required to maintain a record of all medicines dispensed and to keep records of any interventions made which

they judge to be significant.

- **Support for Self-Care**
  The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice, or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

- **Public Health promotion and healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. NHS England can ask community pharmacy contractors to participate in mandated health campaigns.

- **Healthy Living Pharmacies** – The Healthy Living Pharmacy framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need and wellbeing to reduce health inequalities. Being a Healthy Living Pharmacy became an essential service requirement from January 2021.

- **Disposal of unwanted drugs** – Acceptance by community pharmacies of unwanted medicines that require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so. Repeat dispensing is designed to save patients time ordering prescriptions, admin time in GP practices and improve convenience and access to prescriptions for patients, by allowing community pharmacy teams to take a more active and planned role in the process of safe supply of patients' regular prescriptions.

- **Discharge Medicines Service (DMS)**

The discharge medicines service (DMS) became an essential service on 15th February 2021. NHS Trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed in Section 2.5.3.1) also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a barcode which the pharmacy could scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient. Under EPS Phase 4 patients can choose to take their token to any pharmacy in England.

- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

2.5.2.2 Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

- **New Medicine Service (NMS)** – The 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 and providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications. The service aims to enable the patient to make appropriate lifestyle changes and self-manage their condition.

- **Seasonal Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.

- **Pharmacy First** – the service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply (from NHS 111 only). The new pharmacy first service was launched on 31st January 2024 and it adds to the existing consultation service by enabling community pharmacists to complete episodes of care for seven common conditions following defined clinical pathways. Patients are able to access the seven clinical pathways element via referrals from referring organisations including general practice, urgent and emergency care settings and NHS 111. Additionally, patients can access the seven common conditions service by attending or contacting the pharmacy directly.

- **Hypertension Case-Finding Service** – The service will support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. The service aims to 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, at the request of a general practice, undertake ad hoc clinical measures and ABPM; and provide another opportunity to promote healthy behaviours to patients.

- **Pharmacy Contraception Service (PCS)** – The service started on the 24th April 2023 allowing the on-going supply of oral contraception (OC) from community pharmacies where it has been initiated in general practice or pharmacies, or sexual health clinics and equivalent. Pharmacists can now also initiate oral contraception via a Patient Group Direction (PGD) and provide ongoing clinical checks and annual reviews.

2.5.2.3 Other relevant services

Other relevant services are services that are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, 'other relevant services' include:

- The advanced services not classed as 'necessary' (Smoking Cessation Referral Service and LFD service)

  Smoking Cessation Referral Service – this service enables NHS Trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway including providing medication and behavioural support as required.

  LFD Service – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD Service) was commissioned as an Advanced Service from 6th November 2023.

- Services commissioned from pharmacies by Plymouth City Council and NHS Devon ICB
- Other NHS services
- Services provided by other organisations.

2.5.2.4 Enhanced services

National Enhanced Services (NES) are commissioned by NHS England. In December 2021 provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced Service, the NES. Under this type of service NHS England commissions an enhanced service that is nationally specified.

During the COVID pandemic, community pharmacy sites were involved in vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside vaccination centres and other sites. The COVID-19 Vaccination Service is commissioned from community pharmacies in Devon.

Local Enhanced Services are commissioned by ICBs. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. The ICBs may commission a Local Enhanced Service in selected pharmacies for bank holiday opening if necessary.

2.5.2.5 Clinical governance

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme
- a premises standards programme.

2.5.2.6 Opening hours

NHS England has overall responsibility for administering opening hours for pharmacies, and since 2023 this responsibility has been delegated to ICBs.

Pharmacy opening hours are part of pharmacies' Terms of Service for providing NHS pharmaceutical services.

Most pharmacies must open for 40 **core contractual hours** (this includes Distance Selling Premises (DSP) pharmacies). However, many choose to open for longer and these hours are referred to as **supplementary opening hours** – but a pharmacy can decide to stop providing supplementary hours by giving notice to the ICB.

As part of an application to open a new pharmacy, an applicant may offer to open for more than 40 core hours per week (for example, promising to open for a minimum of 50 hours per week), and may open supplementary hours in addition.

If an application is granted and the pharmacy subsequently opens the core and supplementary opening hours set out in the initial application become the pharmacy's contracted opening hours.

Some pharmacies must open between 72-100 core contractual hours (called 100-hour pharmacies for those that have opened under the former exemption from the control of entry test).

Pharmacies are not required to open (to provide core contractual hours) on, for example, Bank holidays but some may be directed to provide **Bank holiday**

opening hours.

On occasion, pharmacies may have to close. This may be a **planned temporary closure**, for example, for the refurbishment of the premises, or an **unplanned temporary closure**, if, for example, that morning the pharmacist reports they are ill and unable to work. It is a Terms of Service requirement for each NHS community pharmacy owner to have a business continuity plan for a **temporary unplanned closure** due to illness or other reasons beyond their control, and to action this plan when necessary.

In 2023 regulations were laid to make changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 that added provisions for rest breaks, reduction of core hours for 100-hour pharmacies, requirements to change core opening hours and local hours plans.

2.5.3 Pharmaceutical services provided by dispensing appliance contractors (DAC)

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

2.5.3.1 Appliance services

DACs provide the following services that fall within the definition of pharmaceutical services:

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient’s home in a way that does not indicate what is being delivered.
- **Supply of appropriate supplementary items** – The provision of additional

items such as disposable wipes and disposal bags in connection with certain appliances.

- **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

DACs may also receive **electronic prescriptions** through the Electronic Prescription Service (EPS) where they have been nominated by a patient.

2.5.3.2 Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services:

- **Stoma Appliance Customisation service (SAC)** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.

- **Appliance Use Review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary making recommendations to prescribers.

2.5.3.3 Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire

- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme.

2.5.3.4 Opening hours

DACs are required to open at least 30 hours per week and these are referred to as **core opening hours**. They may choose to open for longer and these hours are referred to as **supplementary opening hours** – but a DAC can decide to stop providing supplementary hours by giving notice to the ICB.

As part of an application to open a new DAC, an applicant may offer to open for more than 30 core hours per week (for example, promising to open for a minimum of 40 hours per week), and may also open supplementary hours in addition.

2.5.4 Pharmaceutical services provided by dispensing doctors

The 2013 regulations allow doctors to dispense to eligible patients in rural areas where access to pharmacies can be difficult. Dispensing takes place in a dispensary which is not usually classed as a pharmacy and so is not registered with the General Pharmaceutical Council. Dispensing doctors do not generally employ pharmacists to work in their dispensaries, and dispensing will instead be carried out by the doctors themselves or by dispensing assistants who will generally be trained to NVQ2 or NVQ3 level.

In a few cases, a pharmacy attached to a doctors' surgery may also act as the surgery dispensary for the purpose of dispensing to eligible patients on behalf of the dispensing doctor.

2.5.4.1 Eligibility

The rules on eligibility are complex. In summary, and subject to some limited exceptions which may be allowed on an individual patient basis, a dispensing doctor can only dispense to a patient who:

- is registered as a patient with that dispensing doctor, and
- lives in a designated rural area (known as a 'controlled locality' – see below), and
- lives more than 1.6 kilometres (approx. one mile) in a straight line from a

community pharmacy, and
- lives in the area for which the doctor has been granted permission to dispense, or is a patient for whom the doctor has historic dispensing rights.

Designation of areas as ‘controlled localities’ is a responsibility of NHS England. This PNA is required to include maps of the controlled localities within the H&WB’s area. There are no controlled localities in Plymouth.

2.5.4.2 Services

Dispensing – Dispensing doctors may supply medicines and appliances ordered on NHS prescriptions (whether issued by them or another prescriber such as a dentist) to eligible patients.

Dispensing doctors are not permitted to sell medicines, so are unable to supply over-the-counter medicines except by prescribing and then dispensing them.

If a dispensing doctor participates in the Dispensary Services Quality Scheme then then will provide **dispensing reviews of the use of medicines (DRUMs)**.

2.5.4.3 Clinical governance

Dispensing doctors can participate in the voluntary **Dispensary Services Quality Scheme (DSQS)**, which includes requirements relating to:

- staff qualifications and training
- ensuring an appropriate level of dispensary staff hours
- standard operating procedures
- risk management
- clinical audit
- production of a leaflet
- providing DRUMs

2.5.4.4 Opening hours

Dispensing doctors are able to determine what hours their dispensary should be open to patients. If they participate in the DSQS then they are required to notify the ICB of those opening hours as part of the DSQS assessment, but do not have to seek approval or give advance notice of any changes to their opening hours.

2.6 Locally commissioned services

2.6.1 Public Health Services commissioned by Plymouth City Council

(i) Supervised consumption of substance misuse medicines

The Plymouth Supervised Consumption Scheme is a harm reduction intervention, which aims to reduce drug related morbidity, drug related deaths and improve compliance. The effects of illicit drug use impact greatly on society and supervised consumption fits into a wider drug strategy to assist in the reduction of drug harm to local communities and wider society.

The Supervised Consumption service involves the client consuming self-administered diversional opioids (Methadone, Buprenorphine or Espranor) or naltrexone, under the direct supervision of a pharmacist in a pharmacy. There is compelling evidence to support the effectiveness of substance misuse supervised administration services with long-term health benefits to substance misusers and the whole population.

Aims and objectives of the service:

- To provide easy access for patients who require supervised methadone, buprenorphine or naltrexone.
- To assist in the reduction of drug related deaths.
- To ensure that methadone, buprenorphine, espranor and naltrexone is taken in accordance with the prescribers instructions and thus prevent medication misuse and diversion to the illicit market.
- To engage patients in treatment.
- To engage pharmacists and the pharmacy team in the treatment package. Regular contact with the patient and pro-active working relationships between the pharmacy, patient, care co-ordinator and prescriber helps in the delivery of an integrated care programme for the patient.
- To reduce the incidence of blood borne viruses such as hepatitis B, C and HIV through a reduction in the injection of illicit opioids.
- To develop a team of community pharmacists who are appropriately trained to deliver supervised consumption services and extended service

45 community pharmacies were commissioned to provide this service by Plymouth City Council in 2023/24 and 35 pharmacies provided 36,319 supervised doses of either methadone, buprenorphine, espranor or naltrexone over the course of the year. In 2022/23, 36,818 doses were provided and 38,671 in 2021/22.

Naloxone Provision

Naloxone is a medication designed to rapidly reverse opioid overdoses. Naloxone can be administered as a nasal spray or via injection, and it is a critical tool in saving lives during an opioid overdose emergency.

Pharmacies provide Naloxone as part of public health efforts to combat the growing opioid crisis. Many areas in Devon have implemented Naloxone distribution programs, ensuring that it is available without a prescription to those at risk of opioid overdose or their family and friends. Making Naloxone more widely available can help prevent deaths from opioid overdose by enabling quick, community-based responses before emergency medical services can arrive.

Plymouth have opted to test the above theory in one pharmacy as a proof of concept and at the time of publication there is one pharmacy offering this service. With an aim to add more pharmacies to this offering by the end of 2025.

Naloxone programs are often commissioned by public health bodies or local governments to address the public health emergency of opioid-related overdoses. However in Plymouth this service has been commissioned by Harbour who hold the budget for the services commissioned by pharmacies and other providers such as the Salvation Army.

(ii) Emergency hormonal contraception (EHC)

There is a strong evidence base for the use of Emergency Hormonal Contraception (EHC) in reducing unplanned or unwanted pregnancies. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy in England. Between 2011 and 2021 the under 18s conception rate in Plymouth reduced from 43.6 per 1,000 females aged 15-17 to 15.5 per 1,000 females aged 15-17.

Routine and emergency contraception are provided from GP practices and specialist sexual and reproductive health services (formerly known as family planning clinics). Some women prefer the convenience and relative anonymity of attending a community pharmacy to access EHC. Women over 16 years can also purchase EHC as an over the counter medication from pharmacies. Community pharmacies provide accessible and convenient services and are well placed to provide oral EHC. Plymouth City Council commission this service as part of a whole system approach to improving sexual health outcomes in the city. From 1st March 2024, the eligibility criteria for free EHC to women aged 13-24 ceased and was updated to women aged 13 and over. Through this service Ulipristal Acetate and Levonorgestrel are supplied under a patient group direction (PGD) to women who meet the criteria for inclusion of the PGD and service specification. The aim of this service is to:

- Improve access to oral EHC and sexual health advice
- Support the use of oral EHC for women aged 13 and over who have had unprotected sex. In Plymouth the age restriction has been removed so it is all women
- Signpost people to the wider range of contraception and sexual health services where appropriate

35 community pharmacies were commissioned in Plymouth to provide EHC services under a PGD in 2023/24 with 28 pharmacies delivering 1,635 consultations and 1,659 EHC treatments. 1,547 consultations were delivered and 1,583 EHC treatments dispensed in 2022/23. This compares to 2,038 consultations and 2,077 EHC treatments provided in 2021/22.

(iii) Chlamydia screening and treatment

Chlamydia screening is a core part of local sexual and reproductive health service provision. The prevalence of infection is highest in young sexually active women (15 to 24 year olds). The chlamydia detection rate in 15 to 24 year olds in 2020 in Plymouth was 1,437 per 100,000 population (539 positives out of 5,536 screened) which was lower than the 2,300 target and similar to the rate of 1,408 for England. In 2020, 14.8% of 15 to 24 year olds in Plymouth were tested for chlamydia, compared to 14.3% nationally.

Chlamydia often has no symptoms but, if left untreated, can have serious health complications in women including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI). Complications in men are much rarer and an infection will often resolve without treatment in those who are asymptomatic. In June 2021, National Chlamydia Screening Programme (NCSP) changed to focus on reducing the harms from untreated chlamydia infection. For more information see: https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp

Harms from untreated chlamydia infection occur predominantly in young women and other people with a womb or ovaries. Opportunistic chlamydia screening focuses on these groups, combined with reducing time to test results and treatment, strengthening partner notification and re-testing after treatment. Services provided by sexual health services remain unchanged. In practice this means that chlamydia screening in community settings (e.g. GP and Community Pharmacy) are only proactively offered to young women and other people with a womb or ovaries.

Everyone can still get tested if they need, but men are not proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms. The service aims to provide a comprehensive accessible chlamydia screening and treatment service which will contribute to the improvement of sexual health and wellbeing and reduce inequalities in sexual health.

Community pharmacies can offer a convenient and easily accessible location to provide the target population with advice and information regarding chlamydia infection and to offer them screening and treatment where appropriate. Chlamydia treatment within community pharmacies complements the wider sexual and reproductive health offer such as the provision of oral contraceptive pill, condoms and EHC, by offering a more holistic sexual health care service to this user group.

This service is commissioned as part of a whole system approach to improving sexual health outcomes in Plymouth which aims to:

- Reduce the prevalence and onward transmission of undiagnosed chlamydia and help reduce the incidence of its complications.
- Increase awareness of the risks of unprotected sex amongst the target local population through general promotion of the service.
- Improve access and offer choice for asymptomatic patients requiring a chlamydia screen
- Provide testing, health promotion, diagnosis, treatment and onward referral to appropriate services for the target population that may be at risk of contracting sexually transmitted infections.
- To strengthen the network of integrated sexual and reproductive services in Plymouth.

As part of this service community pharmacies:

- Provide chlamydia screening to 13 to 24 year olds as part of an EHC consultation
- Signpost individuals to chlamydia kits, for example when individuals are purchasing condoms, collecting oral contraceptive pills and requesting (EHC)
- Where necessary provide advice on using the kit, how to return it for testing and what will happen following completion of the test
- Provide support and advice to people accessing the service, including advice on safe sex, condom use and advice on the use of regular contraceptive methods, when required
- Supply Doxycycline as the first line treatment and Azithromycin where the first line treatment is not indicated or is declined.
- Provide the service as part of part of the wider chlamydia screening service

currently provided by Sexual Health In Plymouth (SHiP).

- Provide information concerning recommendation to re-test 12 weeks after treatment including details of local testing options.

29 community pharmacies were commissioned in Plymouth in 2023/24 delivering 33 chlamydia screens and one chlamydia treatment under a PGD. This compares to 67 chlamydia screens delivered in 2022/23 and 161 in 2021/22. No chlamydia treatments under a PGD were supplied in 2022/23 and 2021/22.

(iv) Smoking cessation

The stop smoking interventions in community pharmacy service commissioned in Plymouth aims to support the reduction of smoking prevalence and enable residents and visitors to Plymouth who would like support to stop smoking to access high quality, evidenced based support in a way which best meets their needs based in a pharmacy setting. The pharmacy practitioner may refer to Livewell Southwest Wellbeing Team any smoker whom they feel would benefit from more intensive specialist support that can be offered in the community pharmacy. This may include under 18's, pregnant women, adolescents, those with specific diseases (e.g. COPD or CVD), smokers with mental health problems or learning difficulties and people who are heavily addicted to nicotine.

The NRT voucher scheme service commissioned in Plymouth concerns clients using Livewell Southwest One YOU Plymouth service who receive specialist practitioner support and are issued with a nicotine replacement therapy (NRT) voucher which is sent electronically to the client's preferred community pharmacy. The client then visits the pharmacy to collect products issued with the relevant NRT in line with the Voucher Scheme Protocol for the Supply of NRT. The voucher system has been designed in order to make access to NRT straightforward providing a streamlined, convenient service for smokers wanting to quit. Nationally, voucher systems have been successfully used through NHS Stop Smoking Services and are proven to be successful in meeting patient/client needs. The use of NRT in helping people stop smoking is regarded by NICE as the most cost effective of all NHS interventions.

49 community pharmacies were commissioned in Plymouth to provide the NRT voucher scheme service in 2023/24, processing 1,498 vouchers and supplying 1,602 NRT treatments. 1,031 NRT vouchers were processed and 1,206 NRT treatments were provided in 2022/23. This compares to 705 NRT vouchers and 992 NRT treatments provided in 2021/22.

Seven pharmacies delivered the stop smoking interventions in community pharmacy service commissioned in Plymouth in 2023/24, providing 56 consultations and supplying 260 NRT treatments. 86 consultations were delivered and 310 NRT treatments dispensed in 2022/23. This compares to 111 consultations and 1,531 treatments provided in 2021/22.

2.6.2 Services commissioned by the NHS Devon ICB

From April 2023, integrated care boards (ICBs), including NHS Devon, have delegated responsibility of NHS England pharmaceutical, ophthalmic and dental (POD) functions. NHS Devon Pharmacy, Optometry and Dentistry (POD) Commissioning hub currently commission two locally enhanced services in Plymouth:

(i) The Devon Pharmacy First Service

The Devon Pharmacy First Service is commissioned across Devon, the purpose of the service is to ensure patients can access self-care advice for the treatment of specific ailments and, where appropriate, can be supplied with medicines without needing to obtain a prescription from their GP, out of hours provider, walk-in centre or emergency department.

This service provides an alternative location from which patients can seek advice and treatment for a limited range of conditions to improve access and to relieve pressure on GP and urgent and emergency care services.

The specific minor ailment currently covered by the service is mild inflammatory skin conditions (bites and stings, mild dermatitis and eczema)

For more information visit: https://onedevon.org.uk/our-work/services-and-support/pharmacy-services/community-pharmacy-minor-ailments-service-pharmacy-first/

(ii) Specialised medicines service

At the time of writing, NHS Devon ICB is in the process of rolling-out the commissioning of a specialised medicines service from community pharmacies to

provide easy access to such drugs by ensuring that there is an on-demand supply available from a network of pharmacies. The service aims to:

- Improve the availability, especially during out-of-hours of these specialist medicines when they are required, by ensuring access and continuity of supply.
- To support patients, carers, and clinicians by providing them with the benefit of a pharmacist's knowledge at the point of dispensing.
- To ensure common standards for the provision of palliative care and other specialist medicines.

The intention is that the pharmacy stocks the specialist medicines listed in the formulary, dispenses them upon receipt of an appropriate NHS prescription, and re-orders. The contractor must ensure that this service is available at all times within their contracted opening hours.

2.7 Other NHS services

Details of other services which are commissioned or provided by NHS England, Plymouth City Council and NHS Devon ICB (which affect the need for pharmaceutical services) are also included within the PNA. These include hospital pharmacies and the GP out-of-hours service.

2.8 Changes to the existing provision of pharmaceutical services

A pharmacy or DAC can apply to the ICB to change their core opening hours. Applications normally need to be submitted 90 days in advance of the date on which the contractors wishes to implement the change. The ICB will assess the application against the needs of the population of the H&WB area as set out in the PNA to determine whether to agree to the change in core hours or not. The ICB has 60 days to determine an application to vary core hours.

If a pharmacy or DAC wishes to change their supplementary opening hours they simply notify the ICB of the change, giving five weeks' notice.
Dispensing doctors do not have to seek approval or give advance notice of any changes to their opening hours.

A person who wishes to buy an existing pharmacy or DAC must apply to NHS Devon ICB. Provided that the purchaser agrees to provide the same services and opening hours as the current contractor, change of ownership applications are normally

approved.

A contractor which wishes to relocate to different premises also needs to apply to NHS Devon ICB. Generally a relocation will only be allowed if all groups of patients who use the pharmacy at its current location would find the new location not significantly less accessible.

A contractor can cease providing pharmaceutical services if it gives three months' notice to the ICB. 100-hour pharmacies are required to give six months' notice.

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the sites. This does not apply to distance-selling pharmacies or DACs. A consolidation application can only be approved if the ICB is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

If a new pharmacy opens in or near a controlled locality any dispensing doctors in the area will no longer be able to dispense medicines to any patients who live within 1.6 kilometres (about 1 mile) of that pharmacy. However, the ICB may decide to allow a transitional period after the pharmacy opens during which the doctors can still dispense to patients living near the pharmacy. There are no controlled localities in Plymouth.

2.9 How the assessment was undertaken

2.9.1 PNA steering group

The H&WB has overall responsibility for the publication of the PNA, and the Director of Public Health is the H&WB member who is accountable for its development. A Devon-wide PNA Steering Group was established, the purpose of which was to ensure the development of robust PNAs (in Plymouth, Devon, and Torbay) that comply with the 2013 regulations and the needs of the local populations. The membership of the Steering Group ensured all the main stakeholders were represented. The Steering Group was established in January 2024. The terms of reference and membership of the group can be found in Appendix 1.

In line with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, the PNA has been developed using a range of information sources. These include the following listed in 2.11.2 to 2.11.7.

2.9.2 Pharmaceutical services information

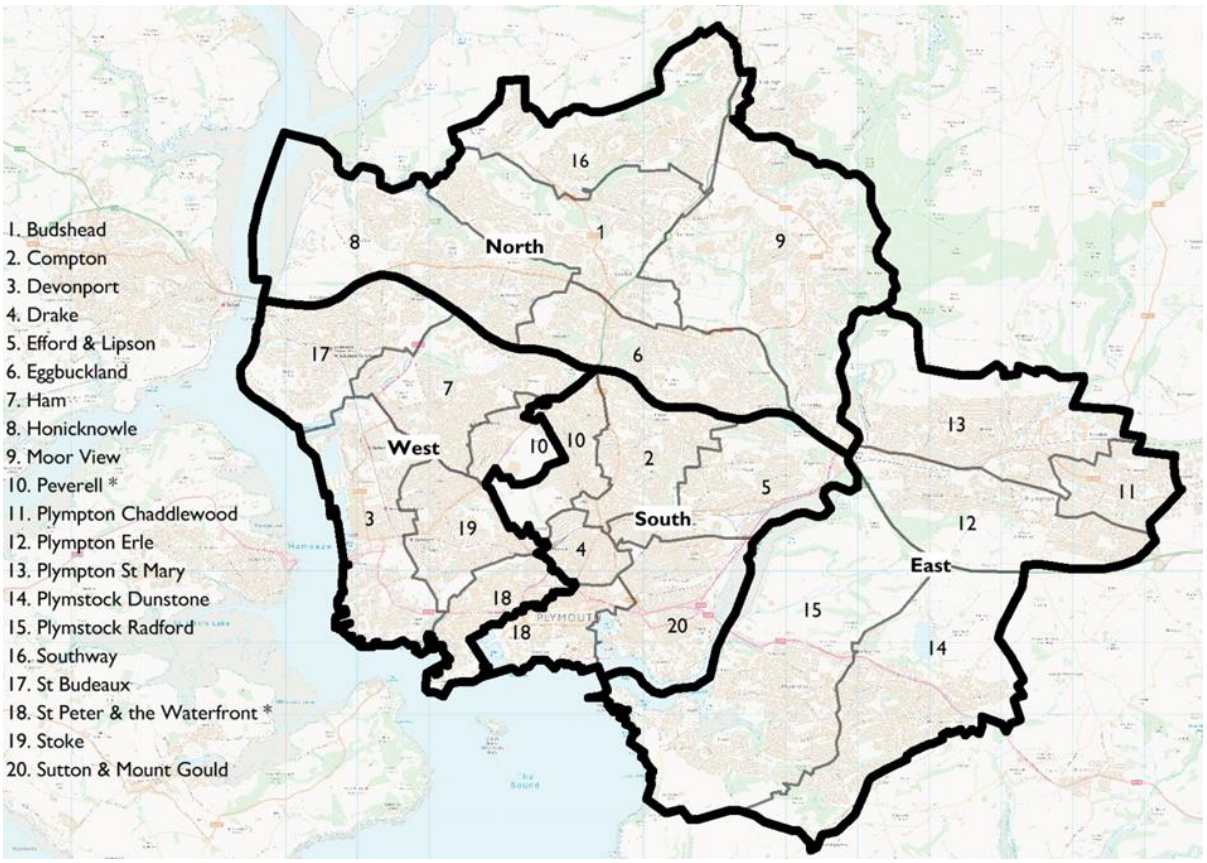
A list of pharmaceutical service providers operating in Plymouth as of May 2025 was obtained from NHS South West Collaborative Commissioning Hub records for this PNA. Although it is anticipated that there will be changes to the list of service providers since May 2025, this cut off point was chosen to enable time for data cleaning, upload, and analysis.

2.9.3 PNA localities

The assessment of need could be conducted in many different ways e.g. on an electoral ward or neighbourhood basis. For the purposes of this PNA, Plymouth was divided into the four Livewell Southwest localities (Figure 1).

A locality is a distinct population cluster in which the inhabitants live in adjoining areas that has a name or a locally recognised status. Plymouth's localities are aggregations of the city's 20 electoral wards (except that the South and West localities split the electoral wards of Peverell and St Peter and the Waterfront, see Figure 1). Cutting the data on a locality basis enables a better overview of provision across a cluster of electoral wards within an area of the city.

Figure 1: Plymouth's electoral wards and Livewell Southwest locality boundaries



Source: Public Health Team, Plymouth City Council
* Ward split between two localities
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Contains OS data © Crown copyright and database right (2022)

The information in sections 3, 4, and 5 is presented on a locality basis. This is particularly useful when examining the availability and accessibility of pharmaceutical services across Plymouth. The information gathered will help to inform commissioning decisions related to community pharmacy and services delivered by alternative providers and ensure that the distribution of services meets local needs. It was not practical to present data at the neighbourhood or electoral ward level as this would mean presenting survey findings for 39 neighbourhoods or 20 wards respectively. In addition, presentation of the service mapping at this level would not provide a complete picture of access to pharmacies. For example, pharmacies in adjacent neighbourhoods or wards may be accessible within very short drive times. Consequently, needs may be identified at the neighbourhood or ward level that are addressed by provision in adjacent areas.

Table 1 lists the 20 electoral wards that make up the four Livewell Southwest localities for which data are presented in this document.

Table 1: The Livewell Southwest localities by electoral ward

Locality	Ward
East	Plympton Chaddlewood
	Plympton Erle
	Plympton St Mary
	Plymstock Dunstone
	Plymstock Radford

Locality	Ward
West	Devonport
	Ham
	Peverell *
	St Budeaux
	St Peter & the Waterfront *
	Stoke

Locality	Ward
South	Compton
	Drake
	Efford & Lipson
	Peverell *
	St Peter & the Waterfront *
	Sutton & Mount Gould

Locality	Ward
North	Budshead
	Eggbuckland
	Honicknowle
	Moor View
	Southway

* Ward split between two localities

Geographical coverage

The H&WB considered provision and choice of pharmacies is determined by accessible via 1-mile (1.6km) radius from the centre of the postcode of each pharmacy. Section 6.3 of this PNA presents the 1-mile (1.6km) radius and its coverage around each pharmacy within Plymouth, and within 1-mile (approx. 1.6km) of the city's boundaries (Section 6.2). It also highlights where there may be areas without coverage.

In addition, five and 10 minute drive times, rush hour and travel time by public transport are considered as being a reasonable measure to identify accessible variation and choice.

Other factors are considered when determining if there is sufficient pharmacy provision. These include pharmacy provision outside normal working hours, proximity to GP practices, current and future population, changes in healthcare provision and deprivation levels.

2.9.4 Other sources of information

Information was gathered from NHS England, Plymouth City Council, NHS Devon ICB, South Hams District Council and West Devon Council regarding:

- services provided to residents of the H&WB's area, whether provided from within or outside of the H&WB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.

The JSNA and Plymouth City Council's Joint Health and Wellbeing Strategy (JHWS) provided background information on the health needs of the population.

The Plymouth and South West Devon Joint Local Plan (JLP) was adopted by South Hams District Council, Plymouth City Council and West Devon Borough Council in 2019. Information can be found on the Adopted Plymouth and South West Devon Joint Local Plan website: https://www.plymouth.gov.uk/plymouth-and-south-west-devon-joint-local-plan

2.9.5 Patient and public engagement survey

The Strategy Framework for Community Pharmacy in Devon - Five Year Plan (2025-2029) was published by NHS Devon ICB in March 2025 and available at:

https://onedevon.org.uk/our-work/services-and-support/pharmacy-services/developing-a-strategy-for-community-pharmacy-in-devon/

As part of the strategy, a public engagement process gathered feedback from those who use community pharmacy to understand more about how local people use community pharmacies now, and how they would like to use them in the future, as well as what works well and what could be better.

In terms of **what the public thought 'works well'**, the top themes for Devon as a whole were - knowledgeable and friendly, kind staff; the human interaction and personal service was appreciated in smaller communities and those who struggle with on-line services or live alone. Also valued was the quality of care and advice, text messaging service to notify when a prescription is ready for collection (also mentioned as something people would like to see who have not experienced this service with their local pharmacy), a home delivery service was appreciated (and where it isn't available this was seen as an area that could be better – particular for those with mobility issues / housebound), providing services to manage minor

ailments and seasonal vaccinations.

In terms of **what the public thought 'doesn't work so well'**, the top themes for Devon as a whole were - queues, lengthy waiting times, pharmacies are too busy (particularly noted in areas that have seen closures), it takes too long to dispense prescriptions and there was confusion and frustration with the repeat medication process. Patients felt that there was a lack of continuity with community pharmacy staff (continuity of interaction being valued/builds trust), the staff were also overwhelmed. There can be limited space in some premises with a lack of privacy. Communication could be lacking, not knowing when their prescription was ready, unable to get through on the phone, repeat trips to collect a prescription due to medicines supply issues. Closures at lunchtime or at short notice, not open on Saturdays or early/late opening during the weekdays. There was mention of the relationship between GP practices and pharmacies and a feeling of 'disconnect' especially when it comes to the supply process, i.e. being told the prescription has been sent by the GP yet being told by the pharmacy that they have not received the prescription.

2.9.6 Health and social care staff and statutory body engagement survey Pharmacy contractor survey

The Strategy Framework for Community Pharmacy in Devon - Five Year Plan (2025-2029) was published by NHS Devon ICB in March 2025 and available at:

https://onedevon.org.uk/our-work/services-and-support/pharmacy-services/developing-a-strategy-for-community-pharmacy-in-devon/

As part of the strategy, an engagement process gathered feedback from healthcare professional/statutory body to understand what works well, what could be better and what needs to change.

In terms of **what the healthcare professional/statutory body thought 'works well'** respondents from Devon as a whole cited that community pharmacy can provide an accessible, responsive face-to-face service for patients and this works particularly well where there are regular staff and a good relationship between the pharmacy, patient and surgery.

In terms of **what the healthcare professional/statutory body thought 'doesn't work so well'** respondents from Devon as a whole raised that funding is focused on

clinical services rather than dispensing prescriptions, the lack of digital integration with general practice but also with hospital trusts, and the pressure that the workforce were under and the inconsistent nature of peer support.

In terms of **what the healthcare professional/statutory body thought 'needs to change'** many of the responses from respondents from Devon as a whole, regarded national solutions that are required, but also that there should be incentives to collaborate more formally.

2.9.7 Stakeholder consultation

A draft of this PNA was put to a statutory 60-day consultation between the period of 3rd March 2025 to 6th May 2025. The findings of this consultation are presented in Appendix 3.

3. Overview of Plymouth

3.1 Introduction

This chapter provides information regarding the demography of Plymouth, which may have implications for delivery of pharmaceutical services across the city. The chapter covers the population of Plymouth and population estimates, the nine protected characteristics, deprivation, car ownership and patient groups with specific needs including care leavers and care experienced young people, tourists, students, people experiencing homelessness and the Armed Forces population (including veterans). It also provides a high-level overview of the key health needs of the Plymouth population compared to the England average.

Plymouth is located on the South West coast of Devon and is predominantly an urban area (Figure 2).

3.2 Population

Plymouth's population has grown by over 12,500 people (an increase of 5.0%) from 2010 to 2022 (Table 2). All four localities have increased in population size, with the largest percentage increase in the South (7.5%) and the smallest percentage increase in the West (2.0%).

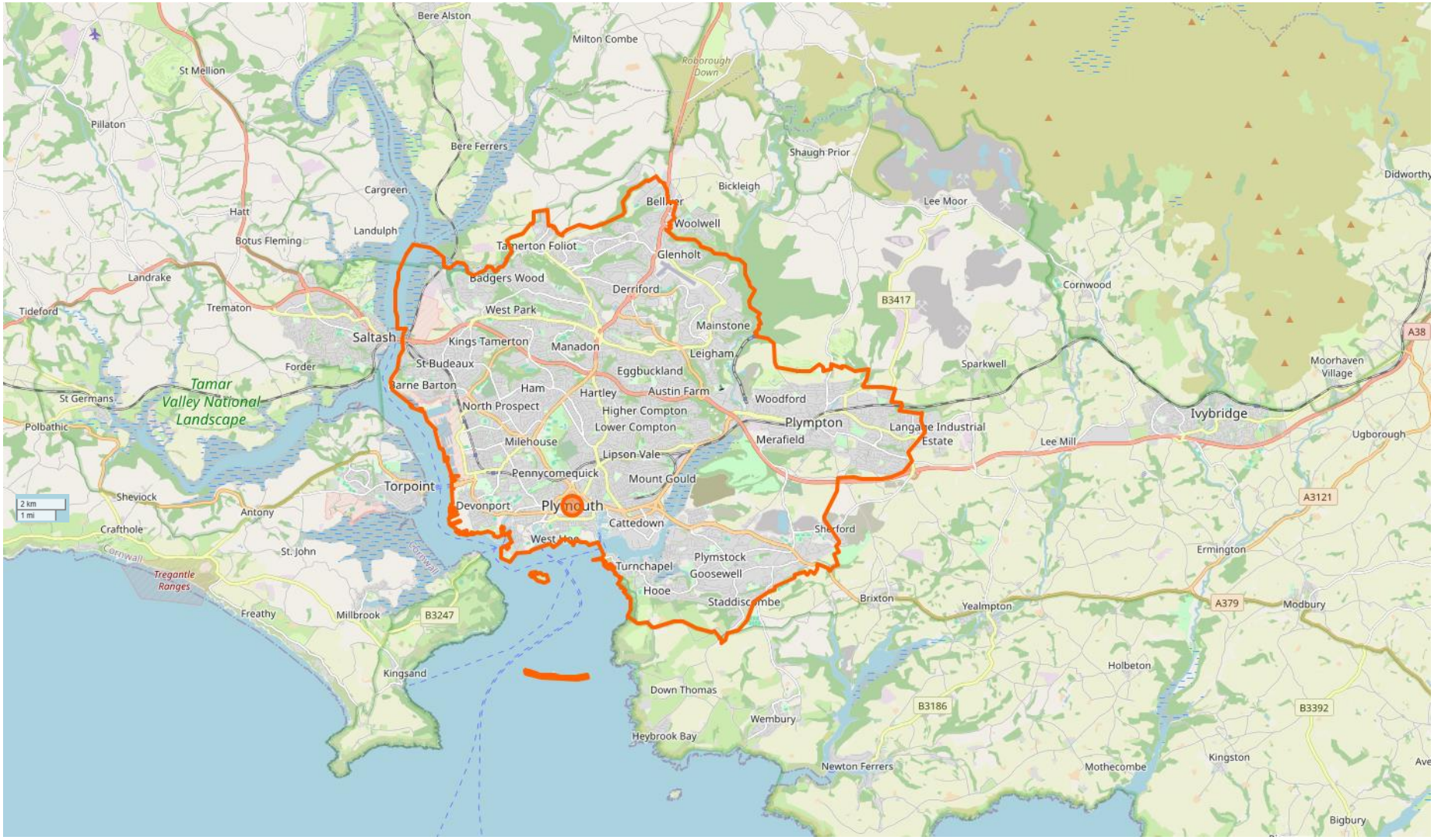
Table 2: Mid-year population estimates (all ages), by locality, 2010 to 2022

Year	East	North	South	West	Plymouth
2010	54,427	63,875	66,684	69,241	254,227
2012	54,716	65,380	67,352	70,578	258,026
2014	54,441	66,130	69,318	71,657	261,546
2016	55,180	66,425	69,828	72,766	264,199
2018	54,875	65,862	69,161	73,296	263,100
2020	54,996	66,241	68,824	72,778	262,839
2022	56,664	67,877	71,681	70,651	266,873
% change (2010 to 2022)	4.1	6.3	7.5	2.0	5.0

Source: Office for National Statistics

The South locality has the highest estimated population of 18-29 year olds and the North locality has the highest population of people aged 65 and over (Table 3).

Figure 2. Map of Plymouth



Source: https://www.openstreetmap.org/relation/189924#map=12/50.3887/-4.0818

Table 3: Mid-year population estimates (by age group), by locality, 2022

Age group	East	North	South	West	Plymouth
Under 18	11,199	14,478	11,346	14,944	51,967
18-29	6,279	8,859	19,350	12,090	46,578
30-64	25,223	29,789	30,540	32,739	118,291
65-74	6,599	7,590	5,445	6,172	25,806
75+	7,364	7,161	5,000	4,706	24,231
90+	800	596	604	388	2,388
All ages	56,664	67,877	71,681	70,651	266,873

Source: Office for National Statistics

It is estimated that Plymouth's population will increase by over 5,000 from 2022 to 2040 (Table 4). The largest percentage increase will be seen in 90+ year olds (+95.4%), whilst it is estimated that the biggest percentage reduction will be seen in the 30 to 64 population (-10.0%).

Table 4: Sub-national population projections (2018-based) for Plymouth by age group, 2025 to 2040

Age group	2022 mid-year	2025	2030	2035	2040	% change (2022 to 2040)
Under 18	51,967	52,959	50,365	48,700	49,108	-5.5
18-29	46,578	47,523	51,363	53,741	52,040	+11.7
30-64	118,291	112,264	109,063	105,911	106,443	-10.0
65-74	25,806	26,493	29,476	30,896	29,595	+14.7
75+	24,231	26,802	28,617	31,388	34,712	+43.3
90+	2,388	2,713	3,080	3,648	4,666	+95.4
All ages	266,873	266,041	268,884	270,636	271,898	+1.9

Sources: 2022 mid-year population estimates, ONS; and 2018-based sub-national population projections, ONS via NOMIS

It is also important to highlight the number of people who commute into Plymouth to work from their usual residence outside of the city as they may also make use of pharmaceutical services. This figure from the 2021 Census was 25,940.

3.2.1 Density

Plymouth is an area of 79.8496 square km and with 3,345 residents per square km (2022), Plymouth is the second most densely populated of the local authority areas in the South West. The city's population density has grown by an estimated 115 residents per square km (an increase of 3.6%) from 2012 to 2022 (Table 5).

Table 5: Mid-year population density estimates (usual residents, all ages) per square km, 2019 to 2023

Year	Plymouth
2012	3,230
2014	3,281
2016	3,312
2018	3,327
2020	3,317
2022	3,345
% change (2012 to 2022)	3.6

Source: Office for National Statistics

3.2.2 Household composition

In Plymouth, 15,083 (13.2%) of households have lone pensioners. This compares to the England and South West averages of 12.8% and 14.6% respectively. These households are unevenly distributed across the city, with the South locality having the smallest proportion of lone pensioner households (11.3%) and the East locality having the largest proportion (13.6%) (Table 6).

Plymouth has 12,706 (11.1%) of households with lone parents. This compares to the England and South West averages of 11.1% and 9.1% respectively. These households are unevenly distributed across the city, with percentages ranging from 8.6% in the East locality to 13.7% in the West (Table 6)

Table 6: Proportion of one person household aged over 66 years and single family households (lone parent families), per by locality, 2021

Locality	Lone pensioner household: one person aged 66+	Single family household: lone parent family
East	15.5	8.6
North	14.9	12.2
South	11.3	9.2
West	11.6	13.7
Plymouth	13.2	11.1
South West	14.6	9.1
England	12.8	11.1

Source: 2021 Census, Office for National Statistics

3.3 Protected characteristics and particular health issues

The Equality Act 2010 sets out nine personal characteristics that are protected by the law:

- Age
- Disability
- Faith, religion, and belief
- Sex
- Marriage and civil partnerships
- Pregnancy and maternity
- Gender reassignment
- Race
- Sexual orientation

Under the Act, people are not allowed to discriminate, harass, or victimise another person because they have any of the above protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. Government departments, service providers, employers, education providers, providers of public functions, associations and membership bodies and transport providers all have a responsibility under the Act.

As well as ensuring equity of access to services for individuals with these protective characteristics, it is also important to understand the impact of these characteristics on an individual's health. Additionally, where groups with protective characteristics experience differences in wider social factors, they can lead to greater health inequalities.

In the following paragraphs, some of the health issues experienced by people with these nine protected characteristics are listed. The characteristics have then been quantified for Plymouth at the city and sub-city level (where data exists). The protected characteristics should be considered when examining whether or not existing pharmaceutical services provision meets need; consequently, due regard is given to these characteristics within the 'Market Entry' regulations. The most recent Equality Profiles for Plymouth can be found at:
https://www.plymouth.gov.uk/understanding-our-communities

In addition to the characteristics defined by the 2010 Equality Act, Plymouth City Council has adopted 'care experienced' as a local protected characteristic. Care experienced is defined as covering anyone who has lived experience as a child in

local authority care. Whilst it does not currently have the same statutory basis and legal protections as those protected characteristics listed in the Equality Act, Plymouth City Council have made a corporate commitment to treat it as though it does, recognising the additional barriers that people who have experienced the care system may face.

3.3.1 Equality Impact Assessment (EIA)

Plymouth City Council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality Impact Assessments (EIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. A template is completed which gives a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the nine protected characteristics as part of the assessment. The EIA for the PNA can be found in Appendix 2.

3.3.2 Age

- Health issues tend to be greater amongst the very young and the very old.
- The number of chronic conditions increases with age as does the occurrence of multiple morbidities.

Plymouth, at mid-year 2022, had an estimated population of 266,873. The proportion of children and young people (under 18) in Plymouth (19.5%) is similar to the South West average (19.0%) and lower than the England average (20.8%).

The proportion of 18-24 year olds (10.7%) in Plymouth is higher than both the South West (8.2%) and England average (8.3%).

In Plymouth, the proportion of the working-age (15-64 year old) population (65.0%) is higher than both the South West (61.7%) and England average (64.1%).

The city has nearly the same proportion (9.1%) of those aged 75 and over as the England average (9.0%), but lower than the South West average (11.2%).

3.3.3 Disability

- People with certain disabilities tend to be disproportionately affected by certain conditions including epilepsy, vision impairment, obesity, thyroid problems, poor mental health, and dementia. There is also an increased likelihood of co-morbidity in those with a disability.

- People with learning disabilities may also find it difficult to access assessment and treatment for general health problems that are not related to their disability.

According to the 2021 Census, 53,477 Plymouth residents are disabled under the Equality Act. Of these, 9.4% reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age).

Table 32 (Section 4.3.9) shows the proportion of the adult population reporting that their day-to-day activities were limited by locality and Section 3.4.4 shows the proportion of Plymouth residents disabled under the Equality Act who are UK armed forces veterans.

The 2021 Census shows 19,788 (7.5%) of Plymouth residents are not disabled under the Equality Act, but have a long-term physical or mental health condition which does not limit their day-to-day activities. This compares to the England and South West averages of 6.8% and 7.7% respectively.

In terms of all Plymouth residents, the 2021 Census showed 45.8% self-reported their general health as ‘very good’; this increased to 79.5% when also including those who reported their health as ‘good’. In England 81.8% and 82.2% of people in the South West, reported their general health as either ‘very good’ or ‘good’. Plymouth’s combined value is therefore more than two percentage points lower than the national and regional average.

Section 4.3.8, Table 31 shows the proportion of all Plymouth residents reporting their general health as ‘bad’ or ‘very bad health’.

3.3.4 Faith, religion, or belief

- Some studies identify that religious involvement and spirituality are associated

with better health outcomes such as greater longevity, coping skills, less anxiety, depression, and suicide.

- Honour-based violence is a type of domestic abuse motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals, is not specific to one religion or belief.

- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health-related concerns.

- There is a possibility of hate crime related to religion and belief.

94.1% of Plymouth's population aged 16 years and over answered questions on their religion in the Census 2021. 42.5% of the Plymouth population describe themselves as 'Christian', down from 58.1% in 2011. This compares to the England and South West average of 46.3% and 46.2% respectively.

The most common response to the religion question in Plymouth was 'No Religion' with 48.9%. This compares to the England and South West average of 36.7% and 44.1% respectively.

1.3% of Plymouth residents described themselves as either Muslim. Those following Hinduism, Buddhism, Judaism or Sikhism combined totalled less than 1.0% of the population. A further 0.6% state that they have a religion that is not one of those listed above.

3.3.5 Sex

Women tend to have longer life expectancy compared to men. Section 4.3.3 shows life expectancy at birth for Plymouth localities.

Mid-2022 population estimates illustrate that overall, 49.1% of Plymouth's population is female.

3.3.6 Marriage and civil partnership

According to the 2021 Census, of the 218,627 Plymouth residents aged 16 and over, 87,275 (39.9%) are married to a partner of the opposite sex and 0.3% to a partner of the same sex. In addition, 0.1% of the population are in a registered civil partnership with a partner of the opposite sex and 0.1% with a partner of the same sex.

3.3.7 Pregnancy and maternity

- One in seven mothers may experience a mental health problem during pregnancy or in the post-natal period. This is even greater in more deprived areas.

- Almost a third of domestic abuse for women starts during pregnancy. Victims of domestic violence have a higher risk of serious injury or death compared to the general population.

- Additional health issues that are associated with pregnancy include backache, constipation, sleeplessness, dental health problems, and morning sickness.

- Breastfeeding rates vary among different population groups. It tends to be higher in BAME groups, older mothers, and in less deprived areas.

There were 2,362 births in 2023. Table 14 shows the West locality had the highest number of births (771) and the East locality the lowest (442).

3.3.8 Gender reassignment

Transgender, or simply trans, is an adjective used to describe someone whose gender identity differs from the sex assigned at birth. A transgender man, for example, is someone who was listed as female at birth but whose gender identity is male

- Transgender individuals can face discrimination and harassment; they may also be possible targets for hate crime which may increase their risk of mental ill-health.
- The same consideration should be given to other distinct identities on ethical grounds as while not defined within the 2010 Equality Act, are clearly in need of similar sensitivities.

According to the 2021 Census, 0.1% of the Plymouth population identified as a Trans man and 0.1% as a Trans woman. In terms of general health, 27.4% of Trans men self-reported their general health as ‘very good’; this increased to 63.2% when also including those who reported their health as ‘good’. For Trans women, 25.5% self-reported their general health as ‘very good’; this increased to 68.0% when also including those who reported their health as ‘good’.

0.3% of Plymouth residents that identified as a Trans man said they were Disabled under the Equality Act and that their day-to-day activities were limited 'a little' and 0.2% said they were limited 'a lot'. This compares to 0.1% and 0.2% of Trans women, respectively.

3.3.9 Ethnicity

- 24.8% of White Gypsy/Irish Travellers have at least two long-term conditions, one of which is musculoskeletal, compared the England average of around 13.4% (2023).[12] Gypsy, Roma and Traveller communities face increasingly poor health outcomes, along with other chronic conditions, disabilities and mental health problems and Traveling Showmen and women have a high prevalence of poor mental health.[13,14]
- Black Caribbean, Indian, Bangladeshi and Pakistani men have considerably higher prevalence of diabetes compared to the general population.
- Smoking prevalence tends to be higher in some small ethnic minority groups.
- Excess weight is childhood is more prevalent in BAME groups.

The population diversity within Plymouth is very slowly changing. According to the Census 2021. 89.3% (236,802) of Plymouth's population identified themselves as White British (Table 4). This is significantly higher than the England average (73.5%). The four other ethnic groups (circa 5% and 13,000 people), each report an increase over the last 10 years. Of note, in Plymouth, the proportion of these ethnic groups is one third of those seen in England and Wales (circa 18%). However, the percentage increase in Plymouth, over the last 10 years is proportionally larger so this is likely to increase in the future.

Plymouth's second largest ethnic group, at 2.2% is the Asian ethnic group, which

[12] Office for Health Improvements and Disparities (based on NHS England GP Patient Survey data) 2023. Spotlight: Improving Inclusion Health Outcomes: https://analytics.phe.gov.uk/apps/spotlight/
[13] NHS Race and Health Observatory (2023) Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities, Identifying Best Practice: https://www.nhsrho.org/research/identifying-best-mental-health-practice-with-gypsy-roma-and-traveller-communities/
[14] Greenfields, M.; Chadwick, S., Smith, D., Coker, S. (2023) In Fair Health? A Pilot Study of the Health
and Wellbeing Status of Travelling Showpeople in Two Locales. Anglia Ruskin University. https://aru.figshare.com/articles/conference_contribution/In_Fair_Health_A_pilot_study_of_the_Health_and_Wellbeing_Status_of_Travelling_Showpeople_in_Two_Locales_First_Interim_Report_/24328720?file=42750979

increased from 1.5 to 2.2 per cent of the population (circa 6,000 people). The number of people who identified themselves in the Mixed/Multiple ethnic group also increased and is the next largest group in Plymouth at 1.8% (circa 4,600 people). The number of people who identified themselves in both the Black/African/Caribbean/Black British ethnic group (1.1%) and other ethnic groups (1.0%) also increased and they represent circa 2,700 and 2,500 people respectively.[15]

[15] The Plymouth Report (2023) https://www.plymouth.gov.uk/sites/default/files/2023-10/Plymouth-Report-Oct-2023.pdf

Table 7: Proportion (%) of Plymouth population by ethnic group by locality, 2021

Locality	White British	All other White	Mixed/ multiple ethnic groups	Asian/Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
East	95.7	1.9	1.1	0.6	0.3	0.4
North	92.9	2.7	1.2	1.6	0.9	0.6
South	84.2	6.2	2.4	3.8	1.7	1.6
West	87.6	5.9	2.0	2.3	1.1	1.1
Plymouth	89.3	4.5	1.8	2.2	1.1	1.0
South West	87.1	5.2	2.0	2.8	1.2	0.9
England	73.5	7.2	3.0	9.6	4.2	2.2

Source: Census 2021, Office for National Statistics, totals might not sum to 100.0% due to rounding

In Plymouth 92.7% of residents speak English as their main language compared to 91.1% in England and Wales. This is followed by Polish, with 1.0% of residents (2,700) and Romanian with 0.6 per cent (1,640). This mirrors the national picture for the three most common languages spoken.

3.3.10 Sexual orientation

- Mental illness, such as depression and anxiety, is more common amongst lesbian, gay and bisexual people.
- Certain sexual health issues may be more prevalent in gay and lesbian populations for e.g. gay men are in a higher risk group for HIV.
- Research suggests that gay and lesbian people may be less likely to be screened for certain conditions meaning problems are not picked up as early as they could be.
- Gay or lesbian and bisexual people may be possible targets for hate crime.

The 2021 Census was the first Census to ask questions around the sexual orientation of those aged 16 and over. 93.4% of Plymouth residents answered the question. Of those who answered, 4.4% of people identified as Gay or Lesbian, Bisexual, or ‘All other sexual orientations’ which includes people who identify as Pansexual, Asexual, Queer or other sexual orientation.

3.3.11 Care leavers and care experienced young people

Care experienced is defined as covering anyone who has lived experience as a child in local authority care. In 2024, there were 507 care leavers aged 17 to 25 in Plymouth.[16]

There were 514 Plymouth Child in need plans as at 31st March 2024 (a rate of 99.1 per 10,000 children aged under 18 years). This compares to 467 Child in need plans (a rate of 90.2) in 2023. There were 299 Child protection plans for Plymouth children in 2024 (a rate of 57.7 per 10,000 children aged under 18 years). This compares to 230 child protection plans (a rate of 44.4) in 2023.[17]

Nationally, care leavers make up 25% of the adult homeless population[18] and the number of care leavers aged 18-20 experiencing homelessness has increased by 54% over the past five years.[19]

Care leavers aged 19 to 21 years are three times more likely not to be in education, employment or training, being economically deprived is consistently shown as one of the main drivers of ill-health.

3.4 Additional patient groups with particular health issues

The PNA considers the pharmacy needs of all Plymouth patients and residents, including those who may have higher levels of need due to poor health, for example health conditions associated with older age or with at-risk populations. In addition to this, it identifies patient groups that may have distinct or specific pharmaceutical needs. The patient groups with specific needs identified by the H&WB in Plymouth were care leavers and care experienced young people, tourists, students, people experiencing homelessness and the Armed Forces population (including veterans).

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[16] DfE Children looked after in England including adoptions (2024) https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions

[17] DfE Children in need (2024) https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need

[18] Reeve, K. & Batty, E. (2011). Crisis: The hidden truth about homelessness: Experiences of single homelessness in England. https://www.crisis.org.uk/media/236816/the_hidden_truth_about_homelessness_es.pdf

[19] Department for Levelling Up, Housing & Communities (2023) Statutory homelessness in England: financial year 2022-23. https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2022-23

3.4.1 Tourists

Plymouth has a significant seasonal influx of tourists into the area, who may suffer from a range of health issues which may need pharmacy support. These could range from simple colds through to issues such as sunburn, as well as more complicated prescribing regimens that need to be maintained.

The Plymouth Visitor Plan 2020 to 2030 has been designed to help drive Plymouth's visitor economy between 2020 and 2030. This includes creating more hotels and diversifying accommodation and conferencing facilities for overnight stays, as well as increasing capacity for cruise ships at Millbay port. Day visitors currently make up 85% of the market. The city aims to grow total visitor numbers by 15% from 5.4 to 6.2 million by 2030. More information can be found at: https://theplymouthplan.com/delivery-plans/plymouth-visitor-plan

3.4.2 Students

Plymouth has three grammar schools which attract students from outside of the city. The city also has a number of further and higher education sites including three universities. Plymouth also attracts a significant number of foreign students to study. These students can be from a diverse range of countries and therefore may bring, or be susceptible to, a range of diseases or ailments.

According to the 2021 Census, there were 15,627 (7.1%) students (aged 16 years and over) resident in Plymouth who were economically inactive. This is higher than the England and South West average of 5.6% and 5.0% respectively. A further 6,866 (3.1%) of Plymouth residents were economically active and a full-time student, compared to the England and South West average of 2.3% and 2.1% respectively.

In 2022/23, over 23,500 students enrolled on higher education studies at the three universities in the city (University of Plymouth, Plymouth Marjon University and Arts University Plymouth). 87% of students enrolled were from the UK, 2% from the EU and 11% from non-EU countries.[20]

Student accommodation

The University of Plymouth is in the South locality of the city at PL4 8AA. Table 8

[20] HESA: Higher Education Student Statistics: UK, 2022/23. Available at: https://www.hesa.ac.uk/

shows the student accommodation on campus.

Table 8: University of Plymouth campus halls of residence

Name	Address	No. of students
Francis Drake	James Street, Plymouth, PL4 6AP	315
Mary Newman	Portland Square, Plymouth, PL4 6DH	157
Radnor	Gilwell Street, Plymouth, PL4 8BX	408
Gilwell	Tavistock Place, Plymouth, PL4 8AP	197
Pilgrim	Gibbon Street, Plymouth, Devon PL4 8BZ	237
Robbins	Gibbon Street, Plymouth, Devon PL4 8BZ	430

Plymouth Marjon University at Derriford Road, Plymouth, PL6 8BH is in the North locality. The campus includes seven halls of residence for 290 students and a village for over 150 students

Other student accommodation in Plymouth within commuting distance to the three universities is shown in Tables 9 and 10.

Table 9: South locality student accommodation

Name	Address	No. of students
Astor House	Notte Street, Plymouth, PL1 2AQ	519
Frobisher House	64-66 Ebrington Street, Plymouth, PL4 9AQ	80
Central Point	50 Royal Parade, Plymouth, PL1 1DZ	235
Alexandra Works	119 Alexandra Road, Plymouth, PL4 7DU	246
St Augustine's House	135 Alexandra Road, Plymouth, PL4 7EG	90
St Teresa House	Beaumont Road, Plymouth, PL4 9AZ	108
St. Thomas Court	20 Gasking Street, Plymouth, PL4 9AP	227
Saltwater Place	Notte Street, Plymouth PL1 2RQ	348
The Old Dairy	14 Regent Street, Plymouth, PL4 8BA	80
The Reservoir	North Hill, Plymouth, PL4 8EZ	75
Mary Parker House	17 Apsley Road, Plymouth, PL4 6PJ	165

Table 10: West locality student accommodation

Name	Address	No. of students
Beckley Point	39 Cobourg Street, Plymouth, PL1 1SP	505
Cross House	Raleigh Street, Plymouth, PL1 1ET	500
Discovery Heights	27-31 Cobourg Street, Plymouth, PL1 1UH	202

University students may be vulnerable to unique needs such as mental health

problems (including loneliness and anxiety)[21] and substance misuse, with 42% university students in the UK in 2022/23 having used drugs.[22] Additionally, the majority of students in the UK are within the age range most at-risk of developing sexually transmitted infections (15-24 years).[23]

Therefore, university students are expected to bring additional pharmaceutical needs, particularly during term times. Pharmacies can support students by providing prescribed medications as well as advice and signposting to further support, access to contraception and STI testing.

3.4.3 Homeless population

People experiencing homelessness suffer from worse physical and mental health than the general population. Poor mental and physical health is both a cause and consequence of homelessness. Chronic and multiple health needs are common and often go untreated. Key findings by Homeless Link following a nationwide study of the health needs of homeless people in 2022[24] include:

- 63% reported a long-term illness, disability or infirmity, compared to 22% of the general population
- 78% reported having a physical health condition, of which:
    - 37% joint aches / problems with bones and muscles
    - 36% dental / teeth problems
    - 24% asthma
    - 22% vision / eye problems
    - 30% stomach problems, including ulcers
- 48% had between two and four physical health diagnoses, and a further 29% had between five and 10 physical health diagnoses
- 82% reported a mental health diagnosis
- 45% were using drugs or alcohol to cope with mental health issues

[21] Allen, R., Kannangara, C. & Carson, J. (2023) Long-Term Mental Health Impacts of the Covid-19 Pandemic on University Students in the UK: A Longitudinal Analysis Over 12 Months https://www.tandfonline.com/doi/full/10.1080/00071005.2023.2215857
[22] Students Organising for Sustainability United Kingdom (2023) Students, Alcohol and Drugs Survey. https://www.drugandalcoholimpact.uk/research/students-alcohol-and-drugs-national-survey-2022-23
[23] Gray, B., Jones, A., Couzens, Z., Sagar, T. & Jones, D. (2019) University students' behaviours towards accessing sexual health information and treatment. https://journals.sagepub.com/doi/abs/10.1177/0956462419828866
[24] The Unhealthy State of Homelessness 2022. Findings from the Homeless Health Needs Audit, Oct 2022. Homeless Link. Homeless_Health_Needs_Audit_Report.pdf (kxcdn.com)

- 38% had, or were in recovery from, a drug problem
- 29% had, or were in recovery from, an alcohol problem
- 76% smoke
- 33% have only one meal a day

Other studies of people experiencing homelessness found that people often live with multiple long-term conditions and experience levels of frailty normally associated with the elderly.[25,26,27]

Homelessness have been associated with increased risk of Hepatitis C (HCV). In 2020, 3.2% of positive test results for hepatitis C were from people experiencing homelessness or rough sleeping in England.[28]

In 2021-22, 14% of new presentations of adults to drug treatment in Plymouth had an urgent housing problem (NFA), compared to 7% in England. For alcohol treatment, this was 2% for both Plymouth and England.

In the Census 2021, there were an estimated 13,955 people at hostels and temporary shelters for the homeless in England and Wales; with 1,202 (8.6%) living in the South West and 87 (0.6%) in Plymouth; this is only a small proportion of all people experiencing homelessness, and therefore much lower than other official estimates for this group.

- More than two-thirds of people identified as homeless the South West were male (68.3%).
- Nationally, people identified as homeless were around eight years younger on average (median age of 32 years) than the rest of the population of England and Wales (median age of 40 years)
- Females identified as homeless were, on average, 16 years younger (median age of 25 years compared with 41 years for the rest of the national

[25] Nadicksbernd, J., Nguyen, T., Jackson, T., & Shulman, C. (2023) 'Health and care needs of hospitalised people experiencing homelessness: an inpatient audit,' Clinical Medicine. 23(4), 395-402. https://pmc.ncbi.nlm.nih.gov/articles/PMC10541037/

[26] Shulman, C., Nadicksbernd, J., Nguyen, T., Fantoni, E. R., Lally, J., Bawden, M., and Hudson, B. (2023) 'People living in homeless hostels: a survey of health and care needs.' Clinical Medicine, 23(4), 387-394. https://pubmed.ncbi.nlm.nih.gov/37524414/

[27] Transformation Partners (2023) Homeless hostels: A London survey of health and care needs. https://www.transformationpartners.nhs.uk/homeless-hostels-a-london-survey-of-health-and-care-needs/

[28] Hepatitis C in England and the UK (2023) https://www.gov.uk/government/publications/hepatitis-c-in-the-uk

population).

- Nationally, more than twice the percentage of people identified as homeless were disabled (44.1%) when compared with the rest of the national population (17.5%). In the South West these figures are higher at 55.5% and 18.6% respectively.
- More than twice the percentage of people identified as homeless reported bad or very bad health when compared with the rest of the national population (13.2% versus 5.2%). In the South West these figures were 16.5% and 5.0% respectively.
- One in three people aged 16 years and over identified as homeless in the South West reported having no qualifications (33.0%), compared with fewer than 1 in 6 people aged 16 years and over in the rest of the population (15.6%).
- Nationally, 25.2% of people identified as homeless were economically inactive: long-term sick or disabled, compared to 4.2% of the rest of the population.
- Nationally, 78.6% of people identified as homeless were straight or heterosexual and 7.6% LGBTQ+, compared to 89.4% and 3.1% of the rest of the population, respectively.

Of the 657 Plymouth households assessed as homeless 2023-24, the priority needs of vulnerable households included member(s) who were/had:

- 11.2% physical disability/ill health
- 12.1% mental health problems
- 7.9% affected by domestic abuse
- 4.0% young applicants
- 3.3% households including a pregnant woman
- 3.3% vulnerable with children
- 0.9% affected by old age.

In Plymouth, 41 people (15.4 per 100,000 population) slept rough on a single night, of which 85% were male and 88% were aged above 25 years (Autumn 2023). The number of people sleeping rough has more than doubled since 2019 (19, 7.2 per 100,000 population).

Crisis[29] suggests that the average age of death of a single homeless person (which includes those sleeping rough, in hostels and in other hidden homeless situations), is 47 years old and even lower for homeless women at just 43, compared to 77 for the general population. In 2017, Public Health England (now the Office for Health Improvement and Disparities) emphasised the need for pharmacies to increase their role in promoting health, in an effort to enhance both capacity and capability in reducing health inequality including amongst vulnerable groups including those who are considered homeless or sleeping rough. [30]

Community pharmacists can be an accessible source for advice and support for people who are homeless for a variety of services including, medicines, drug (including needle exchange services), alcohol, smoking and health screening support. Furthermore, medication storage and medication management can be a challenge for homeless hostels. Pharmacies can develop relationships to help lead to improved outcomes.

For those with opiate addiction, pharmacies have a unique opportunity to have a daily contact with those people, and an opportunity to build a relationship with them. This provides the chance for ongoing monitoring of mood and health conditions, and a potential avenue into health screenings.[31]

Further information

Statutory homelessness in England: financial year 2023-24

https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2023-24

People experiencing homelessness, England and Wales: Census 2021
https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/peopleexperiencinghomelessnessenglandandwales/census2021

[29] Local Government Association (2017) The Impact of Homelessness on Health: A guide for local authorities. Available at:
https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

[30] Public Health England (2017) Pharmacy: A Way Forward for Public Health: Opportunities for action through pharmacy for public health. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf

[31] Pathway (2023) Homelessness: a guide for pharmacists. Available at:
https://www.pathway.org.uk/resources/pharmacists-and-homelessness/#:~:text=Helping%20the%20wider%20homeless%20community&text=Pharmacies%20can%20help%20by%20carrying,act%20pejoratively%20towards%20homeless%20patients

Rough sleeping snapshot in England: Autumn 2023

https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2023/rough-sleeping-snapshot-in-england-autumn-2023

3.4.4 Armed Forces population

(i) Veterans

The Armed Forces are an integral part of the history and heritage of Plymouth.[32]

According to the 2021 Census, 18,250 (8.4%) Plymouth residents, previously served in the Armed Forces. Plymouth has the highest proportion of veterans the across all English unitary authorities. The England average was 3.8%.

In Plymouth, the number of working age people (16–64) who have previously served is 10,235 (6.0%). The England and South West average was 2.3% and 3.5% respectively. Table 11 shows the highest proportion of veterans aged 16-64 live in the East locality (7.6%).

In Plymouth, the largest proportion of people previously served (27.0%) is the 85 and over age group (1,750). Table 11 shows the highest proportion of veterans aged in this age group live in the East locality (29.2%).

Table 11: Proportion (%) of residents who have previously served in the Armed Forces, by age group, by locality, 2021

Age group	East	North	South	West	Plymouth
16-24	0.6	0.7	0.6	0.9	0.7
25-39	4.8	4.1	3.1	3.9	3.8
40-64	8.9	7.7	6.6	7.2	7.5
65-74	13.3	13.9	12.5	15.0	13.7
75-84	17.0	18.3	17.4	17.8	17.6
85+	29.2	27.5	25.1	25.4	27.0
16-64	7.6	6.7	4.5	6.2	6.0

Source: Office for National Statistics

[32] The Plymouth Plan (2023) https://www.plymouth.gov.uk/sites/default/files/2023-10/Plymouth-Report-Oct-2023.pdf

According to the 2021 Census for England and Wales, 15.3% of veterans are disabled under the Equality Act and find day-to-day activities limited a lot. This compares to 8.3% of the population that have not served in the Armed Forces.

8.9% of veterans in England and Wales not disabled under the Equality Act have a long-term physical or mental health condition (but find day-to-day activities not limited). This compares to 7.8% of the population that have not served in the Armed Forces.

According to the national Veterans' Survey 2022, just under half (48.7%) of veterans were disabled. This is higher than the proportion of disabled veterans identified in England and Wales from Census 2021 (32.1%). This may reflect the fact that disabled veterans were more motivated to respond to the survey or engage with organisations that promoted the Veterans' Survey 2022. Across the UK, just under half of veterans (47.8%) said they had never, or hardly ever, felt lonely. Around 20.1% said they occasionally felt lonely and just under a third (31.3%) said they felt lonely always, often, or some of the time.

Among spouses or partners who lived with a veteran, 26.1% were disabled and 18.9% provided unpaid care. (2021 Census for England and Wales).

According to the 2021 Census, 68.1% of Plymouth veterans reported their general health as reported their health as 'good'. 31.9% of veterans reported having 'not good health'. This ranged from 28.7% in the East locality to 34.4% in the West (Table 12).

Table 12: Proportion (%) of residents who have previously served in the armed forces, by reported general health, by locality, 2021

	East	North	South	West	Plymouth
In good health	71.9	67.3	68.1	65.1	68.1
Not in good health	28.1	32.7	31.9	34.9	31.9

Source: Office for National Statistics

The majority of the just over spouses or partners reported very good (31.6%) or good (40.1%) health (2021 Census for England and Wales). One fifth of spouses or partners reported fair health (20.3%), 6.3% reported bad health and 1.8% very bad health.

According to the 2021 Census for England and Wales, a higher proportion of veterans than non-veterans aged 70 years and over provided unpaid care, and the greatest difference was between veterans and non-veterans aged 85 to 89 years (12.8% compared with 7.2% respectively).

(i) Service children

As would be expected, schools in the vicinity of military bases have a higher percentage of children from service families. As at December 2024, 2,593 pupils were eligible for the Service Child Pupil Premium allocations at Plymouth schools for financial year 2024-25[33].

11.4% of children or stepchildren (of any age) who lived with a veteran were disabled and 8.0% provided unpaid care (2021 Census for England and Wales).

According to the 2021 Census for England and Wales, 72.0% of the children or stepchildren of veterans, reported their health as very good, 21.1% as good, and 5.1% as fair. Of the remainder, 1.4% described their health as bad and 0.4% as very bad.[34]

(iii) Further information

Plymouth City Council Armed Forces Covenant

https://www.plymouth.gov.uk/armed-forces-covenant

Healthcare for Armed Forces community

https://www.plymouth.gov.uk/healthcare-armed-forces-community

Office for Veterans' Affairs: Health and wellbeing of UK armed forces veterans: Veterans' Survey 2022, UK

https://www.gov.uk/government/publications/health-and-wellbeing-of-uk-armed-forces-veterans/2471167c-fbf0-4395-8485-f3df6d570616

[33] Education & Skills Funding Agency: Pupil premium: allocations and conditions of grant 2024 to 2025 https://www.gov.uk/government/publications/pupil-premium-allocations-and-conditions-of-grant-2024-to-2025

[34] ONS, UK armed forces veterans, health and unpaid care, England and Wales: Census 2021 https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/articles/ukarmedforcesveteranshealthandunpaidcareenglandandwales/census2021

3.5 Deprivation

Wider determinants of health

There are a range of social, economic, and environmental factors that impact on an individual's health behaviours, choices, goals, and ultimately health outcomes. These are wider determinants of health which are outlined in Fair Society, Health Lives: (The Marmot Review)[35] and later The Marmot Review 10 Years On.[36] They include factors such as deprivation, education, employment, and fuel poverty.

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Deprivation measures attempt to identify communities where the need for healthcare is greater, material resources are fewer and as such the capacity to cope with the consequences of ill-health are less. People are therefore deprived if there is inadequate education, inferior housing, unemployment, insufficient income, poor health, and low opportunities for enjoyment. A deprived area is conventionally understood to be a place in which people tend to be relatively poor and are relatively likely to suffer from misfortunes such as ill-health.

The English Indices of Deprivation (IoD) 2019 use 39 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2019 (IMD 2019). This is an overall measure of multiple deprivation experienced by people living in an area. When analysing IMD data it is important to bear in mind the following:

- It is not an absolute measure of deprivation.
- Not all people living in deprived areas are deprived and vice versa.
- It cannot be compared over time because an area's score is affected by the scores of every other area; so it is impossible to tell whether a change in score is a real change in the deprivation level of an area, or whether it is due to the scores of other areas going up or down.

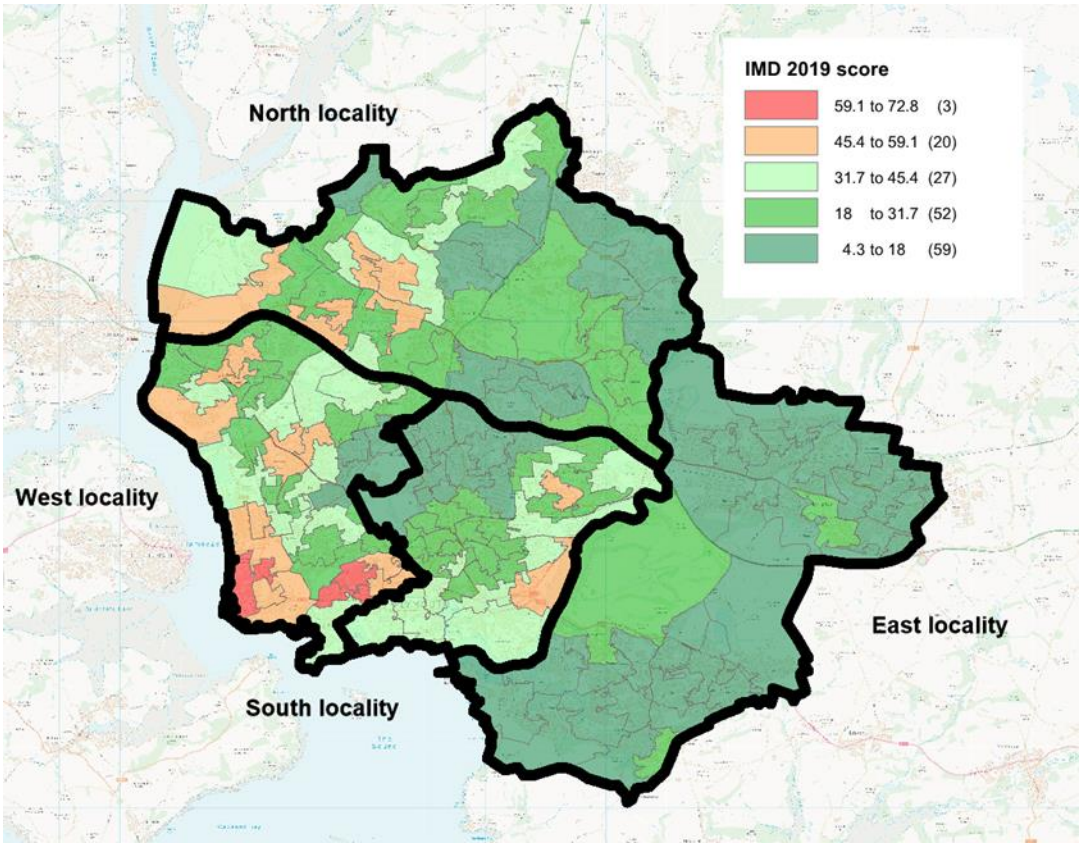
The IMD 2019 score is calculated for every Lower Super Output Area (LSOA) in England. LSOAs are part of a geographical framework developed for the collection and publication of small area statistics. Plymouth is made up of 161 LSOAs. An LSOA typically contain a population of around 1,500.

[35] Fair Society Healthy Lives (The Marmot Review): http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
[36] Health Equity in London: The Marmot Review 10 years on. Executive summary (2020). Available at: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

The IMD 2019 score can be used to rank every LSOA in England according to their relative level of deprivation. Out of 32,844 LSOAs in England, Plymouth has 28 LSOAs in the 10% most deprived, three in the 3% most deprived, and two in the 1% most deprived LSOAs in the country. Plymouth is ranked 50 out of the 151 upper-tier local authorities in England (1=most deprived; 151=least deprived). This places Plymouth in decile four nationally i.e. within the 40% most deprived upper-tier local authorities in England.

Figure 3 shows the IMD 2019 values for the 161 LSOAs in Plymouth with the boundaries of the four Livewell Southwest localities overlaid. Although it is useful to see data presented in this way, it does not show composite locality scores that can be used to identify, for example, the most or least deprived locality in the city. Therefore separate analysis has been carried out by the Public Health Team in Plymouth City Council to produce this. On the basis of this analysis, the locality with the highest score (i.e. the most deprived; rank 1) is the West. The locality with the lowest score (i.e. the least deprived; rank 4) is the East (Table 13).

Figure 3: Index of Multiple Deprivation (IMD) 2019 scores by Lower Super Output Area (LSOA) and Livewell Southwest locality in Plymouth



Red = most deprived, dark green = least deprived
Source: IMD 2019 data from Oxford Consultants for Social Inclusion (OCSI)
Contains Ordnance Survey data © Crown copyright and database rights 2022
Contains public sector information licensed under the Open Government License v3.0

Table 13: Index of Multiple Deprivation (IMD) 2019 score by locality

Livewell Southwest locality	Average IMD 2019 score	Locality rank
East	11.8	4
North	27.1	2
South	25.8	3
West	38.2	1
Plymouth	26.6	-

Source: Produced by the Public Health Team, Plymouth City Council, using IoD 2019 data constructed by Oxford Consultants for Social Inclusion (OCSI)

In terms of what this means for our PNA, people in more deprived areas generally live with poorer health. Increased deprivation is also associated with a higher prevalence of smoking, harmful drinking, poor diet, and poor mental health. Community pharmacies have an extended role to play in educating and supporting communities to adopt healthier lifestyles.

Poverty

Evidence indicates that childhood poverty leads to premature mortality and poor health outcomes for adults. Measured through relative and absolute poverty, relative poverty is defined as those who are living in a household with an income that is less than 60% of the national median income. Absolute poverty is considered children living in households with incomes 60% below the national median income (adjusted for inflation).

The city has higher than average levels of deprivation and health inequalities.

Plymouth is within the 20% most deprived local authority districts in England. Two areas fall within the most deprived 1% in England, while 28 fall within the most deprived 10% in England, affecting around 46,000 people within the city. Just under 1 in 5 children in Plymouth are estimated to be living in poverty.[37]

Fuel poverty relates to households who struggle to afford to keep their homes at a reasonable temperature[38] and primarily affects people on a low income and/or those with high living costs. It is more common with older people, those who are unemployed, single parent families, people with disabilities or long-term conditions, and people living in homes that have low ‘Standard Assessment Procedure’ (SAP)

[37] The Plymouth Plan Annual Report (2024) Available at: https://www.plymouth.gov.uk/sites/default/files/2024-11/Plymouth-Plan-Annual-Report-2024.pdf
[38] Barton, C., & Hough, D. (2024) Fuel Poverty Available from: https://commonslibrary.parliament.uk/research-briefings/sn05115/

energy ratings.

Fuel poverty can increase risks of heart attacks and strokes, and can worsen arthritic and rheumatic conditions. It can also impact nutrition, education, employment, and social inclusion.

Plymouth is the 4th highest for fuel poverty in the South West region, with an estimated 14.5% households living in fuel poverty; higher than the national estimate of 13.1% (OHID, Public Health Profiles, 2022).

According to the 2021 Census, 2,146 (1.9%) households in Plymouth have no central heating. This compares to the England and South West average of 1.5% and 1.7% respectively.

3.6 Car ownership and method of travel to work

At 75.1%, car ownership or car availability for use by household members in Plymouth is lower than the England and south West average (76.5% and 83.2% respectively). Car or van ownership is unevenly distributed across the city, with the West locality having the smallest proportion of owners per household (68.4%) and the East locality having the largest proportion (86.7%) (Table 14).

Table 14: Proportion (%) of car or van owners per household by locality, 2021

Locality	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 or more cars or vans in household	1 or more cars or vans in household
East	13.3	41.4	34.2	11.2	86.7
North	21.2	45.1	26.5	7.2	78.8
South	30.7	42.8	20.5	6.0	69.3
West	31.6	44.5	19.2	4.8	68.4
Plymouth	24.9	43.5	24.5	7.0	75.1
South West	16.8	41.7	29.9	11.6	83.2
England	23.5	41.3	26.1	9.1	76.5

Source: 2021 Census, Office for National Statistics

Section 3.2.2, Table 6 shows lone pensioner households are unevenly distributed

across the city, with the South locality having the smallest proportion (11.3%) and the East locality having the largest proportion (15.5%).

Lone pensioner households in Plymouth with no car or van ownership is 29.1%, which is higher than the national average (26.9%).

Car or van ownership amongst lone pensioner households is unevenly distributed across the city, with the West locality having the smallest proportion of owners per household (6.5%) and the East locality having the largest proportion (9.7%) (Table 15).

Table 15: Proportion (%) of car or van owners per lone pensioner household (one person over 66 years) per by locality, 2021

Locality	No cars or vans in household	1 or more cars or vans in household
East	53.8	9.7
North	38.1	8.6
South	21.6	6.7
West	22.7	6.5
Plymouth	29.1	7.9

Source: 2021 Census, Office for National Statistics

Lone parent families in Plymouth with no car or van ownership is 14.5%, which is slightly lower than the national average (15.3%). Car or van ownership is unevenly distributed across the city, with the East locality having the smallest proportion of owners per household (8.4%) and the West locality having the largest proportion (11.8%) (Table 16).

Table 16: Proportion (%) of car or van owners per lone parent families by locality, 2021

Locality	No cars or vans in household	1 or more cars or vans in household
East	10.4	8.4
North	17.0	11.0
South	10.5	8.5
West	18.0	11.8
Plymouth	14.5	10.0

Source: 2021 Census, Office for National Statistics

Based on the 2021 Census, circa 62,000 (51.2%) of Plymouth residents drove to their workplace by a car or van. This was higher than the England and South West average (44.5% and 49.0% respectively). 9,200 (7.6%) of Plymouth residents used public transport to travel to work compared to 8.9% in England and 3.7% in the South West.

In terms of active travel in Plymouth, circa 12,200 (10.1%) of residents walked to work. This is higher than the England and South West average (7.6% and 9.2% respectively). Circa 2,550 (2.1%) residents cycled to work. This was similar to the England and South West average (2.1% and 2.4% respectively).

3.7 The Office for Health Improvement and Disparities (OHID) Health Public Health Profiles

The Public Health Profiles published by The Office for Health Improvement and Disparities (OHID) provide an overview of the general health of the local population. They present a set of key indicators that, through comparison with other areas and with the national average, can highlight potential problems locally. They are designed to help local government and health services identify problems and decide how to tackle them to improve health and reduce health inequalities. Two profile examples are given below.

3.7.1 Local Authority Health Profile for Plymouth

Figure 4: Overview of health in Plymouth, February 2025[39]

Better 95% Similar Worse 95% Not applicable Quintiles: Best Worst Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better

Benchmark Value — Worst — 25th Percentile — 75th Percentile — Best

Indicator	Period	Plymouth			South West	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy and causes of death									
Life expectancy at birth (Male, 3 year range) New data	2021 - 23	–	-	78.5	80.1	79.1	73.1		82.5
Life expectancy at birth (Male, 1 year range) New data	2023	–	-	78.7	80.2	79.3	73.4		82.7
Life expectancy at birth (Female, 3 year range) New data	2021 - 23	–	-	82.4	84.0	83.1	78.9		3.5
Life expectancy at birth (Female, 1 year range) New data	2023	–	-	83.0	84.0	83.2	78.2		86.8
Under 75 mortality rate from all causes	2023	→	854	376.0	306.3	341.6	622.1		220.9
Under 75 mortality rate from cardiovascular disease	2023	→	215	95.4	68.6	77.4	136.2		45.9
Under 75 mortality rate from cancer	2023	→	292	128.8	114.2	120.8	182.1		81.9
Suicide rate (Persons, 10+ yrs) New data	2021 - 23	–	60	8.4	12.2	10.7	19.6		4.2
Injuries and ill health									
Killed and seriously injured (KSI) casualties on England's roads	2023	→	76	76.5	70.7*	91.9*	588.8		21.9
Emergency Hospital Admissions for Intentional Self-Harm New data	2023/24	↓	310	112.0	174.6	117.0	342.5		36.1
Hip fractures in people aged 65 and over New data	2023/24	↓	190	362	530	547	849		362
Percentage of cancers diagnosed at stages 1 and 2	2021	→	706	57.7%	55.3%	54.4%	46.5%		:%
Estimated diabetes diagnosis rate	2018	–	-	78.8%	74.0%	78.0%	54.3%		5%
Estimated dementia diagnosis rate (aged 65 and older)	2024	→	2,139	58.3	60.2	64.8	51.3		

> 66.7% (significantly) similar to 66.7% < 66.7% (significantly)

[39] Office for Health Improvement and Disparities, Public health profiles (2025) Local Authority Health Profiles - Data | Fingertips © Crown copyright 2025

Behavioural risk factors								
Admission episodes for alcohol-specific conditions - Under 18s New data	2021/22 - 23/24	–	45	29.0	39.3	22.6	61.7	3.8
Admission episodes for alcohol-related conditions (Narrow) New data	2023/24	↓	1,113	435	489	504	890	240
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS)	2023	–	-	16.6%	11.2%	11.6%	22.3%	4.6%
Percentage of physically active adults (19+ yrs)	2022/23	–	-	75.2%	71.7%	67.1%	51.4%	[illegible]%
Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs)	2022/23	–	-	69.2%	62.5%	64.0%	77.7%	
Child health								
Under 18s conception rate / 1,000	2021	↓	63	15.5	11.1	13.1	31.5	1.1
Smoking status at time of delivery	2023/24	↓	173	8.0%*	8.0%	7.4%	17.5%	2.8%
Baby's first feed breastmilk (previous method)	2018/19	–	1,840	67.6%	75.3%	67.4%	43.6%	
Infant mortality rate New data	2021 - 23	–	22	3.0	2.9	4.1	8.4	1.7
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2023/24	→	520	20.1%	19.1%	22.1%	31.0%	
Inequalities								
Deprivation score (IMD 2019)	2019	–	-	26.6	18.2	21.7	45.0	5.8
Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	2023	–	-	31.8%	19.4%	19.5%	50.8%	5.0%
Inequality in life expectancy at birth (Male)	2018 - 20	–	-	8.7	7.4	9.7	17.0	
Inequality in life expectancy at birth (Female)	2018 - 20	–	-	5.2	5.4	7.9	13.9	
Wider determinants of health								
Children in relative low income families (under 16s)	2022/23	↑	10,155	21.9%	17.3%	19.8%	42.2%	5.2%
Children in absolute low income families (under 16s)	2022/23	→	6,929	15.0%	12.0%	15.6%	35.7%	4.2%
Average Attainment 8 score	2022/23	–	-	43.2	46.1	46.2	36.1	
Percentage of people in employment	2023/24	→	120,000	73.0%	78.9%	75.7%	61.6%	[illegible]%
Homelessness: households owed a duty under the Homelessness Reduction Act New data	2023/24	→	1,682	14.9	11.5	13.4	30.6	3.6
Violent crime - hospital admissions for violence (including sexual violence) New data	2021/22 - 23/24	–	180	22.5	25.4	34.2	170.5	12.0
Health protection								
Winter mortality index	Aug 2021 - Jul 2022	–	80	9.2%	8.7%	8.1%	30.1%	-6.8%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	1,372	514	319	520	3,304	177
TB incidence (three year average)	2020 - 22	–	33	4.2	2.9	7.6	41.3	0.7

Selected indicators where Plymouth's value is 'better' than the England average:

- Hip fractures in people aged 65 and over
- Percentage of cancers diagnosed at stages 1 and 1
- Percentage of physically active adults (19+)
- Year 6 prevalence of obesity (including severe obesity) (10-11 years)

Selected indicators where Plymouth's value is 'worse' than the England average:

- Smoking prevalence in adults (aged 18 and over)
- Under 75 mortality rate from cardiovascular disease
- Under 75 mortality rate from all causes
- Estimated dementia diagnosis rate (aged 65 and over)
- Overweight (including obesity) prevalence in adults (aged 18 and over)

Selected indicators where Plymouth's value is 'not significantly different' to the England average:

- Under 75 mortality rate from cancer
- Suicide rate (persons aged 10+)
- Under 18s conception rate
- Smoking status at time of delivery

3.7.2 Child Health Profile for Plymouth

Figure 5: Overview of child health for Plymouth, February 2025[40]

Better 95% Similar Worse 95% Lower 95% Similar Higher 95% Not applicable Quintiles: Best Worst Not applicable Data quality concerns

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better; Increasing; Decreasing

Benchmark Value: Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Indicator	Period	Plymouth			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate New data	2021 - 23	–	22	3.0	4.1	8.4		.7
Child mortality rate (1-17 years)	2020 - 22	–	10	6.8	10.4	21.9		4.8
Population vaccination coverage: MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2023/24	↓	2,641	93.5%	88.9%	67.7%		98.3%
Population vaccination coverage: Dtap IPV Hib HepB (2 years old) <90% 90% to 95% ≥95%	2023/24	↓	2,689	95.2%	92.4%	72.4%		97.8%
Children in care immunisations	2023	↓	239	69.0%	82.0%	25.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception New data	2023/24	–	1,809	66.7%	67.7%	59.6%		
Average Attainment 8 score	2022/23	–	-	43.2	46.2	36.1		
Average Attainment 8 score of children in care	2022/23	–	525	15.9	19.4	7.3		
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	→	370	6.6%	5.2%	15.2%		.9%
First time entrants to the youth justice system	2023	→	50	207.9	143.4	340.0		2.0
Children in absolute low income families (under 16s)	2022/23	→	6,929	15.0%	15.6%	35.7%		%
Children in relative low income families (under 16s)	2022/23	↑	10,155	21.9%	19.8%	42.2%		
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2022/23	–	-	-	-	-		-
Children in care	2022/23	↑	500	96	71	191		26

[40] Office for Health Improvement and Disparities. Public health profiles (2025) Local Authority Health Profiles - Data | Fingertips © Crown copyright 2025

Children killed and seriously injured (KSI) on England's roads	2020 - 22	–	13	9.3	16.5	64.1	0.0
Low birth weight of term babies	2022	→	45	2.0%	2.9%	5.0%	8%
Reception prevalence of obesity (including severe obesity) (4-5 yrs)	2023/24	→	245	10.1%	9.6%	13.9%	
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2023/24	→	520	20.1%	22.1%	31.0%	
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	–	-	24.6%	23.7%	46.0%	
Hospital admissions for dental caries (0 to 5 years)	2020/21 - 22/23	–	40	82.1	178.8	0.0	
Under 18s conception rate / 1,000	2021	↓	63	15.5	13.1	31.5	
Teenage mothers	2022/23	→	20	0.9%	0.6%*	1.9%	0%
Admission episodes for alcohol-specific conditions - Under 18s New data	2021/22 - 23/24	–	45	29.0	22.6	61.7	3.8
Hospital admissions due to substance misuse (15 to 24 years)	2020/21 - 22/23	–	55	51.1	58.3	184.5	16.7
Smoking status at time of delivery	2023/24	↓	173	8.0%*	7.4%	17.5%	.8%
Baby's first feed breastmilk ⚠	2023/24	–	900	67.4%	71.9%	41.3%	
Breastfeeding prevalence at 6 to 8 weeks - current method	2023/24	→	909	*	52.7%*	-	Insufficient number of values for a spine cha
A&E attendances (0 to 4 years)	2022/23	–	7,495	570.2	797.3	1,928.9	414.7
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) New data	2023/24	↓	320	74.3	72.7	149.0	.3
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years) New data	2023/24	↓	250	65.6	88.6	253.0	39.7
Hospital admissions for asthma (under 19 years)	2022/23	↓	70	127.1	122.2	350.7	51.9
Hospital admissions for mental health conditions (<18 yrs)	2022/23	→	55	105.9	80.8	308.5	22.3
Hospital admissions as a result of self-harm (10-24 years)	2022/23	↓	170	337.8	319.0	1,058.4	89.0

Selected indicators where Plymouth's value is 'better' than the England average:

- Children in absolute low income families (under 16s)
- Dtap IPV Hib HepB vaccinations (2 years old)
- Low birthweight of term babies
- Year 6 prevalence of obesity (including severe obesity) (10-11 years)
- A&E attendances (0-4 years)
- Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years)

Selected indicators where Plymouth's value is 'worse' than the England average:

- Child in care immunisations
- First time entrants to the youth justice system
- Baby's first feed breastmilk
- Teenage mothers
- 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known

Selected indicators where Plymouth's value is 'not significantly different' to the England average:

- Under 18s conception rate
- Smoking status at time of delivery
- Infant and child mortality rates
- School readiness: percentage of children achieving a good level of development at the end of Reception
- MMR vaccinations (for one dose at 2 years old)
- Reception prevalence of obesity (including severe obesity) (4-5 yrs)

3.8 Housing growth and significant housing developments

The Plymouth and South West Devon Joint Local Plan (JLP) was adopted by South Hams District Council, Plymouth City Council and West Devon Borough Council in 2019. The adopted JLP covers the administrative areas of Plymouth City, South Hams District and West Devon Borough and forms part of the Development Plan for these areas.

The JLP identifies a housing requirement of an additional 26,700 dwellings over the period 2014 to 2034 to be provided within the Local Planning Authority (LPA) areas of Plymouth, South Hams and West Devon (excludes Dartmoor National Park). This is split into Policy Area targets of:

- 19,000 net additional dwellings within the Plymouth Policy Area (including the urban fringe within South Hams i.e. Sherford (PLY48), Woolwell (PLY44) and Land at West Park Hill (PLY52).
- 7,700 net additional dwellings in the Thriving Towns and Villages Area (remainder of South Hams Local Planning Authority and all of West Devon Local Planning Authority).

The housing monitoring target for Plymouth LPA is therefore 13,200 net additional dwellings over the period 2014 to 2034, of which 6,798 dwellings have already been delivered in the period 2014 to 2024.

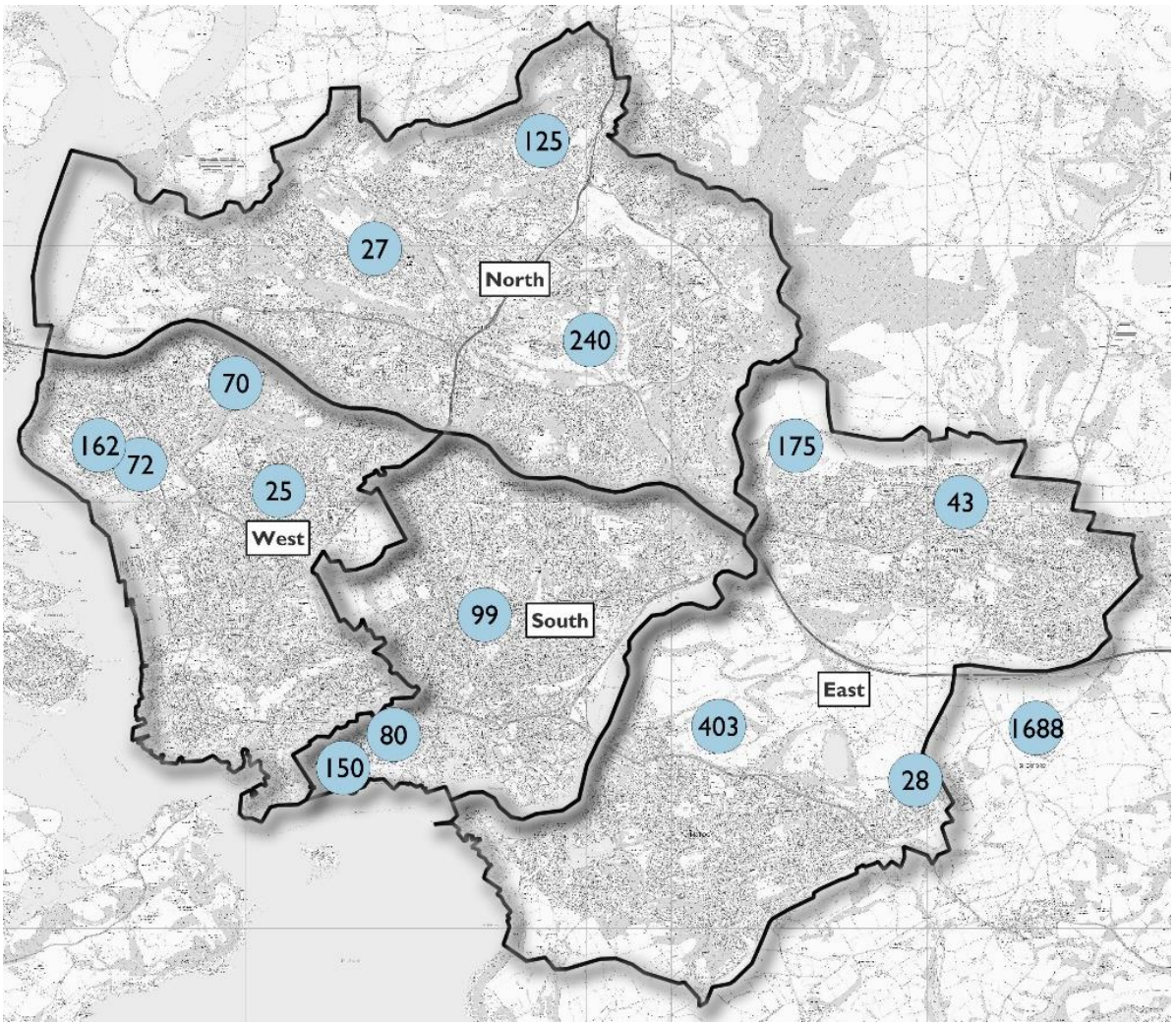
A projected net deliverable supply of 2,218 dwellings have been identified over the next 5 years (1st April 2024 to 31st March 2029). Table 17 below provides a breakdown of the identified supply by locality.

Table 17: Projected net additional housing supply by locality – all dwellings (2024 to 2029), as at 31st March 2024

Locality	2024/25	2025/26	2026/27	2027/28	2028/29	Total
East	59	122	206	175	175	737
North	70	88	104	111	135	508
West	56	13	171	166	36	442
South	48	42	154	175	30	449
Windfall allowance	0	0	0	41	41	82
Plymouth	233	265	635	668	417	2,218

Source: Plymouth City Council

Figure 6: Projected net additional housing supply by locality - sites of 25+ dwellings (net) 2024 to 2029, as at 31st March 2024



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(i) East locality

The development at Plymstock Quarry, also known as Saltram Meadow, is the largest development in the East locality totaling 1,684 dwellings. As of 31st March 2024, 606 dwellings have been delivered. A further 403 dwellings are deemed to be deliverable over the period 2024 to 2029 with the remaining 675 dwellings anticipated to occur beyond March 2029. Table 18 identifies the developments of 25+ (net) considered to be deliverable over the period 2024 to 2029.

Table 18: Deliverable dwellings 2024 to 2029 on developments of 25+ (net)

Site address	Deliverable dwellings 2024 to 2029
Saltram Meadow (PLY 50)	403
Former China Clay Site, Coypool (PLY53)	175
Land off Newnham Road, Colebrook (PLY60.10)	43
Sherford (PLY 48)	28

Source: Plymouth City Council

In relation to the Sherford development, the majority of which falls immediately outside the city boundary, a deliverable supply of an additional 1,688 dwellings has been identified over the next 5 years.

The sustainable urban extension at Land at West Park Hill (PLY52) also falls immediately outside the city boundary to the east of Plympton. As of 15th October 2024, this site has yet to attain planning consent, therefore we are currently not projecting the delivery of any dwellings in the next 5 years.

(ii) North locality

The development at Seaton Neighbourhood also known as Palmerston Heights is the largest development in the North locality totalling 923 dwellings. As of 31st March 2024, 371 dwellings have been delivered. A further 240 dwellings are deemed to be deliverable over the period 2024 to 2029 with the remaining 312 dwellings anticipated to occur beyond March 2029. Table 19 identifies the developments of 25+ (net) considered to be de deliverable over the period 2024 to 2029.

Table 19: Deliverable dwellings 2024 to 2029 on developments of 25+ (net)

Site address	Deliverable dwellings 2024 to 2029
Seaton Neighbourhood (PLY 40)	240
Land either side of Clittaford Road, Southway (PLY59.2)	125
Whitleigh Community Centre (PLY59.16)	27

Source: Plymouth City Council

As of 15th October 2024, there are two live planning applications totaling 2,000 dwellings on land at Woolwell (PLY44) immediately outside the city boundary. These applications have yet to be determined, therefore we are currently not projecting the delivery of any dwellings in the next 5 years associated with this development.

(iii) South locality

The development at Millbay is the largest development in the South locality totaling 742 dwellings. As of 31st March 2024, 137 dwellings have been delivered. A further 150 dwellings are deemed to be deliverable over the period 2024 to 2029 with the remaining 455 dwellings anticipated to occur beyond March 2029. Table 20 identifies the developments of 25+ (net) considered to be deliverable over the period 2024 to 2029.

Table 20: Deliverable dwellings 2024 to 2029 on developments of 25+ (net)

Site address	Deliverable dwellings 2024 to 2029
Millbay Waterfront (PLY 29)	150
Land at Prince Maurice Road	99
Bath Street West (PLY30)	80

Source: Plymouth City Council

(iv) West locality

The development at Savage Road Barne Barton is the largest development in the West locality totalling 204 new dwellings. However, the development does involve the loss of 228 dwellings. As of 31st March 2024, 150 demolitions have taken place, therefore a net supply of 126 dwellings are deemed to be deliverable over the period 2024 to 2029. Table 21 identifies the developments of 25+ (net) considered to be deliverable over the period 2024 to 2029.

Table 21: Deliverable dwellings 2024 to 2029 on developments of 25+ (net)

Site address	Deliverable dwellings 2024 to 2029
Savage Road, Barne Barton (PLY 58.15)	126
Coombe Way & Kings Tamerton Road (PLY58.3)	70
Talbot Gardens, Barne Barton	66
North Prospect Phase 4 (PLY58.5)	25

Source: Plymouth City Council

(v) Further information

The Adopted Plymouth and South West Devon Joint Local Plan can be found at:

https://www.plymouth.gov.uk/adopted-plymouth-and-south-west-devon-joint-local-plan

The Plymouth, South Hams and West Devon Local Planning Authorities' Five-Year Housing Land Supply Position report sets out the housing land supply assessment, for the period 1st April 2024 to 31st March 2029. The 2024 position statement can be found here: https://www.plymouth.gov.uk/5-year-housing-land-supply-position-statement-and-housing-delivery-test-result

4. General health needs in Plymouth

4.1 Introduction

This chapter provides a more detailed examination of the different health needs (following a ‘cradle to grave’ approach) of the population on a locality basis. This is particularly relevant when considering whether or not pharmaceutical provision meets the needs of a local population. A table summarising the key cradle to grave health needs by locality is provided first. This is followed by another table which ranks the localities against each health need in terms of how well they are doing. Whilst these tables provide a helpful overview, detailed information for each health need is then presented for the remainder of the chapter.

4.2 General health needs: indicators - summary

Table 22 provides a summary of key health needs/indicators (covering cradle to grave) for the Plymouth population on a locality-by-locality basis. This is followed by Table 23 which gives each locality’s rank (from 1=the ‘worst’ performing locality to 4=the ‘best’ performing locality) against each health need/indicator to allow for easy comparison of health needs. This crude comparison highlights that the West and North localities have the greatest needs overall.

Table 22: Summary of indicators by locality (values), latest available data

Indicator	East	North	South	West	Plymouth
Births (numbers)	429	605	557	771	2,362
Low birth weight births (%)	6.3	7.0	6.3	6.2	6.5
Life expectancy (years)	83.2	80.9	80.1	78.2	80.5
Breastfeeding intention at delivery (%)	73.4	63.6	73.8	62.7	67.7
Vulnerable families (%)	8.9	19.6	17.4	29.8	20.6
Dental extractions in children (rate per 10,000 0-16 year olds)	62.8	118.3	106.1	108.7	100.8
Childhood obesity (%)	12.9	17.2	13.4	16.4	15.3
Self-reported ‘bad’ or ‘very bad health’ (%)	5.1	7.2	5.6	7.4	6.4
Long-term health problem or disability (%)	19.1	22.7	20.4	23.7	21.7
Elective admissions (rate per 10,000 population)	1,854.3	2,058.6	1,844.8	2,197.8	1,997.7
Emergency admissions (rate per 10,000 population)	998.7	1,136.6	1,087.1	1,248.5	1,114.6
Cardiovascular disease mortality (all ages) (rate per 10,000 population)	22.7	22.6	30.9	30.4	26.1
Cardiovascular disease mortality (under 75s) (rate per 10,000 population)	7.1	8.2	11.7	11.3	9.4
Respiratory disease mortality (all ages) (rate per 10,000 population)	7.3	12.0	13.1	20.8	12.9
Respiratory disease mortality (under 75s) (rate per 10,000 population)	1.7	3.9	4.5	8.1	4.6
Cancer mortality (all ages) (rate per 10,000 population)	21.1	26.3	27.8	30.4	26.1
Cancer mortality (under 75s) (rate per 10,000 population)	8.7	13.1	15.1	14.2	12.8
All-age-all-cause mortality (rate per 10,000 population)	86.5	95.2	110.2	129.8	103.5

Table 23: Summary of indicators by locality (ranking); 1='worst' value, 4='best' value and overall rank; 1='worst' performing locality, 4='best' performing locality

Indicator	East	North	South	West
Births (1 = highest number of births)	4	2	3	1
Low birth weight births	=2	1	=2	4
Life expectancy	4	3	2	1
Breastfeeding intention at delivery	3	2	4	1
Vulnerable families	4	2	3	1
Dental extractions in children	4	1	3	2
Childhood obesity	4	1	3	2
Self-reported 'bad' or 'very bad health'	4	2	3	1
Long-term health problem or disability	4	2	3	1
Elective admissions	3	2	4	1
Emergency admissions	4	2	3	1
Circulatory disease mortality (all ages)	3	4	1	2
Circulatory disease mortality (under 75s)	4	3	1	2
Respiratory disease mortality (all ages)	4	3	2	1
Respiratory disease mortality (under 75s)	4	3	2	1
Cancer mortality (all ages)	4	3	2	1
Cancer mortality (under 75s)	4	3	1	2
All-age-all-cause mortality	4	3	2	1
Sum of ranks (not including births)	63	40	41	25
Overall rank (not including births)	4	2	3	1

4.3 General health needs: indicators - data

The indicators in 4.2 are now discussed in turn. For each indicator data from the last five available time periods are also displayed.

4.3.1 Births

The total number of births in the city has decreased by 12.7% between 2019 and 2023 (Table 24). In 2023 the West locality had the highest number of births (771) and the East locality the lowest (429). All four localities have seen a decrease between 2019 and 2023. The locality with the largest percentage decrease is the West locality (-16.1%) whilst the South locality has the smallest percentage decrease (-9.3%).

Table 24: Number of births by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	% change (2019 to 2023)
East	495	487	476	442	429	-13.3
North	678	646	659	632	605	-10.8
South	614	615	607	546	557	-9.3
West	919	754	784	764	771	-16.1
Plymouth	2,706	2,502	2,526	2,384	2,362	-12.7

Source: Annual birth registrations, Office for National Statistics

4.3.2 Low birthweight births

From 2019 to 2023, the proportion of low birth weight births (<2,500 grams) in Plymouth has varied from 6.0% to 7.8% (Table 25). The distribution is unevenly spread across Plymouth. In 2023 the largest proportion was seen in the North locality (7.0%) and the smallest proportion in the West locality (6.2%). The locality with the largest percentage point increase since 2019 is the East locality (+2.2 percentage points) whilst the West locality has the largest percentage point decrease (-4.1 percentage points).

Table 25: Proportion (%) of low birth weight births (<2,500 grams) by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	Change in % points (2019 to 2023)
East	4.1	6.0	6.3	5.5	6.3	+2.2
North	8.4	5.7	5.0	4.5	7.0	-1.4
South	6.2	6.5	7.8	7.8	6.3	+0.1
West	10.3	6.0	7.9	7.8	6.2	-4.1
Plymouth	7.8	6.0	6.8	6.5	6.5	-1.3

Source: ONS annual birth extracts, Office for National Statistics
Calculated from total live births with a known birthweight

4.3.3 Life expectancy at birth

Life expectancy at birth for the period 2001-03 was 75.7 years for males and 80.4 years for females (4.7 years difference). By 2019-21, life expectancy of males in the city increased to 78.6 years (an increase of 2.9 years) whilst life expectancy for females increased to 82.3 years (an increase of 1.9 years). The result of these increases is the closing of the gap between females and males from 4.7 years in 2001-03 to 3.7 years in 2019-21.

In 2019-21 the West locality has the lowest life expectancy at birth (78.2 years) and the East locality the highest (83.2 years) (Table 26). Life expectancy has slightly decreased in the West locality since 2015-17. The gap between the localities with the highest and lowest life expectancies has increased, with a gap of 3.4 years in 2015-17 and a bigger gap of 5.0 years in 2019-21.

Table 26: Life expectancy at birth (in years) by locality, 2015-17 to 2019-21

Locality	2015-17	2016-18	2017-19	2018-20	2019-21	Change in years (2015-17 to 2019-21)
East	82.7	82.8	82.8	83.0	83.2	+0.5
North	80.8	81.1	80.7	81.5	80.9	+0.1
South	79.7	79.2	79.6	79.9	80.1	+0.4
West	79.3	79.4	79.5	78.6	78.2	-1.1
Plymouth	80.6	80.6	80.6	80.6	80.5	-0.1

Source: Public Health Team, Plymouth City Council, using Primary Care Mortality Database and ONS mid-year population estimates

In terms of what this means for our PNA, closing the gap in life expectancy observed across the city is one of the key priorities of the H&WBB. Pharmacy services such as smoking cessation, vascular risk assessment, alcohol interventions, and healthy living advice are all activities which can impact on life expectancy.

4.3.4 Breastfeeding intention at delivery

In 2020, 67.7% of babies had mothers intending to breastfeed at delivery (Table 27). The locality with the lowest proportion of babies with mothers intending to breastfeed was the West (62.7%), whilst the South locality had the highest proportion (73.8%). Since 2016 the proportion of babies with mothers intending to breastfeed has decreased across three localities, the North locality seeing the only increase (0.2 percentage points).

Table 27: Proportion (%) of mothers' breastfeeding intention at delivery by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in % points (2016 to 2020)
East	79.2	75.8	77.7	75.5	73.4	-5.8
North	63.4	65.7	63.4	63.8	63.6	0.2
South	76.0	75.6	74.8	80.6	73.8	-2.2
West	65.0	63.3	64.2	63.7	62.7	-2.3
Plymouth	69.7	69.0	69.0	69.8	67.7	-2.0

Source: Public Health Team, Plymouth City Council, using data provided from Maternity Services Derriford Hospital

4.3.5 Vulnerable families

Plymouth Health Visitors complete a 'health needs' form for every family with children under five on their caseload every two years. Information on 31 health need factors is recorded and families who experience four or more of a specific sub-set of 26 indicators are classified as 'vulnerable'. Information about 8,296 Plymouth-resident families was collected in 2022 and 1,708 families (20.6%) were classified as vulnerable (Table 28). The proportion of vulnerable families in the city has increased from 16.0% to 20.6% over the past 8 years. The locality that has consistently had the highest proportion of vulnerable families is the West, whilst the East has had the lowest proportions. All four localities have seen an increase in the proportion of vulnerable families since the last survey in 2020.

Table 28: Proportion (%) of vulnerable families by locality, 2014 to 2022

Locality	2014	2016	2018	2020	2022	Change in % points (2014 to 2022)
East	5.0	5.3	8.2	6.4	8.9	+3.9
North	12.0	15.9	18.8	17.0	19.6	+7.6
South	17.8	18.0	20.1	15.6	17.4	-0.4
West	24.3	28.1	30.2	24.7	29.8	+5.5
Plymouth	16.0	18.2	20.7	16.9	20.6	+4.6

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

4.3.6 Dental extractions under general anaesthetic in children

General anaesthetic (GA) is often given to children (aged 0-16 years) undergoing tooth extractions to reduce pain and anxiety. Data of the number of extractions undertaken under general anaesthetic in Plymouth children now exists for the last nine financial years, 2014/15 to 2022/23, so changes over this time in this population can be seen. During the 12 months 2017/18, national guidelines were implemented by University Hospitals Plymouth NHS Trust relating to the extraction of children's teeth under general anaesthetic. As a result, the number of children treated in each operating session reduced from ten to nine per session. This change alone has resulted in at least 120 less children per year having extractions under GA from 2017/18 onwards. In addition to this, for reasons related to increased use of 'pre-meds' on more challenging patients, it has only been possible to treat eight children in some operating sessions. This change is reflected in Table 29 which shows that the number of children having teeth removed under GA decreased from 125.4 (per 10,000 0-16 year olds) in 2018/19 to 100.8 in 2022/23.

The guidelines (and required procedural changes) are likely to be the reason for the reduction in activity, as opposed to a general improvement in the oral health of children and young people in the city. It is also important to note that due to the COVID-19 pandemic, GA sessions with the hospital were paused mid-March 2020 and re-introduced with limited capacity from May 2020. This has resulted in a reduction in the number of children having teeth extracted under GA in the latter part of 2019/20 onwards. Three years on from the start of the pandemic (2022/23), the number of patients per session remains at six or seven. This is due to the volume of teeth each child is having extracted as they may have not seen a dentist for at least two years. This is also compounded by the increased risk of each child having issues with bleeding and extraction complications which require surgery. The West locality consistently had the highest rate between 2018/19 to 2021/22, whilst the East locality

had the lowest rate. In 2022/23, the North locality had the highest rate (Table 19).

Table 29: Rate of dental extractions under GA in children aged 16 years and under by locality (per 10,000 0-16 year olds), 2018/19 to 2022/23

Locality	2018/19	2019/20*	2020/21*	2021/22	2022/23	Change in rate per 100,000 (2018/19 to 2022/23)
East	85.4	80.1	41.0	61.0	62.8	-22.6
North	127.7	147.0	79.0	114.6	118.3	-9.4
South	125.4	102.3	55.3	82.0	106.1	-19.3
West	150.9	147.4	79.7	120.6	108.7	-42.2
Plymouth	125.4	123.2	66.0	97.7	100.8	-24.6

Source: Public Health Team, Plymouth City Council, data from Livewell Southwest's Dental Access Centre

* Due to the COVID-19 pandemic, GA sessions were paused mid-March 2020 and re-introduced with limited capacity from May 2020.

4.3.7 Childhood obesity

Children in Reception and Year 6 classes are weighed and have their height measured on an annual basis as part of the National Child Measurement Programme (NCMP). In 2019/20 and 2020/21 the COVID-19 pandemic disrupted the programme. Only partial datasets were achieved and analysis was not performed on the data. In 2021/22 there was a delayed start to the programme. Every school was visited but there were no "mop-up" visits done to measure those missed on the first visit.

Children with a BMI for their age and sex that places them equal to or above the 95th centile are classified as 'obese'. The levels of childhood obesity in Plymouth have increased from 14.9% (2018/19) to 15.3% (2023/24) (Table 30). In 2023/24 the West locality had the highest level of childhood obesity (16.4%) and East locality had the lowest level (12.9%). The South locality had a percentage point decrease between 2018/19 and 2023/24, whilst the North locality showed the largest percentage point increase (+1.7) over the same time.

Table 30: Proportion (%) of children classified as obese by locality, 2018/19 to 2023/24

Locality	2018/19	2019/20*	2020/21*	2021/22**	2022/23	2023/24	Change in % points (2018/19 to 2023/24)
East	12.4	-	-	11.9	13.4	12.9	+0.5
North	15.5	-	-	16.1	16.1	17.2	+1.7
South	14.8	-	-	16.5	14.0	13.4	-1.4
West	16.0	-	-	19.0	16.2	16.4	+0.4
Plymouth	14.9	-	-	16.8	15.1	15.3	+0.4

Source: NCMP, Public Health Team, Plymouth City Council
* Incomplete datasets due to COVID-19 pandemic
** Delayed start to measuring, every school visited but no mop-up visits done

In terms of what this means for our PNA, pharmacies provide advice and support for healthy lifestyles as part of their core contract. However, enhanced services are evolving whereby pharmacies play an increasing role in actively supporting adults and children to increase level of exercise, chose healthier food options, and maintain a healthy weight.

4.3.8 Self-reported general health – ‘bad’ or ‘very bad health’

Based on the 2021 Census, 6.4% of Plymouth’s population reported themselves to be in ‘bad health’ or ‘very bad health’. This was higher than the England and South West average (5.2% and 5.2% respectively). Table 31 shows on a locality basis, 5.1% of the population in the East reported their health to be either ‘bad’ or ‘very bad’, compared to 7.4% of the population in the West.

Table 31: Number and proportion (%) of population self-reporting to be in ‘bad health’ or ‘very bad health’ by locality, 2021

Locality	Number	Proportion in area (%)
East	2,731	5.1
North	4,853	7.2
South	3,542	5.6
West	5,160	7.4
Plymouth	16,286	6.4
South West	289,086	5.1
England	2,911,136	5.2

Source: Census 2021, Office for National Statistics

4.3.9 Long-term health problem or disability

According to the 2021 Census 11,973 (5.5%) of Plymouth residents are economically inactive due to long-term sickness or disability. This is higher than the England and South West average (4.1% and 3.7% respectively).

21.7% of all Plymouth residents reported that their day-to-day activities were limited to any extent (Table 32). The East locality had the smallest proportion (19.1%) whilst the West locality had the greatest proportion (23.7%).

Table 32: Proportion (%) of adult population reporting that their day-to-day activities were limited by locality, 2021

Locality	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities limited to any extent
East	7.9	11.2	19.1
North	10.3	12.4	22.7
South	8.2	12.3	20.4
West	10.9	12.8	23.7
Plymouth	9.4	12.2	21.7
South West	7.4	11.2	18.6
England	7.3	10.0	17.3

Source: Census 2021, Office for National Statistics
Due to rounding, “limited to any extent” may not equal sum of “limited a lot” and “limited a little”

4.3.10 Hospital admissions – elective

The directly aged-standardised rate of elective hospital admissions per 10,000 Plymouth population increased between 2018/19 to 2022/23; from 1,402.3 per 10,000 to 1,997.7 per 10,000. Across all four localities the rate of elective admissions has increased quite considerably. This is likely to be a result of a backlog created by the COVID-19 pandemic. The West locality has the highest rate (2,197.8 per 10,000 population) compared to the South locality with the lowest rate (1,844.8 per 10,000 population).

Table 33: Directly age-standardised rate of elective hospital admissions per 10,000 population by locality, 2018/19 to 2022/23

Locality	2018/19	2019/20	2020/21	2021/22	2022/23	Change in rate per 10,000 (2018/19 to 2022/23)
East	1,402.1	1,556.6	1,124.5	1,311.6	1,854.3	+452.2
North	1,479.6	1,623.3	1,139.0	1,393.9	2,058.6	+579.0
South	1,360.6	1,516.3	1,047.1	1,257.6	1,844.8	+484.2
West	1,398.1	1,550.5	1,121.2	1,360.1	2,197.8	+799.7
Plymouth	1,402.3	1,555.0	1,101.2	1,329.8	1,997.7	+595.4

Source: Hospital Episode Statistics (HES) data and ONS mid-year population estimates

4.3.11 Hospital admissions – emergency

The directly age-standardised rate of emergency hospital admissions per 10,000 population in Plymouth has decreased between 2018/19 to 2022/23; from 1,125.9 per 10,000 to 1,114.6 per 10,000. Across three localities the rate of emergency admissions has decreased, only the East locality has seen a rise. The West locality has the highest rate (1,248.5 per 10,000 population) compared to the East locality with the lowest rate (998.7 per 10,000 population).

Table 34: Directly age-standardised rate of emergency hospital admissions per 10,000 population by locality, 2018/19 to 2022/23

Locality	2018/19	2019/20	2020/21	2021/22	2022/23	Change in rate per 10,000 (2018/19 to 2022/23)
East	979.7	1,049.0	879.0	958.6	998.7	+19.0
North	1,183.3	1,210.6	1,072.9	1,163.7	1,136.6	-46.7
South	1,105.6	1,168.8	985.2	1,078.6	1,087.1	-18.5
West	1,253.0	1,338.2	1,169.1	1,272.1	1,248.5	-4.5
Plymouth	1,125.9	1,187.4	1,024.5	1,118.8	1,114.6	-11.3

Source: HES data and ONS mid-year population estimates

4.3.12 Cardiovascular disease mortality

The directly age-standardised rate of mortality from cardiovascular diseases for

persons of all ages (per 10,000 population) has increased in Plymouth since 2019, from 24.7 deaths per 10,000 population to the latest 2023 rate of 26.1 deaths per 10,000 population Table 35). The rate has decreased across two of the four localities. The North locality has the lowest rate (22.6 deaths per 10,000 population) compared to the South locality which has the highest (30.9 deaths per 10,000 population).

Table 35: Directly age-standardised cardiovascular disease mortality rate (all ages) per 10,000 population by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	Change in rate per 10,000 (2019 to 2023)
East	23.2	21.4	21.7	23.2	22.7	-0.5
North	23.4	21.4	25.2	22.9	22.6	-0.8
South	24.7	20.9	25.9	27.4	30.9	6.2
West	28.3	27.5	29.9	30.0	30.4	2.1
Plymouth	24.7	22.7	25.7	25.1	26.1	1.4

Source: Primary Care Mortality Database and ONS mid-year population estimates

The directly age-standardised rate of mortality from cardiovascular diseases for persons under 75s (per 10,000 population) has increased in Plymouth since 2019, from 7.7 deaths per 10,000 population to the latest 2023 rate of 9.4 deaths per 10,000 population (Table 36). The rate has increased in all four localities. The East locality has the lowest rate (7.1 deaths per 10,000 population) compared to the South locality which has the highest (11.7 deaths per 10,000 population).

Table 36: Directly age-standardised cardiovascular disease mortality rate (under 75s) per 10,000 population by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	Change in rate per 10,000 (2019 to 2023)
East	6.3	6.1	5.5	9.4	7.1	0.8
North	7.8	7.6	9.6	7.2	8.2	0.4
South	7.9	5.8	10.4	10.4	11.7	3.8
West	8.8	9.8	12.7	8.1	11.3	2.5
Plymouth	7.7	7.4	9.6	8.6	9.4	1.7

Source: Primary Care Mortality Database and ONS mid-year population estimates

4.3.13 Respiratory disease mortality

The directly age-standardised rate of mortality from respiratory diseases for persons of all ages (per 10,000 population) has increased slightly in Plymouth since 2019, from 12.7 deaths per 10,000 population to the latest 2023 rate of 12.9 deaths per 10,000 population (Table 37). The rate has decreased across two localities and increased across two localities. The East locality has the lowest rate (7.3 deaths per 10,000 population) compared to the West locality which has the highest (20.8 deaths per 10,000 population).

Table 37: Directly age-standardised respiratory disease mortality rate (all ages) per 10,000 population by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	Change in rate per 10,000 (2019 to 2023)
East	10.0	9.7	8.3	9.3	7.3	-2.7
North	13.8	11.1	11.2	13.4	12.0	-1.8
South	12.4	9.9	8.6	13.8	13.1	+0.7
West	14.8	16.1	11.8	16.8	20.8	+6.0
Plymouth	12.7	11.7	10.0	12.9	12.9	+0.2

Source: Primary Care Mortality Database and ONS mid-year population estimates

The directly age-standardised rate of mortality from respiratory diseases for persons under 75s (per 10,000 population) has increased in Plymouth since 2019, from 3.4 deaths per 10,000 population to the latest 2023 rate of 4.6 deaths per 10,000 population (Table 38). The rate has increased across three of the four localities. In 2023 the East locality has the lowest rate (1.7 deaths per 10,000 population) compared to the West locality which has the highest (8.1 deaths per 10,000 population).

Table 38: Directly age-standardised respiratory disease mortality rate (under 75s) per 10,000 population by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	Change in rate per 10,000 (2019 to 2023)
East	2.2	1.5	1.2	3.6	1.7	-0.5
North	3.7	3.3	4.4	3.7	3.9	+0.2
South	3.2	2.1	2.4	6.4	4.5	+1.3
West	4.5	5.2	2.4	5.5	8.1	+3.6
Plymouth	3.4	3.1	2.7	4.7	4.6	+1.2

Source: Primary Care Mortality Database and ONS mid-year population estimates

4.3.14 Cancer mortality

The directly age-standardised cancer mortality rate for persons of all ages (per 10,000 population) has decreased over the period 2019 to 2023, from 30.7 deaths per 10,000 to 26.1 per 10,000 population (Table 39). The rate has decreased across all four localities. In 2023, the cancer mortality rate was lowest in the East locality (21.1 per 10,000) and the highest in the West locality (30.4 per 10,000).

Table 39: Directly age-standardised cancer mortality rate (all ages) per 10,000 population by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	Change in rate per 10,000 (2019 to 2023)
East	24.0	23.6	23.0	21.4	21.1	-2.9
North	30.6	28.8	27.5	26.3	26.3	-4.3
South	32.1	32.8	29.0	28.9	27.8	-4.3
West	37.2	29.3	31.2	34.5	30.4	-6.8
Plymouth	30.7	28.5	27.7	26.8	26.1	-4.6

Source: Primary Care Mortality Database and ONS mid-year population estimates

The directly age-standardised cancer mortality rate for persons under 75s (per 10,000 population) has decreased over the period 2019 to 2023, from 14.5 deaths per 10,000 population to 12.8 deaths per 10,000 population (Table 40). The rate has decreased across three of the four localities. In 2023, the under 75s cancer mortality rate was lowest in the East locality (8.7 deaths per 10,000 population) compared to the South locality which has the highest (15.1 deaths per 10,000 population).

Table 40: Directly age-standardised cancer mortality rate (under 75s) per 10,000 population by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	Change in rate per 10,000 (2019 to 2023)
East	10.2	10.1	8.4	10.6	8.7	-1.5
North	14.9	13.9	15.2	12.1	13.1	-1.8
South	14.3	16.3	13.6	14.8	15.1	+0.8
West	18.7	15.8	18.1	16.6	14.2	-4.5
Plymouth	14.5	14.0	13.9	13.4	12.8	-1.7

Source: Primary Care Mortality Database and ONS mid-year population estimates

4.3.15 All-age, all-cause mortality

The directly age-standardised rate of mortality from all causes for persons of all ages (per 10,000 population) has increased in Plymouth since 2019, from 101.0 deaths per 10,000 population to the current rate of 103.5 deaths per 10,000 population. The rate has increased across all four localities over the same time period, with the West seeing the highest increase. In 2023, the East locality has the lowest rate (86.5 deaths per 10,000 population) compared to the West locality which has the highest (129.8 deaths per 10,000 population).

Table 41: Directly age-standardised mortality rates (all ages) per 10,000 population by locality, 2019 to 2023

Locality	2019	2020	2021	2022	2023	Change in rate per 10,000 (2019 to 2023)
East	86.1	87.7	89.0	92.7	86.5	+0.4
North	95.1	93.8	99.1	95.3	95.2	+0.1
South	106.6	108.0	113.0	120.3	110.2	+3.6
West	118.7	120.5	124.6	127.8	129.8	+11.1
Plymouth	101.0	101.6	106.1	105.4	103.5	+2.5

Source: Primary Care Mortality Database and ONS mid-year population estimates

5. Selected health needs that can be influenced by pharmaceutical services

5.1 Introduction

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section 4. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services, be that by pharmacies, DACs or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal. Many of the pharmacies in Plymouth will offer a collection and delivery service on a private basis.

Distance-selling pharmacies are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy. As noted, earlier DACs tend to operate in the same way and this is evidenced by the fact that the vast majority of items dispensed by DACs were dispensed at premises some considerable distance from Plymouth.

As well as supply of prescriptions, pharmacies can also:

- Provide accessible and comprehensive information and advice to carers about what support is available to them. This is part of the signposting essential service offer.
- Offer clinical advice and over-the-counter medicines for a range of minor illnesses such as coughs, colds, sore throats, stomach trouble, aches and pains.
- Signpost more serious concerns to the GP, nurse or other healthcare professionals.
- Provide health and wellbeing advice around behavioural risk factors.

This chapter provides a more detailed examination of the different health needs of the population on a locality basis but with regards to selected public health indicators

that can be influenced by pharmaceutical services. This is particularly relevant when considering whether pharmaceutical provision meets the needs of a local population. Examples of how pharmaceutical services can influence the health and wellbeing of the population include:

Mental health

As well as supplying medicines for the treatment of mental health problems, pharmacies can provide accessible and comprehensive information and advice about what help and support is available. This is part of the signposting essential service.

Smoking

Smoking cessation is commissioned as a locally commissioned service and pharmacies are just one of several providers of this service. As smoking cessation is commissioned by the Council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

Long-term conditions

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

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support including mental health support.
- Provision of the eight advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.

5.2 Selected health needs related to pharmaceutical services – summary

Table 42 provides an overview of the selected public health indicators on a locality-by-locality basis. This is followed by Table 43 which gives each locality's rank (from 1=the 'worst' performing locality to 4=the 'best' performing locality) against each indicator to allow for easy comparison of health needs. This crude comparison highlights that the West and North localities have the greatest needs overall.

Table 42: Summary of indicators by locality (values)

Indicator	East	North	South	West	Plymouth
Teenage pregnancy (rate per 1,000 women)	4.7	11.5	9.9	13.3	10.2
Smoking in pregnancy (%)	5.8	16.1	13.5	19.2	14.3
Parents who smoke (%)	7.9	22.1	16.5	27.5	20.2
Parents who misuse drugs (%)	0.9	3.1	2.4	3.7	2.8
Parents who misuse alcohol (%)	0.7	1.7	1.6	2.3	1.7
Depressed/mentally ill parents (%)	17.5	23.5	17.9	26.3	22.2
Social isolation (%)	5.7	6.6	10.6	12.3	9.2
Emergency admissions - cardiovascular (all ages) (rate per 10,000 population)	93.7	99	101.3	104.9	99.5
Emergency admissions - cardiovascular (under 75s) (rate per 10,000 population)	58.7	62.4	65.7	68.4	63.6
Admissions from falls (65 years and over) (rate per 10,000 population)	156.5	196.3	189.4	194.8	183.1
Substance misuse treatment episodes (rate per 10,000 population)	28.0	55.8	110.8	118.8	89.2
Self-harm admissions (rate per 10,000 population)	9.7	13.4	12.9	15.1	12.8
Smoking status (GP referrals) (%)	11.8	18.8	20.2	25.8	19.3
Adult obesity (GP referrals) (%)	29.8	37.2	31.9	38.8	34.9
High blood pressure (GP referrals) (%)	15.7	15.6	12.9	15.6	14.3
One or more risk factors (smoking, obesity, high blood pressure) (%)	47.6	57.4	51.2	60.4	54.7

Table 43: Summary of indicators by locality (ranking) (1 = ‘worst’ value, 4 = ‘best’ value) and overall rank (1 = ‘worst’ performing locality, 4 = ‘best’ performing locality)

Indicator	East	North	South	West
Teenage pregnancy	4	2	3	1
Smoking in pregnancy	4	2	3	1
Parents who smoke	4	2	3	1
Parents who misuse drugs	4	2	3	1
Parents who misuse alcohol	4	2	3	1
Depressed/mentally ill parents	4	2	3	1
Social isolation	4	3	2	1
Emergency admissions - cardiovascular (all ages)	4	3	2	1
Emergency admissions - cardiovascular (under 75s)	4	3	2	1
Admissions from falls (65 and over)	4	1	3	2
Substance misuse treatment episodes	4	3	2	1
Self-harm admissions	4	2	3	1
Smoking status (GP referrals)	4	3	2	1
Adult obesity (GP referrals)	4	2	3	1
High blood pressure (GP referrals)	1	2	4	2
One or more risk factors (smoking, obesity, high blood pressure)	4	2	3	1
Sum of ranks	61	36	44	18
Overall rank	4	2	3	1

The indicators are now discussed in turn.

5.3 Selected health needs related to pharmaceutical services - data

5.3.1 Teenage pregnancy

Information regarding Plymouth's teenage conception rate at the locality level is not available nationally and is therefore obtained via Plymouth Hospitals NHS Trust. As a consequence, direct comparisons with national statistics are not possible but local data provide a useful proxy. In 2020, Plymouth's conception rate was 10.2 per 1,000 women aged 15-17 years. Conception rates vary considerably across the city with the West locality having the highest rate. The area with the lowest rate in 2020 was the East locality. All areas have seen a decrease in conception rate since 2016.

Table 44: Teenage conception rate per 1,000 women aged 15-17 years by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate (2016 to 2020)
East	13.7	3.6	3.6	4.9	4.7	-9.0
North	23.8	13.0	16.6	17.7	11.5	-12.3
South	27.7	10.4	20.9	18.6	9.9	-17.8
West	34.0	37.9	20.8	25.5	13.3	-20.7
Plymouth	25.3	17.5	15.9	17.3	10.2	-15.1

Source: Plymouth Hospitals NHS Trust

In terms of what this means for our PNA, pharmacies in Plymouth provide access to Emergency Hormonal Contraception (EHC) through a Patient Group Direction (PGD). The service is free of charge to women using the service. Pharmacies are a safe, accessible, and non-judgemental provider of EHC services.

5.3.2 Smoking in pregnancy

In 2020, 14.3% of mothers reported that they were smokers at the time of delivery. This equates to a reduction of 1.6 percentage points since 2016. The proportion of mothers smoking in pregnancy is unevenly distributed across the city, with the highest proportion found in the West locality (19.2%) and the lowest proportion in the East (5.8%). The proportion of mothers smoking in pregnancy has fallen across all four localities since 2016.

Table 45: Proportion (%) of all mothers who were smokers at the time of delivery by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in % points (2016 to 2020)
East	8.0	3.9	5.7	7.5	5.8	-2.2
North	17.1	12.8	13.9	15.3	16.1	-1.0
South	14.1	9.4	11.9	10.5	13.5	-0.9
West	20.2	15.8	20.8	18.5	19.2	-1.0
Plymouth	15.9	11.4	14.1	13.8	14.3	-1.6

Source: Plymouth Hospitals NHS Trust

5.3.3 Parents who smoke

According to the 2022 survey of health visitor caseloads, 20.2% of parents with young children (aged five and under) currently smoke (Table 36). This represents a reduction of 6.0 percentage points since 2014. The distribution of parents who smoke is uneven across the city with the highest percentage found in the West locality (27.5%) and the lowest percentage found in the East (7.9%). Since 2014 the South locality has seen the biggest reduction (10.4 percentage points) compared to the North reducing by only 2.8 percentage points.

Table 46: Proportion (%) of parent(s) who smoke by locality, 2014 to 2022

Locality	2014	2016	2018	2020	2022	Change in % points (2014 to 2022)
East	12.0	6.0	7.6	9.1	7.9	-4.1
North	24.9	17.5	20.8	23.9	22.1	-2.8
South	26.9	13.5	17.2	19.9	16.5	-10.4
West	35.1	25.8	27.7	29.4	27.5	-7.9
Plymouth	26.2	17.0	19.7	21.7	20.2	-6.0

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

In terms of what this means for our PNA, pharmacies have an important role in providing support for smoking cessation by providing access to nicotine replacement therapy (NRT) and providing advice from pharmacists and trained staff. Pharmacies are a unique provider in that they provide access to NRT at the point of care. In addition, they provide a “walk in” service across extended opening hours which is particularly important for improving accessibility of care for harder to reach groups.

5.3.4 Parents who misuse drugs

The survey of health visitor caseloads suggests that a small proportion of parents with young children (2.8% in 2021) misuse drugs. This value is similar to that in 2014 (Table 47). In 2022, the distribution across the city was uneven; from a low of 0.9% in the East locality to a high of 3.7% in the West. Three localities have seen a percentage point increase in parents misusing drugs since 2014; the South has seen the biggest increase (0.3 percentage points). Anecdotal evidence from the Public Health Team, Plymouth City Council, suggests that these figures may under-report the true situation and so the data should be interpreted with caution.

Table 47: Proportion (%) of parent(s) who misuse drugs by locality, 2014 to 2022

Locality	2014	2016	2018	2020	2022	Change in % points (2014 to 2022)
East	0.8	1.0	1.3	1.5	0.9	+0.1
North	2.8	2.0	2.5	3.3	3.1	+0.3
South	2.3	2.9	3.1	3.7	2.4	+0.1
West	3.8	3.9	4.6	5.1	3.7	-0.1
Plymouth	2.7	2.6	3.1	3.6	2.8	+0.1

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

5.3.5 Parents who misuse alcohol

The survey of health visitor caseloads suggests that a small proportion of parents with young children misuse alcohol (1.7% in 2022) and that this proportion has decreased slightly from 2014 (Table 48). In 2022, the distribution across the city was uneven; from a low of 0.7% in the East locality to a high of 2.3% in the West. Three localities have had a small percentage point decrease in parents misusing alcohol since 2014; the West has had the biggest decrease (0.6 percentage points). Anecdotal evidence from the Public Health Team, Plymouth City Council, suggests that these figures may under-report the true situation and so the data should be interpreted with caution.

Table 48: Proportion (%) of parent(s) who misuse alcohol by locality, 2014 to 2022

Locality	2014	2016	2018	2020	2022	Change in % points (2014 to 2022)
East	0.7	1.0	1.4	1.2	0.7	0.0
North	1.8	1.7	2.0	2.2	1.7	-0.1
South	1.8	2.2	2.0	1.9	1.6	-0.2
West	2.9	2.8	2.9	3.5	2.3	-0.6
Plymouth	2.0	2.0	2.2	2.3	1.7	-0.3

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

5.3.6 Depressed or mentally ill parents

The survey of health visitor caseloads suggests that 22.2% of parents with young children were considered to be depressed or mentally ill in 2022; an increase of 7.4 percentage points since 2014 (Table 49). In 2022, the distribution across the city was uneven; from a low of 17.5% in the East locality to a high of 26.3% in the West. All four localities have had a percentage point increase in depressed or mentally ill parents since 2014; the West has had the biggest increase (9.7 percentage points).

Table 49: Proportion (%) of parent(s) who are depressed or mentally ill by locality, 2014 to 2022

Locality	2014	2016	2018	2020	2022	Change in % points (2014 to 2022)
East	12.0	10.5	15.3	17.9	17.5	+5.5
North	14.1	13.0	16.6	21.3	23.5	+9.4
South	15.3	14.5	18.0	22.4	17.9	+2.6
West	16.6	19.1	22.5	25.7	26.3	+9.7
Plymouth	14.8	14.8	18.6	22.2	22.2	+7.4

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

5.3.7 Social isolation within families

Social isolation has been shown repeatedly to prospectively predict mortality and serious morbidity both in general population samples and in individuals with established morbidity, especially coronary heart disease. The survey of health visitor caseloads suggests that 9.2% of parents with young children were considered to be socially isolated in 2022; an increase of 3.9 percentage points since 2014 (Table 50). In 2022, the distribution across the city was uneven; from a low of 5.7% in the East locality to a high of 12.3% in the West. All four localities have had a percentage point

increase in social isolation since 2014; the West has had the biggest increase (4.8 percentage points).

Table 50: Proportion (%) of parents who are considered socially isolated by locality, 2014 to 2022

Locality	2014	2016	2018	2020	2022	Change in % points (2014 to 2022)
East	2.8	1.7	3.1	4.5	5.7	+2.9
North	3.0	4.5	6.1	7.0	6.6	+3.6
South	6.8	11.3	12.8	12.2	10.6	+3.8
West	7.5	8.6	10.7	12.0	12.3	+4.8
Plymouth	5.3	6.7	8.5	9.1	9.2	+3.9

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

5.3.8 Emergency hospital admissions - cardiovascular

The hospital admission rate for cardiovascular problems has decreased by 0.8 per 10,000 population since 2019/20 (Table 51). The West locality has the highest rate of admissions (104.9 per 10,000 population) compared to the East locality which has the lowest rate (93.7 per 10,000 population).

Table 51: Directly age-standardised rate of hospital admissions for cardiovascular problems (all ages) per 10,000 population by locality, 2019/20 to 2022/23

Locality	2019/20	2020/21	2021/22	2022/23	Change in rate per 10,000 (2019/20 to 2022/23)
East	87.4	77.6	92.4	93.7	6.3
North	100.9	96.4	108.9	99.0	-1.9
South	96.9	85.8	110.9	101.3	4.4
West	117.2	101.8	119.1	104.9	-12.3
Plymouth	100.3	89.7	107.4	99.5	-0.8

Source: HES data and ONS mid-year population estimates

The rate of hospital admissions for cardiovascular in the under 75s has increased by 1.2 per 10,000 population since 2019/20 (Table 52). The West locality has the highest rate of admissions (68.4 per 10,000 population) compared to the East locality which has the lowest rate (58.7 per 10,000 population).

Table 52: Directly age-standardised rate of hospital admissions for cardiovascular problems (in the under 75s) per 10,000 population by locality, 2019/20 to 2022/23

Locality	2019/20	2020/21	2021/22	2022/23	Change in rate per 10,000 (2019/20 to 2022/23)
East	51.8	48.4	57.9	58.7	6.9
North	64.3	63.7	66.7	62.4	-1.9
South	63.7	56.1	69.5	65.7	2
West	69.3	62.1	82.4	68.4	-0.9
Plymouth	62.4	57.2	68.9	63.6	1.2

Source: HES data and ONS mid-year population estimates

5.3.9 Emergency hospital admissions for falls in adults aged 65+

The rate of hospital admissions for falls in adults aged 65+ decreased by 19.8 per 10,000 population aged 65+ from 2019/20 to 2022/23 (Table 53). All four localities have seen a decrease in the rate of admissions due to falls over the same period. In 2022/23, the North locality had the highest rate of admissions (196.3 per 10,000 population aged 65+) compared to the East locality which had the lowest rate (156.5 per 10,000 population aged 65+).

Table 53: Directly age-standardised rate of hospital admissions for falls in adults aged 65+ years per 10,000 population aged 65+ by locality, 2019/20 to 2022/23

Locality	2019/20	2020/21	2021/22	2022/23	Change in rate per 10,000 (2019/20 to 2022/23)
East	176.6	164.9	197.7	156.5	-20.1
North	205.9	205.8	181.1	196.3	-9.6
South	219.0	235.0	223.5	189.4	-29.6
West	216.7	237.7	237.3	194.8	-21.9
Plymouth	202.9	207.0	207.1	183.1	-19.8

Source: HES data and ONS mid-year population estimates

5.3.10 Alcohol-related hospital admissions (all ages)

The rate of alcohol-related hospital admission episodes (broad definition) in Plymouth has decreased since 2018/19 (Table 54).

Table 54: Directly age-standardised rate of alcohol-related hospital admissions (broad definition) per 100,000 population for Plymouth 2018/19 to 2022/23

	2018/19	2019/20	2020/21	2021/22	2022/23
Plymouth	1,627	1,778	1,362	1,537	1,595
England	1,768	1,818	1,504	1,734	1,705

Source: Alcohol Profile for Plymouth (OHID)

In terms of what this means for our PNA, pharmacies have a potential role in providing structured brief interventions in alcohol use, as well as providing opportunistic lifestyle advice and signposting patients to other healthcare services.

5.3.11 Substance misuse (all ages)

Substance misuse is recorded by agencies commissioned by the Office of the Director of Public Health, Plymouth City Council. In 2023/24, open episodes of substance misuse treatment (Tier 3 treatment for alcohol or drug addiction, count of episodes not persons) was unevenly distributed across the city (Table 55). The highest rate of episodes occurred in the West locality (118.8 per 10,000 population) and the lowest rate in the East locality (28.0 per 10,000 population).

Table 55: Number and crude rate per 10,000 population of clients (all ages) in treatment by locality, 2023/24

Locality	Number of episodes (2023/24)	Population (2022)	Crude rate per 10,000
East	159	56,777	28.0
North	378	67,697	55.8
South	754	68,049	110.8
West	858	72,245	118.8
Unknown	213	N/A	N/A
Plymouth	2,362	264,768	89.2

Source: HALO, data extracted June 2024 by Office of the Director of Public Health PCC

5.3.12 Hospital admissions for self-harm

The rate of hospital admissions for self-harm has decreased in Plymouth by 11.6 per 10,000 since 2019/20 (Table 56). For 2022/23, admissions were unevenly distributed across the city. The West locality has the highest rate of admissions (15.1 per 10,000 population) compared to the East locality which had the lowest (9.7 per 10,000 population).

Table 56: Directly age-standardised rate of hospital admissions for self-harm per 10,000 population aged 10+ years by locality, 2019/20 to 2022/23

Locality	2019/20	2020/21	2021/22	2022/23	Change in rate per 10,000 (2019/20 to 2022/23)
East	19.2	15.6	12.8	9.7	-9.5
North	24.0	21.5	17.3	13.4	-10.6
South	23.5	21.2	22.1	12.9	-10.6
West	31.4	26.1	22.3	15.1	-16.3
Plymouth	24.4	21.4	19.1	12.8	-11.6

Source: HES data and ONS mid-year population estimates

5.3.13 Estimates of population with specific mental health problems

The number of males and females with specific mental health problems (common mental disorder, borderline personality disorder, antisocial personality disorder, psychotic disorder, and two or more psychiatric disorders) in Plymouth is expected to increase, with females predicted to have a higher prevalence than males by 2040 (Table 57).

Table 57: People in Plymouth aged 18-64 years, predicted to have a mental health problem by gender, 2023 to 2040

		2023	2025	2030	2035	2040
Males predicted to have …	a common mental disorder	11,936	11,936	12,039	12,098	12,054
	a borderline personality disorder	1,543	1,543	1,556	1,564	1,558
	an antisocial personality disorder	3,979	3,979	4,013	4,033	4,018
	a psychotic disorder	568	568	573	576	574
	two or more psychiatric disorders	5,603	5,603	5,651	5,679	5,658
Females predicted to have …	a common mental disorder	18,249	18,157	18,134	17,856	17,625
	a borderline personality	2,291	2,279	2,277	2,242	2,213
	an antisocial personality disorder	1,422	1,415	1,413	1,391	1,373
	a psychotic disorder	553	550	550	541	534
	two or more psychiatric disorders	5,925	5,895	5,888	5,798	5,723

Source: Projecting Adult Needs and Service Information (PANSI)

5.3.14 Dementia

The estimated number of people with dementia in Plymouth is predicted to increase in all age groups over 65 by 2040 (Table 58).

Table 58: People in Plymouth aged 65 years and over predicted to have dementia by age group, 2023 to 2040

Number of people aged …	2023	2025	2030	2035	2040
65-69	225	239	261	263	240
70-74	372	363	418	457	463
75-79	689	701	636	729	808
80-84	786	840	1,051	974	1,126
85-89	817	847	953	1,206	1,135
90 and over	801	825	943	1,119	1,390
Total population aged 65 and over	3,690	3,815	4,262	4,748	5,163

Source: Projecting Older People Population Information (POPPI)

5.3.15 Long-term conditions (diabetes, stroke, and respiratory problems)

The estimated number of people in Plymouth with diabetes (Type 1 or Type 2) is predicted to increase overall by 2040 (Table 59). This increase will be mainly driven by the increase in those aged 75 and over.

Table 59: People in Plymouth aged 18 years and over predicted to have diabetes by age group, 2023 to 2040

Number predicted to have diabetes aged …	2023	2025	2030	2035	2040
18-24	262	270	306	310	289
25-34	410	396	368	384	416
35-44	576	590	589	565	530
45-54	1,446	1,412	1,444	1,519	1,526
55-64	2,371	2,372	2,256	2,075	2,106
65-74	3,346	3,424	3,831	3,998	3,841
75 and over	3,055	3,181	3,392	3,746	4,129
Total population aged 18 and over	11,466	11,645	12,186	12,597	12,838

Source: Projecting Adult Needs and Service Information (PANSI) and POPPI (Projecting Older People Population Information System)

The estimated number of people in Plymouth with a longstanding condition caused by a stroke is predicted to increase overall by 2040 (Table 60). This increase will be mainly driven by the increase in those aged 75 and over.

Table 60: People in Plymouth aged 18 years and over predicted to have a longstanding health condition caused by a stroke by age group, 2023 to 2040

Number of people aged …	2023	2025	2030	2035	2040
18-44	47	47	47	47	46
45-64	408	404	397	392	395
65-74	510	522	584	608	584
75 and over	705	735	785	870	963
Total population aged 18 and over	1,669	1,707	1,814	1,916	1,988

Source: Projecting Adult Needs and Service Information (PANSI)

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Plymouth is slightly higher than the England average (Table 61).

Table 61: QOF Prevalence (%) of COPD for Plymouth and England, 2020/21 to 2023/24

	2020/21	2021/22	2022/23	2023/24
Plymouth	2.6	2.6	2.7	2.8
England	1.9	1.9	1.8	1.9

Source: Office for Health Improvement and Disparities, Fingertips

In terms of what this means for our PNA, pharmacies provide essential services and support for patients with long-term conditions. Ensuring that medicines taken to manage long-term conditions are used safely and effectively improves outcomes for patients and reduces the risk of drug-related hospital admissions. Pharmacies have a role in ensuring patients, clinicians, and carers can obtain the maximum benefit from medicines whilst reducing risks associated with treatment. In addition, pharmacies can provide healthy lifestyle advice which will support the prevention and management of long-term conditions.

5.3.16 Smoking status, obesity and blood pressure (based on GP referrals)

The following sections on smoking status, obesity and blood pressure are based on data recorded at time of patient referral to Plymouth Hospitals NHS Trust (for any reason) by General Practitioners (GPs) in Plymouth.

This data is no longer collected. The latest available data is from 2018/19. Despite the age it is still considered the best available data on these indicators and for this reason have been included.

The percentage of patients being referred (for any reason) who smoke in Plymouth has increased by 2.6 percentage points from 2014/15 to 2018/19 (Table 62). The locality with the largest percentage of smokers in 2018/19 was the West (25.8%), whilst the East had the smallest percentage (11.8%).

Table 62: Percentage of patients who were smokers at time of GP referral to University Hospitals Plymouth NHS Trust by locality, 2014/15 to 2018/19

Locality	2014/15	2015/16	2016/17	2017/18	2018/19	Change in % points (2014/15 to 2018/19)
East	10.3	11.4	11.0	10.3	11.8	+1.5
North	16.2	17.8	18.9	15.5	18.8	+2.6
South	17.3	18.9	19.0	19.3	20.2	+2.8
West	21.6	22.9	22.1	19.9	25.8	+4.2
Plymouth	16.7	18.3	17.9	16.1	19.3	+2.6

Source: Devon Referral Support Service (DRSS)

The percentage of patients being referred (for any reason) who were obese increased by 1.2 percentage points from 2014/15 to 2018/19 (Table 63). The locality with the largest percentage of obese patients in 2018/19 was the North (37.2%), whilst the East had the smallest percentage (29.8%).

Table 63: Body Mass Index (BMI) (obesity = BMI>30) at time of GP referral to University Hospitals Plymouth NHS Trust by locality, 2014/15 to 2018/19

Locality	2014/15	2015/16	2016/17	2017/18	2018/19	Change in % points (2014/15 to 2018/19)
East	30.3	28.3	30.0	33.9	29.8	-0.5
North	36.9	33.5	35.9	27.2	37.2	+0.3
South	30.4	28.0	31.3	36.1	31.9	+1.5
West	36.0	34.1	36.3	31.4	38.8	+2.8
Plymouth	33.7	31.3	33.6	31.8	34.9	+1.2

Source: Devon Referral Support Service (DRSS)

The percentage of patients being referred (for any reason) who were experiencing high blood pressure (stage 1 and 2 hypertension) has decreased by 0.9 percentage points from 2014/15 to 2018/19 (Table 64). The locality with the largest percentage of patients with high blood pressure in 2018/19 was the East (15.7%), whilst the South had the smallest percentage (12.9%).

Table 64: Percentage of patients with high blood pressure at time of GP referral to University Hospitals Plymouth NHS Trust by locality, 2014/15 to 2018/19

Locality	2014/15	2015/16	2016/17	2017/18	2018/19	Change in % points (2014/15 to 2018/19)
East	14.5	14.9	16.8	15.5	15.7	+1.2
North	17.0	17.2	16.8	16.3	15.6	-1.4
South	14.0	13.8	12.2	12.4	12.9	-1.1
West	14.9	14.7	14.1	14.5	15.6	+0.7
Plymouth	15.2	15.2	15.1	14.8	14.3	-0.9

Source: Devon Referral Support Service (DRSS)

Table 65 reports the percentage of patients experiencing at least one of the above risk factors (smoking, obesity, high blood pressure) by locality for 2018/19. The West locality had the largest proportion of patients experiencing at least one of the three risk factors (60.4%) compared to the East (47.6%). In the West locality, 1.3% of patients were experiencing all three risk factors compared to the East (0.3%).

Table 65: Percentage of patients with one or more risk factors (smoking, obesity, high blood pressure) at time of GP referral to University Hospitals Plymouth NHS Trust by locality, by locality, 2018/19

Locality	One or more risk factors (%)	All three risk factors (%)
East	47.6	0.3
North	57.4	0.7
South	51.2	1.2
West	60.4	1.3
Plymouth	54.7	0.9

Source: Devon Referral Support Service (DRSS)

6. Provision of pharmaceutical services

6.1 Necessary services

The PNA is required to make statements on current provision and gaps in 'necessary pharmaceutical services' provided by community pharmacists. This section considers those services provided by community pharmacies that fall within the definition of 'essential pharmaceutical services' commissioned by NHS England. NHS England oversees the provision of these services. Essential services are provided by all community pharmacies and are centrally funded. They are:

- The dispensing of prescriptions
- The dispensing of repeatable prescriptions
- The acceptance and disposal of unwanted medicines returned by patients
- Signposting to other providers of health and social care services
- Promotion of healthy lifestyles
- Support for self-care.

At the time of writing, NHS Devon ICB is in the process of rolling-out the commissioning of a specialised medicines service from community pharmacies.

6.2 Current provision of necessary services

6.2.1 Current provision within the H&WB's area

(i) Plymouth

There are currently 44 community pharmacies in Plymouth as of May 2025. Of these, 33 community pharmacies are owned by national pharmacy chains:

- 19 by Bestway National Chemists (Well)
- Six by Boots Pharmacy
- Four by Day Lewis Plc
- One by Superdrug Pharmacy
- One by Asda
- One by Tesco Pharmacy
- One by Morrisons Pharmacy

There are 11 community pharmacies in Plymouth that are owned by other providers as of May 2025.

There is one 100-hour contract pharmacy – ASDA Pharmacy, Estover. As of May 2023, 100-hour pharmacies had a 'notification' procedure for reducing their weekly

core opening hours to no less than 72 hours.[41] This pharmacy is open for 72 core hours per week as at May 2025.

There are two distance-selling pharmacies (My Doctor's Chemist and PHL Pharma) and no pharmacies with local pharmaceutical services contracts, as of May 2025.

There are two pharmacies which are appliance contractors as of May 2025 (Salts Healthcare Limited and Fittleworth Medical Limited)

Changes since the last PNA

Since the last PNA was published:

- Seven community pharmacies have closed:
  - Lloyds Pharmacy inside Sainsbury's
  - Boots Pharmacy at Plympton Health Centre
  - Boots Pharmacy at Chard Road Health Centre
  - Boots Pharmacy at Claremont Street
  - Boots Pharmacy at Eggbuckland Road
  - Boots Pharmacy at East End Community Centre
  - Boots Pharmacy at Salisbury Road

- One community pharmacy has opened:
  - Kimiver Ltd T/A Cattedown Pharmacy at Cattedown Road

- One community pharmacy has been consolidated:
  - Superdrug Pharmacy at Cornwall Street into Superdrug Pharmacy at New George Street

- Four community pharmacies changed ownership:
  - Norsworthy Pharmacy at West Hoe changed owner to Day Lewis Pharmacy
  - Lloyds Pharmacy at Honicknowle Green changed owner to Super Happy Wing
  - Lloyds Pharmacy at Marlborough Street changed owner to Raphia UK
  - Church Road Pharmacy T/A Plymstock Wellcare Limited changed owner to Day Lewis Plc

- One appliance contractor has relocated:
  - Fittleworth Medical Limited to Barrack Court, William Prance Road, Derriford

[41] Community Pharmacy England (2023). New PLPS regulations tomorrow and an update for 100-hour pharmacies https://cpe.org.uk/our-news/new-plps-regulations-tomorrow-and-an-update-for-100-hour-pharmacies/

Changes in core opening hours since last PNA

The provision of core opening hours across Plymouth has decreased since the last PNA from 2,406.25 hours to 2,013.75 hours, a loss of 392.5 hours (Table 66). 391.5 of these hours relate to the seven pharmacies that have closed and one consolidation.

Table 66: Changes in total **core opening** hours by locality, between last PNA analysis (May 2022) and May 2025

Locality	No. hours (May 2022)	No. hours (May 2025)	Change in hours
East	456.75	416.75	-40.00
North	593.00	547.00	-46.00
South	581.00	415.50	-165.50
West	775.50	634.50	-141.00
Plymouth	2,406.25	2,013.75	-392.50

Four of the existing 47 pharmacy provisions have reduced core opening hours since the last PNA, this includes a 100-hour pharmacy who reduced their core hours in line with the notification procedure. When looking at the existing 47 pharmacies there was a total decrease of 84 core opening hours, since the last PNA. Table 67 shows on locality basis, there were no changes to pharmacy core opening times in the East locality, since the last PNA. In the North locality two providers (including a 100-hour pharmacy) reduced their core hours by a combined total of 46 hours. In the South locality one pharmacy reduced their core hours by 27.5 hours and one pharmacy in the West locality did so by 10.5 hours. No pharmacy provision across the city has increased their core opening hours since the last PNA.

Table 67: Changes in **core opening hours** of existing providers by locality, between last PNA analysis (May 2022) and May 2025

Locality	No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
East	10	0	+0.00	0	-0.00	0.00
North	13	0	+0.00	3	-46.00	-46.00
South	9	0	+0.00	1	-27.50	-27.50
West	15	0	+0.00	1	-10.50	-10.50
Plymouth	47	0	+0.00	4	-84.00	-84.00

Changes in supplementary opening hours since last PNA

Most pharmacies must open for 40 **core contractual hours**. However, many choose to open for longer and these hours are referred to as **supplementary opening hours** – but a pharmacy can decide to stop providing supplementary hours by giving five weeks' notice to the ICB. Therefore, this section includes a breakdown

of supplementary opening hours lost across the city since the last PNA.
The provision of supplementary opening hours across Plymouth has decreased since the last PNA from 383.25 hours to 337.5 hours, a loss of 45.75 hours (Table 68). 48.5 of these hours relate to the six of the pharmacies that have closed and one consolidation.

Table 68: Changes in total **supplementary opening** hours by locality, between last PNA analysis (May 2022) and May 2025

Locality	No. hours (May 2022)	No. hours (May 2025)	Change in hours
East	82.00	66.50	-15.50
North	151.50	89.50	-62.00
South	58.25	108.50	+50.25
West	91.50	73.00	-18.50
Plymouth	383.25	337.50	-45.75

A total of 15 of the existing 47 pharmacies have reduced their supplementary opening hours since the last PNA. Eight pharmacies have increased their supplementary opening hours since the last PNA, but overall there is a deficit across the city. When looking at the existing 47 pharmacies there was an overall decrease of 11.25 supplementary opening hours, since the last PNA. Table 69 shows on a locality basis, providers in the East locality reduced their combined supplementary opening hours overall by 4.5 hours, since the last PNA. This compares to the North and West localities where providers reduced their supplementary hours by an overall total of 62 hours and 2 hours respectively. In comparison, pharmacies in the South locality overall increased their supplementary hours by 57.25 hours.

Table 69: Changes in **supplementary opening** hours by locality, between last PNA analysis (May 2022) and May 2025

Locality	No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
East	10	2	+5.50	2	-10.00	-4.50
North	13	1	+2.50	7	-64.50	-62.00
South	9	4	+66.75	2	-9.50	+57.25
West	15	1	+10.50	4	-12.50	-2.00
Plymouth	47	8	+85.25	15	-96.50	-11.25

Changes in total opening hours (core and supplementary) since last PNA

Overall, the total opening hours across Plymouth has decreased since the last PNA from 2,789.5 hours to 2,351.25 hours, a loss of 438.25 hours. 96 of these hours relate to the seven pharmacies that have closed and one consolidation.

Table 70: Changes in **total opening hours (core and supplementary)** hours by locality, between last PNA analysis (May 2022) and May 2025

Locality	No. hours (May 2022)	No. hours (May 2025)	Change in hours
East	538.75	483.25	-55.50
North	744.50	636.50	-108.00
South	639.25	524.00	-115.25
West	867.00	707.50	-159.50
Plymouth	2,789.50	2,351.25	-438.25

A total of 18 of the existing 47 pharmacy provisions have reduced their total opening hours since the last PNA, this includes a 100-hour pharmacy who reduced their core hours in line with the notification procedure. When looking at the existing 47 pharmacies there was an overall decrease of 70.75 total opening hours (core and supplementary), since the last PNA. Table 71 shows on locality basis, providers in the East locality reduced their total opening hours overall by 4.5 hours, since the last PNA. This compares to the North locality where eight providers (including a 100-hour pharmacy) reduced their total combined hours by 83.5 hours. In the West locality four pharmacies reduced their total combined hours by 12.5 hours. In comparison, pharmacies in the South locality overall increased their total opening hours by 29.75 hours.

Table 71: Changes in **total opening hours** (core and supplementary) hours by locality, between last PNA analysis (May 2022) and May 2025

Locality	No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
East	10	2	+5.50	2	-10.00	-4.50
North	13	0	+0.00	9	-108.00	-83.50
South	9	3	+47.75	3	-18.00	+29.75
West	15	0	+0.00	4	-12.50	-12.50
Plymouth	47	5	+53.25	18	-148.00	-70.75

Table 72 shows the number of pharmacies in Plymouth decreased by seven between 2023/24 and the first seven months of 2024/25 (April-October). The number of items dispensed increased by 1.4% between 2021/22 and 2023/24.

In 2023-24, Plymouth had 20.2 pharmacies per 100,000 population compared to the England and South West average of 20.8 and 19.0 respectively.

In Plymouth, 19.7 items were dispensed per head in 2023/24. This compares to the England and South West average of 19.3 and 17.1 respectively.

Table 72: Provision in Plymouth since 2021/22

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head	Items per pharmacy
Plymouth 2021/22	264,657	54	20.4	5,180,442	19.6	95,934
Plymouth 2022/23	266,873	54	20.2	5,223,065	19.6	96,723
Plymouth 2023/24	266,873	54	20.2	5,253,601	19.7	97,289
Plymouth Apr-Oct 2024	-	47	-	3,125,207	-	66,494
South West 2023/24	5,811,259	1,107	19.0	99,164,702	17.1	89,580
England 2023/24	57,690,300	12,009	20.8	1,112,920,890	19.3	92,674

Notes:

1. Populations are based ONS mid-year population estimates. Mid-year population estimates were not available for 2023 at the time of writing
2. Number of Plymouth pharmacies relate to number of pharmacies open at the end of the financial year. The number of items dispensed relates to all Plymouth pharmacies including those that closed during the year.
3. Number of pharmacies in England and South West England in 2023/24 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24
4. All pharmacy numbers include both community pharmacies and DACs (including those that may have closed, consolidated, changed ownership or relocated within the financial year).

Dispensing doctor practices

In addition to pharmacies, in rural areas dispensing doctors dispense to patients who are eligible. Information can be found in Section 2.7.4. A dispensing practice is defined as a practice with at least one active dispensing GP.

(ii) East locality

There are currently nine community pharmacies in the East locality of Plymouth as of May 2025. Eight community pharmacies are owned by national pharmacy chains:

- Three by Bestway National Chemists
- Two by Boots Pharmacy
- Two by Day Lewis Pharmacy
- One by Morrisons Pharmacy

There is one other community pharmacies in the East locality as of May 2025.

There are nine 40-hour community pharmacies in the East locality as of May 2025.

There are no distance-selling pharmacies in the East locality as of May 2025.

One pharmacy is an appliance contractor (Salts Healthcare Limited) in the East locality as of May 2025.

Since the last PNA was published, one pharmacy has changed ownership (Plymstock Wellcare at Church Road), one pharmacy has closed (Boots Pharmacy at Plympton Health Centre) and no new pharmacies have opened in the East locality.

Table 73 shows the number of pharmacies in the East locality decreased by one between 2023/24 and the first seven months of 2024/25 (April-October). The number of items dispensed increased by 7.4% between 2021/22 and 2023/24.

In 2023-24, the East locality had 17.6 pharmacies per 100,000 population compared to the Plymouth average of 21.0.

At 19.0, the East locality dispensed a similar number of items per head to the Plymouth average (19.7) in 2023/24.

Table 73: Provision in the East locality since 2021/22

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head	Items per pharmacy
East locality 2021/22	56,618	10	17.7	1,000,769	17.7	100,077
East locality 2022/23	56,664	10	17.6	1,040,820	18.4	104,082
East locality 2023/24	56,664	10	17.6	1,075,004	19.0	107,500
East locality Apr-Oct 2024	-	9	-	639,590	-	71,066
Plymouth 2023/24	266,873	56	21.0	5,253,601	19.7	93,814
South West 2023/24	5,811,259	1,107	19.0	99,164,702	17.1	89,580
England 2023/24	57,690,300	12,009	20.8	1,112,920,890	19.3	92,674

Notes:

1. Populations are based ONS mid-year population estimates. Mid-year population estimates were not available for 2023 at the time of writing
2. Number of Plymouth pharmacies relate to number of pharmacies open at the end of the financial year. The number of items dispensed relates to all Plymouth pharmacies including those that closed during the year.
3. Number of pharmacies in England and South West England in 2023/24 and total items dispensed

are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24

4. All pharmacy numbers include both community pharmacies and DACs (including those that may have closed, consolidated, changed ownership or relocated within the financial year).

(iii) North locality

There are currently 11 community pharmacies in the North locality of Plymouth as of September 2024. Nine community pharmacies are owned by national pharmacy chains:

- Six by Bestway National Chemists
- One by Asda Pharmacy
- One by Boots Pharmacy
- One by Tesco Pharmacy

There are two other community pharmacies in the North locality as of May 2025.

There is one 72-hour community pharmacy and ten 40-hour pharmacies in the North locality as of May 2025.

There is one distance-selling pharmacy (My Doctor's Chemist) in the North locality, as of May 2025.

One pharmacy is a dispensing appliance contractor (Fittleworth Medical Limited) as of May 2025.

Since the last PNA was published, one pharmacy has changed ownership (Lloyds Pharmacy at Honicknowle Green), one appliance contractor has relocated (Fittleworth Medical Limited to Barrack Court, Derriford) and no pharmacies have closed or opened in the North locality.

Table 74 shows the number of pharmacies in the North locality decreased by one between 2022/23 and 2023/24. The number of items dispensed increased by 1.8% between 2021/22 and 2023/24.

In 2023/24, the number of pharmacies per 100,000 population in the North locality was lower than the Plymouth average and the number of items dispensed per head was higher than the city average.

Table 74: Provision in the North locality since 2021/21

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head	Items per pharmacy
North locality 2021/22	67,815	13	19.2	1,389,260	20.5	106,866
North locality 2022/23	67,877	13	19.2	1,374,483	20.2	105,729
North locality 2023/24	67,877	12	17.7	1,414,424	20.8	117,869
North locality Apr-Oct 2024	-	12	-	899,360	-	74,947
Plymouth 2023/24	266,873	56	21.0	5,253,601	19.7	93,814
South West 2023/24	5,811,259	1,107	19.0	99,164,702	17.1	89,580
England 2023/24	57,690,300	12,009	20.8	1,112,920,890	19.3	92,674

Notes:

1. Populations are based ONS mid-year population estimates. Mid-year population estimates were not available for 2023 at the time of writing
2. Number of Plymouth pharmacies relate to number of pharmacies open at the end of the financial year. The number of items dispensed relates to all Plymouth pharmacies including those that closed during the year.
3. Number of pharmacies in England and South West England in 2023/24 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24
4. All pharmacy numbers include both community pharmacies and DACs (including those that may have closed, consolidated, changed ownership or relocated within the financial year).

(iv) South locality

There are currently nine community pharmacies in the South locality of Plymouth as of May 2025. Six community pharmacies are owned by national pharmacy chains:

- Three by Bestway National Chemists
- Two by Boots Pharmacy
- One by Day Lewis Pharmacy

There are three other community pharmacies in the South locality as of May 2025.

There are nine 40-hour community pharmacies in the South locality as of May 2025.

There is one distance-selling pharmacy (PHL Pharma Pharmacy) in the South locality as of May 2025.

There are no dispensing appliance contractors as of May 2025.

Since the last PNA was published, one pharmacy has opened (Kimiver Ltd T/A Cattedown Pharmacy), one pharmacy has changed ownership (Norsworthy Pharmacy at West Hoe), and four pharmacies have closed (Lloyds Pharmacy inside Sainsbury's; Boots Pharmacy at Eggbuckland Road, Boots Pharmacy at East End Community Centre; Boots Pharmacy at Salisbury Road) in the South locality.

The number of pharmacies in the South locality decreased by four between 2023/24 and the first seven months of 2024/25 (April-October). The number of items dispensed increased by 1.7% between 2021/22 and 2022/23, but then decreased by the same percentage in 2023/24.

The number of pharmacies per 100,000 population and the number of items dispensed per head in the East locality were lower than the Plymouth averages in 2023/24.

Table 75: Provision in the South locality since 2021/22

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head	Items per pharmacy
South locality 2021/22	68,297	13	19.0	1,327,480	19.4	102,114
South locality 2022/23	71,681	13	18.1	1,350,244	18.8	103,865
South locality 2023/24	71,681	13	18.1	1,327,749	18.5	102,135
South locality Apr-Oct 2024/25	-	9	-	749,242	-	83,249
Plymouth 2023/24	266,873	56	21.0	5,253,601	19.7	93,814
South West 2023/24	5,811,259	1,107	19.0	99,164,702	17.1	89,580
England 2023/24	57,690,300	12,009	20.8	1,112,920,890	19.3	92,674

Notes:

1. Populations are based ONS mid-year population estimates. Mid-year population estimates were not available for 2023 at the time of writing
2. Number of Plymouth pharmacies relate to number of pharmacies open at the end of the financial year. The number of items dispensed relates to all Plymouth pharmacies including those that closed during the year.
3. Number of pharmacies in England and South West England in 2023/24 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-

collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24

4. All pharmacy numbers include both community pharmacies and DACs (including those that may have closed, consolidated, changed ownership or relocated within the financial year).

(v) West locality

There are currently 15 community pharmacies in the West locality of Plymouth as of May 2025. Of these, 10 community pharmacies are owned by national pharmacy chains:

- Seven by Bestway National Chemists
- One by Boots Pharmacy
- One by Superdrug Pharmacy
- One by Day Lewis Pharmacy

There are five other community pharmacies in the West locality as of May 2025.

There are fifteen 40-hour community pharmacies in the West locality as of May 2025.

There are no distance-selling pharmacies in the West locality as of May 2025.

There are also no dispensing appliance contractors in the West locality, however there are two dispensing appliance contractors (Fittleworth Medical Limited in the North locality and Salts Healthcare Limited in the East locality), as of May 2025.

Since the last PNA was published, one pharmacy had changed ownership (Lloyds Pharmacy at Marlborough Street), one pharmacy has been consolidated (Superdrug Pharmacy at Cornwall Street into Superdrug Pharmacy at New George Street), two pharmacies have closed (Boots Pharmacy at Chard Road Health Centre and Boots Pharmacy at Claremont Street) and no new pharmacies have opened in the West locality.

Table 76 shows the number of pharmacies in the West locality decreased by three between 2023/24 and the first seven months of 2024/25 (April-October). The number of items dispensed decreased by 1.8% between 2021/22 and 2023/24.

The number of pharmacies per 100,000 population and the number of items dispensed per head in the West locality in 2023/24 was higher than the Plymouth average.

Table 76: Provision in the West locality since 2021/22

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head	Items per pharmacy
West locality 2021/22	71,927	18	25.0	1,462,933	20.3	81,274
West locality 2022/23	72,778	18	24.7	1,457,518	20.0	80,973
West locality 2023/24	70,651	19	26.9	1,436,424	20.3	75,601
West locality Apr-Oct 2024/25	-	16	-	837,015	-	52,313
Plymouth 2023/24	266,873	56	21.0	5,253,601	19.7	93,814
South West 2023/24	5,811,259	1,107	19.0	99,164,702	17.1	89,580
England 2023/24	57,690,300	12,009	20.8	1,112,920,890	19.3	92,674

Notes:

1. Populations are based ONS mid-year population estimates. Mid-year population estimates were not available for 2023 at the time of writing
2. Number of Plymouth pharmacies relate to number of pharmacies open at the end of the financial year. The number of items dispensed relates to all Plymouth pharmacies including those that closed during the year.
3. Number of pharmacies in England and South West England in 2023/24 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24
4. All pharmacy numbers include both community pharmacies and DACs (including those that may have closed, consolidated, changed ownership or relocated within the financial year).

6.2.2 Current provision outside the H&WB's area

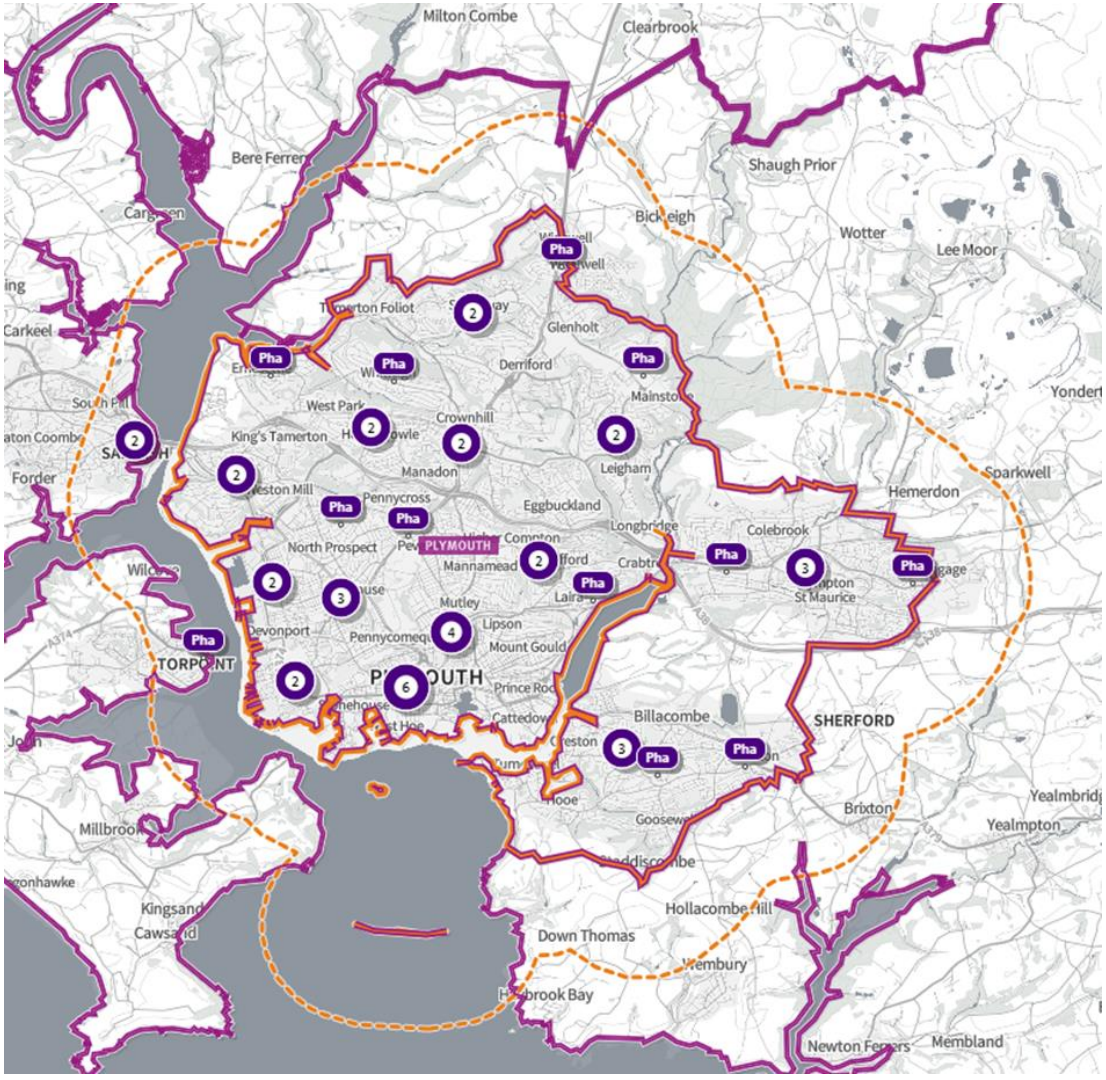
As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the H&WB's area. In addition to those located within the H&WB area, there are numerous such pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at https://www.nhs.uk/service-search/other-services/pharmacies/internetpharmacies

DACs generally supply appliances by home delivery, and are required to do so for certain types of appliance. Their services are therefore available to residents of the H&WB's area. As of September 2024, there were 114 DACs in England, including

those located within the H&WB area. An alphabetical list of DACs is available at https://www.nhs.uk/service-search/other-services/pharmacies/appliancepharmacies

Patients have a choice of where they access pharmaceutical services. This may be close to their GP practice, their home, their place of work, or where they go for shopping, recreational, or other reasons. Plymouth shares borders with Devon and Cornwall local authorities, each with their own H&WB and associated PNA. It is common for Plymouth residents to access services in areas served by neighbouring H&WBs, and for people from neighbouring areas to access services within Plymouth. To account for the cross-border movement of individuals between Plymouth and neighbouring areas, boundary analysis has been conducted (Figure 7) with information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/

Figure 7: Location of pharmacies surrounding the Plymouth city boundary by 1-mile (1.6km)



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There are only three pharmacies within 1-mile (1.6km) of the Plymouth boundary (two in Saltash, Cornwall and one in Torpoint, Cornwall). Appendix 5 shows the opening times of these pharmacies. Including these three cross-border pharmacies, has no impact on proportion of Plymouth residents within 1.6km walking distance (Figure 8) or a five or 10 minute drive time (Figure 16) of a pharmaceutical services provider. This is because there are few residential areas immediately on Plymouth's borders, and those which are, already have access to a nearby Plymouth-based pharmaceutical service provider.

6.3 Access to necessary services

6.3.1 Access to premises

This sections shows the access to Plymouth-based providers of pharmaceutical services by walking distance and time, drive time and public transport time.

Figure 8 shows the walking distance to Plymouth-based providers of pharmaceutical services within 1-mile (approx. 1.6km) and Figure 12 shows the walking time within 20 minutes. The darker the shading, the closer the population is to a provider of pharmaceutical services. Figures 8 and 12 shows that most Plymouth residents can access a pharmacy within a reasonable walking distance and time during weekdays 09:00 to 18:00. Information is derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.

6.3.1.1 Walking distance

Figure 8: Walking distance to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on weekdays 09:00 to 18:00, as at May 2025.

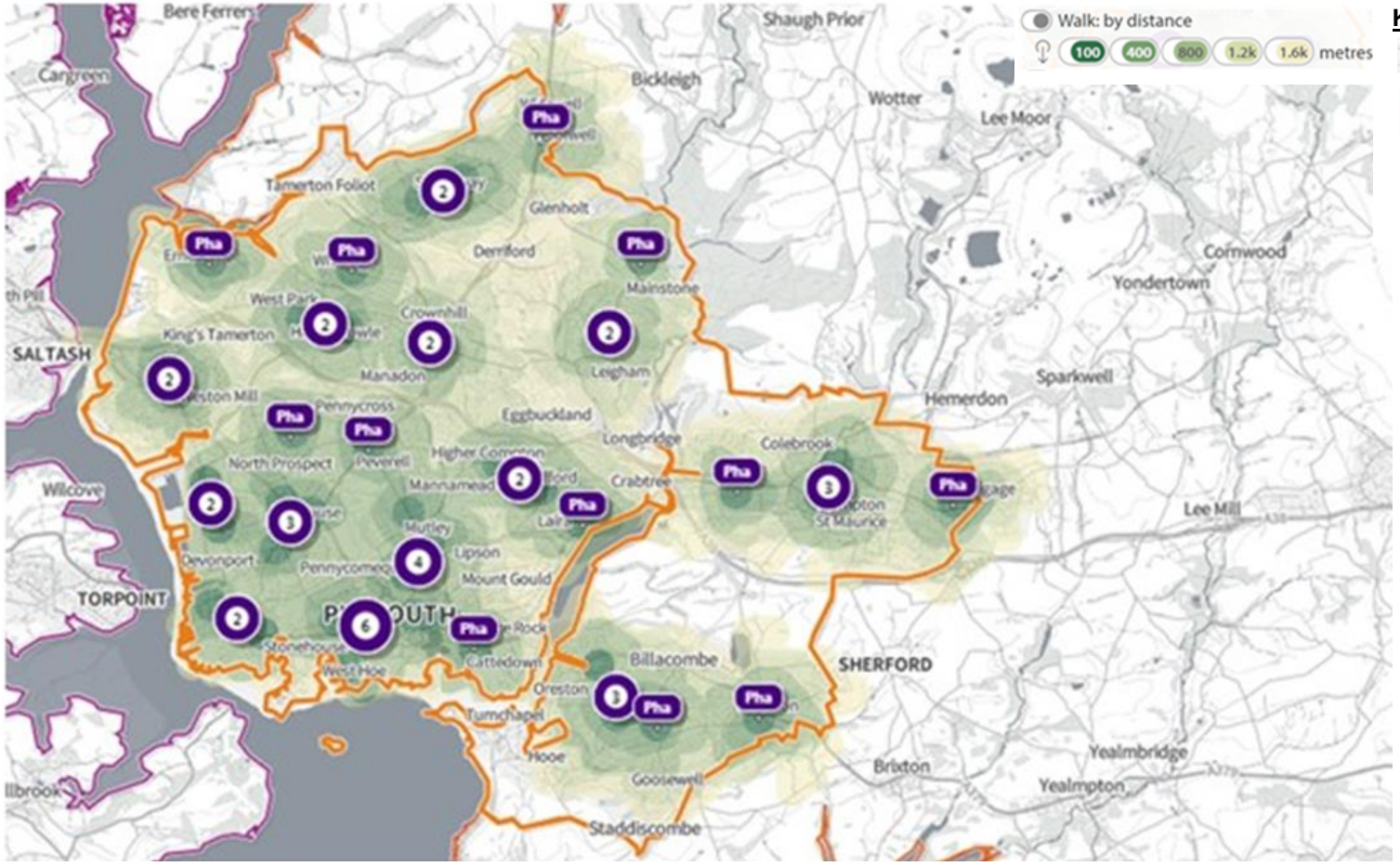

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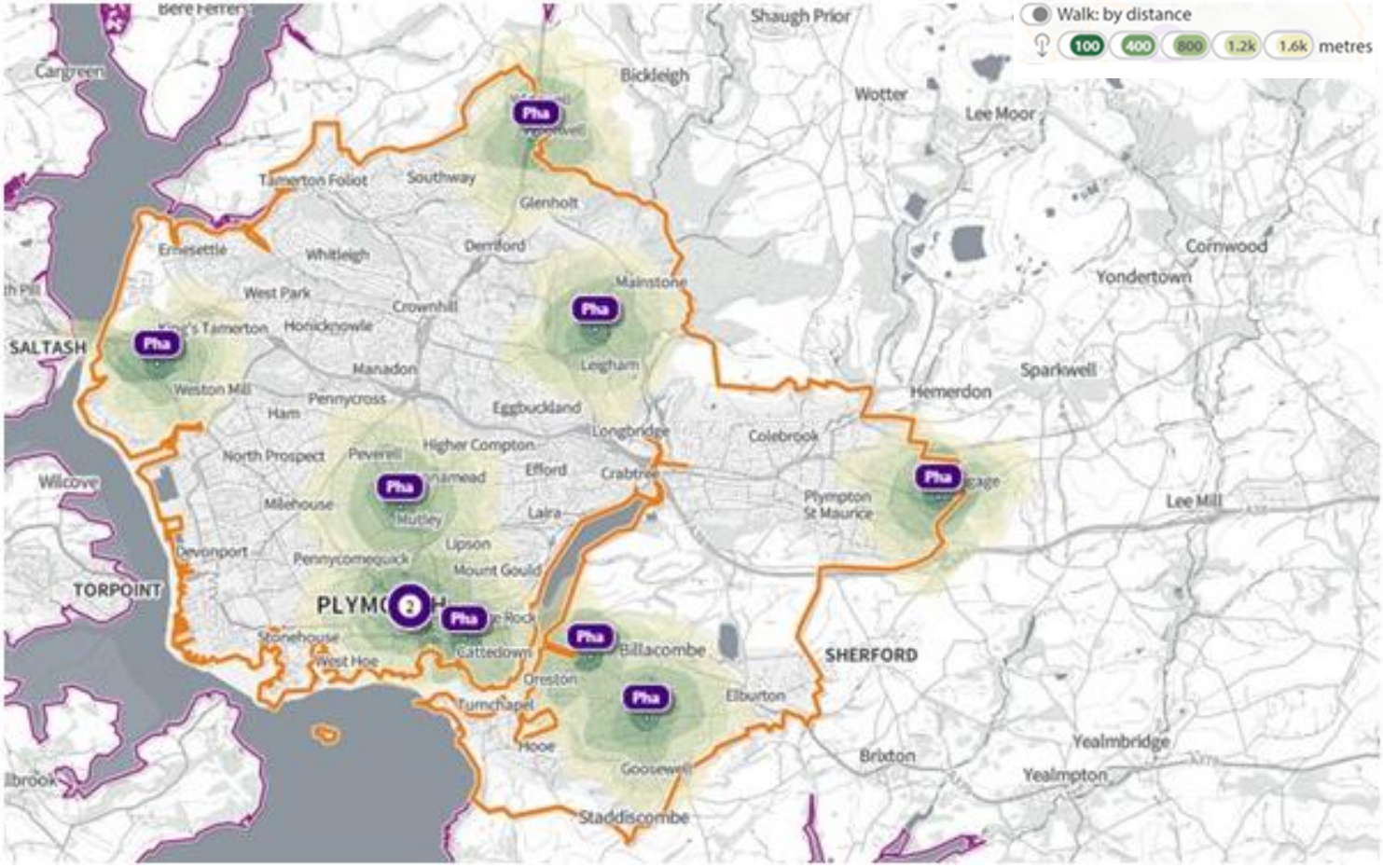
Figure 9: Walking distance to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on weekdays after 18:00, as at May 2025.



Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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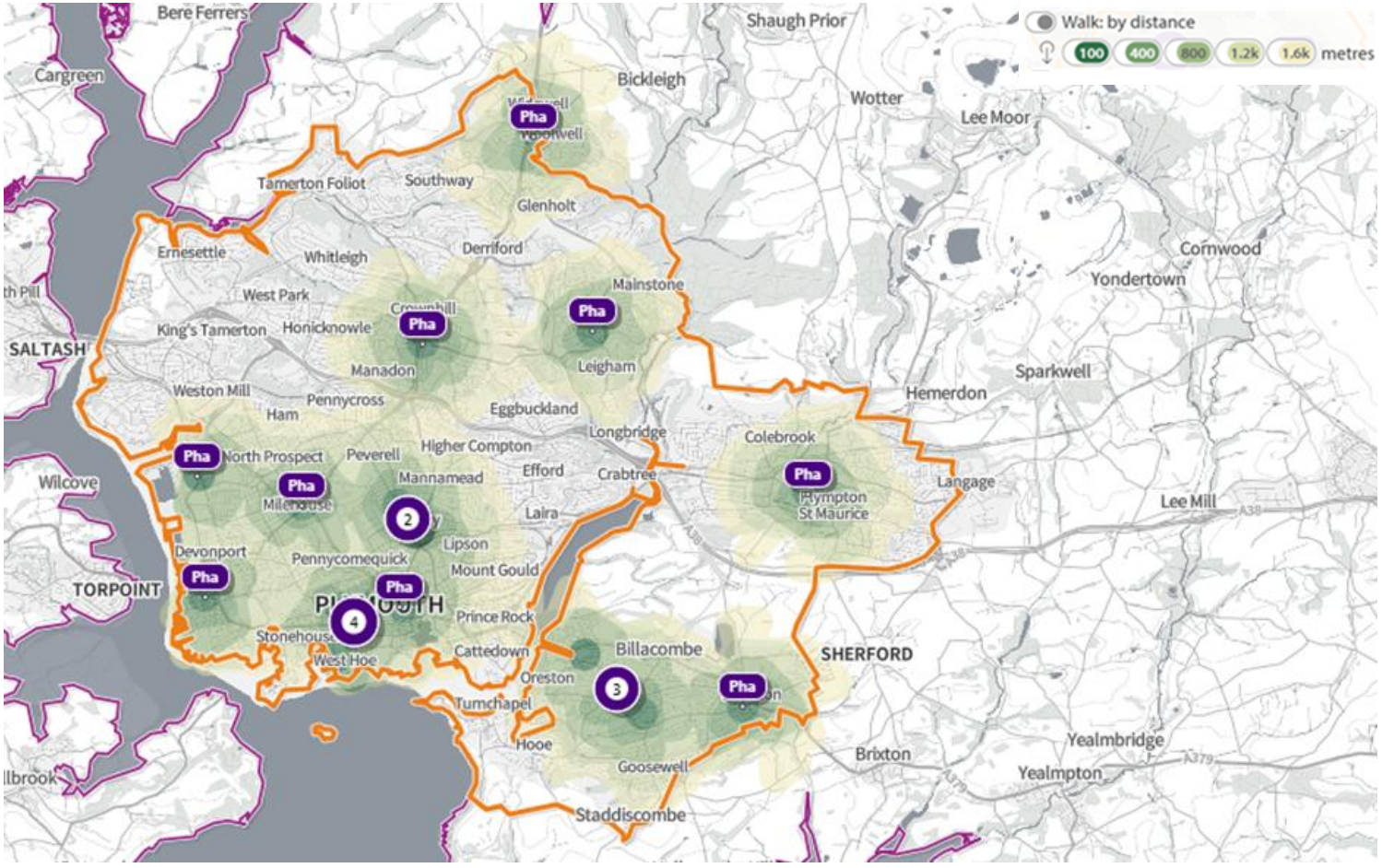
Figure 10: Walking distance to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on Saturday mornings, as at May 2025.



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Pha — Single pharmacy

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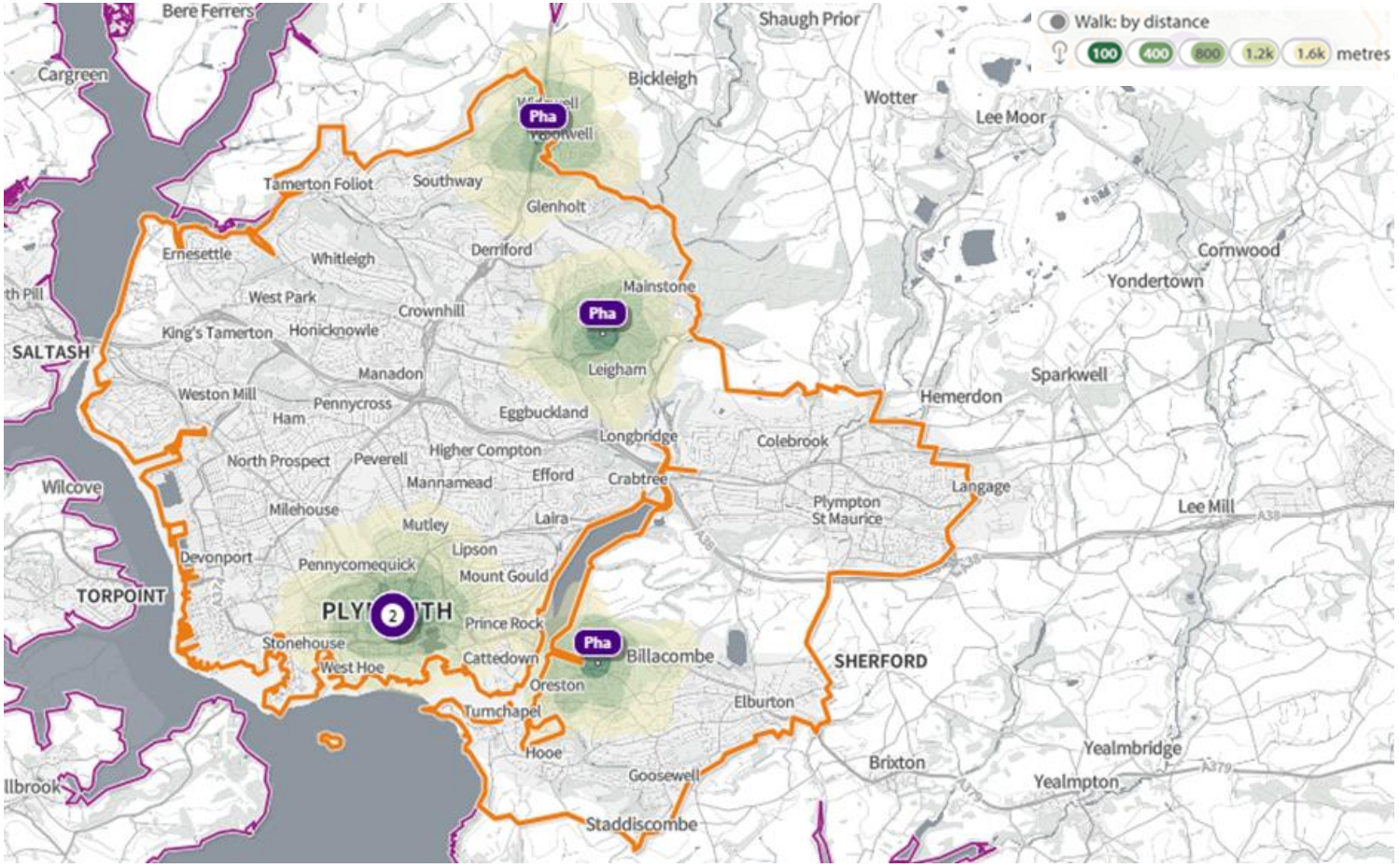
Figure 11: Walking distance to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on Sunday mornings, as at May 2025.



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Pha — Single pharmacy

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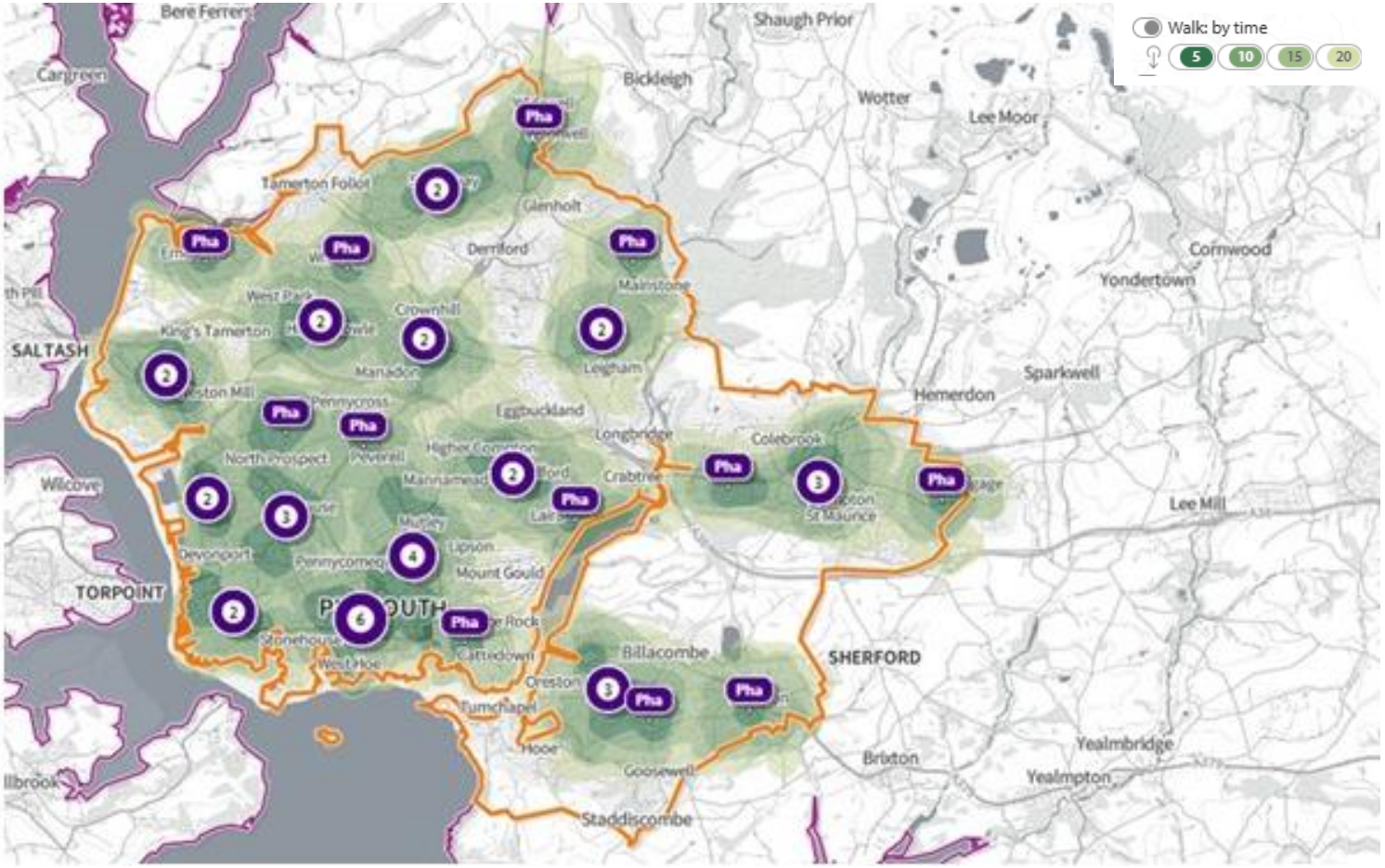
6.3.1.2 Walking time

Figure 12: Walking time to Plymouth-based providers of pharmaceutical services on weekdays 09:00 to 18:00, as at May 2025.



Key

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3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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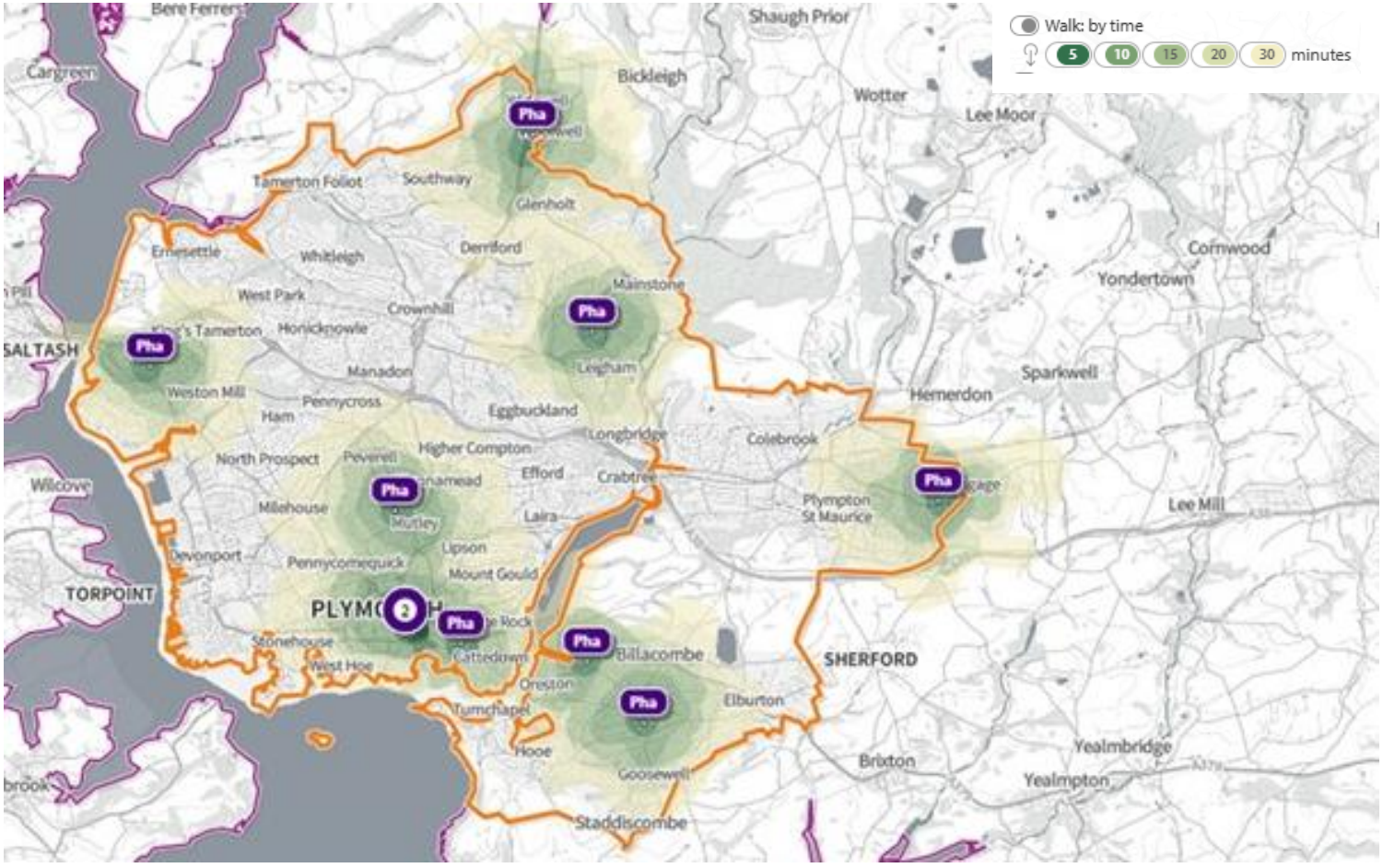
Figure 13: Walking time to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on weekdays after 18:00, as at May 2025.



Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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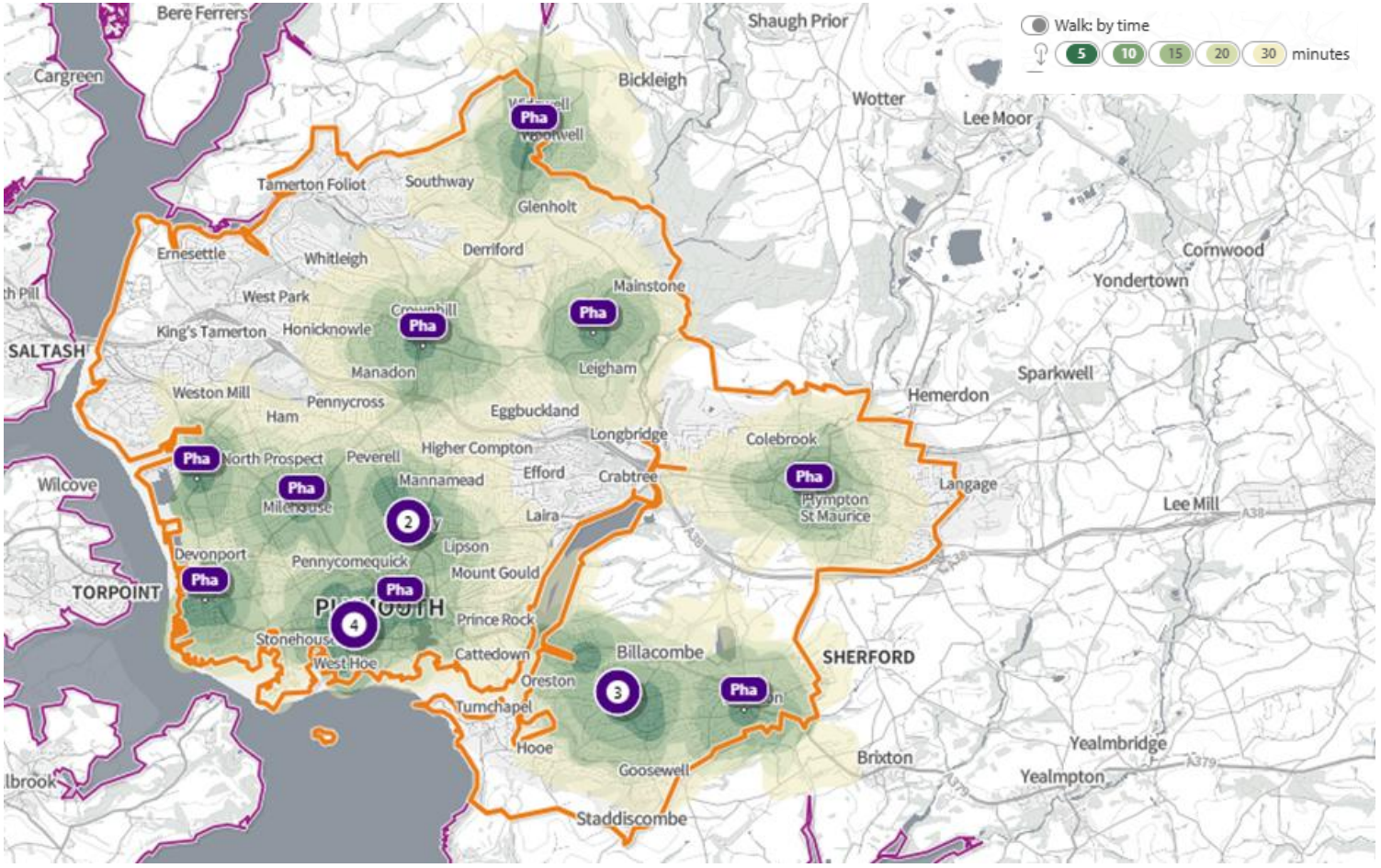
Figure 14: Walking time to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on Saturday mornings, as at May 2025.



Key

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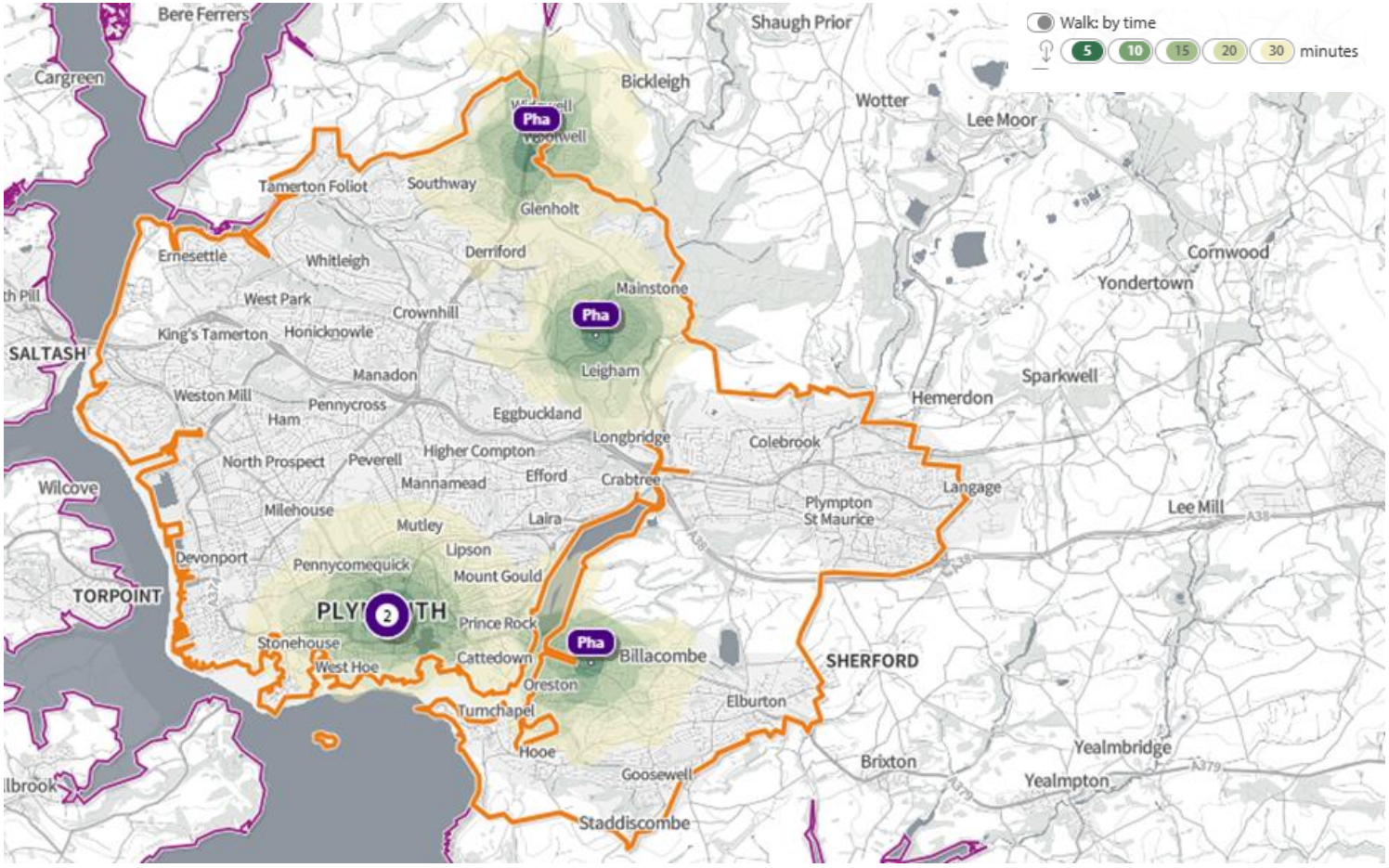
Figure 15: Walking time to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on Sunday mornings, as at May 2025.



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6.3.1.3 Drive time

Figure 16 shows pharmacies within the Plymouth boundary within five and 10 minute drive times and Figure 17 shows the rush hour drive times. Pharmacies are shown individually or as groups and drive time zones are shaded. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/

Figure 16: Areas within five and 10 minute drive times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on weekdays, as at May 2025.

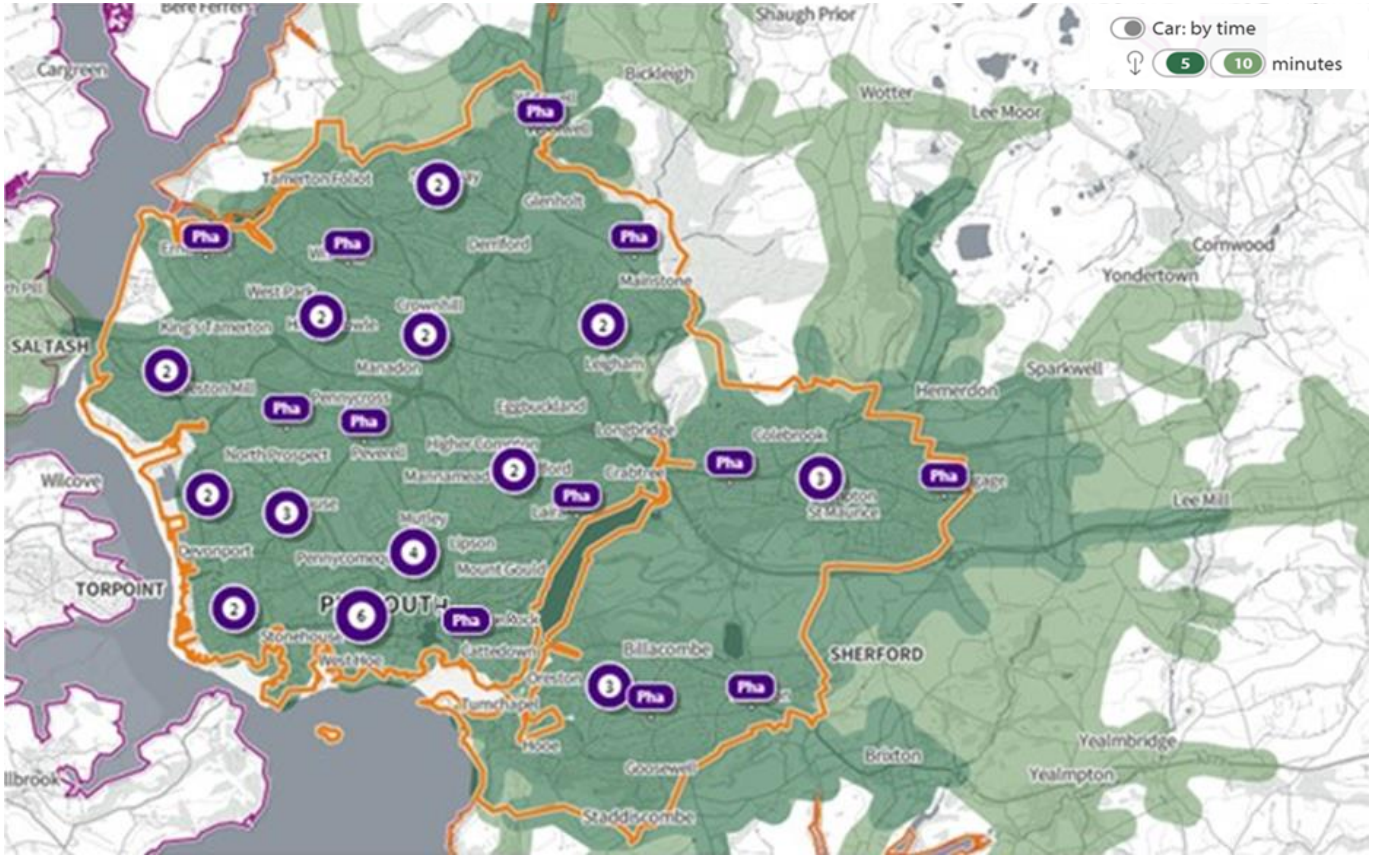

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Figure 17: Areas within five and 10 minute drive times during rush hour on weekdays to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours, as at May 2025.

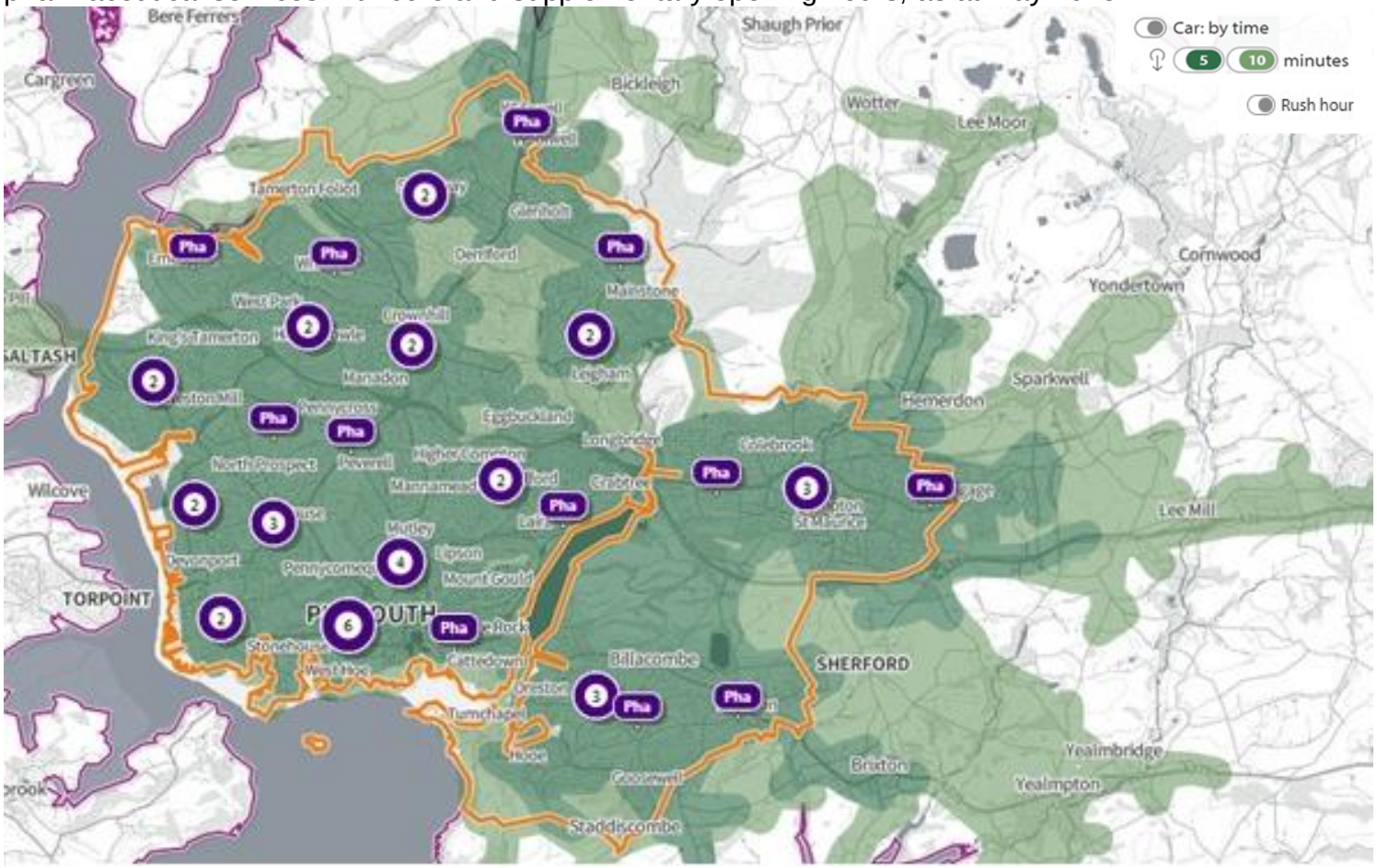

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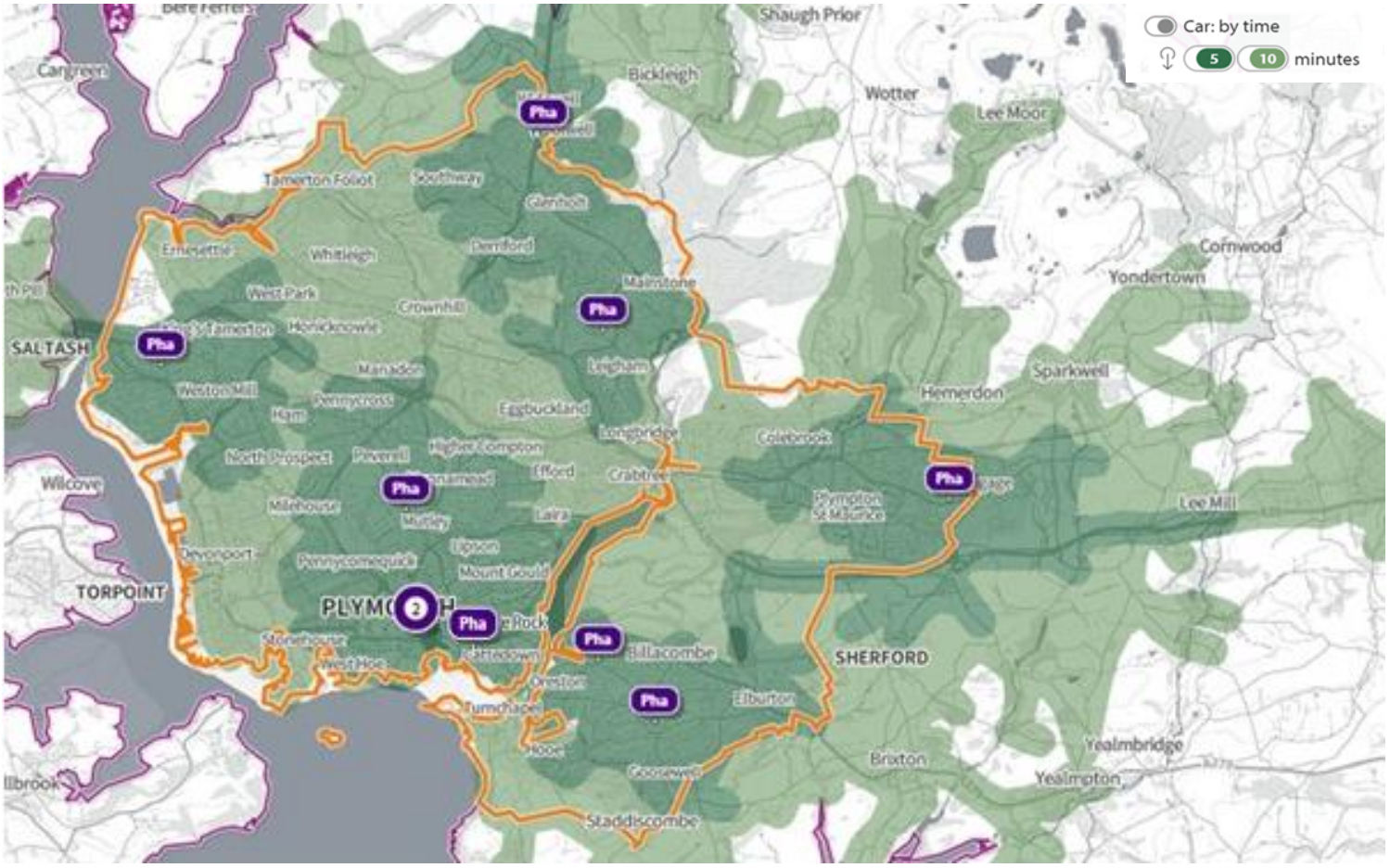
Figure 18: Areas within five and 10 minute drive times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on weekdays after 18:00, as at May 2025.



Key

Pha — Single pharmacy

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Figure 19: Areas within five and 10 minute drive times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on Saturday mornings, as at May 2025.

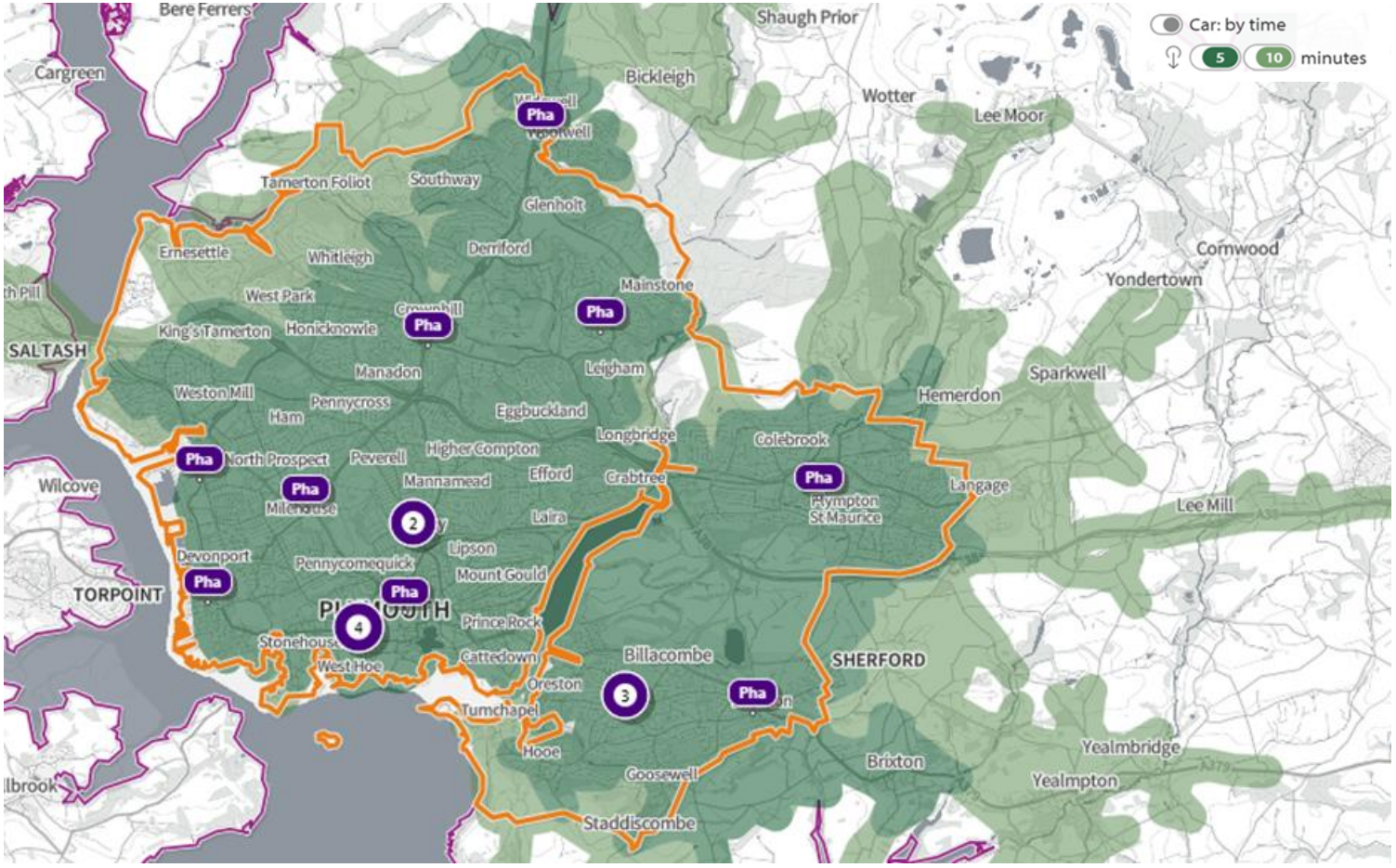

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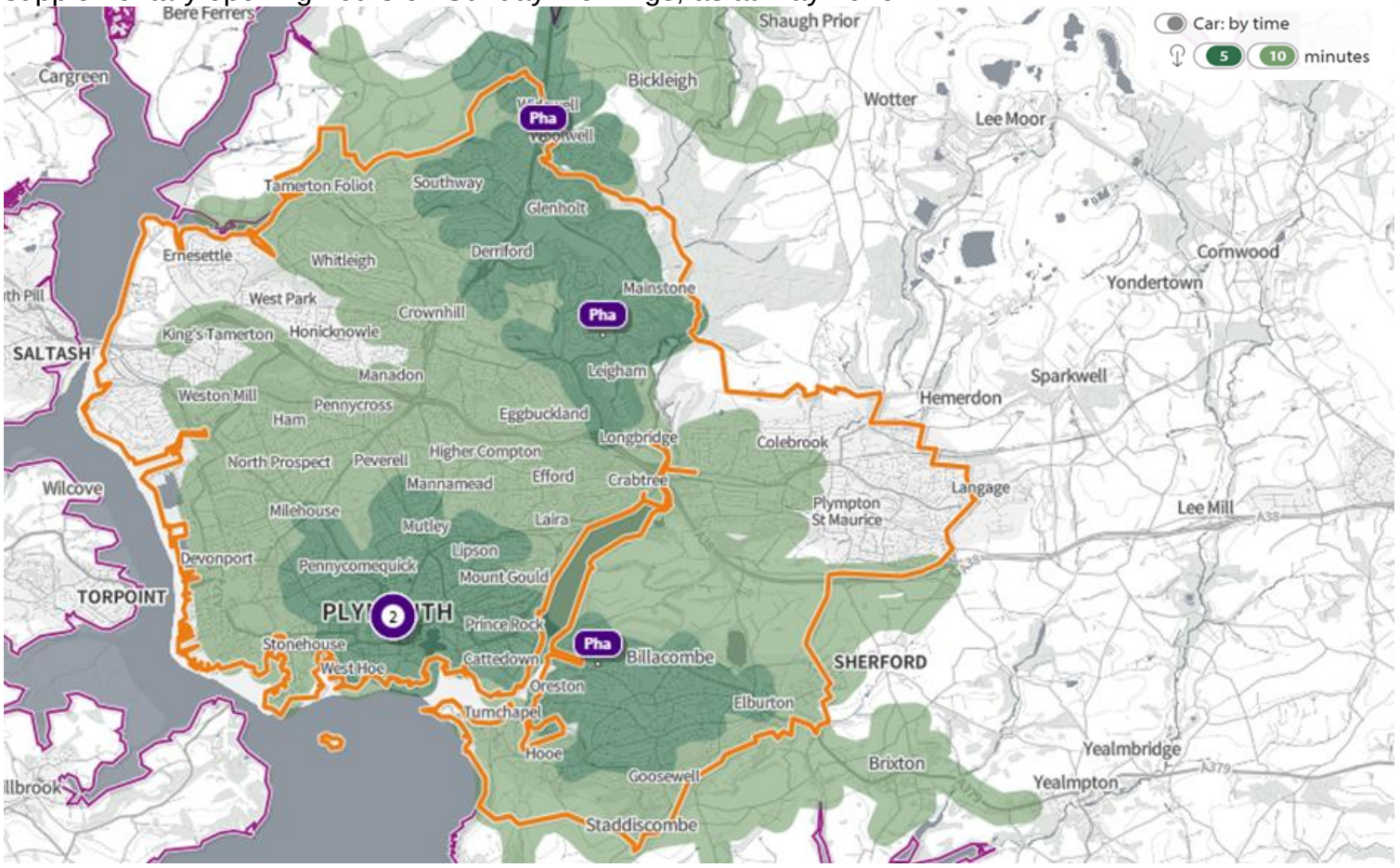
Figure 20: Areas within five and 10 minute drive times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on Sunday mornings, as at May 2025.



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6.3.1.4 Public transport time

Figure 21: Public transport times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on weekday mornings, as at May 2025.

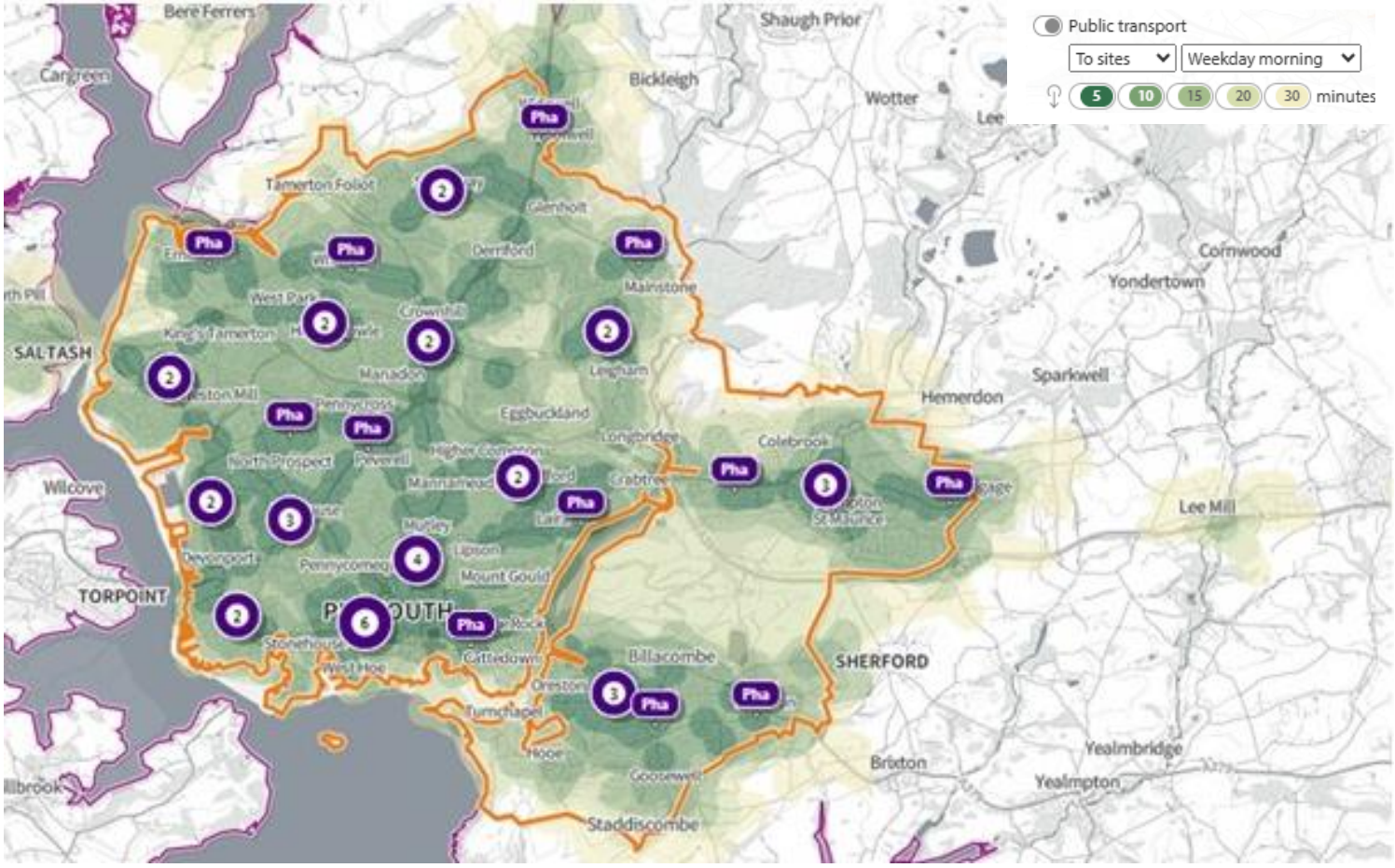

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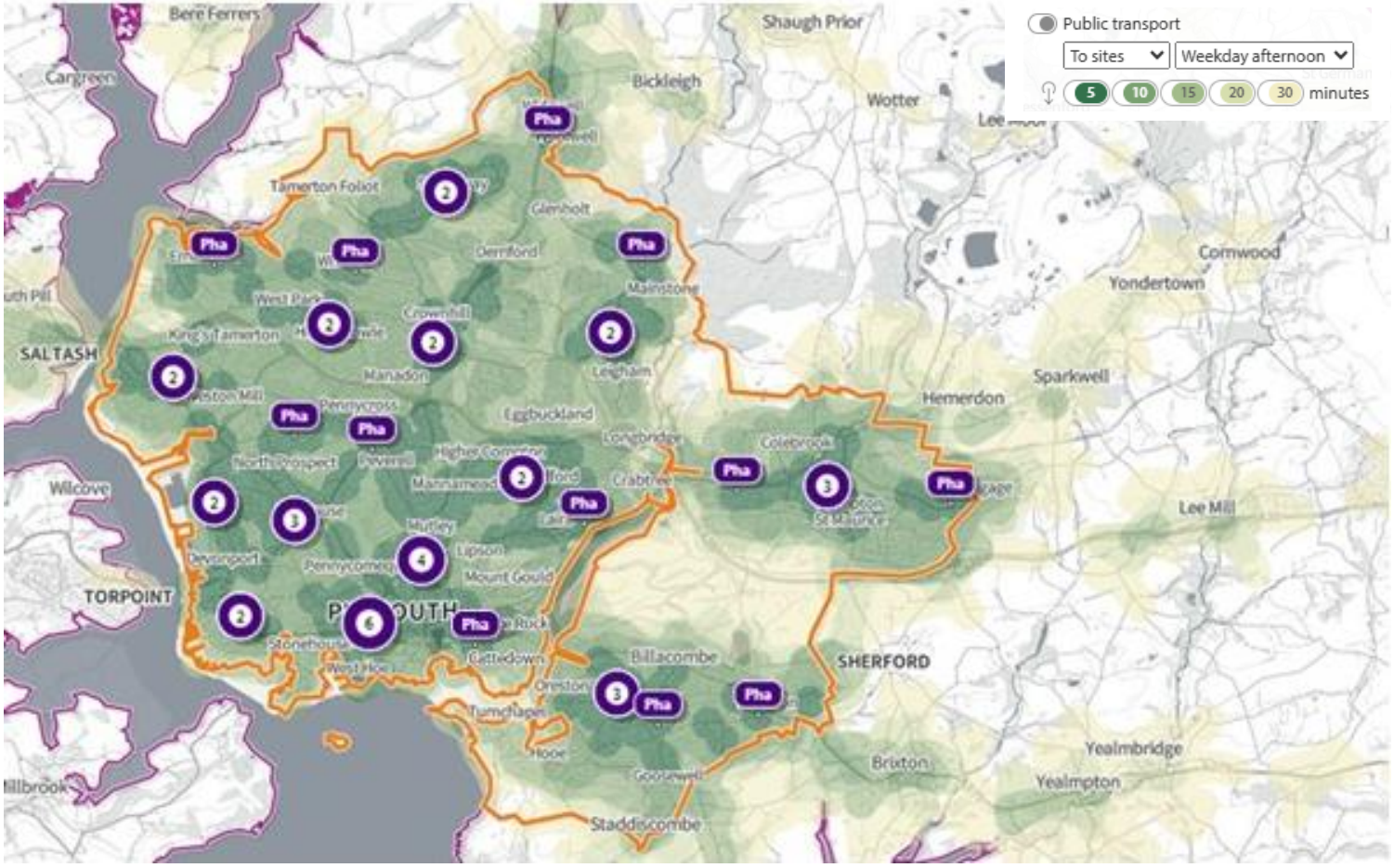
Figure 22: Public transport times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on weekday afternoons, as at May 2025.



Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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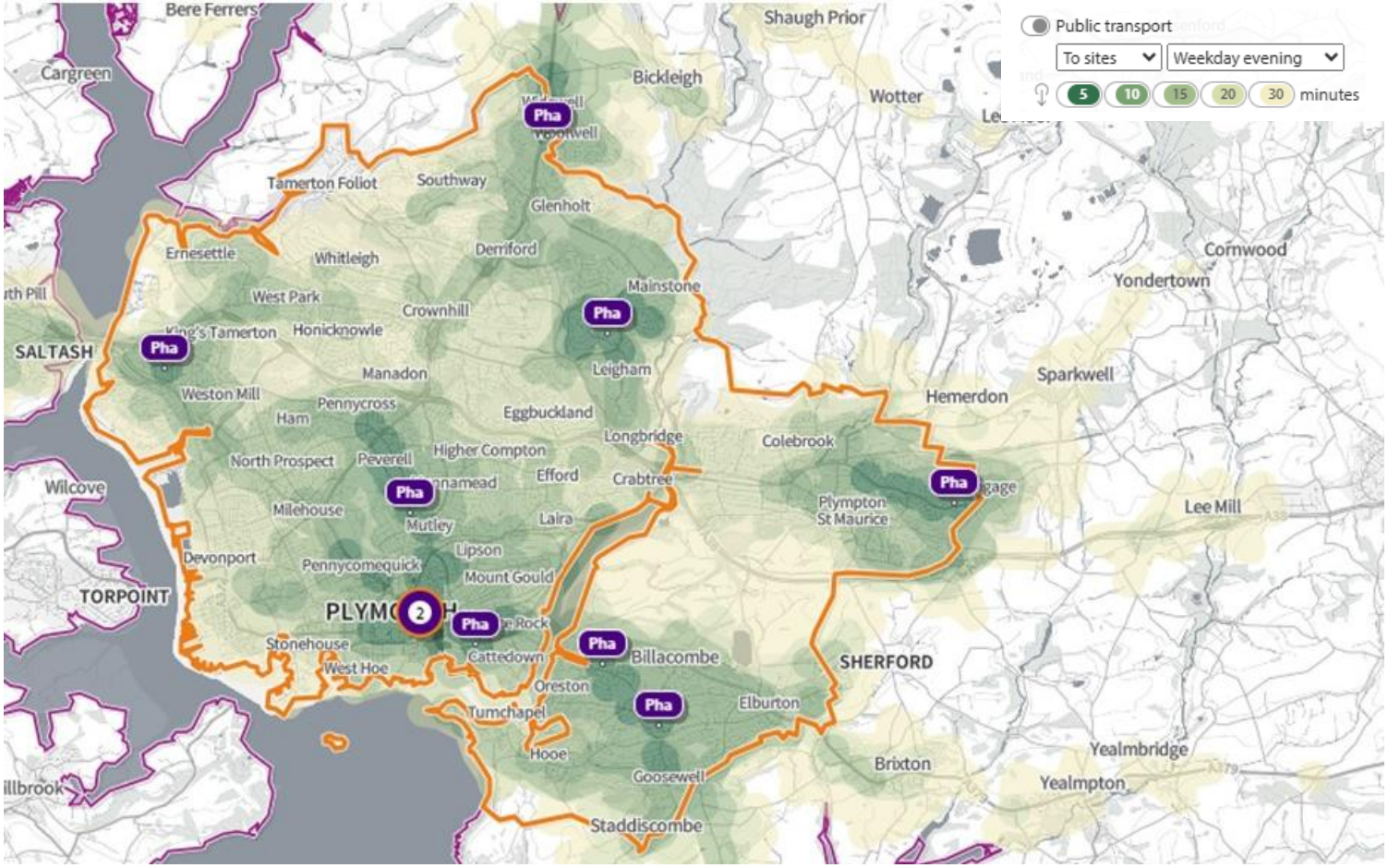
Figure 23: Public transport times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on weekday evenings after 18:00, as at May 2025.



Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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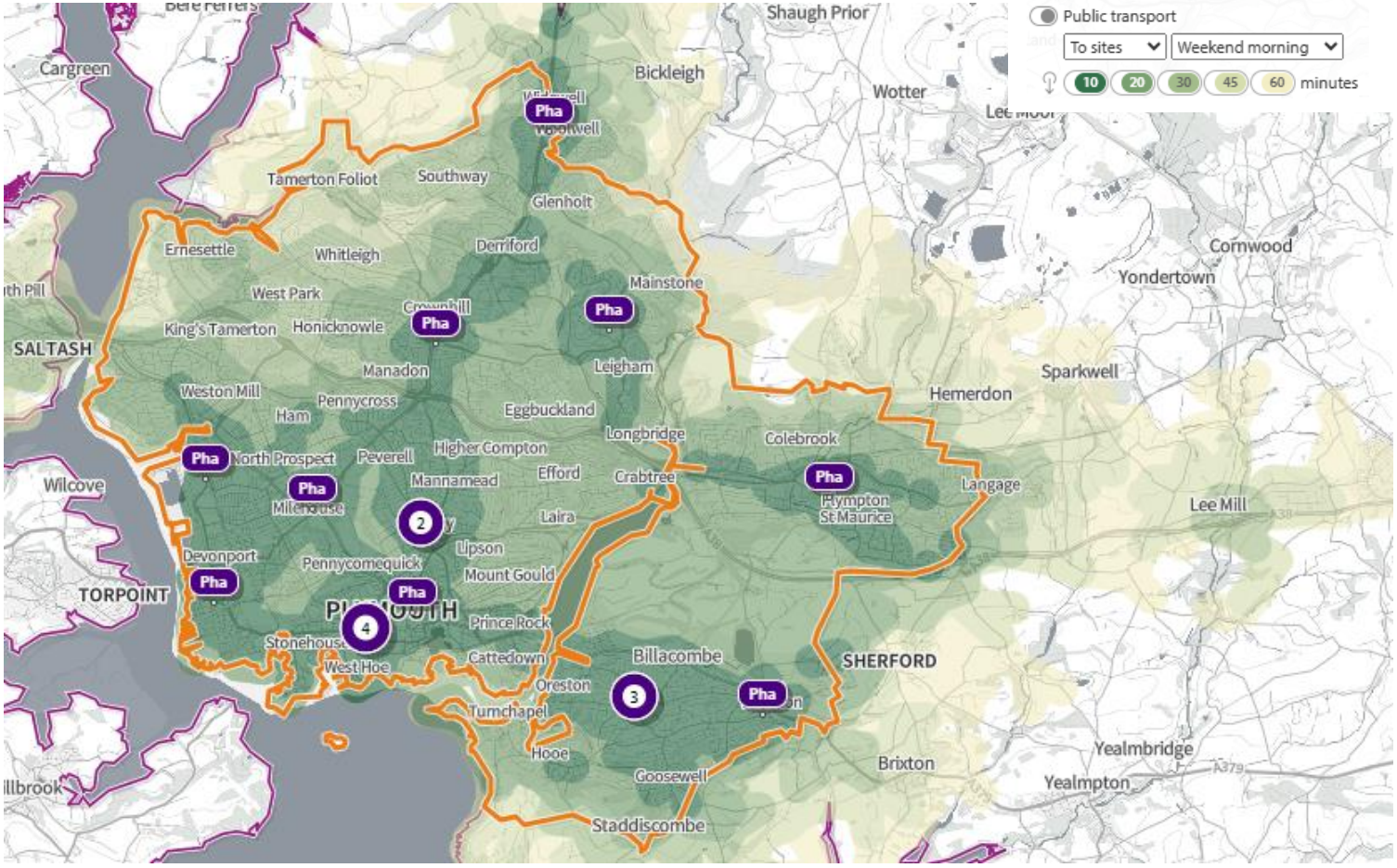
Figure 24: Public transport times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on Saturday mornings, as at May 2025.



Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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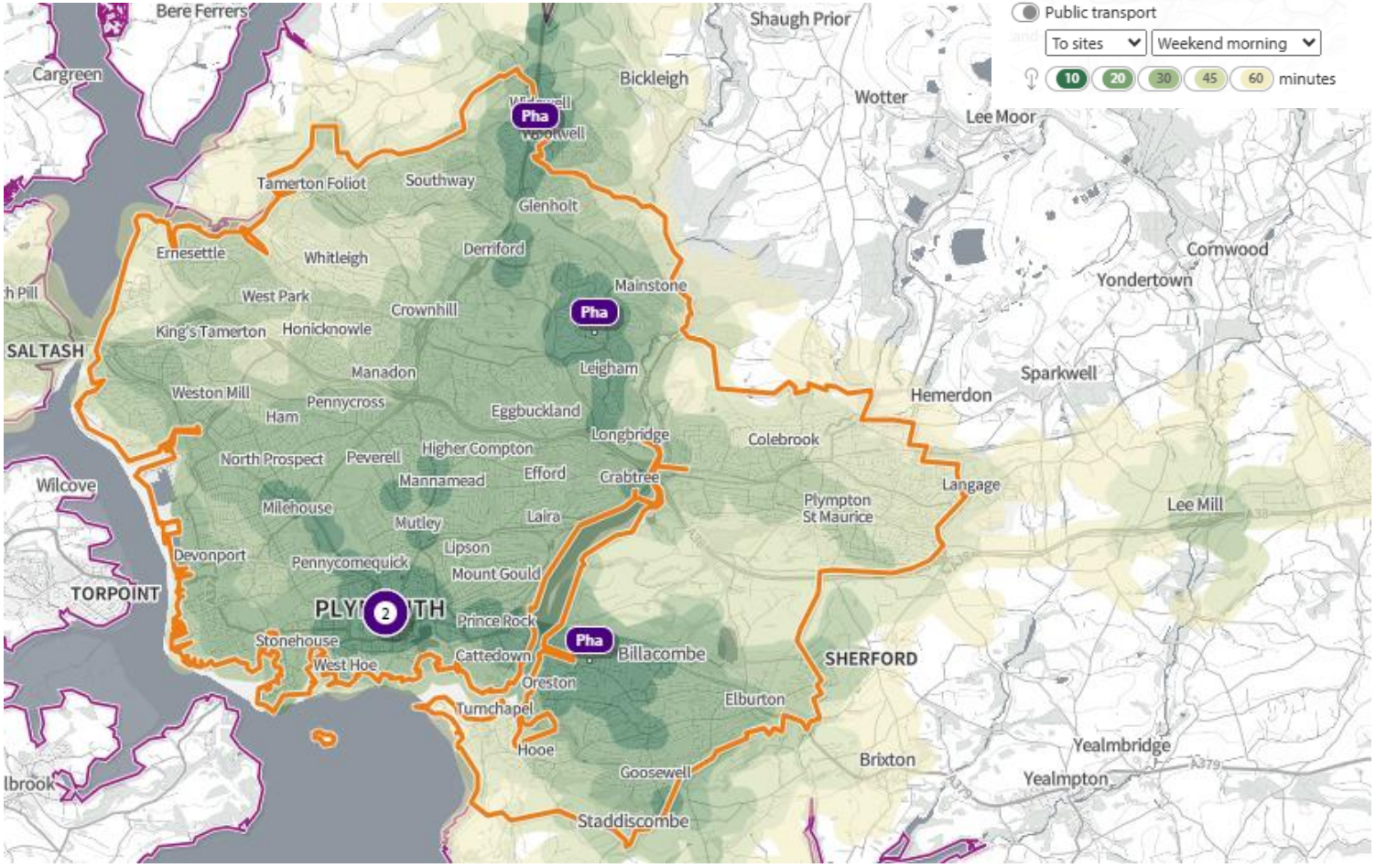
Figure 25: Public transport times to Plymouth-based providers of pharmaceutical services with core and supplementary opening hours on Sunday mornings, as at May 2025.



Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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Section 3.6 shows car ownership in Plymouth (according to the 2021 Census) is slightly below the national average at 75.1% and 76.5% respectively. Car ownership is unevenly distributed across the city, with the West locality having the smallest proportion of owners per household (68.4%) and the East locality having the largest proportion (86.7%). The proportion of Plymouth residents driving to their workplace by car or van was higher than the national average, at 51.2 and 44.5% respectively. In addition, 7.6% of Plymouth residents used public transport to travel to work compared to 8.9% nationally.

6.3.2 Access to the essential services

The ICB has a duty to ensure that residents of the H&WB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and Bank Holidays, or Easter Sunday, although some choose to do so. The ICB asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor, or contractors, to open on one or more of these days to ensure adequate access.

Most pharmacies must open for 40 **core contractual hours**. However, many choose to open for longer and these hours are referred to as **supplementary opening hours** – but a pharmacy can decide to stop providing supplementary hours by giving five weeks' notice to the ICB. Therefore, this section includes a breakdown of opening hours for Plymouth and each locality.

(i) Plymouth

There are 44 community pharmacies in Plymouth as at May 2025. One community pharmacy's core opening hours are seven days a week, however a further four pharmacies open daily with supplementary hours (Table 77 and Figure 26). Two community pharmacy's core opening hours are before 09:00 Monday to Friday and an additional nine open at this time with supplementary hours (Table 77 and Figure 28). Five community pharmacy's core opening hours are after 18:00 Monday to Friday and a further four open at this time with supplementary hours (Table 77 and Figure 29).

Table 77: Plymouth community pharmacies by core and supplementary hours

	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hours**	1	12	26	3	5
No. of pharmacies with **supplementary opening hours**	4	2	-	11	4
Total	5	14	26	14	9

Figure 26: Plymouth community pharmacies open seven days a week (combined core and supplementary hours)

Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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Figure 27: Plymouth community pharmacies open Monday to Saturday only (combined core and supplementary hours)

Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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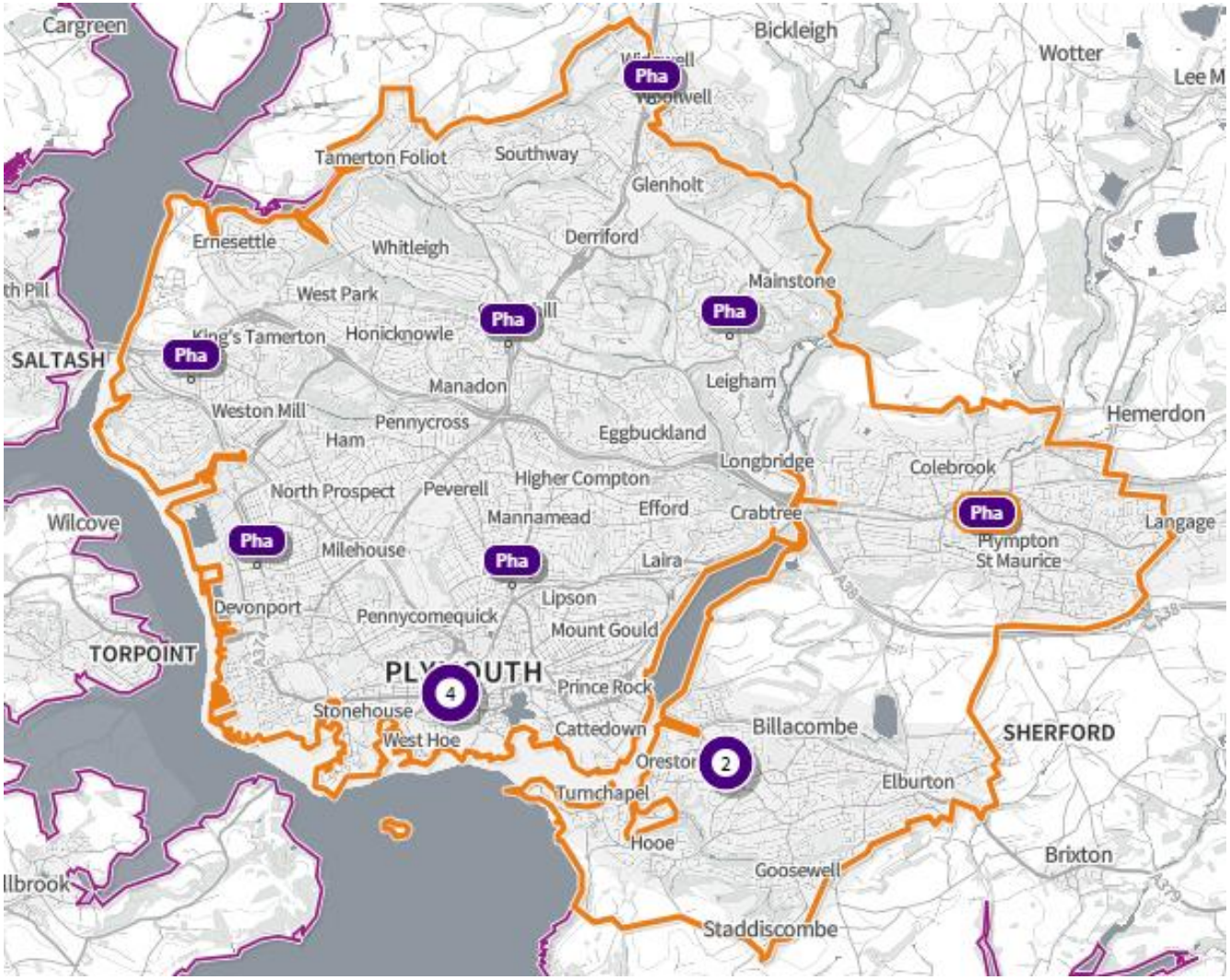
Figure 28: Plymouth community pharmacies open before 09:00 from Monday to Friday (combined core and supplementary hours)



Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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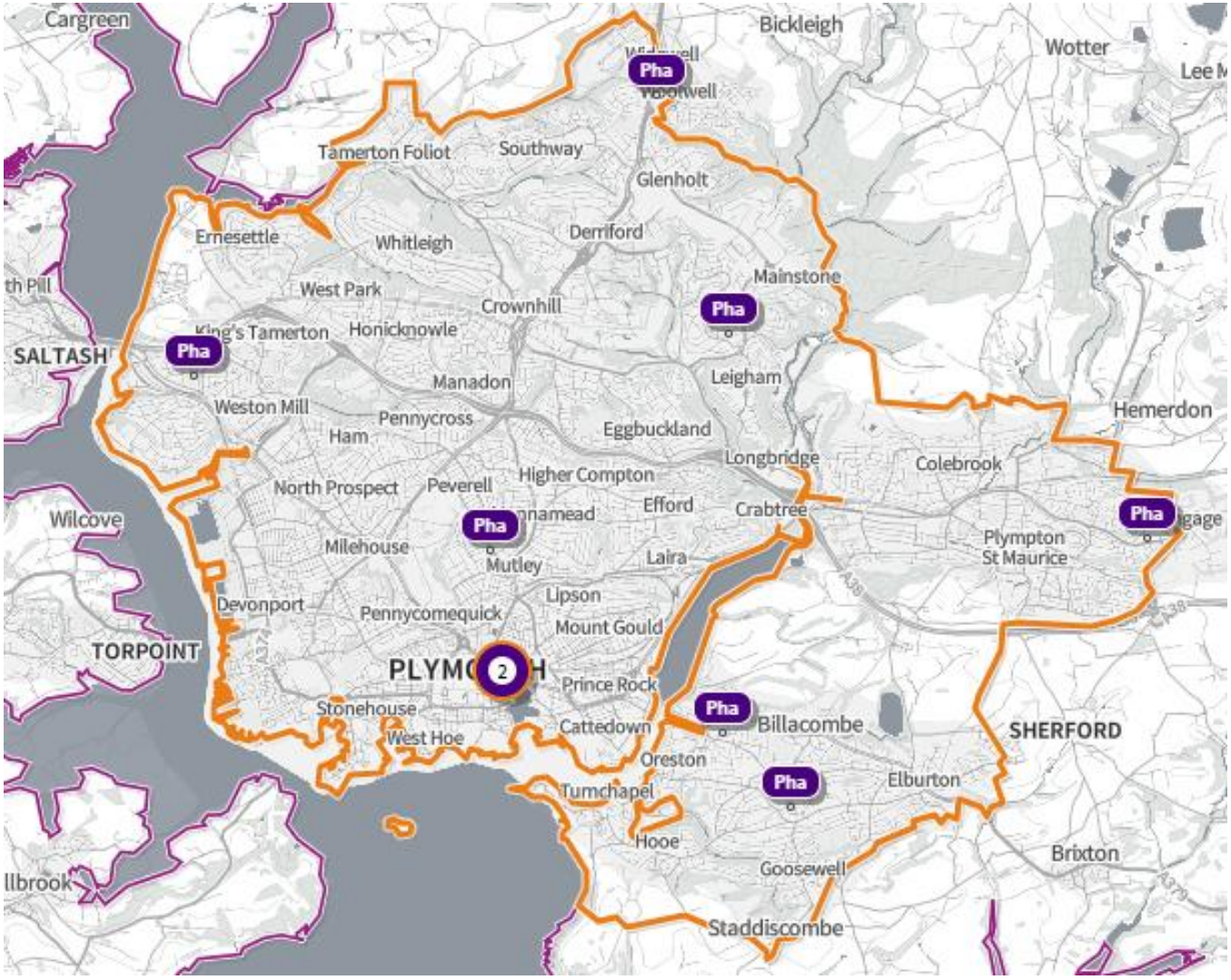
Figure 29: Plymouth community pharmacies open after 18:00 from Monday to Friday (combined core and supplementary hours)



Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

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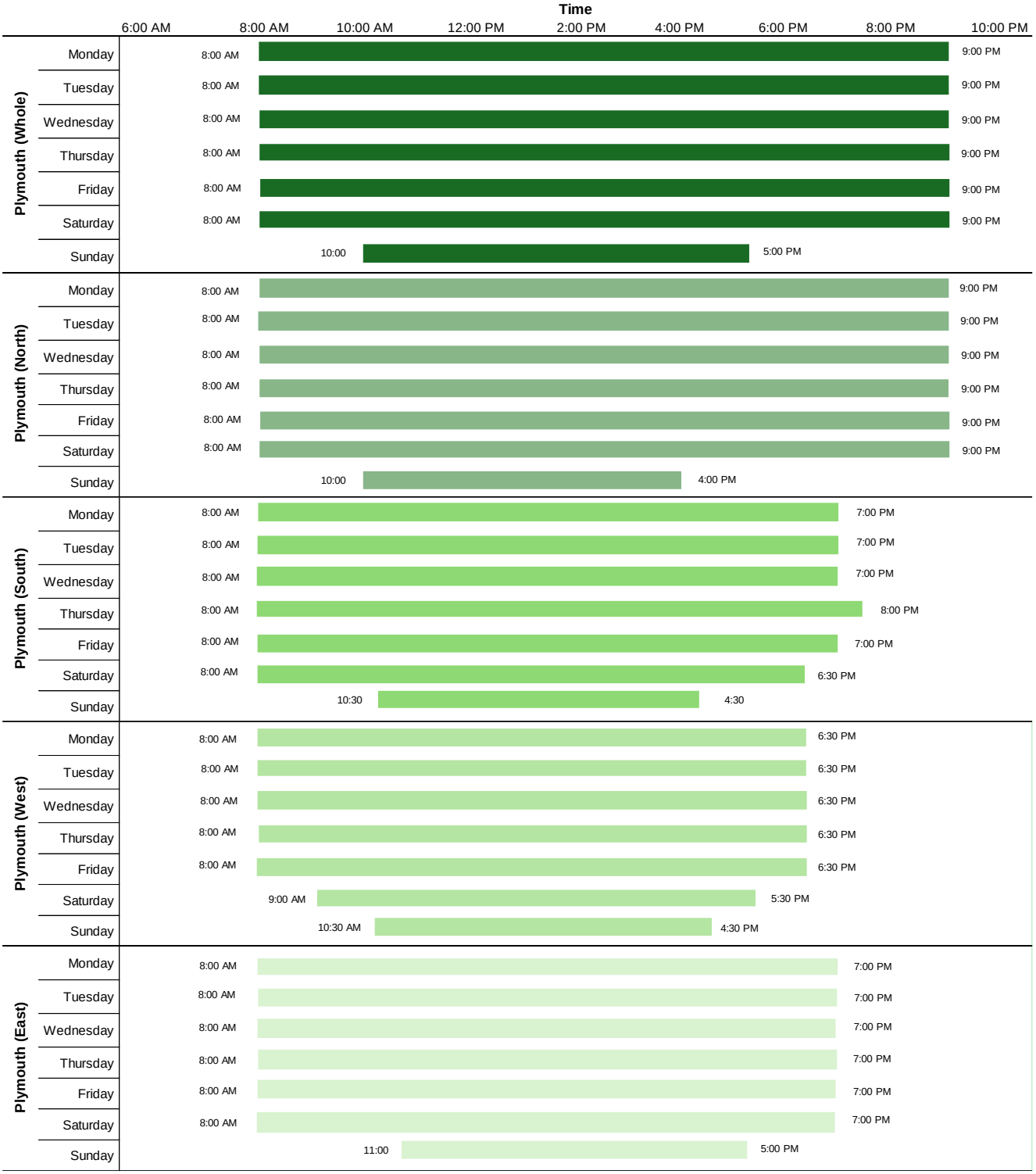
Figure 30: Plymouth earliest opening time and latest closing time, by Plymouth locality and day of the week (combined core and supplementary hours)



(ii) East locality

There are nine community pharmacies in the East locality as at May 2025. There are no community pharmacies whose core opening hours are seven days a week, however one provider opens daily with supplementary hours. One community pharmacy's core opening hours are before 09:00 Monday to Friday and an additional two open at this time with supplementary hours. Two community pharmacy's core opening hours are after 18:00 Monday to Friday and a further provider opens at this time with supplementary hours (Table 78).

Table 78: East locality community pharmacies by core and supplementary hours

	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hours**	0	4	4	1	2
No. of pharmacies with **supplementary opening hours**	1	1	-	2	1
Total	1	5	4	3	3

(iii) North locality

There are 11 community pharmacies in the North locality as at May 2025. There is one community pharmacy whose core opening hours are seven days a week, and a further provider that opens daily with supplementary hours. No community pharmacies have core opening hours are before 09:00 Monday to Friday, however three providers open at this time with supplementary hours. One community pharmacy's core opening hours are after 18:00 Monday to Friday and another provider opens at this time with supplementary hours (Table 79).

Table 79: North locality community pharmacies by core and supplementary hours

	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hours**	1	1	8	0	1
No. of pharmacies with **supplementary opening hours**	1	0	-	3	1
Total	2	1	8	3	2

(iv) South locality

There are eight community pharmacies in the South locality as at May 2025. There

are no community pharmacies whose core opening hours are seven days a week, however one provider opens daily with supplementary hours. No community pharmacies have core opening hours are before 09:00 Monday to Friday, however three providers open at this time with supplementary hours. One community pharmacy's core opening hours are after 18:00 Monday to Friday and a further two providers opens at this time with supplementary hours (Table 80).

Table 80: South locality community pharmacies by core and supplementary hours

	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hours**	0	2	5	0	1
No. of pharmacies with **supplementary opening hours**	1	1	-	3	2
Total	1	3	5	3	3

(v) West locality

There are 15 community pharmacies in the West locality as at May 2025. There are no community pharmacies whose core opening hours are seven days a week, however one provider opens daily with supplementary hours. One community pharmacies has core opening hours are before 09:00 Monday to Friday, and an additional three providers open at this time with supplementary hours. One community pharmacy's core opening hours are after 18:00 Monday to Friday (Table 81).

Table 81: West locality community pharmacies by core and supplementary hours

	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hours**	0	5	9	1	1
No. of pharmacies with **supplementary opening hours**	1	0	-	3	0
Total	1	5	9	4	1

6.3.3 Access to dispensing of medicines

Pharmacies and dispensing doctors dispense medicines, but DACs do not. The times of opening are shown in Section 6.3.2 and more detail is given in the locality

summary in Section 8.

6.3.4 Access to the other essential services

Pharmacies provide the other essential services in relation to medicines, but dispensing doctors do not.

6.3.5 Access to the ‘on demand availability of specialist medicines’ enhanced service

At the time of writing, NHS Devon ICB is in the process of rolling-out the commissioning of a specialised medicines service from community pharmacies.

6.3.6 Access to dispensing of appliances

Some, but not all, pharmacies dispense appliances. DACs dispense appliances, usually by home delivery.

7. Services

7.1 Advanced services

7.1.1 Pharmacy First

(i) Plymouth

All 44 community pharmacies and one distance-selling pharmacy in Plymouth have Pharmacy First accreditation as of May 2025. The new pharmacy first service was launched on 31st January 2024. Therefore at the time of writing, data on the number of Pharmacy First consultations (Table 82) is only available for the first nine months (February to October 2024).

Table 82: Plymouth number of Pharmacy First consultations, per condition, February to October 2024

Pharmacy First conditions	No. of consultations
Acute otitis media	704
Acute sore throat	1,862
Impetigo	387
Infected insect bites	710
Shingles	243
Sinusitis	565
Uncomplicated UTIs	1,981
Urgent medicine supply	4,288
Minor illness referral	3,212

(ii) East locality

All nine community pharmacies in the East locality have Pharmacy First accreditation as of May 2025. At the time of writing, data on the number of Pharmacy First consultations in the East locality (Table 83) is only available for the first nine months (February to October 2024).

Table 83: East locality number of Pharmacy First consultations, per condition, February to October 2024

Pharmacy First conditions	No. of consultations
Acute otitis media	209
Acute sore throat	327
Impetigo	109
Infected insect bites	144
Shingles	62
Sinusitis	142
Uncomplicated UTIs	553
Urgent medicine supply	558
Minor illness referral	3,212

(iii) North locality

All 11 community pharmacies and one distance-selling pharmacy in the North locality have Pharmacy First accreditation as of May 2025. At the time of writing, data on the number of Pharmacy First consultations in the North locality (Table 84) is only available for the first nine months (February to October 2024).

Table 84: North locality number of Pharmacy First consultations, per condition, February to October 2024

Pharmacy First conditions	No. of consultations
Acute otitis media	248
Acute sore throat	648
Impetigo	107
Infected insect bites	281
Shingles	66
Sinusitis	198
Uncomplicated UTIs	477
Urgent medicine supply	1,674
Minor illness referral	684

(iv) South locality

All nine community pharmacies in the South locality have Pharmacy First accreditation as of May 2025. At the time of writing, data on the number of Pharmacy First consultations in the South locality (Table 85) is only available for the first nine months (February to October 2024).

Table 85: South locality number of Pharmacy First consultations, per condition, February to October 2024

Pharmacy First conditions	No. of consultations
Acute otitis media	127
Acute sore throat	483
Impetigo	87
Infected insect bites	148
Shingles	70
Sinusitis	115
Uncomplicated UTIs	534
Urgent medicine supply	1347
Minor illness referral	917

(v) West locality

All 15 pharmacies in the South locality have Pharmacy First accreditation as of May 2025. At the time of writing, data on the number of Pharmacy First consultations in the West locality (Table 86) is only available for the first nine months (February to October 2024).

Table 86: West locality number of Pharmacy First consultations, per condition, February to October 2024

Pharmacy First conditions	No. of consultations
Acute otitis media	120
Acute sore throat	404
Impetigo	84
Infected insect bites	137
Shingles	45
Sinusitis	110
Uncomplicated UTIs	417
Urgent medicine supply	709
Minor illness referral	726

7.1.2 Access to the New Medicines Service (NMS) Advanced service

(i) Plymouth

A total of 43 out of 44 community pharmacies, two DACs and two distance-selling

pharmacies in Plymouth have NMS accreditation as of May 2025. Over the first seven months of 2024/25 (April to October), 14,517 NMSs were undertaken. This is compared to the whole of 2023-24, where 19,858 NMSs were undertaken.

(ii) East locality

All nine community pharmacies and one DAC in the East locality have NMS accreditation as of May 2025. Over the first seven months of 2024/25 (April to October), 2,520 NMSs were undertaken. This is compared to the whole of 2023-24, where 4,393 NMSs were undertaken.

(iii) North locality

All 11 community pharmacies, one DAC and one distance-selling pharmacy in the North locality have NMS accreditation as of as of May 2025. Over the first seven months of 2024/25 (April to October), 4,543 NMSs were undertaken. This is compared to the whole of 2023-24, where 4,929 NMSs were undertaken.

(iv) South locality

All nine community pharmacies and one distance-selling pharmacy in the South locality have NMS accreditation as of May 2025. Over the first seven months of 2024/25 (April to October), 3,253 NMSs were undertaken. This is compared to the whole of 2023-24, where 5,377 NMSs were undertaken.

(v) West locality

In total 14 out of 15 community pharmacies in the West locality have NMS accreditation as of as of May 2025. Over the first seven months of 2024/25 (April to October), 4,201 NMSs were undertaken. This is compared to the whole of 2023-24, where 5,159 NMSs were undertaken.

7.1.3 Seasonal influenza vaccination advanced service

This service has not been included within the definition of ‘necessary services’ because, if it were not provided by pharmacies, an equivalent service would be available from GP surgeries.

(i) Plymouth

42 out of 44 community pharmacies in Plymouth have NHS seasonal influenza vaccination advanced service accreditation as of May 2025. A total of 21,066 vaccinations were given during 2023/24 flu season (September through to March).

(ii) East locality

Eight out of nine community pharmacies in the East locality have NHS seasonal influenza vaccination advanced service accreditation as of May 2025. A total of 4,733 vaccinations were given during 2023/24 flu season.

(iii) North locality

All 11 community pharmacies in the East locality have NHS seasonal influenza vaccination advanced service accreditation as of May 2025. A total of 3,245 vaccinations were given during 2023/24 flu season.

(iv) South locality

All nine community pharmacies in the South locality have NHS seasonal influenza vaccination advanced service accreditation as of May 2025. A total of 6,591 vaccinations were given during 2023/24 flu season.

(v) West locality

14 out of 15 community pharmacies in the West locality have NHS seasonal influenza vaccination advanced service accreditation as of May 2025. A total of 6,497 vaccinations were given during 2023/24 flu season.

7.1.4 Hypertension Case-Finding Service

(i) Plymouth

A total of 43 out of 44 community pharmacies and one distance-selling pharmacy in Plymouth have Hypertension Case-Finding Service accreditation as of May 2025. Over the first seven months of 2024/25 (April to October), 7,231 blood pressure checks and 669 ambulatory blood pressure monitoring (ABPM) checks were undertaken. This compares to the whole of 2023-24, where 8,481 blood pressure checks and 502 ABPM checks were undertaken.

(ii) East locality

All nine community pharmacies in the East locality as of May 2025 provide the Hypertension Case-Finding Service. Over the first seven months of 2024/25 (April to October), 1,329 blood pressure checks and 132 ABPM checks were undertaken. This compares to the whole of 2023-24, where 1,549 blood pressure checks and 67 ABPM checks were undertaken.

(iii) North locality

A total of 10 out of 11 community pharmacies and one distance-selling pharmacy in the North locality as of May 2025 provide the Hypertension Case-Finding Service. Over the first seven months of 2024/25 (April to October), 2,217 blood pressure checks and 255 ABPM checks were undertaken. This compares to the whole of 2023-24, where 1,640 blood pressure checks and 19 ABPM checks were undertaken.

(iv) South locality

All nine community pharmacies in the South locality as of May 2025 provide the Hypertension Case-Finding Service. Over the first seven months of 2024/25 (April to October), 1,537 blood pressure checks and 93 ABPM checks were undertaken. This compares to the whole of 2023-24, where 2,177 blood pressure checks and 167 ABPM checks were undertaken.

(v) West locality

All 15 community pharmacies in the West locality as of May 2025 provide the Hypertension Case-Finding Service. Over the first seven months of 2024/25 (April to October), 2,148 blood pressure checks 189 ABPM checks were undertaken. This is compared to the whole of 2023-24, where 3,115 checks and 249 ABPM checks were undertaken.

7.1.5 Pharmacy Contraception Service (PCS)

(i) Plymouth

A total of 39 out of 44 community pharmacies in Plymouth have PCS accreditation as of May 2025. Between December 2023 to October 2024, 732 ongoing consultations and 105 initiation consultations were provided.

(ii) East locality

All nine community pharmacies in the East locality have PCS accreditation as of May 2025. Between December 2023 to October 2024, 301 ongoing consultations and 34 initiation consultations were provided.

(iii) North locality

Nine out of 11 community pharmacies in the North locality have PCS accreditation as of May 2025. Between December 2023 to October 2024, 51 ongoing consultations and 7 initiation consultations were provided.

(iv) South locality

Eight out of nine community pharmacies in the South locality have PCS accreditation as of May 2025. Between December 2023 to October 2024, 180 ongoing consultations and 33 initiation consultations were provided.

(v) West locality

13 out of 15 community pharmacies in the West locality have PCS accreditation as of May 2025. Between December 2023 to October 2024, 200 ongoing consultations and 31 initiation consultations were provided.

7.2 Other relevant services

Other relevant services are services that are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, ‘other relevant services’ include:

- the advanced services not classed as ‘necessary’ (Smoking Cessation Referral Service, LFD, SAC and AUR)
- services commissioned from pharmacies by Plymouth City Council and NHS Devon ICB
- other NHS services
- services provided by other organisations.

7.2.1 Smoking Cessation Referral Service

(i) Plymouth

33 out of 44 community pharmacies in Plymouth have Smoking Cessation Referral Service accreditation as of May 2025.

(ii) East locality

As of May 2025, seven out of nine community pharmacies in the East locality have Smoking Cessation Referral Service accreditation.

(iii) North locality

Eight out of 11 pharmacies in the North locality as of May 2025 have Smoking Cessation Referral Service accreditation.

(iv) South locality

As of May 2025, six out of nine pharmacies in the South locality have Smoking Cessation Referral Service accreditation.

(v) West locality

A total of 12 out of 15 pharmacies in the West locality as of May 2025 have Smoking Cessation Referral Service accreditation.

7.2.2 Lateral flow device tests (LFD) Service

(i) Plymouth

41 out of 44 community pharmacies and one-distance selling pharmacy in Plymouth has LFD Service accreditation as of May 2025. Over the first ten months of 2024 (January to October), 621 LFDs were provided.

(ii) East locality

All nine community pharmacies in the East locality has LFD Service accreditation as of May 2025. Over the first ten months of 2024 (January to October), 95 LFDs were provided.

(iii) North locality

All 11 community pharmacies and one-distance selling pharmacy in the North locality has LFD Service accreditation as of May 2025. Over the first ten months of 2024 (January to October), 196 LFDs were provided.

(iv) South locality

Eight out of nine community pharmacies in the South locality has LFD Service accreditation as of May 2025. Over the first ten months of 2024 (January to October), 182 LFDs were provided.

(v) West locality

13 out of 15 community pharmacies in the West locality has LFD Service accreditation as of May 2025. Over the first ten months of 2024 (January to October), 148 LFDs were provided.

7.2.3 Stoma appliance customisation (SAC) advanced service

The SAC service is a specialist service which contractors can provide, but many do not. Locally, community health services provide specialist advice to patients on appliances. Pharmacies then dispense prescriptions generated by the services. So whilst, based on activity data for 2023/24 and the first seven months of 2024/25 (April to October), there are two DACs providing SACs in Plymouth, this does not mean there is a gap in provision as many stoma appliances will be dispensed to Plymouth patients by DACs based around the country.

(i) Plymouth

Two DACs in Plymouth (Salts Healthcare Limited and Fittleworth Medical Limited) have SACs accreditation as of May 2025. Over the first seven months of 2024/25 (April to October), 8,724 SACs were provided. In comparison, 20,625 SACs were provided in the whole of 2023-24. Many SACs will also be dispensed by DACs offering this service, which are based around the country.

(ii) East locality

One pharmacy in the East locality has SACs accreditation as of May 2025 (Salts Healthcare Limited), with a total of 7,263 SACs in the first seven months of 2024/25 (April to October). In comparison, 13,141 SACs were provided in the whole of 2023-24.

(iii) North locality

One pharmacy in the North locality has SACs accreditation as of May 2025 (Fittleworth Medical Limited), with a total of 1,461 SACs in the first seven months of 2024/25 (April to October). In comparison, 7,484 SACs were provided in the whole of 2023-24.

(iv) South locality

No pharmacies in the South locality have SACs accreditation as of May 2025. There have been no SACs carried out in this locality in any of the previous three financial years. There are two DACs in Plymouth (Salts Healthcare Limited in the East locality and Fittleworth Medical Limited in the North locality) which have SACs accreditation as of May 2025. Many SACs will also be dispensed by DACs offering this service, which are based around the country.

(v) West locality

No pharmacies in the West locality have SACs accreditation as of May 2025. In the previous three financial years, there has been one pharmacy (Lloyds Pharmacy, Marlborough Street in 2021-22) that carried out this service. There are two DACs in Plymouth (Salts Healthcare Limited in the East locality and Fittleworth Medical Limited in the North locality) which have SACs accreditation as of May 2025. Many SACs will also be dispensed by DACs offering this service, which are based around the country.

7.2.4 Appliance use review (AUR) advanced service

The AUR service is a specialist service which contractors can provide, but many do not. Locally, community health services provide specialist advice to patients on appliances. Pharmacies then dispense prescriptions generated by the services. So whilst, based on activity data for 2023/24 and the first seven months of 2024/25 (April to October), there is one DAC delivering the AUR advanced service in Plymouth, this does not mean there is a gap in provision as many appliance reviews will be supplied to Plymouth patients by DACs based around the country.

(i) Plymouth

One DAC in Plymouth (Fittleworth Medical Limited) has delivered the AUR advanced service over the first seven months of 2024/25 (April to October). 35 AURs were conducted on premises and 55 conducted in users homes. In comparison, 98 and 314 AURs were conducted in the whole of 2023-24 respectively.

(ii) East locality

There have been no AURs carried out in the East locality in any of the previous three financial years. There is one DAC that provides this service in the North locality. AURs are also dispensed by DACs which are based around the country.

(iii) North locality

One DAC (Fittleworth Medical Limited) in the North locality has delivered the AUR advanced service over the first seven months of 2024/25 (April to October). 35 AURs were conducted on premises and 55 conducted in users homes. In comparison, 98 and 314 AURs were conducted in the whole of 2023-24 respectively.

(iv) South locality

There have been no AURs carried out in the South locality in any of the previous three financial years. There is one DAC that provides this service in the North locality. AURs are also dispensed by DACs which are based around the country.

(v) West locality

In the West locality, there have been no AURs carried out in any of the previous three financial years. There is one DAC that provides this service in the North locality. AURs are also dispensed by DACs which are based around the country.

7.3 Services commissioned by the NHS Devon ICB or the Council

As noted in section 2.6, the NHS Devon ICB or Council may commission pharmacies or DACs to provide services.

7.3.1 Services commissioned by the NHS Devon ICB

These are described in section 2.6.2.

7.3.2 Services commissioned by the Council

These are described in section 2.6.1.

7.4 Other NHS services

7.4.1 Hospital pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

In Plymouth, there is an acute hospital at Derriford (PL6 8DH), a community hospital at Mount Gould (PL4 7QD) and a minor injuries unit at the Cumberland Centre (PL1 4JZ).

There is a Boots Pharmacy at Derriford Hospital (previously operated by Lloyds). It offers an outpatient dispensing service for hospital prescriptions only, as well as retail offerings including over the counter medicines and toiletry products. Patients also have the option to collect medicines from their local Boots pharmacy in Plymouth and the surrounding areas. Patients with mobility difficulties can use a shuttle bus to get to the pharmacy, which can collect them from the main entrance. The opening times are Monday to Friday, 8.30am-6pm and Saturday 9.00am-2pm.

7.4.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

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

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Personal administration thus reduces the demand for the dispensing essential service.

7.4.3 GP Out of Hours service

Beyond the normal working hours GP practices open, there is an out of hour's service. This is operated as an initial telephone consultation where the doctor may attend the patient's home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and, in appropriate cases, may issue medicines from stock, for example:

- a full course of antibiotics for an infection, or
- sufficient pain relief medication to tide them over until a prescription can be dispensed.

Alternatively the service may issue a prescription for dispensing at a pharmacy.

7.4.4 NHS walk-in centres

There are no NHS walk-in centres in Plymouth.

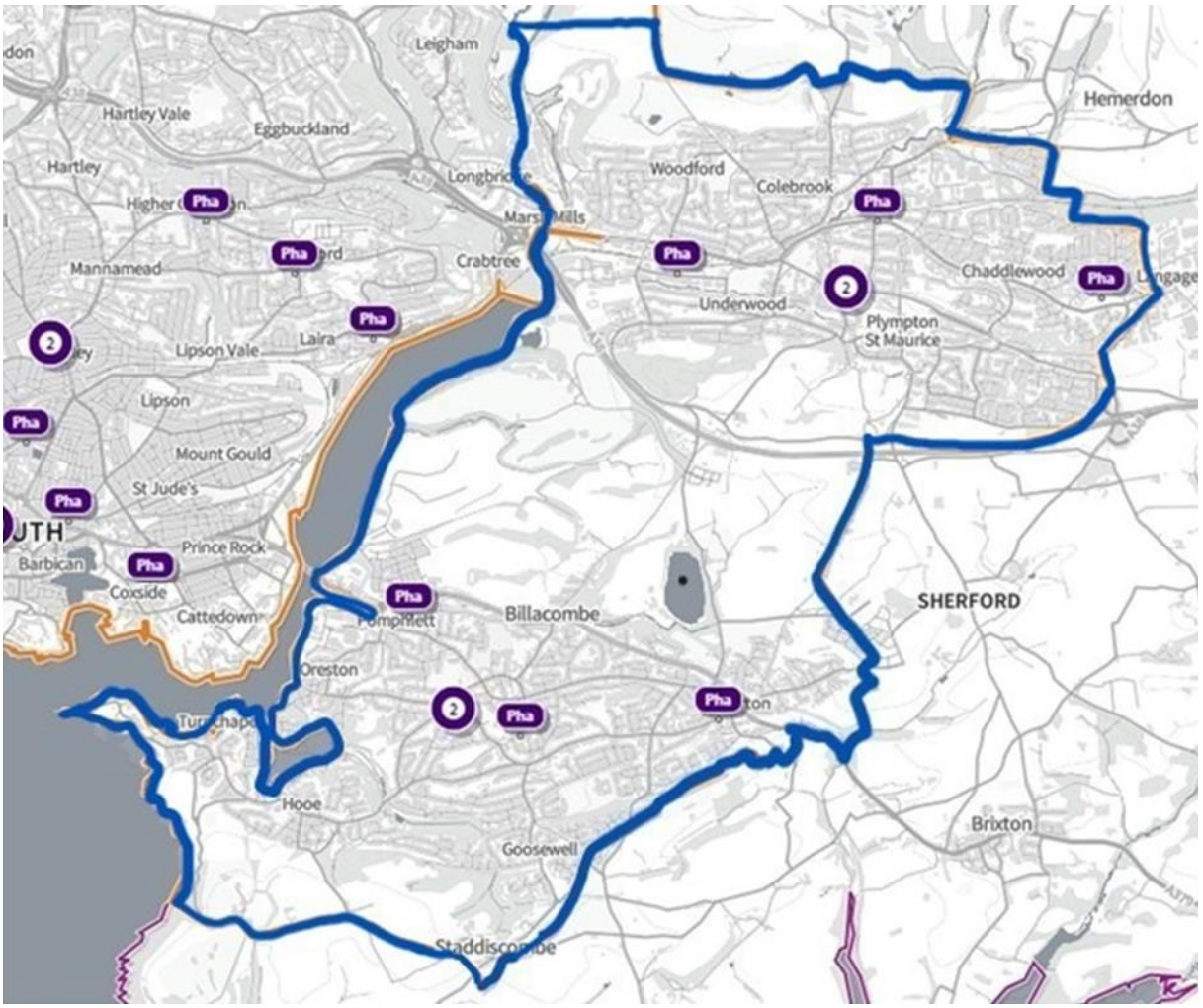
7.5 Services provided by other organisations

There are no pharmacy services provided by other organisations (e.g. defence, private or employee-provided) in Plymouth.

8. Locality summaries

8.1 Plymouth East locality summary

Figure 31: Plymouth East locality and location of current pharmacies (pharmacies are shown individually or as groups). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.



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Key

Pha Single pharmacy

3 Multiple pharmacies located too close together to be able to display separately without increasing resolution

DEMOGRAPHY	
Population size	56,664 (4.1% increase from 2010 to 2022)

Ethnic breakdown	• 95.7% White British • 1.9% All other White • 1.1% Mixed/multiple ethnic groups • 0.6% Asian/Asian British • 0.3% Black/African/Caribbean/Black British • 0.4% Other ethnic groups
IMD 2019 score; and locality rank (1=most deprived, 4=least deprived)	11.8; rank: 4/4
HEALTH NEEDS OVERVIEW	
Rank for locality-based 'cradle to grave' health profile (1=locality with greatest needs)	4/4
Rank for public health indicators related to pharmaceutical services (1=locality with greatest needs)	4/4
BEST HEALTH OUTCOMES FOR THIS LOCALITY	
• Highest life expectancy • Lowest percentage of childhood obesity • Lowest percentage of long-term health problem or disability • Lowest rate of emergency admissions • Lowest rate of mortality from cancer (all ages and under 75s) • Lowest rate of emergency admissions for cardiovascular disease (all ages and under 75s) • Lowest rate of admissions from falls (aged 65 and over) • Lowest rate of teenage pregnancy • Lowest rate of smoking in pregnancy • Lowest rate of substance misuse treatment episodes • Lowest hospital admissions due to self-harm	• Lowest mortality rate for respiratory diseases (all ages and under 75s) • Lowest hospital admissions due to cardiovascular disease (under 75s) • Lowest percentage of parents who smoke, or misuse drugs or alcohol • Lowest percentage of parents who suffer mental illness • Lowest rate of families experiencing social isolation • Lowest percentage of smoking and adult obesity (GP referrals) • Second highest percentage of babies had mothers intending to breastfeed at delivery
KEY HEALTH NEEDS FOR THIS LOCALITY	
• Highest population of people aged 75 and over • Highest percentage of high blood pressure (GP referrals)	
HOUSING GROWTH AND SIGNIFICANT HOUSING DEVELOPMENTS	
The development at Plymstock Quarry, also known as Saltram Meadow, is the largest development in the East locality totaling 1,684 dwellings. As of 31st March 2024, 606 dwellings have been delivered. A further 403 dwellings are deemed to be deliverable over the period 2024 to 2029 with the remaining 675 dwellings anticipated to occur beyond March 2029. In relation to the Sherford development, the majority of which falls immediately outside the city boundary, a deliverable supply of an additional 1,688 dwellings has been identified over the next 5 years. The sustainable urban extension at Land at West Park Hill (PLY52) also falls immediately outside the city boundary to the east of Plympton. As at 15 October 2024, this site has yet to attain planning consent, therefore we are currently not projecting the delivery of any dwellings in the next 5 years.	

Deliverable dwellings 2024 to 2029 on developments of 25+ (net)

Site address	Deliverable dwellings 2024 to 2029
Saltram Meadow (PLY 50)	403
Former China Clay Site, Coypool (PLY53)	175
Land off Newnham Road, Colebrook (PLY60.10)	43
Sherford (PLY 48)	28

PHARMACY PROVISION OVERVIEW	
Number of GP practices (2024/25)	6
Number of pharmacies (2024/25)	9
Pharmacies per 10,000 population (2023/24)	17.6
Number of items dispensed (2023/24) Number of items dispensed (2024/25 Apr-Oct)	1,075,004 639,590
Items dispensed by per head (2023/24)	19.0

ACCESSIBILITY

	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hrs**	0	4	4	1	2
No. of pharmacies with **supplementary opening hrs**	1	1	-	2	1
Total	1	5	4	3	3

Longest pharmacy opening times within this locality	66 hrs (40 core and 26 supplementary) 08:00-13:30, 14:30-19:00 Monday-Friday 08:00-13:30, 14:30-19:00 Saturday 11:00-17:00 Sunday
Proportion of households with no car; and locality rank (1=lowest proportion of car ownership)	13.3%; rank: 4/4
Proportion of lone pensioner households with no car; and locality rank	53.8%; rank: 1/4
Proportion of lone parent families with no car; and locality rank	10.4%; rank: 4/4
Drive time analysis	The longest drive time to a pharmacy is 10 minutes, with the majority able to access a pharmacy by car within 5 minutes.
Public transport	All pharmacies are accessible via public transport
PROVISION OF PHARMACEUTICAL SERVICES	
(1) Essential services (as at May 2025)	
No. of pharmacies dispensing appliances	All pharmacies
(2) Advanced services (as at May 2025)	
No. offering Pharmacy First Service	All pharmacies

No. offering New Medicine Service (NMS)	All pharmacies
No. offering Seasonal Influenza Vaccination Service	8 out of 9 community pharmacies
No. offering Hypertension Case-Finding Service	All pharmacies
No. offering Pharmacy Contraception Service (PCS)	All pharmacies
(3) Advanced services not classed as 'necessary' (as at May 2025)	
No. offering Smoking Cessation Referral Service	7 out of 9 community pharmacies
No. offering Lateral Flow Device (LFD) Service	All pharmacies
No. offering Stoma Appliance Customisation (SAC)	1 DAC
No. offering Appliance Use Review Service (AUR)	0
(4) Enhanced services (as at May 2025)	
At the time of writing, NHS Devon ICB is in the process of rolling-out the commissioning of a specialised medicines service from community pharmacies.	
GAP ANALYSIS: CHANGES IN PROVISION SINCE THE LAST PNA	

One community pharmacy changed ownership at Church Road, Plymstock, one community pharmacy closed at Mudge Way, Plympton in November 2023 and no new pharmacies have opened in the locality.

Changes in total **core opening** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
456.75	416.75	-40.00

Changes in **core opening hours** of existing providers, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
10	0	+0.00	0	-0.00	0.00

Changes in total **supplementary opening** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
82.00	66.50	-15.50

Changes in **supplementary opening** hours, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
10	2	+5.50	2	-10.00	-4.50

Changes in **total opening hours (core and supplementary)** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
538.75	483.25	-55.50

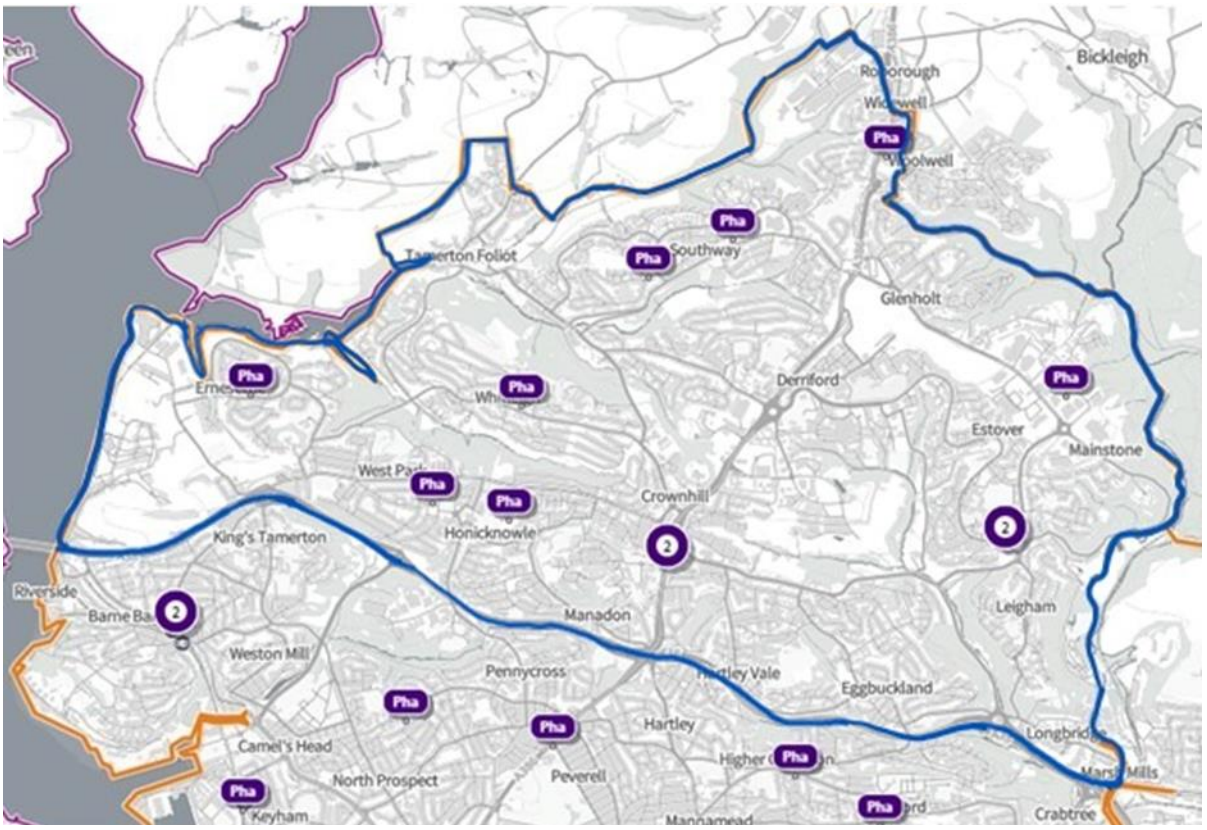
Changes in **total opening hours** (core and supplementary) hours, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
10	2	+5.50	2	-10.00	-4.50

GAP ANALYSIS: CURRENT PROVISION
Current gaps in opening hours **(i) Weekdays before 09:00** Based on the information available at the time of developing this PNA, there are no gaps in access to community pharmacy provision before 09:00 Monday to Friday. **(ii) Weekdays after 18:00** Based on the information available at the time of developing this PNA, there are no gaps in access after 18:00 Monday to Friday. **(iii) Saturday opening hours** Based on the information available at the time of developing this PNA, there are no gaps in access on Saturdays. **(iv) Sunday opening hours** Based on the information available at the time of developing this PNA, there are no gaps in Sunday access. **Other relevant services: current gaps in provision** Based on the information available at the time of developing this PNA, there are no gaps identified.
GAP ANALYSIS: FUTURE PROVISION
Future gaps in geographical need Based on the information available at the time of developing this PNA, pharmacy access for residents of Saltram Meadow is covered by provision at Pomphlett Road, Plymstock and for Plymouth residents of Sherford there is pharmacy provision at Elburton. However, if either of these community pharmacies were to close during the life of this PNA, this would trigger a future gap in this locality. **Future gaps in opening hours** Based on the information available at the time of developing this PNA, pharmacy access for residents on Sundays is covered by provision at Pomphlett Road, Plymstock. However, if this community pharmacy were to close during the life of this PNA, this would trigger a future gap in this locality. **Other relevant services: future gaps in provision** Based on the information available at the time of developing this PNA, there are no gaps identified.

8.2 Plymouth North locality summary

Figure 32: Plymouth North locality and location of current pharmacies (pharmacies are shown individually or as groups). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.



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Key

Pha Single pharmacy

3 Multiple pharmacies located too close together to be able to display separately without increasing resolution

DEMOGRAPHY	
Population size	67,877 (6.3% increase from 2010 to 2022)
Ethnic breakdown	• 92.9% White British • 2.7% All other White • 1.2% Mixed/multiple ethnic groups • 1.6% Asian/Asian British • 0.9% Black/African/Caribbean/Black British • 0.6% Other ethnic group
IMD 2019 score; and locality rank (1=most deprived, 4=least deprived)	27.1; rank: 2/4
HEALTH NEEDS OVERVIEW	

Rank for locality-based 'cradle to grave' health profile (1=locality with greatest needs)	2/4
Rank for public health indicators related to pharmaceutical services (1=locality with the greatest need)	2/4
BEST HEALTH OUTCOMES FOR THIS LOCALITY	
• Growing population (second highest number of births) • Lowest mortality rate for cardiovascular disease (all ages) • Lowest percentage of babies born with low birth weight • Second lowest mortality rate for respiratory diseases (all ages and under 75s) • Second lowest mortality rate for cancer (all ages and under 75s)	• Second highest life expectancy • Second lowest rate of emergency admissions for cardiovascular disease (all ages and under 75s) • Second lowest rate of substance misuse treatment episodes • Second lowest percentage of smoking (GP referrals) • Second lowest percentage of families experiencing social isolation
KEY HEALTH NEEDS FOR THIS LOCALITY	
• Highest percentage of childhood obesity • Highest rate of dental extractions in children • Highest rate of admissions from falls (aged 65 and over) • Second highest percentage of long-term health problem or disability • Second lowest percentage of babies had mothers intending to breastfeed at delivery • Second highest rate of emergency admissions • Second highest hospital admissions due to self-harm	• Second highest rate of elective admissions • Second highest rate of teenage pregnancy • Second highest rate of smoking in pregnancy • Second highest percentage of families with parents who smoke, or misuse drugs or alcohol • Second highest percentage of parents who suffer mental illness
PHARMACY PROVISION OVERVIEW	
Number of GP practices (2024/25)	8
Number of pharmacies (2024/25)	12
Pharmacies per 10,000 population (2023/24)	17.7
Number of items dispensed (2023/24) Number of items dispensed (2024/25 Apr-Oct)	1,414,424 899,360
Items dispensed by per head (2023/24)	20.8

HOUSING GROWTH AND SIGNIFICANT HOUSING DEVELOPMENTS

The development at Seaton Neighbourhood also known as Palmerston Heights is the largest development in the North locality totalling 923 dwellings. As of 31st March 2024, 371 dwellings have been delivered. A further 240 dwellings are deemed to be deliverable over the period 2024 to 2029 with the remaining 312 dwellings anticipated to occur beyond March 2029.

Deliverable dwellings 2024 to 2029 on developments of 25+ (net)

Site address	Deliverable dwellings 2024 to 2029
Seaton Neighbourhood (PLY 40)	240
Land either side of Clittaford Road, Southway (PLY59.2)	125
Whitleigh Community Centre (PLY59.16)	27

As at 15 October 2024, there are two live planning applications totaling 2,000 dwellings on land at Woolwell (PLY44) immediately outside the city boundary. These applications have yet to be

determined, therefore we are currently not projecting the delivery of any dwellings in the next five years associated with this development.					
ACCESSIBILITY					
	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hrs**	1	1	8	0	1
No. of pharmacies with **supplementary opening hrs**	1	0	-	3	1
Total	2	1	8	3	2
Longest pharmacy opening times within this locality			77 hrs (40 core and 37 supplementary) 08:00-20:00 Monday-Friday 08:00-20:00 Saturday 10:00-16:00 Sunday		
Proportion of households with no car; and locality rank (1=lowest proportion of car ownership)			21.2%; rank: 3/4		
Proportion of lone pensioner households with no car; and locality rank			38.1%; rank: 2/4		
Proportion of lone parent families with no car; and locality rank			17.0%; rank: 2/4		
Drive time analysis			The longest drive time to a pharmacy is 5 minutes.		
Public transport			All pharmacies are accessible via public transport		
PROVISION OF PHARMACEUTICAL SERVICES					
(1) Essential services (as at May 2025)					
No. of pharmacies dispensing appliances			All pharmacies		
(2) Advanced services (as at May 2025)					
No. offering Pharmacy First Service			All pharmacies		
No. offering New Medicine Service (NMS)			All pharmacies		
No. offering Seasonal Influenza Vaccination Service			All pharmacies		
No. offering Hypertension Case-Finding Service			10 out of 11 community pharmacies		
No. offering Pharmacy Contraception Service (PCS)			9 out of 11 community pharmacies		
(3) Advanced services not classed as 'necessary' (as at May 2025)					
No. offering Smoking Cessation Referral Service			8 out of 11 community pharmacies		
No. offering Lateral Flow Device (LFD) Service			All pharmacies		
No. offering Stoma Appliance Customisation (SAC)			1 DAC		
No. offering Appliance Use Review Service (AUR)			1 DAC		
(4) Enhanced services (as at May 2025)					

At the time of writing, NHS Devon ICB is in the process of rolling-out the commissioning of a specialised medicines service from community pharmacies

GAP ANALYSIS: CHANGES IN PROVISION SINCE THE LAST PNA

Since the last PNA was published, one pharmacy has changed ownership (at Honicknowle Green), one appliance contractor has relocated (to Barrack Court, Derriford) and no pharmacies have closed or opened in the locality.

Changes in total **core opening** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
593.00	547.00	-46.00

Changes in **core opening hours** of existing providers, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
13	0	+0.00	3	-46.00	-46.00

Changes in total **supplementary opening** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
151.50	89.50	-62.00

Changes in **supplementary opening** hours by locality, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
13	1	+2.50	7	-64.5	-62.0

Changes in **total opening hours (core and supplementary)** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
744.50	636.50	-108.00

Changes in **total opening hours** (core and supplementary) hours, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
13	0	+0.00	9	-108.00	-83.50

GAP ANALYSIS: CURRENT PROVISION

Current gaps in opening hours

(i) Weekdays before 09:00

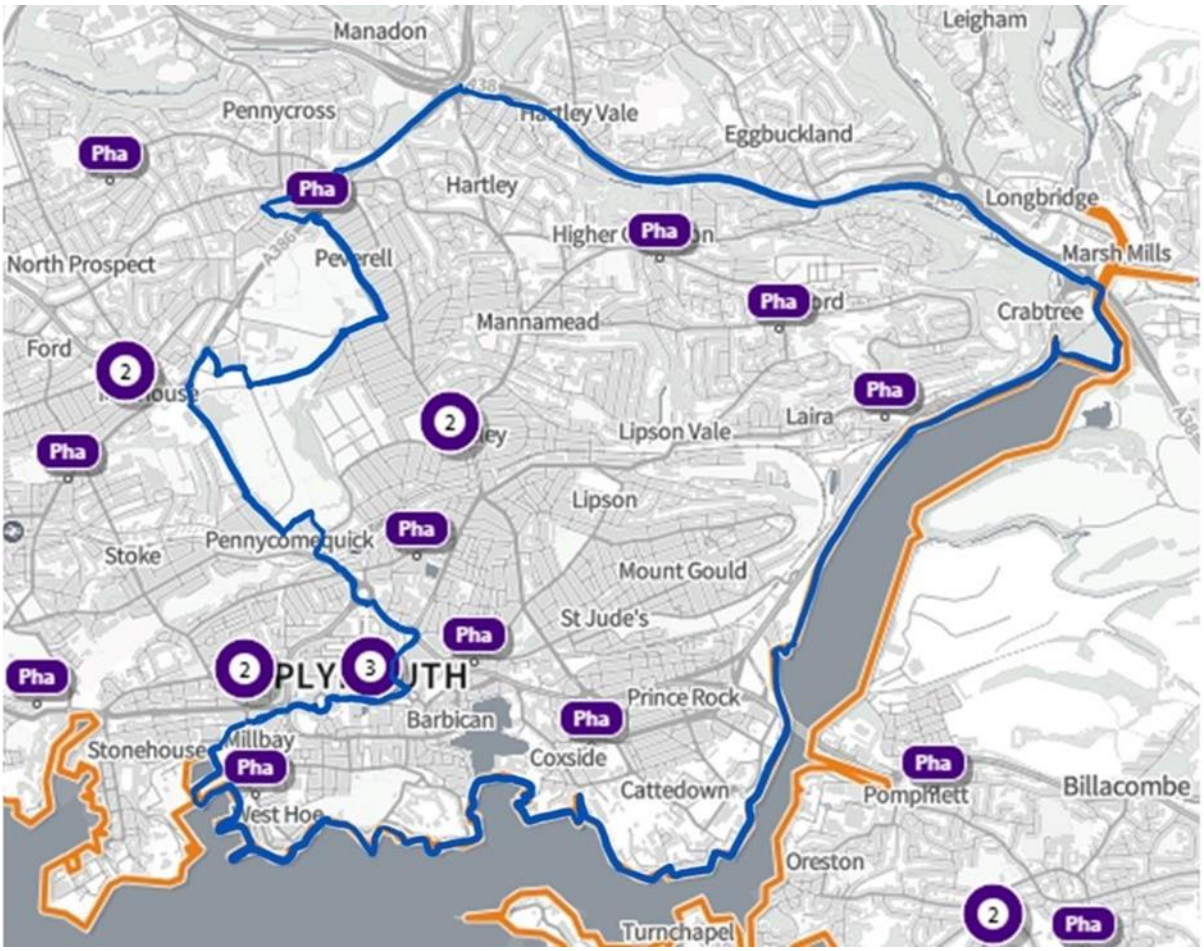
Based on the information available at the time of developing this PNA, there are no gaps in access to community pharmacy provision before 09:00 Monday to Friday.

(ii) Weekdays after 18:00

Based on the information available at the time of developing this PNA, there are no gaps in access to community pharmacy provision after 18:00 Monday to Friday. **(iii) Saturday opening hours** Based on the information available at the time of developing this PNA, there are no gaps in access on Saturdays. **(iv) Sunday opening hours** Based on the information available at the time of developing this PNA, there are no gaps in Sunday access. **Other relevant services: current gaps in provision** Based on the information available at the time of developing this PNA, there are no gaps identified.
GAP ANALYSIS: FUTURE PROVISION
Future gaps in geographical need Based on the information available at the time of developing this PNA, there are no gaps identified. **Future gaps in opening hours** Based on the information available at the time of developing this PNA, there are no gaps identified.

8.3 Plymouth South locality summary

Figure 33: Plymouth South locality and location of current pharmacies (pharmacies are shown individually or as groups). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.



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Key

Pha Single pharmacy

3 Multiple pharmacies located too close together to be able to display separately without increasing resolution

DEMOGRAPHY	
Population size	71,681 (7.5% increase from 2010 to 2022)
Ethnic breakdown	• 84.2% White • 6.2% All other White • 2.4% Mixed/multiple ethnic groups • 3.8% Asian/Asian British • 1.7% Black/African/Caribbean/Black British

	• 1.6% Other ethnic groups
IMD 2019 score; and locality rank (1=most deprived, 4=least deprived)	25.8; rank: 3/4
HEALTH NEEDS OVERVIEW	
Rank for locality-based 'cradle to grave' health profile (1=locality with greatest needs)	3/4
Rank for public health indicators related to pharmaceutical services (1=locality with greatest needs)	3/4
BEST HEALTH OUTCOMES FOR THIS LOCALITY	
• Highest percentage of babies had mothers intending to breastfeed at delivery • Lowest rate of emergency admissions • Lowest percentage of high blood pressure (GP referrals) • Second lowest rate of emergency admissions • Second lowest rate of admissions from falls (aged 65 and over) • Second lowest percentage of adults with a long-term problem or disability	• Second lowest rate of teenage pregnancy • Second lowest rate of smoking in pregnancy • Second lowest percentage of families experiencing mental illness • Second lowest percentage of parents who smoke, or misuse drugs or alcohol • Second lowest hospital admissions due to self-harm
KEY HEALTH NEEDS FOR THIS LOCALITY	
• Highest mortality rate for cardiovascular disease (all ages and under 75s) • Highest rate of mortality from cancer (under 75s) • Second highest mortality rate for respiratory diseases (all ages and under 75s) • Second highest rate of emergency admissions for cardiovascular disease (all ages and under 75s)	• Second highest rate of substance misuse treatment episodes • Second highest rate of families experiencing social isolation • Second highest rate of mortality from cancer (all ages) • Second highest percentage of smoking (GP referrals)
PHARMACY PROVISION OVERVIEW	
Number of GP practices (2024/25)	10
Number of pharmacies (2024/25)	9
Pharmacies per 10,000 population (2023/24)	18.1
Number of items dispensed (2023/24) Number of items dispensed (2024/25 Apr-Oct)	1,327,749 749,242
Items dispensed by per head (2023/24)	18.5
HOUSING GROWTH AND SIGNIFICANT HOUSING DEVELOPMENTS	
The development at Millbay is the largest development in the South locality, totaling 742 dwellings. As of 31st March 2024, 137 dwellings have been delivered. A further 150 dwellings are deemed to be deliverable over the period 2024 to 2029 with the remaining 455 dwellings anticipated to occur beyond March 2029.	

Deliverable dwellings 2024 to 2029 on developments of 25+ (net)

Site address	Deliverable dwellings 2024 to 2029
Millbay Waterfront (PLY 29)	150
Land at Prince Maurice Road	99
Bath Street West (PLY30)	80

ACCESSIBILITY					
	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hrs**	0	2	5	1	1
No. of pharmacies with **supplementary opening hrs**	1	1	-	3	2
Total	1	3	5	4	3

Longest pharmacy opening times within this locality	69.5 hrs (40 core and 29.5 supplementary) 08:00-18:30 Monday-Wednesday 08:00-20:00 Thursday 08:00-18:30 Friday 08:00-18:30 Saturday 10:30-16:30 Sunday
Proportion of households with no car; and locality rank (1=lowest proportion of car ownership)	30.7%; rank: 2/4
Proportion of lone pensioner households with no car; and locality rank	21.6%; rank: 4/4
Proportion of lone parent families with no car; and locality rank	10.5%; rank: 3/4
Drive time analysis	The longest drive time to a pharmacy is 5 minutes.
Public transport	All pharmacies are accessible via public transport
PROVISION OF PHARMACEUTICAL SERVICES	
(1) Essential services (as at May 2025)	
No. of pharmacies dispensing appliances	All pharmacies
(2) Advanced services (as at May 2025)	
No. offering Pharmacy First Service	All pharmacies
No. offering New Medicine Service (NMS)	All pharmacies
No. offering Seasonal Influenza Vaccination Service	All pharmacies
No. offering Hypertension Case-Finding Service	All pharmacies
No. offering Pharmacy Contraception Service (PCS)	8 out of 9 community pharmacies

(3) Advanced services not classed as 'necessary' (as at May 2025)	
No. offering Smoking Cessation Referral Service	6 out of 9 community pharmacies
No. offering Lateral Flow Device (LFD) Service	8 out of 9 community pharmacies
No. offering Stoma Appliance Customisation (SAC)	0
No. offering Appliance Use Review Service (AUR)	0

(4) Enhanced services (as at May 2025)

At the time of writing, NHS Devon ICB is in the process of rolling-out the commissioning of a specialised medicines service from community pharmacies.

GAP ANALYSIS: CHANGES IN PROVISION SINCE THE LAST PNA

Since the last PNA was published, one pharmacy has opened (at Cattedown), one pharmacy has changed ownership (at West Hoe), and four pharmacies have closed (at Marsh Mills, Mannamead, Cattedown and St Judes) in the this locality.

Changes in total **core opening** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
581.00	415.50	-165.50

Changes in **core opening hours** of existing providers, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
9	0	+0.00	1	-27.50	-27.50

Changes in total **supplementary opening** hours by locality, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
58.25	108.50	+50.25

Changes in **supplementary opening** hours, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
9	4	+66.75	2	-9.50	+57.25

Changes in **total opening hours (core and supplementary)** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
639.25	524.00	-115.25

Changes in **total opening hours** (core and supplementary) hours, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
9	3	+47.75	3	-18.00	+29.75

GAP ANALYSIS: CURRENT PROVISION

Gaps in opening hours

(i) Weekdays before 09:00

Based on the information available at the time of developing this PNA, there are no gaps in access to community pharmacy provision before 09:00 Monday to Friday.

(ii) Weekdays after 18:00

Based on the information available at the time of developing this PNA, there are no gaps in access to community pharmacy provision after 18:00 Monday to Friday.

(iii) Saturday opening hours

Based on the information available at the time of developing this PNA, there are no gaps in access on Saturdays.

(iv) Sunday opening hours

Based on the information available at the time of developing this PNA, there are no gaps in Sunday access.

Other relevant services: current gaps in provision

Based on the information available at the time of developing this PNA, there are no gaps identified.

GAP ANALYSIS: FUTURE PROVISION

Future gaps in geographical need

Based on the information available at the time of developing this PNA, pharmacy access for residents at Millbay is covered by provision at West Hoe Road. However, if this community pharmacy were to close during the life of this PNA, this would trigger a future gap in this locality.

Future gaps in opening hours

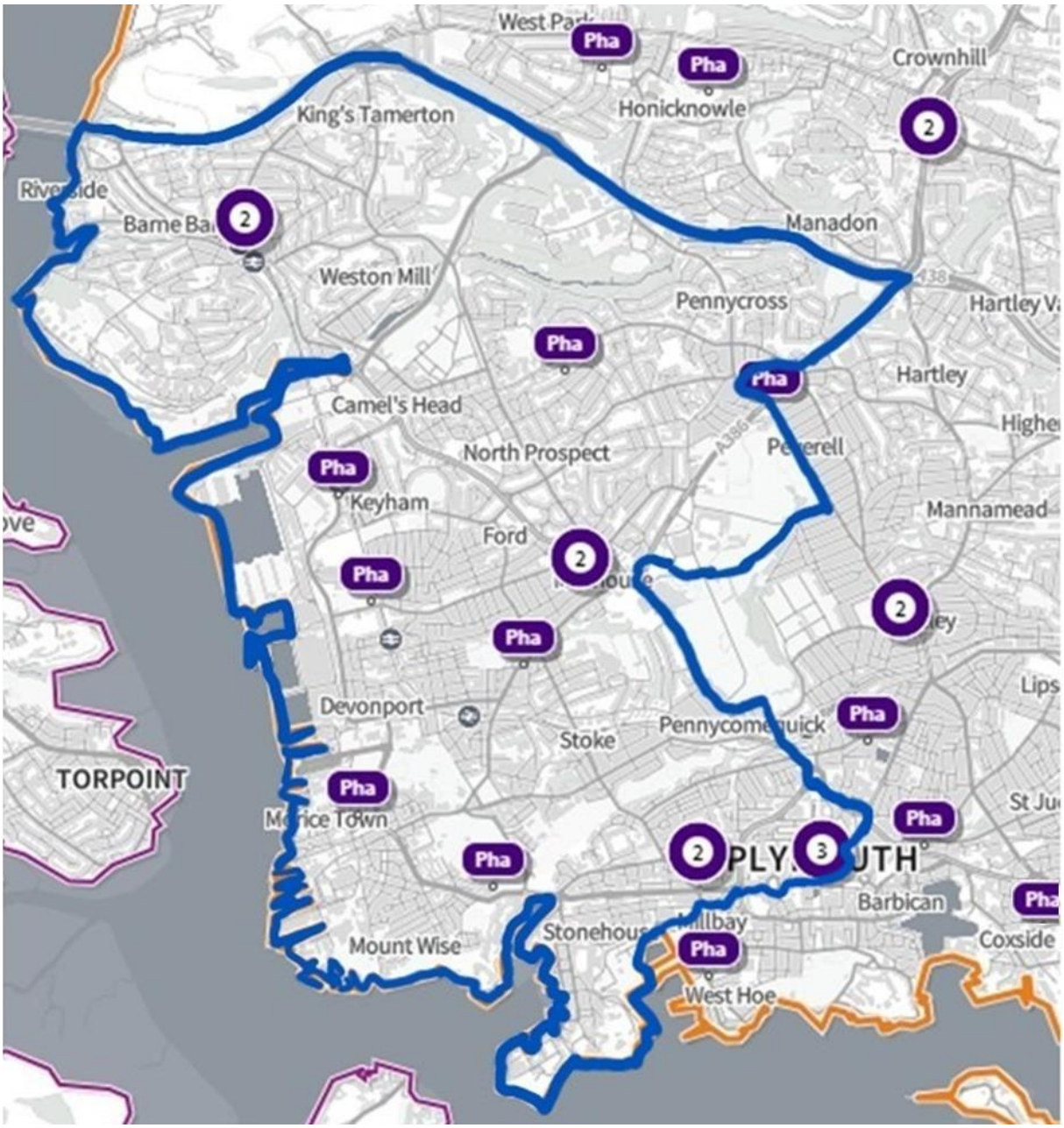
Based on the information available at the time of developing this PNA, pharmacy access for residents on Sundays is covered by provision at Drakes Circus, City Centre. However, if this community pharmacy were to close during the life of this PNA, this would trigger a future gap in this locality.

Other relevant services: future gaps in provision

Based on the information available at the time of developing this PNA, there are no gaps identified.

8.4 Plymouth West locality summary

Figure 34: Plymouth West locality and location of current pharmacies (pharmacies are shown individually or as groups). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.



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Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

POPULATION DEMOGRAPHICS	
Population size	70,651 (2.0% increase from 2010 to 2022)
Ethnic breakdown	• 87.6% White British • 5.9% All other White • 2.0% Mixed/multiple ethnic groups • 2.3% Asian/Asian British • 1.1% Black/African/Caribbean/Black British • 1.1% Other ethnic groups
IMD 2019 score; and locality rank (1=most deprived, 4=least deprived)	38.2; rank: 1/4
HEALTH NEEDS OVERVIEW	
Rank for locality-based 'cradle to grave' health profile (1=locality with greatest needs)	1/4
Rank for public health indicators (1=locality with greatest need)	1/4
BEST HEALTH OUTCOMES FOR THIS LOCALITY	
• Growing population (highest number of births)	
KEY HEALTH NEEDS FOR THIS LOCALITY	
• Lowest life expectancy • Highest population of under 18s • Lowest percentage of babies had mothers intending to breastfeed at delivery • Highest rate of emergency admissions • Highest percentage of long-term health problem or disability • Highest mortality rate for respiratory diseases (all ages and under 75s) • Highest rate of emergency admissions for cardiovascular disease (all ages and under 75s) • Highest percentage of parents who suffer mental illness • Highest rate of elective admissions • Highest rate of substance misuse treatment episodes • Highest percentage of smoking and adult obesity (GP referrals) • Highest percentage of parents who smoke, or misuse drugs or alcohol	• Highest rate of mortality from cancer (all-ages) • Highest hospital admissions due to self-harm • Highest percentage of vulnerable families • Highest rate of teenage pregnancy • Highest rate of smoking in pregnancy • Highest rate of families experiencing social isolation • Second highest percentage of childhood obesity • Second highest mortality rate for cardiovascular disease (all ages and under 75s) • Second highest rate of mortality from cancer (under 75s) • Second highest rate of admissions from falls (aged 65 and over)
PHARMACY PROVISION OVERVIEW	
Number of GP practices (2024/25)	10
Number of pharmacies (2024/25)	16
Pharmacies per 10,000 population (2023/24)	26.9
Number of items dispensed (2023/24) Number of items dispensed (2024/25 Apr-Oct)	1,436,424 837,015
Items dispensed by per head (2023/24)	20.3

HOUSING GROWTH AND SIGNIFICANT HOUSING DEVELOPMENTS

The development at Savage Road Barne Barton is the largest development in the West locality totalling 204 new dwellings. However, the development does involve the loss of 228 dwellings. As of 31st March 2024, 150 demolitions have taken place, therefore a net supply of 126 dwellings are deemed to be deliverable over the period 2024 to 2029.

Deliverable dwellings 2024 to 2029 on developments of 25+ (net)

Site address	Deliverable dwellings 2024 to 2029
Savage Road, Barne Barton (PLY 58.15)	126
Coombe Way & Kings Tamerton Road (PLY58.3)	70
Talbot Gardens, Barne Barton	66
North Prospect Phase 4 (PLY58.5)	25

ACCESSIBILITY

	Open seven days a week	Open Mon to Sat only	Open Mon to Fri only	Open before 09:00 from Mon to Fri	Open after 18:00 from Mon to Fri
No. of pharmacies with **core opening hrs**	0	5	9	1	1
No. of pharmacies with **supplementary opening hrs**	1	0	-	3	0
Total	1	5	9	4	1

Longest pharmacy opening times within this locality	59 hrs (40 core and 19 supplementary) 08:30-17:30 Monday-Friday 09:00-17:00 Saturday 10:30-16:30 Sunday
Proportion of households with no car; and locality rank (1=lowest proportion of car ownership)	31.6%; rank: 1/4
Proportion of lone pensioner households with no car; and locality rank	22.7%; rank: 3/4
Proportion of lone parent families with no car; and locality rank	18.0%; rank: 1/4
Drive time analysis	The longest drive time to a pharmacy is 5 minutes.
Public transport	All pharmacies are accessible via public transport

PROVISION OF PHARMACEUTICAL SERVICES

(1) Essential services (as at May 2025)	
No. of pharmacies dispensing appliances	All pharmacies
(2) Advanced services (as at May 2025)	
No. offering Pharmacy First Service	All pharmacies
No. offering New Medicine Service (NMS)	14 out of 15 community pharmacies
No. offering Seasonal Influenza Vaccination Service	14 out of 15 community pharmacies

No. offering Hypertension Case-Finding Service	All pharmacies
No. offering Pharmacy Contraception Service (PCS)	13 out of 15 community pharmacies
(3) Advanced services not classed as 'necessary' (as at May 2025)	
No. offering Smoking Cessation Referral Service	12 out of 15 community pharmacies
No. offering Lateral Flow Device (LFD) Service	13 out of 15 community pharmacies
No. offering Stoma Appliance Customisation (SAC)	0
No. offering Appliance Use Review Service (AUR)	0
(4) Enhanced services (as at May 2025)	
At the time of writing, NHS Devon ICB is in the process of rolling-out the commissioning of a specialised medicines service from community pharmacies.	

GAP ANALYSIS: CHANGES IN PROVISION SINCE THE LAST PNA

Since the last PNA was published, one pharmacy had changed ownership (at Marlborough Street), one pharmacy has been consolidated (Cornwall Street into the site at New George Street), two pharmacies have closed (Chard Road, St Budeaux and Claremont Street, Stonehouse) and no new pharmacies have opened in the locality.

Changes in total **core opening** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
775.50	634.50	-141.00

Changes in **core opening hours** of existing providers, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
15	0	+0.00	1	-10.50	-10.50

Changes in total **supplementary opening** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
91.50	73.00	-18.50

Changes in **supplementary opening** hours, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
15	1	+10.50	4	-12.50	-2.00

Changes in **total opening hours (core and supplementary)** hours, between last PNA analysis (May 2022) and May 2025

No. hours (May 2022)	No. hours (May 2025)	Change in hours
867.00	707.50	-159.50

Changes in **total opening hours** (core and supplementary) hours, between last PNA analysis (May 2022) and May 2025

No. pharmacies	No. pharmacies increased hrs	No. hrs increased	No. pharmacies decreased hrs	No. hrs decreased	Total change in hrs
15	0	+0.00	4	-12.50	-12.50

GAP ANALYSIS: CURRENT PROVISION
Current gaps in medical provision Based on the information available at the time of developing this PNA, there is still a current gap in provision for a pharmacy in Barne Barton, as a consequence of the deprivation and isolation of the community of Barne Barton and geographical challenges in accessing medical provision in this area. Such a pharmacy should have core opening hours provision on all weekdays. Opening hours on Saturday mornings (at least) and on a Sunday would also be desirable. The pharmacy should also be willing to provide a wide range of additional services to compensate for the geographical challenges in accessing medical provision in Barne Barton. **Current gaps in opening hours** The consolidation related to two Superdrug pharmacies merging onto one existing site in March 2024. The conclusion was that this did not create a gap, and based on the information available at the time of developing this PNA this is still the case. **(i) Weekdays before 09:00** Based on the information available at the time of developing this PNA, there are no gaps in access to community pharmacy provision before 09:00 Monday to Friday. **(ii) Weekdays after 18:00** Based on the information available at the time of developing this PNA, there are no gaps in access to community pharmacy provision after 18:00 Monday to Friday. **(iii) Saturday opening hours** Based on the information available at the time of developing this PNA, there are no gaps in access on Saturdays. **(iv) Sunday opening hours** Based on the information available at the time of developing this PNA, there are no gaps in Sunday access. **Other relevant services: current gaps in provision** Based on the information available at the time of developing this PNA, there are no gaps identified.
GAP ANALYSIS: FUTURE PROVISION
Future gaps in geographical need As identified above, based on the information available at the time of developing this PNA, there is a current gap for a pharmacy in Barne Barton. Currently, the closest pharmacy access for residents of Barne Barton is at Wolseley Road and Stirling Road, St Budeaux. However, if either of these community pharmacies were to close during the life of this PNA, this would trigger a future gap in this locality. **Future gaps in opening hours** Based on the information available at the time of developing this PNA, pharmacy access for residents on Sundays is covered by provision at New George Street, City Centre. However, if this community pharmacy were to close during the life of this PNA, this would trigger a future gap in this locality. **Other relevant services: future gaps in provision** Based on the information available at the time of developing this PNA, there are no gaps identified.

9. Conclusion

9.1 Current provision

Plymouth City Council's H&WB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the H&WB. Based on the information presented herein, the H&WB is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Plymouth as a whole. However, some specific gaps have been identified and are highlighted below.

9.2 Changes in provision since the last PNA's gap analysis

It is acknowledged that some community pharmacies have closed, or reduced their opening hours, since the last PNA was published. The loss of these services will be noticeable, especially for those residents in the affected areas. However, the purpose of the PNA is to systematically assess provision across the city as a whole and to ensure that gaps are not identified inappropriately or in areas where the market cannot sustain another provider. At the same time, it needs to be recognised that future trends in community pharmacy provision suggest an increasingly clinically focused role, with less emphasis on dispensing and greater use of technology and automation to make dispensing more efficient.

Pharmacy closures, changes of ownership, opening and consolidation

In terms of community pharmacies, since the last PNA was published one has opened, seven have closed, one consolidated and four have changed ownership. One appliance contractor has relocated to another site in the same locality.

In terms of closures on a locality basis:

- One pharmacy closed at Mudge Way, Plympton in the East locality in November 2023.
- There were no closures in the North locality since the last PNA.
- There were four closures in the South locality at Mannamead (January 2024), Cattedown and St Judes (March 2024), and a 100-hour pharmacy at Marsh Mills (May 2023).
- In the West locality there were two pharmacies closures (Chard Road, St Budeaux and Claremont Street, Stonehouse in January 2024). There was also a consolidation of the pharmacy at Cornwall Street in the City Centre, into existing provision at New George Street (March 2024).

Pharmacy opening times

Due to the closure of the community pharmacy at Marsh Mills in 2023, Plymouth has only one 100-hour pharmacy provision (located in the North locality) as at May 2025. In line with the notification procedure, this provision which has reduced core hours to 72 per week. This is the only provision in the city with core opening hours seven days per week.

(i) Core opening hours

The provision of core opening hours across Plymouth has decreased since the last PNA from 2,406.25 hours to 2,013.75 hours, a loss of 392.5 hours. 391.5 of these hours relate to the seven pharmacies that have closed and one consolidation. Four of the existing 47 pharmacy provisions have reduced core opening hours since the last PNA, this includes a 100-hour pharmacy who reduced their core hours in line with the notification procedure.

When looking at the existing 47 pharmacies there was a total decrease of 84 core opening hours, since the last PNA. On locality basis, there were no changes to pharmacy core opening times in the East locality, since the last PNA. In the North locality two providers (including a 100-hour pharmacy) reduced their core hours by a combined total of 46 hours. In the South locality one pharmacy reduced their core hours by 27.5 hours and one pharmacy in the West locality did so by 10.5 hours. No pharmacy provision across the city has increased their core opening hours since the last PNA.

(ii) Supplementary opening hours

Most pharmacies must open for 40 **core contractual hours**. However, many choose to open for longer and these hours are referred to as **supplementary opening hours** – but a pharmacy can decide to stop providing supplementary hours by giving five weeks' notice to the ICB. Therefore, this section includes a breakdown of supplementary opening hours lost across the city since the last PNA.

The provision of supplementary opening hours across Plymouth has decreased since the last PNA from 383.25 hours to 337.5 hours, a loss of 45.75 hours. 48.5 of these hours relate to the six of the pharmacies that have closed and one consolidation. 15 of the existing 47 pharmacies have reduced supplementary opening hours since the last PNA. Eight pharmacies have increased their supplementary opening hours since the last PNA, but overall there is a deficit across the city.

When looking at the existing 47 pharmacies there was an overall decrease of 11.25 supplementary opening hours, since the last PNA. On locality basis, providers in the East locality reduced their combined supplementary opening hours overall by 4.5

hours, since the last PNA. This compares to the North and West localities where providers reduced their supplementary hours by an overall total of 62 hours and 2 hours respectively. In comparison, pharmacies in the South locality overall increased their supplementary hours by 57.25 hours.

(iii) Total opening hours (core and supplementary)

Overall, the total opening hours across Plymouth has decreased since the last PNA from 2,789.5 hours to 2,351.25 hours, a loss of 438.25 hours. 96 of these hours relate to the seven pharmacies that have closed and one consolidation. 18 of the existing 47 pharmacy provisions have reduced their total opening hours since the last PNA, this includes a 100-hour pharmacy who reduced their core hours in line with the notification procedure.

When looking at the existing 47 pharmacies there was an overall decrease of 70.75 total opening hours (core and supplementary), since the last PNA. On locality basis, providers in the East locality reduced their total opening hours overall by 4.5 hours, since the last PNA. This compares to the North locality where eight providers (including a 100-hour pharmacy) reduced their total combined hours by 83.5 hours. In the West locality four pharmacies reduced their total combined hours by 12.5 hours. In comparison, pharmacies in the South locality overall increased their total opening hours by 29.75 hours.

9.3 Necessary services: current gaps in provision

Plymouth HWB has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists.
- The advanced services of Pharmacy First, New Medicines Service, Seasonal Influenza Vaccination Service, Hypertension Case-Finding Service and Pharmacy Contraception Service

Current gaps in medical provision

Based on the information available at the time of developing this PNA, there is still a current gap in provision for a pharmacy in Barne Barton in the West locality, as a consequence of the deprivation and isolation of the community of Barne Barton and the geographical challenges in accessing medical provision in this area. Such a pharmacy should have core opening hours provision on all weekdays. Opening hours on Saturday mornings (at least) and on a Sunday would also be desirable. The pharmacy should also be willing to provide a wide range of additional services to compensate for the geographical challenges in accessing medical provision in Barne Barton.

Current gaps in opening hours

The consolidation in the West locality related to two Superdrug pharmacies merging onto one existing site in March 2024. The conclusion was that this did not create a gap, and based on the information available at the time of developing this PNA this is still the case.

(i) Weekdays before 09:00

Based on the information available at the time of developing this PNA, there are no current gaps in access to community pharmacy provision before 09:00 Monday to Friday in Plymouth.

In each of the East, South and West localities there is one community pharmacy that has core opening hours before 09:00 Monday to Friday. There are also five pharmacies across these localities that open at this time with supplementary hours. In comparison, the North locality has no pharmacies open at this time with core hours. There are however three community pharmacies in each of these localities that are open at this time with supplementary hours.

(ii) Weekdays after 18:00

In Plymouth as at May 2025, the latest Monday to Friday opening hours are till 21:00 (at one community pharmacy in the North locality). This locality is also supported by a pharmacy with supplementary opening hours until 20:00.

In the East locality there are two community pharmacies with core opening hours till 18:30 and one with supplementary hours till 19:00.

In the South locality there is one community pharmacies with core opening hours till 18:30. This locality is also supported by two pharmacies with supplementary opening hours until 18:30 and 19:00.

Based on the information available at the time of developing this PNA on a locality basis, there are currently no gaps in access after 18:00 Monday to Friday in Plymouth.

(iii) Saturday opening hours

Though, 26 out of 44 community pharmacies in Plymouth are not open on a Saturday, based on the information available at the time of developing this PNA on a locality basis, there are no current gaps in access.

In Plymouth, the latest Saturday opening hours are till 21:00 (at one community pharmacy in the North locality). This locality is also supported by two other pharmacies with core opening hours till 15:00 and 16:40 and two pharmacies with supplementary opening hours until 17:00 and 20:00 (as at May 2025).

At six community pharmacies, the West locality has the highest number of provisions with core opening hours on Saturdays. The latest is open till 17:30. This locality is also supported by two pharmacies with supplementary hours on Saturdays. The latest is open till 17:00.

In the East locality there are four community pharmacies with core opening hours on Saturdays. The latest is open till 15:00. This locality is also supported by three pharmacies with supplementary hours on Saturdays. The latest is open till 19:00.

As at May 2025, the South locality has three community pharmacies with core opening hours on Saturdays. The latest is open till 15:00. This locality is also supported by three pharmacies with supplementary hours on Saturdays. The latest is open till 18:30.

(iv) Sunday opening hours

In Plymouth, five out of 44 community pharmacies are open at some point on a Sunday (as of May 2025). However, there is only one community pharmacy with core opening hours open a Sunday (in the North locality, till 16:00). This locality is supported by another pharmacy with supplementary hours on Sundays till 16:00.

In the East, South and West localities there are no community pharmacies with core hours open on Sundays. Residents in these localities reply on supplementary opening hours on Sundays offered by one pharmacy in each locality. These pharmacies are open till 16:30 in the South and West locality and 17:00 in the East locality.

Based on the information available at the time of developing this PNA on a locality basis, there are currently no gaps in Sunday access in Plymouth.

9.4 Necessary services: future gaps in provision

Future gaps in services

We see increasing demand pressure in primary care and that the role of community pharmacy may significantly change, as a result, over the lifetime of this PNA. The direction of travel for primary care, as set out in the General Practice Forward View (GPFV), is for GP services to become available from 08:00 to 20:00, and for pharmacies to become the first point of contact with health services for some health issues. It is anticipated that pharmacies' business interests will lead them to adapt their provision of pharmaceutical services to these changes, although innovative approaches in contractual arrangement may be needed in some locations to support these changes.

At the time of writing, NHS Devon ICB is in the process of rolling-out the commissioning of a specialised medicines service from community pharmacies. Future provision within this PNA is considered to be adequate and thus there will not be any future gaps. If a need for this provision to be extended is identified by the ICB additional existing pharmacies could be commissioned to provide it. Therefore, it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

Future gaps in opening hours

Based on the information available at the time of developing this PNA, pharmacy access for residents on Sundays in the East locality is covered by provision at Pomphlett Road, Plymstock. Likewise, residents in the South and West localities are covered by provisions at Drakes Circus and New George Street in the City Centre, respectively. However, if any of these community pharmacies were to close during the life of this PNA, this would trigger a future gap in their respective localities.

Future gaps in geographical need

(i) East locality

We recognise that the development at Plymstock Quarry, also known as Saltram Meadow, is the largest development in the East locality totaling 1,684 dwellings. As of 31st March 2024, 606 dwellings have been delivered. A further 403 dwellings are deemed to be deliverable over the period 2024 to 2029, with the remaining 675 dwellings not anticipated to occur in the life of this PNA.

The majority of Sherford development falls immediately outside the city boundary and a deliverable supply of an additional 1,688 dwellings has been identified over the

next 5 years. The sustainable urban extension at Land at West Park Hill (PLY52) also falls immediately outside the city boundary to the east of Plympton. As at 15th October 2024, this site has yet to attain planning consent, therefore we are currently not projecting the delivery of any dwellings to occur in the life of this PNA.

Based on the information available at the time of developing this PNA, pharmacy access for residents of Saltram Meadow is covered by provision at Pomphlett Road, Plymstock and for Plymouth residents of Sherford there is pharmacy provision at Elburton. However, if either of these community pharmacies were to close during the life of this PNA, this would trigger a future gap in the East locality.

(ii) North locality

The development at Seaton Neighbourhood also known as Palmerston Heights is the largest development in the North locality totalling 923 dwellings. As of 31st March 2024, 371 dwellings have been delivered. A further 240 dwellings are deemed to be deliverable over the period 2024 to 2029 with the remaining 312 dwellings not anticipated to occur in the life of this PNA.

As at 15th October 2024, there are two live planning applications totaling 2,000 dwellings on land at Woolwell (PLY44) immediately outside the city boundary. These applications have yet to be determined, therefore we are currently not projecting the delivery of any dwellings associated with this development to occur in the life of this PNA.

(iii) South locality

The development at Millbay is the largest development in the South locality, totaling 742 dwellings. As of 31st March 2024, 137 dwellings have been delivered. A further 150 dwellings are deemed to be deliverable over the period 2024 to 2029 with the remaining 455 dwellings not anticipated to occur in the life of this PNA.

Based on the information available at the time of developing this PNA, pharmacy access for residents at Millbay is covered by provision at West Hoe Road. However, if this community pharmacy were to close during the life of this PNA, this would trigger a future gap in the South locality.

(iv) West locality

The development at Savage Road Barne Barton is the largest development in the West locality totalling 204 new dwellings. However, the development does involve the loss of 228 dwellings. As of 31st March 2024, 150 demolitions have taken place, therefore a net supply of 126 dwellings are deemed to be deliverable over the period 2024 to 2029.

As identified in Section 9.3, and based on the information available at the time of developing this PNA, there is a current gap for a pharmacy in Barne Barton in the East locality, as a consequence of the deprivation and isolation of the community of Barne Barton and the geographical challenges in accessing medical provision in this area. Such a pharmacy should have core opening hours provision on all weekdays. Opening hours on Saturday mornings (at least) and on a Sunday would also be desirable. The pharmacy should also be willing to provide a wide range of additional services to compensate for the geographical challenges in accessing medical provision in Barne Barton.

Currently, the closest pharmacy access for residents of Barne Barton is at Wolseley Road and Stirling Road, St Budeaux. However, if either of these community pharmacies were to close during the life of this PNA, this would trigger a future gap in the West locality.

9.5 Other relevant services: current gaps in provision

32 out of 44 community pharmacies in Plymouth have Smoking Cessation Referral Service accreditation as of May 2025. Therefore, this service is widely available and future demands for this service are not expected over the lifetime of this PNA.

41 out of 44 community pharmacies and one-distance selling pharmacy in Plymouth has LFD Service accreditation as of May 2025. Therefore, this service is widely available and future demands for this service are not expected over the lifetime of this PNA.

Stoma appliance customisation (SAC) and Appliance use review (AUR) are specialist services which many contractors do not provide. Locally, community health services provide specialist advice to patients on appliances. Pharmacies then dispense prescriptions generated by the services. So whilst there are two DACs providing SACs and one DAC providing AURs in Plymouth, this does not mean there is a gap in provision as many stoma appliances and AURs will be dispensed by DACs based around the country.

Services commissioned through the local authority and ICB, as well as other relevant NHS services, are represented in the PNA for reference but are outside the scope for assessment of need and therefore no statement is made in this PNA as to the adequacy of these services.

9.6 Other relevant services: future gaps in provision

None identified.

Appendix 1: Steering Group terms of reference and membership

(i) Purpose

The H&WB has overall responsibility for the publication of the PNA, and the Director of Public Health is the H&WB member who is accountable for its development. A Devon-wide PNA Steering Group was established, the purpose of which is to ensure the development of robust PNAs (in Plymouth, Devon, and Torbay) comply with the 2013 regulations and the needs of the local populations.

(ii) Objectives

- To oversee the development of the PNA in accordance with and ensure the PNA complies with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- Ensure the PNA takes into account the local demography within the H&WB area and ascertain whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services.
- Ensure the PNA takes into account the local authority's JSNA and all relevant strategies and plans both in the ICB and the council. These include for example the Health and Wellbeing Strategy.
- Ensure the consultation on the PNA meets the requirements of Regulation eight of the Pharmaceutical Regulations 2013. In particular, ensure that both patients and the public are involved in the development of the PNA.
- Ensure all appropriate stakeholders in the H&WB area are aware, engaged and involved in the development of the PNA.
- Present the PNA first and final draft to the H&WB.
- Publish the PNA on the council's website by October 2025.

(iii) Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to H&WBs from 1st April 2013, with a requirement to publish a revised assessment at least every three years.
- This Steering Group has been established to oversee the production of the 2025 PNA for the H&WB, reporting progress and presenting the final report to the H&WB on or before the October 2025 meeting.
- The H&WB will be informed of progress towards the production of the PNA and relevant milestones through updates.
- If a statement or decision from the H&WB is needed in relation to the production of the draft PNA, the chair of the Steering Group is welcome to

draft a formal report for consideration.

(iv) Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will also meet regularly from spring 2024 to spring 2025 (prior to the consultation), and again in the summer to sign off the PNA 2025 for submission to the H&WB.

(v) Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation eight of the NHS Regulations 2013:
    - Any Local Pharmaceutical Committee for its area
    - Any Local Medical Committee for its area
    - Any persons on the pharmaceutical list and any dispensing doctors list for its area
    - Any LPS chemist in its area
    - Any local HealthWatch organisation for its area
    - Any NHS trust or NHS foundation trust in its area
    - The NHSCB (NHS England)
    - Any neighbouring H&WB
- Ensure that due process is followed
- Report to H&WB on both a draft and final PNA
- Publish a final PNA by 1 October 2025

(vi) Membership

The Devon-wide PNA Steering Group comprised the following individuals (in alphabetical order by surname):

- Simon Baker, Public Health Specialist (Intelligence), Torbay Council
- David Bearman, ICB Pharmacy Workforce Lead, NHS Devon ICB and Director of Strategy, Community Pharmacy Devon
- Karen Button, Project support for the development of the Devon Community Pharmacy Strategy, NHS Devon ICB
- Carol Harman, Senior Public Health Analyst, Plymouth City Council
- Sharon Hodges, Senior Commissioning Support, NHS SW Collaborative Commissioning Hub
- Nikki Holmes, Head of Primary Care, NHS SW Collaborative Commissioning Hub
- Paul Hynam, Devon Local Medical Committee
- Donna Luckett, Senior Public Health Information Analyst, Devon County Council
- Sarah Macleod, Senior Public Health Analyst, Plymouth City Council
- Maria Moloney-Lucey, Public Health Specialist, Devon County Council

- Victoria Mitchell, Senior Officer for Pharmacy, Optometry & Dental (POD), NHS Devon ICB
- Rob Nelder, Public Health Specialist, Plymouth City Council
- Melissa Redmayne, Senior Primary Care Commissioning Manager, NHS Devon ICB
- Sue Taylor, Chief Officer, Community Pharmacy Devon
- Leah Wolf, Services Lead, Community Pharmacy Devon

Appendix 2: Equality impact assessment

STAGE 1: What is being assessed and by whom?	
What is being assessed - including a brief description of aims and objectives?	The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's (H&WB's) area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Plymouth, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and the Integrated Care Board (ICB). If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the H&WB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the H&WB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications'). As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA. Whilst the PNA is primarily a document for NHS England and Integrated Care Boards (ICBs) to use to make commissioning decisions, it may also be used by local authorities (LAs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.
Department and Service	Public Health, Office of the Director of Public Health

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
Age	Plymouth, at mid-year 2022, had an estimated population of 266,873. The proportion of children and young people (under 18) in Plymouth (19.5%) is similar to the South West average (19.0%) and lower than the England average (20.8%). The proportion of 18-24 year olds (10.7%) in Plymouth is higher than both the South West (8.2%) and England average (8.3%). In Plymouth, the proportion of the working-age (15-64 year old) population (65.0%) is higher than both the South West (61.7%) and England average (64.1%). The city has nearly the same proportion (9.1%) of those aged 75 and over as the England average (9.0%), but lower than the South West average (11.2%).T he need for pharmaceutical services rises with age, for example for those older people living with multiple long term conditions. It is important that recommendations emanating from the PNA account for this factor which results in more people from older age groups having a	Pharmaceutical services will be provided on the basis of clinical need – this document specifies the needs within the city. Any missing provision should have been identified in the document and addressing these gaps should therefore have a positive impact.	The predicted population increases within each age band has been estimated. The document will be reviewed in three years' time. It is assumed the age-specific predictions of population growth will be within tolerance, which will ensure provision of pharmaceutical services in an equitable manner.	NHS England; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
	need to access pharmaceutical services.			
Disability	According to the 2021 Census, 53,477 Plymouth residents are disabled under the Equality Act. Of these, 9.4% reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). The 2021 Census shows 19,788 (7.5%) of Plymouth residents are not disabled under the Equality Act, but have a long-term physical or mental health condition which does not limit their day-to-day activities. This compares to the England and South West averages of 6.8% and 7.7% respectively. In terms of all Plymouth residents, the 2021 Census showed 45.8% self-reported their general health as 'very good'; this increased to 79.5% when also including those who reported their health as 'good'. In England 81.8% and 82.2% of people in the South West, reported their general health as either 'very good' or	The provision of adequate pharmaceutical services responds to these statistics (which potentially show a relatively high demined when compared to national averages). The aim of the document is to enable the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services. It is important that physical access to pharmacy buildings is ensured.	NHS England; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
	'good'. Plymouth's combined value is therefore more than two percentage points lower than the national and regional average.			
Faith, Religion or Belief	94.1% of Plymouth's population aged 16 years and over answered questions on their religion in the Census 2021. 42.5% of the Plymouth population describe themselves as 'Christian', down from 58.1% in 2011. This compares to the England and South West average of 46.3% and 46.2% respectively. The most common response to the religion question in Plymouth was 'No Religion' with 48.9%. This compares to the England and South West average of 36.7% and 44.1% respectively. 1.3% of Plymouth residents described themselves as either Muslim. Those following Hinduism, Buddhism, Judaism or Sikhism combined totalled less than 1.0% of the population. A further 0.6% state that they have a religion that is not one of those listed above.	Pharmaceutical services are not targeted at any particular religion. The aim of the document is to ensure the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services. An awareness of different religious beliefs is important for pharmacies in order to ensure access to appropriate information.	NHS England; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
Gender, marriage status, pregnancy and maternity	Mid-2022 population estimates illustrate that overall, 49.1% of Plymouth's population is female. According to the 2021 Census, of the 218,627 Plymouth residents aged 16 and over, 87,275 (39.9%) are married to a partner of the opposite sex and 0.3% to a partner of the same sex. In addition, 0.1% of the population are in a registered civil partnership with a partner of the opposite sex and 0.1% with a partner of the same sex. There were 2,362 births in 2023. Table 14 shows the West locality had the highest number of births (771) and the East locality the lowest (442).	The need for pharmacy services in relation to sexual health have been identified within the document. This will ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	NHS England; throughout the life of the document.
Gender Reassignment	According to the 2021 Census, 0.1% of the Plymouth population identified as a Trans man and 0.1% as a Trans woman. In terms of general health, 27.4% of Trans men self-reported their general health as 'very good'; this increased to 63.2% when also including those who reported their health as 'good'. For Trans women, 25.5% self-reported their general health as 'very good'; this increased to	The PNA aims to ensure adequate provision of pharmaceutical services throughout the city taking into consideration any particular needs identified. Gender-related pharmaceutical needs should have been identified within the document to ensure provision of adequate and appropriate	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	NHS England; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
	68.0% when also including those who reported their health as 'good'. 0.3% of Plymouth residents that identified as a Trans man said they were Disabled under the Equality Act and that their day-to-day activities were limited 'a little' and 0.2% said they were limited 'a lot'. This compares to 0.1% and 0.2% of Trans women, respectively.	pharmaceutical services to meet the needs of this population.	Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.	
Race	According to the Census 2021. 89.3% (236,802) of Plymouth's population identified themselves as White British. This is significantly higher than the England average (73.5%). The four other ethnic groups (circa 5% and 13,000 people), each report an increase over the last 10 years. Of note, in Plymouth, the proportion of these ethnic groups is one third of those seen in England and Wales (circa 18%). However, the percentage increase in Plymouth, over the last 10 years is proportionally larger so this is likely to increase in the future. Plymouth's second largest ethnic group, at 2.2% is the Asian ethnic group, which increased from 1.5 to	Pharmaceutical services are not targeted at a specific ethnic group. The PNA attempts to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population. There are some diseases which are more prevalent amongst specific ethnic groups however the PNA, if successful, will ensure adequate services to meet any additional needs.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services. Access to translation services may sometimes be required as it is important that pharmacies are able to provide services to all, taking into account diversity.	NHS England; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
	2.2 per cent of the population (circa 6,000 people). The number of people who identified themselves in the Mixed/ Multiple ethnic group also increased and is the next largest group in Plymouth at 1.8% (circa 4,600 people). The number of people who identified themselves in both the Black/African/ Caribbean/ Black British ethnic group (1.1%) and other ethnic groups (1.0%) also increased and they represent circa 2,700 and 2,500 people respectively. In Plymouth 92.7% of residents speak English as their main language compared to 91.1% in England and Wales. This is followed by Polish, with 1.0% of residents (2,700) and Romanian with 0.6 per cent (1,640). This mirrors the national picture for the three most common languages spoken.			
Sexual orientation	The 2021 Census was the first Census to ask questions around the sexual orientation of those aged 16 and over. 93.4% of Plymouth residents answered the question. Of those who answered, 4.4% of people identified as Gay or Lesbian,	Pharmaceutical services are not targeted people with a specific sexual orientation. The PNA attempts ensure provision of adequate and appropriate pharmaceutical services to meet	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the	NHS England; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
	Bisexual, or 'All other sexual orientations' which includes people who identify as Pansexual, Asexual, Queer or other sexual orientation.	the needs of the population.	recommendations in the report will result in an equitable distribution of services. Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.	

Appendix 3: Consultation report and responses

A statutory 60-day public consultation period ran from 3rd March 2025 to 6th May 2025 to enable the stakeholders to review the draft PNA.

The H&WBs for Plymouth and Torbay ran the consultation for each of their PNAs at the same time. This was to aid organisations who asked to respond to consultations for more than one area at the same time.

However, it was not possible to run the Devon consultation at the same time. At the time of writing, it was proposed that the Devon consultation will run from mid-June to mid-August 2025. This meant that there were some responses to the Plymouth PNA consultation may not have been included had they been able to consider the Plymouth and Devon PNAs alongside one another.

The method of consultation was agreed by the PNA Steering Group and individual areas also liaised with their H&WBs regarding the consultation process.

Plymouth's consultation was hosted on the Plymouth City Council Online Consultation portal. The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer opportunity to highlight any gaps.

The web link for the consultation was emailed directly to the following organisations:

- Community Pharmacy Devon
- Devon Local Medical Committee
- Healthwatch Plymouth
- NHS SW Collaborative Commissioning Hub
- Devon Health and Wellbeing Board
- Devon County Council
- Torbay Health and Wellbeing Board
- Cornwall and the Isles of Scilly Health and Wellbeing Board
- Devon Director of Public Health
- Torbay Director of Public Health
- Torbay Council
- Cornwall Director of Public Health
- Cornwall Council
- University Hospitals Plymouth NHS Trust
- Livewell Southwest
- NHS Devon ICB
- Torbay and South Devon NHS Foundation Trust
- Devon Partnership NHS Trust
- NHS England & Improvement Pharmacy Contracts Management Team
- NHS England Controlled Drugs Accountable Officer
- All GP surgeries in Plymouth
- All pharmacies in Plymouth

Eight responses to the online consultation survey were received for Plymouth. These individuals represented:

- A pharmacist or appliance contractor (four responses)
- GP Practice (one response)

- Healthwatch (one response)
- On behalf of an organisation, team or board (two responses)

The majority of the consultation feedback regarding the PNA was positive. Out of eight responses, the following agreed that in their opinion:

- The draft PNA meets its requirements (seven out of eight responses)
- The information contained within the draft PNA is accurate (seven out of eight responses)
- The current gaps in provision identified in the draft PNA are correct (six out of eight responses)
- The future gaps in provision identified in the draft PNA are correct (six out of eight responses)
- There are no gaps in provision that they are aware of which are missing from the draft PNA (seven out of eight responses)

The following minor correction was made to the PNA:

- Section 2.8 contained an incorrect notice period for a pharmacy to change their supplementary opening hours. This has been corrected.

Feedback received outside the remit of the PNA

Some comments made in response to the PNA consultation relate to issues that have already been addressed in the Devon Strategic Framework, and therefore fall outside the remit of the PNA.

It was raised that community pharmacy should play a key role within the prevention agenda. There are public health commitments through the essential services commissioned by the NHS through the contractual framework. Any additional public health or prevention service need would have to be agreed with both the national and local commissioners of services, which falls outside the remit of the PNA.

Gap analysis methodology

It was raised that volume has not been considered in the PNA gap analysis. Section 6.2 shows the number of items dispensed, the number of items per head and the number of items per pharmacy at city and locality level (per year from April 2021 to October 2024). This data is also included in the locality profiles in Section 8. Capacity and volume of prescriptions is a snapshot in time and is not a requirement for the H&WB to consider in the PNA. The PNA provides a comprehensive assessment of current and future pharmaceutical needs and is not designed to dictate provision and capacity which is very much determined by the individual business models of the pharmacy. The gap analysis considers the following changes since the last PNA:

- Provision openings, closures and consolidations
- Changes to core and supplementary opening hours
- Changes to necessary services and other relevant services
- Planned and existing housing developments
- Access to services on foot, by car and public transport

- Population demographics

The PNA is designed to indicate if a population can access pharmaceutical services. Pharmaceutical service[42] means any activity of a day-to-day nature carried out by a pharmacy team on service activities relevant to the safe dispensing of medicine and associated activities. When working through the gap analysis it was identified that Barne Barton presented a gap in pharmaceutical services due to accessibility, i.e. the H&WB board has to consider how easy it is for people in Barne Barton to access existing pharmacies on foot, by public transport or by car.

It was raised that services not currently being provided was not included in the PNA. An assessment is made of the services that are being provided by community pharmacies within the relevant localities. Any potential gaps in service provision are identified during the process of writing the PNA and it was not felt that there were any areas where there were specific services not adequately provided. These are detailed in the locality summaries.

It was also raised that the direction of travel has been for PCNs to increase working hours to 20.00 Monday to Friday and 09.00 to 17.00 on Saturday. The PNA is completed at a point in time and access to provisions were considered which resulted in no current gaps identified. Within the regulations, a pharmacy or DAC can apply to the ICB to change their core or supplementary opening hours to cover these hours.

Population increases and future housing developments

Sherford has been considered in the separate Plymouth and Devon PNAs. This is due to the fact that parts of the housing development are the responsibility of Plymouth City Council and the remainder is the responsibility of Devon County Council. Current pharmacy provision to support the area is mainly based in Plympton and Plymstock. However, given that the majority of Sherford falls within the Devon County Council boundary, any identified gaps in pharmacy provision will be included in the Devon PNA, due for publication by 1st October 2025.

[42] https://www.lawinsider.com/dictionary/pharmaceutical-service

Question 1 – In your opinion does the draft PNA meet the above requirements? If you answered 'no', in what way does it not meet the requirements?

Yes/No	Q1a: If you answered 'no', in what way does it not meet the requirements?
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
No	I could not see or find a statement of the services that are not being provided, but which would, if they were to be provided, improve or make it easier to access pharmaceutical services in the area. Otherwise all other areas above are covered.

Question 2 – In your opinion is the information contained within the draft PNA accurate?

Yes/No	Q2a: If you answered 'no', in what way does it not meet the requirements?
Yes	
Yes	
Yes	
Yes	
No	Page 40- Change to supplementary hours notice period is incorrect.
Yes	
Yes	
Yes	

Question 3 – Are the current gaps in provision identified in the draft PNA correct?

Yes/No	Q3a: If you answered 'no', what is missing?
Yes	
Yes	
Yes	
No	Whilst there has been work done about provision of hours - volume has not been considered. We have in our locality good pharmacies but they cannot cope with the volume and often we have old, and vulnerable patients waiting in the cold and the rain queuing up the street for medication. We have seen community pharmacy shut in the locality and whilst we are fortunate to still have capacity - the business makes it harder for them to focus on the patient facing aspects of their contract - including Pharmacy First and Hypertension.
Yes	
No	This is just my opinion. The draft PNA does not accurately identify gaps in the provision of community pharmacy services. It incorrectly suggests there are sufficient advanced services. The report shows the numbers of contraception done, and shows which pharmacies are accredited to provide other advanced services (such as smoking cessation) But doesn't give data which means pharmacies are accredited to provide those services, but there are no sign-ups. Signing up does not equate to actual service delivery, and the majority of advanced services are not being delivered by community pharmacies. Additionally, there are overlaps in service provision by different contractors funded either by the ICB or NHS England, such as ABPM and contraception, which should be addressed. I do not have the specific figure, however i believe other contractors other than community pharmacy who provides ABPM gets paid more compared to community pharmacy. Again another question mark. Furthermore, the PNA does not address the funding challenges faced by community pharmacies, which is a significant gap. Plymouth has one of the highest rates of pharmacy closures in England, and the sustainability of pharmacies is heavily impacted by insufficient NHS support. While the PNA correctly identifies the community's need for a community pharmacy (For essential services like dispensing), it fails to propose adequate measures to secure funding and prevent further closures by allocating or moving across board services that overlaps. ----- Also, Barne Barton already has 2 pharmacies nearby and no need for another. Just my opinion.
Yes	
Yes	

Question 4 – Are the future gaps in provision identified in the draft PNA correct?

Yes/No	Q4a: If you answered 'no', what is missing?
Yes	
Yes	
Yes	
No	Sherford is glanced over but will have a big impact due to it's location between Plymstock and Plympton - regardless of whether or not it sits in the South Hams or Plymouth at this stage, the population will likely migraine to those pharmacies in Plymstock and Plympton until a solution is found. We are already seeing increased numbers and there is no clear plan for Sherford.
Yes	
Yes	
No	What is the role of community Pharmacy in enhancing the prevention agenda? Enhanced medication reviews to prevent hospital admission?
Yes	

Question 5 – Are there any gaps in provision you are aware of which are missing from the draft PNA?

Yes/No	Q5a: If you answered 'yes', please list below;
No	
No	
No	
Yes	The direction of travel has been for PCNs to increase working hours to 08.00 - 20.00 Mon - Friday and 09.00-17.00 on Saturday. The pharmacy provision is very limited after 18.00 daily (although the Saturday provision is adequate). With the closure of the 100 hour pharmacy the only option provided is not always that accessible to patients.
No	
No	
No	
No	

Appendix 4: Pharmacies and opening times by locality

Table 87: List of pharmacy contractors and core and supplementary opening hours in the East locality, (as at May 2025). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Locality	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Boots Pharmacy (St Stephens Place, Plympton)	East	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:30	Closed
Boots Pharmacy (The Broadway, Plymstock)	East	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed
Day Lewis Pharmacy, Church Road, Plymstock	East	09:00-12:45 14:00-18:30	09:00-12:45 14:00-18:30	09:00-12:45 14:00-18:30	09:00-12:45 14:00-18:30	09:00-12:45 14:00-18:30	09:00-13:00	Closed
Day Lewis Pharmacy (Glenside Rise, Plympton)	East	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Morrisons Pharmacy, Plymstock	East	08:00-13:30 14:30-19:00	08:00-13:30 14:30-19:00	08:00-13:30 14:30-19:00	08:00-13:30 14:30-19:00	08:00-13:30 14:30-19:00	08:00-13:30 14:30-19:00	11:00-17:00
Springfield Pharmacy, Elburton	East	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Well Pharmacy (Glen Road, Chaddlewood)	East	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	Closed	Closed
Well Pharmacy (Radford Park Road, Plymstock)	East	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	Closed	Closed
Well Pharmacy (The Ridgeway, Plympton)	East	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed

Table 88: List of pharmacy contractors and core and supplementary opening hours in the North locality, (as at May 2025). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Locality	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Asda Pharmacy (Estover)	North	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	10:00-16:00
Boots Pharmacy (Morshead Road, Crownhill)	North	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed
Super Happy Wing (Honicknowle Green)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Speedwell Pharmacy (Estover)	North	08:30-18:00	08:30-18:00	08:30-18:00	08:30-20:00	08:30-18:00	Closed	Closed
Tesco Pharmacy (Woolwell Crescent)	North	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00
Well Pharmacy (Bampfylde Way, Southway)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Hornchurch Road, Ernesettle)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Meavy Way, Crownhill)	North	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
Well Pharmacy (Southway Drive)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Transit Way, Honicknowle)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Whitleigh Green)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed

Table 89: List of pharmacy contractors and core and supplementary opening hours in the South locality, (as at May 2025). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Locality	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Boots Pharmacy (Drakes Circus)	South	08:00-18:30	08:00-18:30	08:00-18:30	08:00-20:00	08:00-18:30	08:00-18:30	10:30-16:30
Boots Pharmacy (Mutley Plain)	South	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	09:00-16:00	Closed
Day Lewis Pharmacy (West Hoe)	South	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	Closed
Ebrington Pharmacy	South	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	Closed	Closed
Cattedown Pharmacy	South	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	Closed	Closed
Hyde Park Pharmacy	South	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
Well Pharmacy (Eggbuckland Road)	South	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Old Laira Road)	South	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Well Pharmacy (Torridge Way)	South	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed

Table 90: List of pharmacy contractors and core and supplementary opening hours in the West locality, (as at May 2025). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Locality	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Boots Pharmacy (New George Street)	West	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:00	10:30-16:30
Day Lewis Pharmacy (Saltash Road, Keyham)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
Devonport Pharmacy (Damerel Close)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
King Street Pharmacy (Stonehouse)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Milehouse Pharmacy (Wolseley Road)	West	09:00-13:00 14:00-18:00	09:00-12:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-12:30	Closed
Raphia UK Ltd (Marlborough Street)	West	09:00-17:45	09:00-17:45	09:00-17:45	09:00-17:45	09:00-18:00	09:00-13:00	Closed
St Levan Pharmacy (Keyham)	West	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
Superdrug Pharmacy (New George Street)	West	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
Well Pharmacy (Devonport Road, Stoke)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Wolseley Road, Ford)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Ham Green)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (King Street, Stonehouse)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Peverell Park Road)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Wolseley Road, St Budeaux)	West	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
Well Pharmacy (Stirling Road, St Budeaux)	West	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed

Appendix 5: Pharmacies and opening times within 1-mile (1.6km) of Plymouth border

Table 91: List of pharmacy contractors and core and supplementary opening hours within 1-mile (1.6km) of Plymouth border, (as at May 2025). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Area	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Boots Pharmacy, Fore Street, Saltash	Cornwall	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed
Tamar Pharmacy, Fore Street, Saltash	Cornwall	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
Boots Pharmacy, Fore Steet, Torpoint	Cornwall	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed

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Health and Wellbeing Board

Date of meeting:	04 June 2025
Title of Report:	MoN - Strengthening Measures to Combat Youth Vaping. A review of the current Health and Wellbeing Board position statement on vaping.
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Professor Steve Maddern (Director of Public Health)
Author:	Dave Schwartz Public Health Specialist
	Dan Preece, Public Health Specialist
Contact Email:	dan.preece@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

In January 2025, City Council agreed the Motion on Notice: Strengthening Measures to Combat Youth Vaping. The MoN included a request that the 'existing Health and Wellbeing Board's position statement on vaping be reviewed to account for the changing use by children'.

This report provides a review of the existing position on vaping. It includes consideration the latest evidence on uptake of vaping by children and young people, an overview of the broad range of responses by the Children and Young People system in Plymouth, and a summary of the recent changes in law.

Recommendations and Reasons

That the health and wellbeing board:

1. Re-affirm their support for the Vaping Position Statement 2019 (as amended in September 2023), and confirm that in remains fit for purpose to date;

2. Notes that "this is a dynamic situation, and we will continue to review and respond to new evidence as it emerges" (Vaping Position Statement 2023);

3. Notes and commends work building a city-wide approach to vaping as presented to the Health and Wellbeing Board in July 2024 and work subsequently undertaken under the Schools Place Based Improvement Plan;

4. Acknowledges the requests of the Motion on Notice heard at Full Council in January 2025 as actioned.

Alternative options considered and rejected

Not review the existing Vaping Position Statement: Rejected as City Council agreed a Motion on Notice in January 2025 requesting this review be undertaken. The lack of an agreed position to inform citywide efforts to reduce the prevalence of smoking would result in a piecemeal approach and the continued confusion in the minds of the public between the risks and benefits associated with vaping.

Relevance to the Corporate Plan and/or the Plymouth Plan

This work supports the Plymouth Plan Healthy City Strategic Outcome that 'People in Plymouth live in happy, healthy, safe and aspiring communities where social, economic and environmental conditions and services enable choices that add quality years to life and reduce the gap in health and wellbeing between communities.' In particular Plymouth Plan Strategic Objective 1 (Delivering a Healthy City), points one, two and three: 1. Delivering solutions and creating environments which address the wider determinants of health and wellbeing and make healthy choices available. 2. Reducing health and wellbeing inequalities and the burden of chronic diseases in the city. 3. Delivering the best health, wellbeing and social outcomes for all people, and reducing and mitigating the impact of poverty, especially child poverty.

Implications for the Medium Term Financial Plan and Resource Implications:
None

Financial Risks

None

Legal Implications

None

Carbon Footprint (Environmental) Implications:
None

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

A coherent approach to vaping that is consistent with the evidence base will support more people to stop smoking tobacco which will have health, social care and economic benefits for those people, their families and communities.

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Vaping Presentation							
B	Motion on Notice - Strengthening Measures to Combat Youth Vaping.pdf							

C	H&WB Vaping Position Statement 2019							
D	Use of vapes (e-cigarettes) among young people in Great Britain - ASH							
E	Using e-cigarettes to stop smoking - NHS							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Professor Steve Maddern											
Please confirm the Strategic Director(s) has agreed the report? Yes 03/06/2025											
Cabinet Member approval: *Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)* Date approved: 03/06/2025											

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Health and Wellbeing Board

12 June 2025

Vaping Motion on Notice

Dan Preece Public Health Specialist, Health Improvement

Dave Schartz Public Health Specialist Children and Young People

Health and wellbeing board 8 point position on vaping:

1. Key role in driving down rates of smoking in Plymouth.

2. Vaping with e cigarettes is 95% less harmful than smoking tobacco.

3. Protection from potential harms of vaping by restrictions on their sale and marketing to children

4. Advice to people who smoke tobacco is to consider switching from smoking to vaping with e-cigarettes.

5. Vaping is not risk free, so our advice is: if you don’t smoke, don’t vape.

6. Ongoing surveillance and research is crucial to detect long-term impacts on individuals and communities. If any new risks emerge, or guidance changes, we will revise our position.

7. Approach involves a wide range of partners.

8. We need clear and consistent messages to the public.

PLYMOUTH
PREVENTION OF HARMFUL VAPING* (PHV) PARTNERSHIP OFFER – ACADEMIC YEAR 2024 / 2025. Version 1.1

PLYMOUTH CITY COUNCIL

Intervention	Incident / Issue	Response	Lead & Contact	Consideration
1	Response to Incident	1:1 intervention with YP	**The Children Society (TCS)** **Referral:** Young People's Drug and Alcohol Service - Plymouth (office.com) **Tel: 08000274431** **Website:** Plymouth substance misuse services | The Children's Society (childrenssociety.org.uk)	Consider 'referral' if suspended (not just at PEX)
2	Preventative action focussed on an individual / group	Targeted individual / group support	**PCC Community Youth** **Email:** caroline.storer@plymouth.gov.uk **Tel: 01752 306731** As of October 1 2024 - - Youth Service has 1FTE Vaping Worker; TCS are currently recruiting – but will respond to referral request.	Evidence suggesting concern for an individual or a group
3	Criminal activity or exploitation:	Support and / or intervention	**Police** childcentredpolicingplymouth@devonandcornwall.pnn.police.uk michelle.evans@devonandcornwall.pnn.police.uk	Always inform Police on suspicion or intelligence linked to exploitation or criminal activity –particularly serious criminal activity
4	Vape testing	Access to relatively quick testing of vape products (e-liquids)	**Police** childcentredpolicingplymouth@devonandcornwall.pnn.police.uk michelle.evans@devonandcornwall.pnn.police.uk	• Best used to determine substances implicated in unusual effects from incidents • In support of Police operations
5	Under-age sales	Supports enforcement targeting	**Trading Standards** tradingstandards@devon.gov.uk	Intelligence enables tactical targeting based on accumulation of evidence
6	Universal Education and Awareness in schools	Offer of education and awareness sessions re vaping (priority year 8 and year 9). Additional sessions available on other drugs or problem substance use issues	**The Zone** daworkshops@thezoneplymouth.co.uk	Evidence of effective use: • Part of spiral curriculum • Avoid assembly only – part of wider approach • Use your school survey data
7	System 'stewarding'	Termly: updating, learning and networking; support to system	**PCC Public Health** odph@plymouth.gov.uk	• Shared endeavour across system • Situation is dynamic • System /response needs to be agile and adaptive

*'Prevention of harmful vaping' (PHV)

This term aims to reflect a range of behaviours where there is very limited or unreliable evidence / research on safety of use OR use that does not comply with regulatory / legal requirements that are in place. For example;

- Vaping associated with recreational use rather than a stop smoking intervention
- Vaping by under 18's – where the evidence on safety and possible harms is not clear
- Use of vape devices and products that do not comply to regulatory legislation
- Use of vape substances controlled under the Misuse of Drugs Act
- Use of vape devices and products on the school estate / setting

Other

- Seymour (Hamoaze) House: FTE role focused on YP in ACE System (work in progress)
- Vaping: the facts | PLYMOUTH.GOV.UK – this site has a video / leaflets / posters.
- Michael House – Health and Wellbeing in Schools PCC Officer – curriculum advice and also Healthy Child Quality Mark.

City wide approach 2: Education Place based improvement plan

PLYMOUTH CITY COUNCIL

one CHILDREN'S SERVICE
High Expectations, High Support, High Challenge

PLYMOUTH CITY COUNCIL

One Devon

PPCV

Plymouth – Education Place Based Improvement Plan

Vaping in Plymouth 2024

PLYMOUTH CITY COUNCIL

Asked pupils in yr 8 and yr 10 about vaping
4124 responded

Never use 2,761
67%

Never use / not ongoing:
3794
92%

Ever Tried 1363
33%

Ongoing use
329
8%

Prevention ?
76% of those trying do not go on to use regularly.

Decisions reported by year 8 and 10 indicate a high level of prevention outcomes.

Enforcement activity in Plymouth

	23/24	24/25
Premises subject to underage sales test purchases	22	12
Sales made	3	2
Follow up action	5 x Service Warning letters and advice	3 x Service Warning Letters and advice
Seizure of illegal vape ops	8	2
Illegal vapes seized	3163	727
Enforcement action	1 ongoing investigation	1 ongoing investigation

Tobacco and Vapes Bill 2025
Key measures

PLYMOUTH CITY COUNCIL

Measures introduced	When?
Disposable vapes ban	1 June 2025
Powers to extend smoke free places to specific outdoor public places	Further regulations needed following consultation
Powers to create vape and heated tobacco free places	
Powers to regulate marketing of vapes	
Ban the sale of tobacco cigarettes to anyone born on or after 1 Jan 2009	1 Jan 2027

Tobacco and Vapes Bill 2025
Other measures

Measures introduced	When?
Ban on vape sponsorship and advertising	2 months after Bill is passed
Introduce age of sale restrictions (18+) for non nicotine vapes	6 months after Bill is passed
Ban on vape vending machines	
Enabling Trading Standards to issue Fixed Penalty Notices	
Stop free distribution of vapes	
Powers to establish new registrations system for tobacco cigarettes and vapes	Further regulations needed following consultation
Powers to create a licensing system for tobacco cigarettes and vapes	

“The key points about vaping (e-cigarettes) can be easily summarised. If you smoke, vaping is much safer; if you don’t smoke, don’t vape; marketing vapes to children is utterly unacceptable.”

Professor Sir Chris Whitty, Chief Medical Officer for England

6 questions to assess vape stories in the media

PLYMOUTH CITY COUNCIL

1. Have studies quoted been published in an academic journal and undergone peer review?

2. What type of study methodology and what type of claim ? Causal relationship?

3. What is the sample size?

4. Critical: do the studies consider the history of smoking tobacco among participants?

5. What was the length of follow up and how does it match against claims in the study?

6. How do the study conclusions compare to published systematic reviews and official government evidence updates?

Adapted from: Irresponsible publicity related to an unpublished vaping study - The Counterfactual

Is switching from smoking to vaping safer?

GOV.UK Menu

Home > Health and social care > Public health > Health improvement > Smoking > Nicotine vaping in England: 2022 evidence update

Office for Health Improvement & Disparities

Research and analysis

Nicotine vaping in England: 2022 evidence update main findings

Published 29 September 2022

Applies to England

Contents

1. The review
2. Health risks
3. Smoking and vaping prevalence
4. Flavours
5. Nicotine
6. Harm perceptions

Print this page

1. The review

This evidence review is the eighth in a series of independent reports on vaping originally commissioned by Public Health England and now by the Office for Health Improvement and Disparities in the Department of Health and Social Care.

This report was led by academics at King's College London with a group of international collaborators and is the most comprehensive to date. Its main focus is a systematic review of the evidence on the health risks of nicotine vaping.

- In the short and medium term, **vaping poses a small fraction of the risks of smoking**
- **Vaping is not risk-free**, particularly for people who have never smoked
- **Significantly lower exposure to harmful substances from vaping compared with smoking**
- Similar or higher exposure to harmful substances from vaping compared with not using nicotine products
- **No significant increase of toxicant biomarkers** after **short-term secondhand exposure to vaping** among people who do not smoke or vape

Recommendations, that the Health and wellbeing board:

1. re-affirm their support for the Vaping position statement 2019 (as amended in September 2023) and confirm that in remains fit for purpose to date.

2. notes that “this is a dynamic situation, and we will continue to review and respond to new evidence as it emerges” (Vaping Position Statement 2023).

3. notes and commends work building a city-wide approach to vaping as presented to the Health and Wellbeing Board in July 2024 and work subsequently undertaken under the Schools Place Based Improvement Plan .

4. Acknowledges the requests of the Motion on Notice heard at Full Council in January 2025 as actioned.

MOTION ON NOTICE

PLYMOUTH CITY COUNCIL

Date of Council Meeting: 27 January 2025

Strengthening Measures to Combat Youth Vaping

As recognised by the Motion on Notice "Impact of Vaping on Young People" in September 2023, despite sales being age-restricted, vapes have become increasingly popular among young people, causing issues in schools, impacting on learning, and posing significant public health concerns.

Recent data indicates that in the UK, the proportion of 11–17-year-olds currently vaping has risen from 4% in 2020 to 7% in 2022. In Plymouth, 10% of children and young people surveyed reported using vapes – although this is suspected to be higher amongst some groups of children.

Evidence in adults shows that regulated vape products and devices are less harmful than smoking and can aid adults in quitting smoking, but vaping of any kind is not recommended for children and young people due to potential health risks. Short-term effects include headaches, sore throats, dizziness, and coughs, with long-term effects still unknown.

This Council:

- Welcomes the Government's introduction of the Tobacco and Vaping Bill 2024 to strengthen restrictions and regulations around tobacco and vape usage to protect young people and ensure they never start to smoke or vape.
- Recognises the critical role that local authorities' trading standards will play in building compliance within various areas of both existing vape regulations and those planned for consultation.
- Commends the Council's Public Health Team, local schools, and other citywide partners for the progress they have made in implementing a broad programme of work around vaping prevention for both children and adults, including action to prevent vaping in schools and reduce school exclusions due to vaping.
- Commends all schools in Plymouth who have committed to address 'harmful vaping' through the innovative school place-based improvement plan.
- Concurs with the Chief Medical Officer of England's public health view that if you smoke, vaping is safer; if you don't smoke you shouldn't vape; and marketing to children is utterly unacceptable.

This Council requests:

- The Leader to write to the Parliamentary Under-Secretary of State for Public Health and Prevention, Andrew Gwynne MP, urging the Minister to expedite consultations and introduce stricter regulations on the advertising and sale of vapes as soon as possible. This includes:
    - Restricting branding and packaging to reduce appeal to young people.
    - Banning the distribution of free vapes to children.

○ Regulating the contents and flavours of vapes to prevent targeting young people. ○ Limiting the display and promotion of vapes in retail environments, including introducing a ban on shop floor sale of vapes. ○ The Minister sets out a clear timeframe for when the consultations will happen, and secondary legislation laid before Parliament. • The Leader to write to Dr Sam Roberts, CEO of the National for Health and Care Excellence (NICE) to request that Government consider the development of national guidance on advice, intervention and support that should be available for young people in the following context: ○ Young people under 18 who routinely smoke tobacco (and maybe dependent on nicotine) that wish to switch to vaping as a less harmful method of using nicotine ○ Young people who have become dependent on nicotine through vaping but wish to reduce harm or stop and request help to do so. • The Director of Public Health engages with and influences fellow Directors of Public Health and other relevant stakeholders to prioritise actions to prevent youth vaping. This includes writing to local businesses and national chains to request they voluntarily take actions to prevent youth vaping, namely, removing vapes and associated products from shop floors. • It continues its proactive engagement with citywide partners to prevent youth vaping both in and out of school settings. • That the existing Health and Wellbeing Board's position statement on vaping be reviewed to account for the changing use by children.
Proposer: Cllr Daniel Steel
Seconder: Cllr Mary Aspinall

Health and Wellbeing Board

Date of meeting:	14 September 2023
Title of Report:	**Update to 2019 HWBB position on vaping**
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Dave Schwartz Public Health Specialist/
	Dan Preece, Advanced Public Health Practitioner
Contact Email:	dan.preece@plymouth.gov.uk
Your Reference:	VAPE 23 Update
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to update the Health and Wellbeing Board's existing position on vaping [A], established in January 2019, with the latest evidence on vaping and to consider the progress we're making by using vapes to help people cut down and stop smoking and the concerns that vaping presents with a particular focus on children and young people. To discuss these in the context of smoking prevalence in Plymouth and the part that vaping can play in its reduction.

Recommendations and Reasons

That the Health and Wellbeing Board adopt the following position on vaping and e-cigarettes:

1. We recognise that vaping has a key role in driving down rates of smoking in Plymouth.

2. Vaping with regulated e-cigarettes is estimated to be 95% less harmful than smoking tobacco.

3. Consumers and the public deserve protection from potential harms of vaping and the use of e-cigarettes through restrictions on their sale and marketing to children and controls to ensure safety and quality.

4. Stopping smoking is the best thing a person who smokes can do for their health. Our advice to people who smoke tobacco is to consider switching from smoking to vaping with e-cigarettes.

5. Vaping is not risk free, so our advice is: if you don't smoke, don't vape.

6. Ongoing surveillance and research is crucial to detect long-term impacts on individuals and communities. If any new risks emerge, or guidance changes, we will revise our position. In the meantime, we have a vital responsibility to communicate the reliable evidence that is emerging and use it to help guide us.

7. A task and Finish Group is to look at agreeing an approach involving a wide range of partners.

While the risk profile of vaping has not changed significantly since 2019, we are seeing a recent increase in vaping among young people and increases in the use of unregulated illegal vapes, which have a lack of control and in some cases are harmful to people's health.

8. We need clear and consistent messages to the public. There is widespread public confusion about vaping and research shows people's perceptions have become less accurate. The evidence tells us vaping with regulated products is substantially less harmful than smoking with tobacco, but a growing number of people believe vaping is at least as harmful as tobacco, or say they don't know. This is important because this misperception could be preventing people who from stopping. We have a duty to provide clear messages to the public, based on the evidence. Vaping can help people who are most dependent on smoking to quit and smokers who switch to vaping reduce the risks to their health considerably.

Alternative options considered and rejected

The lack of an agreed position to inform citywide efforts to reduce the prevalence of smoking would result in a piecemeal approach and the continued confusion in the minds of the public on the safety and effectiveness of vaping as a way of stopping smoking.

Relevance to the Corporate Plan and/or the Plymouth Plan

This work supports the Plymouth Plan Healthy City Strategic Outcome that 'People in Plymouth live in happy, healthy, safe and aspiring communities where social, economic and environmental conditions and services enable choices that add quality years to life and reduce the gap in health and wellbeing between communities.'

In particular Plymouth Plan Strategic Objective 1 (Delivering a Healthy City), points one, two and three:
1. Delivering solutions and creating environments which address the wider determinants of health and wellbeing and make healthy choices available.

2. Reducing health and wellbeing inequalities and the burden of chronic diseases in the city.

3. Delivering the best health, wellbeing and social outcomes for all people, and reducing and mitigating the impact of poverty, especially child poverty.

Implications for the Medium Term Financial Plan and Resource Implications:

There are no additional financial implications.

Financial Risks

None

Carbon Footprint (Environmental) Implications:
None

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*
A coherent approach to vaping that is consistent with the evidence base will support more people to stop smoking tobacco which will have health, social care and economic benefits for those people, their families and communities.

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	2	3	4	5	6	7
A	2019 HWBB position on vaping							
B	Nicotine vaping in England: 2022 evidence update (Web-Link)							
C	Use of e-cigarettes among young people in Great Britain June 2023 (Web-Link)							
D	Health Matters: Stopping smoking - what works? (Web-Link)							
E	Clearing up some myths around e-cigarettes (Web-Link)							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

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	1	2	3	4	5	6	7
Update to 2019 HWBB position on vaping							

Sign off:

Fin	DJN.23.24.96	Leg	LS/02277/JP/060923	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.

Originating Senior Leadership Team member: Ruth Harrell

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 06/09/2023

Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) – *Approved by Email*

Date approved: 06/09/2023

Health and Wellbeing Board

Date of meeting:	12 June 2025
Title of Report:	**Health and Wellbeing Board Development Session Feedback**
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Professor Steve Maddern (Director of Public Health)
Author:	Steve Maddern
Contact Email:	Steve.maddern@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
This report provides feedback from the Health and Wellbeing Board development session, which Board Members participated in, on 30 April 2025. The report sets out the proposed next steps for Board development.

Recommendations and Reasons

1. The Health and Wellbeing Board is recommended to discuss and agree next steps for the development of the Health and Wellbeing Board, based on the feedback from Board Members during the development session.

Alternative options considered and rejected

1. An alternative would be to not consider the development of the Health and Wellbeing Board- This was rejected as it was collectively agreed that the Board would benefit from reflection on performance and development the Board accordingly.

Relevance to the Corporate Plan and/or the Plymouth Plan
The Board works to support the Council's Corporate Pan priorities of 'Working with the NHS to provide better access to health, care and dentistry', and 'Keeping children, adults and communities safe'.

Implications for the Medium Term Financial Plan and Resource Implications:
None noted

Financial Risks

None noted

Legal Implications

None noted

Carbon Footprint (Environmental) Implications:
There are no direct carbon implications from the consideration of this report. There are potentially positive future impacts for carbon footprint by reviewing membership of the Board and reducing need for all members to travel to attend in person, allowing non-core members to attend using hybrid methods.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
None directly, this report focuses on how the Board functions rather that business of the board – this will be done independently.

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Briefing report title							

Background papers:
**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Professor Steve Maddern											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 03/06/2025											
Cabinet Member approval: *Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)* 03/06/2025											

Plymouth Health and Wellbeing Board Development Session

Overview

In Spring 2025, the Plymouth Health and Wellbeing Board agreed to participate in a developmental work programme supported by the Office of the Director of Public Health. A workshop was held in April 2025, which aimed to explore the purpose of the Board, the role of Board members, and elements of the Board that would benefit from review. The DPH facilitated a discussion with Board Members in a bespoke session.

Health and Wellbeing Board Members present at the session: Tony Gravett (Healthwatch), Steve Maddern (Director of Public Health, Plymouth City Council), Elliot Wearne-Gould (Democratic Advisor, Plymouth City Council), Councillor Mary Aspinall (Chair), Michelle Thomas (Livewell Southwest), Karen Pilkington (Voluntary, Community and Social Enterprise Representative), Councillor Jemima Laing (Board Member), Amanda Nash (University Hospitals Plymouth), Rob Smith (Wellbeing Hubs Rep) and Chris Morley (NHS Devon ICB - Virtual).

The development session was well attended by Board members however, it would have been beneficial to have seen fuller attendance by Council senior officers and senior NHS colleagues who are listed as Board Members.

The Board's Role

There was a reasonable understanding between members of the role of the Board itself. Members recognised that the landscape the Board operates in has become more complex with the establishment of the Integrated Care System (ICS) and the Integrated Care Board (ICB). There was recognition of the Board's statutory function, and the Board's role to understand the needs of the population and implement a plan to address these needs. The Board's role to advocate and challenge was also recognised. Board members queried if the H&WB was an assurance board although there was no agreement over this.

It was collectively felt that further clarity of the Board's role within the ICS was needed. Some members were unclear as to what each organisation within the ICS was responsible for at Board level, noting some overlap and possible lack of alignment between organisational priorities. Members recognised that the Health and Wellbeing Board was there to set the strategic direction for the improvement of health and wellbeing for Plymouth but was not clear if it had done so.

Board Members were unclear whether the Board had a defined strategy based on the Joint Strategic Needs Assessment for Plymouth. It was agreed that a further workshop at the start of the municipal year to refresh Board Member understanding of the JSNA and reset Board priorities for the next 12 months would be beneficial. This would assist with strategic work programming.

It was collectively agreed that the Board should not attempt to oversee everything relating to health and wellbeing or the wider determinants that influence health. It was discussed whether the right people were around the table to enable the Board to effectively carry out its role, understand needs, and deliver upon its strategy and improve monitoring on key improvement metrics and outcomes.

Membership

There were queries regarding the Board's membership, particularly surrounding voting rights, quorum and attendance requirements of 'Core' (statutory) and 'Additional' (co-opted) members. Members queried if membership should be expanded to include representatives from housing providers, the police, fire, and/or ambulance services.

Administration

Administration of meetings was discussed where members felt improvements could be made. Overall, timely distribution of papers, papers for all items, number of items/papers, were felt to be sufficient. It was also discussed that a lot of the papers for the HWB were for noting and assurance only. There was limited evidence of 'call to action' form the Board to respond to key health and wellbeing issue for Plymouth.

There was a recognition that the Board did not celebrate positive achievements or outcomes enough. Members suggested that greater correspondence should occur between meetings to highlight actions and achievements. There is also potential for a Health and Wellbeing Board conference to be held to showcase good practice and celebrate success?

Public Engagement

Awareness and communication of the Board and its role and priorities amongst the residents of Plymouth was felt to be low to non-existent. It was felt that the business of the Board was not discussed in meetings between elected members and their constituents. There was limited evidence that members of public submit questions or attend the Board.

Work Programming and Agendas

Members commented that some agenda items overlapped with the role of Health Scrutiny, and there was a need to differentiate between the strategic role of the Board, and the assurance role of scrutiny. Members requested clarity on the difference between the Health and Wellbeing Board and the Scrutiny function to ensure agenda items were appropriately shared.

During the delivery of agenda reports, members identified that slides were presented for most written reports, and that report authors spoke for a significant amount of Board time. This could have been presented as a written report with summary slides to speak to, to maximise time for discussion. Despite a forward plan being in place, it was felt that the 'work programme' standing item was underutilised during Board meetings, and that providing wider opportunity for Board members to shape the agenda would be beneficial. There was a collective agreement for the Board to become more strategic, and an acknowledged need for stronger links between the Local Care Partnership (LCP) and Health and Wellbeing Board (HWB)

The workshop also explored what happens between meetings. A small number of examples were given of where further work had been undertaken (E.g. dental work), but discussions identified generally limited action between meetings to advance the agenda. Board members were asked whether they felt that the agendas of HWB meetings were sufficiently focussed

on the strategy and its priorities. Papers of previous meetings were reviewed, and it was not clear on how they linked to any strategic focus. An action was taken to consider refreshing the forward plan for the Board to ensure that agenda items were aligned to the delivery of a strategy.

Next Steps

The board should consider the following actions:

- Map how the Board sits within the wider Integrated Care System (ICS)
- Review the TOR/Membership – Consider widening membership to include housing provider representation, as well as police, fire and/or ambulance service representatives. Provide clarity between 'Core' and 'Additional' members
- Refresh knowledge of the JSNA and re-establish a strategic Board direction for the next 12 months
- Review the forward plan linked to decisions for consideration
- Agree how the Board will manage requests to discuss items not explicitly linked to the strategic priorities

HEALTH AND WELLBEING BOARD

Tracking Decisions Log 2025 – 26

Please note that the Tracking Decisions Log is a 'live' document and subject to change at short notice.

For enquiries relating to this committee's work programme and tracking decisions, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date	Resolution	Responsible	Progress
06/03/2025	Requested further information from NHS Devon regarding the dental contract, to ascertain when routine check-ups and normal operation would resume, following delays accrued during the Covid-19 Pandemic.	Melissa Redmayne (NHS Devon)	In Progress: A verbal update will be provided at the next Health and Wellbeing Board meeting on 12 June 2025, with a detailed report added to the agenda for the following meeting.
06/03/2025	Recommended that a training session regarding Suicide Prevention and Awareness was incorporated into annual Councillor induction and refresher training.	Kamal Patel (Consultant, Public Health)	In Progress: A Suicide Prevention and Awareness training session has been scheduled for 29 July 2025.
29/01/2025	Agreed to ask the Director of Public Health to liaise with the University of Plymouth in respect of potential research projects to aid the Thrive Plymouth Programme, including the effectiveness of weight management interventions.	Professor Steve Maddern (Director of Public Health)	Complete: Discussions are underway between UoP and PCC colleagues.
29/01/2025	Agreed to request that the Cabinet Member for Health and Adult Social Care, and Cabinet Members for Children's Social Care, meet with the two relevant Service Directors to discuss challenges with communication occurring during the transition period between children's and adults safeguarding.	Councillor Mary Aspinall, Councillor Jemima Laing, David Haley, Gary Walbridge	Complete: A Councillor workshop was held on 25 February 2025, where presentations & discussions took place on the Transitions Programme and the six work streams. Both Cabinet Members were in attendance. The Transitions Period has also been added to the Work Programme of the Health and Adult Social Care Scrutiny Panel.

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HEALTH AND WELLBEING BOARD

Work Programme 2025 - 26

PLYMOUTH CITY COUNCIL

Please note that the work programme is a 'live' document and subject to change at short notice. This is currently a draft document, under consideration with the Chair and council officers.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Elliot Wearne-Gould, Democratic Advisor, on 01752 398261

Meeting Date	Agenda item	Responsible Officer
12 June 2025	Vaping Motion on Notice - Strengthening Measures to Combat Youth Vaping.pdf	Dan Preece & Dave Schwartz (Public Health)
	Pharmaceutical Needs Assessment	Rob Nelder (Public Health)
	H&WB Development Workshop Report	Professor Steve Maddern (Director of Public Health)
	END OF FORMAL BOARD MEETING	
	H&WB Development Workshop 2	Professor Steve Maddern (Director of Public Health)
02 October 2025 (to be moved)	Dental Contract Performance – Resumption of check-ups and regular treatment post Covid-19.	Melissa Redmayne (NHS Devon ICB)
	Health Protection Annual Report (DCIOS)	Teresa Cullip
	Plymouth Drugs Strategic Partnership	Kamal Patel
	HDRC - Eco therapy and Transitions Projects	Ruth Harrell
	Suicide Prevention	Kamal Patel
	Speech and Language in Plymouth Request made via the Local Area SEND Improvement Partnership and at the request of Cllrs Laing and Aspinall. The prevalence to speech, language and communication needs in the Plymouth children's population has since COVID. The evidence from EHCP's indicated that speech and language and mental health were both on steep trajectories. Livewell Southwest had seen an increase of 16.5 in twelve months in its quadrant three level of need which was the more complex level of speech and language therapy for Plymouth.	Tracy Clasby / Hannah Pugliese
	Partner Updates	UHP/ Livewell/ NHSD/ UoP

Meeting Date	Agenda item	Responsible Officer
15 January 2026		
12 March 2026		
Standing Yearly Items		
2025/26	Suicide Prevention	Kamal Patel
2025/26	Director of Public Health Annual Report	Professor Steve Maddern
Items to be scheduled		
2025/26	PASP – Following analysis of Darzi Report	
	Local Care Partnership Priorities	LCP + PCC
	NHS Long Term Plan + Recovery plan	NHS Devon ICB
	Joint Strategic Needs Assessment	Professor Steve Maddern