

Derby and Derbyshire Pharmaceutical Needs Assessment 2025-2028



Derby City Council



Public Health Knowledge & Intelligence Team

CONTROLLED

Version Control

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Acronyms and full names

Acronym	Full term
A & E	Accident and Emergency
AUR	Appliance Use Review
BME	Black and Minority Ethnic
BMI	Body Mass Index
BP	Blood Pressure
BSA	Business Services Authority
BSL	British Sign Language
CCG	Clinical Commissioning Group
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus Disease 2019
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DMS	Discharge Medicines Service
DSP	Distance Selling Pharmacy
EC	Emergency Contraception
EHC	Emergency Hormonal Contraception
EHCP	Education, Health and Care Plan
EPS	Electronic Prescription System
eRD	Electronic Repeat Dispensing
EU	European Union
GBD	Global Burden of Disease
GCSE	General Certificate of Secondary Education
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HM Prison	Her Majesty's Prison
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
INR	International Normalised Ratio
JLHWS	Joint Local Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
JUCD	Joined Up Care Derbyshire
KSI	Killed and Seriously Injured
LA	Local Authority

Acronym	Full term
LAD	Local Authority District
LARC	Long-Acting Reversible Contraception
LES	Local Enhanced Services
LFD	Lateral Flow Device
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and others
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
MDS	Monitored Dosage System
MS	Microsoft
NES	National Enhanced Services
NHS	National Health Service
NHS England	National Health Service England
NHSBSA	National Health Service Business Services Authority
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NO2	Nitrogen Dioxide
NOMIS	National Online Manpower Information System
NSP	Needle and Syringe Programme
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PADM	Personally Administered Drugs and Appliances
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHE	Public Health England
PID	Pelvic Inflammatory Disease
PM	Particulate Matter
PNA	Pharmaceutical Needs Assessment
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
QOF	Quality and Outcomes Framework
SAC	Stoma Appliance Customisation
SCS	Smoking Cessation Service
SEN	Special Educational Needs
SHAPE	Strategic Health Asset Planning and Evaluation
SMI	Severe Mental Illness
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UK	United Kingdom
UTC	Urgent Treatment Centre
VBA	Very Brief Advice
VCSE	Voluntary, Community and Social Enterprise
WHO	World Health Organization

Executive Summary

Aims and objectives

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to produce a Pharmaceutical Needs Assessment (PNA) every three years.

The purpose of the PNA is to assess the current and future pharmaceutical needs of the local population and determine whether the provision of pharmacy services is sufficient to meet those needs.

The PNA will make recommendations to improve provision if gaps are identified. PNAs should therefore be used as the basis for determining market entry to the NHS pharmaceutical list.

This PNA covers both Derby HWB and Derbyshire HWB for the period 2025-2028 and meets the statutory requirements set out in the NHS (Pharmaceutical services) regulations 2013.

The purpose of the PNA is to support the local health and care system to:

- Understand the pharmaceutical needs of the population.
- Gain a clearer picture of pharmacy services currently provided.
- Inform decision-making on applications made to NHS England including the addition of new pharmacies to the pharmaceutical list.
- Commission appropriate and accessible services from community pharmacies.
- Clearly identify and make recommendations to address any local gaps in pharmacy provision.
- Target services to reduce health inequalities within local communities.

The development of the PNA was overseen by a steering group whose obligation was to ensure appropriate process was followed and that the PNA meets statutory requirements and remains fit for purpose.

The analysis focused on pharmacy coverage in relation to the health needs of the population of Derby and Derbyshire; the services currently provided, their accessibility, and the views of the people who are using and providing these services.

This approach not only captures the availability of services in place, but also how effectively they meet population needs and local priorities.

Pharmaceutical services in England

Pharmaceutical services are provided by pharmacy contractors on the NHS pharmaceutical list held by NHS England (NHSE) and Business Services Authority (BSA). The types of contractors are:

- Community pharmacies
 - Community pharmacies
 - Local Pharmaceutical Service (LPS) providers
 - Distance-Selling Pharmacies (DSPs)
- Dispensing GP practices
- Dispensing Appliance Contractors (DACs)
- Dispensing Doctors.

Pharmacy contractors provide services under the [Community Pharmacy Contractual Framework](#) (CPCF) which includes three levels of service:

- **Essential Services:** These are pharmacy services set out by DHSC that every community pharmacy must provide as set out in their terms of service. These include: dispensing medicines and appliances, Discharge Medicines Service, disposal of unwanted medicines, clinical governance, signposting and promoting healthy lifestyles.
- **Advanced Services:** These are optional services that pharmacy contractors and DACs can choose to provide. These include: Appliance Use Reviews (AURs), Pharmacy First Service, Flu Vaccination service, Pharmacy Contraception Service (PCS), Hypertension Case-finding Service, New Medicine Service (NMS), Smoking Cessation Service (SCS), Stoma Appliance Customisation (SAC) and Lateral Flow Device (LFD) Service.
- **Enhanced Services:** These are nationally specified services that allow the flexibility for local contractors to commission services to help meet local population needs. This can include: the COVID-19 vaccination service and Bank holiday provision.

Additionally, pharmacies can also choose to provide locally commissioned services that are commissioned by organisations such as Integrated Care Boards (ICB), local authorities and NHS England. These can include services such as emergency hormonal contraception, needle exchange services, take home naloxone service, supervised consumption and palliative care.

The PNA has reviewed community pharmacy provision across Derby and Derbyshire as of December 2024.

Population demographics and health needs of Derby and Derbyshire

Derby and Derbyshire have a diverse population and health inequalities:

- **Derby** is an urban, comparatively young and ethnically diverse city (26.2% Black or Minority Ethnic (BME), with one-in-four residents aged under 20 years of age. It has notable areas of deprivation (ranked 64th most deprived nationally) in central areas. Car ownership is comparatively low; however, the city has strong links to public transport improving accessibility to pharmacies.
- **Derbyshire** is largely rural, with a comparatively older and less diverse population (3.7% BME), with a large proportion of residents aged 65 years and over, particularly in Derbyshire Dales, Amber Valley and North East Derbyshire. Whilst less deprived than Derby, pockets of deprivation exist in areas such as Bolsover and Chesterfield. Car ownership is comparatively high which supports access in more rural areas across the county.

Health needs are not evenly distributed, with the worst health outcomes and inequalities often concentrated in the most deprived areas. Life expectancy in Derby and Derbyshire is lower than the national average.

Derby has higher rates of premature mortality from all causes, cardiovascular disease, and liver disease than the national average. Both Derby and Derbyshire have higher diabetes prevalence and mortality compared to England.

The projected population and housing developments are expected to increase across both city and county over the coming years, which could potentially influence demand for pharmacy services. Over 70,000 new homes are planned across the city and county over the next 15 years. Future housing dwelling targets by area:

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------|
| • Amber Valley:
9,000 by 2010 | • Derbyshire Dales:
2,400 by 2033 | • High Peak: 7,000
by 2031 |
| • Bolsover: 5,700 by
2010 | • N.E Derbyshire:
6,600 by 2034 | • Chesterfield: 7,800
by 2040 |
| • South Derbyshire:
14,500 by 2041 | • Derby: 11,000 by
2028 | • Erewash: 6,200 by
2028 |

Vulnerable groups including children, older people, disabled individuals, migrants and gypsy/traveller communities experience significant health inequalities and may face barriers and challenges to accessing health and social care services.

Pharmacy Provision

At the time of compiling the assessment (December 2024) there were 204 pharmacy contractors across Derby and Derbyshire, made up of 196 community pharmacies (52 in Derby and 144 in Derbyshire), four Dispensing Appliance contractors (DACs), four Distance Selling Pharmacies (DSPs), and 15 Dispensing GP practices.

Overall, this equates to:

- 19.5 pharmacies per 100,000 population in Derby
- 17.7 pharmacies per 100,000 population in Derbyshire
- 18.2 pharmacies per 100,000 population in England.

Whilst coverage is good, particularly in more densely populated areas, the rates varied by districts with North East Derbyshire having the highest provision at 20.9 per 100,000 population and South Derbyshire having the lowest at 10.5 per 100,000.

Of the Dispensing GP practices, more than half were based in Derbyshire Dales.

Of the Distance Selling Pharmacies, one is based in Derby, two in Chesterfield and one in North East Derbyshire. Dispensing activity from Distance Selling Pharmacies significantly increased from 33,955 in January 2024 to 68,096 in December 2024. This service has grown in popularity and supports increased accessibility for those in rural communities or experiencing other difficulties in accessing pharmacy premises.

Of the Dispensing Appliance Contractors, two were based in Derby, one in Chesterfield and one in Erewash. These contractors are the main suppliers of services such as AURs and SACs.

Accessibility and opening times:

Almost all residents across city and county can reach a pharmacy by car within 5-10 minutes.

In Derby, 98% of residents can walk to a pharmacy within 20 minutes, compared to 78% in rural Derbyshire where access is more limited, particularly in South Derbyshire. Within Derby City, only a very small number of areas are not within walking distance; however, all are reachable within 15 minutes using public transport.

There are an additional 38 pharmacies within one mile of Derbyshire's border that are reachable within a short driving time distance.

Opening times:

- Most pharmacies (93%) operate standard 40-hour contracts, open at least Monday - Saturday across Derby and Derbyshire.
- 14 pharmacies offer extended opening hours (72+ hours per week), mainly in Derby, Amber Valley and Bolsover – a decrease from 20 reported in 2022.
- 55 pharmacies open beyond 6pm on weekdays, improving evening access.
- Weekend provision is variable by locality with 62% open on Saturdays and 12% open on Sundays. Derby and Amber Valley have the highest weekend provision compared to South Derbyshire and Chesterfield with the lowest.

Overall, opening hours are broadly aligned to local population needs, however, provision on Sundays is limited and uneven across the county. Continued monitoring of out-of-hours services in areas with limited weekend provision is advisable.

Service delivery

Essential services are well provided across the area with no identified gaps in provision in Derby or Derbyshire.

There is strong uptake and participation of voluntary advanced services in the area with:

- 97% of pharmacies providing the New Medicines Service (NMS)
- 95% providing population level flu vaccination
- 99% of pharmacies provide the Pharmacy First service
- 93% of pharmacies are actively delivering the Hypertension Case-Finding Service
- 96% of pharmacies are signed up to provide the Pharmacy Contraception Service, with expansion in Oct 25 to include emergency hormonal contraception service
- Uptake is lower for some services: 31% are signed up to provide Smoking Cessation Service and 73% provide the Lateral Flow Device Service.

Dispensing Appliance Contractors also contribute with three out of four DACs provide Appliance Use Reviews (AURs), and 2 out of 4 offer Stoma Appliance Customisations.

In addition, a range of locally commissioned and enhanced services are also provided:

- Supervised consumption (84%) and needle exchange service (39%) are widely available
- 21% of pharmacies provide Take Home Naloxone Service
- 49% of pharmacies provide Emergency Hormonal Contraception (EHC)
- 62% are registered to provide COVID-19 vaccinations
- 18% of pharmacies deliver Palliative Care services
- Four pharmacies provide level 4 anticoagulation monitoring services.

Overall, service delivery is strong across Derby and Derbyshire, with high participation and delivery across a broad range of advanced, enhanced and local services. Participation, however, is more limited in the delivery of smoking cessation, naloxone and palliative care services.

Engagement and Consultation

There were three engagement exercises used to inform this PNA:

- **Public Survey:** a total of 1,202 responses were received. 75% of respondents find their local pharmacy convenient for them with factors such as availability of medication, quality of services and opening hours being the most important drivers of their decision. The majority use it for collecting prescriptions. 9% have encountered accessibility issues i.e. challenges with wheelchair access or mobility scooters and parking.
- **Contractor Survey:** a total of 76 responses were received. The majority of respondents deliver advanced services, with 68% intending to provide smoking cessation services in the future. The majority stated they have sufficient space, facilities and capacity to deal with increased demand and delivery of clinical services. Language support is well provided through staff and use of language line (75%).
- **Public Consultation:** a total of 12 responses were received during the 60-day consultation period. This included feedback from community pharmacists, local authorities, the ICB, a neighbouring Health and Wellbeing Board and members of the public.

Overall feedback from the survey was very positive with 83% stating the PNA was well explained, accurately reflects the current provision of pharmacies and provided enough information to inform future decision making. Over half reported no gaps or barriers to provision.

Written responses from the consultation stated that overall, the PNA was a comprehensive well written document, with additional suggestions including:

- The PNA should reflect the changing role of community pharmacies in line with the 10-year health plan.
- Correcting terminology and changes to supplementary opening hours.
- Clarifying information on dispensing GP practices
- Highlighting additional service areas i.e. palliative care services.

Conclusion

Based on the analysis, the current provision of community pharmaceutical services adequately meets the pharmaceutical need in both the Derby and Derbyshire Health and Wellbeing Board areas.

Overall, provision is strong with good accessibility to pharmacies (particularly in more densely populated areas), full uptake of essential services, and high participation and delivery of advanced services across Derby and Derbyshire. Almost all of the population can reach a pharmacy a 20-minute travel time.

It is important to recognise, however, that certain populations and areas may face local challenges in accessing pharmacies and may rely more on Distance Selling Pharmacies. This may include some deprived areas of Chesterfield without access to a vehicle and South Derbyshire as a whole, where weekend provision is more limited.

There are opportunities to improve accessibility and to expand the range of services for certain communities. This could help address known factors of health inequalities such as deprivation and smoking, particularly in areas with lower pharmacy provision.

Community pharmacies continue to progress and adapt to changing health care need. We expect to see pharmacy provision change through national, regional and local developments.

This PNA will remain valid for three years from 1st October 2025. The PNA may be updated, or supplementary statements may be published in advance of this should any significant changes occur such as notable changes in population need or pharmacy provision.

Chapter 1 - Introduction

Purpose of a Pharmaceutical Needs Assessment

The purpose of the Pharmaceutical Needs Assessment (PNA) is to assess whether pharmaceutical provision meets the needs of the local population given the health and care needs experienced that could be impacted on by appropriate pharmaceutical services.

If a pharmacist or dispensing appliance contractor - a supplier of medical appliances and devices, particularly those used in the treatment of long-term medical conditions or disabilities - wants to provide pharmaceutical services, they are required to apply to the NHS to be included on the 'pharmaceutical list'. This is commonly known as the NHS 'market entry' system. The PNA informs the market entry process and provides NHS England with the information it needs to consider applications to amend or, where appropriate, to allow entry to the list of pharmaceutical service providers within the health and wellbeing area. This includes:

- Determining market entry of new NHS pharmaceutical service providers.
- Determining relocation or change of business premises of existing pharmaceutical service providers.
- Determining changes of pharmaceutical services provided by any current individual pharmaceutical services provider.

In addition to support market entry, the PNA may be used to inform commissioners, such as local authorities (LA) and the NHS, including Integrated Care Boards (ICBs), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by these local organisations.

Health and wellbeing board duties in respect of the Pharmaceutical Needs Assessment

The [Health and Social Care Act 2012](https://www.legislation.gov.uk/ukpga/2012/7/contents)¹ established health and wellbeing boards. It also transferred responsibility to develop and update pharmaceutical needs assessments to Health and Wellbeing Boards. Health and Wellbeing Boards became responsible for PNAs in April 2013.

¹ *Health and Social Care Act 2012*, Available at: <https://www.legislation.gov.uk/ukpga/2012/7/contents>. (Accessed:16/05/2025)

The [National Health Service Act 2006²](#), amended by the [Health and Social Care Act 2012](#), sets out the requirements for Health and Wellbeing Boards to develop and update pharmaceutical needs assessments. Health and Wellbeing Boards are required to prepare and publish an updated PNA by 1st October 2025.

The [NHS \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013³](#) (amended 2016), sets out the requirements of Health and Wellbeing Boards in relation to PNAs. It also sets out the information required to be included, consultation requirements and matters for consideration when making assessments. Schedule 1 Regulation 4(1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out the minimum information that must be contained in a PNA – this can be found in Appendix A but in summary is:

- Necessary services: current provision.
- Necessary services: gaps in provision.
- Other relevant services: current provision.
- Improvements and better access: gaps in provision.
- Other NHS services.
- How the assessment was carried out.
- Map of provision.

Scope of the PNA

This PNA covers the Health and Wellbeing areas of Derby and Derbyshire.

Local health and care landscape

Derby operates under a single tier structure of local government with Derby City Council having responsibility for all council services. Derbyshire operates under a two-tier structure:

- Derbyshire County Council having responsibility for services such as education, social services and waste disposal.
- District and Borough Councils – sub-divisions of the county council area responsible for services like housing and planning applications.

[The English Devolution White Paper⁴](#) which was published in December 2024 set out plans to simplify local government structures which includes the creation of regional Strategic

² *National Health Service Act 2006*. Available at: <https://www.legislation.gov.uk/ukpga/2006/41/contents>. (Accessed: 16/05/2025)

³ *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*. Available at: <https://www.legislation.gov.uk/uksi/2013/349/contents>. (Accessed: 19/06/2025)

⁴ Ministry of Housing, Communities and Local Government (2025) *English Devolution White Paper*. Available at: <https://www.gov.uk/government/publications/english-devolution-white-paper-power-and-partnership-foundations-for-growth/english-devolution-white-paper>. (Accessed: 16/09/2025)

Authorities and local government reorganisation. This reorganisation aims to restructure two tier into single tier unitary authorities. All Councils have been invited to submit proposals for local government reorganisation by November 2025. It is proposed that elections for the new local authorities will take place in May 2027 and the new authorities formally in place from April 2028. This will, of course, have implications for local Health and Wellbeing Boards and therefore PNAs in the future.

There are currently two Health and Wellbeing Boards covering Derby and Derbyshire respectively. Local authorities and Integrated Care Boards (ICBs) have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs) through the Health and Wellbeing Board. Each Health and Wellbeing Board has a JSNA - assessments of the current and future health and social care needs of the local community and a JLHWS – strategy for meeting the needs identified in JSNAs.

The objectives of Derby's Health and Wellbeing Strategy are to ensure that the people of Derby will Start Well, Live Well and Stay Well, and Age Well and Die Well with an aim of increasing life expectancy and health life expectancy and to reduce health inequalities. To achieve this, the Strategy has a focus on:

- Reducing smoking prevalence.
- Improving the number of children and adults who are a healthy weight.
- Reduce harmful alcohol consumption.
- Improve participation in physical activity.
- Reduce the number of children in low-income households.
- Improve mental health and emotional wellbeing.
- Improve access to safe and affordable housing.
- Improve air quality.

Derbyshire's Joint Local Health and Wellbeing Strategy, sets out five areas of focus for improving health and wellbeing across Derbyshire:

1. Tackle the four main risk factors that lead to poor health.
2. Support good mental health.
3. Support communities to be resilient and independent.
4. Tackle child poverty and enable children and young people in Derbyshire to start well.
5. Develop the Health and Wellbeing Board to effectively deliver on the areas of focus.

Since the last PNA was published the NHS landscape has changed. Clinical Commissioning Groups (CCGs) have been replaced by Integrated Care Boards. Integrated Care Boards took on the delegated responsibility from NHS England for the commissioning of pharmacy services from 1st April 2023. Derby and Derbyshire Integrated Care Board (ICB) forms part of our Integrated Care System (ICS). ICBs are undergoing significant changes in 2025. This

includes shifting their focus to become strategic commissioners and delivering a 50% reduction in their operating costs. Derby and Derbyshire ICB, Nottingham and Nottinghamshire ICB and Lincolnshire ICB have announced their intention to cluster to form one ICB as part of these changes.

[Joined Up Care Derbyshire](#) (JUCD) is the Derby and Derbyshire health and social care partnership for adults and children. It is one of 42 [Integrated Care Systems](#) across England. Its priority is to improve the population of Derby and Derbyshire's life expectancy and healthy life expectancy levels in comparison to other parts of the country and reduce the health inequalities that are driving these differences.

Derby and Derbyshire Integrated Care Partnership (ICP) brings together the key partners in the Integrated Care System to set strategy and make decisions. The ICP developed the Derby and Derbyshire Integrated Care Strategy which sets out how Local Authority, NHS, Healthwatch, and voluntary, community and social enterprise (VCSE) sector organisations will work together to improve the health of Derby and Derbyshire citizens. The Integrated Care Strategy aims to impact in the following ways:

- Promoting collaborative and collective working.
- Establishing a joined-up approach to strategic enablers.
- Agreement of Key Areas of Focus:
 - *Start Well* - to improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness.
 - *Stay Well* - to improve prevention and early intervention of the three main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease and cancer.
 - *Age/ Die Well* - to enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength-based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations.

The recently published [10-year health plan for England – Fit for the Future](#)⁵ announced the intention to abolish Integrated Care Partnerships (p. 83).

There are 18 Primary Care Networks (PCNs) across Derby and Derbyshire. PCNs are groups of GP Practices working together. They support GP practices in their network to serve a GP

⁵ Department of Health and Social Care (2025) Fit for the Future: The 10 Year Health Plan for England. Available at: <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf> (Accessed: 02/09/2025)

registered list of around 30,000 – 50,000 patients. Further information on our PCNs is provided by [Joined Up Care Derbyshire](#).

The health and care system of Derby and Derbyshire has, and continues to, face increasing demand and ongoing financial challenge. Many of the people of Derby and Derbyshire are living in poor health exacerbated by poverty and the cost-of-living challenge.

Pharmaceutical services

Pharmacy services are provided under a contractual framework, referred to as the [Community Pharmacy Contractual Framework](#) (CPCF) and also known as the ‘pharmacy contract’. Under the CPCF, pharmacy contractors can provide three types of services within the definition of NHS pharmaceutical services:

- Essential.
- Advanced.
- Enhanced.

On 31st March 2025, the Department of Health and Social Care reached agreement with NHS England and Community Pharmacy England (CPE)⁶ on the funding arrangements for both the [Community Pharmacy Contractual Framework \(CPCF\) for 2024 to 2025⁷ and 2025 to 2026⁸](#), and Pharmacy First. It sets out increased funding for the sector:

“Funding guaranteed to the sector through the CPCF rose to £2.698 billion (4.1%) for 2024 to 2025 to cover the activity delivered by the sector and will rise to £3.073 billion in 2025 to 2026. This represents a 19.7% increase on 2023 to 2024 funding levels on a like-for-like basis and 15% on 2024 to 2025, compared with a 5.8% increase across the NHS as a whole in 2025 to 2026” (Department of Health and Social Care, 2025).

In addition, this agreement sets out the expansion and amendments to existing services. This includes, from October 2025 (as currently planned):

- Expansion of the New Medicine Service (NMS) to introduce depression as a further therapeutic area for which patients can receive support.

⁶ Community Pharmacy England. Available at: <https://cpe.org.uk/>

⁷ Department of Health and Social Care and NHS England (2019) *Community Pharmacy Contractual Framework: 2019 to 2024*. Updated 2023. Available at: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024> (Accessed: 21/02/2025)

⁸ Department of Health and Social Care (2025) *Guidance - Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026*. Published 31/03/2025. 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> (Accessed: 14/04/2025)

- Expansion of the Pharmacy Contraception Service (PCS) which will allow all community pharmacies across England the opportunity to provide equitable access to emergency contraception (EC) for patients.

Additional services can be commissioned locally.

Essential services

Under the pharmacy contract, all pharmacies, including distance-selling pharmacies, are required to provide essential services. There are nine essential services:

1. **Discharge medicines service (DMS)** - NHS Trusts are able to refer patients who would benefit from extra guidance around prescribed medicines. This service was introduced to reduce the risk of medication problems when a person is discharged from hospital.
2. **Dispensing medicines** – supply of medicines, including the urgent supply of a medicine without a prescription. Pharmacies are required to maintain a record of all medicines dispensed and also keep records of any interventions made which they judge to be significant.
3. **Dispensing appliances** - whilst a pharmacist is required to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”. All pharmacy owners choosing to dispense appliances in the normal course of their business are required to comply with Essential Services requirements.
4. **Repeat dispensing** – dispensing of repeat prescriptions (both paper and electronic prescriptions). This includes ensuring that the repeat prescription is required.
5. **Disposal of unwanted medicines** - community pharmacy owners are obliged to accept back unwanted medicines from patients.
6. **Healthy Living Pharmacies** - aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.
7. **Public health (promotion of healthy lifestyles)** - each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England.
8. **Support for self-care** - pharmacies help manage minor ailments and common conditions, by providing advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111.
9. **Signposting** - NHS England provide pharmacies with lists of sources of care and support in the area. Pharmacies will help people who ask for assistance by directing them to the most appropriate source of help.

Further information on the Essential Services provided by community pharmacies can be accessed via [Community Pharmacy England](#).

Advanced services

Pharmacies can choose to provide Advanced Services if they meet the requirements set out in the Secretary of State Directions. There are nine Advanced Services within the pharmacy contract:

1. **Pharmacy First service** – this is a service that commenced on 31st January 2024. It includes the provision of advice and NHS-funded treatment, where appropriate for seven common conditions:
 - Acute otitis media (middle ear infection) – for those aged 1-17 years.
 - Impetigo – for those aged 1 year and over.
 - Infected insect bites – for those aged 1 year and over.
 - Shingles – for those aged 18 years and over.
 - Sinusitis – for those aged 12 years and over.
 - Sore throat – for those aged 5 years and over.
 - Uncomplicated urinary tract infections – for women aged 16-64 years.

Further information on the Pharmacy First service can be found on NHS England's [website](#).

2. **Flu Vaccination Service** - pharmacy owners can offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.
3. **Pharmacy Contraception Service (PCS)** – allows the ongoing supply of oral contraception from community pharmacies.

Note: from October 2025 Emergency Hormonal Contraception (EHC) will be added to the PCS (up until this point, EHC is a locally commissioned service).

4. **Hypertension Case-Finding Service** – aims to identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension).
5. **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.

Note: from October 2025, NMS will be expanded to introduce depression as a further therapeutic area for which patients can receive support.

6. **Smoking Cessation Service (SCS)** – where community pharmacies can manage the continuing provision of smoking cessation support initiated in secondary care following discharge from hospital.
7. **Appliance Use Review (AUR)** - AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. The review should improve the patient's knowledge and use of any specified appliance.
8. **Stoma Appliance Customisation (SAC)** - the service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance.
9. **Lateral Flow Device (LFD) Service** – which provides lateral flow device (LFD) tests to those people who are eligible for COVID-19 treatment (people with COVID-19 who are at risk of becoming seriously ill).

Further information on the Advanced Services that can be provided by community pharmacies can be accessed via [Community Pharmacy England⁹](#).

Enhanced services

Enhanced services are additionally commissioned services that are commissioned both nationally and locally:

National Enhanced Services (NES)

National Enhanced Services are nationally specified and commissioned by NHS England. There is one National Enhanced Service which is the COVID-19 Vaccination Service. This is a community pharmacy provided service for eligible patient cohorts.

Local Enhanced Services (LES)

Locally commissioned community pharmacy services can be contracted in a number of different ways to meet locally identified health needs. They can be commissioned by different commissioners, including local authorities, Integrated Care Boards (ICB) and local NHS England teams. In Derby and Derbyshire, LESs are commissioned by Derby City Council, Derbyshire County Council, NHS Derby and Derbyshire ICB and NHS England – Derbyshire and Nottinghamshire. The services commissioned are described below:

⁹ Community Pharmacy England (2013). *Advanced Services*. Updated 24/02/2025. Available at: <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

Local Enhanced Services - Derby City Council and Derbyshire County Council (as of 27th January 2025)

- *Emergency hormonal contraception* – contracted pharmacies will supply Emergency Hormonal Contraception (EHC) when appropriate to clients, in line with the requirements of the locally agreed Patient Group Direction (PGD).

Note: from October 2025 Emergency Hormonal Contraception (EHC) will be added to the Pharmacy Contraception Advanced Service (up until this point, EHC is a locally commissioned service).

- *Needle and syringe programme (NSP)* – contracted pharmacies provide people who inject substances with access to needle and syringe exchange to reduce the sharing of equipment amongst injecting drug users.
- *Supervised administration* – contracted pharmacies supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy.
- *The Community Pharmacy Take Home Naloxone Service* – naloxone, emergency antidote for overdoses caused by heroin and other opiates or opioids, is offered to suitable substance use needle exchange clients.
- *Staff Influenza Vaccine* – is the seasonal flu vaccination offered to council employees such as social care workers to protect staff from flu and to reduce transmission to vulnerable patients and colleagues.

Local Enhanced Services – NHS Derby and Derbyshire Integrated Care Board (as of 3rd April 2025)

- *Level 4 Anticoagulation Monitoring in Primary Care* – for sampling, testing and dosing patients on vitamin-K antagonists according to locally-agreed protocols approved by the Integrated Care Board.
- *On demand availability of specialist drugs (palliative care)* – aimed at the supply of specialist medicines, the demand for which may be urgent and/or unpredictable. In addition to the prompt access to these medicines, the pharmacy will provide information and advice to the user or carer.

The [Local Services Database - Community Pharmacy England](https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/local-services-database/)¹⁰ provides up-to-date information on locally commissioned services.

¹⁰ Community Pharmacy England (2025). *Local Services Database*. Available at: <https://cpe.org.uk/lpcs-and-local/locally-commissioned-services/local-services-database/>

How the assessment was undertaken

Derby and Derbyshire Health and Wellbeing Boards are responsible for the preparation and publication of the PNA. The Health and Wellbeing Boards established a Steering Group to oversee the preparation of the PNA.

PNA steering group

The PNA Steering Group 2025/26 was established as a time-limited group with the purpose of preparing an updated PNA meeting the requirements as set out in the Regulations ready for publication as required by 1st October 2025.

Membership

The membership of the PNA Steering Group is as follows:

- Advanced Public Health Practitioner (Epidemiology), Derbyshire County Council.
- Assistant Director of Public Health, Derby City Council (Chair).
- Community Pharmacy Clinical Lead and Chief Pharmaceutical officer's Clinical fellow, East Midlands Primary Care Team/ Derby and Derbyshire Integrated Care Board (ICB)
- Consultant in Public Health Public Health, Derbyshire County Council.
- Engagement Lead, Community Pharmacy Derbyshire (Local Pharmaceutical Committee).
- Public Health Intelligence Analyst, Derby City Council.
- Public Health Intelligence Analyst, Derby City Council.
- Public Health Lead, Healthcare Public Health and High Peak Locality, Derbyshire County Council.
- Senior Commissioning Manager, East Midlands Primary Care Team.

In addition to the above membership, Healthwatch Derby has provided input and support during the preparation of the PNA.

The PNA Steering Group met for the first time in October 2024 and has met regularly throughout the process of preparing the PNA.

Localities

The Derby and Derbyshire PNA considers the health need and provision of community pharmaceutical services by the geographies of Derby and Derbyshire Health and Wellbeing Board areas. In terms of localities, Derby is considered by electoral ward where appropriate and Derbyshire by District. Where available and appropriate, data is presented at lower levels such as lower super output area - a geographic area used in the United Kingdom for statistical reporting and typically contains around 1,000 to 3,000 people or 400 to 1,200 households.

Primary Care Networks (PCNs) - groups of general practices in England that work together – were considered as the structures to represent localities. This was not taken forward as whilst in the County, PCNs broadly represent the geography of the districts in Derby, PCNs do not represent natural geographic localities, with PCNs registering people from across the city and beyond.

Data gathering and sources of information

A range of information and data sources have been used in the preparation of this PNA and include:

- [Derby Joint Strategic Needs Assessment](#).
- [Derbyshire Joint Strategic Needs Assessment](#).
- Department of Health and Social Care - [Fingertips](#).
- Department of Health and Social Care - [SHAPE Atlas](#).
- NHS Business Authority (BSA) - [Dispensing contractors' data | NHSBSA](#).
- Data and information provided by local commissioners:
 - Derby and Derbyshire Integrated Care Board
 - Derby City Council
 - Derbyshire County Council.
 - East Midlands Primary Care Team
- Data and information provided by Community Pharmacy Derbyshire – Derbyshire Local Pharmaceutical Committee.
- ONS and NOMIS Census data - [NOMIS - Census of Population](#)

In addition, a Public Survey and Pharmacy Contractor Survey were conducted to gather insight from members of the public and providers of pharmaceutical services.

Public consultation

The Derby and Derbyshire Pharmaceutical Needs Assessment 2025-2028 - Draft for consultation was prepared by the Steering Group for formal consultation. The consultation ran for 60 days from 23rd June. The organisations that must be consulted with – listed below - were served with the Draft for Consultation.

- Any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs).
- Any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs).
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area.

- Any LPS chemist in its area with whom NHS England has made arrangements for the provision of any local pharmaceutical services.
- Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in its area.
- NHS England.
- Any neighbouring HWB.

A report of the consultation is included in this document.

Final publication

The PNA 2025-2028 was updated as appropriate following review of the consultation responses. This final version of the document was approved for publication by both Derby and Derbyshire Health and Wellbeing Boards and the PNA 2025-2028 was published by 1st October 2025.

Review and update

The PNA will remain valid for three years from 1st October 2025. An updated version will then be published. Supplementary statements may be published in advance of this should any significant changes occur.

The PNA will be reviewed and updated in accordance with any update to legislation or guidance.

Chapter 2 - The people of Derby and Derbyshire

Introduction

The city of Derby and the county of Derbyshire in which it sits, are in the East Midlands region of England.

Derby is an urban and compact city on the banks of the river Derwent. Its central location and good transport links connect it to major cities and wider UK. This makes Derby a key location for business and industry, particularly in the aerospace and rail sectors in which Derby has a long history. Derby is comprised of 18 electoral wards with varying levels of deprivation and with pockets of very high deprivation.

Derbyshire is a predominantly rural county within which sits part of the Peak District National Park, an area of outstanding national beauty and draws in significant numbers of visitors to the county. As well as rural villages, open countryside and farmland, the county also features traditional market towns, ex-mining towns and villages as well as significant historic sites such as Chatsworth House. Derbyshire is comprised of eight districts and whilst as a whole Derbyshire has comparatively lower levels of deprivation than England as a whole, it has significant pockets of deprivation particularly within the ex-mining areas of Bolsover and Chesterfield.

The people of Derby and Derbyshire represent a broad spectrum of ethnic backgrounds, ages, and experiences. Derby is home to a higher proportion of ethnic minority communities compared to England whilst Derbyshire has a predominantly white British population.

As Derby is an urban and compact city, residents are close to a broad range of healthcare facilities. Given the rural nature of much of Derbyshire, many residents have further to travel to access healthcare facilities.

Addressing the health needs of the population and tackling health inequalities, including the access and provision of community pharmacy services, is key to improving overall health outcomes in Derby and Derbyshire.

Figure 1 overleaf highlights the urban/rural areas across Derby and Derbyshire. Urban areas (such as Derby and Chesterfield) generally have a higher population density and availability of services whilst the areas of Derbyshire Dales, Amber Valley and High Peak are largely rural in comparison although they do include some urban areas.

Figure 1: Derby and Derbyshire by urban/rural classification (SHAPE atlas)



Population structure

The latest mid-year population estimates from the Office for National Statistics (ONS) for 2023 show the make-up of the populations of both Derby and Derbyshire. These figures reflect the overall size and age structure of the population. In 2023, the populations of Derby and Derbyshire were estimated at 266,460 and 811,449 people respectively¹¹.

The gender split was almost equal for Derby – 50.1% female to 49.8% male. In Derbyshire, the split was 51% female and 49% male, a similar picture to the national figures as shown in Table 1.

Table 1: ONS Mid-2023 population estimates for Derby and Derbyshire

	Derby	Derbyshire	East Midlands	England
Males	132,800	397,700	2,461,100	28,283,100
Females	133,600	413,700	2,530,100	29,407,200
All People	266,500	811,400	4,991,300	57,690,300

Since 2013, the estimated overall population has grown in:

- Derby by 12,600 people (a 4.9% increase over the past decade).
- Derbyshire by 37,000 people (a 4.8% increase over the past decade).

The population increases in both Derby and Derbyshire reflect national trends, which are influenced by factors such as migration, local economic development and housing. The estimates are based on the current patterns of fertility, mortality and migration continuing.

Age

Using the ONS 2023 mid-year estimates and the Census 2021 results, Derby has a notably younger population - 169,000 (63.4%) residents who are aged 16-64 years compared to Derbyshire - 492,400 (60.7%) and 62.9% nationally.

Overall:

- Derby has a higher proportion of younger people (aged <20 years) - 25%, compared to Derbyshire (21%) and England (23%).
- One in every four residents of Derby is a child or young person (aged <18 years).
- Derbyshire has an older population, with 23% of middle aged and older adults (65+ years), compared to Derby (17%) and England (19%).

¹¹ Office for National Statistics (ONS), (2024), [ONS Mid 2023 Estimates](#)

Figure 2: ONS Mid-2023 population pyramid for Derby, with England and East Midlands comparisons

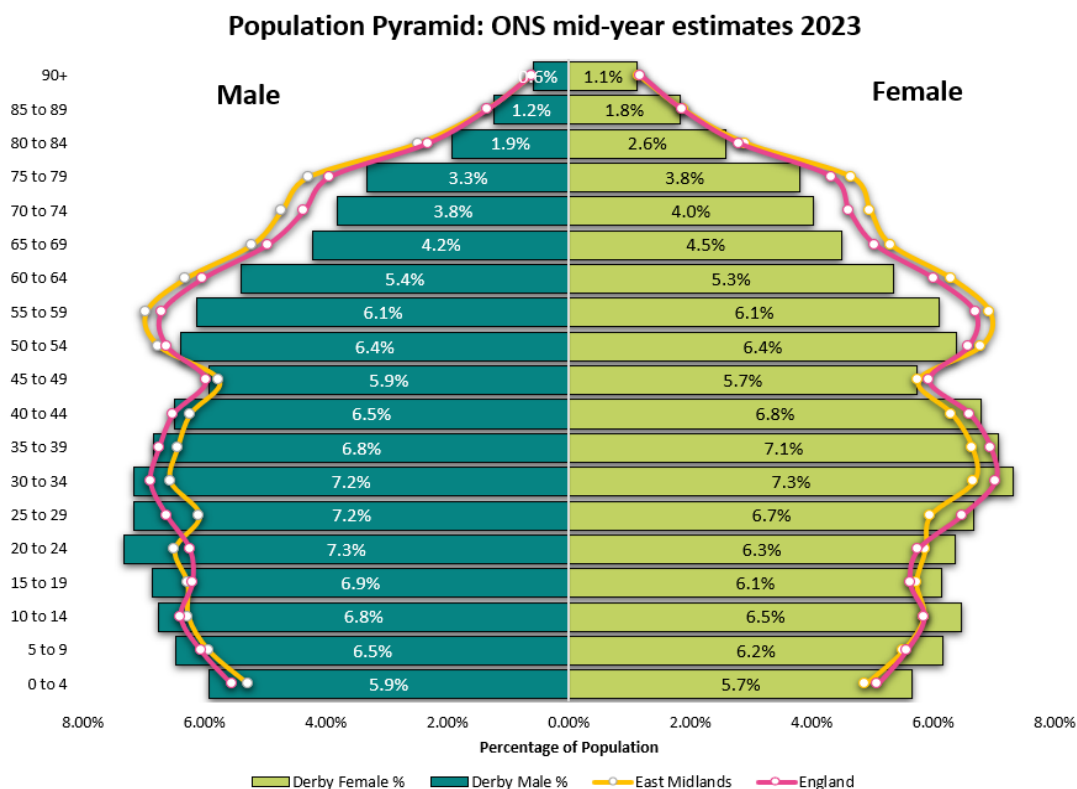


Figure 3: ONS Mid-2023 population pyramid for Derbyshire, with England and East Midlands comparison

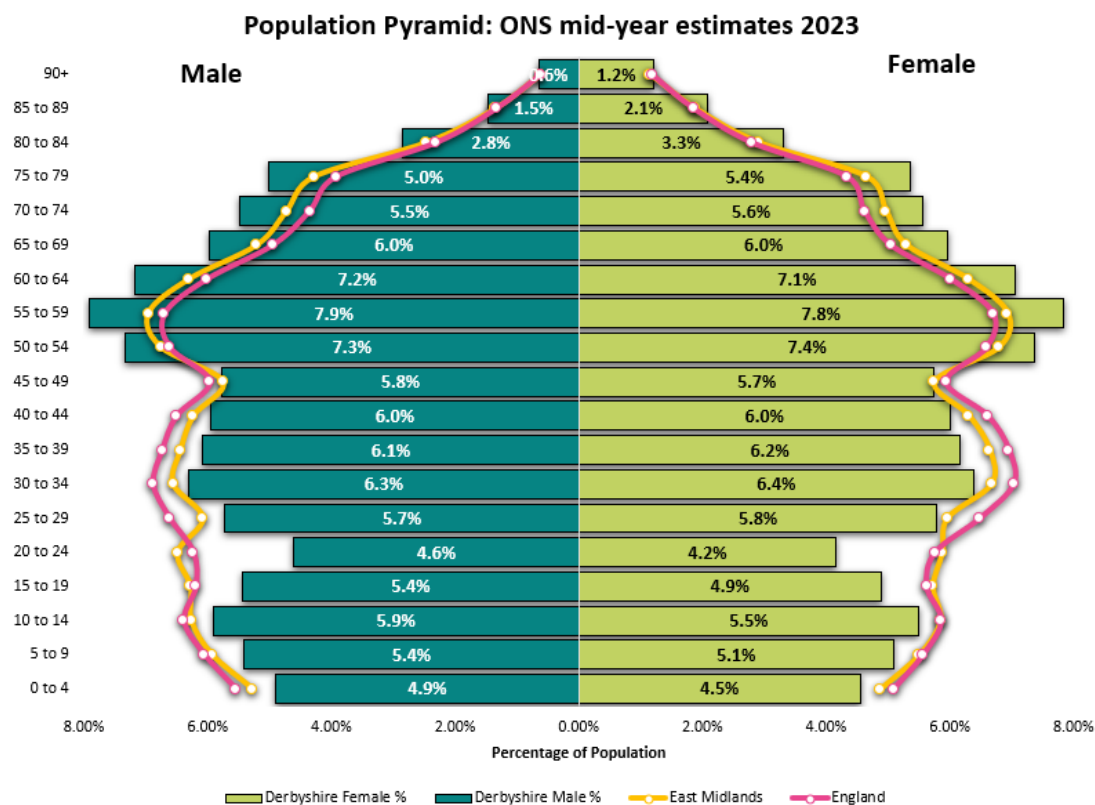


Table 2: ONS Mid-2023 population by broad age bands in Derby wards

Ward Name	Age Bands						Total
	0-4	5-15	16-24	25-64	65-84	85+	
Abbey	905 (6.2%)	1,668 (11.4%)	1,869 (12.8%)	8,542 (58.4%)	1,385 (9.5%)	255 (1.7%)	14,624 (100%)
Allestree	575 (4.2%)	1,702 (12.5%)	1,064 (7.8%)	6,252 (45.9%)	3,259 (23.9%)	759 (5.6%)	13,611 (100%)
Alvaston North	1,124 (6.7%)	2,336 (13.8%)	1,670 (9.9%)	9,278 (55.0%)	2,161 (12.8%)	298 (1.8%)	16,867 (100%)
Alvaston South	916 (6.4%)	2,150 (14.9%)	1,507 (10.5%)	7,311 (50.7%)	2,265 (15.7%)	271 (1.9%)	14,420 (100%)
Arboretum	1,258 (7.1%)	2,670 (15.0%)	2,668 (15.0%)	9,763 (54.9%)	1,184 (6.7%)	241 (1.4%)	17,784 (100%)
Blagreaves	929 (6.1%)	2,092 (13.8%)	1,443 (9.5%)	7,562 (49.7%)	2,603 (17.1%)	576 (3.8%)	15,205 (100%)
Chaddesden East	478 (5.4%)	1,313 (14.8%)	890 (10.0%)	4,373 (49.4%)	1,590 (18.0%)	212 (2.4%)	8,856 (100%)
Chaddesden North	545 (5.6%)	1,493 (15.4%)	1,161 (12.0%)	5,099 (52.6%)	1,233 (12.7%)	164 (1.7%)	9,695 (100%)
Chaddesden West	620 (6.1%)	1,591 (15.7%)	1,035 (10.2%)	5,293 (52.3%)	1,398 (13.8%)	180 (1.8%)	10,117 (100%)
Chellaston & Shelton Lock	764 (4.9%)	2,276 (14.5%)	1,561 (9.9%)	8,174 (51.9%)	2,514 (16.0%)	451 (2.9%)	15,740 (100%)
Darley	621 (3.8%)	1,442 (8.8%)	3,725 (22.9%)	7,865 (48.3%)	2,233 (13.7%)	412 (2.5%)	16,298 (100%)
Littleover	714 (5.0%)	2,249 (15.7%)	1,452 (10.2%)	7,208 (50.5%)	2,271 (15.9%)	391 (2.7%)	14,285 (100%)
Mackworth & New Zealand	917 (5.8%)	2,174 (13.8%)	2,648 (16.8%)	8,068 (51.3%)	1,689 (10.7%)	231 (1.5%)	15,726 (100%)
Mickleover	803 (5.4%)	1,739 (11.6%)	1,127 (7.5%)	7,352 (49.0%)	3,349 (22.3%)	623 (4.2%)	14,993 (100%)
Normanton	1,785 (7.8%)	4,581 (20.0%)	3,225 (14.1%)	11,580 (50.5%)	1,488 (6.5%)	261 (1.1%)	22,920 (100%)
Oakwood	618 (4.9%)	1,432 (11.4%)	1,352 (10.8%)	6,895 (55.1%)	2,018 (16.1%)	196 (1.6%)	12,511 (100%)
Sinfin & Osmaston	1,176 (6.8%)	3,163 (18.4%)	2,001 (11.6%)	8,819 (51.3%)	1,803 (10.5%)	215 (1.3%)	17,177 (100%)
Spondon	580 (4.6%)	1,618 (12.8%)	1,074 (8.5%)	6,097 (48.2%)	2,777 (21.9%)	515 (4.1%)	12,661 (100%)

Analysing the age structure of the resident population considering the most recent changes to the ward boundaries (ONS,2023) provides insight into the distribution of different age groups. Here is a breakdown of the key findings:

- A comparatively large proportion of children aged 0-4 years of age - highest in the wards of Normanton (7.8%), Arboretum (7.1%) and Sinfin and Osmaston (6.8%).
- The wards of Normanton, Sinfin and Osmaston, Littleover, and Chaddesden West all have a greater than national average proportion of children aged 5-15 years of age.
- Darley, and Mackworth and New Zealand wards have the highest proportion of those aged 16-24 years (22.9% and 16.8% respectively). These wards are in close proximity to the University of Derby and its related student accommodation.
- The highest proportion of working age (aged 16-64 years) population in Derby is in Abbey ward (71.2%).
- Allestree, Spondon and Mickleover wards have the greatest proportion of older adult residents (aged 65 years and over).

Table 3: ONS Mid-2023 population by broad age bands in Derbyshire districts

District Name	Age Bands						Total
	0-4	5-15	16-24	25-64	65-84	85+	
Amber Valley	5,916 (4.6%)	15,226 (11.9%)	10,634 (8.3%)	66,509 (52.1%)	25,970 (20.3%)	3,454 (2.7%)	127,709 (100%)
Bolsover	4,258 (5.1%)	10,009 (12.1%)	7,105 (8.6%)	44,428 (53.6%)	15,068 (18.2%)	1,961 (2.4%)	82,829 (100%)
Chesterfield	4,894 (4.7%)	12,647 (12.1%)	9,075 (8.7%)	54,993 (52.4%)	20,352 (19.4%)	2,922 (2.8%)	104,883 (100%)
Derbyshire Dales	2,565 (3.6%)	7,730 (10.8%)	5,252 (7.3%)	35,177 (49.2%)	17,997 (25.2%)	2,809 (3.9%)	71,530 (100%)
Erewash	5,311 (4.7%)	14,091 (12.4%)	10,112 (8.9%)	60,465 (53.1%)	20,891 (18.4%)	2,974 (2.6%)	113,844 (100%)
High Peak	4,106 (4.5%)	11,004 (12.0%)	7,527 (8.2%)	48,230 (52.7%)	18,384 (20.1%)	2,318 (2.5%)	91,569 (100%)
North East Derbyshire	5,024 (4.8%)	12,367 (11.8%)	8,264 (7.9%)	53,296 (50.7%)	22,949 (21.8%)	3,135 (3.0%)	105,035 (100%)
South Derbyshire	6,235 (5.5%)	15,217 (13.3%)	9,929 (8.7%)	61,394 (53.8%)	18,848 (16.5%)	2,427 (2.1%)	114,050 (100%)

- The ONS 2023 data tells us that there are fewer young children in Derbyshire. Overall, Chesterfield, South Derbyshire and Bolsover have the highest proportion of young people.
- Derbyshire Dales, Amber Valley and North East Derbyshire have the highest proportion of older people (aged 65 years and over).
- The district of Derbyshire Dales has the highest proportion of older adults (people aged 85 years and over) at 3.9%.
- South Derbyshire has the highest proportion of working age population (62%).

Population projections

Both locally and nationally, the population has been increasing in recent years, and this trend is expected to continue over the next twenty years. This is largely driven by net migration and an ageing population. Between 2013 and 2023, the population of Derby increased by around 4.9% - from 253,800 to 266,450 people. In the same period, the population of Derbyshire increased by 4.8% - from around 774,000 to 811,450 people.

The population of Derby is projected to rise by:

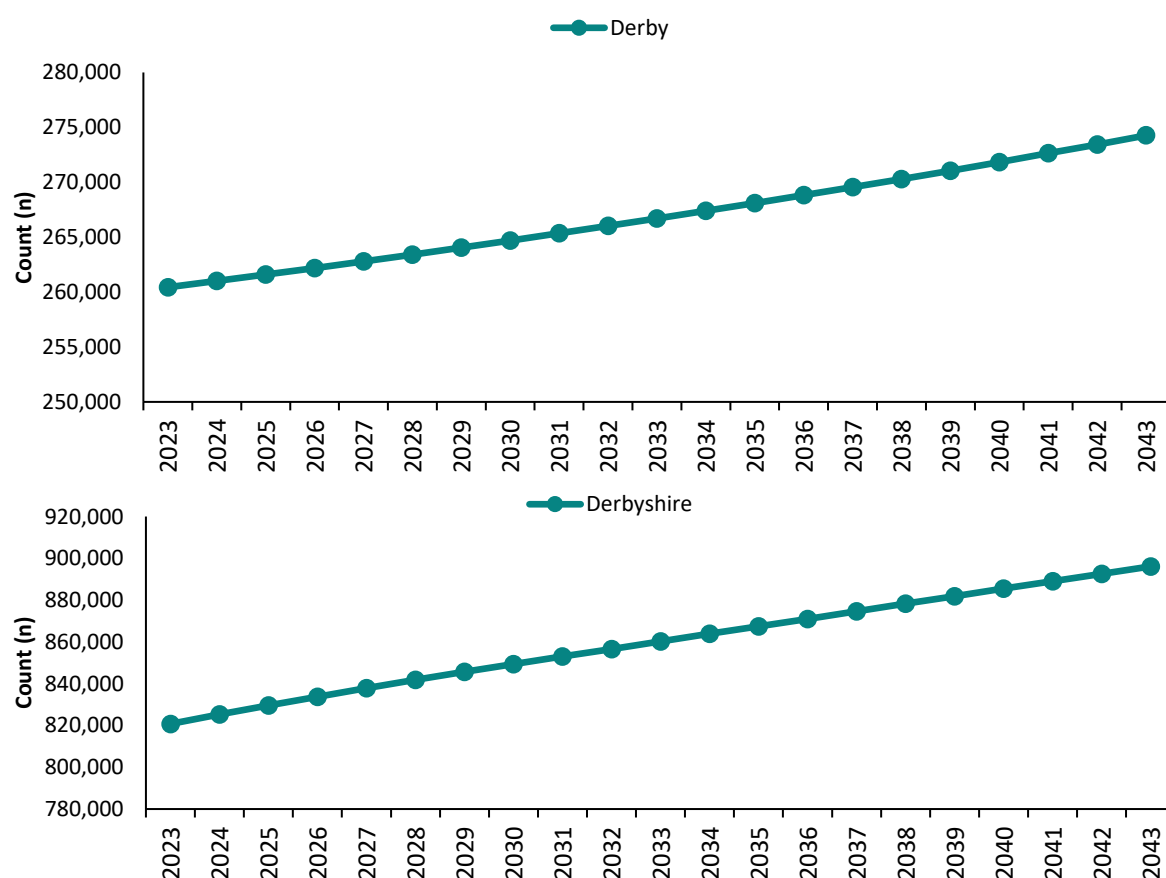
- 6,269 people between 2023 and 2033 (approximately a 2.4% rise).
- 13,826 people between 2023 and 2043 (approximately a 5.4% rise).

The population of Derbyshire is projected to rise by:

- 39,501 people between 2023 and 2033 (approximately a 4.8% rise).
- 75,368 people between 2023 and 2043 (approximately a 9.2% rise).

The district of South Derbyshire is projected to see the largest increase at over 20% between 2023 and 2043, followed by Bolsover (11.5%) and Amber Valley (10.7%).

Figure 4: Derby and Derbyshire projected populations, 2023-2043

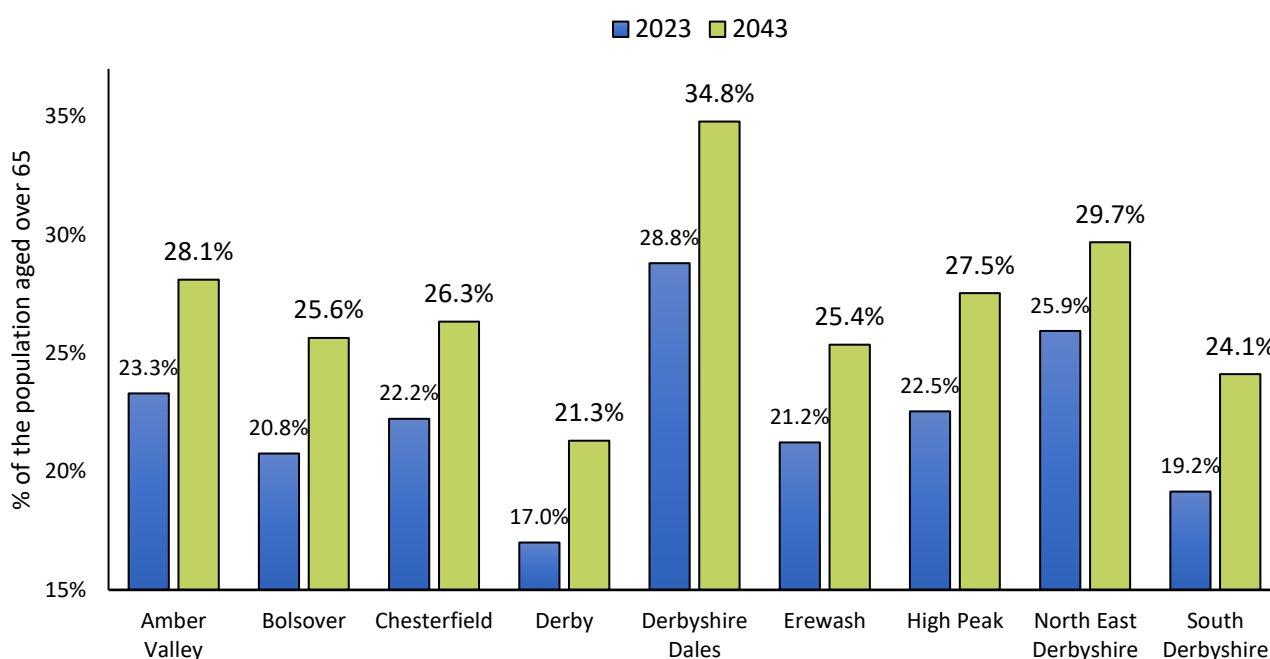


Age Structure

Whilst the overall population continues to grow, the age structure is shifting, with an increasingly ageing population. In Derby, the proportion of the population aged 65 and over is expected to increase from around 17% of the total population in 2023 to 21.3% by 2043 - an increase of 13,993 adults. In Derbyshire, the 65 and over population is expected to rise from 22.7% in 2023 to 27.3% of the total Derbyshire population by 2043 - an increase of 58,335 adults. Derbyshire Dales is projected to have the largest increase in those aged 65 and over, rising 6% between 2023 and 2043¹² – see Figure 5.

Whilst the older population will increase, it is projected that the proportion of the population aged under 16 will decrease. Derby's population of the those aged under 16 years is expected to decline from 20.5% in 2023 to 18.8% in 2043.

Figure 5: Population aged 65 and over projected to live in Derby and Derbyshire districts 2023 - 2043



With an increasingly ageing population, there is likely to be an increased demand for healthcare services, including community pharmacy. Pharmacies, therefore, have the potential to play an integral role in meeting the health needs of an increasing ageing population in the coming years.

¹² ONS (2025), *Subnational population projections*, Available at: [Subnational population projections for England - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/subnationalpopulations/projections)

Ethnicity

The 2021 Census results showed that 73.8% of the population in Derby identified as 'White', compared to 90.7% of the population in Derbyshire. The 2021 Census also showed that the percentage of the population from Black or Minority Ethnic (BME) communities was 19% in England and 14.4% in the East Midlands.

Derby has a more ethnically diverse population, with a larger percentage of BME communities, compared to the national average. In contrast, Derbyshire has a significantly lower proportion of BME communities. Derby saw an increase in its BME population from 19.7% in 2011 to 26.2% in 2021. Derbyshire's BME population was 3.7% in 2021. The 2021 Census indicated that the highest concentration of BME communities in Derby and Derbyshire were residents aged between 0 and 24 years - 34.8% and 5.8% respectively.

Table 4: Broad Ethnic breakdown by districts in Derby (NOMIS using Census 2021 estimates)

Ward 2022	White		Asian, Asian British or Asian Welsh		Black, Black British, Black Welsh, Caribbean or African		Mixed or Multiple ethnic groups		Other ethnic group	
	N	%	N	%	N	%	N	%	N	%
Abbey	8,826	68.7	2,103	16.4	850	6.6	595	4.6	478	3.7
Allestree	12,718	93.7	439	3.2	93	0.7	246	1.8	71	0.5
Alvaston North	14,019	83.4	1,075	6.4	704	4.2	698	4.2	310	1.8
Alvaston South	12,237	84.7	993	6.9	431	3.0	530	3.7	251	1.7
Arboretum	6,890	40.5	7,169	42.1	1,157	6.8	745	4.4	1,063	6.2
Blagreaves	8,113	54.1	4,747	31.6	763	5.1	622	4.1	764	5.1
Chaddesden East	9,926	94.1	185	1.8	157	1.5	236	2.2	48	0.5
Chaddesden North	8,656	91.9	258	2.7	182	1.9	281	3.0	43	0.5
Chaddesden West	8,632	91.3	258	2.7	206	2.2	263	2.8	93	1.0
Chellaston & Shelton Lock	12,995	82.4	1,544	9.8	429	2.7	568	3.6	235	1.5
Darley	14,337	85.2	948	5.6	668	4.0	649	3.9	234	1.4
Littleover	8,423	55.7	4,811	31.8	552	3.7	583	3.9	743	4.9
Mackworth & New Zealand	13,502	87.2	538	3.5	658	4.2	566	3.7	228	1.5
Mickleover	12,591	85.6	1,218	8.3	339	2.3	380	2.6	177	1.2
Normanton	7,129	31.3	10,862	47.7	1,680	7.4	1,306	5.7	1,817	8.0
Oakwood	10,920	92.9	366	3.1	163	1.4	237	2.0	70	0.6
Sinfin & Osmaston	10,946	63.7	3,245	18.9	1,294	7.5	810	4.7	896	5.2
Spondon	12,027	95.1	165	1.3	161	1.3	258	2.0	31	0.2

In 2021, the largest ethnic group in Derby was the Asian/Asian British community, comprising 15.7% of the total population. Within this group, the Pakistani community was the largest (30.7%), followed by the Indian community (4.4%). The Derby wards with the highest concentrations of BME communities were Normanton and Arboretum - 68.7% and 59.5% of the population respectively. These wards are also the most deprived in the city.

In Derbyshire, the districts of South Derbyshire, Erewash, and Chesterfield had the highest proportions of BME communities as shown in Table 5. Certain ethnic populations, such as South-East Asians and Black/Caribbean or African communities, are at a higher risk of certain health issues such as diabetes, cardiovascular disease (CVD) and infant mortality.

Table 5: Broad Ethnic breakdown by districts in Derbyshire (NOMIS from 2021 Census)

Local Authority	White		Mixed or multiple ethnic groups		Asian/Asian British		Black/ African/ Caribbean/ Black British		Other ethnic group	
	N	%	N	%	N	%	N	%	N	%
Amber Valley	122,767	97.3	1,548	1.2	1,208	1	381	0.3	300	0.2
Bolsover	78,143	97.4	744	0.9	722	0.9	419	0.5	242	0.3
Chesterfield	98,857	95.5	1,498	1.4	1,950	1.9	839	0.8	424	0.4
Derbyshire Dales	69,940	97.8	723	1	518	0.7	169	0.2	185	0.3
Erewash	107,769	95.4	2,048	1.8	1,788	1.6	871	0.8	432	0.4
High Peak	88,614	97.4	1,185	1.3	694	0.8	223	0.2	219	0.2
North East Derbyshire	99,367	97.4	1,170	1.1	952	0.9	324	0.3	190	0.2
South Derbyshire	99,836	93.1	1,934	1.8	3,841	3.6	855	0.8	740	0.7
Derbyshire County	765,293	96.3	10,850	1.4	11,673	1.5	4081	0.5	2732	0.3

Religion

The 2021 Census asked people to state their religious belief. 43% and 50% of Derby Derbyshire residents respectively either stated that they had no religion or did not answer. Of those that responded, the largest proportion were Christian - 40% in Derby and 48% in Derbyshire. Derby is more religiously diverse than Derbyshire and of the 44,239 Derby residents who gave their religion - other than Christian, 11% were Muslim, 4% were Sikh, 1% were Hindu, and 1% stating 'other religion'.

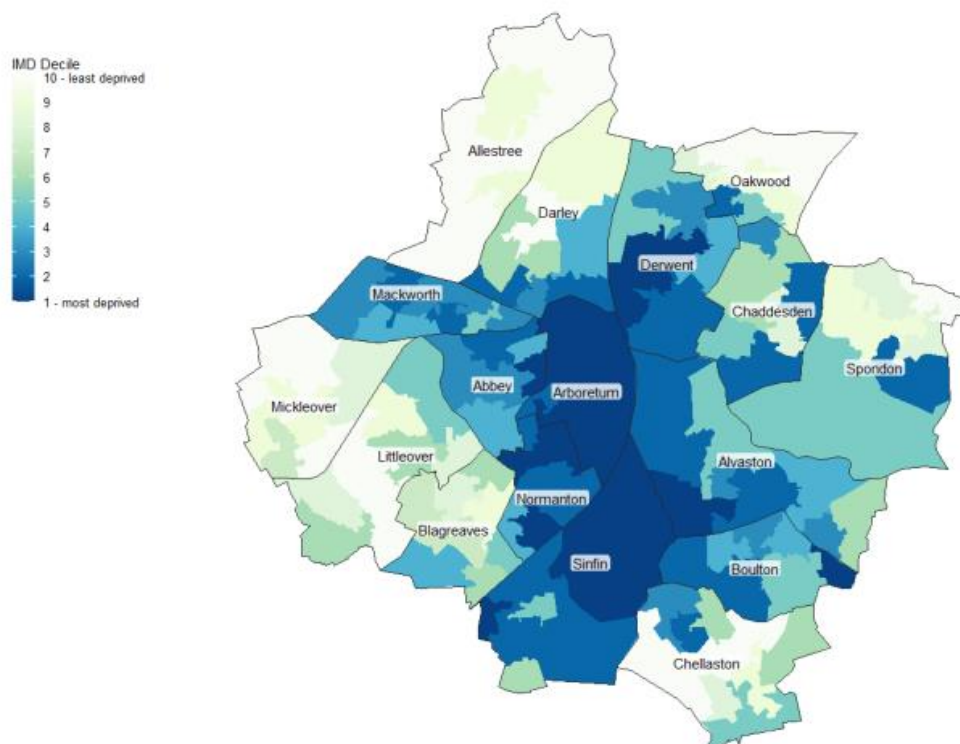
Deprivation

This index of multiple deprivation (IMD 2019) is a tool that considers factors such as health, income, education, environment and access to services and it helps to understand the levels of deprivation in an area. It is important to note, however, that there are deprived people living in less deprived areas and people who are not deprived living in highly deprived areas. Areas of higher deprivation will normally have a higher need for pharmaceutical services.

Derby is ranked as the 64th most deprived local authority out of 151 in England, with 15.9% of its Lower Super Output Areas (LSOAs) – geographical areas of between 400 and 1,200 households - falling within the most deprived 10% nationally. While Derby has improved from being ranked 85th in 2015, a large proportion of the population still face significant deprivation, including around 21% of children living in low-income families. The most deprived areas are concentrated in the Arboretum, Normanton, Sinfon, Derwent and Abbey wards. These areas have high rates of unemployment and below-average household income.

There is a marked variation in levels of deprivation across the city, with Allestree, Mickleover, Littleover, Chellaston and Oakwood wards having several LSOAs among the least deprived 10% in the city. Deprivation is strongly linked to health inequalities, poor health outcomes and need for health and care services.

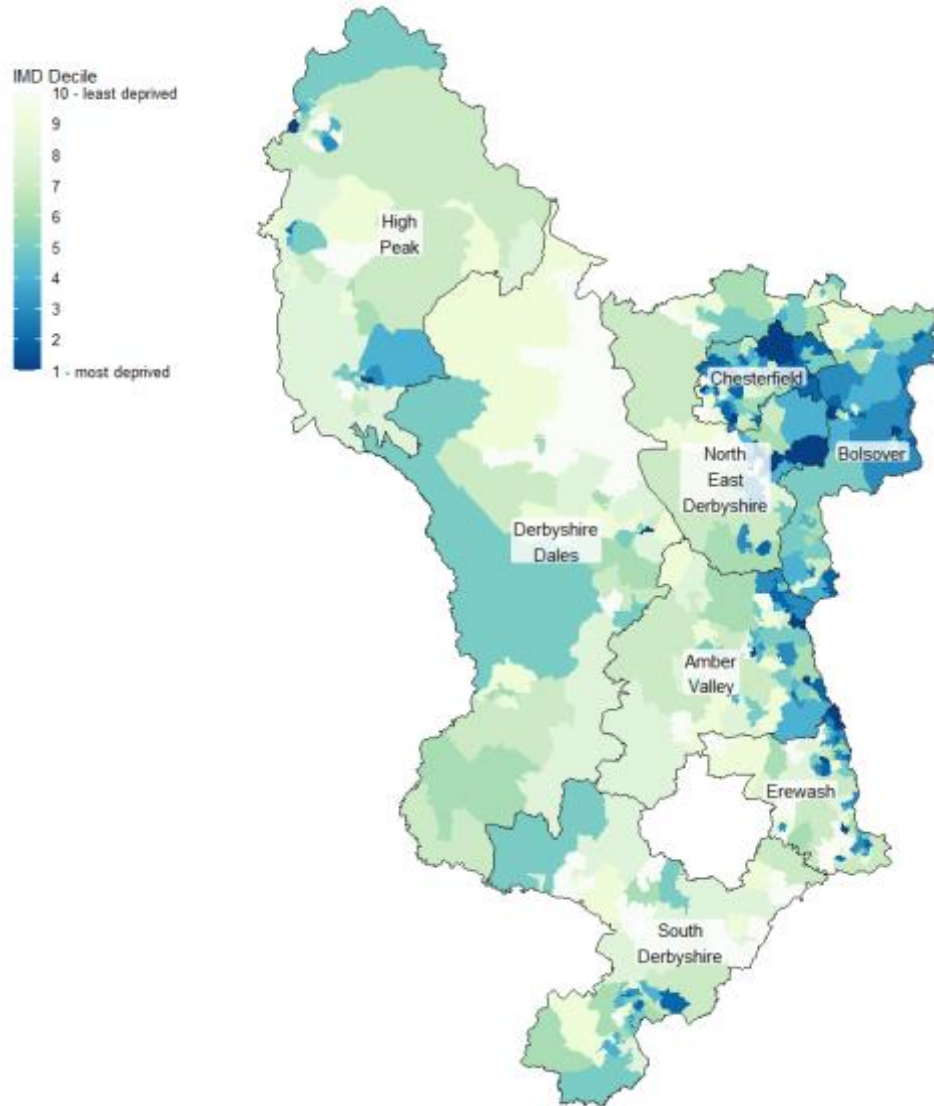
Figure 6: Deprivation in Derby city (IMD, 2019)



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The most deprived parts of the city are generally found in the city centre and along two lines lying north-to-south and east-to-west. The least deprived areas are broadly located on the outer suburbs of the city.

Figure 7: Deprivation in Derbyshire County (IMD, 2019)



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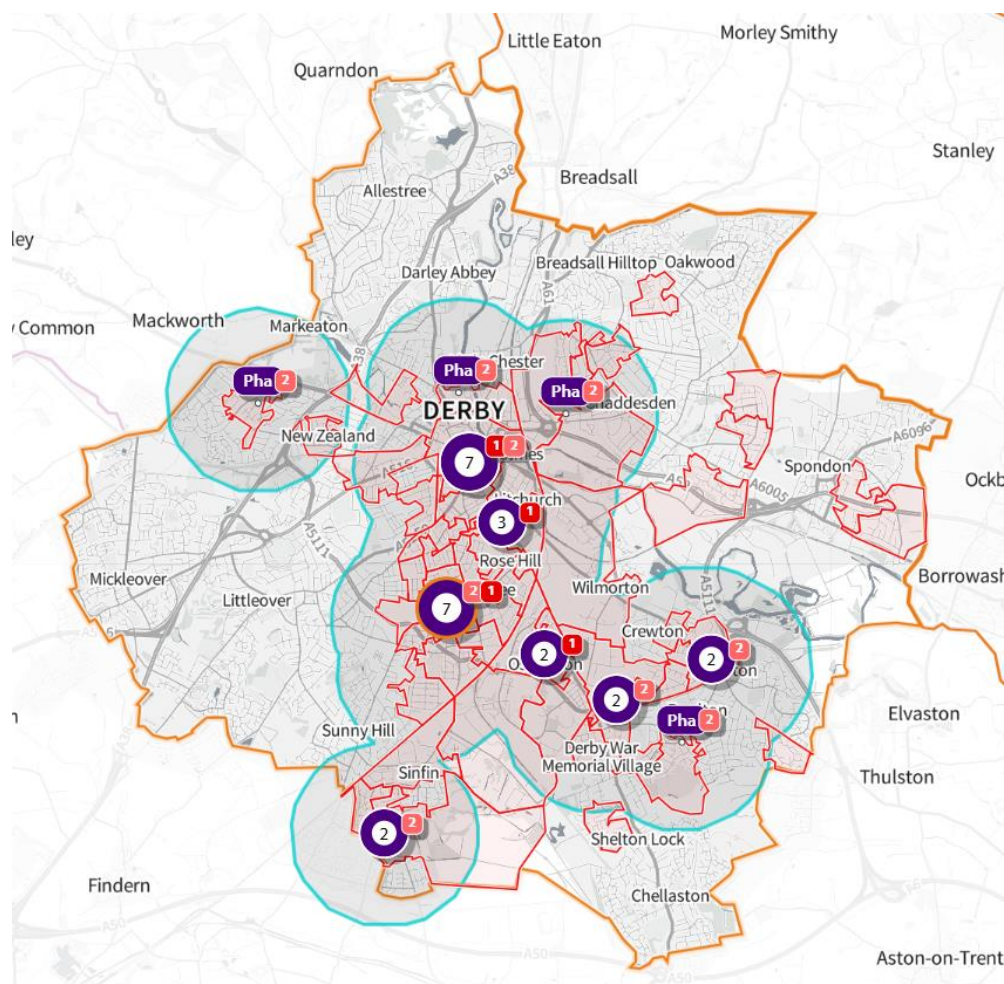
Derbyshire is ranked as 103rd most deprived local authority out of 151 in England, with 4.5% of LSOAs in the most deprived 10% nationally. Bolsover is the most deprived district in Derbyshire, ranked 58th of 316 local authority districts, followed by Chesterfield (86th). Derbyshire Dales is the least deprived district (265th), followed by South Derbyshire (218th).

The more deprived areas of Derbyshire are found on the eastern edge of the county. Bolsover and Chesterfield are particularly visible as having the most deprived areas. Overall, Derbyshire is less deprived than England.

Pharmacy needs in deprived areas

In Derby, there are 29 pharmacies based in the 'CORE20' areas – the NHS's name for the 20% of the population who are most deprived - and are mainly in the densely populated areas of the city (Figure 8).

Figure 8: Location of pharmacies based in the CORE20 deprived areas of Derby, SHAPE Atlas



Across Derbyshire, there are 24 pharmacies based in the CORE20. The majority of these are situated in Chesterfield. Access to pharmacies is generally good in these areas. This reflects research which shows that access to a community pharmacy is greatest in the most deprived areas. The research goes on, however, to say that this is changing with reducing availability of community pharmacies, particularly in deprived areas¹³.

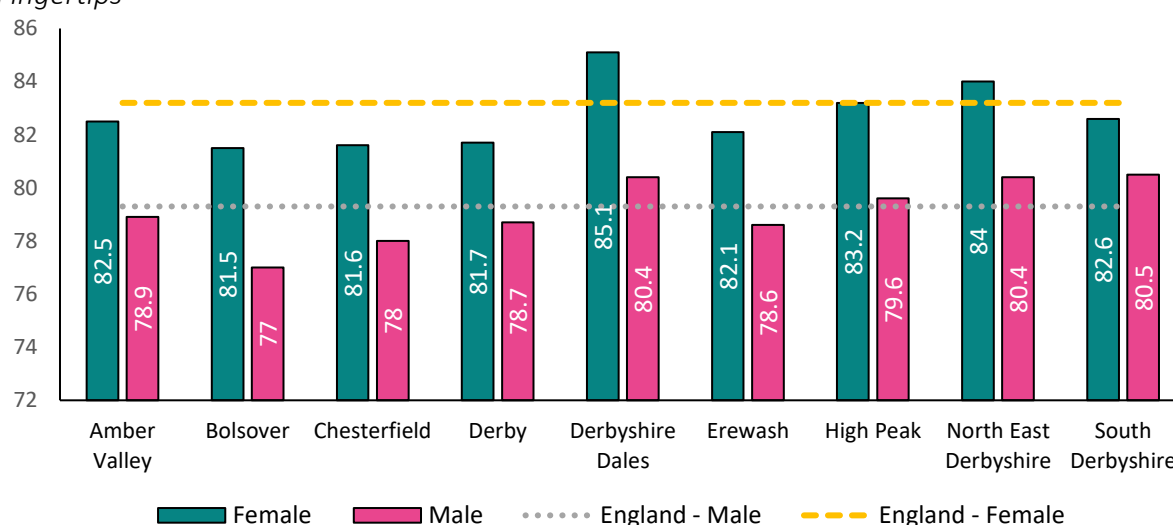
¹³ Abozied, E.M. et al. (2025) 'The Positive Pharmacy Care Law revisited: an area-level analysis of the relationship between community pharmacy distribution, urbanicity and deprivation in England', *BMJ Open*, 15(5):e095540, doi: 10.1136/bmjopen-2024-095540

Life expectancy

Life expectancy refers to the average number of years a person would expect to live based on current mortality rates. Over the past two decades, life expectancy has generally increased both locally and nationally. The rate of growth has, however, slowed in recent years. Life expectancy in both Derby and Derbyshire is lower than the national average.

In 2023, the life expectancy for males at birth in Derby was 78.7 years and 79.2 years in Derbyshire, compared to the national average of 79.3 years. For females, life expectancy at birth was 81.7 years in Derby and 82.8 years in Derbyshire, while the national average for females was 83.2 years. In Derby, the three primary causes of death are: cancers, dementia / Alzheimer's disease and circulatory diseases¹⁴. Almost 60% of the gap in life expectancy – the difference in life expectancy between the most and least deprived populations in Derby – for men, and over 70% for females, can be attributed to COVID-19, circulatory disease, cancer and respiratory disease. These conditions contribute to poorer health outcomes and a shorter life span.

Figure 9: Life expectancy at birth across Derby and Derbyshire districts in 2023 (ONS, Fingertips)



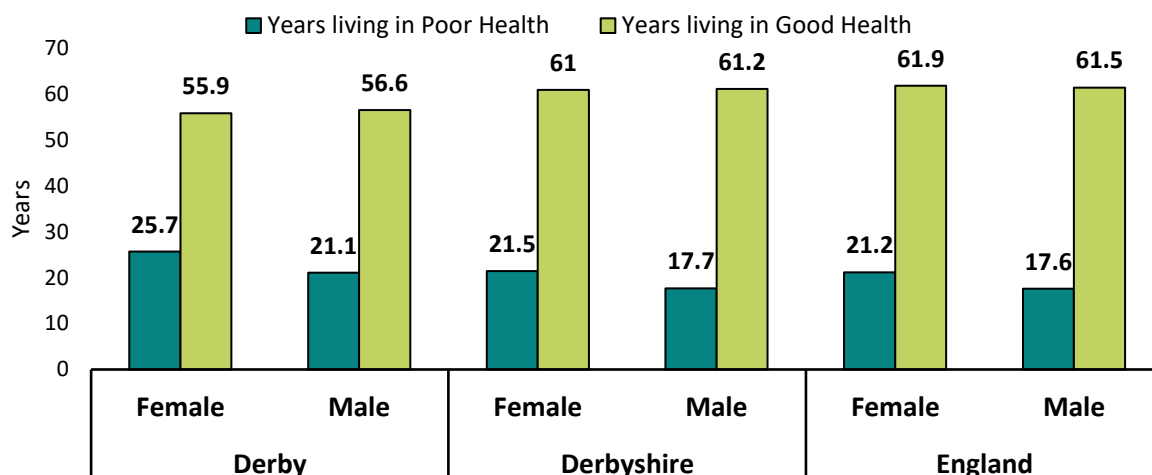
Looking at life expectancy at birth district level, there is notable variation. Figure 9 highlights this in comparison to England for males and females. For males, this ranges from 77 years in Bolsover to 80h.5 years in South Derbyshire. For females, it varies from 81.5 years in Bolsover to 85.1 years in Derbyshire Dales. Bolsover and Chesterfield have lowered life expectancy rates for both males and females compared to England.

Healthy life expectancy refers to the average number of years a person can expect to live in good health. In 2021-23, the healthy life expectancy in Derby was 56.6 years for men and

¹⁴ NOMIS ONS (2025), *Mortality statistics – Underlying cause*, Available at: [NOMIS mortality](https://nomis.mortality.gov.uk/)

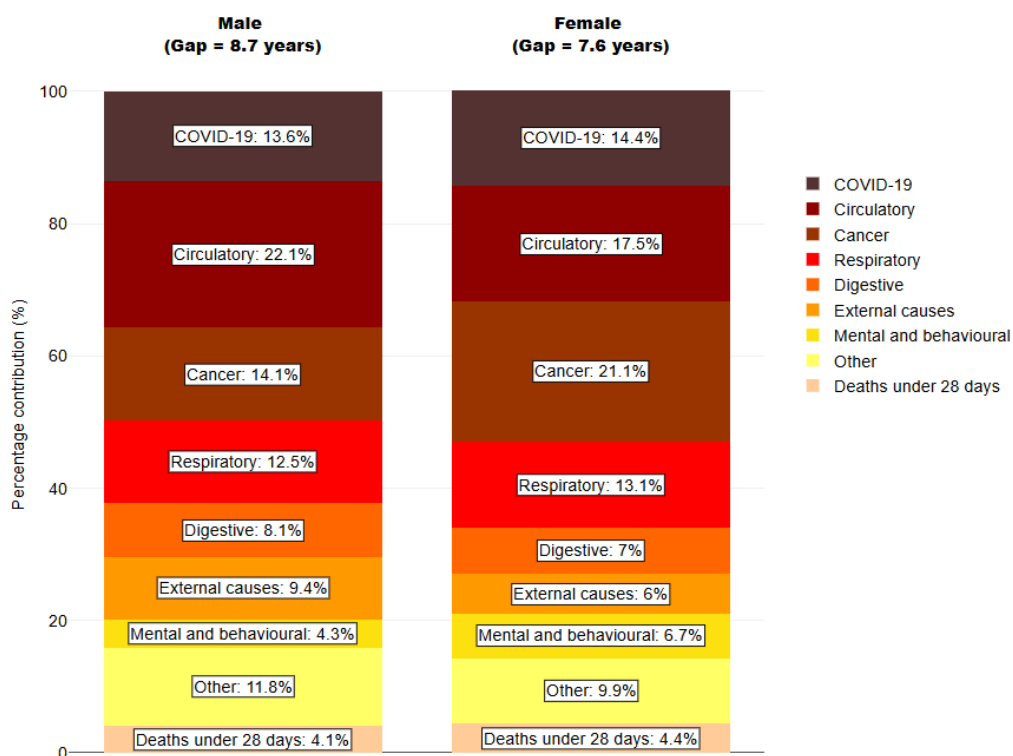
55.9 years for women. In Derbyshire, the figures are higher, with men living an average of 61.2 years in good health for men and 61 years for women, similar to the national picture.

Figure 10: Years living in Good or Poor health across Derby and Derbyshire



Life expectancy and healthy life expectancy is notably lower for people living in deprived areas compared to those living in the most affluent areas. This disparity plays a significant factor in relation to premature mortality in both Derby and Derbyshire.

Figure 11: Life expectancy gap between the most and least deprived quintiles in Derby and Derbyshire, by broad cause of death (PHE Segment tool)



For males, there is a gap of 11 years in life expectancy between the most and least deprived wards in Derby, and a gap of 7.5 years in Derbyshire. For females, the gap is 8 years in Derby and 7.1 years in Derbyshire.

Household language and English proficiency

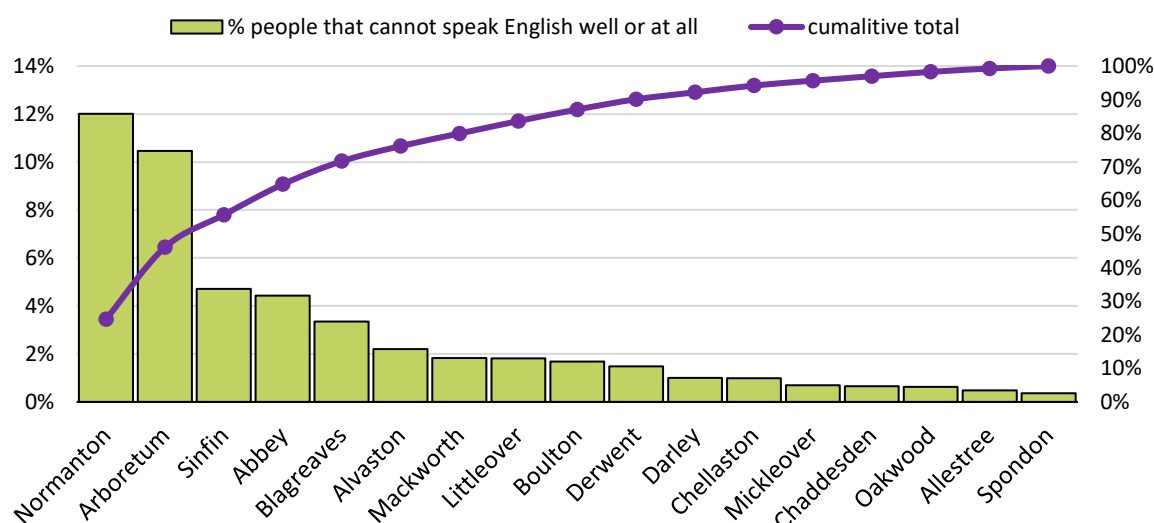
In England, 9.2% of the population aged three years and over do not speak English as their main language. In comparison, 13% of residents in Derby and 2% of residents in Derbyshire indicated that English is not their primary language (Census, 2021). This is most notable in the areas of Derby that are the most deprived.

The 2021 Census also showed that 7% of Derby households and 1.2% of Derbyshire households could not speak English as a main language. Whilst pharmacies generally serve the communities, having staff members that are diverse in language is an important consideration to maintain accessibility.

Derbyshire has a low rate of people with limited English language skills – 0.3% of the population – referring to individuals whose main language is not English. Derby has a much more ethnically diverse population and therefore has a higher proportion who have limited English language skills (2.7%).

Across the county, Bolsover and Chesterfield have the highest proportion of residents with limited English language skills. In Derby, the wards of Normanton, Arboretum, and Sinfin and Osmaston account for over 50% of those with limited English language skills. According to the 2021 Census, the main languages (excluding English) spoken by residents in Derby included Punjabi, Urdu, Polish and Romanian. Language could be a potential barrier to pharmacy access in some areas.

Figure 12: Cumulative % of areas in Derby with the highest proportion of those who cannot speak English well or at all (NOMIS from 2021 Census)



Housing characteristics

According to the 2021 Census results, the combined total number of households in Derby and Derbyshire was 459,864, of which:

- 67.3% were owned - 59% for Derby and 70% for Derbyshire. This was highest in South Derbyshire at 75% and lowest in Derby.
- 15.6% were socially rented - 19% in Derby and 15% in Derbyshire. This was highest in Chesterfield at 19% and lowest in South Derbyshire at 10%.
- 6.4% were privately rented - 21% in Derby and 15% in Derbyshire. This was highest in Derby and lowest in North East Derbyshire at 10%¹⁵.

Of the 459,864 households across Derby and Derbyshire, the general composition is:

- 65% were occupied by a family.
- 31% were one-person households.
- 4% were other household types¹⁶.

Future housing plans

Derbyshire Dales

The Derbyshire Dales Local Housing Plan, adopted in December 2017, outlined future development options up to 2033, including allocations at:

- Middle Peak Quarry. Wirksworth - 645 dwellings
- Ashbourne Airfield - 1,100 dwellings
- Gritstone Road, Matlock - 430 dwellings
- Halldale Quarry - 220 dwellings.

A review of the Local Plan is currently underway to address the Government's requirement of delivering 573 dwellings per year by 2045. While there are no definitive plans for new allocations to meet this additional need at present, the District Council is focussing on advancing the development of the long-standing allocations in the adopted Local Plan.

Erewash

The current Erewash adopted Core Strategy has a target for 6,250 new residential dwellings to be built for the plan period 2011 to 2028, with large developments in Stanton and Ilkeston. A new local plan is in development to run from 2025 to 2034 and is aiming to be adopted by March 2026.

¹⁵ NOMIS ONS (2024), TS054 – Tenure, Available at: <https://www.nomisweb.co.uk/datasets/c2021ts054>

¹⁶ NOMIS ONS (2024), TS003 – Household Composition, Available at: <https://www.nomisweb.co.uk/datasets>

South Derbyshire

South Derbyshire is currently reviewing the Local Plan Part 1, which is out for Regulation 19 consultation¹⁷. This review sets a housing target of 14,500 new homes between 2022 and 2041. The new homes are expected to come from the following:

- Two new strategic housing-developments on the fringes of Derby: one south of Mickleover and one at the Infinity Garden Village, which will together provide 4,500 homes - with 3,450 expected to be delivered within the plan period.
- 12 allocations carried forward from the adopted Local Plan Part 1, which will deliver 8,925 new homes.
- 95 dwellings on allocated sites that have already been completed since 2022.
- 242 dwellings on allocations in the adopted Local Plan Part 2.
- Existing planning permissions.
- Windfall sites on small, unidentified plots -less than 10 dwellings.

North East Derbyshire

The North East Derbyshire Local Plan was adopted in November 2021 and outlines a housing requirement of 6,600 homes between 2014 and 2034. The focus for housing growth is on the main towns of Clay Cross, Dronfield, Eckington, and Killamarsh, as well as several large villages in the south and east of the district. The largest strategic sites to meet the plans net housing target, are site allocations at The Avenue, Wingerworth (up to 1,100 homes) and the former Biwaters site, Clay Cross (up to 1,000 homes), both are currently under construction. Over the period to 2028, it is expected that new housing development will continue in Clay Cross and Wingerworth, alongside other sites at Killamarsh, Calow, Holmewood, North Wingfield, and Tupton.

Amber Valley

The Emerging 'Submission' Local Plan for Amber Valley makes provision for a minimum of 9,036 additional homes in sustainable locations across the borough between 2022 and 2040. The primary focus for new development will be in and around the four urban areas of Alfreton, Belper, Heanor and Ripley and land in Amber Valley that is adjacent to Derby.

High Peak

Local Plan sets out a housing requirement for 7,000 new dwellings - 350 per annum over the period of 2011-2031, with growth distributed across three areas:

- Glossopdale - 958–1,242 dwellings,
- Central Area 1,065-1,171 dwellings and

¹⁷ Derbyshire County Council (2025), [Pre Submission Local Plan Part 1 Review | South Derbyshire District Council](#)

- Buxton 1,136-1,526 dwellings.

Work has commenced on a review of the Local Plan with a consultation held in early 2023.

Chesterfield

Chesterfield Borough Council's Local Plan was adopted in July 2020 with an emphasis on concentrating new development within walking distance of the Borough's town, district and local centres and focussing on areas that need regeneration. The adopted Local Plan includes an annual housing requirement of 240 net new dwellings a year. Delivery in the borough has been slightly above target on average, although household projections have indicated that overall population has remained broadly steady (with a decline in average household size driving housing growth). As of July 2025, new housing targets will apply, with the housing target more than doubling to 500 net new dwellings a year. A Housing Needs Study undertaken on behalf of the Council has indicated that the increased housing target - if met - may result in overall population growth of around 20% over the next 15 years. The Borough Council has commenced work on a new Local Plan that will need to plan for at least 7,875 new homes within the borough over the next 15 years - approximately 3,000 more homes than are allocated in the current Local Plan. At the time of writing, it is not possible to identify specific locations for this additional growth.

Bolsover

The current position in terms of future housing numbers in the district of Bolsover is 5,723 dwellings to be delivered between 2014 and 2033. This is the position in the Adopted Local Plan (2020). In April 2024, 3,680 houses have been constructed. Planning permission has been granted for a further 1,904 dwellings, made up as follows:

Towns

Bolsover - 446, Clowne - 43, Shirebrook - 253, South Normanton - 74.

Large Villages

Creswell - 308, Barlborough - 15, Pinxton - 86, Tibshelf - 25, Whitwell - 475.

Small Villages

Blackwell - 27, Glapwell, Bramley Vale and Doe Lea - 47, Hodthorpe - 49, Langwith - 1, Newton - 8, Pleasley - 6, Scarcliffe - 1, Shuttlewood - 1, Westhouses - 2, Whaley Thorns - 18, Hilcote - 1.

Countryside locations - 19

In addition to this, two local plan strategic site allocations are expected to come forward in the plan period:

- 1,800 at Clowne Garden Village – awaiting final approval.

- 547 at Bolsover North – application recently received and as yet undetermined.

Derby

Derby City Council has set a target for a minimum of 11,000 new homes to be provided in the city between 2011 and 2028, of which just over 8,000 have currently been delivered. 3,000 are to be built over the next 4 years, with enough planning permission in place to achieve this target. Roughly 5,000 dwellings will be built in Amber Valley and South Derbyshire, mainly as urban extensions to ensure the city's needs are met in sustainable locations. There are expected to be in excess of 7,000 new homes being built on the edge of Derby by 2028. The ambition for the net additional dwellings going forward for the next three years is circa 1,000+.

Employment and economy

The 2021 Census provides important insights into the economy and employment, focusing on those aged 16 and over who are economically active. Economically active individuals include those who were in employment (either as an employee or self-employed) in the week prior to the Census, together with those who were unemployed but actively looking for work. The data includes full-time students who fulfil any of the above criteria¹⁸.

- In Derbyshire, approximately 394,900 (59.8%) of people aged 16 and over are economically active, slightly lower than nationally (60.9%). In comparison, 124,350 people (59.4%) in Derby are economically active.
- The districts with the highest levels of economic activity are South Derbyshire (64.3%), Erewash (61.5%) and High Peak (61.4%). Derbyshire Dales (56.3%) and North East Derbyshire (56.8%) have the lowest levels of economic activity, ranking in the bottom 25% of all local authorities in the UK.
- Across Derbyshire, 15,800 (2.4%) of people aged 16+ are unemployed. The highest unemployment rates are in Chesterfield and Erewash (both 2.7%), whilst Derbyshire Dales has the lowest rate (1.9%). In Derby, the unemployment rate is higher at 3.9%.
- In Derbyshire, 8.7% of those aged 16+ were self-employed, compared to 6.9% in Derby. Both are lower than nationally (9.7%).
- 41% of residents in Derby were economically inactive, compared to 40.1% in Derbyshire.

¹⁸ Derbyshire County Council (2023), *Labour Market*, Available at: <https://storymaps.arcgis.com/stories/f32301e4f5524f4386fff3ffe518fa98>

Car ownership

Consideration of car ownership and transportation is an important factor for those traveling to community pharmacies. In recent years, the cost-of-living crisis, recent inflation pressures and rising fuel costs have added further pressure to those wanting to travel using motor vehicles.

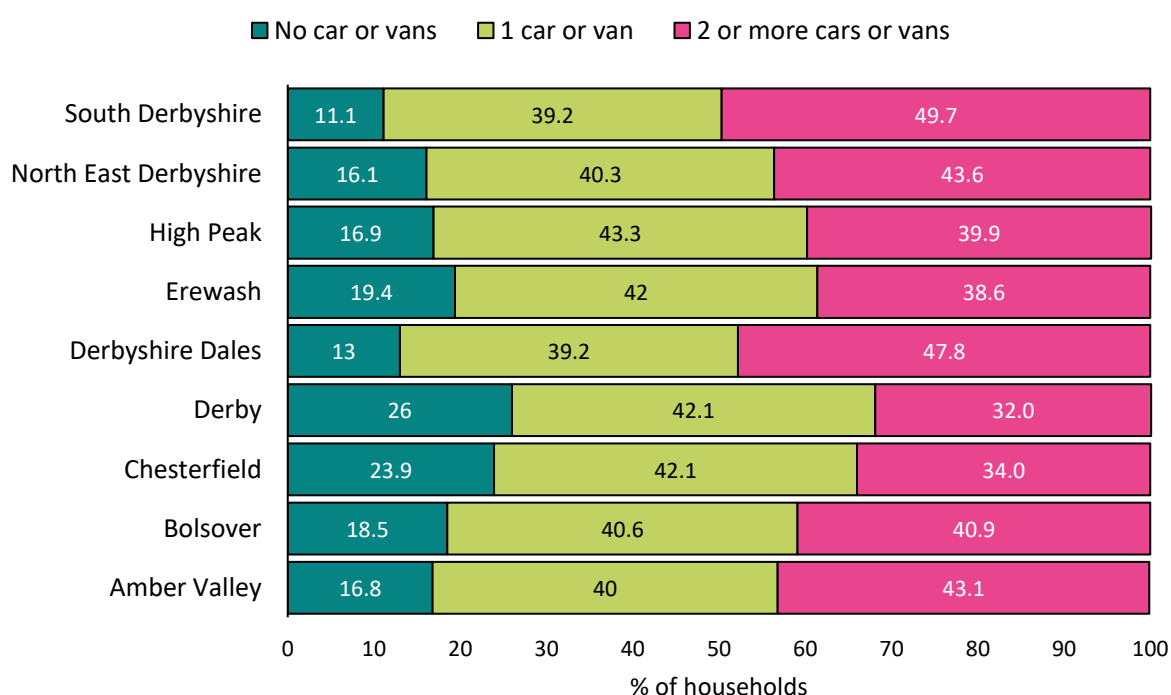
Due to this, the public may prefer or need to walk or use public transport to access pharmaceutical services. The majority of the population in the most densely populated areas of Derby and Derbyshire are able to access a pharmacy within a ten-minute walk.

According to the 2021 Census, 74% of households in Derby and 83% of households in Derbyshire had access to a car or van. This means that over a quarter of households in Derby do not have access to a vehicle.

The areas of Derby with the highest proportion of households without a car tend to be urban neighbourhoods with higher levels of deprivation, such as Abbey, Normanton, Arboretum, and Darley. In these areas, many pharmacies are easily accessible, with most people able to reach them within a 5–10-minute walk.

Car ownership is significantly higher in rural areas across the county. Residents in these rural areas without a car may face challenges, such as longer travel times, in accessing pharmaceutical services.

Figure 13: Proportion of households with access to a car or van by district (2021 Census)



Student population

The student population in Derby and Derbyshire plays a vital role in shaping the local community and economy.

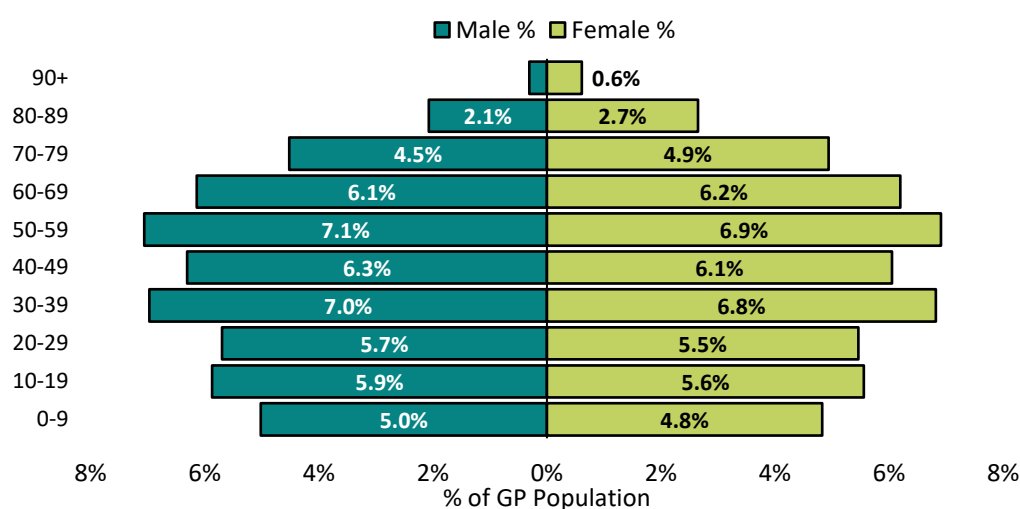
According to the 2021 Census, Derby and Derbyshire has over 181,000 students, making up 22.6% of the population of Derby and 16.6% in Derbyshire.

Derby is home to the University of Derby, attracting around 25,000 students from both the UK and abroad¹⁹. The University of Derby also has a campus in Chesterfield. There are also several colleges in Derby and Derbyshire. There are community pharmacies within a short walking distance of student accommodation sites. Those that reside in rural areas may find longer travelling times, particularly if they do not own a vehicle.

General practice (GP) population

As of January 2025, the General Practice (GP) registered population in Derby and Derbyshire was 1,141,422 people. This is approximately 70,000 higher than the resident population and is primarily due to people living outside the city or county boundaries, but who are registered with a GP practice in Derby or Derbyshire. The GP population is almost evenly split by gender - see Figure 14, with the largest group being those aged 50-59, followed closely by individuals aged 30-39 years. Over the past five years, the GP population in the area has grown by 7.5%, reflecting a steady increase in demand for healthcare services as seen in Figure 14. The highest number of patients are based in Chesterfield and Dronfield Primary Care Network (PCN) – a PCN is a collection of general practices - followed by Derby City South PCN and Erewash PCN²⁰.

Figure 14: GP registered population by age and gender breakdown



¹⁹ University of Derby (2025), Available at: [Student Statistics](#).

²⁰ NHS England (2025), *Patients registered at a GP practice*, Available at: [NHSE GP Populations Power BI Dashboard](#).

Prison population

Prisoners are at a higher risk of poor health and socioeconomic outcomes, and often include those with chronic conditions, mental health illnesses, or substance use issues. Derbyshire is home to two prisons: HM Prison Sudbury and HM Prison Foston Hall (both in South Derbyshire). HM Prison Foston Hall is a women's closed category prison and Young Offenders institution. HM Prison Sudbury is a Category D (open) men's prison with an operational capacity of 581 inmates.

Gender identity

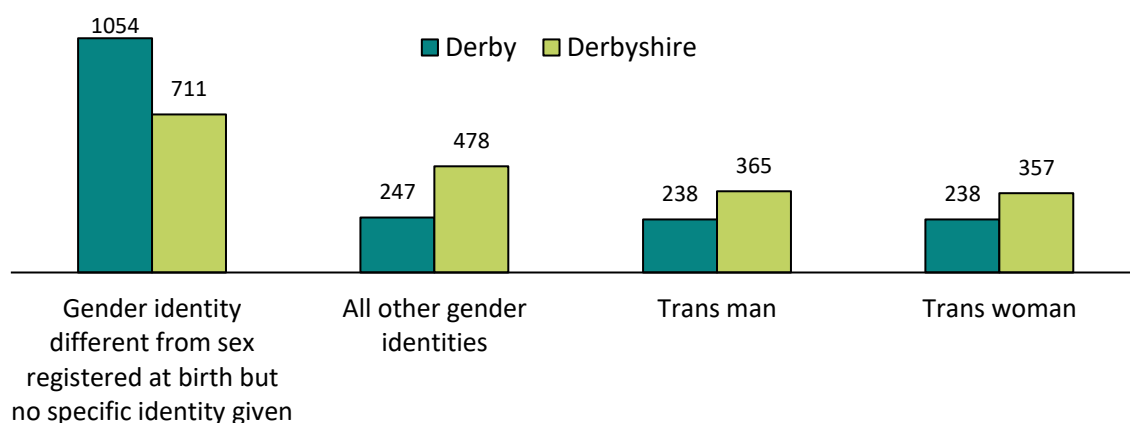
The 2021 Census was the first to include a voluntary question on gender identity for individuals aged 16 and over.

In England, 93.5% of respondents answered "Yes" to the question, "Is the gender you identify with the same as your sex registered at birth?" This compares to 91.7% - 191,767 in Derby and 94.7% - 624,585 in Derbyshire.

Across England, 6.0% of people chose not to answer the question, whereas 7.5% - 15,647 of Derby residents and 5.1% - 33,325 of Derbyshire residents did not respond. Of those who answered "No", most did not provide a specific gender identity in the write-in response.

In England, 0.1% identified as either a Trans woman or Trans man. In Derby, this figure was slightly higher at 0.11% - 238, while in Derbyshire it was lower, with 0.05% - 357 identifying as a Trans woman and 0.06% - 365 as a Trans man – see Figure 15. Those identifying as non-binary made up 0.06% of the population in England, compared to 0.07% in Derby and 0.04% in Derbyshire. The "Other gender identities" category was the least common response, at 0.04% in England, 0.05% in Derby and 0.03% in Derbyshire.

Figure 15: Number of people indicating their gender identity was different from birth, Derby and Derbyshire, 2021 Census



Chapter 3 - General health needs of Derby and Derbyshire

Causes of ill health

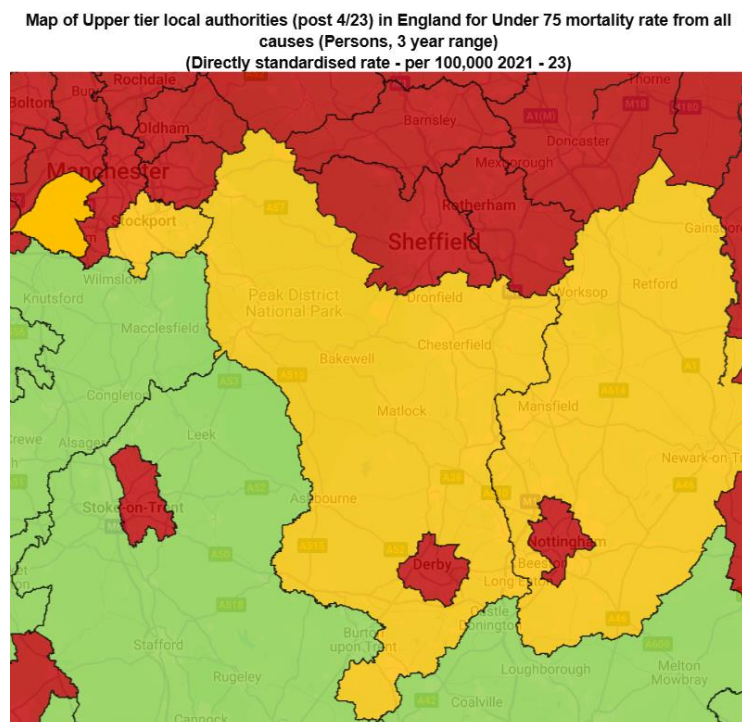
This chapter describes the leading causes of ill health and mortality across Derby and Derbyshire.

The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England. The top five are:

1. Smoking.
2. Poor diet.
3. High blood pressure.
4. Obesity.
5. Alcohol and drug use.

Derby has a higher rate - 414.3 per 100,000 of premature mortality from all causes than the national average (349.1 per 100,000) and Derbyshire County (350.9 per 100,000).

Figure 16: Under 75 mortality rate (directly standardised rate) from all causes, persons, 3 year range, in Derby and Derbyshire, 2021-23 (Office for Health Improvement and Disparities, 2025).



Map legend: ● Better 95% ● Similar ● Worse 95%

Area	Count	Value	95% Lower CI	95% Upper CI
Derby	2,590	414.3	398.4	430.6
Derbyshire	8,408	350.9	343.4	358.5

The contents in the summary table below will be explored, alongside other topics, in the following subsections on ill health.

Table 6: Premature mortality from selected conditions directly standardised rates (per 100,000), 2021-2023 (Office for Health Improvement and Disparities, 2025).

	Derby	Derbyshire	England
Under 75 mortality rate from cancer (Persons, 3 year range)	128.6	124.0	121.6
Under 75 mortality rate from cardiovascular disease (Persons, 3 year range)	92.1	75.4	77.1
Under 75 mortality rate from liver disease (Persons, 3 year range)	30.4	23.7	21.5
Under 75 mortality rate from respiratory disease (Persons, 3 year range)	36.0	27.7	30.3

Table colour text legend: ● Better 95% ● Similar ● Worse 95%

Cancer

Cancer occurs when abnormal cells divide uncontrollably. In some cases, these cancers can spread to surrounding tissues.²¹

Modifiable risk factors for cancer include health behaviours and lifestyle factors:

- Smoking tobacco,
- Alcohol consumption,
- Physical inactivity, unhealthy diet, excess weight,
- Infections,
- Environmental pollution,
- Occupational carcinogens,
- Radiation exposure.²²

Non modifiable risk factors include:

- Age,
- Sex,

²¹ Cancer Research UK (2025) *What is cancer?* Available at: <https://www.cancerresearchuk.org/about-cancer/what-is-cancer> (Accessed: 21/05/2025)

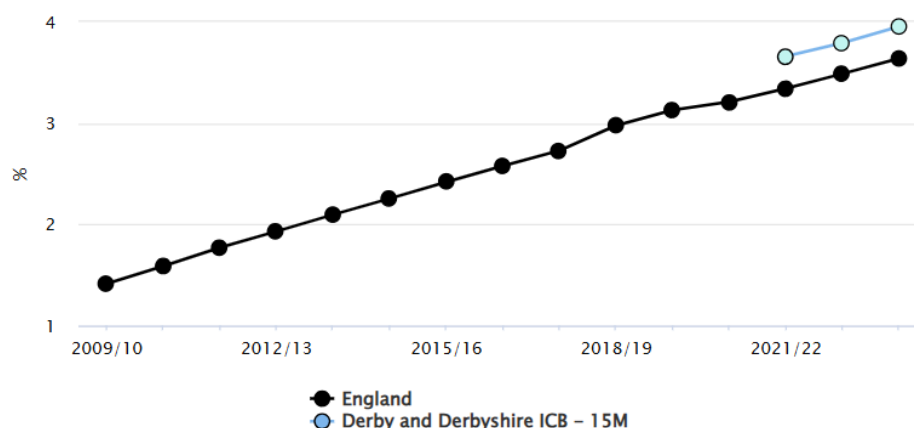
²² World Health Organization (2025) *Preventing cancer*. Available at: <https://www.who.int/activities/preventing-cancer> (Accessed: 21/05/2025)

- Ethnicity,
- Genetics,
- Family history.

Cancer is the highest cause of death in England in under 75s, with one-in-two people developing some form of cancer during their lifetime.

The cancer prevalence in Derby and Derbyshire was 4.0% in 2023/24 and this was higher than England (3.6%).

Figure 17: Cancer QOF prevalence (%) 2009/10-2023/24 (Office for Health Improvement and Disparities, 2025).



Cancer screening rates in Derby and Derbyshire are better than the England average. For example, breast screening uptake was 76.1% in Derby and Derbyshire in 2023/24 compared to 70.4% nationally.²³

Table 7. Cancer screening in Derby and Derbyshire (Office for Health Improvement and Disparities, 2025).

Indicator	Period	Derby and Derbyshire ICB - 15M		England	England range	
		Count	Value	Value	Worst/ Lowest	Best/ Highest
Proportion of GP registered populations by age group	2024	232,824	20.50%	17.80%	9.00%	28.40%
Deprivation score (IMD 2019)	2019	-	-	21.7	-	-
New cancer cases (Crude incidence rate)	2022/23	6,900	616	548	311	821
Cancer: QOF prevalence	2023/24	44,847	4.00%	3.60%	1.70%	5.80%

²³ Office for Health Improvement and Disparities (2025) *Cancer screening services*. Available at: <https://fingertips.phe.org.uk/profile/cancerservices/data#page/1/gid/1938132830/pat/221/par/nE54000058/ati/66/are/nE38000261/iid/94063/age/225/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed: 21/05/2025)

Breast screening coverage: aged 53 to 70 years old	2023/24	101,095	76.10%	69.90%	54.50%	80.80%
Breast screening coverage: aged 50 to 70 years old - Retired after 2021/22	2021/22	103,636	67.80%	62.30%	47.20%	75.20%
Breast screening uptake: aged 50 to 70 years old	2023/24	39,330	76.10%	70.40%	55.10%	81.20%
Cervical screening coverage: aged 25 to 49 years old	2023/24	129,025	72.80%	67.50%	55.70%	77.30%
Cervical screening coverage: aged 50 to 64 years old	2023/24	82,225	77.40%	74.90%	67.70%	78.70%
Bowel cancer screening coverage: aged 60 to 74 years old	2023/24	142,200	73.80%	71.80%	58.10%	78.60%
Bowel cancer screening uptake: aged 60 to 74 years old	2023/24	65,255	73.70%	71.00%	57.40%	78.30%

The cancer mortality rate for those aged under 75-year-old was 128.6 per 100,000 in Derby and 124.0 per 100,000 in Derbyshire in 2021-23. Both rates were slightly above the national average rate of 121.6 per 100,000.

Derby and Derbyshire have significantly higher than average rates of oesophageal and bladder cancer.

Cancer is the second leading cause of death globally. Yet 30-50% of all cancer cases are preventable by healthy lifestyle behaviours such as avoidance of tobacco; accounting for approximately 25% of cancer deaths.

Cardiovascular disease

Cardiovascular disease (CVD) is a general term for a group of conditions affecting the heart and blood vessels.

CVD includes the following conditions:

- Atrial fibrillation, which is an irregular heart rate,
- Coronary heart disease,
- Hypercholesterolemia, which means excessive cholesterol,
- Hypertension, or high blood pressure,
- Peripheral vascular disease, which affects the blood vessels,
- Stroke,
- Vascular dementia, which is caused by reduced blood flowing to the brain,
- Chronic kidney disease (CKD), a gradual loss of kidney function over time.

Cardiovascular disease (CVD) is primarily caused by plaques of atheroma that develop in blood vessels. Various risk factors influence the formation and progression of these plaques. These risk factors are classified as modifiable or non-modifiable.

Modifiable risk factors for cardiovascular disease include:

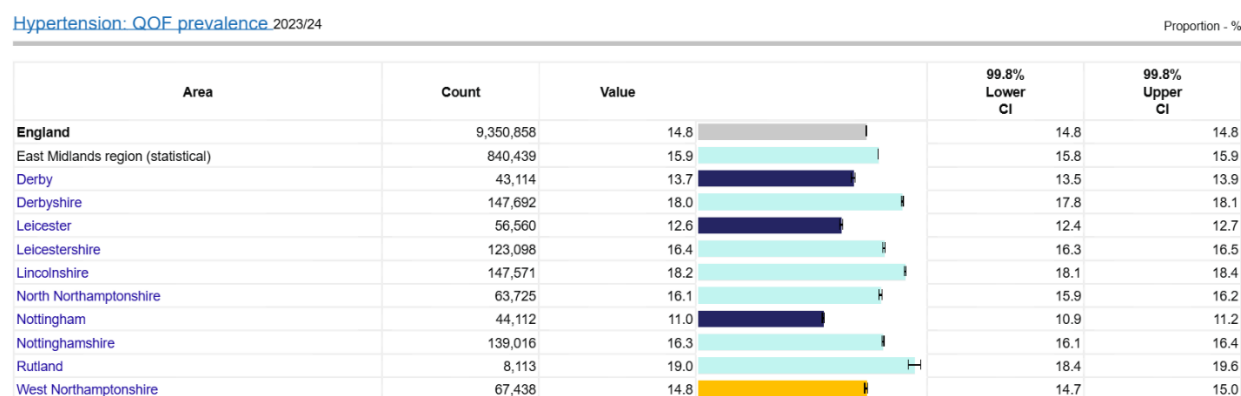
- Smoking,
- Poor cholesterol levels,
- A sedentary lifestyle,
- Unhealthy diet,
- Excessive alcohol intake,
- Obesity.

Comorbidities such as hypertension, diabetes, chronic kidney disease, and certain inflammatory disorders can also elevate CVD risk. Additionally, conditions like periodontitis and mental health issues can contribute to CVD development.

Socioeconomic status and lack of social support further influence CVD risk, with those in deprived communities and socially isolated individuals facing higher risks.²⁴

The hypertension prevalence was lower in Derby (13.7%), and higher in Derbyshire (18.0%) than England (14.8%) in 2023/24.

Figure 18: Quality and Outcomes Framework (QOF) prevalence of hypertension 2024 (Office for Health Improvement and Disparities, 20).

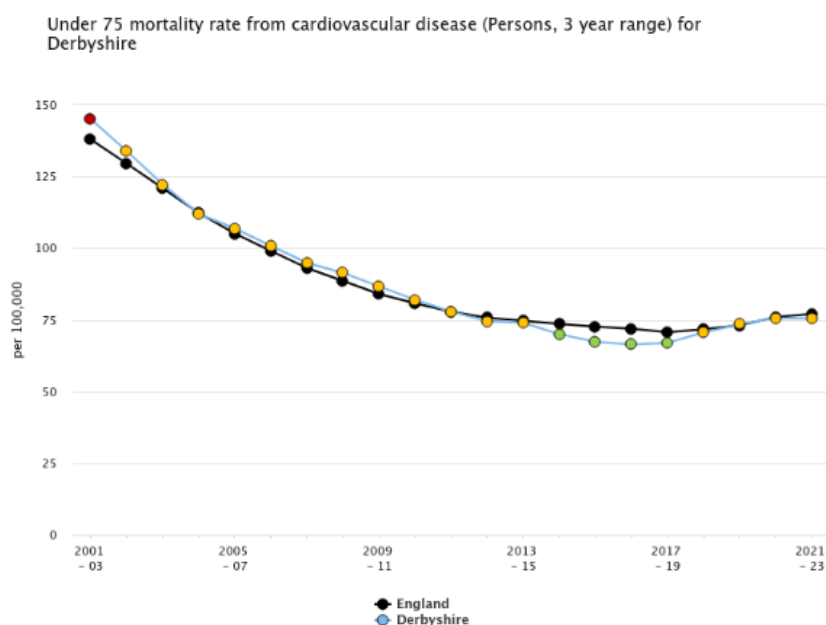
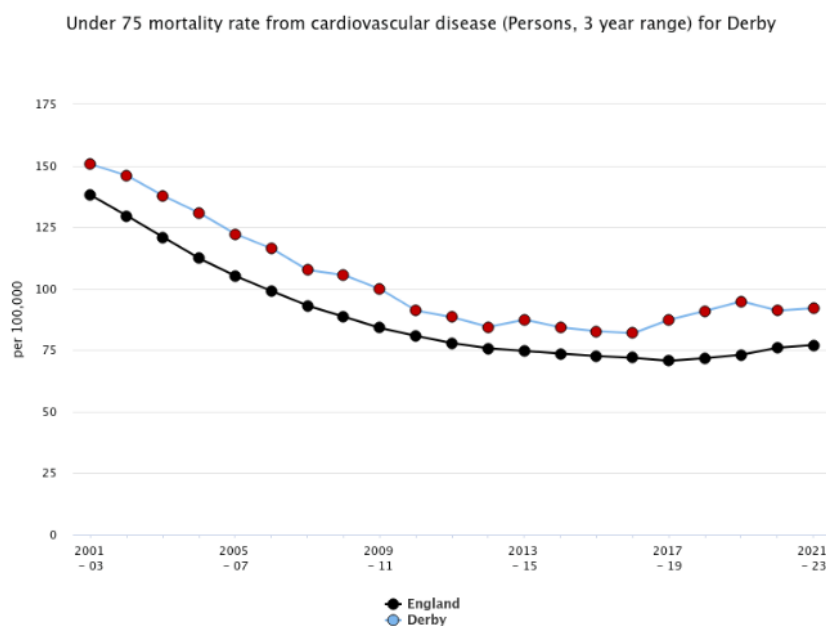


The 2019 NHS Long Term Plan reported that cardiovascular disease remains the biggest cause of premature mortality in the UK and the rate of improvement has slowed. The Plan aimed to reduce the impact of CVD through early detection, prevention, and improved treatment.

²⁴ NICE (2024) CVD risk assessment and management: What are the risk factors? Available at: <https://cks.nice.org.uk/topics/cvd-risk-assessment-management/background-information/risk-factors-for-cvd/#:~:text=Non%2Dmodifiable%20risk%20factors%20include,CVD%20about%2010%20years%20earlier.> (Accessed: 21/05/2025)

The NHS Long Term Plan outlined that. “...heart and circulatory disease, also known as cardiovascular disease (CVD), causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. This is the single biggest area where the NHS can save lives over the next 10 years.”²⁵

Figure 19: Under 75 mortality rate (per 100,000) from all cardiovascular diseases 2001-2023, in Derby and Derbyshire (Office for Health Improvement and Disparities, 2025).



²⁵ NHS Long Term Plan (2019) *Cardiovascular disease*. Available at: <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/cardiovascular-disease/> (Accessed: 21/05/2025)

The rate of mortality from cardiovascular disease (CVD) in Derby and Derbyshire was 92.1 and 75.4 per 100,000, respectively, in persons less than 75 years of age in 2021-23. This was higher in Derby than the national and regional averages of 77.1 and 80.6 per 100,000 respectively. Overall, the trend data shows that under 75 mortalities from cardiovascular diseases has fallen between 2001 and 2011 and remained quite consistent between 2011 and now.²⁶

CVD is one of the main causes of death and disability in England, but a healthy lifestyle can largely prevent these outcomes.

CVD prevention strategies include primary prevention (aimed at individuals), secondary prevention (for those with existing CVD), and population-based interventions.

Primary prevention: the NHS Health Check program targets individuals aged 40-74 years, who have not been already diagnosed with CVD, diabetes, or kidney disease. Every five years, individuals are offered a check-up that includes assessments for CVD risk, alcohol consumption, physical activity, cholesterol levels, BMI, dementia, and screenings for diabetes and kidney disease. Support and advice are provided to help reduce risk factors.

Secondary prevention: focuses on managing risk factors and cardiac rehabilitation (where appropriate) for individuals with existing CVD.

Population-based strategies: aim to reduce CVD risk across the general population by addressing factors like diet, alcohol, smoking, and exercise. These strategies can lead to significant health benefits by reducing risk in low to moderate-risk individuals.²⁷

Table 8: Preventing cardiovascular disease indicators, proportions % (Office for Health Improvement and Disparities, 2025)

	Derby	Derbyshire	England
People receiving an NHS Health Check per year (2023/24)	6.8	7.1	8.8
Obesity prevalence in adults (18+ yrs) (2022/23)	34.6	30.1	26.2
Physically inactive adults (19+ yrs) (2022/23)	28.5	22.0	22.6
Smoking prevalence in adults (aged 18 and over) (2023)	10.5	12.0	11.6

Table colour text legend: ● Better 95% ● Similar ● Worse 95%

²⁶ Office for Health Improvement and Disparities (2025) *Under 75 mortality rate from cardiovascular disease*. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000044/pat/15/ati/502/are/E06000015/iid/40401/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0> (Accessed: 21/05/2025)

²⁷ NICE (2024) *What are the strategies for CVD prevention?* Available at: <https://cks.nice.org.uk/topics/cvd-risk-assessment-management/background-information/strategies-for-cvd-prevention/> (Accessed: 21/05/2025)

The indicators for preventing cardiovascular disease show that Derby and Derbyshire could prevent future cases of cardiovascular disease if the population participated in more NHS Health Checks, obesity reductions, more physically activity and smoking cessation.

Dementia

Life expectancy has increased over the years; however, additional years of life are not necessarily lived in good health. Individuals are increasingly likely to experience multiple long-term conditions or to reach old age with frailty or dementia.

Dementia refers to a group of conditions that impact memory, thinking, and the ability to carry out everyday tasks. The condition worsens over time and primarily affects older adults, although not everyone will develop it as they age.

There are several risk factors which increase the likelihood of developing dementia, including:

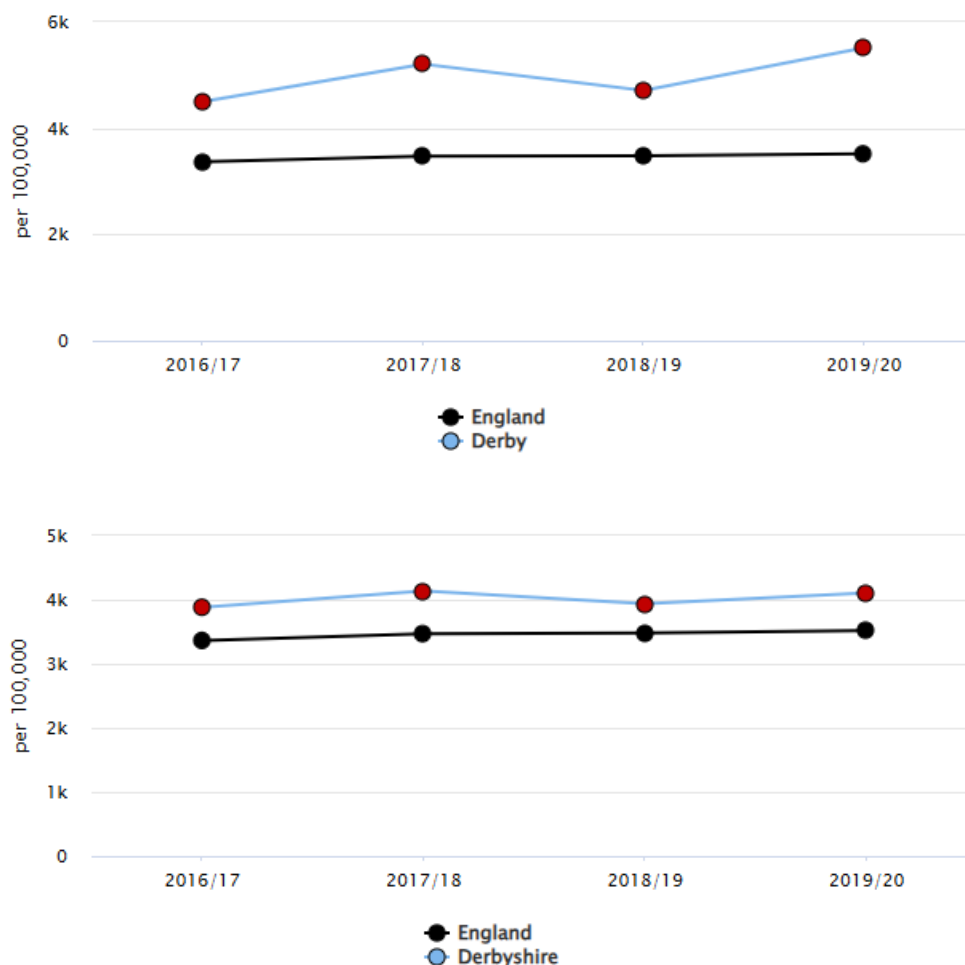
- Older age (more common in individuals aged 65 and above),
- Elevated blood pressure (hypertension),
- High blood sugar levels (diabetes),
- Excess body weight or obesity,
- Tobacco use,
- Excessive alcohol consumption,
- Lack of regular physical activity,
- Social isolation,
- Symptoms of depression.²⁸

The estimated dementia diagnosis rate (persons aged 65 and over) was 76.5 per 100 in Derby in 2024 which was significantly higher than England (64.8 per 100) and Derbyshire (65.2 per 100).

The direct standardised rate of emergency admissions for people with dementia (aged 65 years or older) was 5,510 per 100,000 in Derby and 4,104 per 100,000 in Derbyshire, both significantly higher than the direct standardised rate in England (3,517 per 100,000). Derby ranked as the sixth highest local authority in England for dementia emergency admissions.²⁹

²⁸ World Health Organization (2025) *Dementia*. Available at: <https://www.who.int/news-room/fact-sheets/detail/dementia> (Accessed: 21/05/2025)

Figure 20: Dementia direct standardised rate of emergency admissions (aged 65 years and over) 2016/17-2019/20, in Derby and Derbyshire (Office for Health Improvement and Disparities, 2025).



The direct standardised rate of mortality of people with dementia (aged 65 years or older) was 1,048 per 100,000 in Derby and 899 per 100,000 in Derbyshire, both significantly higher than the direct standardised rate in England (828 per 100,000).²⁹

The 2019 NHS Long Term Plan included a focus on supporting people to age well and improving care to people with dementia. The Plan noted that one-in-six people aged over 80 has dementia and projected that there would be over one million people with dementia in the UK by 2025.²⁵

²⁹ Office for Health Improvement and Disparities (2025) *Dementia Profile*. Available at: <https://fingertips.phe.org.uk/profile/dementia/data#page/1/gid/1938133445/pat/6/par/E12000004/ati/502/are/E06000015/yr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed: 21/05/2025)

Healthy ageing through a positive lifestyle approach from mid-life onwards will support more years spent disability free in later life.³⁰

Diabetes

Diabetes is a condition where the blood glucose (sugar) level is too high. This can happen when the body is not producing enough insulin, insulin is not used effectively or when no insulin is produced.

There are two main types of diabetes:

- Type 1, where the body produces no insulin,
- Type 2, where insulin is ineffective or insufficient.

High glucose levels can lead to various complications if not managed properly. Symptoms include frequent urination, increased thirst, fatigue, weight loss, thrush, slow wound healing and blurred vision.³¹

Type 1 diabetes is caused by an insulin deficiency due to autoimmune destruction of the insulin-producing beta cells in the pancreas.

Risk factors include:

- Genetics: type 1 diabetes is heritable, with a higher risk for siblings of a person with type 1 diabetes (6–7%) and identical twins (30–70%). A child's risk is 1–9% if a parent has the condition.
- Environmental factors: In genetically predisposed individuals, factors like diet, vitamin D exposure, obesity, viral infections, and gut-microbiome diversity can trigger autoimmune responses leading to the disease. These environmental influences are significant, as shown by varying incidence rates across different populations.³²

Type 2 diabetes results from a combination of insulin resistance, where the body does not respond to normal insulin levels, and insulin deficiency, where the pancreas is unable to produce enough insulin to overcome this resistance.³³

³⁰ Office for Health Improvement & Disparities (2022) *Guidance Healthy ageing: applying All Our Health*. Available at: <https://www.gov.uk/government/publications/healthy-ageing/healthy-ageing-applying-all-our-health> (Accessed: 21/05/2025)

³¹ Diabetes UK (2025) *About Diabetes*. Available at: <https://www.diabetes.org.uk/about-diabetes> (Accessed: 21/05/2025)

³² NICE (2024) *Diabetes – type 1: What are the causes and risk factors?* Available at: <https://cks.nice.org.uk/topics/diabetes-type-1/background-information/causes-risk-factors/> (Accessed: 21/05/2025)

³³ NICE (2025) *Diabetes – type 2: What causes it?* Available at: <https://cks.nice.org.uk/topics/diabetes-type-2/background-information/causes/> (Accessed: 21/05/2025)

Risk factors for type 2 diabetes include:

- Obesity and inactivity: Overweight individuals, particularly those with abdominal obesity, and those leading sedentary lifestyles are at higher risk due to increased insulin resistance. Obesity accounts for 80–85% of the overall risk for developing type 2.
- Family history: Having a family history of diabetes increases the risk significantly—up to 75% if both parents are affected.
- Ethnicity: People of Asian, African, or Afro-Caribbean ethnicity are 2–4 times more likely to develop type 2 diabetes than White ethnicity.
- Gestational diabetes: Women with a history of gestational diabetes have a seven-fold higher risk, and their children have a six-fold increased risk.
- Diet: A low-fibre, high-glycemic diet can contribute to obesity and insulin resistance.
- Medications: Certain drugs like statins and corticosteroids increase the risk.
- Polycystic ovary syndrome.
- Metabolic syndrome.
- Low birth weight or preterm birth.³⁴

Table 9: Risk factors for diabetes indicators, proportions % (Office for Health Improvement and Disparities, 2025)

	Derby	Derbyshire	England
People receiving an NHS Health Check per year (2023/24)	6.8	7.1	8.8
Obesity prevalence in adults (18+ yrs) (2022/23)	34.6	30.1	26.2
Physically inactive adults (19+ yrs) (2022/23)	28.5	22.0	22.6
Smoking prevalence in adults (aged 18 and over) (2023)	10.5	12.0	11.6

Table colour text legend: ● Better 95% ● Similar ● Worse 95%

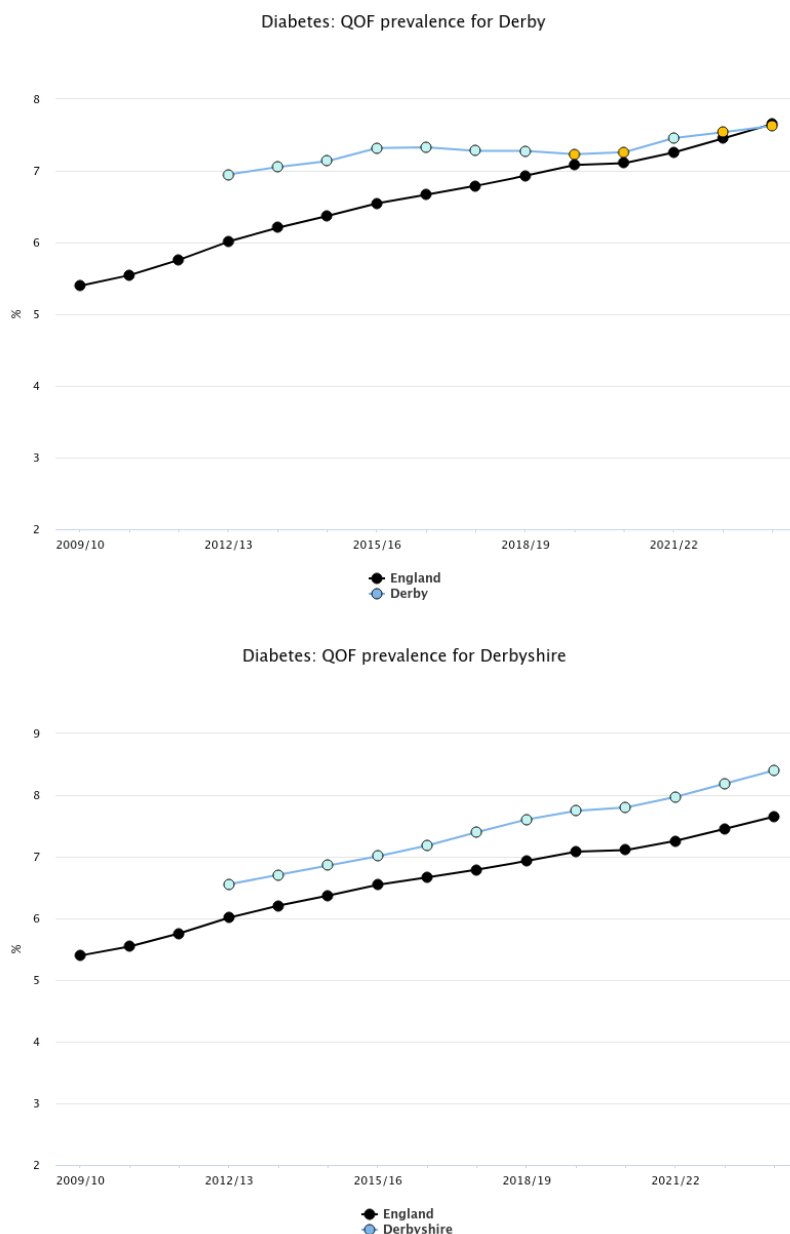
There are an estimated 4.3 million people living with diabetes in the UK. For all adults and children, it is estimated that 10% of people with diabetes have type 1, and 90% have type 2. The risk of developing type 2 diabetes can be reduced by changes in lifestyle.⁵

QOF prevalence data (2023/24) indicates that Derbyshire (8.4%) has a higher prevalence of diabetes compared to England (7.7%) as a whole, while Derby (7.6%) is comparable to England.³⁵ The trends in Derbyshire and England have been steadily increasing over the years.

³⁴ NICE (2025) *Diabetes – type 2: What are the risk factors?* Available at: <https://cks.nice.org.uk/topics/diabetes-type-2/background-information/risk-factors/> (Accessed: 22/05/2025)

³⁵ Office for Health Improvement and Disparities (2025) *Diabetes: QOF prevalence* Available at: <https://fingertips.phe.org.uk/profile/diabetes->

Figure 21: Diabetes QOF prevalence (%) for Derby and Derbyshire, 2009/10-2023/24 (Office for Health Improvement and Disparities, 2025).

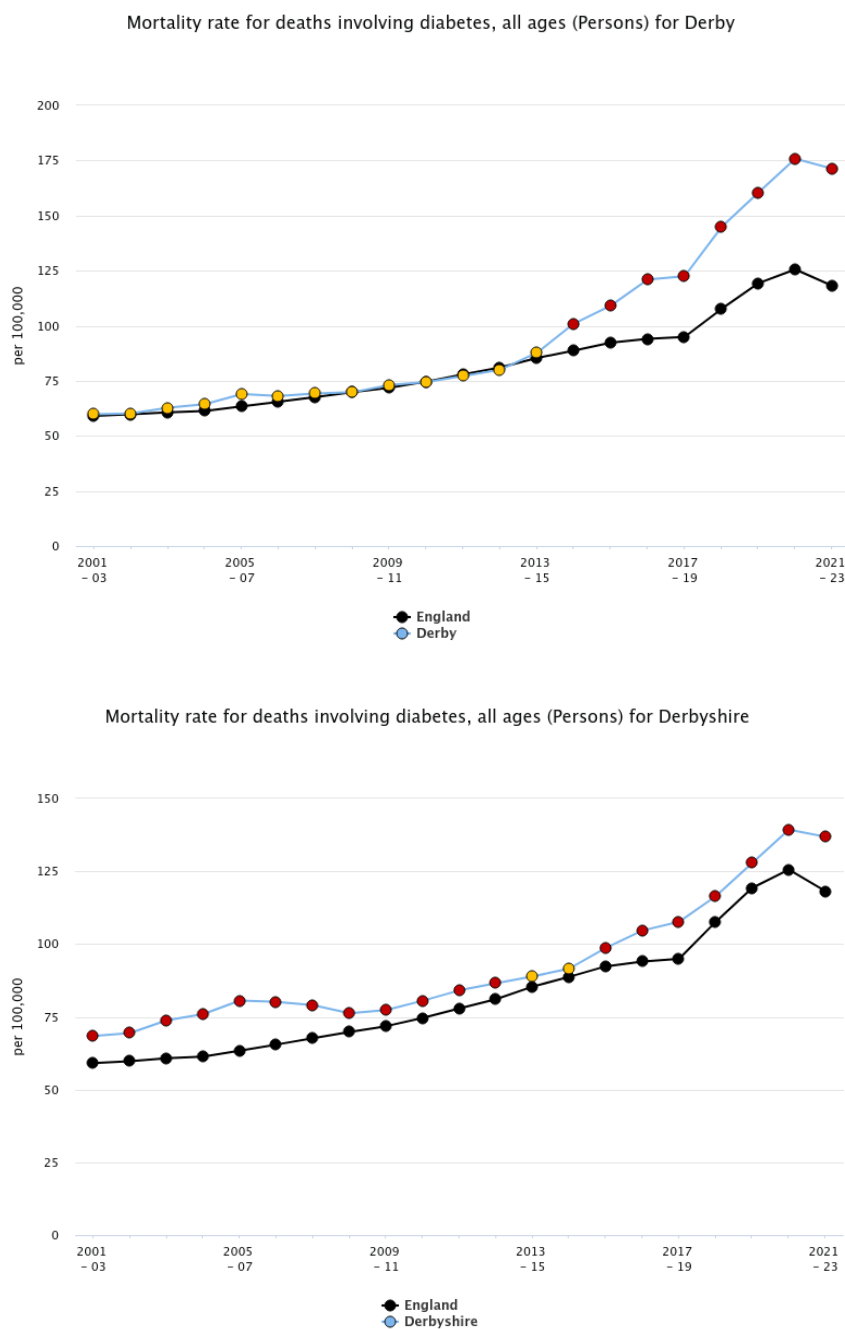


Almost 5,000 people in Derby and Derbyshire experienced a death involving diabetes during 2021-23. Both Derby and Derbyshire have significantly higher than England average (118.2 per 100,000) mortality rates from diabetes. In Derby the rate was 171.2 per 100,000 and in Derbyshire it was 136.9 per 100,000.³⁶ The rates have increased considerably in the last five years.

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³⁶ Office for Health Improvement and Disparities (2025) *Mortality rate for deaths involving diabetes, all ages (Persons) Directly standardised rate per 100,000* Available at: <https://fingertips.phe.org.uk/profile/diabetes->

Figure 22: Diabetes mortality rate, all ages (Persons) for Derby and Derbyshire, 2001-03 to 2021-23 (Office for Health Improvement and Disparities, 2025).



The 2019 NHS Long Term Plan reported that the NHS would take steps to prevent type 2 diabetes and improve care quality for those with type 1 or type 2 diabetes. Support would include expanded structured education and digital tools like HeLP Diabetes for self-management. From 2019, type 1 diabetes patients would have access to flash glucose monitors, and by 2020/21, pregnant women with type 1 diabetes would receive continuous

glucose monitoring. Investment in primary care would help more people meet treatment targets, while hospitals would provide access to multidisciplinary footcare teams and diabetes nursing teams to improve recovery, reduce hospital stays, and prevent readmissions.³⁷

Managing diabetes involves medication, lifestyle changes, and regular monitoring to keep blood glucose within a healthy range.

Excess weight

Excess weight occurs when there is an imbalance between energy intake and energy output.

Being overweight (BMI between 25 and 29 kg/m²) and obese (BMI 30 kg/m² and over) is associated with diabetes type II, coronary heart disease, stroke, cancer, and hypertension, to list the most common conditions.

There are several factors that influence excess weight:

- Lifestyle (food and drink consumption; physical inactivity; social and psychological factors),
- Genetics,
- Medical conditions,
- Medications,
- Other factors (age; menopause; sleep deprivation, etc.).³⁸

22.1% of primary school children in Year 6 and 26.2% of adults in England are categorised as obese.³⁹

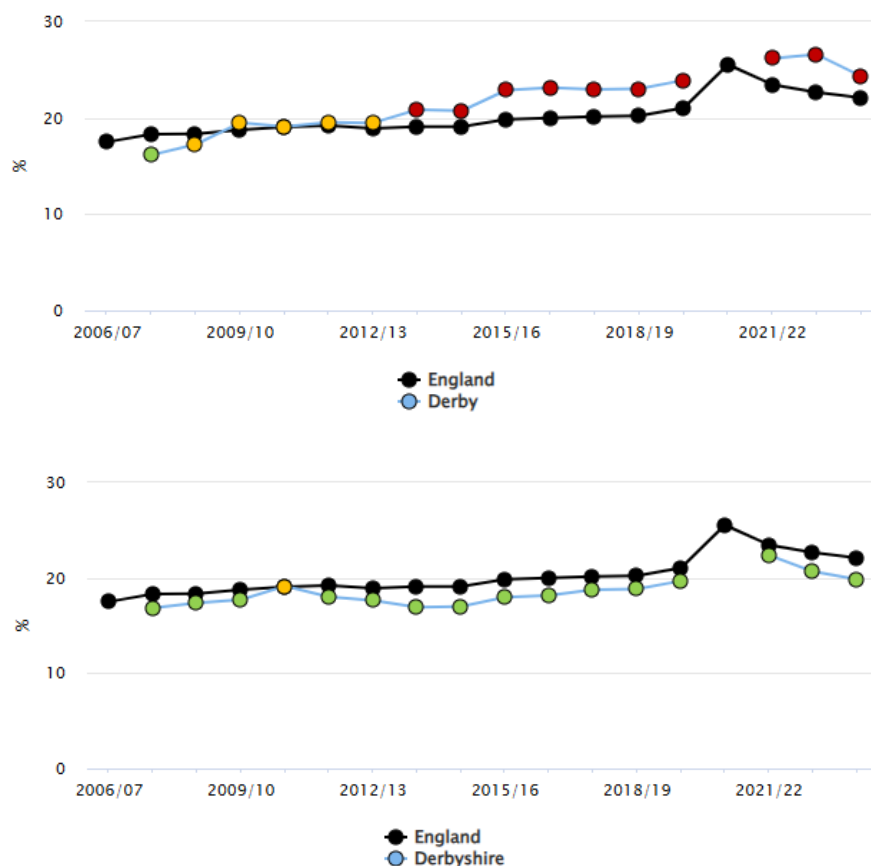
The proportion of reception-aged children classified as obese is similar in Derby (10.3%), Derbyshire (9.3%) and England (9.6%). However, Derby has a higher proportion of obese Year 6 children (24.3%) than Derbyshire (19.8%) and the national average (22.1%). This increasing trend continues into adulthood. Derby (34.6%) and Derbyshire (30.1%) have a higher proportion of obese adults than England (26.2%).

³⁷ NHS Long Term Plan (2019) *Diabetes*. Available at: <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/diabetes/> (Accessed: 22/05/2025)

³⁸ NICE (2025) *Obesity: What are the causes and risk factors?* Available at: <https://cks.nice.org.uk/topics/obesity/background-information/causes-risk-factors/> (Accessed: 22/05/2025)

³⁹ Office for Health Improvement and Disparities (2025) *Obesity Profile*. Available at: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/1938133368/pat/6/par/E12000004/ati/502/are/E06000015/yr/1/cid/4/tbm/1> (Accessed: 22/05/2025)

Figure 23: Year 6 prevalence of obesity (including severe obesity) (10-11 years) (%) 2006/07-2021/22, in Derby and Derbyshire (Office for Health Improvement and Disparities, 2025).



Maternal obesity is measured as a BMI of 30kg/m² and above at the first antenatal consultation. In England 26.2% of women were obese in early pregnancy in 2023/24. Maternal obesity poses health risks to both the pregnant women (e.g. gestational diabetes, maternal death) and the baby in utero and after birth (e.g. macrosomia, still birth, subsequent obesity).³⁹

Preventing excess weight involves a lifestyle approach such as a healthy, balanced diet and physical activity, to keep weight in a healthy range.

Injuries

An injury is damage to the body caused by an accident or acts of violence against others or oneself. Injuries include road traffic incidents, burns, drowning, falls, poisonings, etc.⁴⁰

Modifiable risk factors for injuries include strength, balance, joint mobility, physical activity, sufficient adult supervision of children, safe housing and workplaces, etc.

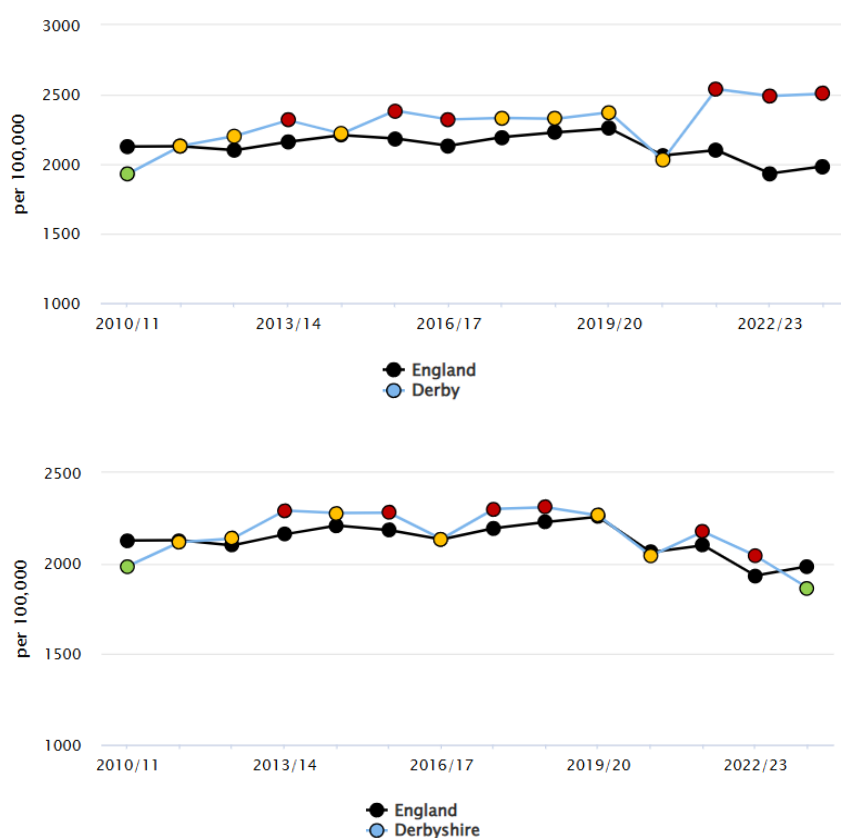
⁴⁰ World Health Organization (2025) *Injuries and violence*. Available at: <https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence> (Accessed: 22/05/2025)

Age is a non-modifiable risk factor.

Some people are more vulnerable than others depending on the conditions in which they are born, grow, work, live and age.

Injuries are a major cause of hospital admission and premature mortality in children and young people. The hospital admissions rate due to injuries in children under 5 years old was 55.0 per 10,000 in Derby in 2023/24. This was significantly lower than the national rate of 93.2 per 10,000. Derbyshire was also below the national average at 75.7 per 10,000 (Office for Health Improvement & Disparities, 2025).⁴¹

Figure 24: Emergency hospital admissions due to falls in people aged 65 and over (Office for Health Improvement and Disparities, 2025).



Falls are the primary reasons of emergency hospital admissions for older people. Fall events significantly impact on long term outcomes. Derby City has one of the highest rates of

⁴¹ Office for Health Improvement and Disparities (2025) *Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)*. Available at: <https://fingertips.phe.org.uk/search/injuries#page/4/gid/1938133236/pat/15/ati/502/are/E10000007/iid/90832/age/28/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed: 22/05/2025)

emergency hospital admissions due to falls in England at 2,506 per 100,000. Derbyshire is below the England average, with a rate of 1,865 per 100,000.⁴²

In 2020-22, 22 children in Derby and 41 children in Derbyshire were killed and seriously injured (KSI) on England's roads.⁴³

Injuries are often preventable through various prevention efforts, including:

- Road safety,
- Drowning prevention,
- Violence prevention,
- Preventing alcohol related harms,
- Suicide prevention.

Mental health

The World Health Organization defines mental health as:

“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.”⁴⁴

Globally, one-in-eight people live with a mental disorder that affect thinking, emotional regulation or behaviour. Types of mental disorders include anxiety, depression, bipolar disorder, Post-Traumatic Stress Disorder (PTSD), schizophrenia, eating disorders, disruptive behaviour and dissocial disorders, neurodevelopmental disorders.

There is an extensive list of risk factors that are detrimental to mental health, particularly at developmentally and life event sensitive periods, across different levels:

- Individual level (e.g. substance use, adverse childhood events, gambling, health behaviours, resilience),

⁴² Office for Health Improvement and Disparities (2025) *Emergency hospital admissions due to falls in people aged 65 and over*. Available at: <https://fingertips.phe.org.uk/search/injuries#page/4/gid/1938133390/pat/15/ati/502/are/E10000007/iid/22401/aqe/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed: 22/05/2025)

⁴³ Office for Health Improvement and Disparities (2025) *Children killed and seriously injured on England's roads*. Available at: https://fingertips.phe.org.uk/search/injuries#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E06000015/iid/90804/age/169/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0_ine-vo-1_ine-ao-0_ine-yo-3:2020:-1:-1_ine-ct-_ine-pt-0 (Accessed: 22/05/2025)

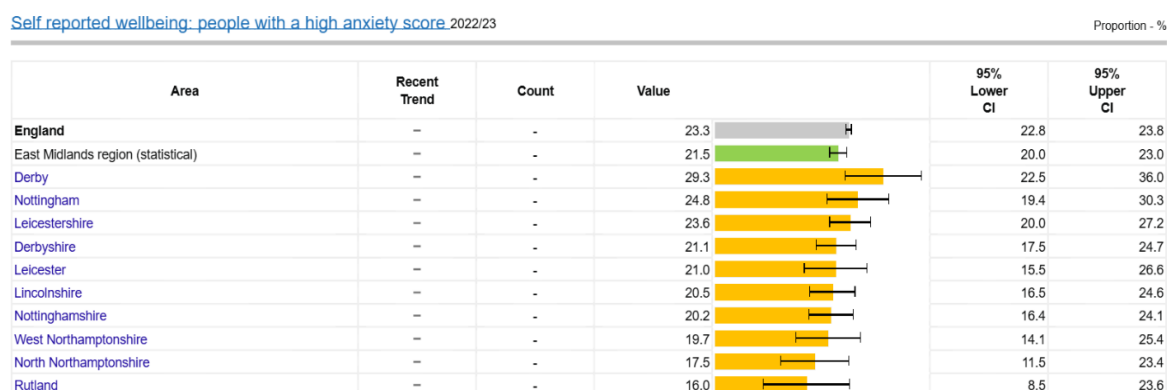
⁴⁴ World Health Organization (2022) *Mental health*. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (Accessed: 22/05/2025)

- Interpersonal relationship level (e.g. poor experience being in care, abuse and neglect, bullying),
- Local community level (e.g. loneliness, safety, inclusive learning environment, good employment),
- Wider environmental and society level (e.g. poverty, climate change, discrimination, quality housing, green and blue space access).⁴⁵

Mental health conditions are common across society and are a large contributor to premature death and frequently coexist with various physical ill health conditions. People with severe mental illness (SMI) are 5 times more likely to die before 75 years old than people who do not have SMI.⁴⁶

In 2022/23, 9.8% of a Derby sample self-reported a low happiness score. This was higher than the England (8.9%) and Derbyshire (7.6%) proportions. The self-reported wellbeing sample of people with high anxiety reported a higher proportion in Derby (29.3%) compared to England (23.3%) and Derbyshire (21.1%). The incidence of adult depression was similar in Derby (1.2%) and Derbyshire (1.3%) to the national average (1.5%).⁴⁷

Figure 25: Self-reported wellbeing: people with a high anxiety score (%) 2022/23, (Office for Health Improvement and Disparities, 2025).



Throughout 2020/21, the proportion of adults in contact with secondary mental health services who lived in stable and appropriate accommodation in Derby (69%) and Derbyshire

⁴⁵ Department of Health & Social Care (2024) *Guidance Improving the mental health of babies, children and young people: a framework of modifiable factors*. Available at: <https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors> (Accessed: 22/05/2025)

⁴⁶ Office for Health Improvement & Disparities (2023) *Premature mortality in adults with severe mental illness (SMI)*. Available at: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi> (Accessed: 22/05/2025)

⁴⁷ Office for Health Improvement & Disparities (2025) *Mental Health and Wellbeing JSNA*. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1/qid/1938132922/pat/15/ati/502/are/E10000007/iid/93587/age/221/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed: 22/05/2025)

(81%), was higher than the national average (58%). However, Derby's rate has shown a slightly decreasing trend in recent years, whereas Derbyshire's rate has been relatively stable.

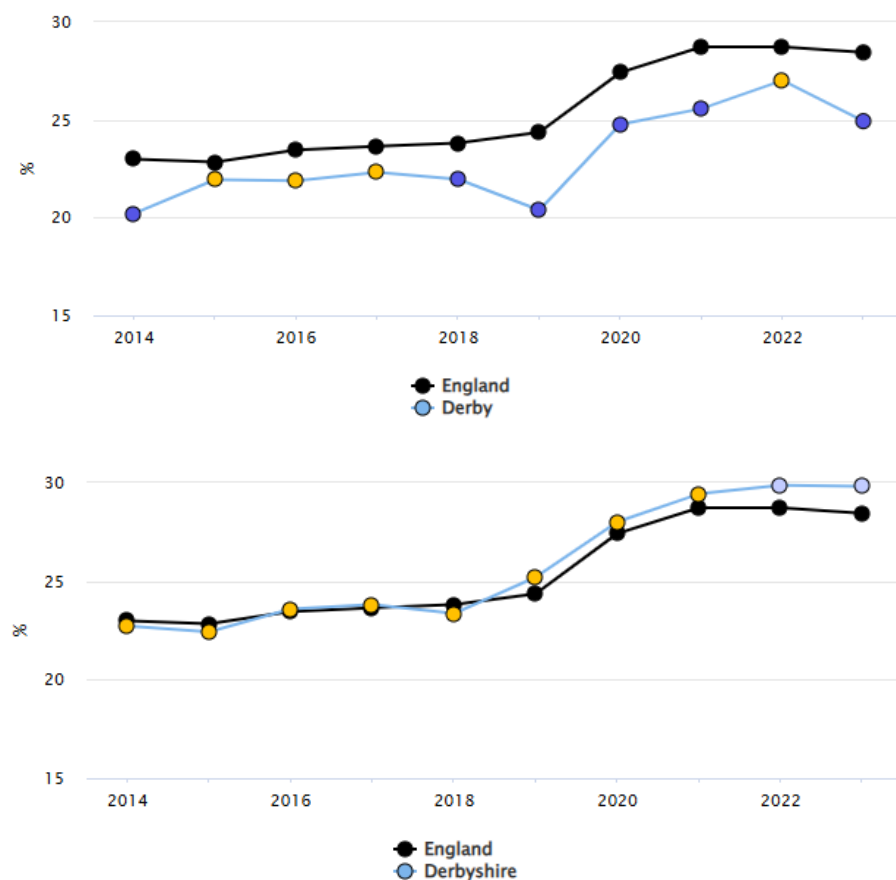
Suicide rates in Derby (11.6 per 100,000) and Derbyshire (11.8 per 100,000) were slightly higher than the national average (10.7 per 100,000).

Protective factors across the life course can support good mental health and include but are not limited to secure attachment, responsive parenting, safe communities, healthy education and work sites.

Palliative care

Palliative care is the active holistic care of patients with advanced progressive illness, helping managing pain and other distressing symptoms. A palliative care package also involves psychological, social, and spiritual support for the patient and their families. Care can take place in the patient's home, in care homes or hospices, or in hospitals, dependent on needs and preference.

Figure 26: Percentage of deaths that occur at home (all ages) (%) 2014-2023, (Office for Health Improvement and Disparities, 2025).



For both Derby and Derbyshire, rates are comparable with the national average across the majority of indicators that come under end-of-life care. However, the percentage of home deaths amongst all age groups was lower in Derby compared to the national average (28.4%) and Derbyshire (29.8%): a quarter (24.9%) of deaths in Derby occurred at home during 2023.⁴⁸

Comparably, deaths occurring in hospital were significantly higher in Derby (45.9%), than in Derbyshire (42.6%) and nationally (42.8%). National evidence indicates that people living in the most deprived quintile are significantly more likely to die in hospital than individuals living in other quintiles.

Table 10: Place of death (%) for all ages, 2023 (Office for Health Improvement and Disparities, 2025).

Place of death	Derby	Derbyshire	England
Home	24.9	29.8	28.4
Hospital	45.9	42.6	42.8
Hospice	4.0	4.6	5.2
Care home	22.5	21.0	21.0
Other	2.6	2.0	2.6

Respiratory disease

Respiratory disease covers a broad range of conditions, including asthma, chronic obstructive pulmonary disease (COPD), lung cancer and infections such as pneumonia, flu and COVID-19. It also includes rarer conditions such as interstitial lung disease and mesothelioma.

Derby and Derbyshire have higher than England average risk factor indicators for respiratory disease.

Table 11: Respiratory disease risk factor indicators (Office for Health Improvement and Disparities, 2025).

	Derby	Derbyshire	England
Air pollution: fine particulate matter (concentrations of total PM2.5) 2023	7.9	7.3	7.0
Smoking status at time of delivery (%) 2023/24	8.9	8.9	7.4

⁴⁸ Office for Health Improvement and Disparities (2025) *Palliative and End of Life Care Profiles*. Available at: <https://fingertips.phe.org.uk/profile/end-of-life/data#page/1/qid/1938132883/pat/6/par/E12000004/ati/402/are/E10000007/iid/93476/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0 ine-ao-1 ine-vo-1 ine-yo-1:2023:-1:-1 ine-ct-146 ine-pt-0> (Accessed: 23/05/2025)

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The asthma prevalence in 6+ year olds was 6.5% in Derby in 2023/24, the same as the national average (6.5%). However, asthma prevalence was higher in Derbyshire at 7.8%.⁴⁹

Figure 27: Asthma QOF prevalence (%) 2023/24 (Office for Health Improvement and Disparities, 2025).

Asthma: QOF prevalence (6+ yrs) 2023/24

Proportion - %

Area	Count	Value	99.8% Lower CI	99.8% Upper CI
England	3,886,879	6.5	6.5	6.5
East Midlands region (statistical)	340,699	6.8	6.8	6.9
Derbyshire	60,897	7.8	7.7	7.9
Rutland	3,010	7.4	7.0	7.8
Lincolnshire	56,569	7.4	7.3	7.4
Leicestershire	50,041	7.1	7.0	7.2
Nottinghamshire	56,754	7.0	7.0	7.1
Derby	19,284	6.5	6.4	6.7
North Northamptonshire	24,277	6.5	6.4	6.6
West Northamptonshire	26,941	6.3	6.2	6.4
Nottingham	21,225	5.6	5.5	5.7
Leicester	21,701	5.1	5.0	5.3

The prevalence of COPD in Derbyshire in 2023/24 was 2.4% which was higher than England (1.9%) and Derby (1.7%).⁵⁰

Before COVID-19, respiratory diseases were diagnosed in 1-in-5 people and were the third biggest cause of death in England. England has the highest mortality rate from respiratory disease in Europe. Respiratory diseases are a significant contributor to health inequalities, with much of this disease being largely preventable.⁵¹

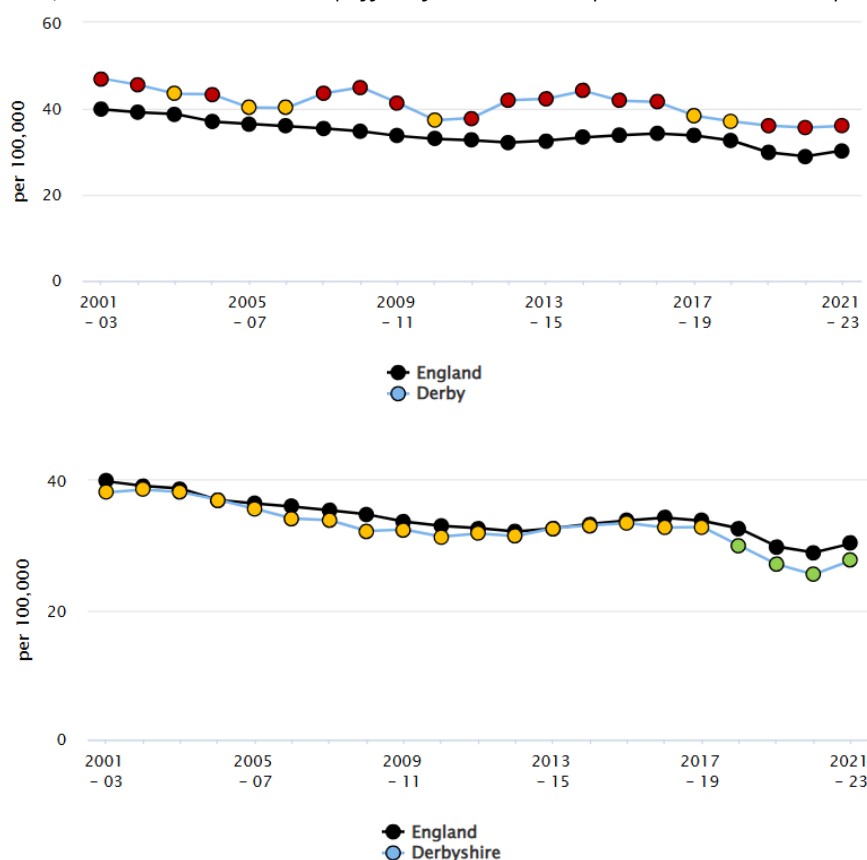
Between 2021 and 2023 the rate for under 75 mortality from respiratory disease was higher than the England average (30.3 per 100,000 population) in Derby City (36.0 per 100,000 population), while in Derbyshire it was slightly lower (27.7 per 100,000 population). Mortality from respiratory disease in under 75s considered preventable was also higher than national average (18.0 per 100,000 population) in Derby (19.8 per 100,000 population). Rates were slightly lower than the England average in Derbyshire (17.2 per 100,000 population).

⁴⁹ Office for Health Improvement & Disparities (2025) Asthma QOF prevalence. Available at: <https://fingertips.phe.org.uk/profile/respiratory-disease/data#page/1/gid/8000009/pat/15/ati/502/are/E10000007/iid/90933/age/314/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed: 23/05/2025)

⁵⁰ Office for Health Improvement & Disparities (2025) COPD QOF prevalence. Available at: <https://fingertips.phe.org.uk/profile/respiratory-disease/data#page/3/gid/8000008/pat/6/par/E12000004/ati/502/are/E10000007/iid/253/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed: 23/05/2025)

⁵¹ Public Health England (2022) *Guidance Respiratory disease: applying All Our Health*. Available at: <https://www.gov.uk/government/publications/respiratory-disease-applying-all-our-health/respiratory-disease-applying-all-our-health> (Accessed: 23/05/2025)

Figure 28: Respiratory disease mortality in Derby and Derbyshire populations aged under 75 years, 2001-03 to 2021-23 (Office for Health Improvement and Disparities, 2025)



Respiratory disease is one of the leading causes of death among individuals under 75 in England, with smoking being the primary cause of chronic obstructive pulmonary disease (COPD), a major respiratory condition. Preventing smoking and addressing other environmental factors that contribute to respiratory diseases are crucial for good health.

Sexual and reproductive health

The World Health Organization defines sexual health as “...a state of physical, emotional, mental and social well-being in relation to sexuality”.⁵²

There are several factors that impact on sexual health, including biological factors, parents, schools, friends, community, substance use, health care professionals, sexual health services.

The three areas of sexually transmitted infections (STI), reproductive health and teenage pregnancies provide an overview of sexual health across Derby and Derbyshire.

⁵² World Health Organization (2025) *Defining sexual health*. Available at: <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health> (Accessed: 23/05/2025)

In 2023 Derbyshire had lower than national average diagnostic rates for new HIV, syphilis, gonorrhoea, chlamydia, genital warts and genital herpes. In comparison, Derby had higher than national diagnostic rates for all these sexual health infections except syphilis.

Table 12: HIV & STI indicators, Derby & Derbyshire, 2023 (Office for Health Improvement and Disparities, 2025).

	Derby	Derbyshire	England
New HIV diagnosis rate per 100,000 (2023)	23.3	4.9	10.4
Syphilis diagnostic rate per 100,000 (2023)	7.6	8.1	16.7
Gonorrhoea diagnostic rate per 100,000 (2023)	167	88	149
Chlamydia diagnostic rate per 100,000 (2023)	394	251	341
Genital warts diagnostic rate per 100,000 (2023)	56.2	34.2	45.8
Genital herpes diagnostic rate per 100,000 (2023)	55.0	39.2	47.6

Table colour text legend: ● Better 95% ● Similar ● Worse 95%

A higher rate of women in Derby (18.7 per 100,000) and Derbyshire (20.0 per 100,000) were prescribed short acting combined hormonal contraception at SRH services in 2023 than in England (9.1 per 100,000).

Table 13: Reproductive health indicators, Derby & Derbyshire (Office for Health Improvement and Disparities, 2025).

	Derby	Derbyshire	England
Total abortion, rate per 100,000 (2021)	17.7	15.7	19.2
Over 25s abortion rate, per 100,000 (2021)	16.2	17.9	17.9
Abortions under 10 weeks, % (2021)	86.9	90.6	88.6
Total prescribed LARC excluding injections, rate per 1,000 (2023)	53.0	58.3	43.5
Women prescribed short acting combined hormonal contraception at SRH services, rate per 100,000 (2023)	18.7	20.0	9.1
Women prescribed injectable contraception at SRH services, rate per 100,000 (2023)	4.6	4.8	5.0
Pelvic inflammatory disease (PID) admissions rate per 100,000 (2023/24)	222.7	195.5	247.5
Ectopic pregnancy admissions rate per 100,000 (2023/24)	102.1	83.3	95.8

In 2021 there was a lower conception rate in teenagers aged under 18 in Derbyshire (10.9 per 1,000) compared to England (13.1 per 1,000). However, in Derby there was a higher conception rate in teenagers aged under 18 (16.8 per 1,000). A greater proportion of under 18s conceptions lead to abortion in England (53.4%) and Derbyshire (52.2%) compared to Derby (27.3%). Derby local authority has the second lowest proportion of under 18s conceptions leading to abortion out of all local authorities in England.

In 2022 Derby had a significantly higher birth rate in under 18s (5.3 per 1,000), compared to Derbyshire (3.0 per 1,000) and England (3.4 per 1,000).

Teenage pregnancies (mothers aged under 18) account for 0.7% of pregnancies in Derby, 0.5% in Derbyshire, compared to 0.6% in England.

Table 14: Teenage pregnancy indicators, Derby & Derbyshire (Office for Health Improvement and Disparities, 2025).

	Derby	Derbyshire	England
Under 18s conception rate, per 1,000 (2021)	16.8	10.9	13.1
Under 18s conceptions leading to abortion, % (2021)	27.3	52.2	53.4
Under 18s birth rate, per 1,000 (2022)	5.3	3.0	3.4
Under 18s births, % (2022/23)	0.7	0.5	0.6

Table colour text legend: ● Better 95% ● Similar ● Worse 95%

It is a priority for the population to have access and choice over a range of contraception methods and to avoid unplanned pregnancies.

Substance use

Drug misuse

The opiate successful treatment population was higher in Derby (5.6%) compared to the national rate (5.1%), but lower in Derbyshire (4.9%).

Nationally, the death rate from drugs misuse was 5.5 per 100,000 population in 2021-23. The rate was higher for both Derbyshire (7.5 per 100,000) and Derby (7.5 per 100,000 population).

Derby and Derbyshire had similar proportions of people who had taken drugs (excluding cannabis) in the last month at age 15 in 2014/15 to the national average (Derby 0.9%, Derbyshire 0.8%, England 0.9%).

Alcohol misuse

In 2015-18 in Derby and Derbyshire, 12.1% and 18.2% respectively of the adult population binge drink, in comparison to the national average (15.4%).

In 2020/21, Derby had a higher rate (2.4 per 1,000 population) of adults in treatment at specialist alcohol misuse services, compared to Derbyshire (1.7 per 1,000 population) and nationally (1.4 per 1,000).

Derby and Derbyshire had slightly lower proportions of people who successfully completed alcohol treatment in 2023 than the national average (Derby 29.2%, Derbyshire 29.9%, England 34.2%).⁵³

Derbyshire had a significantly higher proportion of those who had ever had an alcoholic drink by the age of 15 (71.9%) than the national average (62.4%) whereas Derby had a significantly lower proportion (58.3%).

Alcohol and related diseases

Alcohol misuse and alcohol related problems, especially binge drinking and alcohol-related liver disease, are major public health concerns which have the potential to result in death. The national average for alcohol specific mortality in 2023 was 15 per 100,000. The rate was higher in Derbyshire (18.2 per 100,000 population) but was significantly higher in Derby (21.8 per 100,000 population).⁵⁴

Specific diseases can be related to the overuse of alcohol. The rates of admissions for intentional self-poisoning were higher in both Derby (29.5 per 100,000) and Derbyshire (31.8 per 100,000) than the national average (22.7 per 100,000).

The rates for admissions for alcoholic liver disease were higher in both Derby (253.1 per 100,000) and Derbyshire (183.4 per 100,000) than the national average (163.4 per 100,000).

The admission rate for mental and behavioural disorders due to alcohol misuse were higher than the national average in Derby, rates however, were lower in Derbyshire.

⁵³ Office for Health Improvement and Disparities (2025) *Successful completion of alcohol treatment*. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth/data#page/1/qid/1938133432/pat/15/ati/502/are/E06000015/iid/91117/age/182/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> (Accessed: 23/05/2025)

⁵⁴ Office for Health Improvement and Disparities (2025) *Alcohol-specific mortality*. Available at: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/qid/1938132832/pat/15/ati/502/are/E10000007/iid/93763/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> (Accessed: 23/05/2025)

Figure 29: Admission episodes for alcoholic liver disease (per 100,000) 2023/24 (Office for Health Improvement and Disparities, 2025).

Admission episodes for alcoholic liver disease (Broad) (Persons) 2023/24

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	90,312	163.4	162.4	164.5
East Midlands region (statistical)	↑	7,420	151.3	147.8	154.8
Nottingham	↑	749	313.1	290.9	336.6
Derby	→	599	253.1	233.1	274.2
Derbyshire	↑	1,571	183.4	174.3	192.8
Nottinghamshire	↑	1,482	171.1	162.5	180.1
Lincolnshire	↑	1,046	124.8	117.3	132.8
Leicestershire	↑	841	113.6	106.0	121.6
Leicester	→	347	112.6	100.9	125.3
North Northamptonshire	↑	387	106.9	96.5	118.1
West Northamptonshire	→	377	91.8	82.7	101.5
Rutland	→	21	49.3	30.1	75.9

Smoking

Tobacco use continues to be a major public health issue.

Smoking is particularly harmful, affecting not just the smokers but also those around them. It is a major contributor to health inequalities in England, with its negative impact being most pronounced in disadvantaged communities and groups.

Smoking, the primary form of tobacco consumption, remains the leading cause of preventable illness and early death in England. 74,600 lives were lost from smoking in England in 2019. Between 2019 and 2020, there were around 506,100 smoking-related hospital admissions in England, averaging nearly 1,400 each day. One in four hospital patients is a smoker, and smokers visit their GP 35% more frequently than non-smokers.⁵⁵

Smoking harms nearly every organ in the body, causing lung cancer, respiratory and cardiovascular diseases, and cancers in other organs like the mouth, throat, and bladder. It reduces fertility, raises the risk of type 2 diabetes, eye disease, and dementia, and weakens bones, increasing the risk of osteoporosis and fractures.

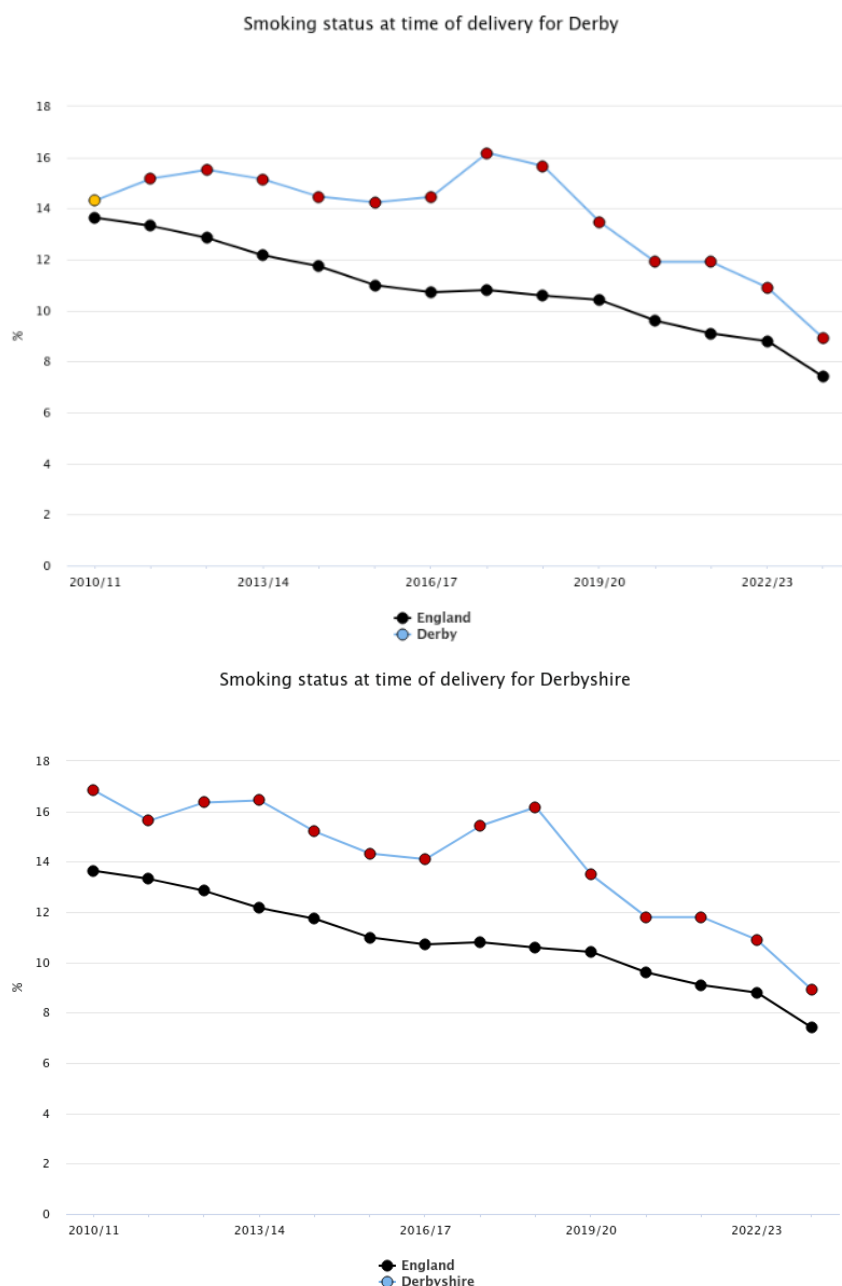
Smoking is also linked to poor mental health, with smokers scoring lower on mental wellbeing indicators compared to the general population.

Second-hand smoke is harmful to all, particularly children who are more vulnerable due to their developing airways and immune systems. Smoking during pregnancy is a major risk factor, associated with miscarriage, premature birth, low birth weight, and other complications.

⁵⁵ Office for Health Improvement and Disparities (2022) *Guidance Smoking and tobacco: applying All Our Health*. Available at: <https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health> (Accessed: 23/05/2025)

Smoking status at time of delivery has fallen in recent years, both nationally and locally. Both Derby (8.9%) and Derbyshire (8.9%) remain above the England average (7.4%), with 1-in-11 mothers known to be smokers at birth.⁵⁶

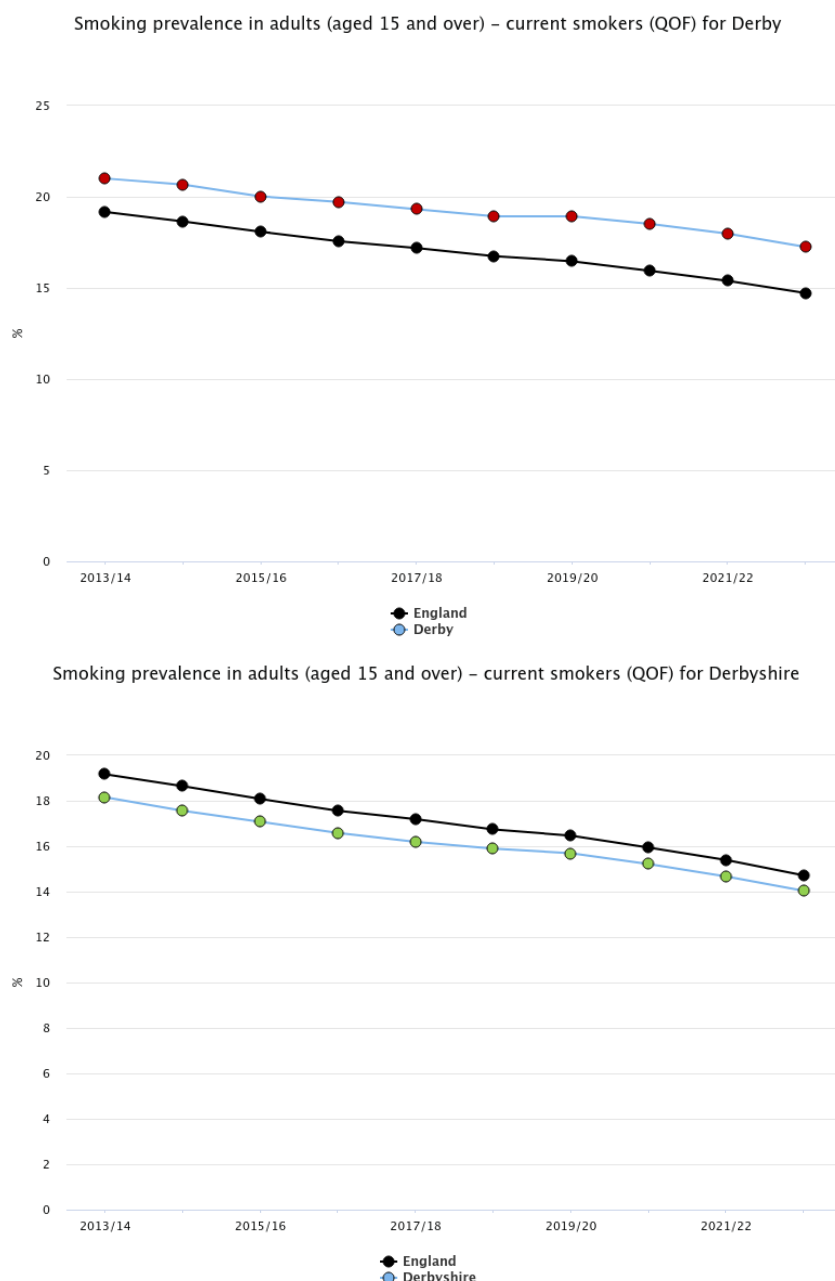
Figure 30: Smoking status at time of delivery in Derby and Derbyshire, 2010-11 to 2023-24 (Office for Health Improvement and Disparities, 2025)



⁵⁶ Office for Health Improvement and Disparities (2025) *Smoking status at time of delivery*. Available at: <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/qid/1938132885/pat/6/par/E12000004/ati/502/are/E06000015/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-pt-0 ine-ao-0 ine-yo-3:2017:-1:-1 ine-ct- car-do-0> (Accessed: 23/05/2025)

In 2022/23 in Derby, the smoking prevalence in adults (aged 15 and over) for current smokers is 17.2% which is significantly higher than the national average of 14.7%. In Derbyshire the smoking prevalence is lower than the national average at 14.0%.⁵⁷ Smoking prevalence in Derby, Derbyshire and England has been declining over the last ten years.

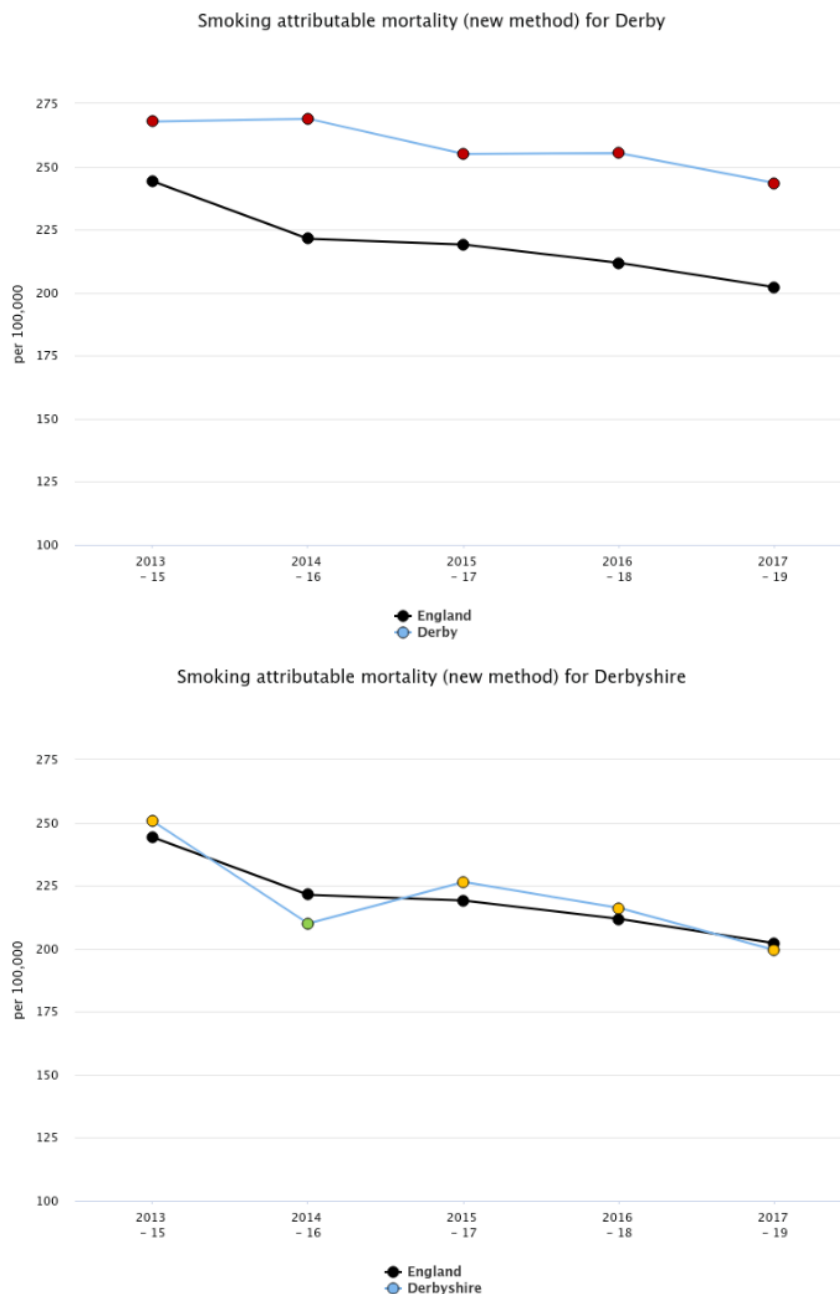
Figure 31: Smoking prevalence (%) in adults (aged 15 and over) in Derby and Derbyshire, 2013-14 to 2022-23 (Office for Health Improvement and Disparities, 2025)



⁵⁷ Office for Health Improvement and Disparities (2025) *Smoking prevalence in adults (aged 15 and over) – current smokers (QOF)* Available at: <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/qid/1938132886/pat/15/ati/502/are/E10000007/iid/91547/age/188/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> (Accessed: 23/05/2025)

In 2017-19, the smoking attributable mortality in Derby was 243.5 per 100,000, which was significantly higher than the England rate of 202.2 per 100,000. Derbyshire's rate was similar to the England average (199.5 per 100,000).

Figure 32: Smoking attributable mortality (per 100,000) in Derby and Derbyshire, 2013-15 to 2017-19 (Office for Health Improvement and Disparities, 2025)



There were 4,061 deaths attributed to smoking in Derby and Derbyshire in the years 2017 to 2019.⁵⁸

The 2019 NHS Long Term Plan reported that while smoking rates have decreased significantly over the years, it still causes more years of life lost than any other preventable risk factor. To help create a smoke-free England, the NHS Long Term Plan set out that the NHS will support individuals in quitting through a proven model used in Canada and Manchester. By 2023/24, all hospital admissions involving smokers will be offered NHS-funded tobacco treatment services. This model will also be adapted for pregnant women and their partners, with a new smoke-free pregnancy pathway that includes tailored sessions and treatments. Additionally, a universal smoking cessation service will be introduced in mental health and learning disability services, with the option to switch to e-cigarettes in inpatient settings, as advised by PHE.⁵⁹

Smoking cessation involves supporting individuals who smoke to quit. Healthcare professionals should encourage all smokers to quit by offering very brief advice (VBA) during consultations. Key information should be gathered about their smoking behaviour, nicotine dependence, and previous attempts to quit. For adult smokers wanting to quit, referral to NHS Stop Smoking Services is recommended.

For those considering e-cigarettes, licensed stop-smoking medicines are preferred, but information and support for e-cigarettes should still be provided. Pregnant women, breastfeeding mothers, and young people aged 12-17 should be strongly encouraged to use NHS services. If they decline, advice on quitting should be offered and they should be advised to seek help should they decide to quit in the future.⁶⁰

⁵⁸ Office for Health Improvement and Disparities (2025) *Smoking attributable mortality (new method) 2017-19* Directly standardised rate per 100,000. Available at: <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/qid/1938132887/pat/6/par/> (Accessed: 23/05/2025)

⁵⁹ NHS Long Term Plan (2019) *Smoking*. Available at: <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/> (Accessed: 23/05/2025)

⁶⁰ NICE (2025) *Smoking cessation*. Available at: <https://cks.nice.org.uk/topics/smoking-cessation/> (Accessed: 23/05/2025)

Spine charts

The following spine charts show key health indicators for both Derby and Derbyshire:

Table 15. Key health indicators for Derby and Derbyshire

Topic	Indicator	Period	Derby		Derbyshire		England	England range	
			Count	Value	Count	Value	Value	Worst	Best
Life expectancy and causes of death	Life expectancy at birth (Male, 3 year range)	2021 - 23	-	77.7	-	78.9	79.1	73.1	82.5
	Life expectancy at birth (Male, 1 year range)	2023	-	78.7	-	79.2	79.3	73.4	82.7
	Life expectancy at birth (Female, 3 year range)	2021 - 23	-	81.6	-	82.5	83.1	78.9	86.5
	Life expectancy at birth (Female, 1 year range)	2023	-	81.7	-	82.8	83.2	78.2	86.8
	Under 75 mortality rate from all causes	2023	832	400.3	2,734	342.8	341.6	622.1	220.9
	Under 75 mortality rate from cardiovascular disease	2023	189	91.9	595	73.5	77.4	136.2	45.9
	Under 75 mortality rate from cancer	2023	253	123.6	1,028	127.3	120.8	182.1	81.9
	Suicide rate	2021-23	77	11.6	250	11.8	10.7	19.6	4.2
Injuries and ill health	Killed and seriously injured casualties on England's roads	2023	145	121.0*	490	90.4*	91.9*	588.8	21.9
	Emergency Hospital Admissions for Intentional Self-Harm	2023/24	360	133.1	990	131.3	117	342.5	36.1
	Hip fractures in people aged 65 and over	2023/24	290	623	885	496	547	849	362
	Percentage of cancers diagnosed at stages 1 and 2	2021	432	52.90%	1,890	52.20%	54.40%	46.50%	61.20%
	Estimated diabetes diagnosis rate	2018	-	80.60%	-	83.10%	78.00%	54.30%	97.50%
	Estimated dementia diagnosis rate (aged 65 and older)	2025	2,612	80.4	7,804	65.6*	65.6	52.4	94.2
Behavioural risk factors	Admission episodes for alcohol-specific conditions (under 18 years)	2021/22 - 3/24	11	6.2	122	26.6	22.6	61.7	3.8

Derby and Derbyshire Pharmaceutical Needs Assessment 2025-2028

Topic	Indicator	Period	Derby		Derbyshire		England	England range	
			Count	Value	Count	Value	Value	Worst	Best
	Admission episodes for alcohol-related conditions (Narrow)	2023/24	1,809	756	5,146	603	504	890	240
	Smoking Prevalence in adults (aged 18 and over) - current smokers (APS)	2023	-	10.50%	-	12.00%	11.60%	22.30%	4.60%
	Percentage of physically active adults	2023/24	-	63.50%	-	69.20%	67.40%	48.90%	80.60%
	Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs)	2023/24	-	72.00%	-	67.10%	64.50%	77.20%	42.60%
Child health	Under 18s conception rate	2021	77	16.8	136	10.9	13.1	31.5	1.1
	Smoking status at time of delivery	2023/24	233	8.90%	586	8.90%	7.40%	17.50%	2.80%
	Baby's first feed breastmilk (previous method)	2018/19	1,940	63.40%	4,225	64.30%	67.40%	43.60%	98.70%
	Infant mortality rate	2021 - 23	49	5.7	68	3.2	4.1	8.4	1.7
	Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2023/24	800	24.30%	1,580	19.80%	22.10%	31.00%	13.30%
Inequalities	Deprivation score (IMD 2019)	2019	-	26.3	-	18.4	21.7	45	5.8
	Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	2023	-	17.10%	-	14.20%	19.50%	50.80%	5.00%
	Inequality in life expectancy at birth (Male)	2021 - 23	-	12.7*	-	9.9*	10.5*	17.2	3.6
	Inequality in life expectancy at birth (Female)	2021 - 23	-	9.3*	-	7.8*	8.3*	14.9	1.3
Wider determinants of health	Children in relative low income families (under 16s)	2023/24	17,062	31.90%	28,426	20.80%	22.10%	44.20%	5.60%
	Children in absolute low income families (under 16s)	2023/24	15,093	28.20%	24,192	17.70%	19.10%	40.20%	4.70%
	Average Attainment 8 score	2022/23	-	42.2	-	44.9	46.2	36.1	58.4
	Percentage of people in employment	2023/24	123,500	75.60%	372,300	76.60%	75.70%	61.60%	87.60%

Derby and Derbyshire Pharmaceutical Needs Assessment 2025-2028

Topic	Indicator	Period	Derby		Derbyshire		England	England range	
			Count	Value	Count	Value	Value	Worst	Best
	Homelessness: households owed a duty under the Homelessness Reduction Act	2023/24	2,395	22.6	1,969	5.3*	13.4	30.6	3.6
	Violent crime - hospital admissions for violence (including sexual violence)	2021/22-23/24	340	41.6	665	30.2	34.2	170.5	12
Health protection	Winter mortality index	2021 - 2022	60	6.80%	150	5.00%	8.10%	30.10%	6.80%
	New STI diagnoses (excluding chlamydia aged 24 and under) per 100,000	2024	1,259	472	2,476	305	482	2,903	180
	TB incidence (three year average)	2021 - 23	106	13.4	62	2.6	8	40.7	1

Chapter 4 - Specific population groups and vulnerable communities

Certain population groups and communities experience significant health inequalities with worse health outcomes than others, for example, certain demographics are more likely to experience long term chronic conditions⁶¹. These vulnerable communities can face significant barriers and challenges in relation to access to pharmaceutical services⁶². These communities may include older people, young children, the homeless, those living in the most deprived areas, people with disabilities and those from minority backgrounds. Other groups such as refugees, asylum seekers or migrants may also face significant challenges in accessing health and social care services.

Community pharmacies, located in the heart of local communities can provide important and accessible services for vulnerable people. particularly for more harder to reach populations in the most deprived areas, including the CORE20 most deprived areas.

Core20PLUS5

The Core20PLUS5 approach, developed by NHS England, is a tool to reduce health inequalities for adults and children, essentially supporting people to live healthier lives. The 'Core20' relates to most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The 'PLUS' groups relate to groups particularly vulnerable to health inequalities such experiencing social exclusion and known as inclusion health groups – for example, those experiencing homelessness. The '5' relates to clinical areas that require improvement. These five clinical areas are:

- Maternity.
- Severe mental illness.
- Chronic respiratory disease.
- Early cancer diagnosis.
- Hypertension case-Finding and optimal management of lipid management.

A barrier to effectively accessing services is poor health literacy – the ability to access, understand and use information and services. Improving health literacy across primary care services can benefit all and could help remove communication barriers which could potentially prevent some people accessing pharmaceutical services.

⁶¹ The Pharmaceutical Journal (2024), *The role of community pharmacy in addressing health inequalities* Available at: [The role of community pharmacy in addressing health inequalities](#)

⁶² Care Learning, (2024), *What are Vulnerable groups in Health and Social Care*, Available at: [What are Vulnerable Groups in Health and Social Care? – Care Learning](#).

Gender inequalities

Men and women do not have the same health outcomes and experiences of health and care services can differ, for example:

- Average male life expectancy at birth in Derby (2021-23) was 77.7 years, compared to 81.7 years for females. In Derbyshire, it was 78.9 for males and 82.5 for females. Both are lower than the national life expectancy (79 years for males and 83 years for females).
- Research suggests men are less health literate and therefore less likely to access health services than females⁶³.
- Mortality rates from chronic conditions such as cancer, liver disease, cardio-vascular disease (CVD), chronic obstructive pulmonary disease (COPD) and substance abuse are significantly higher in men than women.
- Obesity rates are generally similar for both men and women, however, there are notable differences in the prevalence of being overweight, which is considerably higher for men than women whilst women are more likely to be morbidly obese⁶⁴.
- Alcohol disorders, and those that are admitted for alcohol-specific conditions are over twice as common in males than females.
- Men living in more deprived areas are at higher risk of dying earlier from preventable conditions than females. This is likely linked to risky behaviours such as health behaviours such as smoking, excessive alcohol consumption and diet.
- Women are more likely to report and be diagnosed with depression and anxiety. It is worth recognising that similar rates may apply to men, who may not seek support and therefore this may be underreported.⁶⁵

Older people

Health issues tend to be greater amongst the very young and the very old. With the projected number of those aged 65 years and older to rise considerably over the next decade, we can anticipate that the number of chronic conditions and complex health issues will also rise.

- Derbyshire has an older population than England, with half (51%) of the population aged 45 and over, compared to 44% in England.

⁶³ Men's Health Forum (2025), *Understanding of health and access to services*, Available at: <https://www.menshealthforum.org.uk/key-data>

⁶⁴ NICE (2025), *Obesity prevalence & how common it is*, Available at <https://cks.nice.org.uk/topics/obesity/background-information/prevalence/>.

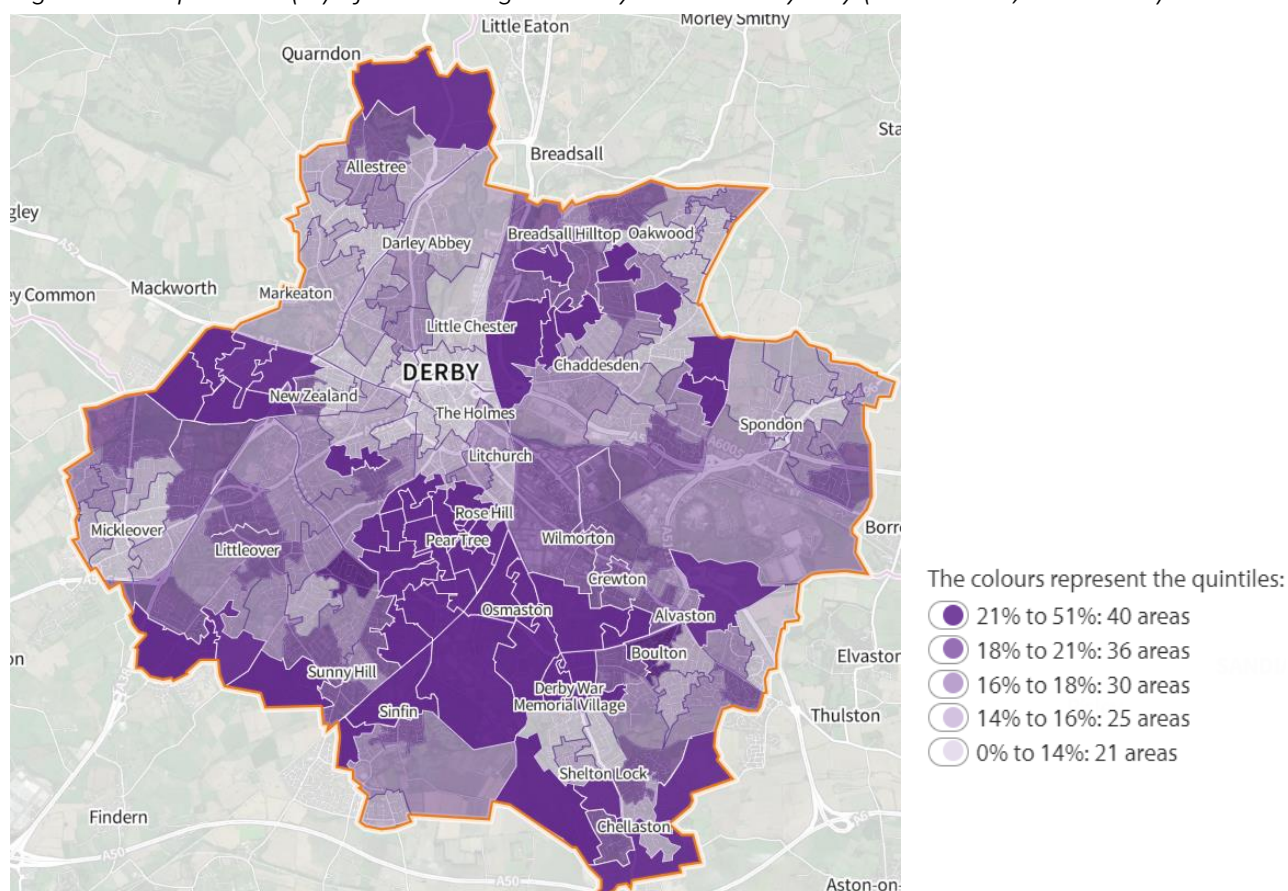
⁶⁵ National Library of Medicine (2021), *A Hypothesis of Gender Differences on Depression*, Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8572815/>

- Social isolation and loneliness among older people can have a significant impact on both their mental and physical health. This could impact their ability to access health services including community pharmacies. 45% of adults over the age of 65 in Derbyshire said they had as much social contact as they like. This compares to 39.6% in Derby and 41.5% nationally.
- Dementia is one of the primary causes of disability, most common in older people over the age of 65. In 2023, Derby had a significantly worse rate of mortality for those aged over 65 with dementia (1,048 per 100,000) than nationally (828 per 100,000).
- Of those aged 65 and over, 83.2% in Derbyshire and 77.8% in Derby received a flu vaccination, in line with nationally (77.8%).

Children and young people

Derby City has a notably young population. In 2023, 20% of residents were under 16 years of age. This is higher than both Derbyshire (16.8%) and England (18.5%). A significant concentration of children resides in the centre and southern areas of Derby, such as Normanton and Sinfen – see Figure 36. Throughout the wider county, the highest proportion of children are found in the areas of South Derbyshire and Chesterfield.

Figure 33: Population (%) of children aged 0-14 years in Derby City (SHAPE tool, ONS 2022)



The table below shows the number and proportion of the populations of Derby, Derbyshire and England aged between 0-18 years:

Table 16: ONS Mid-2023 population estimates for persons aged 0-18 years

Age	Derby		Derbyshire		England	
	Number	Proportion of total population (%)	Number	Proportion of total population (%)	Number	Proportion of total population (%)
0-4	15,446	5.8%	38,309	4.7%	3,064,637	5.3%
5-16	41,377	15.5%	107,345	13.2%	8,264,266	14.3%
17-18	6,581	2.5%	17,127	2.1%	1,340,591	2.3%
Total 0-18	63,404	23.8%	162,781	20.1%	12,669,854	22.0%
Total Population	266,460	100.0%	811,449	100.0%	57,690,323	100.0%

School education

Population estimates for 2023 show that 15.5% of Derby's population and 13.2% of Derbyshire's population are of primary and secondary school age. This is slightly higher in Derby compared to England (14.3%), and slightly lower in Derbyshire. Around one in four (23.8%) of Derby's population is aged 0-18 years, compared to one-fifth (20.1%) in Derbyshire. Both of these proportions fall slightly above and below the proportion for England (22%).

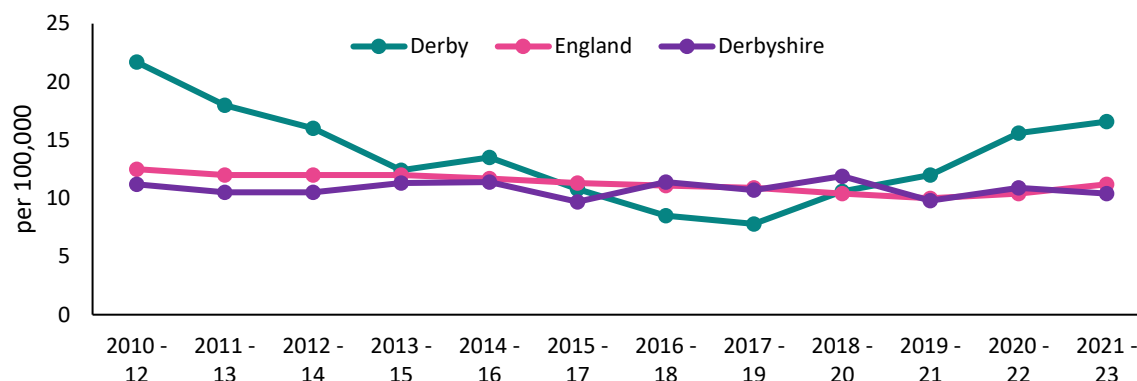
Education plays a crucial role in health, as more educated individuals are less likely to experience long-term diseases and mental health issues later in life. The 'Attainment 8' score is a measure of a student's average performance in up to eight GCSEs (including English and Maths). In Derby, the average Attainment 8 score has historically been lower than that of England.

In 2022/23, both Derby and Derbyshire had lower than average GCSE achievement for 16-year-olds. Only 42.2% of children in Derby and 44.9% of children in Derbyshire achieved Attainment 8 scores at Key Stage 4, compared to 46.2% in England. In the same period, Derby had the 12th lowest Attainment 8 scores in England.

Child healthcare

In 2022/23, there were 15,085 A & E attendances among 0–4-year-olds in Derby - a rate of 984.0 per 1,000, significantly higher than the national rate (797.3 per 1,000). Derbyshire had 29,825 (779 per 1,000) A&E attendances for children under five, lower than the national rate. Both Derby and Derbyshire have lower rates for unintentional and deliberate injuries in children aged 0-14 years – a rate of 52.2 admissions per 10,000 and 79.7 admissions per 10,000 respectively than England (92.0 per 10,000).

Figure 34: Child Mortality rate trends for Derby, Derbyshire and England (OHID)



- In 2021-23, the rate of mortality for those aged under 18 was 16.6 per 100,000 in Derby. In Derbyshire the rate was 10.4 per 100,000– similar to the national rate - 11.2 per 100,000.
- The infant mortality rate - deaths from birth up to, but not including the first birthday - is significantly higher in Derby (5.7 per 1,000) compared to England (4.1 per 1,000).

Children and Adults in care

Children and young people in care experience significant health and social inequalities compared to those not in care, leading to poorer outcomes and increased social exclusion later in life. In 2023/24, Derby had a significantly higher rate of children under 18 in care (100 per 100,000) than Derbyshire (68 per 100,000). Both areas have seen an increase in these figures since 2017.

Children in care are often at higher risk of missing out on essential childhood vaccinations. In 2023/24, the proportion of children in care receiving childhood vaccinations in Derby and Derbyshire was significantly better than the national average, with 96% and 95% (respectively) of children in care immunised, compared to 82% nationally.

In 2023/24, 0.9% of Derby's population and 0.7% of Derbyshire's population were recorded as having a learning disability – both higher than England (0.6%)⁶⁶. Children and adults in care or with learning disabilities could be at higher risk of developing chronic conditions.

In 2020, 86% of adults in Derby and 87% of adults in Derbyshire with a learning disability were living in settled accommodation – both higher than nationally (80.5). Settled accommodation can be defined as a secure and stable housing arrangement with a reasonable expectation of continuity.

Pharmacists are well-placed to support this vulnerable population through Pharmacy First services by offering a tailored, timely and cost-effective healthcare. This includes providing

⁶⁶Fingertips OHID (2020), *Adults with learning disability living in settled accommodation*, Available at: <https://fingertips.phe.org.uk/search/learning%20disability>

medication advice, helping with medicines management, and ensuring those with learning disabilities or in care receive the proper support to meet their health needs.

Maternity

Below is a summary of Derby and Derbyshire's child health profile produced by Office for Health Improvement and Disparities (OHID):

- The proportion of term babies with low birth weight in Derby has remained largely similar to the national figures, while Derbyshire has consistently performed better than England in recent years.
- In 2022, the under 18 conception rate was 5.3 per 1,000 in Derby, significantly higher than Derbyshire (3.0 per 1,000) and England (3.4 per 1,000).
- 8.9% of women were smokers at the time of delivery in Derby and Derbyshire – higher than the national proportion of 7.4%.
- In Derby in 2022/23, 51.3% of infants were totally or partially breastfed at 6-8 weeks of age. This picture has improved both locally and nationally over recent years.

With the vast majority of pharmacies offering Pharmacy First services in Derby and Derbyshire, this ensures continued support for pregnant and postpartum women. Pharmacies provide valuable services such as advice on supplements, postnatal care (breastfeeding support), and promoting smoking cessation services for mothers looking to quit. These services contribute to better health outcomes for both mothers and babies

Disability

A person is considered disabled if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities⁶⁷. The prevalence of disability is closely linked to age and increases considerably the older you get. With the progressive population continuing to age, this is likely to lead to more people being affected by disability.

Those with learning disabilities may also have complex health needs such as being at increased risk of diabetes, epilepsy, cardiovascular or respiratory diseases. They are also more likely to be over or under weight⁶⁸.

Pharmacies are generally made accessible for disabled people, however if pharmacies close then consideration needs to be given for how disabled people can access pharmaceutical services. This can be made available via a delivery option or an online service.

⁶⁷GOV.UK (2025), *Definition of disability under the Equality Act*, Available at: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>.

⁶⁸GOV.UK (2020), *Obesity and weight management for people with learning disabilities: guidance*, Available at: <https://www.gov.uk/government/publications/obesity-weight-management>

Table 17: Number and proportion of living with a limiting long-term disability (NOMIS 2021)

Local Authority	Measure	Day-to-day activities limited a lot	Day-to-day activities limited a little	Total population in Census 2021
Derby	Number	21,498	27,542	261,364
	%	8.2	10.5	100.0
Derbyshire	Number	67,577	91,862	794,636
	%	8.5	11.6	100.0
England	Number	4,140,357	5,634,153	56,490,048
	%	7.3	10	100

The 2021 Census showed that 7.3% of residents in Derby and Derbyshire had a long term physical or mental health condition. In Derbyshire, 20.1% of the resident population have reported that day-to-day activities are limited a little or a lot. This is higher than the national average of 17.3%.

This difference is most likely attributed due to the older population of residents in Derbyshire. In Derby, 18.7% of the resident population have a long-term health problem where activities are limited.

According to the most recent GP patient Survey (OHID, 2024), in Derby and Derbyshire Integrated Care Board area – covering both Derby and Derbyshire Health and Wellbeing Board areas:

- the percentage of people who reported blindness or partial sight as a part of long-term conditions they have, was 1.2%.
- the percentage of people who reported deafness or hearing loss as a part of long-term conditions they have, was 6.6%.

According to responses in the contractor survey, 55 out of 76 (72.4%) responses stated that disabled customers were able to park within ten metres of a pharmacy.

Wider determinants of health

The wider determinants of health are social, economic and environmental factors – such as income, education, employment and housing - that influence people's health outcomes and quality of life. The Marmot review (2010) emphasised widespread variation and a strong link between social inequalities and the effect it has on health outcomes.

Addressing these issues are key to reducing health inequalities.

Poverty and financial pressures

In 2022, 17% of the adult population in Derby lacked enough income to afford sufficient levels of fuel, compared to 15.6% in Derbyshire. This is significantly higher than the national rate of 13.1%. Individuals with low income are also less likely than those with higher incomes to be able to afford healthy food, which can negatively impact their physical and mental health, and can lead to obesity and exacerbate conditions such as diabetes.

Unemployment is closely linked to an increased risk of ill health and mortality. In Derby, 4.9% of the economically active population (those looking for work) were without a job, compared to 7.2% nationally⁶⁹.

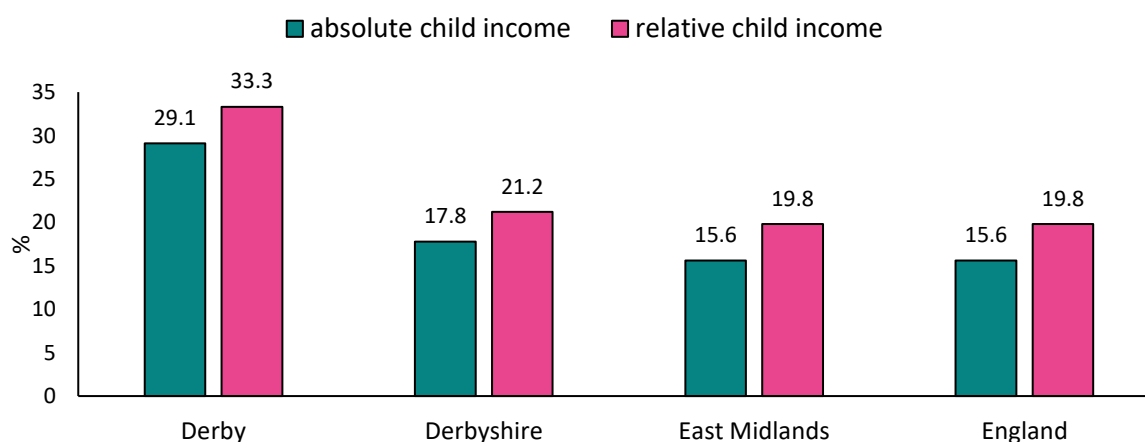
In the UK, child poverty is most commonly measured by household income, specifically when a household's income is below 60% of the median income (absolute low income). In contrast those who unable to afford or access medical services generally experience worse health outcomes.

Absolute low income means a family has less money than a set amount, based on what was considered low income in 2010/11 (adjusted for inflation).

Relative low income means a family has less money than most others today – specifically, less than 60% of the average (median) income.

In 2022/23, the proportion of children (under 16) living in absolute and relative low-income families in Derby were significantly higher than nationally – 29.1% vs 15.6% (absolute low-income) – and 33.3% vs 19.8% (relative low-income). In contrast, Derbyshire had lower proportions of children in low-income families, with 17.8% in absolute low-income and 21.2% in relative low-income households.

Figure 35: Proportion of children under 16 living in absolute and relative low-income families

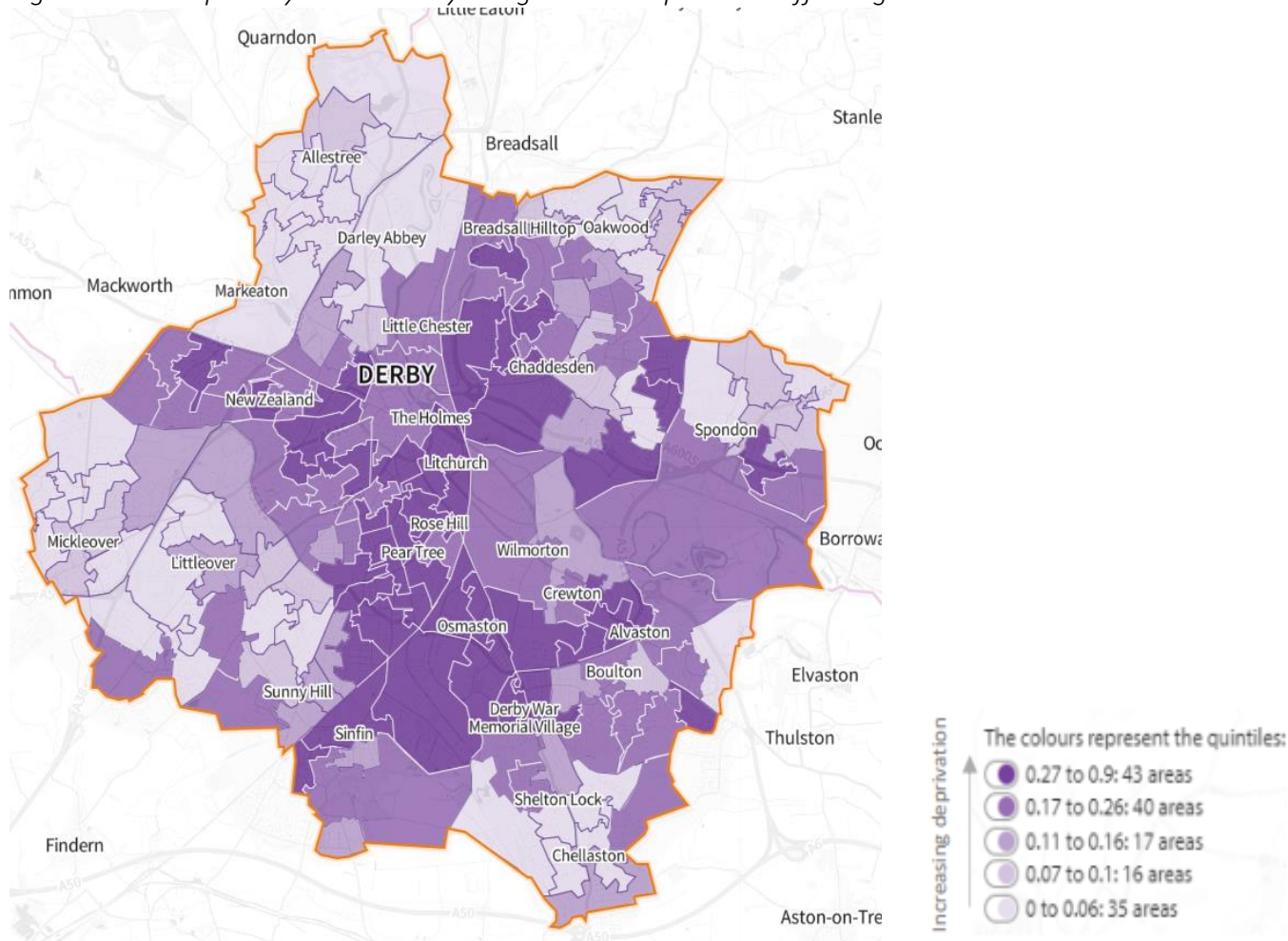


⁶⁹ ONS (2024), *Employment, unemployment and economic activity in Derby*, Available at: <https://www.ons.gov.uk/visualisations/labourmarketlocal/E06000015/#unemployment>,

Derby is characterised by high levels of deprivation, with approximately 24% of children under the age of 16 living in areas that rank among the top 10% most deprived in England. This compares to 15% of children in Derbyshire living in the most deprived households.

These figures reflect the levels of financial hardship in the area, which can lead to poorer health outcomes for both adults and children. Figure 36 shows more children residing in poverty in the centre and southern areas, with less child poverty in the areas on the outer fringes of the city.

Figure 36: Child poverty across Derby using Income deprivation affecting children



The cost-of-living crisis - where household incomes do not kept pace with rising prices - began in the second half of 2021. It was primarily driven by rising costs in energy, cost of essentials, food and fuel for vehicles. Many people in Derby and Derbyshire are experiencing increasing financial pressure which could further impact on need and access to essential health and care services, including community pharmacy. This could also have a knock-on effect on the cost of increased online deliveries, which could further limit people's ability to access healthcare, particularly those in low-income groups.

Environmental issues

Air pollution and climate change continue to have a significant impact on the public's health. The risks associated with air pollution closely link to lower life expectancy, and there is strong evidence that exposure to air pollutants can contribute to chronic conditions such as strokes, asthma and respiratory diseases, as well as lung cancer⁷⁰.

Exposed to higher levels of both air and noise pollution is most likely for those living in densely populated or deprived areas. Nitrogen dioxide (NO₂) and particulate matter (PM) are major contributors to urban air pollution. Reducing concentrations of PM and NO₂ in the air will likely result in significant health benefits.

In 2023, the annual concentration of fine particulate matter in Derby was 7.9 µg/m³ (adjusted for population exposure), placing it in the second worst 20% in England. In Derbyshire, the annual concentration was slightly lower at 7.7 µg/m³, placing it in the middle 20%.

The fraction of mortality attributable to particulate air pollution in Derbyshire was similar to the national average of 5.4%. Derby, however, has a slightly higher rate of 5.9% of deaths linked to particulate pollution.

International migrant population

In Derby, 19.6% of the population - 51,194 people - were born outside of the UK, with residents coming from a number of different countries including Pakistan, Poland and India. This is a 5.7% increase from the previous Census. The majority of these migrants originally came from the Middle East, Asia and Europe. Similar to other cities in the Midlands, 58% of Derby's non-UK born population have lived in the UK for 10 years or more (2021 Census)⁷¹.

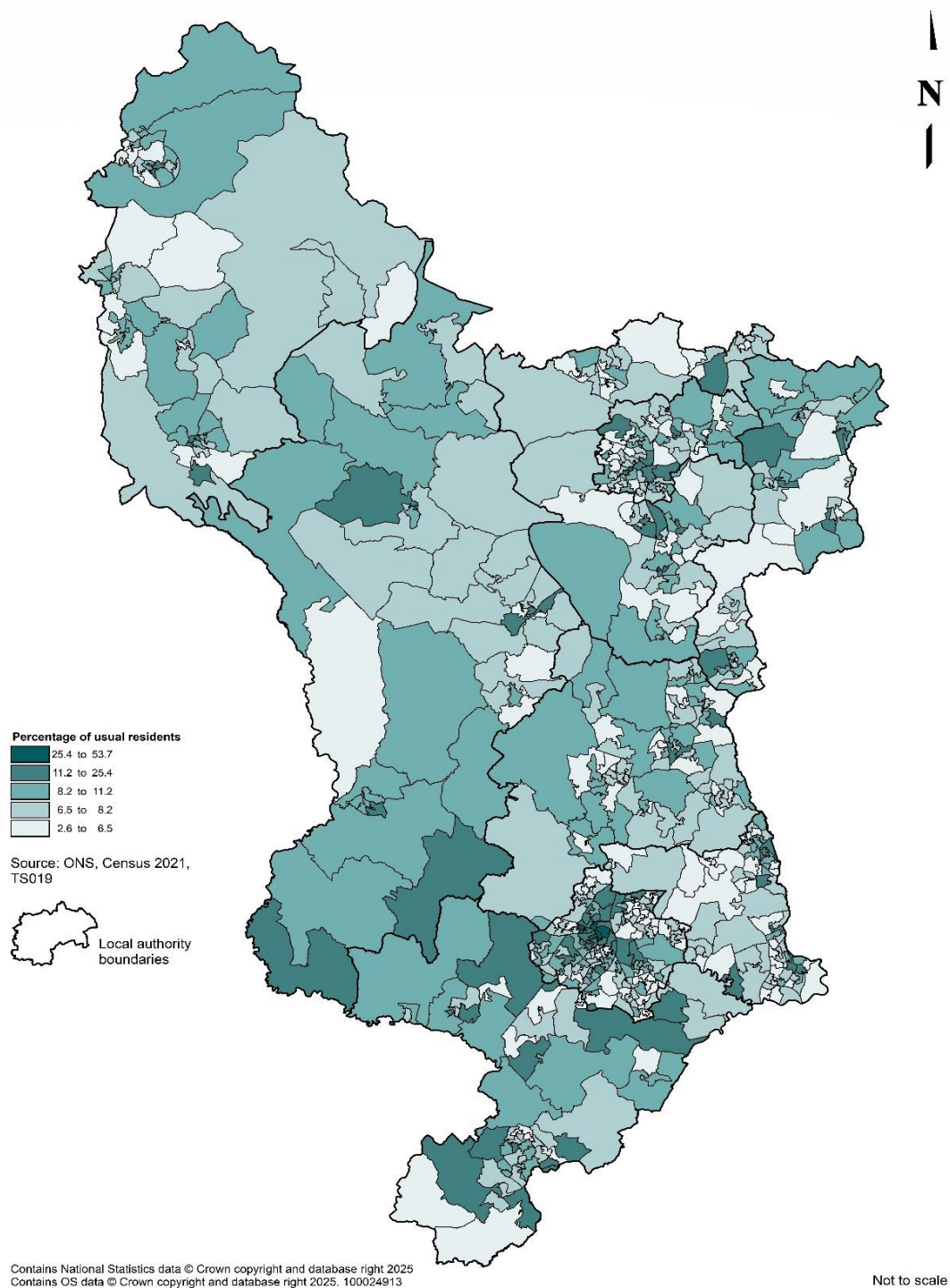
In Derbyshire, only 4.6% of the population were born outside of the UK, significantly lower than the national rate (17.4%). This is a 1.3% increase compared to the previous Census. Of the non-UK born residents, the vast majority are from Poland (15.1%), followed by India (7.4%) and other EU countries (7.4%). Within Derbyshire, South Derbyshire (6%) and Chesterfield (4.9%) have the largest non-UK born populations.

The rates of registration with general practices by migrants vary, Derbyshire's rate is 2.3 per 1,000 population, while Derby's rate is higher at 11.7 per 1,000 population. Both, however, are lower than the national rate of 12.6 per 1,000.

⁷⁰ WHO (2024), *What diseases are associated with exposure to air pollution*, Available at: <https://www.who.int/teams/environment-climate-change-and-health/air-quality-energy-and-health/>,

⁷¹ NOMIS, (2024), *Census 2021 Datasets TS004 and TS012*, Available at https://www.nomisweb.co.uk/sources/census_2021,

Figure 37: Migrant population across Derby and Derbyshire by lower super output area (LSOA)



People who had a different address a year ago, aids understanding the movement of people both within and out of the UK. This helps track migration trends and assess areas with high levels of migration. Based on this data, the wards with the highest proportion of the population who are migrants in Derby are Darley (23%), Abbey (15.6%) and Mackworth and New Zealand (13.4%). These areas broadly correlate to areas with the highest concentrations of limited English language skills.

Other vulnerable population groups

Traveller and Gypsy community

The Gypsy and Traveller population face considerable challenges. These include poorer health outcomes, lower educational attainment and higher levels of social deprivation than the general population which impact on the need for, and access to health and care services.

In Derby, there is a permanent Gypsy and Traveller site (Imari Park), located in Sinfen and Osmaston ward, which has 17 pitches. Derbyshire also has sites in:

- Foston in South Derbyshire – a long stay site with 22 trailer and four transit pitches.
- Lullington Crossroads in South Derbyshire – a site with ten pitches.
- Corbriggs near Chesterfield – a long stay site with 16 trailer and four transit pitches.
- Blackridge Pleasley in Bolsover – a site with 20 trailer pitches.

In the 2021 Census, 0.2% of the population of Derby and 0.1% of the population of Derbyshire identified as a Gypsy or Irish traveller. In Derby, the largest concentrations of the traveller community reside in areas such as Arboretum (0.8%) and Normanton (0.4%), where access to pharmacies within walking distance are generally well covered.

According to the Spring 2024 school Census⁷², 1.9% of school children in Derby are of Gypsy or Roma heritage, with 42% of Irish traveller students having special educational needs (SEN).

Table 18: Gypsy/Roma/Irish Traveller children in Derby & Derbyshire (School Census 2024)

Academic year	Number at Derby Schools	Number at Derbyshire Schools
2021/22	918	123
2022/23	926	149
2023/24	891	64

The traveller community are significantly more likely to be identified as having special education needs. An Education, Health and Care Plan (EHCP) is a document setting out the special educational, health, and social care needs of a child or young person aged 0 to 25, Table 19 below shows the number of children at Derby and Derbyshire schools with SEN or EHCP:

⁷² Spring School Census (2024), data supplied via Derby City & County Council

Table 19: Number of Gypsy/Roma/traveller children by SEN type (School Census 2024)

Academic Year	SEN Type	Number of SEN at Derbyshire Schools	Number of SEN at Derby Schools
2021-2022	EHCP	10	23
	SEN Support	32	167
2022-2023	EHCP	10	26
	SEN Support	37	153
2023-2024	EHCP	6	29
	SEN Support	24	127

Ensuring these communities have appropriate understanding of, and access to, health and care services including community pharmacy is important to help reduce health inequalities.

Homelessness

People experiencing homelessness are more likely to suffer much poorer health outcomes than those who are not homeless. In 2023/24, Derby's rate of statutory homelessness - where the local authority has a legal duty to assist them - was significantly lower (2.9 per 1,000) than the national rate (4.6 per 1,000). Derbyshire's rate was even lower at 0.5 per 1,000.

Although the rate of statutory homelessness is lower than the national average, several key measures from OHID Fingertips data indicate that Derby is performing significantly worse in multiple areas related to homelessness, particularly in households owed a relief duty – see Table 20: Overview on Homelessness in Derby & Derbyshire (OHID Fingertips).

Table 20: Overview on Homelessness in Derby & Derbyshire (OHID Fingertips)

Indicator	England	Derby	Derbyshire	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire
Homelessness: households in temporary accommodation (2023/24)	4.6	2.9	0.5*	*	0.2	0.6	0.2	*	0.9	0.6	0.4
Homelessness: households owed a duty under the Homelessness Reduction Act (2023/24)	13.4	22.6	5.3*	*	8.1	11.9	6.8	*	8.4	5.7	4.7
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act (2022/23)	16.1	10.7	11.8*	11.4	12.9	14.7	14.3	10.3	13.5	9.1	9
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant aged 16 to 24) (2021/22)	2.4	5.5	1.5*	1.4	1.1	2.4	1.1	1.3	2.3	1.2	1.2
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant aged 55 and over) (2021/22)	2.8	3.5	1.9*	1.3	2.4	2.5	1.8	1.9	2.3	1.3	1.7

In 2023/24, of households owed a duty under the Homelessness Reduction Act (Households in need of prevention or relief duty), Derby's rate was 22.6 per 1,000, significantly worse than the national rate - 13.4 per 1,000, and the highest in the East Midlands. In Derbyshire, the rate was significantly lower - 5.3 per 1,000 –the lowest in the East Midlands.

Whilst generally having significant health needs, people experiencing homelessness face significant barriers in accessing healthcare, including community pharmacy.

Members of the armed forces

Members of the armed forces often face significant health challenges due to their time in service, including physical disabilities, mental health issues and chronic conditions.

In Derby, 2.5% of the population have previously served in the UK armed forces, compared to 3.2% in Derbyshire. The largest population of veterans is those aged 65 and over (6.9%), a group that often experience complex health needs⁷³. Veterans face a higher rate of disability, with 36% of veterans in Derby being disabled under the Equality act, and 41% reporting their health as “not good”. This highlights the importance of tailored healthcare for this population group. The largest proportion of veterans in Derby and Derbyshire live in the district of Erewash.

Refugees and asylum seekers

Asylum seekers represent one of the most vulnerable groups within society, often facing complex health and social needs. Within this group, certain people are even more at risk, such as pregnant women, unaccompanied children, and those with significant mental health issues. For example, refugees and asylum seekers who are pregnant are seven times more likely to have complications during childbirth⁷⁴. Whilst many asylum seekers arrive in good physical health, some can have greater health risks compared to other migrants due to the difficult situations they have fled from, their journey to the UK and arriving in a new country without a support network.

⁷³ NOMIS (2024), *TM147 – Veterans by age*, Available at: <https://www.nomisweb.co.uk/datasets/c2021rm147>

⁷⁴ BMA (2024), *Unique health challenges for refugees and asylum seekers*, Available at: <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers>,

Chapter 5 - Provision of pharmaceutical services

Community pharmacies in England play a crucial role in the healthcare system, providing accessible services to people across the country. Unlike other healthcare services, they are embedded in local communities and are therefore often the first point of contact for many people seeking readily available essential services ranging from dispensing medications to offering health advice. Pharmacies come in various types, sizes and sizes, offering widespread accessibility to the population.

Many are part of large independent chains located in urban areas, while others can be found in local supermarkets, hospitals or attached to GP practices. This aids accessibility, particularly in the most deprived areas where healthcare needs are higher. In addition to dispensing medications, community pharmacies offer a wide range of services such as health screenings, vaccinations and services that contribute to the prevention of common ill health conditions. In more recent years, certain pharmacies have embraced new technologies and are therefore able to offer services 'at a distance' through online platforms providing access to healthcare from a distance.

As the NHS and social care systems continue to evolve, it is important that community pharmacies are integrated into this changing landscape, so they can continue to play a role in the delivery of healthcare across the population.

Overview of pharmaceutical services

There are currently 204 pharmaceutical providers in the Derby and Derbyshire Health and Wellbeing Board areas as of December 2024. Below is the breakdown of the contractors, which will be explored in more details throughout this chapter. The data from this chapter is sourced primarily from the NHS Business Services Authority⁷⁵.

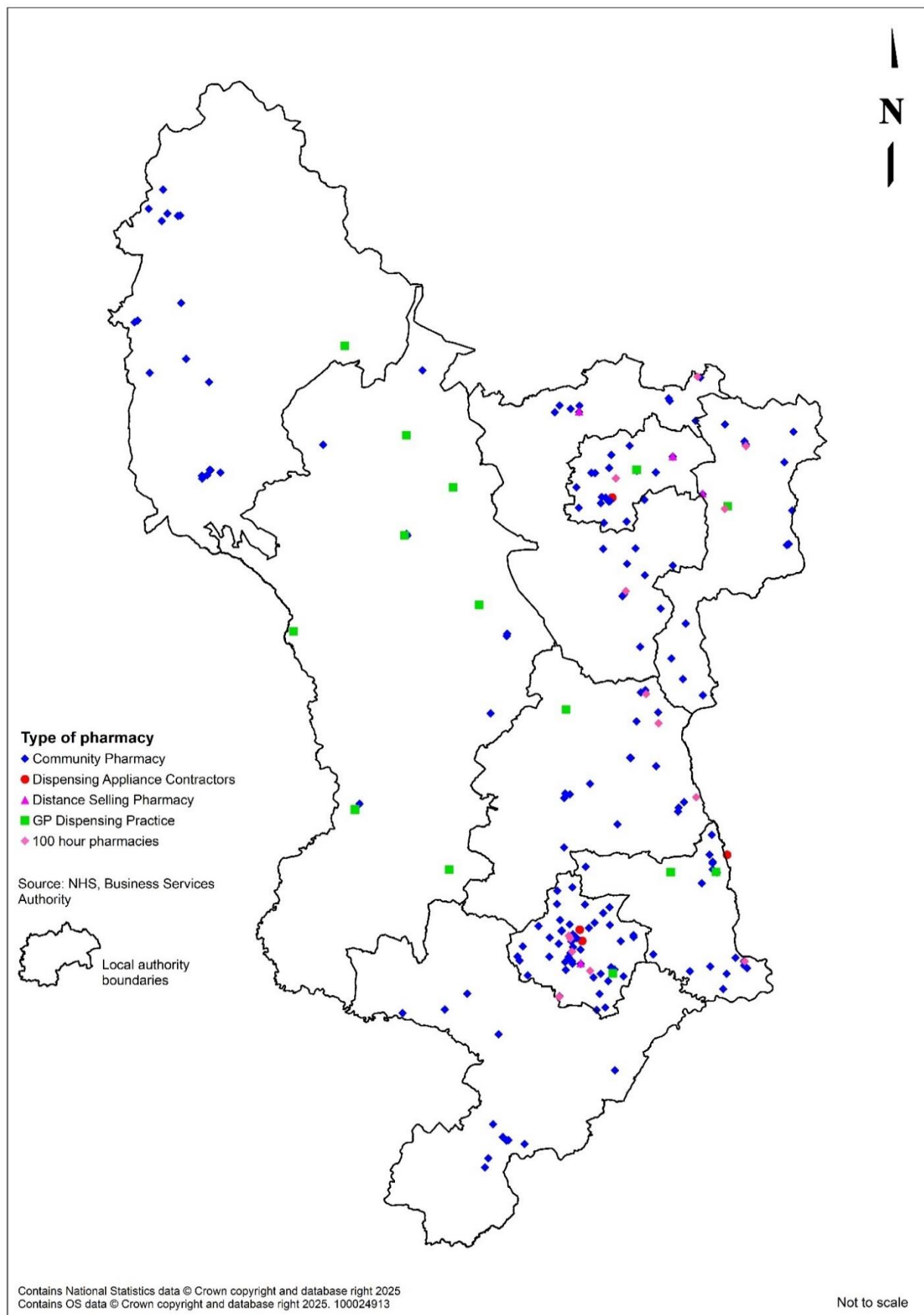
Table 21 - Number of pharmacy contractors in Derby and Derbyshire

Contractor type	Number
Community Pharmacies	196
Distance Selling Pharmacies	4
Dispensing Appliance Contractors	4
100 Hour Contractors	14
Dispensing GP Practices	15
Out of Area contractors (1km)	38

Please note these figures are based at a certain point in time, and could be subject to change

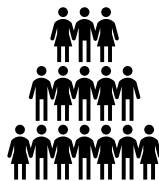
⁷⁵ NHS Business Services Authority (2025). *Pharmacy and Appliance contractor dataset (2024)*, Available at: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

Figure 38 - Pharmacy breakdown by contractor type across Derby and Derbyshire



Community pharmacy providers

There are currently 196 community pharmacies in Derby and Derbyshire, which includes four Distance Selling Pharmacies (DSPs) and no Local Pharmaceutical Services (LPS). This is a decrease from the 205 community pharmacies recorded in the previous PNA and the lowest number recorded in the past decade. For the population of Derby and Derbyshire as a whole, the rate of community pharmacies is 18.2 per 100,000 population, which is in line with the national average of 18.2. The national rate has decreased from 20.6 in 2021.

196 Community pharmacies – including 4 DSP in Derby and Derbyshire 	1,077,909 citizens living in Derby and Derbyshire 	18.2 community pharmacies per 100,000 population 
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Data up to Jan- Dec 2024

Derby has a slightly higher rate at 19.5 per 100,000 population, while Derbyshire has a slightly lower rate at 17.7 per 100,000, slightly below the national average. This is a decline from the 2022 PNA of 21 per 100,000 in Derby and 18 per 100,000 in Derbyshire (mirroring the national decline). Table 22 shows the pharmacy provision in Derby and Derbyshire Districts. Pharmacy provision per 100,000 population is lowest in South Derbyshire and has declined since the publication of the previous PNA. Areas where the population is most densely populated are generally well covered.

Table 22: Community pharmacies by Derby and Derbyshire District

District	Community Pharmacies	Population	Pharmacies per 100,000	Pharmacies per 100,000 (PNA 2022)
Derby	52	266,460	19.5	21
Amber Valley	24	127,709	18.8	19.4
Bolsover	16	82,829	19.3	20.9
Chesterfield	20	104,883	19.1	20.0
Derbyshire Dales	10	71,530	14.0	14.0
Erewash	21	113,844	18.4	19.9
High Peak	19	91,569	20.7	22.7
North East Derbyshire	22	105,035	20.9	19.6
South Derbyshire	12	114,050	10.5	12.8
Grand Total	196	1,077,909	18.2	19.3

Distance Selling Pharmacies (DSP)

A Distance Selling Pharmacy (DSP) is a type of pharmacy that primarily operate via online services or by mail order via postal service/delivery, rather than a physical store. They continue to offer a range of advanced and essential services such as prescription dispensing and health consultations, generally through an online service or over the phone. DSPs have become more popular over the years particularly for people who have difficulty in accessing local pharmacies and wish to have their prescriptions delivered to them. This has become a preferential option to those who live in more rural areas, where access to pharmacies is limited.

A DSP must not provide Essential services to a person who is present at the pharmacy, or within the vicinity of it. They may provide Advanced or Essentials, as long as any essential service which forms part of the advanced or enhances service is not provided in person⁷⁶.

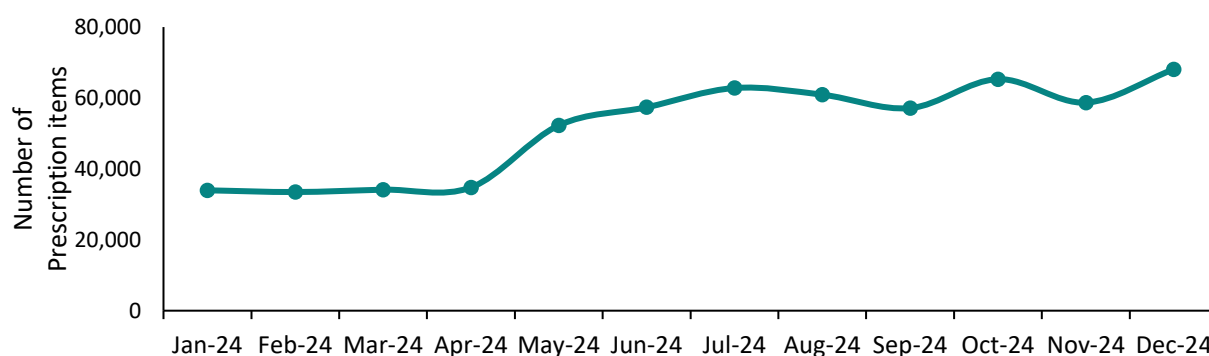
In Derby and Derbyshire there are four distance selling pharmacies listed in the table below:

Table 23: Distance Selling Pharmacies in Derby and Derbyshire

Name of DSP	Address
Medicine Drop	Unit 4 Brian Clough, 200-222 Cotton Lane, Derby, DE24 8GJ
Peak Pharmacy Direct	Unit 6 Horizon, Buttermilk Lane, Bolsover, Chesterfield, S44 6AE
Dronfield Pharmacy	Unit 5 Riverside Studio, Mill Lane, Dronfield, Derbyshire, D18 2XL
Chesterfield Delivery Pharmacy	26 High Street, Staveley, Chesterfield, S43 3UX

Recent figures show, there are 411 DSPs across England, making up 4% of all community pharmacies, an increase from over 370 in 2020. In 2024 (Jan-Dec), 3% - 618,971 of all prescribed items across Derby and Derbyshire, were dispensed by Distance Selling Pharmacies. Dispensing activity has significantly increased from 33,955 in Jan 24 to 68,096 in Dec 24. Following new regulations laid out by the Department of Health and Social Care in June 2025, from 23 June 2025 no new applications for DSP pharmacies will be permitted.

Figure 39: Dispensing activity for DSPs in Derby and Derbyshire



⁷⁶ Community Pharmacy England (2025), *Distance Selling Pharmacies*, Available at: <https://cpe.org.uk/>

Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors (DACs) are unable to supply drug related medication, but instead specialise in dispensing certain types of medical appliances or equipment required for the care and treatment of patients. This typically includes the supply of stoma care products, orthopaedic and diabetes-related appliances. In 2024, there were 111 DACs across England⁷⁷. In Derby and Derbyshire, there are four DACs:

Table 24: Dispensing Appliance Contractors in Derby and Derbyshire

Name of DAC	Address
ATOS Care	Cardinal Business Center, 10 Nottingham Road, Derby, DE1 3QT
Fittleworth Medical Ltd	Ground Floor, 61 Canal Street, Derby, DE1 2RJ
Salts Healthcare Ltd	Holywell House, Holywell Street, Chesterfield, Derbyshire, S41 7SH
Daylong	Unit 5 Heritage House, Soloman Road, Ilkeston, Derbyshire, DE7 5UD

Note – Daylong opened in Nov 2024

According to the responses to the community pharmacy contractor survey which received 76 responses, 92% of pharmacies reported they provide all types of appliances, with only 5% that exclude stoma appliances.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients, some patients may obtain appliances delivered from DACs outside of Derby and Derbyshire Health and Wellbeing areas.

Dispensing doctors

Dispensing doctors provide essential pharmaceutical services to patients in rural or remote areas where community pharmacies are scarcer. Within these areas, dispensing doctors are able to give advice and dispense medications directly to patients to those that would find it difficult to travel to pharmacies. In 2024, dispensing doctors and non-medical staff dispensed over 1,461,491 items at practices commissioned by Derby and Derbyshire ICB, with a monthly average of 121,790 items⁷⁸. The sites with the highest number of dispensing items in 2024 were:

- Wellbeck Road Health Centre.
- Evelyn Medical Centre.
- Baslow Health Centre.
- Ashbourne Medical Practice.
- Hartington Surgery.

⁷⁷ NHS Business Services Authority (2024), Available at: [Dispensing Contractors Data](#)

⁷⁸ NHS Business Services Authority (2024), Available at: [Dispensing doctor and PADM dispensing data](#)

Dispensing GP practices

A dispensing practice is a medical practice, usually a general practice where doctors dispense medications directly to patients, rather than writing prescriptions for patients to take to a pharmacy and are commonly found in rural or remote areas. A dispensing practice is defined as a practice with at least one active dispensing GP.

Across England, almost 3.5 million patients living rurally receive medications dispensed by a dispensing practice. Only patients who live more than 1 mile, or 1.6km from traditional premises are eligible to receive dispensing services from a dispensing doctor. In total roughly 7% of all prescription items are dispensed by doctors.⁷⁹ If the total population living within a 1.6km radius of a new pharmacy is less than 2,750 people, then the patients who currently receive the GP dispensing service may choose to either remain with that service or use the new pharmacy. This is known as a reserved location⁸⁰.

Much of Derbyshire is rural and of the 174 GP practices in Derbyshire, there are 15 GP dispensing practices that offer this service to their registered populations.

The 'dispensing list size' refers to the scale of a practice in terms of the number of patients it serves – those in rural areas are likely to have larger list sizes where patients are more likely to get medications through their GP. As of December 2024, GP dispensing practices provided dispensing services to 43,087 of their registered patients across Derby and Derbyshire. This broadly represents around 35% of the total patient list size of all dispensing practices in the area⁸¹. Dispensing practices play a key role, particularly in areas where community pharmacies are not within reasonable travelling distance.

Table 25: Dispensing GP Practices by district, 2024

LAD (Local Authority District)	Number of GP Dispensing Practices	Dispensing List Size	Total List Size
Derby	1	2,730	11,967
Amber Valley	1	2,114	8,034
Bolsover	1	3,709	11,847
Chesterfield	1	714	7,838
Derbyshire Dales	8	28,370	53,106
Erewash	2	1,712	22,754
High Peak	1	3,738	5,665
North East Derbyshire	0	-	0
South Derbyshire	0	-	0

⁷⁹ Dispensing Doctors Association (2025), *About Dispensing Practice*, Available at:

<https://www.dispensingdoctor.org/dispensing-practice/>

⁸⁰ Dispensing Doctors Association, (2025), *What is a Dispensing Doctor?* Available at:

https://www.dispensingdoctor.org/user_uploads/all-files/DDADispensingGuide2pp2015_HR.pdf.

⁸¹ NHS Business Services Authority (2025), Available: [Practice list size and GP count for each practice | NHSBSA](#)

Pharmacy Access Scheme (PhAs)

The Pharmacy Access Scheme (PhAs) was introduced to help mitigate the risk of pharmacy closures. Pharmacies that meet certain eligibility criteria receive financial support to offset reductions in core funding. According to responses in the contractor survey, 16% reported receiving PhAs payments, while 77% stated they do not qualify suggesting many pharmacies across Derby and Derbyshire are not supported through the scheme.

Dispensing activity

The below table (Table 26) shows activity levels in relation to the number of prescription items dispensed in Derby and Derbyshire, in comparison to England between 2023 and 2024. This data includes only community pharmacies and captures activity on any pharmacies that were open during this period. The total number of items dispensed by community pharmacies in Derby and Derbyshire was 20,336,959 in 2024 - an increase by 3.46% compared to 2023. Nationally there was an increase of 4.37%. The average number of items dispensed per month is slightly lower than the national average with the average number of items dispensed per month per pharmacy was 8,390.

Table 26: Prescription items dispensed between 2023 and 2024 in community pharmacies for Derby and Derbyshire, compared to England (NHS Business Services Authority, 2024)

Period	Location	Number of Community Pharmacies	Community Pharmacies - Dispensing items	% Change in Dispensing items	Average Number of items per month
2024	Derby and Derbyshire	202	20,336,959	+3.46%	8,547
2024	England	10,672	1,152,598,576	+4.37%	9,043
2023	Derby and Derbyshire	210	19,657,201	-	7,992
2023	England	8,763	1,104,310,490	-	8,351

Other insights:

- An additional 70,254 prescription forms were dispensed by the four dispensing appliance contractors in 2024. The average monthly prescriptions for DACs were 5,855 in 2024.
- 601 Appliance reviews were conducted in 2024 by the four DACs.
- 12% of total activity in 2024 was dispensed through GP practices.
- 3% of activity was via a Distance Selling Pharmacy.
- 90% of items dispensed through GP practices was done by an Electronic Prescription System (EPS), with only 7% of practices not using an EPS.

Access to community pharmacies

Community Pharmacies are not evenly distributed across the local areas, they are more concentrated in densely populated regions and areas with higher levels of deprivation. Much of Derbyshire is rural, with lower population densities. This results in longer travel times for some residents to reach their nearest pharmacy in these areas. However, it's important to note that these rural areas typically have a higher proportion of residents with access to a vehicle, and for those travelling by a car, the journey times are generally shorter.

Additionally, as referenced above many of these patients can access medications via dispensing GPs and distance selling pharmacies.

In comparison, Derby has a higher population density and well-established transport networks, making pharmacies more easily accessible by walking, driving or public transport. The distribution of community pharmacies is well spread throughout the city particularly in the central areas, where the highest concentration of pharmacies is located. This means that people, including the most vulnerable populations, have good access to pharmacies.

The table below show travel times to community pharmacies in Derby and Derbyshire using different modes of transport.

Table 27: Population travel times to pharmacies in Derby and Derbyshire

Walking travel times – Time	Population Coverage	
	Derby	Derbyshire
3 minutes	45%	18%
6 minutes	53%	34%
9 minutes	72%	50%
12 minutes	84%	60%
15 minutes	91%	69%
20 minutes	98%	78%
Public transport weekday morning - Time		
5 minutes	61%	39%
10 minutes	95%	74%
15 minutes	100%	86%
Public transport weekday afternoon - Time		
5 minutes	60%	41%
10 minutes	94%	80%
15 minutes	99%	89%
Car drive times (off peak) - Time		
5 minutes	100%	88%
Car drive times (rush hour) - Time		
5 minutes	99%	87%

To summarise:

Walking

- Over 90% of residents in Derby can walk to their nearest pharmacy within 15 minutes (98% in 20 minutes).
- Just over half (53%) of the population in Derby can reach a pharmacy in over 5 minutes.
- Not all pharmacies are within walking distance in Derbyshire – only 78% of the population can reach a pharmacy on foot within 20 minutes, and 50% can do so within 9 minutes, in more densely populated areas such as Chesterfield & South Derbyshire.

Public transport

- The majority of citizens in Derby who intend to use public transport to access community pharmacies are generally well served both morning and afternoon hours.
- Approximately 95% of the population in Derby can reach a pharmacy within 10 minutes using public transport, compared to 74% in Derbyshire.
- 93% of the population of Derbyshire can reach a pharmacy within 20 minutes using public transport. Those outside this timeframe are located in areas such as the east of Amber Valley and parts of Derbyshire Dales.

Driving

- Almost all citizens in Derby and Derbyshire can drive to their nearest pharmacy within 5-10 minutes, both during rush hour and off-peak times.
- During rush hour traffic, 99% of the population of Derby and 87% of the population of Derbyshire can still drive to their nearest pharmacy within 5 minutes, indicating good access for those with a vehicle.
- 97% of the population in Derbyshire can drive to their nearest community pharmacy within 10 minutes, with only a small proportion needing to drive a little longer.

Below is a visual representation using travel time maps from the SHAPE tool to illustrate travel times across Derby and Derbyshire. These maps provide an overview with further detail provided by district in the Chapter 9 - Locality profiles.

Figure 40: Time taken to access a pharmacy by driving in Derbyshire (SHAPE, Atlas)

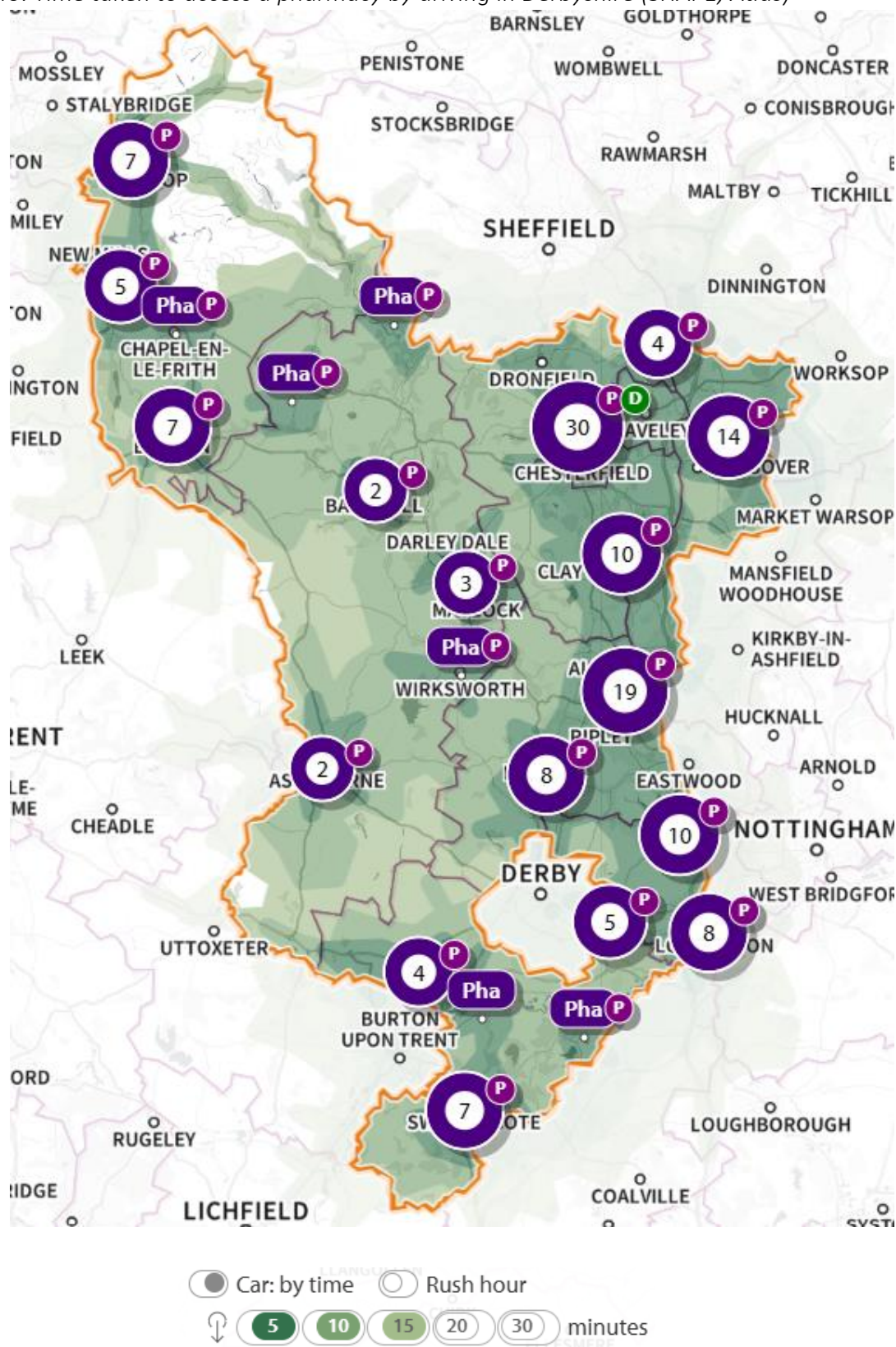
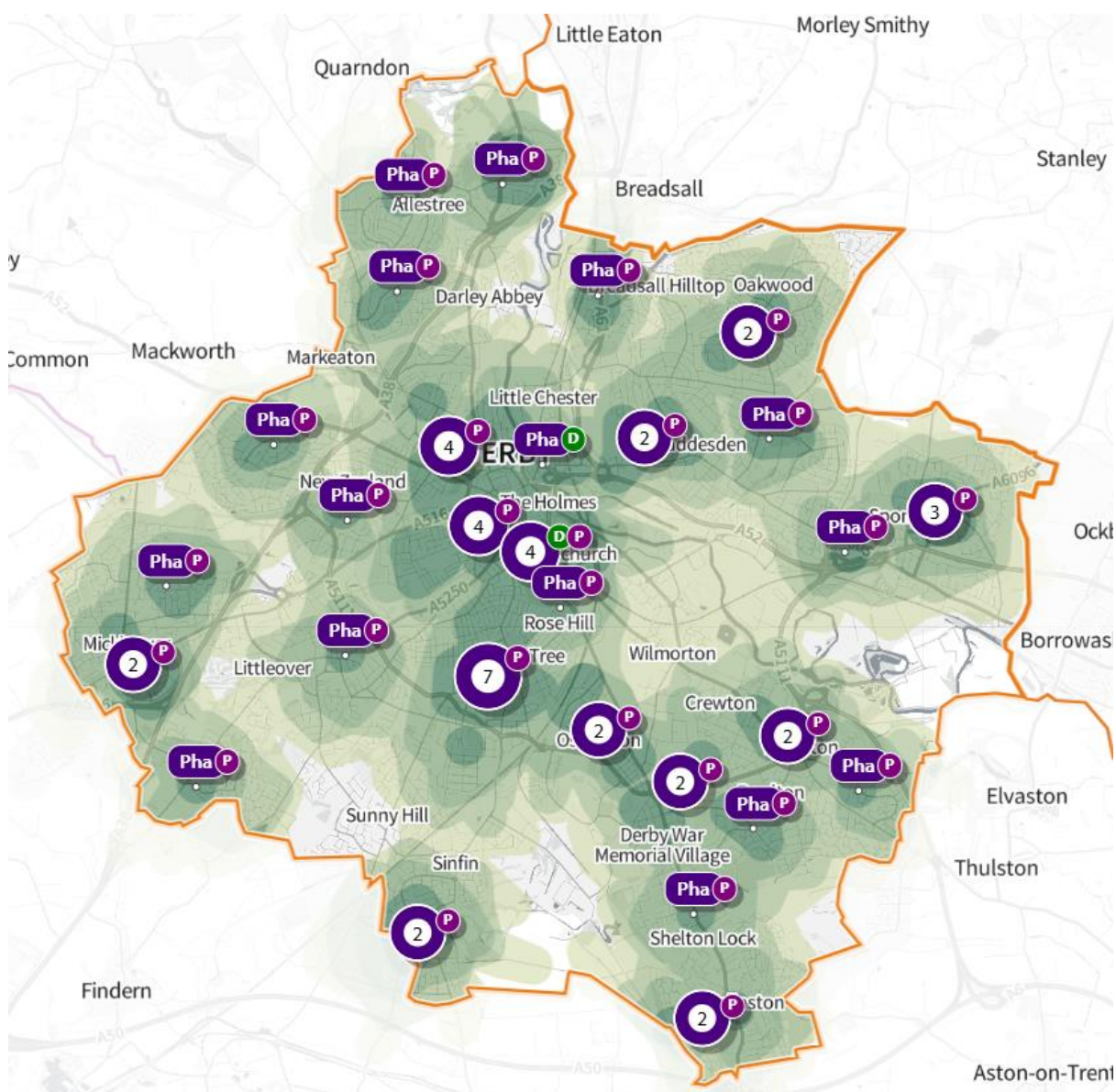


Figure 41: Time taken to access a pharmacy by walking in Derby (SHAPE,Atlas)



Note: areas that take over 20 minutes walking time to a pharmacy are shaded in white



According to responses in the contractor's survey, 27% stated that there was parking available within 50 metres of the pharmacy and 28% stated that a bus stop was within walking distance of the pharmacy.

Ensuring efficient access to pharmacies is a key consideration in a changing landscape, which will be pivotal to help support the health and wellbeing of the population.

Pharmacy contract hours and access to services

Pharmacies are formally contracted to deliver 40 hour or 100-hour contracts (known as core hours), any changes to these must be agreed with NHS England (NHSE). Most community, pharmacies in Derby and Derbyshire are contracted to be open for 40 core hours, which are typically between 9am-5pm. Pharmacies may also provide supplementary hours (on top of their core opening hours), which can be altered with no notice period required for increases, allowing them to remain open for longer than the contractual 40 hours.

Recent changes to 100-hour contracts, now allows pharmacies to operate down to 72 contracted hours. The following data combines the core and supplementary hours⁸².

Of the 196 community pharmacies across Derby and Derbyshire (including internet pharmacies, but excluding DACs), 182 (93%) operate under standard 40-hour contracts. Fourteen pharmacies (7%) have core opening hours that exceed 72 hours per week, a decrease from the 20 pharmacies operating under 100-hour contracts in the previous PNA. Previously, these 20 pharmacies comprised of seven in Derby and 13 in Derbyshire.

This distribution varies by locality, for example, all pharmacies in Derbyshire Dales and High Peak operate under standard 40-hour contracts, whilst Amber Valley, Bolsover and Derby have pharmacies with extended opening hours.

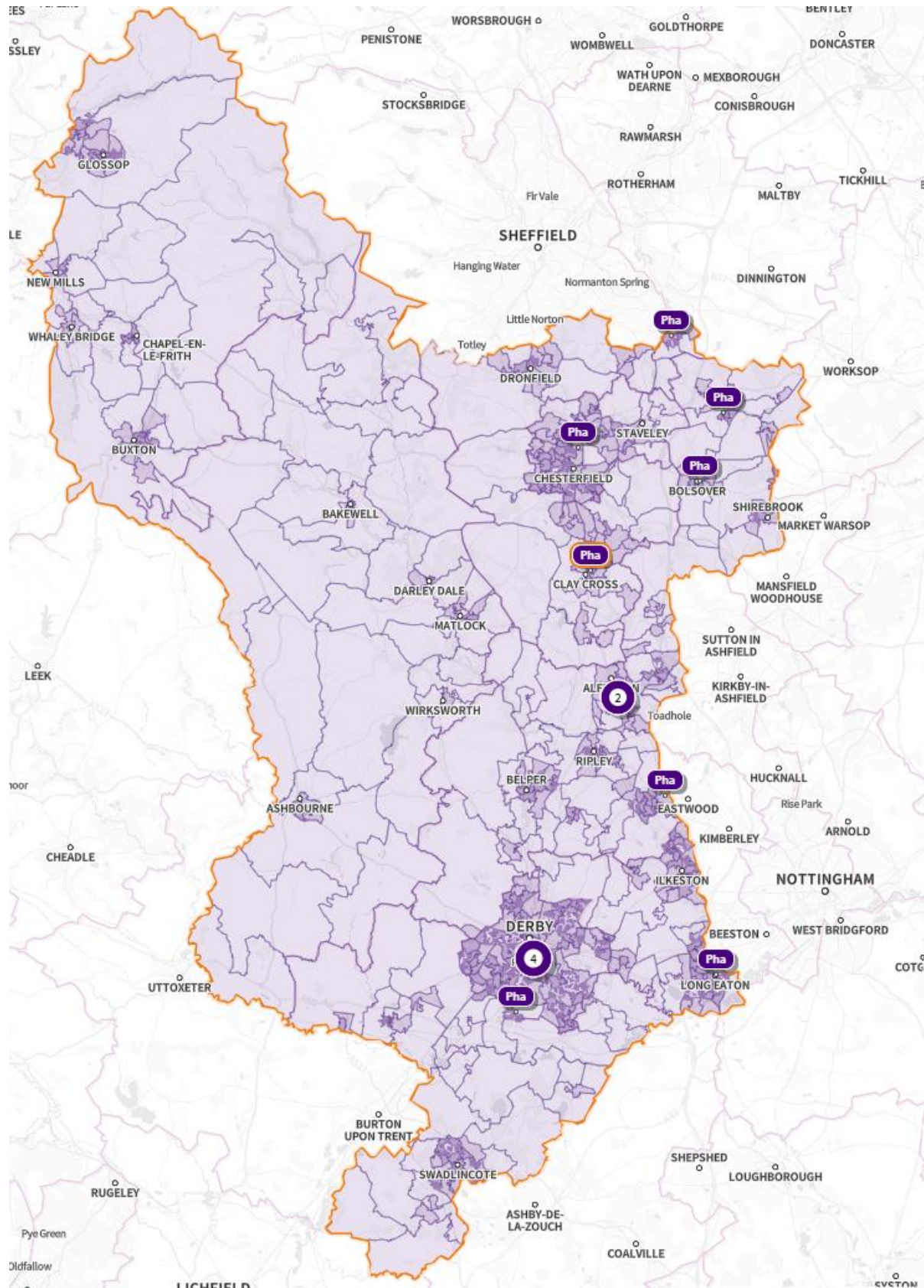
A map showing the location of the 100-hour contracts can be seen in Figure 42.

Table 28: Number and percentage of pharmacies in Derby and Derbyshire by 40 and 100-hour contracts

Area Name	Total Pharmacies	40-hour contracts (No.)	40-hour contracts (%)	100-hour contracts (No.)	100-hour contract (%)
Derby	52	47	90%	5	10%
Amber Valley	24	21	88%	3	13%
Bolsover	16	14	88%	2	13%
Chesterfield	20	19	95%	1	5%
Derbyshire Dales	10	10	100%	0	0%
Erewash	21	20	95%	1	5%
High Peak	19	19	100%	0	0%
North East Derbyshire	22	20	91%	2	9%
South Derbyshire	12	12	100%	0	0%
Derby and Derbyshire	196	182	93%	14	7%

⁸² The following contractual data is provided by the ICB and East Midlands Community Pharmacy team (2025)

Figure 42: Map of 100-hour pharmacy locations in Derby and Derbyshire with population density. (SHAPE, ONS)



Routine weekday provision of pharmacy services

The number, location and opening times of community pharmacies across Derby and Derbyshire vary by locality. All pharmacies open by 9am or earlier on weekdays, and most close between 6pm and 6:30pm. 55 pharmacies are open beyond 6pm, providing extended services, with Derby offering the most past 6pm (18) and Chesterfield offering the fewest (1). Additionally, a small number of pharmacies (4) close between 12:30 and 3pm on Wednesday afternoons.

Table 29: Number and percentage of pharmacies open on weekdays (excluding bank holidays) after 6pm and Saturday and Sunday

Area Name	Weekday Open After 6pm (No.)	Weekday Open After 6pm (%)	Open on Saturday (No.)	Open on Saturday (%)	Open on Sunday (No.)	Open on Sunday (%)
Derby	18	35%	36	69%	11	21%
Amber Valley	8	33%	15	63%	4	17%
Bolsover	5	31%	12	75%	1	6%
Chesterfield	1	5%	9	47%	2	11%
Derbyshire Dales	1	10%	10	100%	1	10%
Erewash	6	29%	12	57%	1	5%
High Peak	6	32%	10	53%	2	11%
North East Derbyshire	5	23%	11	50%	2	9%
South Derbyshire	5	33%	8	58%	0	0%
Derby/Derbyshire	55	28%	123	63%	24	12%

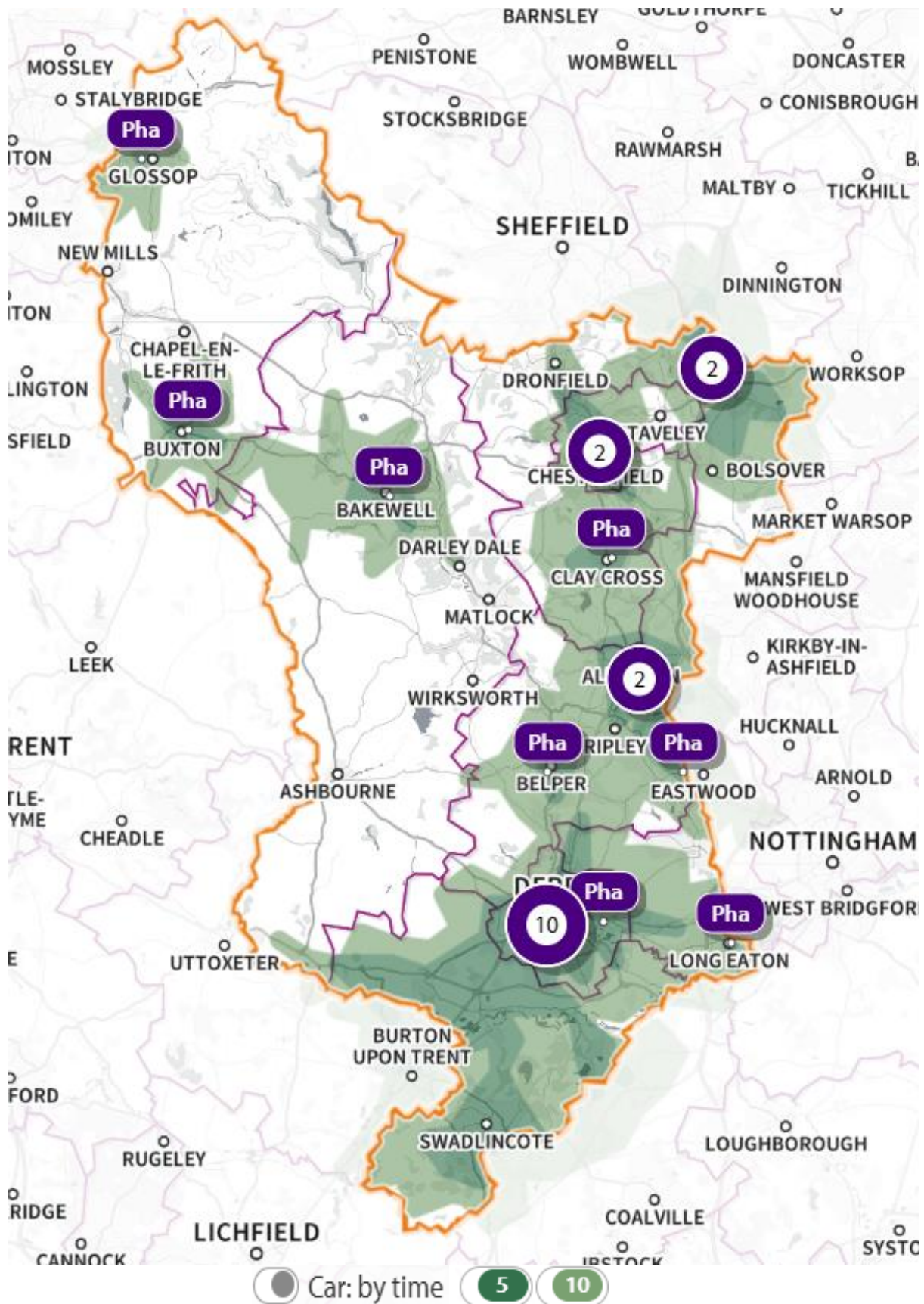
Routine weekend provision of pharmacy services

Weekend pharmacy provision also differs by area across Derby and Derbyshire. Overall, 122 pharmacies (62%) remain open on Saturdays, and 24 pharmacies (12%) open on Sundays. While Derby and Amber Valley have the greatest weekend provision, areas such as South Derbyshire, Erewash and Chesterfield have limited or no pharmacy access on a Sunday, potentially limiting availability outside normal hours.

The vast majority of pharmacies that are open during the weekend are based in supermarkets such as Asda, Tesco or Boots, or operate under a 100-hour contract. Of the 24 pharmacies that are open during the weekend, 42% are open until 9pm on a Saturday, and the vast majority close between 4pm and 6pm on a Sunday.

A visual representation of pharmacies open during the weekend is shown below. Aside from the areas mentioned above, the map illustrates that most of the population can access a pharmacy during the weekend within a ten-minute driving time in Derby and Derbyshire.

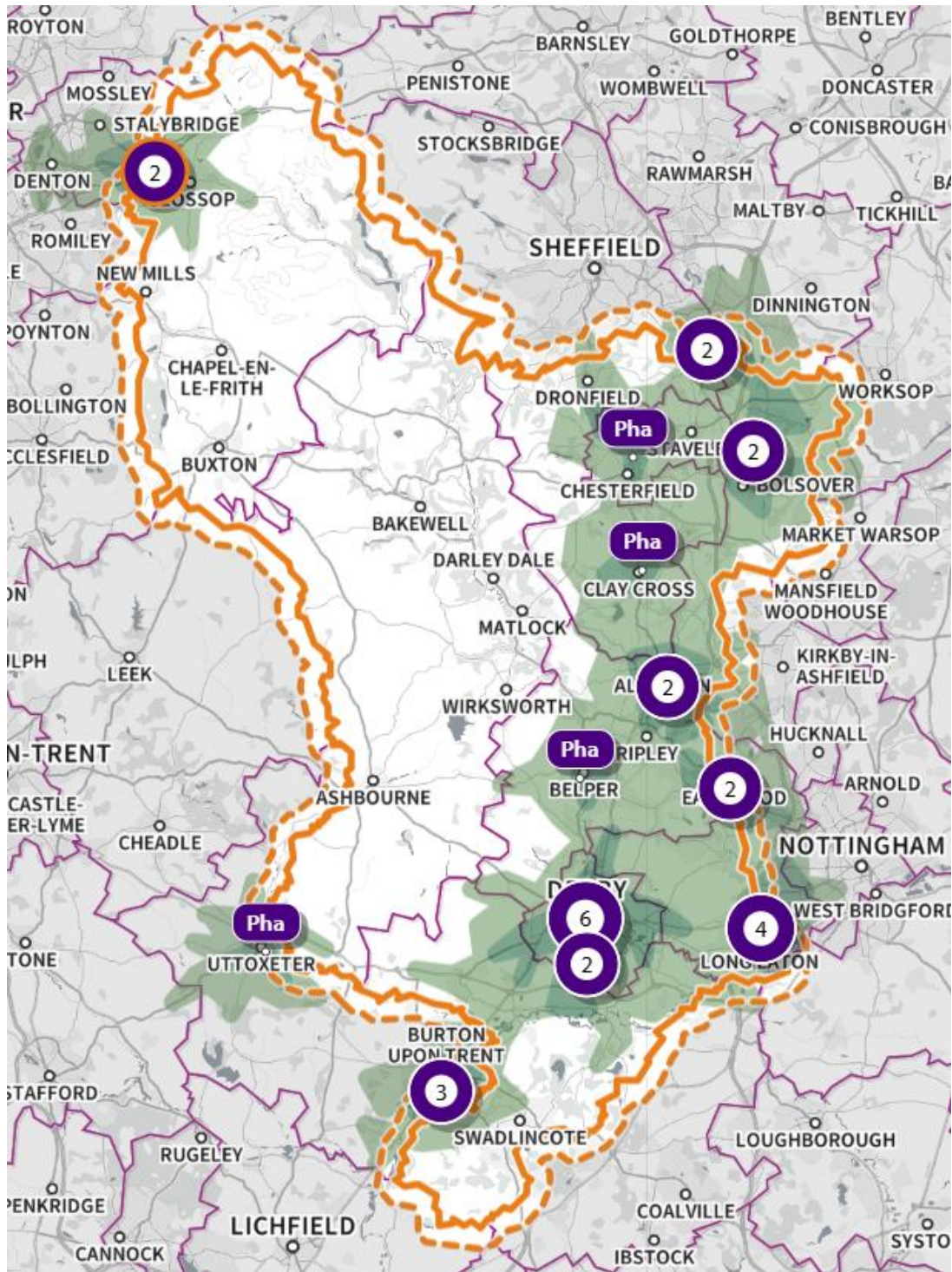
Figure 43: Map of Pharmacies open weekends in Derby and Derbyshire with 5–10-minute drive



Evening hours provision

There is a reasonable distribution of pharmacies that remain open during weekday evenings after 6:30 pm. Over 21 pharmacies provide access during these hours, with the majority located in supermarkets – some staying open as late as 9pm. The map below also factors in pharmacies open during the evening in neighbouring Health and Wellbeing Board (HWB) areas, which are accessible to most of the local population within a ten-minute drive.

Figure 44: Map of Pharmacies open after 6:30pm across Derby and Derbyshire



Routine bank holiday provision of pharmacy services

Community pharmacies are not contractually required to open on nominated bank holidays. Some, however, particularly those located in regional shopping centres, supermarkets, or major high streets – do open, although typically for reduced hours.

In previous years, NHSE has commissioned an Enhanced Service to ensure pharmacy coverage over bank holiday periods. This service prioritises pharmacies located near Urgent Care Hubs and out of hours providers. Derby and Derbyshire Integrated Care Board continues to commission this service, ensuring adequate access to pharmacies that are available on Bank Holidays, including Easter Sunday and Christmas Day.

Cross-border provision and out-of-area provision

Derby and Derbyshire are bordered by several neighbouring Health and Wellbeing areas, including Cheshire, Nottinghamshire, Leicestershire, Greater Manchester, South Yorkshire, West Yorkshire and Staffordshire. Patients that live near these boundaries may choose to access services in adjacent HWB areas, especially when travel distances are shorter or public transport is more convenient.

There are 38 pharmacies located within one mile of the Derby and Derbyshire border as shown on the map in Figure 45. Additional pharmacies are located in areas like Burton upon Trent and parts of Staffordshire, which are also reachable within a short driving distance as shown on the map (additional out of area pharmacies are clustered together).

A snapshot from November 2024 shows that out of 1,904,092 prescribing items issued by GP practices based in Derby and Derbyshire postal areas:

- Approximately 92% were dispensed by pharmacies within Derby and Derbyshire.
- Around 8% were dispensed by pharmacies outside of the area.

Most of these out-of-area items were dispensed by distance selling pharmacies such as Pharmacy2u Ltd and PCT Healthcare which serve neighbouring HWB areas including Nottinghamshire. Smaller volumes were dispensed by pharmacies in Leeds and Peterborough.



Essential services

Under the Community Pharmacy Contractual Framework, essential NHS services are defined as those services of core activities that must be provided by all community pharmacy contractors. Contractors that provide some or all of the following dispensing and non-dispensing services include:

Essential Services	Description
Dispensing Medicines/Appliances	Dispensing NHS prescriptions, including assessing the prescription, providing correct medicine and giving appropriate advice on its use.
Repeat Dispensing	Providing medication to patients, who have regular prescriptions, either via paper or electronic repeat dispensing (eRD).
Disposal of unwanted medicines	Pharmacies must accept unwanted or expired medicines from the public and dispose of them safely for the environment. This does not include sharps or other needles.
Promotion of Healthy Lifestyles (Public Health)	Community pharmacies participate in a range of annual public health driven campaigns including smoking cessation, weight management, flu vaccinations etc. This aims to improve health and wellbeing of the population and reduce health inequalities.
Signposting	Directing patients to other healthcare professionals i.e. GPs, dentists or acute/ mental health hospitals.
Support for Self-Care	Offering advice to help patients appropriately self-treat minor illnesses without the need to see a doctor.
Discharge medicines service (DMS)	DMS became a new essential service as of 2021, ensuring patients get continued support around the use of medicines following a hospital discharge.
Clinical Governance	Ensuring a framework that considers the quality and safety of patients including keeping proper records, ensuring staff are trained and appropriate procedures in place.

Pharmacies and appliance contractors in England are permitted to dispense a range of NHS appliances, which are generally grouped into stoma appliances, incontinence appliances and dressings. Of those pharmacies that responded to the local Contractors Survey 2025:

- 70 pharmacies (92%) reported that they dispense all types of appliances.
- 5 of these (7%) dispense all types of appliances except stoma appliances
- 1 pharmacy (1%) reported dispensing only dressings.

Essential services are well provided throughout Derby and Derbyshire, therefore there are no identified gaps in the provision of essential services across this area.

Advanced services

In addition to essential services, advanced services are provided under contract with NHS England and particularly relevant for the purposes of this PNA.

Advanced services are optional and not mandatory, so community pharmacies can choose which of the nine advanced services they want to provide if they meet the requirements set out in the Secretary of State Directions⁸³. Service availability often reflects local population needs.

These include:

Advanced Services	Description
New Medicines Service (NMS)	NMS is offered to patients with long term conditions who are newly prescribed a medicine, with the aim of supporting them in improving their understanding and use of their medication.
Stoma Appliance Customisation (SAC)	These services involved the customisation of a quantity of more than one stoma appliance, based on the patients' measurements or template, with an aim to ensure proper use and comfortable fitting of the appliance.
Appliance Use Review (AUR)	Provides patients with support and advice on the correct use of appliances such as catheters or incontinence devices, with an aim to improve patient confidence.
Flu Vaccination Service	Offers NHS- funded influenza vaccinations to eligible patients, including those aged 65+ and people in high-risk groups, contributing to national public health targets.
Smoking Cessation Service	Provides structured support to help patients stop smoking. This service enables healthcare providers to offer treatment and support for those wishing to quit.
Hypertension Case Finding Service	Identifies patients at risk of hypertension and CVD through screening and offers follow-up support to manage high blood pressure earlier.
Pharmacy Contraception Service	This service aims to enhance access to oral contraception and support sexual health services and improving convenience for patients. EHC will be added from in Oct 25.
Pharmacy First Service	Established in 2024, allows community pharmacists to provide advice and treatment for a range of common conditions without the need for a GP appointment, thus improving access to care.
Lateral Flow Device Service (LFD)	Established in 2023, this service supplies eligible patients with access to LFD tests to people with COVID-19 at risk of serious illness.

⁸³ [Advanced services - Community Pharmacy England](#), 2025

Derby and Derbyshire Pharmaceutical Needs Assessment 2025-2028

To better understand how many pharmacies are offering and delivering services locally, the table below shows the percentage of pharmacies in each district that have signed up for, (data available in brackets where available), and delivered each service in 2024. Each service will be explored in more detail in the following sections using data from NHS Business Services Authority (BSA), providing further insight into activity levels. This helps paint a clearer picture of how services are being delivered across the pharmacy network⁸⁴.

Table 30: Percentage of providers in Derby and Derbyshire delivering (and signed up) Advanced Services in 2024

Service	Amber Valley	Bolsover	Chesterfield	Derby	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire	Derby and Derbyshire
New Medicine Service	100%	100%	100%	96%	100%	100%	89%	95%	100%	97%
Appliance Use Reviews	0%	0%	5%	4%	0%	0%	0%	0%	0%	2%
Stoma Appliance Customisation	4%	6%	5%	4%	0%	0%	0%	0%	0%	3%
Flu Vaccination Service	96%	100%	100%	94%	100%	90%	89%	95%	100%	95%
Lateral Flow Device Service	67%	69%	75%	65%	90%	81%	74%	77%	83%	73%
Smoking Cessation Service	0% (21%)	0% (44%)	0% (15%)	0% (31%)	0% (10%)	5% (52%)	0% (42%)	0% (23%)	0% (33%)	1% (31%)
Pharmacy Contraception Service	63% (100%)	56% (93%)	60% (100%)	46% (96%)	60% (100%)	62% (95%)	63% (84%)	59% (95%)	58% (100%)	57% (96%)
Hypertension Case Finding	96% (100%)	94% (94%)	95% (100%)	90% (100%)	100% (100%)	95% (100%)	89% (89%)	91% (91%)	100% (100%)	93% (97%)
Pharmacy First Services	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	89% (89%)	100% (100%)	100% (100%)	100% (100%)	99% (99%)

⁸⁴ Activity from the BSA includes the 196 pharmacies operational as of Dec 24, covering the period of 2024.

New Medicines Service (NMS)

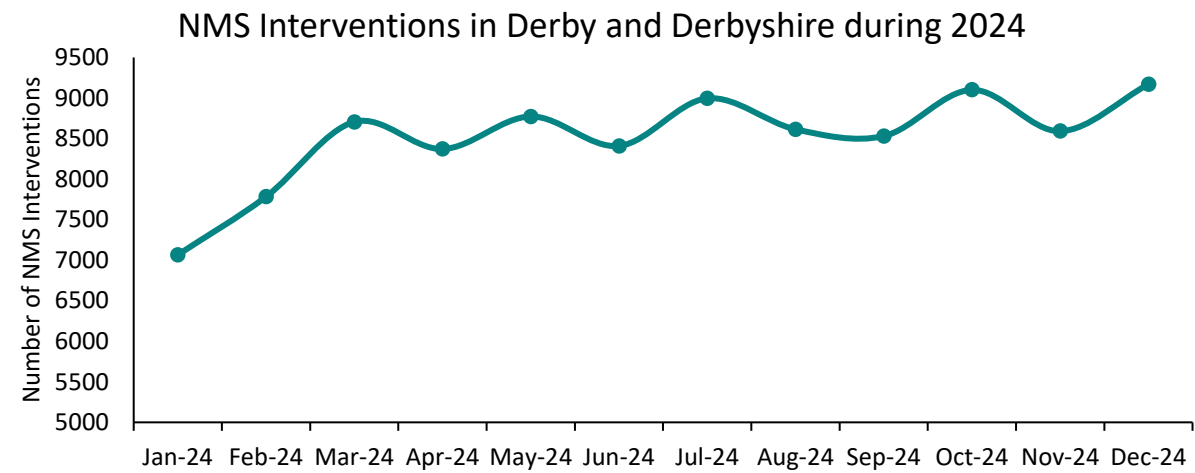
NMS can be conducted in a private consultation area, or via telephone or video consultation. Since its inception, the majority of community pharmacies have provided it to their patients. NHS BSA data helps provide an overview of NMS activity between January and December 2024.

In total, 102,105 NMS interventions were recorded across the community pharmacy network within Derby and Derbyshire Health and Wellbeing Board area. Based on the 196 pharmacies, this equates to an average of 43 NMS interventions per pharmacy per month, representing an increase from the 2022 PNA average of 25 per month.

Of the 196 pharmacies across Derby and Derbyshire, 191 (97%) were actively delivering the service during the year, indicating a strong level of engagement and availability of the service.

Table 31: NMS Interventions declared in community pharmacies in Derby and Derbyshire, 2024

Number of Pharmacies	Number of NMS Interventions declared in 2024	Average number of interventions per month	Mean number of NMS interventions per month per pharmacy
196	102,105	8,508	43.4



All pharmacies in seven of the nine districts delivered NMS, achieving 100% service coverage in those areas. The lowest proportion was recorded in High Peak (89%), with Derby and North East Derbyshire slightly higher at 96% and 95%, respectively.

100% of respondents in the contractor survey stated they provided NMS services.

Table 32: NMS Interventions delivered in 2024 by district - number and percentage

Area Name	Number of pharmacies	Number of providers delivering service	Percentage of pharmacies delivering service
Derby	52	50	96%
Amber Valley	24	24	100%
Bolsover	16	16	100%
Chesterfield	20	20	100%
Derbyshire Dales	10	10	100%
Erewash	21	21	100%
High Peak	19	17	89%
North East Derbyshire	22	21	95%
South Derbyshire	12	12	100%
Derby and Derbyshire	196	191	97%

Appliance Use Reviews

Appliance Use Reviews (AUR) is designed to improve a patient understanding and use of specified appliances. Reviews can take place within the pharmacy or at a patient's home.

Between January and December 2024, there was no recorded AUR activity delivered through community pharmacies in Derby and Derbyshire. However, this service is more commonly delivered by Dispensing Appliance Contractors (DACs).

In 2024, a total of 601 AURs were undertaken by three of the four DACs in the area. Of these:

- 371 reviews were conducted in patients' homes
- 230 reviews took place at the contractors' premises.

This represents an increase from 485 AURs recorded in 2023, indicating a growing level of engagement with the service through DACs.

Table 33: Appliance Use Reviews Delivered in Derby and Derbyshire, 2023-2024

Contractor Type	Setting	2023	2024
Community Pharmacies	All Settings	0	0
Dispensing Appliance Contractor	At Patients Home	426	371
	At Contractors Premises	59	230
Total		485	601

Stoma Appliance Customisation (SAC)

The aim of the Stoma Appliance Customisation (SAC) is to ensure comfortable fitting of stoma appliances to improve usage and patient confidence.

In 2024, a total of 14,933 stoma customisations were recorded across Derby and Derbyshire, representing a slight decrease compared to 15,057 interventions in 2023.

Whilst community pharmacies are eligible to provide this service, it has become increasingly uncommon. In recent years, the number of customisations has fluctuated, and in 2024 was provided by just two community pharmacies (FT236 & FH45). This is a significant decline compared to previous years, where a small number of SACs were delivered by Lloyd's pharmacy branches, which have since ceased operating.

The majority of SACs – 99% of activity - was delivered through Dispensing Appliance Contractors. Similar to previous years, the two primary DACs delivering the service in 2024 were:

- Fittleworth Medical limited.
- Salts Healthcare Limited.

Flu Vaccination Service

Commissioned by NHS England, community pharmacies across England offer seasonal influenza (flu) vaccination service aimed at those in at-risk groups. These can include people aged 65 and over, pregnant women, and those with long-term health conditions. The primary purpose is to maximise uptake of vaccinations by expanding access through community pharmacies, particularly during peak vaccination periods.

All pharmacy contractors are eligible to provide this service, which typically takes place between September through to March each year. This service runs alongside the GP vaccination programme and contributes towards the NHS flu vaccination targets.

During 2024 flu season, a total of 79,796 flu vaccinations were administered and charged to participating pharmacies - representing a 3.4% increase from 2023. Based on the 196 community pharmacies, this equates to an average of 34 flu vaccinations delivered per pharmacy per month, with the majority taking place during the peak period in October. Vaccination numbers were almost twice as high in Oct 2024 compared to the previous year.

Table 34: Flu Vaccinations delivered in community pharmacies in Derby and Derbyshire – 2024

Number of Pharmacies	Number of Flu vaccinations – 2024	Average number of vaccinations per month	Mean number of vaccinations per month per pharmacy	Number of vaccinations per month per 1,000 population
196	79,796	6,649	33.9	6.2

In 2024, data from NHS BSA showed that 95% of community pharmacies delivered the flu vaccination service across Derby and Derbyshire. Of Derby and the eight county districts, four reported full participation, with 100% of contractors delivering the service. High Peak had the lowest level of participation with 89% of pharmacies providing the service. It is worth noting some contractors in the most rural areas, deliver the highest numbers of vaccinations.

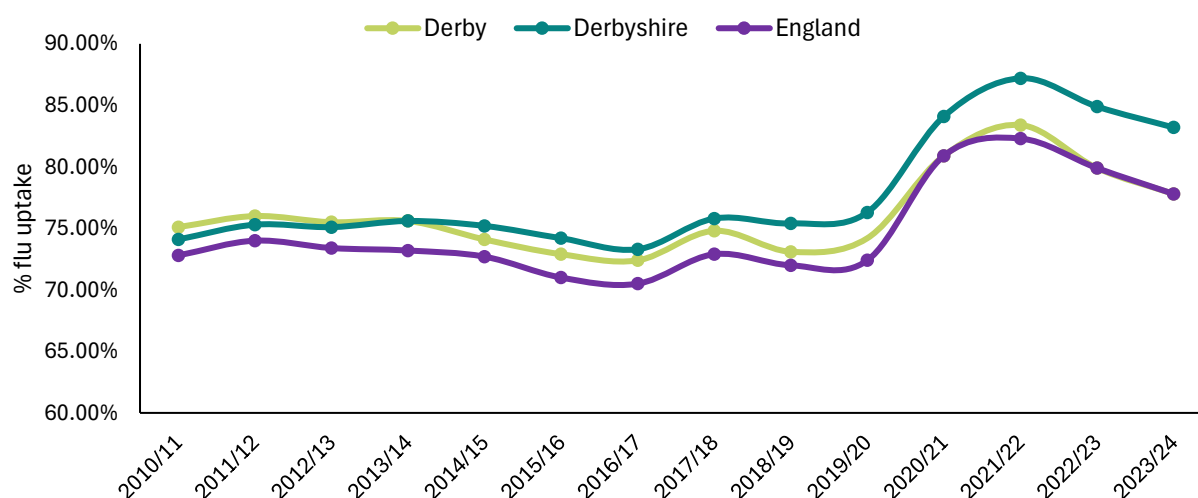
Table 35: Flu vaccinations delivered in 2024 by locality - number and percentage

Area Name	Number of Pharmacies	Number Delivering Flu Vaccination Service	% Delivering Service
Derby	52	49	94%
Amber Valley	24	23	96%
Bolsover	16	16	100%
Chesterfield	20	20	100%
Derbyshire Dales	10	10	100%
Erewash	21	19	90%
High Peak	19	17	89%
North East Derbyshire	22	21	95%
South Derbyshire	12	12	100%
Derby and Derbyshire	196	187	95%

Using data sourced from NHS England, shows the proportion of the population aged 65 and over, who received the flu vaccination between 1st September 2023 to the end of February 2024 in a primary care setting. The national target uptake for the flu vaccine is 75%, with both Derby and Derbyshire performing consistently above this since 2020/21.

100% of respondents in the contractor survey stated they provided flu vaccination services.

Figure 46: Population vaccination coverage: Flu (ages 65 and over) – Derby and Derbyshire



Smoking Cessation Service (SCS)

The Smoking cessation service (SCS) is an advanced service launched during March 2022. It allows hospitals to refer consenting patients, upon discharge, to a community pharmacy of their choice to continue support for their smoking cessation. This ongoing support may include the provision of Nicotine Replacement Therapy and the promotion of healthier lifestyle behaviours.

In 2024, 31% of all pharmacies were signed up to provide the service with only one community pharmacy in Derby and Derbyshire was recorded as delivering this service: Evans Pharmacy, Ilkeston, Erewash (FJ657), with a single consultation recorded.

According to responses from the pharmacy contractor survey:

- 26.3% of respondents indicated they are currently providing the Smoking Cessation Service.
- 68.4% stated the intention to begin offering the service within the next 12 months.
- 5% reported that they do not intend to provide the service at all.

Of the 52 contractors who intend to begin offering the service within the next 12 months, 45% are based in Chesterfield and North East Derbyshire indicating growth in these areas. These findings suggest a strong upwards trend in the planned adoption of the service across Derby and Derbyshire, with potential developments in the coming years.

Lateral Flow Device (LFD) supply service

The Lateral Flow Device (LFD) Test Supply Service is available for patients eligible for COVID-19 treatment and continues to be commissioned as an NHS Advanced Service for the 2024/25 period, as of 6th November 2023. Importantly, patients do not need to have symptoms of COVID-19 to obtain a free box of LFD test kits.

Data from the NHS BSA data shows that 10,054 LFD kits were charged to local pharmacies across 2024, with an average of 837 per month. The below data shows, over 70% of pharmacies contractors continue to provide this service to eligible patients across Derby and Derbyshire. The data also highlights an increasing trend of LFD claims across Derby and Derbyshire, indicating a potential demand for service.

Figure 47: Community Pharmacies delivering LFD kits across Derby and Derbyshire

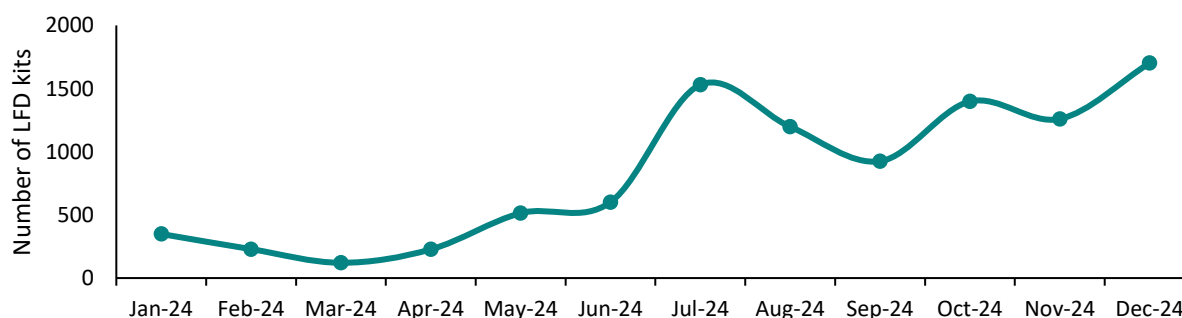


Table 36: LFD services being delivered across community pharmacies in 2024 by district - number and percentage

Area Name	Number of Pharmacies	Number Delivering LFD services	% Delivering Service
Derby	52	34	65%
Amber Valley	24	16	67%
Bolsover	16	11	69%
Chesterfield	20	15	75%
Derbyshire Dales	10	9	90%
Erewash	21	17	81%
High Peak	19	14	74%
North East Derbyshire	22	17	77%
South Derbyshire	12	10	83%
Derby and Derbyshire	196	143	73%

Pharmacy Contraception Service (PCS)

The Pharmacy Contraception Service (PCS) aims to provide patients access to oral contraception through community pharmacies. This service offers a convenient option for initiating or continuing oral contraceptive treatment. In December 2023, the service was expanded to include Tier 2 (initiation of oral contraception).

Key features of the PCS include:

- Ongoing monitoring and supply of oral contraception prescriptions
- Initiation of oral contraception

This service is free of charge and is available to individuals aged 16 and over, including those not registered with a GP⁸⁵. All consultations are confidential, and individuals can self-refer or be referred by a healthcare provider. According to activity data from the BSA, in 2024 there were approximately 616 initiation consultations and 3,920 ongoing consultations being delivered through community pharmacies across Derby and Derbyshire.

These services, delivered as part of the Community Pharmacy Consultation Service (CPCS) and its expanded advanced service offerings, demonstrate the evolving role of community pharmacies in providing accessible contraceptive care.

Table 37: Contraception Consultations delivered in pharmacies in Derby and Derbyshire 2024

Number of Pharmacies	Number of Contraceptive Initiation Consultations	Number of Contraceptive Ongoing Consultations
196	616	3,920

⁸⁵NHS England (2025), *NHS Pharmacy Contraception Service*, Available at: https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/nhs-pharmacy-contraception-service/?utm_source=chatgpt.com

Currently, 96% of pharmacies are signed up to provide PCS services across Derby and Derbyshire, with the lowest sign-up rate in High Peak - 16 out of 19 pharmacies are enrolled. Overall, 47% (n=93) of pharmacies across Derby and Derbyshire deliver initiation consultations, while 57% (n=111) provide ongoing consultations.

Levels of participation vary across Derby and the eight districts within County, areas such as Erewash and South Derbyshire are driving a strong uptake in the provision of both initiation and ongoing contraceptive consultations. In contrast, North East Derbyshire and Derbyshire Dales show lower levels of initiation provision; with 36% and 40% of community pharmacies offering this service, respectively.

Table 38: Pharmacy Contraception services delivered across community pharmacies by district 2024 - number and percentage

Area Name	Number of pharmacies	Pharmacies providing initiation contraceptive consultations		Pharmacies providing ongoing contraceptive consultations	
		Number	%	Number	%
Derby	52	25	48%	24	46%
Amber Valley	24	10	42%	15	63%
Bolsover	16	7	44%	9	56%
Chesterfield	20	10	50%	12	60%
Derbyshire Dales	10	4	40%	6	60%
Erewash	21	13	62%	13	62%
High Peak	19	9	47%	12	63%
North East Derbyshire	22	8	36%	13	59%
South Derbyshire	12	7	58%	7	58%
Derby and Derbyshire	196	93	47%	111	57%

98% of respondents in the contractor survey stated they provided CPS services, with 1% stating they intend to provide this service.

In general, with the recent inclusion of Tier 2 services, pharmacy-based contraception services are being well adopted across both city and county, but there are opportunities to expand service provision in areas with lower uptake, ensuring stronger access to contraceptive services.

Hypertension case-finding service

The Community Pharmacy Blood Pressure (BP) Check Service launched in October 2021, is a commissioned advanced service that supports the early identification and prevention of hypertension in those aged 40 and above. The initial stage offers a blood pressure check to identify those at risk of hypertension. The second stage, where clinically appropriate,

involves offering 24-hour ambulatory blood pressure monitoring which is then shared with the patients GP to inform of potential hypertension⁸⁶.

Between January and December 2024, a total of 42,289 blood pressure checks was reported by 196 community pharmacies. This equates to an average of 3,525 checks per month, with a mean of 18 checks per pharmacy per month. When adjusted for the population this represents 3.3 blood pressure checks per 1,000 population per month.

Table 39: BP checks delivered in community pharmacies in Derby and Derbyshire – 2024

Number of Pharmacies	Number of BP checks declared	Average number of BP checks per month	Mean number of BP checks per month per pharmacy	Number of BP checks per month per 1,000 population
196	42,289	3,524	18	3.3

The below table highlights the uptake and delivery of the BP check service across Derby and Derbyshire. Overall, 93% of pharmacies are actively delivering the BP check service, higher than 77% recorded in the previous PNA, indicating high levels of service availability across the county.

Derbyshire Dales and South Derbyshire achieved 100% delivery, whilst Derby and High Peak showed slightly lower uptake.

Table 40: BP checks delivered across community pharmacies by district in 2024 – number and percentage

Area Name	Number of pharmacies	Number of providers signed up for BP check service	Number of providers delivering BP check service	Percentage of pharmacies delivering service
Derby	52	52	47	90%
Amber Valley	24	24	23	96%
Bolsover	16	15	15	94%
Chesterfield	20	20	19	95%
Derbyshire Dales	10	10	10	100%
Erewash	21	21	20	95%
High Peak	19	17	17	89%
North East Derbyshire	22	20	20	91%
South Derbyshire	12	12	12	100%
Derby and Derbyshire	196	191	183	93%

⁸⁶ Community Pharmacy England (2021), *Hypertension Case finding service*, Available at: <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

Pharmacy First services

Pharmacy First builds on the existing NHS Community Pharmacist Consultation Service (CPCS) and was launched as a new advanced service in January 2024. It enables community pharmacies to complete full episodes of care for seven common conditions without the need for a GP appointment. These conditions include:

- Sinusitis
- Sore Throat
- Earache
- Infected insect bites
- Impetigo
- Shingles
- Uncomplicated urinary tract infections women

Pharmacy First enables community pharmacists to supply prescription-only medicine, where clinically appropriate, and provide urgent medicines following a referral from NHS 111, general practice, or other approved routes – with an aim to relieve pressure on primary care services. Nearly 10,000 pharmacies covering 95% of England, have signed up to the service.

According to data from NHSE, over 72,000 consultations were carried out across Derby and Derbyshire ICB during 2024. Referral sources included: 41% via NHS 111, 39% through self-referral and 13% through the GP.

Across Derby and Derbyshire, 99% of contractors were signed up and delivering pharmacy first services, the two contractors not currently participating are based in High Peak.

Table 41: Pharmacy First services delivered by district in 2024 – number and percentage

Area Name	Number of pharmacies	Number of providers delivering service	Percentage of pharmacies delivering service
Derby	52	52	100%
Amber Valley	24	24	100%
Bolsover	16	16	100%
Chesterfield	20	20	100%
Derbyshire Dales	10	10	100%
Erewash	21	21	100%
High Peak	19	17	89%
North East Derbyshire	22	22	100%
South Derbyshire	12	12	100%
Derby and Derbyshire	196	194	99%

Enhanced services

Nationally enhanced services are commissioned by NHS England. There is currently one National Enhanced Service commissioned by NHS England, delivered through select community pharmacies in Derby and Derbyshire – the COVID-19 vaccination service.

COVID-19 vaccination service

The COVID-19 vaccination programme is primarily delivered by primary care teams, including Primary Care Networks (PCNs), with support from community pharmacies. This enhanced service is commissioned to address local population needs and is often delivered alongside seasonal influenza programme.

As of 2025, a total of 121 community pharmacies were registered to provide COVID-19 vaccination services, representing 62% of all pharmacies in Derby and Derbyshire. South Derbyshire has the highest level of pharmacy participation at 83%, followed by Chesterfield and Derbyshire Dales (both at 80%). Just over half were registered in Derby (56%), whilst service provision will likely depend on factors such as local demand and population density.

Table 42: COVID-19 services delivered by district in 2024 – number and percentage

Area Name	Number of Pharmacies	Number signed up to deliver COVID-10 Vaccinations	Percentage of pharmacies signed up to deliver COVID-19 vaccinations
Derby	52	29	56%
Amber Valley	24	12	50%
Bolsover	16	11	69%
Chesterfield	20	16	80%
Derbyshire Dales	10	8	80%
Erewash	21	14	67%
High Peak	19	10	53%
North East Derbyshire	22	11	50%
South Derbyshire	12	10	83%
Grand Total	196	121	62%

Bank Holiday service

As previously noted, a Bank Holiday service is commissioned by the local ICB to allow continued access to pharmacy services on key public holidays. In Derby and Derbyshire, select community pharmacies are able to participate are commissioned to be open on Christmas Day and Easter Sunday, supporting access where other services are unavailable.

Locally commissioned services

In addition to the nationally commissioned pharmacy services described above, community pharmacies can also be commissioned locally, for example, by local authorities and Integrated Care Boards to provide other pharmaceutical services. The services commissioned locally are described below.

Local services commissioned by local authorities

The following pharmacy services are locally commissioned by Derby City Council and Derbyshire County Council:

Needle and syringe exchange services

Needle exchange services supply injecting drug users with access to sterile equipment to help reduce the transmission of blood-borne viruses such as HIV or hepatitis associated with drug use. These services also offer signposting to advice and support for those seeking to live a drug free life. An important part of this service is the safe collection and disposal of used injecting syringes and needles, to help protect both the environment and public health. Across Derby and Derbyshire 76 pharmacies (39%) are registered to provide this scheme.

Take home Naloxone

Naloxone is an emergency antidote for overdoses caused by opiates such as heroin, methadone, morphine and fentanyl. Community pharmacies dispense Naloxone to those at risk or in need of support for an opiate overdose. Across Derby and Derbyshire, 41 pharmacies (21%) provide this service, with the majority (46%) based in Derby City.

Supervised consumption

The Supervised Consumption scheme delivered through community pharmacies aims to reduce mortality among high-risk opioid users by improving consistency and quality of care. The overall goal is to support individuals in moving from opioid substitution therapy to detoxification or abstinence.

This service enhances treatment effectiveness by ensuring medication is taken as prescribed, therefore preventing withdrawal symptoms. Regular contact with a healthcare professional aims to provide ongoing support to encourage recovery and stability.

Across Derby and Derbyshire, 184 pharmacies (84%) provide this service, showcasing widespread availability and strong local engagement.

Emergency hormonal contraception (EHC) service

Commissioned pharmacies across Derby and Derbyshire provide EHC free of charge to young women (under 25 years of age) in Derby and to all women in Derbyshire, which is a key factor in reducing unintended conceptions. Since October 2022, this service has

expanded to offer women free emergency conception over the age of 25 at the pharmacist's discretion.

In Derby and Derbyshire, 97 pharmacies (49%) provide this service with the highest numbers based in Derby City, Chesterfield and Erewash.

Table 43: Locally Commissioned services in Derby and Derbyshire - number and percentage

Area Name	Needle Exchange Service	Supervised Consumption	Take Home Naloxone Service	Emergency Hormonal contraception
Derby	24 (46%)	41 (79%)	24 (46%)	31 (60%)
Amber Valley	9 (38%)	22 (92%)	4 (17%)	9 (29%)
Bolsover	6 (38%)	14 (88%)	1 (6%)	4 (25%)
Chesterfield	10 (50%)	17 (85%)	3 (15%)	13 (65%)
Derbyshire Dales	5 (50%)	8 (80%)	1 (10%)	4 (40%)
Erewash	7 (33%)	18 (86%)	2 (10%)	13 (62%)
High Peak	6 (32%)	15 (79%)	1 (5%)	5 (26%)
North East Derbyshire	5 (26%)	18 (82%)	2 (9%)	10 (45%)
South Derbyshire	4 (33%)	12 (100%)	3 (25%)	8 (67%)
Derby and Derbyshire	76 (39%)	165 (84%)	41 (21%)	97 (49%)

Local services commissioned by the Integrated Care Board

Derby and Derbyshire Integrated Care Board (ICB) covering Derby and Derbyshire commission the following local services:

Level 4 Anticoagulation Monitoring in Primary Care

This ICB commissioned enhanced service supports the management of patients prescribed vitamin K antagonists, therefore enabling community providers to be responsible for sampling, INR testing and dose adjustment - providing efficient anticoagulation management in primary care. Currently, four pharmacies are providing a level 4 service in Derby and Derbyshire. Three are based in South Derbyshire and one based in Erewash.

Table 44: Pharmacies providing Level 4 anticoagulation monitoring

Contractor code	Pharmacy Name	District
FVM24	B J Wilson	Swadlincote
FFH21	Dean and Smedley Woodville	Swadlincote
FL100	Dean and Smedley West Street	Swadlincote
FDV90	Jayson's Pharmacy	Erewash

Palliative Care Scheme

An essential component of end-of-life care is the timely provision of medicines that support symptom control and enable patients to remain in their preferred place of care. This service ensures that commissioned providers hold an agreed stock of palliative care medications, allowing for immediate and consistent access across Derby and Derbyshire.

The scheme also includes arrangements to ensure alternative stock is available at other participating pharmacies ensuring access when needed.

Across Derby and Derbyshire there are 36 pharmacies (18%) that are commissioned by the ICB to provide access and deliver stock of palliative care medication. These include community pharmacy within retailers such as Boots, Tesco and Asda, with access across the region.

Table 45: Community Pharmacies commissioned to deliver Palliative Care in Derby and Derbyshire – number and percentage

Area Name	Number of pharmacies	Pharmacies Commissioned by ICB to Deliver Palliative Care	Percentage of Pharmacies Delivering the Service
Derby	52	3	6%
Amber Valley	24	7	29%
Bolsover	16	3	19%
Chesterfield	20	1	5%
Derbyshire Dales	10	5	50%
Erewash	21	7	33%
High Peak	19	2	11%
North East Derbyshire	22	4	18%
South Derbyshire	12	4	33%
Derby and Derbyshire	196	36	18%

Other services

Home delivery service

Most community pharmacies already offer a prescription delivery service to some or all patients, either a free or paid-for service. The use of delivery services became very common during the pandemic. It is important to note that delivery services are not locally commissioned services nor a part of the community pharmacy contractual framework but may be provided by pharmacies as a private service. Free delivery is often offered without restriction by most DSPs across England - including the four DSPs in Derby and Derbyshire. Free delivery is also offered by DAC providers across Derby and Derbyshire.

According to the responses in the contractor's survey:

- 17% offer a free delivery service.
- 72% stated that delivery services are subject to restrictions.
- Among those that stated restrictions, the most commonly mentioned were "Disabled" or "Housebound patients".

Non commissioned services

Participants in the contractor survey were asked whether there are any services they could provide if appropriately commissioned in the future. To which, the most frequently cited response was the provision of NHS-funded Monitored Dosage Systems (MDS) packs, following assessment by a pharmacist. This indicates a potential area for service improvement to help patients who require support with medication management.

Language provision

As part of the contractor survey, participating pharmacies were asked, "What languages other than English are spoken by staff on the premises?". Among the 15 that responded a range of languages were identified including Urdu, Punjabi, Latvian, Chinese, Ukrainian, and Other. The most commonly spoken languages were:

- Punjabi – 9 pharmacies
- Urdu – 7 pharmacies
- Hindi – 4 pharmacies

In terms of broader language support, 75% of respondents stated that they use a language line to help communicate with patients who do not speak English. The remaining 25% stated they do not currently use this service.

Private Services

The most common private services provided by pharmacies based on the survey results was, flu vaccinations and weight management services. Additional services also included ear wax removal as highlighted in the contractor survey.

Key insights

Pharmacy provision

- The provision of pharmaceutical services across Derby and Derbyshire is widespread and involves several types of contractors, amounting to 204 pharmaceutical providers - including 196 Community pharmacies. Four of these are internet / distance selling pharmacies, four are Dispensing appliance contractors and 15 are Dispensing GP practices.

- This is a decrease in the number of community pharmacies, since previous iterations of the PNA, however the current provision rate (18.2 per 100,000 population) is in line with the national average. There is uneven distribution across the districts with South Derbyshire having a notably lower rate.
- An additional 38 pharmacies sit on the border of Derby and Derbyshire (within 1km), particularly in areas such as Burton-on-Trent and Nottinghamshire – supporting cross border provision. A portion of local prescription items (approx. 8%) are dispensed to pharmacies outside the HWB areas, indicating people utilise cross border for convenience. This is largely done through Distance Selling Pharmacies.
- Dispensing activity in general has increased by 3.46% since 2023.
- Responses from the contractor's survey show: 100% stated they have adequate facilities to deliver clinical services, 99% stated they have sufficient space for planned changes to come into effect and 97% stated they have the capacity to deal with increased demand i.e. additional dispensing/commissioning services.

Opening hours and weekend access

- Most pharmacies operate standard 40-hour contracts, typically closing by 6:00pm on weekdays. Weekend provision is limited, with only 62% of community pharmacies open on Saturdays and 12% open on Sundays – the majority are within a 10-minute drive. South Derbyshire have no Sunday provision.
- Over 21 pharmacies remain open in the evenings (past 6:30pm), which are all generally reachable within a 10-minute drive.
- There has been a notable decrease in 100-hour pharmacies, with only 14 (7%) pharmacies exceeding 72 hours per week. This should continue to be monitored to ensure adequate provision for out of hours services.

Accessibility

- Almost all citizens are able to drive to their nearest pharmacy within 5-10 minutes. During rush hour, 99% of Derby's population and 87% of Derbyshire's population are able to travel during within 5 minutes, indicating good access with a vehicle.
- Public transport is significantly better in Derby with 95% able to travel to a pharmacy within 10 minutes compared to 74% in Derbyshire.
- In Derby, over 90% can walk to a pharmacy within 15 minutes, and 98% in 20 minutes. Only 78% can reach a pharmacy on foot within 20 minutes in Derbyshire.

Advanced service delivery

- Advanced Services are provided at the discretion of the contractor and services vary by district driven by local need.
- Essential services are well provided throughout Derby and Derbyshire and there are no gaps in provision.

- Services such as NMS, Flu Vaccination and the new Pharmacy First service show high participation and delivery rates across Derby and Derbyshire (97%, 95% and 99% respectively) – reducing pressure on GP services.
- Hypertension Case finding services are also widely available with 93% of community pharmacies delivering over 42,000 blood pressure checks in Derby and Derbyshire – an increase from 73% previously recorded.
- Growth in the Smoking Cessation will be expected in the coming years with more pharmacies anticipated to sign up to and deliver the service. Currently, over 30% are signed up to the service.
- Lateral Flow Tests (LFDs) are provided by over 70% of pharmacies with over 10,000 kits supplied in 2024.
- Three of the four Dispensing Appliance contractors handle the majority of Appliance Use reviews (AUR) and Stoma Appliance Customisation (SAC) services.
- Pharmacy Contraception service is signed up by 96% of pharmacies, with 47% offering initiation and 57% ongoing consultations, activity varying by district.

Locally commissioned services

- A range of local public health services are offered through pharmacy services in Derby and Derbyshire, including substance use services (Needle Exchange by 39%, Supervised Consumption by 84% and Take-Home Naloxone by 21%).
- Sexual Health services service as Emergency Hormonal service are provided by roughly half of pharmacies (49%) across the county.
- The COVID-19 Vaccination service is provided by 62% of pharmacies, with uptake differing by district.
- The Palliative Care scheme ensuring access to end of life medications, is available within 18% of pharmacies, with the lowest numbers in the most densely populated areas such as Derby and Chesterfield.

Other services

- Pharmacies offer non-commissioned services such as prescription delivery, which often come with restrictions for non-housebound/disabled patients.
- The contractor survey indicates that language support is well provided across pharmacies, with multiple languages spoken helping meeting the needs of the community. Additionally, 75% of pharmacies using language lines to support communication.
- Pharmacies have identified a potential gap where NHS-funded Monitored Dosage System (MDS packs) could be provided if commissioned.

Chapter 6 - NHS and other services

There are a range of NHS and other services that impact on the need for pharmaceutical services. In Derby and Derbyshire these include:

Hospital pharmacies

There are two acute hospitals in Derby and Derbyshire with on-site hospital pharmacies. Hospital pharmacies are not in scope of the PNA but reduce demand on community pharmacies as prescriptions written in the hospital are dispensed by the hospital pharmacy. One of these hospital pharmacies is located within the Derby Health and Wellbeing Board area:

- Royal Derby Hospital Pharmacy – Royal Derby Hospital, Uttoxeter Road, Derby, DE22 3NE.

Opening times:

Monday to Friday: 9am - 7pm

Saturday, Sunday and Bank Holidays: 9am - 5pm

One hospital pharmacy is located within the Derbyshire Health and Wellbeing Board area:

- Chesterfield Royal Hospital Pharmacy – Chesterfield Royal Hospital, Chesterfield Road, Calow, Chesterfield, S44 5BL.

Opening times:

Monday to Friday 8.30am to 6pm

Saturday 9am to 1pm

Sunday 10am to 12pm

Urgent treatment centres

Residents of Derby and Derbyshire have access to five Urgent Treatment Centres (UTCs) that are open between 8am and 8pm for urgent but non-life-threatening conditions, such as:

- Minor fractures and sprains
- Cuts and burns
- Minor head injuries
- Infections requiring urgent treatment.

One UTC is located in the Derby Health and Wellbeing Board area:

- Derby Urgent Treatment Centre - Entrance C, Derby Urgent Treatment Centre Osmaston Road, Derby, DE1 2GD.

Four UTCs are located in the Derbyshire Health and Wellbeing Board area:

- Whitworth Hospital Urgent Treatment Centre - 330 Bakewell Road, Darley Dale, Matlock, Derbyshire, DE4 2JD.
- Buxton Hospital Urgent Treatment Centre - London Road, Buxton, Derbyshire, SK17 9NJ.
- Ilkeston Hospital Urgent Treatment Centre - Heanor Road, Ilkeston, Derbyshire, DE7 8LN.
- Ripley Hospital Urgent Treatment Centre - Sandham Lane, Ripley, Derbyshire, DE5 3HE.

Personal administration of items by GP practices

A personally administered item is a prescription item that is both prescribed and administered by a member of the general practice team. This only applies to specific items such as anaesthetics and injections.

Local authority public health services

Both Derby City Council and Derbyshire County Council provide lifestyle and behaviour change services that reduce the need for such services to be commissioned as enhanced services within the Derby and Derbyshire Health and Wellbeing Board areas. These services are:

- [Livewell](#) – supporting people in Derby to lose weight, get fitter, stop smoking and improve their health.
- [Live Life Better Derbyshire](#) – supporting people in Derbyshire to feel fitter, lose weight or quit smoking.

Substance use services

Services are available in Derby and Derbyshire for those struggling with drugs or alcohol. [Derby Drug and Alcohol Recovery Services](#) serve Derby Health and Wellbeing Board area and [Derbyshire Recovery Partnership](#) serve the Derbyshire Health and Wellbeing Board area.

Sexual health services

[Your Sexual Health Matters](#) provides sexual health information, clinical services, and practical advice and support to people living in Derby and Derbyshire.

Chapter 7 – Public and Contractor Surveys

Public survey

Background

The PNA public survey was launched on Friday 14th February 2025 and closed on Friday 14th March 2025 23:45. The online survey was created in MS Forms and hosted by Derby City Council.

The survey had 41 questions arranged over three sections:

- Data Protection (1 question)
- Pharmacy (24 questions)
- About you (16 questions)

Most questions had answers that required respondents to either pick one option or all options that apply. There were a small number of questions where respondents could write a free text answer or leave blank. All questions had the option of leaving blank and moving on to the next question.

The survey took ten minutes to complete on average.

Engagement

The survey was promoted in various places, including:

- Derby City Council website.
- Derby City Council employee news bulletin.
- Social media e.g. Derby City Council Health and Wellbeing digest.
- University of Derby students.
- Derbyshire Districts.
- In Community Pharmacies and linked social medias.
- Healthwatch Derby media and incorporated into engagement team outreach visits.
- Specific inclusion health groups.
- Derbyshire Localities and Place team.
- Derbyshire County Council comms.
- Public Health networks.

At a midway point of the live survey, the PNA Working Group reviewed the engagement to date and examined the 'about you section' detailing respondents characteristics.

Populations showing low engagement were noted and a targeted engagement approach was carried out in the remaining time of the live survey. Low engagement groups at a midway review point included: males, residents in Derby City and Bolsover, people living in homes that are not owned, aged under 35 years old, LGBTQ+ population, all ethnicities other than White British, not in work groups (seeking work, student, home maker, sick, carer).

Feedback received during the live survey revealed the time and day question had a fault. This question had been designed for respondents to select any days of the weeks and any of the four time groups (before 9am, 9am-1pm, 1pm-6pm or after 6pm) that are convenient for visiting pharmacies, allowing for up to 28 selections. Unfortunately, this question was formatted on MS Forms with a likert scale which restricted response options to one day per time group. To mitigate this restriction, the question before the time and day question that asked respondents if 'your local pharmacy is open on a day and time that's convenient to you' has been examined more closely in the instance where respondents answered 'no'.

Results

The Derby and Derbyshire 2025 Public Survey had far greater engagement than previous surveys (22 in 2022, 44 in 2018, 217 in 2015).

The full list of results is provided in Appendix B. The following sections give a summary of the survey results.

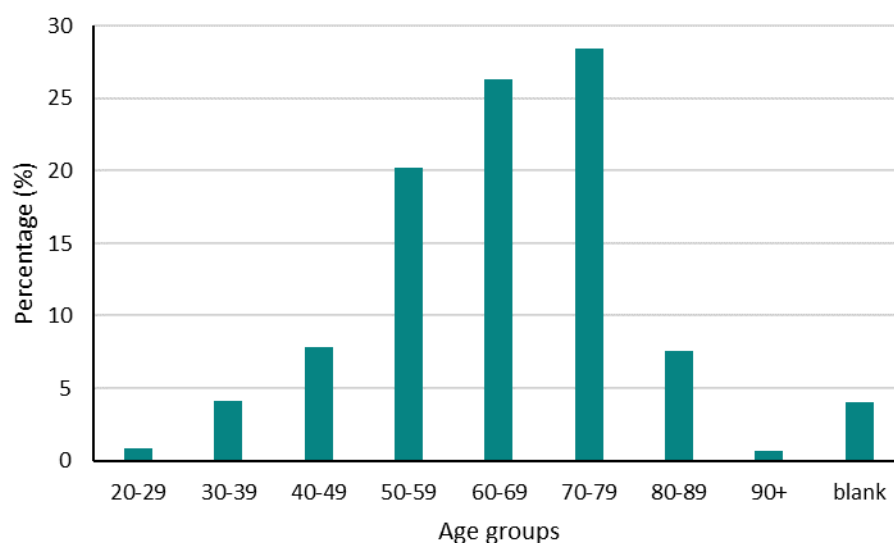
Data protection section

Of the 1,225 responses, 1,202 (99%) consented to the data protection question. Therefore, 23 responses had to be removed from the analysis. The number of responses left available for analysis reporting was 1,202 and the following results section uses this total.

About you section

Gender: 69% woman/girl; 28% man/boy. 96% had a gender identity that was the same as their sex registered at birth. 91% considered themselves to be heterosexual/straight; 5% preferred not to say. 74% of people provided ages between 50 and 79 years old.

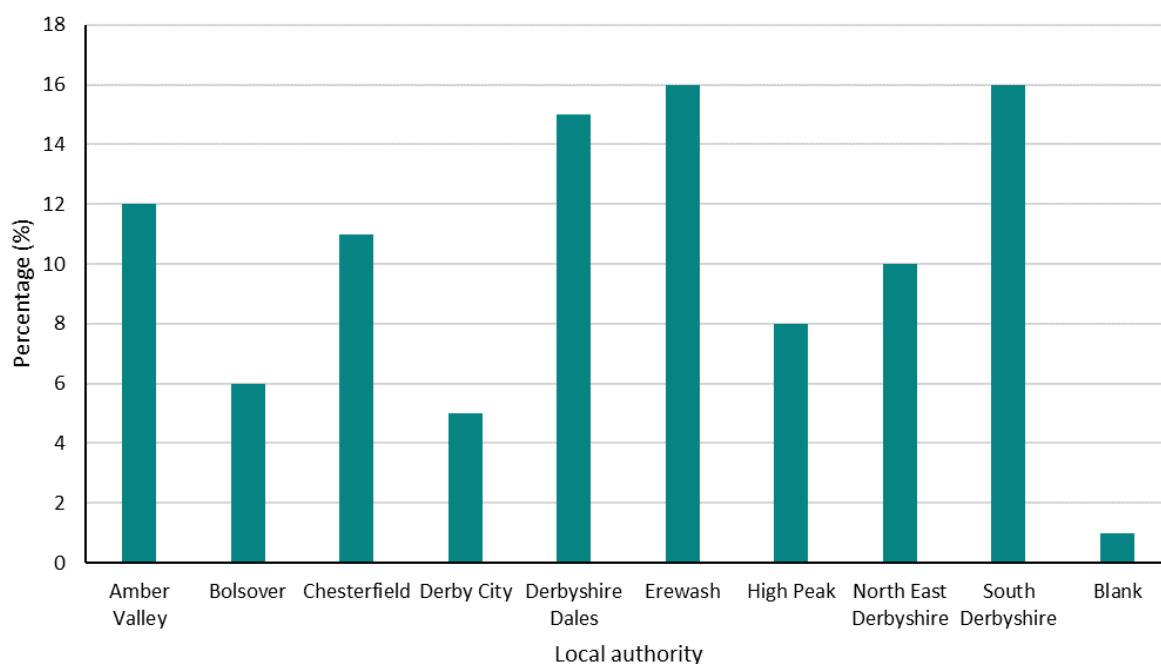
Figure 48: Public survey respondents age groups



21% consider themselves a disabled person. 94% gave their ethnicity as White English / Welsh / Scottish / Northern Irish / British. There was an even split on the religious beliefs question: 45% did not have religious beliefs and 44% did. Of those who answered yes, 45% provided the religion of Christian.

Respondents lived across all eight districts of Derbyshire and Derby City with some variation in participation across the areas. There was greater response from Erewash (16%), South Derbyshire (16%) and Derbyshire Dales (15%), and lower response from High Peak (8%), Bolsover (6%) and Derby City (5%).

Figure 49: Public survey respondents place of residence



Deprivation was derived from a valid postcode but one-in-five respondents did not provide a postcode or the postcode supplied was invalid. 40% of respondents lived in the least deprived quintiles 8-10 (2019 Index of Multiple Deprivation) compared to 10% of respondents who lived in the most deprived quintiles 1-3.

Table 46: Public survey respondents deprivation deciles

IMD Deciles	Percentage (%)
1	2
2	4
3	4
4	4
5	10
6	8
7	9
8	12
9	13
10	15
Blank	19
Total	100

One fifth of respondents lived alone and half lived with a partner. The remaining respondents lived in households that included one or more of the following: partners, children, relatives, and others (not family). Nearly all respondents shared the same home circumstances with 85% residing in a home that is owned (either outright or with mortgage). 10% lived in rented homes.

37% of respondents were working (employed or self-employed), and the other respondents were not working: half of respondents were retired (53%), 3% were sick, 2% carers and 1% home makers.

When asked about their health status, half of respondents chose either good or very good (51%), 36% chose fair and 10% selected bad or very bad.

Table 47: Public survey respondents self-reported health status

Health Status	Percentage (%)
Very good	12
Good	39
Fair	36
Bad	9
Very bad	1
Blank	2
Total	100

86% of respondents gave English as the language they spoke and/or read and other respondents spoke English as well as another language. 7% did not supply a response.

Pharmacy section

Knowledge

Respondents were asked about services that pharmacies provide from a supplied list of services. 55% knew of all and 44% knew of some of the listed services.

Utilisation

76% regularly used a community pharmacy or local chemist, 14% used a combination of both community and an online pharmacy, 2% used an online pharmacy. 8% did not regularly use any type of pharmacy.

Most respondents used a pharmacy for themselves (47%) or themselves and someone else (51%). Someone else mainly comprised of older relatives and children.

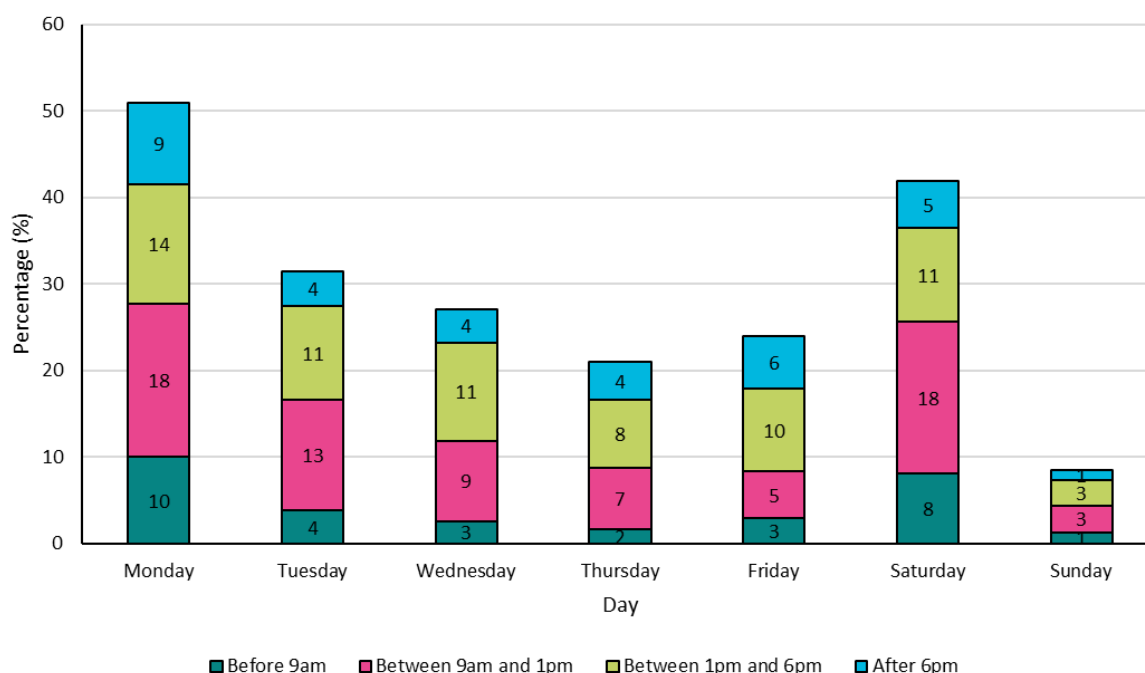
Three-fifths of respondents used a pharmacy once or twice a month (58%) and 29% used a pharmacy once every few weeks.

Three-quarters have a pharmacy that is open on a day and time that is convenient to them.

Respondents were asked about day and time preferences for visiting their usual pharmacy. The most popular days and times were (in order of preference):

1. Monday – morning, afternoon, before 9am, evening
2. Saturday – morning, afternoon
3. Tuesday – afternoon, morning
4. Wednesday – afternoon, morning
5. Friday - afternoon

Figure 50: Public survey respondents pharmacy opening day and time preferences



The reasons given for usual visits to a pharmacy included:

- Collect prescriptions for myself / others (vast majority of answers)
- Advice and guidance
- Vaccinations
- Buy medication and non-medical items (e.g. toiletries, first aid)
- Consultations, checks, minor treatments, chronic illness / long term conditions support

The main service used at pharmacies is to collect prescriptions as well as the purchase of over-the-counter medication, disposal of medicine, to get advice on health, and treatment of common conditions.

Respondents were asked how their pharmacy meets their needs and four-fifths gave the response 'always met or mostly met' and 18% answered 'sometimes met'.

Some respondents would like services from pharmacies which are not currently available, such as:

- Blood tests and diabetes monitoring
- Specific health advice
- Treatment (e.g. adult ear ache, UTIs, ear wax removal)
- Open hours to include weekends and evenings
- Communication - phone contact availability, notification prescriptions are ready, BSL, privacy to talk to a pharmacist
- Recycling of packaging

- Quicker service

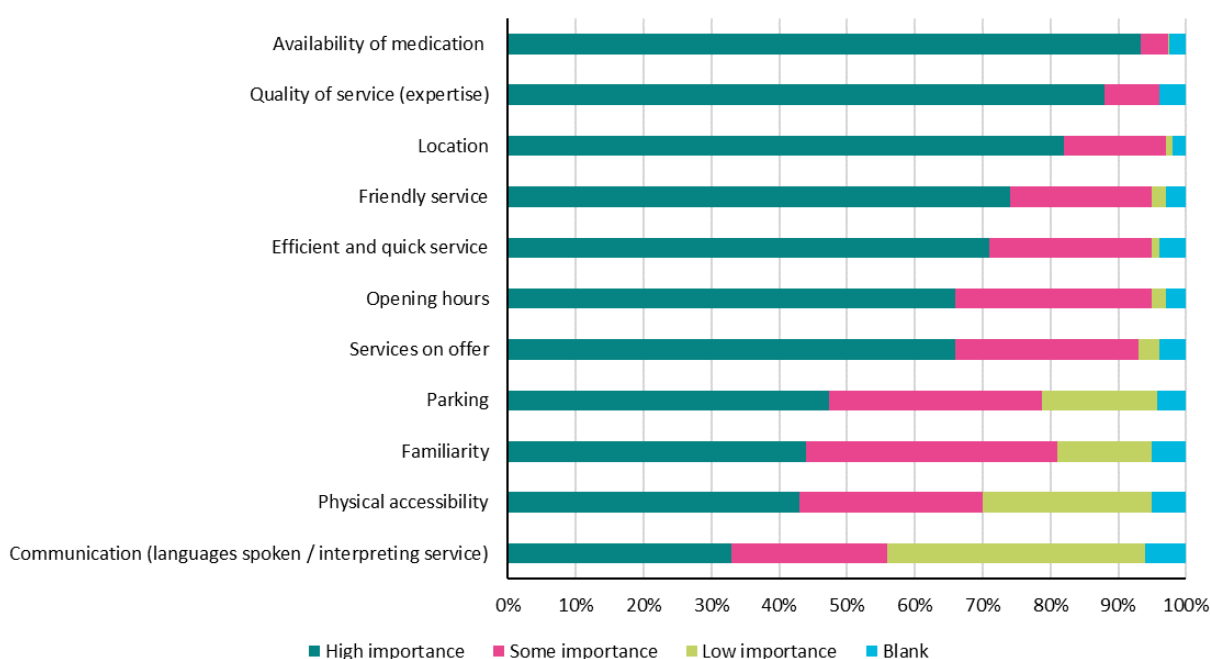
Many respondents are loyal pharmacy users with four-fifths using the same pharmacy each time. 80% use their nearest pharmacy. However, 20% have a more convenient and/or closer pharmacy that they do not use. The reasons offered for this behaviour included:

- Limited opening hours (closed lunchtimes, weekends, not open before 9am / after 5pm)
- Service – poor, inefficient, unfriendly, rude, grumpy staff, staff attitude, unhelpful, understaffed
- Preference to use pharmacy connected to GPs surgery / close to workplace
- Low stock
- Long wait for prescriptions
- Access and parking issues
- Queuing in pharmacy
- Limited staff knowledge
- Communication - not deaf awareness
- Parking is difficult – physical disability
- Prefer another
- Not reliable
- Don't deliver prescriptions

Pharmacy characteristics

Survey respondents were asked to indicate the level of importance (high/some/low) of various pharmacy characteristics.

Figure 51: Public survey respondents rated importance of pharmacy characteristics



The characteristics which were considered of high importance were the availability of medication, quality of service, location of pharmacy, friendly service provided, a timely and accurate service, pharmacy opening hours and services on offer.

Characteristics which were of less importance to the overall survey sample were physical accessibility and communication. However, these two features are highly important to specific population groups such as individuals using wheelchairs and individuals requiring services to facilitate communication e.g. hearing loops for the deaf community, as well as individuals in other circumstances.

Accessibility

9% of respondents have encountered accessibility issues with pharmacies. Free text responses included:

- Wheelchair and electric scooter inaccessibility (into and around building and consultation room)
- Difficult accessibility for less mobile / frail respondents (e.g. high awkward step into pharmacy, heavy manual door, seating unavailable)
- Pharmacies not open at times and days for the needs of full time workers (e.g. closed lunch times, evenings, weekends)
- Transportation – buses infrequent and unreliable, pharmacy not near public transport access
- Parking – can't park near, limited parking.
- Extremely busy and long wait times (e.g. sometimes need to stand close together, queue spilling outside)
- Staffing – not always staffed with a pharmacist, not always a female pharmacist for women
- Respondents with disabilities – no communication provided in British sign language , difficult physical access to pharmacy with guide dog,
- Worry over ability to keep driving the distance for prescriptions with increasing old age
- Lack of privacy to talk just to the pharmacist about health.
- Retaining independence – where accessibility issues have been encountered then other family members have collected prescriptions.

Travel

The most common form of travel to the pharmacy was car / motorbike (57%) followed by walking (34%). Three-in-four journeys typically take less than 15 minutes.

Visits within pharmacies usually took less than 15 minutes for most respondents (76%) and between 15 and 30 minutes for some (19%).

Satisfaction

Asked about advice given in the pharmacy, respondents were mostly 'very satisfied' (62%) or 'somewhat satisfied' (23%) and some were 'neither satisfied nor dissatisfied' (10%).

Some respondents have encountered repeated issues when using pharmacies which included:

- Prescriptions - low stock, out of stock, lack of availability of medicines, repetitive issues sourcing medication, not able to fill the whole prescription and requiring repeat visits, medication delays
- Communication - not informed prescription is ready
- Accessibility - issue by public transport, parking problems, not enough seating in the waiting area
- Opening hours - lunchtime closures, limited opening times and days
- Service - queuing in pharmacy, extremely busy, slow process, unhelpful staff, not enough staff, lack of urgency, unfriendly, often staffed without pharmacist, advised to talk to GP about issues
- 14% have been affected by pharmacy closures.

The last survey question provided respondents the opportunity to write any further comments. The answers included repetition of content already provided on pharmacies and several positive comments praising local pharmacy services.

Specific populations

The following section reviews responses from specific respondents in the survey:

- Pharmacy never/infrequently meets needs
- Pharmacy is not open at a convenient time
- I am disabled
- South Derbyshire residents
- Users of internet / online pharmacies

3% of respondents felt that their pharmacy 'never or almost never met' or 'infrequently met' their needs. Most of these respondents lived in Derbyshire Dales, Erewash or South Derbyshire. One-in-three were disabled. When asked if their local pharmacy is open on a day and time that was convenient, only 13% answered 'yes'.

6% of respondents did not have a local pharmacy that is open on a convenient day and time. Half of these respondents live in Erewash and South Derbyshire. Three-in-five were working. 42% had been affected by pharmacy closures. When asked about 'do you encounter any repeated issues when using pharmacies' responses included: closures over lunchtime, not open at weekends, slow process, long delays, limited stock availability.

21% of respondents answered 'yes' to the question that asked 'do you consider yourself to be a disabled person'. Two-in-five reported either a 'bad' or 'very bad' health status. One-in-five have encountered accessibility issues with pharmacies.

In the local area, the lowest rate of pharmacies is found in South Derbyshire. 16% of respondents were from South Derbyshire. When asked 'what extent does your pharmacy meet your needs' one-in-four responded 'sometimes met', 'never or almost never met', or 'infrequently met'.

2% of respondents use only internet/online pharmacies. The average age was 66 years old, one-in-four were disabled, all ethnicities were White, most resided in Derbyshire Dales, Erewash and Chesterfield, and lived either with a partner or alone.

Contractor survey

The PNA contractor survey was conducted online using MS Forms and circulated to all pharmacy contractors across Derby and Derbyshire from 14th February 2025 to 14th March 2025.

The survey itself comprised of 16 questions, covering key areas such as the pharmaceutical services, consultation facilities, opening hours and accessibility. All questions were thoroughly reviewed and approved by the PNA Steering group.

A total of 76 completed responses were received. The contractor survey also covered private services covered from pharmacies which included These results are summarised throughout the relevant sections of the PNA, with a comprehensive breakdown in Appendix C.

Chapter 8 – Public consultation

As required by the Pharmaceutical Regulations 2013, the HWBs of Derby and Derbyshire undertook a 60-day formal consultation on the draft Pharmaceutical Needs Assessment. The consultation opened on 23rd June 2024 and closed on the 22nd August 2025.

The draft PNA and accompanying online survey was made available on the Derby City Council's "Let's Talk Derby" consultation page. Invitations to review and comment on the draft document were sent out to a wide range of stakeholders, including all community pharmacies across Derby and Derbyshire and those who must be consulted with. The survey was also open to members of the public, as well as engagement groups identified through Healthwatch.

A total of 12 responses were received. This included feedback from three local pharmacists, both local authorities, two members of the public living in Derby, a member from the ICB, a social care provider and a neighbouring Health and Wellbeing Board.

Online survey responses

Overall, feedback from the online survey was mostly positive with:

- 82% agreed or strongly agreed that the purpose of the PNA was clearly explained.
- 83% agreed or strongly agreed that the process of the PNA was clearly explained.
- 75% agreed or strongly agreed that the PNA accurately reflects the needs of the Derby and Derbyshire population.
- 83% agreed or strongly agreed that the PNA accurately reflects the current provision of pharmacy services.
- 75% agreed or strongly agreed that the PNA provides sufficient information to help inform market entry decisions for new contractors.
- 83% agreed or strongly agreed that the PNA provides enough information to inform planning for future pharmaceutical services.
- 75% agreed or strongly agreed to the conclusions of the PNA.

Respondents were also asked about potential gaps in service provision and barriers to access that may not have been identified in the draft PNA:

- 50% reported no additional gaps, 17% identified further gaps and 33% were unsure.
- 58% reported no additional barriers, 8% identified barriers not already included and 33% were unsure.

Only one respondent (local pharmacist) gave written feedback on service provision that was not highlighted in the PNA.

Comments:

"We also do the following Services: Travel Advice and Vaccination, Ear Microsuction and Irrigation, Independent Prescribing, Weight Management and advice on LTC. Screening Services - BP, Bd Glucose, Bd Cholesterol. Asthma Medication and inhaler technique Optimisation - Using Incheck Device"

Written Consultation Feedback

Alongside the survey responses, several written comments were received during the consultation process. These helped highlight the following key themes:

Future Needs and Changing Role of Community Pharmacies

- A response highlighted the need for the PNA to reflect the changing role of community pharmacies in line with the 10-year health plan, in relation to better integration of clinical services into neighbourhood teams to address health inequalities.
- To ensure pharmacies are a key pillar to support existing and new models of care that are tailored to local communities, as well as expanding their role to reduce the demand on primary and secondary services.
- To update the HWB annually of any significant changes that could create a gap in pharmacy provision.

Terminology and Accuracy

- A correction was referenced in regard to changes for the notice period to supplementary hours.
- Suggestions on updating terminology (i.e. using substance misuse to substance use), adding a recently updated contract, as well as correcting minor typography and formatting issues.
- A neighbouring Health and Wellbeing board (Nottinghamshire) had reviewed the PNA draft and were satisfied that there were no gaps in cross border provision.

Service Provision

- A comment was made in relation to palliative care services being made more widely available that mentioned, with numbers potentially restricted due to funding arrangements.
- Another suggestion was to potentially flush out more information from the contractor survey, in particular in relation to private services such as ear wax removal.

Despite these comments, the respondents generally felt that the draft PNA was a balanced, comprehensive and robust document.

Members of the steering group have acknowledged the comments from the consultation group and have made relevant corrections and changes to the final PNA document.

A summary of the survey responses can be found in Appendix D.

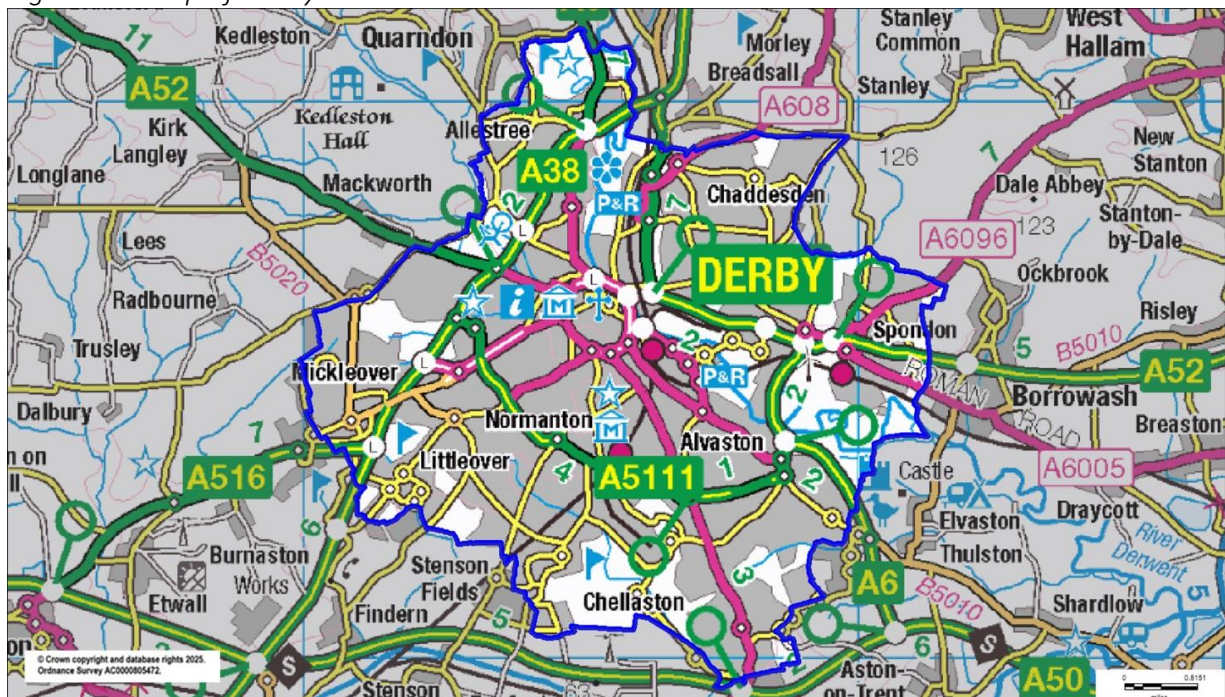
Chapter 9 - Locality profiles

The following section provides individual PNA summary profiles at a Derby and Derbyshire District level, drawing insight from our understanding of the demographic characteristics, health needs and pharmaceutical provision, and whether it is felt that this provision is adequate on the basis of access and availability of services within each area. Each is discussed in greater detail in later sections of the document. Pharmaceutical services are accurate as of December 2024.

Derby

Derby City lies upon the banks of the River Derwent and is located in the south of the county of Derbyshire. It is comprised of 17 wards that are characterised by varying levels of deprivation and ethnic diversity. These range from the lower levels within Allestree and Mickleover to higher levels across Arboretum and Normanton. The city's key points of interest include the Cathedral Quarter, Silk Mill Museum and Darley Abbey. Housing developments range from the modern, more affluent residential areas of Mickleover and Oakwood to the large council housing estates within Chaddesden. There are a number of assets to the area that include its parks and nature reserves, which are distributed across the wards. There are also a diversity of religious sites and community facilities.

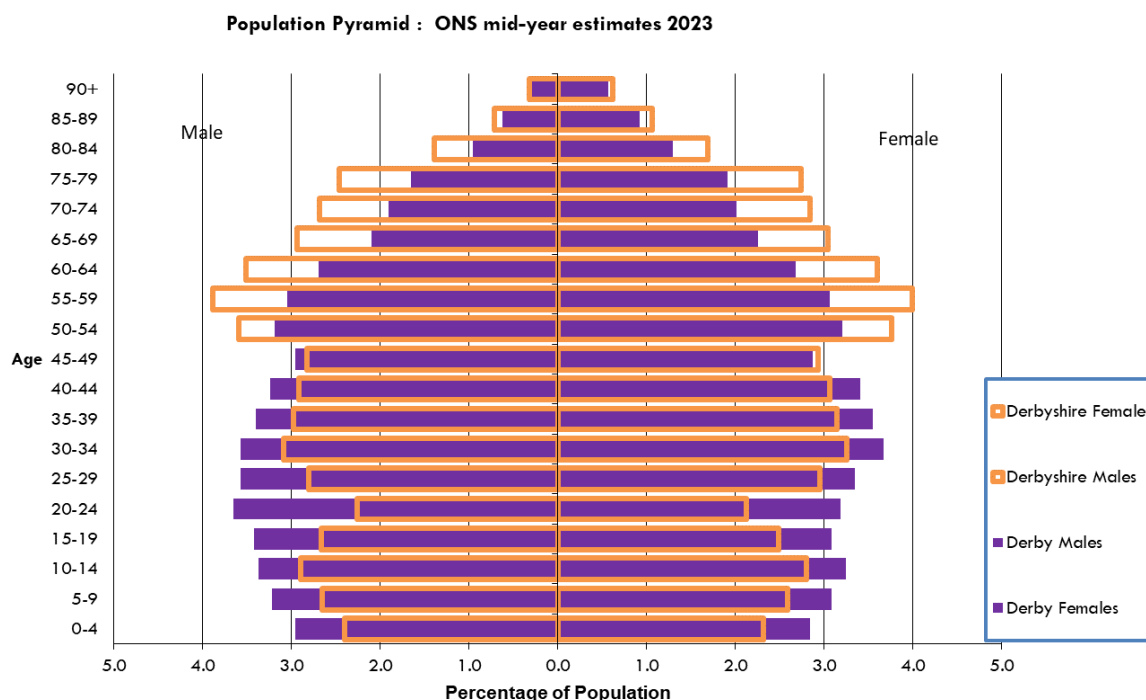
Figure 52: Map of Derby



Derby has a population of 266,460 citizens (ONS, Mid-2023 population estimates). It is a relatively young city with a higher proportion of 20-34 year-olds (20.8%) than individuals over 65 years (17.2%). Derby has a higher proportion of younger people and a

smaller proportion of older people than Derbyshire as a whole. Nevertheless, the proportion of people over 65 is expected to increase by 21.3% by 2043 (ONS, 2018-based subnational population projections). The city of Derby has a much more ethnically diverse population than Derbyshire as a whole.

Figure 53: Derby City Population Pyramid



Employment

The city's largest employers specialise in manufacturing, extending across renowned businesses such as Rolls Royce, Toyota Motor Manufacturing and Alstom (formerly Bombardier). There are also several smaller creative companies that range from textiles to filmmaking.

NHS services

There are 23 General Practices across the city, in addition to 9 branch surgeries, one of which is a dispensing practice, and walk-in centres. University Hospitals of Derby and Burton NHS Foundation Trust provide both acute hospital and community-based health services. Its hospitals consist of Royal Derby Hospital, Queen's Hospital Burton, Florence Nightingale Community Hospital, Samuel Johnson Community Hospital and Sir Robert Peel Community Hospital. These provide a range of inpatient and outpatient medical and surgical specialities, intensive care, maternity services, community and children's services and accident and emergency care. Derbyshire Community Health Services NHS Foundation Trust provides intermediate care services at Florence Nightingale Community Hospital.

There are 52 pharmacies in the area that provide a range of services, including vaccinations, medicines use review, needle exchange supply and supervised consumption. There are 2 Dispensing Appliance Contractors, including 1 dispensing GP practice based in the city. Figure 54 shows an overview of the pharmacy services provided in Derby City.

Poverty

Approximately 17,640 children aged under 16 (33.3%) live in poverty in the city. These children live in families who experience deprivation relating to relatively low income, the majority in families whose income is also low in absolute terms.

Quality of health

The city is affected by significantly lower life expectancy and significantly higher rates of premature mortality from cardiovascular diseases and liver diseases than the national average. Derby also has a high rate of hospital admissions with alcohol-related conditions.

Accessibility

There are 19.5 pharmacies for every 100,000 population in Derby, the same as the national average. This has fallen from 21 per 100,000 since the last PNA. There is also one Dispensing GP. Almost 100% of the population are within 1.6km (1 mile, representing an approximately 20-minute walk) of a pharmacy, as shown in Figure 55.

Strategic priorities and key health needs

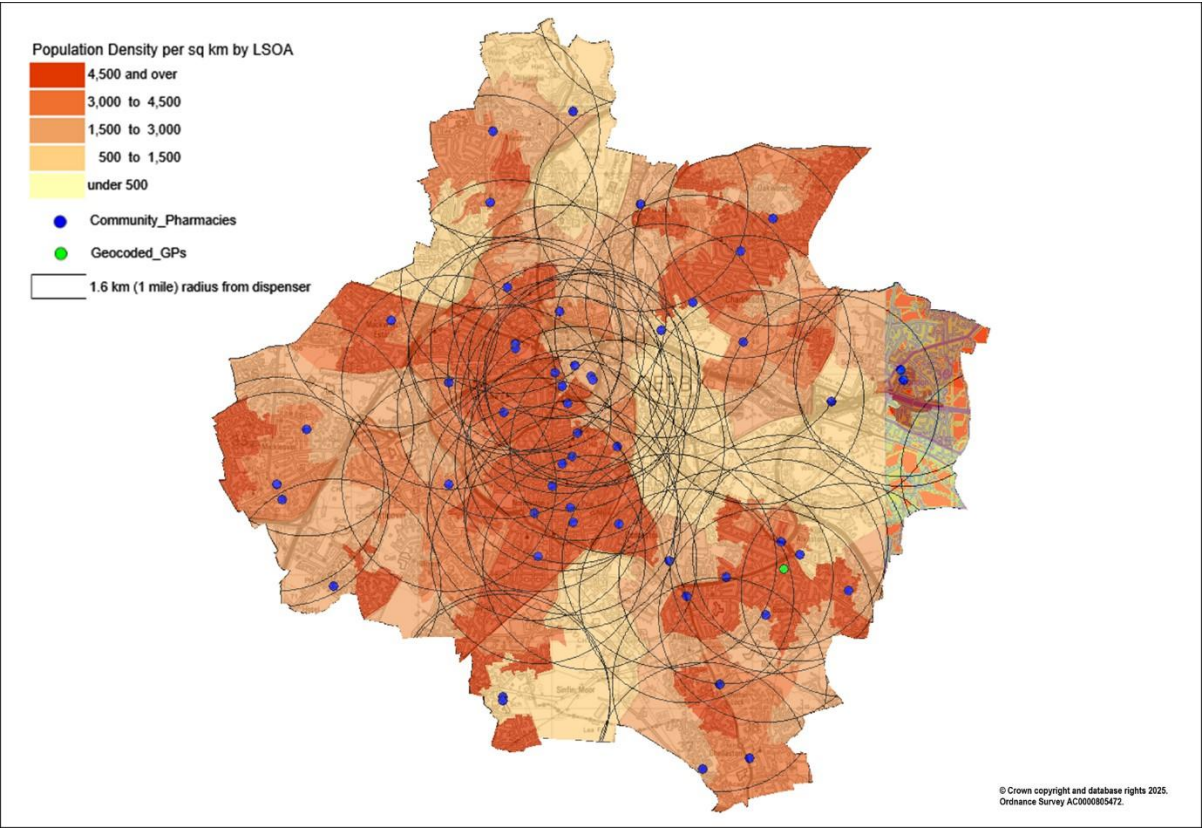
Our ambition in the city is that the population start life well, live well and stay well and age well and die well. We are prioritising a number of areas that we know are contributing to reduced life expectancy and healthy life expectancy; morbidity; and health inequalities. These priorities are:

- Reducing smoking prevalence
- Increasing the number of children and adults who are a healthy weight
- Reducing harmful alcohol consumption
- Increasing the number of adults and children, are participating in physical activity
- Improving the mental health and emotional wellbeing of all individuals
- Reducing the number of children living in low-income households
- Increasing access to safe, suitable, and affordable housing

Figure 54: Pharmaceutical services provided in Derby

	Derby		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	50	18.8	191	17.7
Appliance Use Reviews	2	0.8	3	0.3
Stoma Appliance Customisation	2	0.8	5	0.5
Flu Vaccination Service (population)	49	18.4	187	17.3
Lateral Flow Device Service	34	12.8	143	13.3
Smoking Cessation Service	16	6.0	60	5.6
Pharmacy Contraception Service	50	18.8	188	17.4
Hypertension Case Finding	52	19.5	191	17.7
Pharmacy First Services	52	19.5	194	17.9
COVID_19 vaccination service	29	10.9	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	24	9.0	76	7.1
Supervised Consumption	41	15.4	165	15.3
Take Home Naloxone Service	24	9.0	41	3.8
Emergency Hormonal contraception	31	11.6	97	9.0
Flu Vaccination Service (front-line staff)	23	8.6	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	3	1.1	36	3.3
Anticoagulants	0	0	4	0.4

Figure 55: Map of pharmaceutical service coverage in Derby



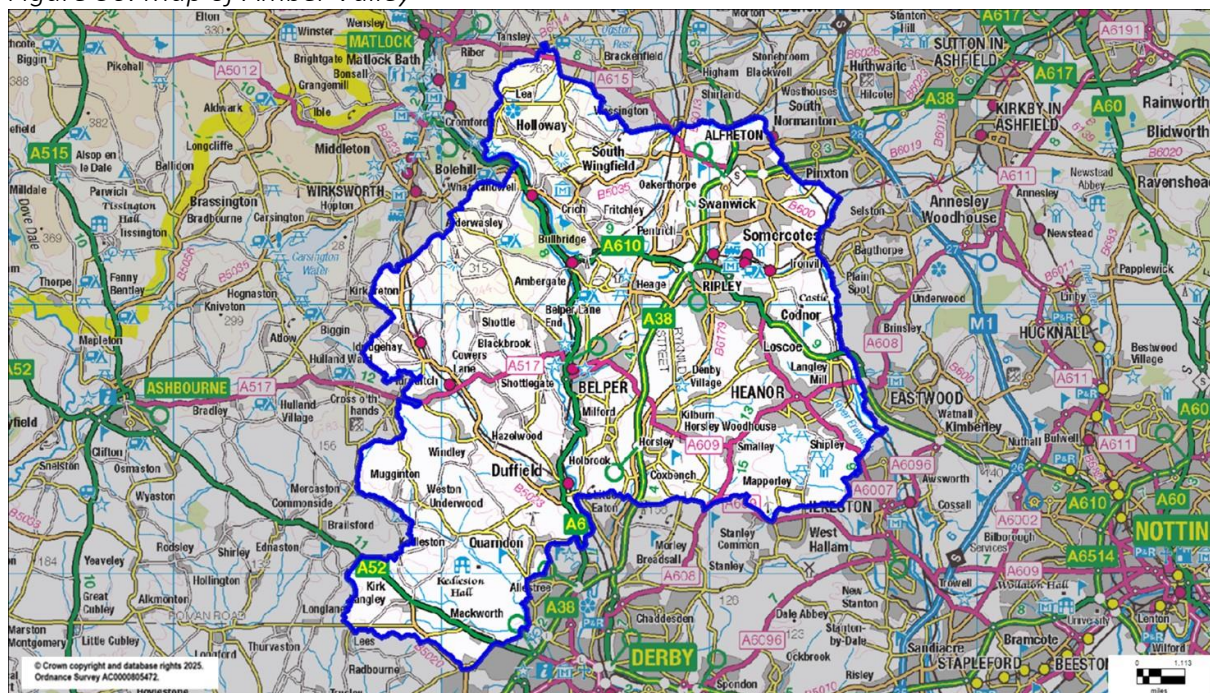
Amber Valley

The district of Amber Valley encompasses the four market towns of Alfreton, Belper, Heanor and Ripley, in addition to several villages and smaller settlements. Whilst the eastern area is primarily urban, the western part is more rural, with countryside surrounding the villages and Belper.

The borough ranks 167th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are pockets of deprivation in which 10% of its lower super output areas rank within the most deprived 20% nationally.

The latest census data highlights a markedly higher proportion of owner-occupied households than the national average (74.1% compared with 63.3%). Despite this, there are hidden elements of deprivation in which a minority of households are affected by overcrowding (3.2%) and a lack of central heating (2.2%). The area's nature reserves and award-winning parks, heritage features and architecture, make this an ideal location for being physically active as well as a high-quality environment for tourists.

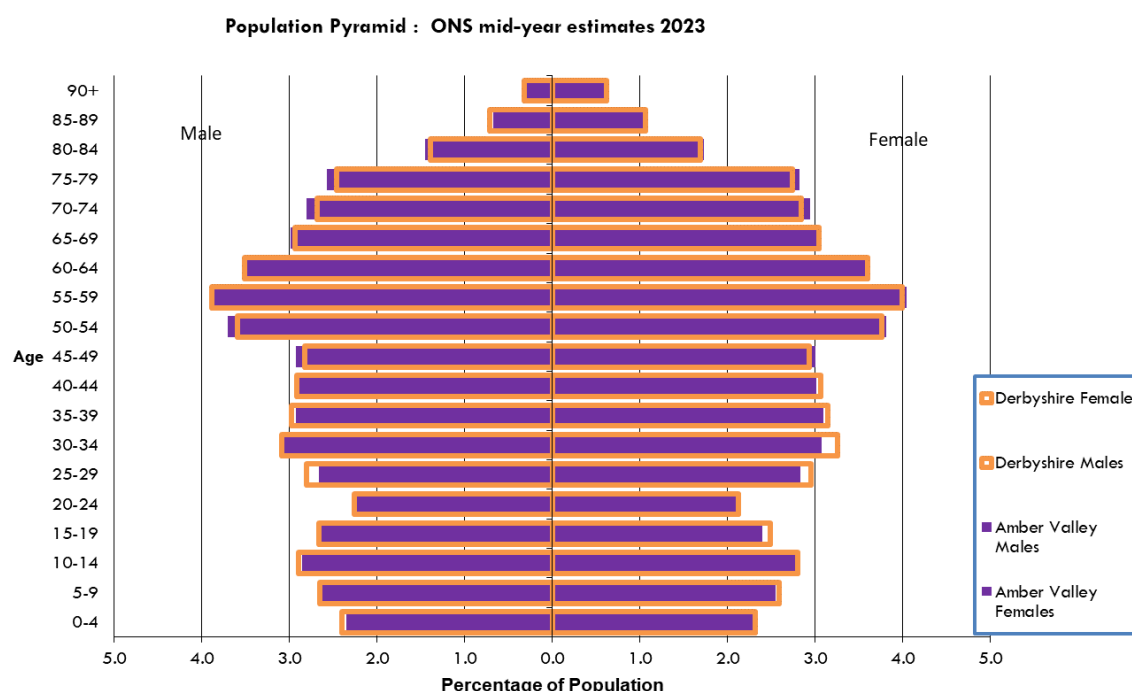
Figure 56: Map of Amber Valley



Population

Amber Valley has a citizen population of 128,939 that is expected to increase to 145,446 by 2043. Black and minority ethnic individuals form a relatively low proportion, with less than 4% who are not White British. The age structure of Amber Valley is generally similar to Derbyshire as a whole. People aged over 65 years comprise almost 24% of the population, roughly the same as the national average. By 2043 this is expected to have risen to over 28%.

Figure 57: Amber Valley Population Pyramid



Employment

Major businesses in the area specialise in retail, manufacturing, health, education and the provision of bespoke services such as tourism. The district is home to the head office of Thorntons (a leading confectionary brand), as well as a number of retail outlets across all four market towns. Leading manufacturing companies include HL Plastics – one of the district's largest employers and Alfreton Trading Estate, which is comprised of industrial/warehouse units. The employment rate stands at 77.1%, comparable with Derbyshire at 76.6% and England at 75.7%.

NHS services

There are 14 General Practices within the district with 4 branch surgeries and one of which is a dispensing practice. Ripley Hospital is the main community hospital in the area. The majority of its services are provided by Derbyshire Community Health Services NHS Foundation Trust. These include an Urgent Treatment Centre, musculoskeletal, physiotherapy, and occupational therapy services. Babington Hospital in Belper provides community therapy, physiotherapy and children's services. University Hospitals of Derby and Burton NHS Foundation Trust provides outpatient services in Gynaecology, Trauma and Orthopaedics, Ophthalmology, and Medicine for the Elderly within Ripley hospital. There are 24 pharmacies in the district all offering essential services in addition to those shown in Figure 58.

Poverty

It is estimated that 4,550 children (21.5%) live in poverty. These children live in families that experience deprivation relating to relative low incomes, the majority in families whose income is also low in absolute terms.

Quality of health

Within Amber Valley, there is a significantly higher rate of hospital admissions with alcohol-related conditions. The percentage of adults classified as overweight or obese is also significantly higher than the national average.

Accessibility

At time of writing, there are 24 pharmacies in Amber Valley – 18.8 pharmacies to every 100,000 population in Amber Valley compared to the national average of 19.5 and roughly the same at the time of the last PNA. Figure 58 demonstrates that most of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy.

Strategic priorities and key health needs

Derbyshire County Council Public Health has recently published a county-wide strategic plan⁸⁷ describing its vision, areas of focus and public health approach to tackling health inequalities and increasing health life expectancy (HLE) in Derbyshire.

The five areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Enable good mental health
- Enable the best start in life
- Reduce poverty and encourage good financial wellbeing
- Protect and enable people of all ages to live safe and healthy lives

Future housing plans

The Emerging 'Submission' Local Plan for Amber Valley makes provision for a minimum of 9,036 additional homes in sustainable locations across the borough between 2022 and 2040. The primary focus for new development will be in and around the four urban areas of Alfreton, Belper, Heanor and Ripley and land in Amber Valley that is adjacent to Derby City.

As part of the ongoing Local Plan Examination, the Planning Inspectorate have already concluded that the Strategic Growth Site at Mackworth is not currently deliverable and as such 1,320 homes of the expected housing provision within the Plan is not achievable.

⁸⁷ Derbyshire Observatory (2025). *Public Health Strategic Plan*, Available at: <https://observatory.derbyshire.gov.uk/public-health-strategic-plan-2024-2027/>

In terms of housing requirements, the Planning Inspectorate have also stated that Amber's Valleys contribution (1,320 homes) to meeting unmet Derby Housing Market Area need should be reflected within the housing requirement which increases the annual requirement for the Borough to 424 dwellings per annum making a Plan requirement of 7,632 dwellings. As part of the Government's revised National Planning Policy Framework in December 2024, Amber Valley's housing requirement has been increased to 615 dwellings per annum: outcome-of-the-new-method. However, owing to transitional arrangements the Emerging Local Plan can progress under the previous housing requirements

Figure 58: Map of pharmaceutical service coverage in Amber Valley

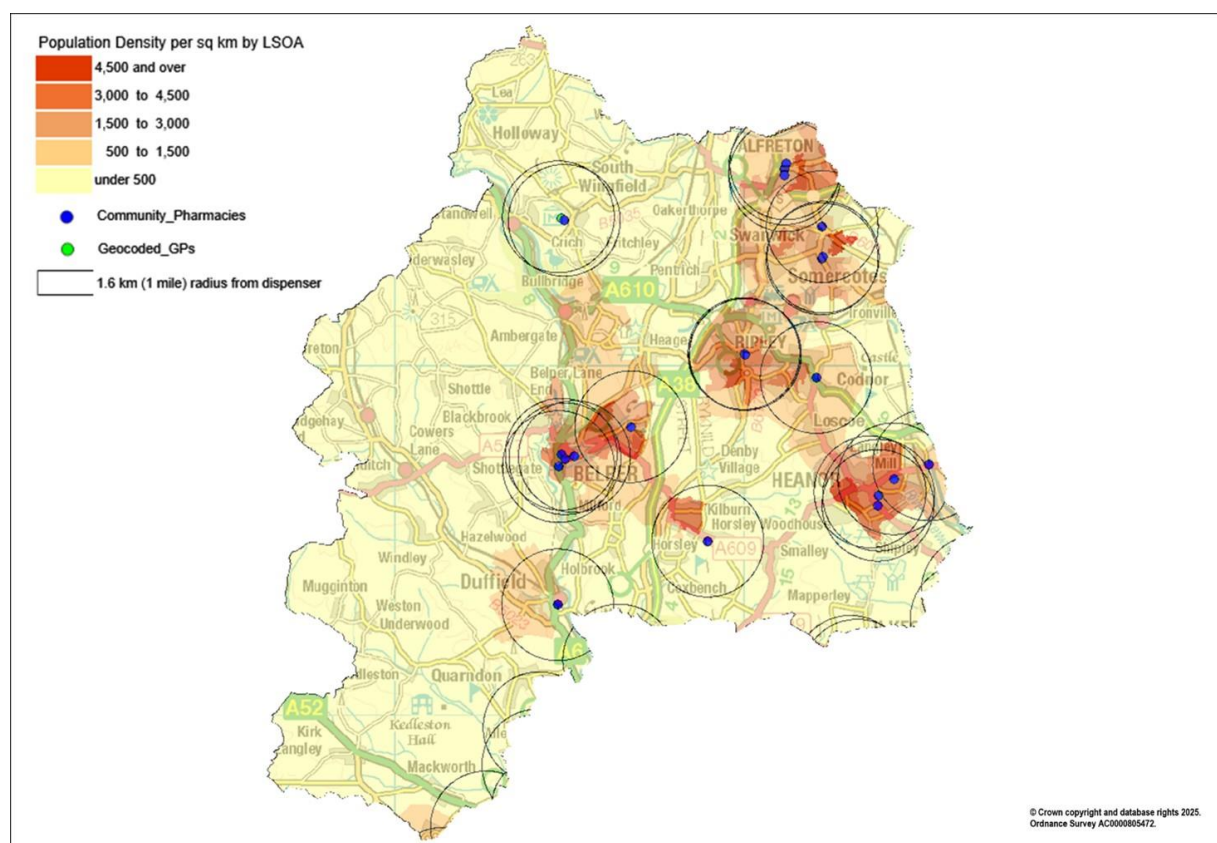


Figure 59: Pharmaceutical services provided in Amber Valley

	Amber Valley		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	24	18.8	191	17.7
Appliance Use Reviews	0	0.0	3	0.3
Stoma Appliance Customisation	1	0.8	5	0.5
Flu Vaccination Service (population)	23	18.0	187	17.3
Lateral Flow Device Service	16	12.5	143	13.3
Smoking Cessation Service	5	3.9	60	5.6
Pharmacy Contraception Service	24	18.8	188	17.4
Hypertension Case Finding	24	18.8	191	17.7
Pharmacy First Services	24	18.8	194	17.9
COVID_19 vaccination service	12	9.4	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	9	7.0	76	7.1
Supervised Consumption	22	17.2	165	15.3
Take Home Naloxone Service	4	3.1	41	3.8
Emergency Hormonal contraception	9	7.0	97	9.0
Flu Vaccination Service (front-line staff)	12	9.4	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	7	5.5	36	3.3
Anticoagulants	0	0	4	0.4

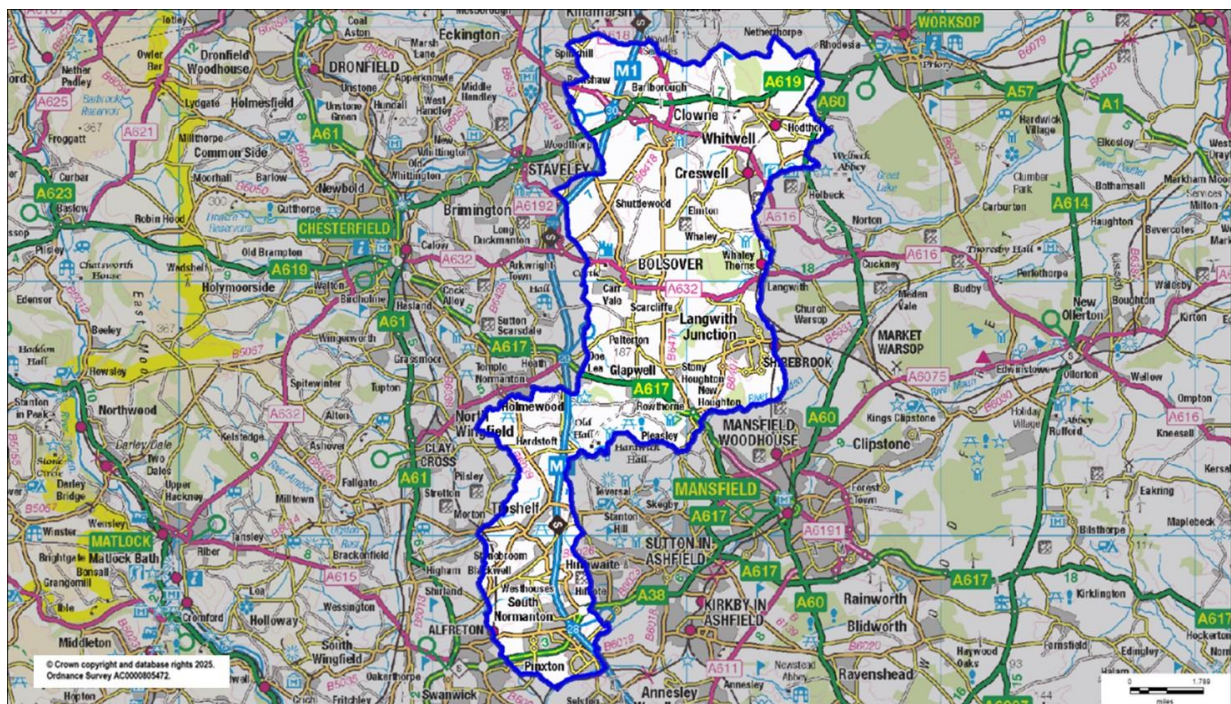
Bolsover

The Bolsover district is situated in the northeast of Derbyshire and has four towns and five main villages. Mainly rural in composition, it has a long history of coal mining and is the most deprived district of Derbyshire.

The area ranks 58th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. 23% of its lower super output areas rank within the most deprived 20% nationally.

Furthermore, the proportion of households that are deprived in two or more dimensions (33.2%) is higher than the Derbyshire (25.2%) and national average (24.8%). Despite this, there are a number of assets to the area such as its outdoor recreation facilities, including Pleasley Vale outdoor activity centre. There are also several retail outlets, including East Midlands Designer Outlet and markets that sell a wide range of goods.

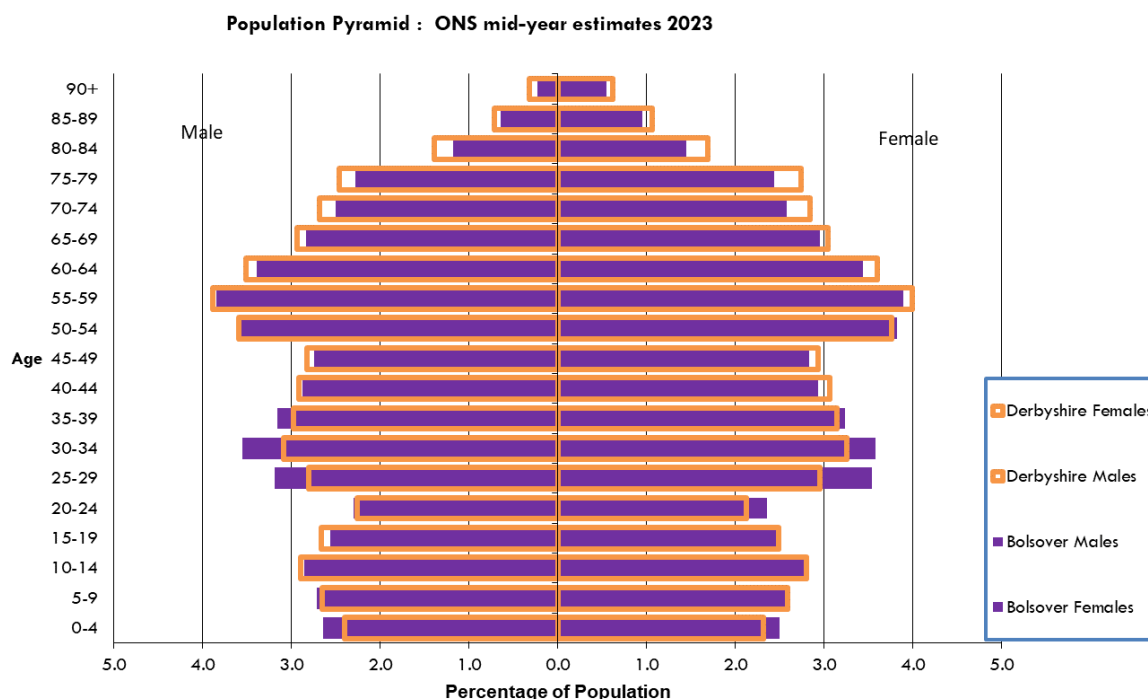
Figure 60: Map of Bolsover



Population

Bolsover has a population of 83,468 that is expected to increase to 92,436 by 2043. 21% of its population are aged 65 and over, similar to Derbyshire as a whole. It is anticipated that by 2043 this will rise to 26%. Black and minority ethnic individuals form 3.7% of the local population, which is lower than the Derbyshire (4.2%) and national (20.2%) average.

Figure 61: Population Pyramid for Bolsover



Employment

Business administration and manufacturing are key employment sectors within the area. The employment rate stands at 77.6%, comparable with Derbyshire at 76.6% and England at 75.7%.

NHS services

There are 11 General Practices across the district with 4 branch surgeries, 2 of which provide dispensing services, as well as 16 pharmacies all offering essential services in addition to those shown in Figure 62. Bolsover Hospital was the main community hospital in the area but was permanently closed in early 2019.

Poverty

It is estimated that 3,890 children (27.6%) live in poverty. These children live in families that experience deprivation relating to relative low incomes, the majority in families whose income is also low in absolute terms.

Quality of health

Bolsover residents have a significantly lower life expectancy than in England as a whole. The district has significantly higher rates of premature cancer mortality, obesity and alcohol-related hospital admissions.

Accessibility

There are 19.3 pharmacies to every 100,000 population in Bolsover, compared to the national average of 19.5, but down from 21 since the last PNA.

Figure 63 demonstrates that most of the population will be within 1.6km (a 1-mile walk of approximately 20 mins) of a pharmacy.

Strategic priorities and key health needs

Derbyshire County Council Public Health has recently published a county-wide strategic plan⁸⁸ describing its vision, areas of focus and public health approach to tackling health inequalities and increasing health life expectancy (HLE) in Derbyshire.

The five areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Enable good mental health
- Enable the best start in life
- Reduce poverty and encourage good financial wellbeing
- Protect and enable people of all ages to live safe and healthy lives

Future housing plans

The current position in terms of future housing numbers in the district of Bolsover is 5,723 dwellings to be delivered between 2014 and 2033. This is the position in the Adopted Local Plan (2020). As of April 2024, 3,680 houses have been completed between 2014 and 2024.

Planning permission has been granted for a further 1,904 dwellings, made up as follows:

- Towns - Bolsover 446, Clowne 43, Shirebrook 253, South Normanton 74
- Large Villages - Creswell 308, Barlborough 15, Pinxton 86, Tibshelf 25, Whitwell 475
- Small Villages - Blackwell 27, Glapwell. Bramley Vale and Doe Lea 47, Hodthorpe 49, Langwith 1, Newton 8, Pleasley 6, Scarcliffe 1, Shuttlewood 1, Westhouses 2, Whaley Thorns 18, Hilcote 1
- Countryside locations - 19

In addition to this, two local plan strategic site allocations are expected to come forward in the plan period.

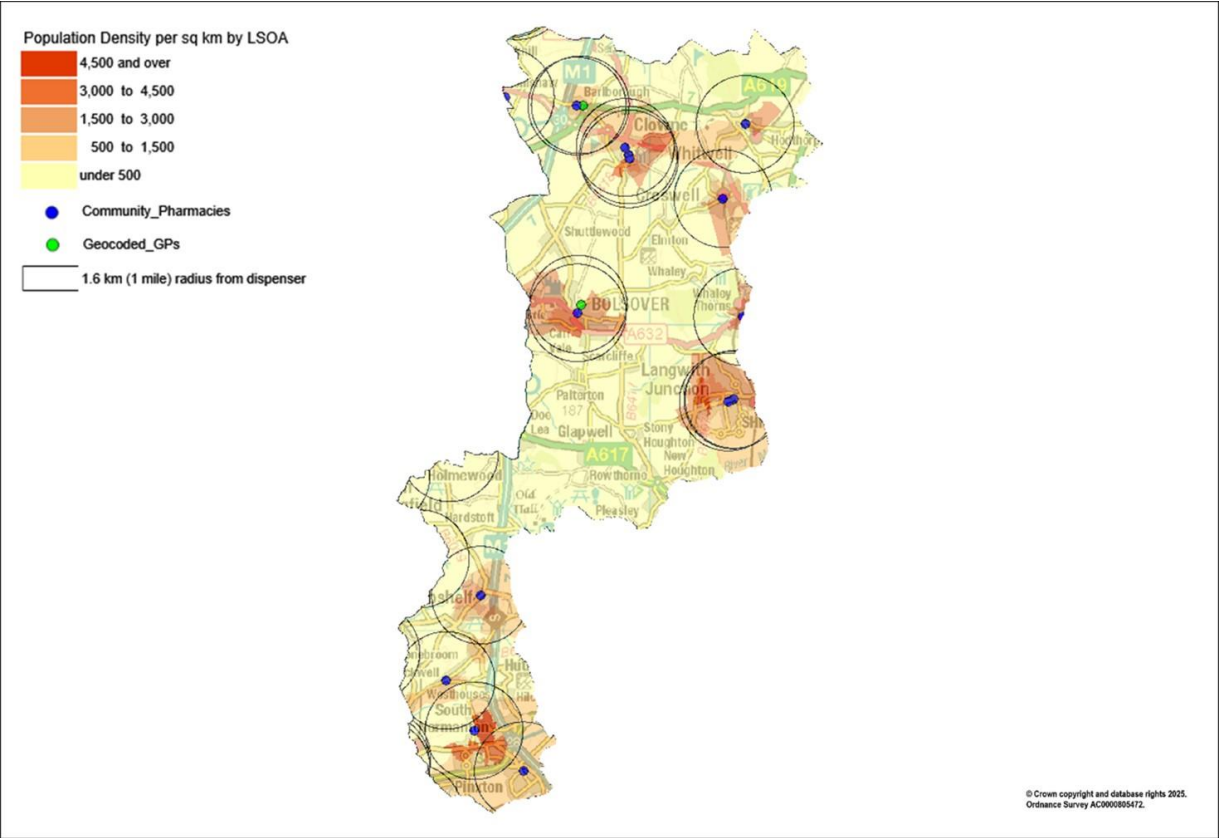
- 1,800 at Clowne Garden Village – awaiting final approval
- 547 at Bolsover North – application recently received and as yet undetermined.

⁸⁸Derbyshire Observatory (2025). *Public Health Strategic Plan*, Available at: <https://observatory.derbyshire.gov.uk/public-health-strategic-plan-2024-2027/>

Figure 62: Pharmaceutical services provided in Bolsover

	Bolsover		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	16	19.3	191	17.7
Appliance Use Reviews	0	0.0	3	0.3
Stoma Appliance Customisation	1	1.2	5	0.5
Flu Vaccination Service (population)	16	19.3	187	17.3
Lateral Flow Device Service	11	13.3	143	13.3
Smoking Cessation Service	7	8.5	60	5.6
Pharmacy Contraception Service	15	18.1	188	17.4
Hypertension Case Finding	15	18.1	191	17.7
Pharmacy First Services	16	19.3	194	17.9
COVID_19 vaccination service	11	13.3	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	6	7.2	76	7.1
Supervised Consumption	14	16.9	165	15.3
Take Home Naloxone Service	1	1.2	41	3.8
Emergency Hormonal contraception	4	4.8	97	9.0
Flu Vaccination Service (front-line staff)	9	10.9	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	3	3.6	36	3.3
Anticoagulants	0	0	4	0.4

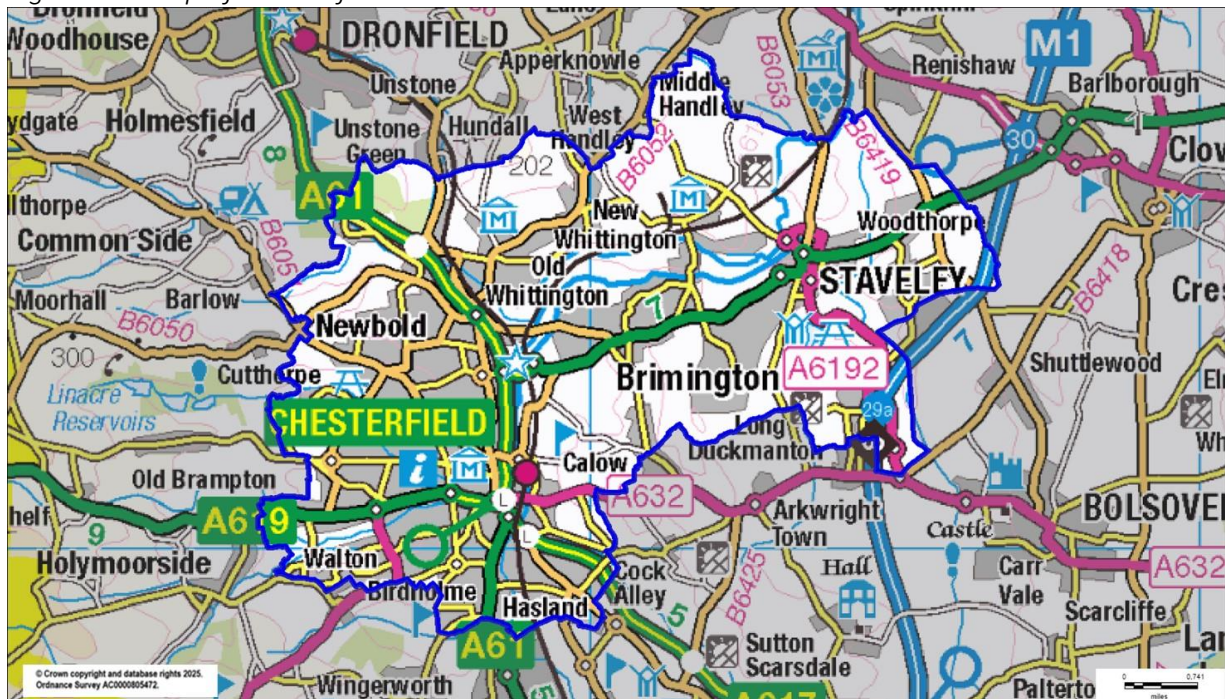
Figure 63 : Map of pharmaceutical service coverage in Bolsover



Chesterfield

Primarily urban, Chesterfield contains the two market towns of Staveley and Chesterfield and is known as the gateway to the Peak District. It is a major centre of employment that attracts almost 20,000 commuters every day. Despite this, the area is relatively deprived and ranks 86th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. 29% of its lower super output areas rank within the most deprived 20% nationally. Census data indicates that 28.8% of households are deprived in two or more dimensions. This is higher than the Derbyshire (25.2%) and national average (24.8%). Chesterfield is surrounded by unspoilt countryside, which serves as an enabler of physical activity. It also has access to a number of key attractions such as Creswell Crags – a world famous archaeological site, and Hardwick Hall – one of Britain's finest Elizabethan houses.

Figure 64: Map of Chesterfield



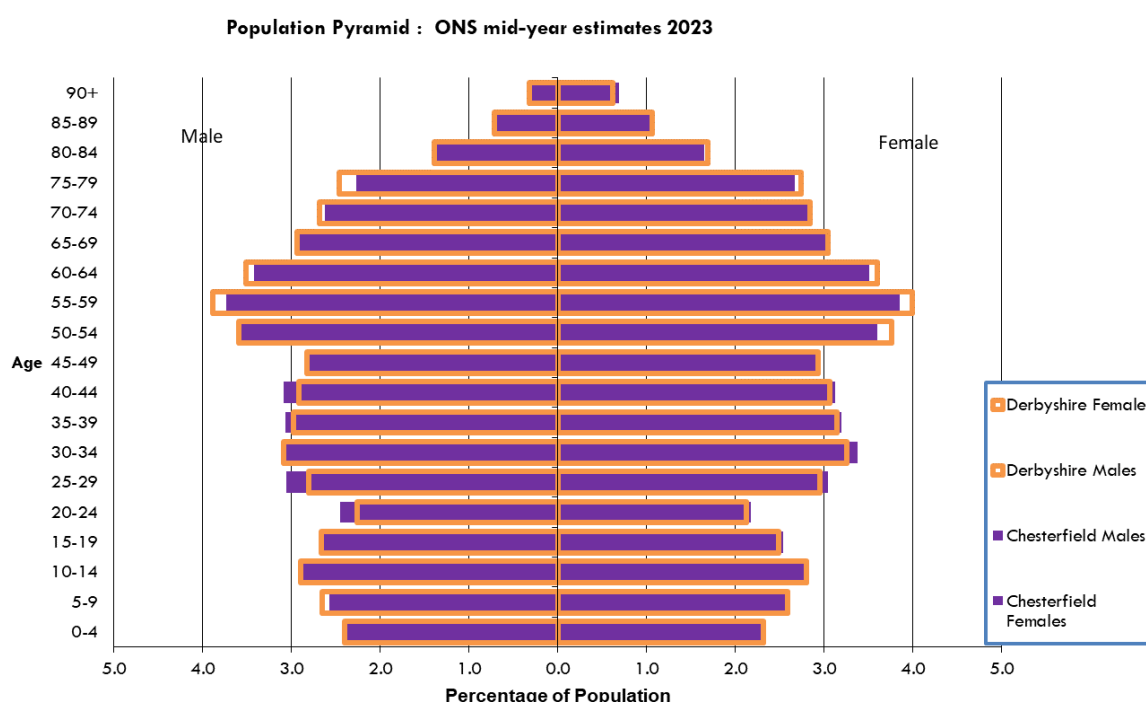
Population

Chesterfield has a citizen population of 104,883 that is expected to increase to 110,052 by 2043. The district has a similar age structure to Derbyshire as a whole. 22% of residents are aged 65 and over, which is expected to increase to 26% by 2043. The proportion of black and ethnic minorities is relatively low (5.1%), although this is marginally higher than the Derbyshire average (4.2%).

Employment

Health, retail, manufacturing, and education form a significant proportion of employment openings in this town. Some of the borough's largest manufacturing employers include Robinsons and Franke Sissons Ltd. The employment rate stands at 71.6%, comparable with Derbyshire at 76.6% and England at 75.7%.

Figure 65: Chesterfield Population Pyramid



NHS services

There are 9 General Practices across the district with 5 branch surgeries, and one provides dispensing services. Chesterfield Royal Hospital NHS Foundation Trust provides a broad range of clinical services, including pathology, cardiology, palliative care and maternity services. Derbyshire Healthcare NHS Foundation Trust provides a support for older people's mental health and intermediate care services at Walton Hospital and Learning Disability services at Ashgreen.

There are 20 community pharmacies, all offering essential services in addition to those shown in Figure 72, and one Dispensing Appliance Contactor in Chesterfield. Chesterfield Royal Hospital also provides a Local Pharmaceuticals Service. Residents experience significantly lower life expectancy than the England average. The area is affected by significantly higher rates of premature mortality, obesity and alcohol-related hospital admissions.

Accessibility

There are 19.1 pharmacies to every 100,000 head of population in Chesterfield, compared to the national average of 19.5, roughly the same as at the time of the previous PNA. Figure 72 demonstrates that most of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy.

Strategic priorities and key health needs

Derbyshire County Council Public Health has recently published a county-wide strategic plan describing its vision, areas of focus and public health approach to tackling health inequalities and increasing health life expectancy (HLE) in Derbyshire.

The five areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Enable good mental health
- Enable the best start in life
- Reduce poverty and encourage good financial wellbeing
- Protect and enable people of all ages to live safe and healthy lives.

Poverty

Approximately 4,630 children (26%) live in poverty. These children live in families that experience deprivation relating to relatively low incomes, the majority in families whose income is also low in absolute terms.

Quality of health

Residents experience significantly lower life expectancy than the England average. The area is affected by significantly higher rates of premature mortality, obesity and alcohol-related hospital admissions.

Future housing plans

Chesterfield Borough Council's Local Plan was adopted in July 2020 with an emphasis on concentrating new development within walking distance of the Borough's town, district and local centres and focussing on areas that are in need of regeneration. The adopted Local Plan includes an annual housing requirement of 240 net new dwellings a year. Delivery in the borough has been slightly above target on average, although household projections have indicated that overall population has remained broadly steady (with a decline in average household size driving housing growth).

As of July 2025, new housing targets will apply, with the housing target more than doubling to 500 net new dwellings a year.

A Housing Needs Study undertaken on behalf of the Council has indicated that the increased housing target (if met) may result in overall population growth of around 20% over the next 15 years.

The Borough Council has commenced work on a new Local Plan that will need to plan for at least 7875 new homes within the borough over the next 15 years (approximately 3000 more homes than are allocated in the current Local Plan). At the time of writing, it is not possible to identify specific locations for this additional growth.

Figure 66: Map of pharmaceutical service coverage in Chesterfield

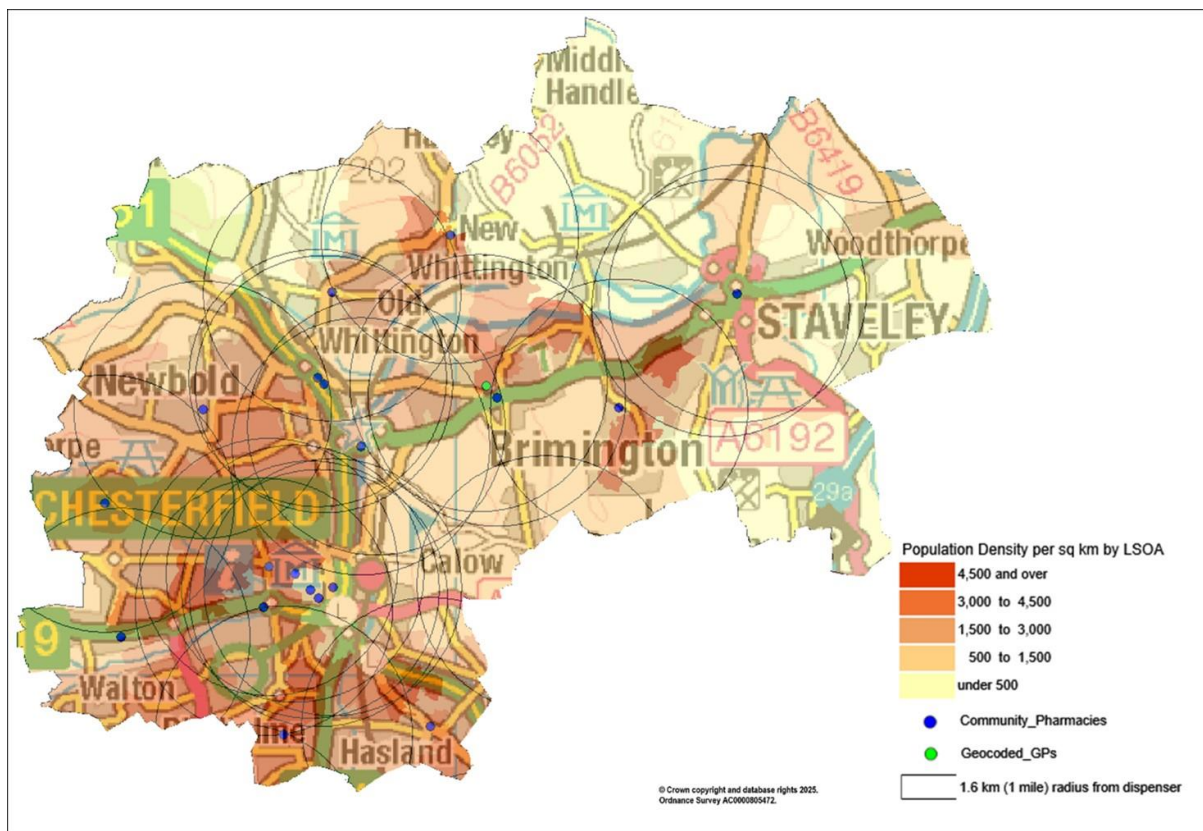


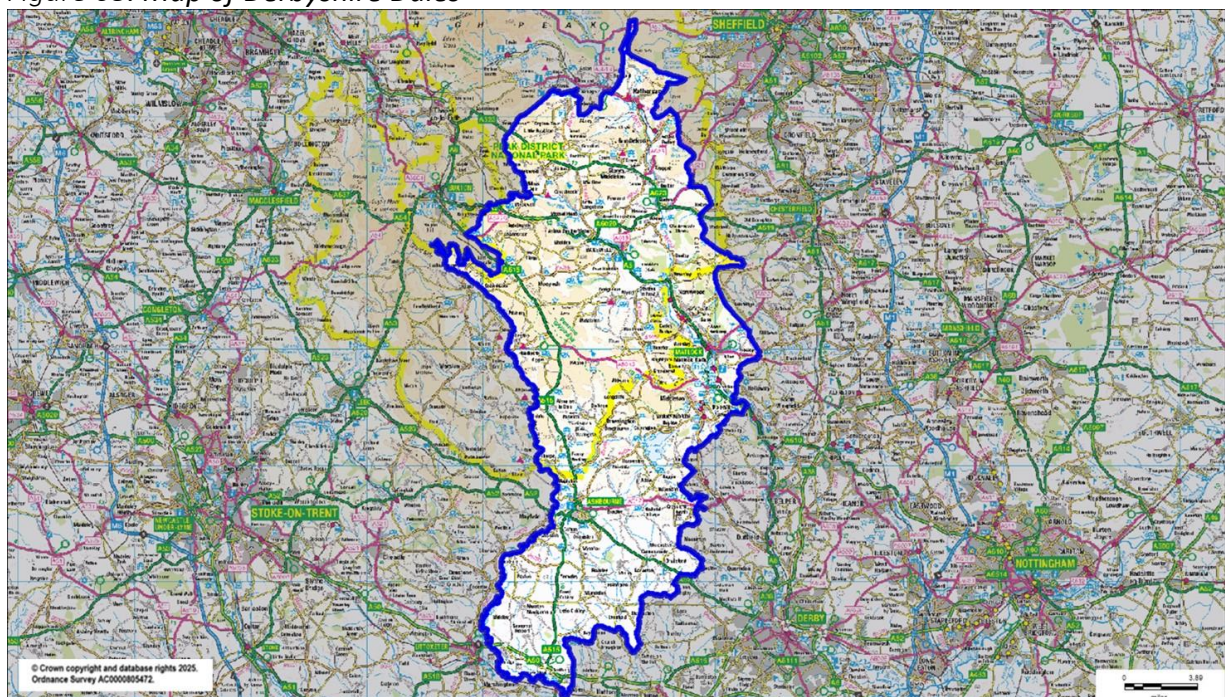
Figure 67: Pharmaceutical services provided in Chesterfield

	Chesterfield		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	20	19.1	191	17.7
Appliance Use Reviews	1	1.0	3	0.3
Stoma Appliance Customisation	1	1.0	5	0.5
Flu Vaccination Service (population)	20	19.1	187	17.3
Lateral Flow Device Service	15	14.3	143	13.3
Smoking Cessation Service	3	2.9	60	5.6
Pharmacy Contraception Service	20	19.1	188	17.4
Hypertension Case Finding	20	19.1	191	17.7
Pharmacy First Services	20	19.1	194	17.9
COVID_19 vaccination service	16	15.3	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	10	9.5	76	7.1
Supervised Consumption	17	16.2	165	15.3
Take Home Naloxone Service	3	2.9	41	3.8
Emergency Hormonal contraception	13	12.4	97	9.0
Flu Vaccination Service (front-line staff)	17	16.2	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	1	1.0	36	3.3
Anticoagulants	0	0	4	0.4

Derbyshire Dales

Derbyshire Dales is a large geographical area covering 307 square miles, which encompasses much of the Peak District National Park. The area is renowned for its outstanding beauty and is punctuated by over 100 small villages and three main market towns. The district is the least deprived in Derbyshire, ranking 265th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation (where 1 is the most deprived). However, there are small pockets of deprivation in which 2% of its lower super output areas are amongst the most deprived 10% nationally. The latest census profile highlights that 48.6% of households are not deprived in any dimension, which is greater than the Derbyshire (43.5%) and national (42.5%) average.

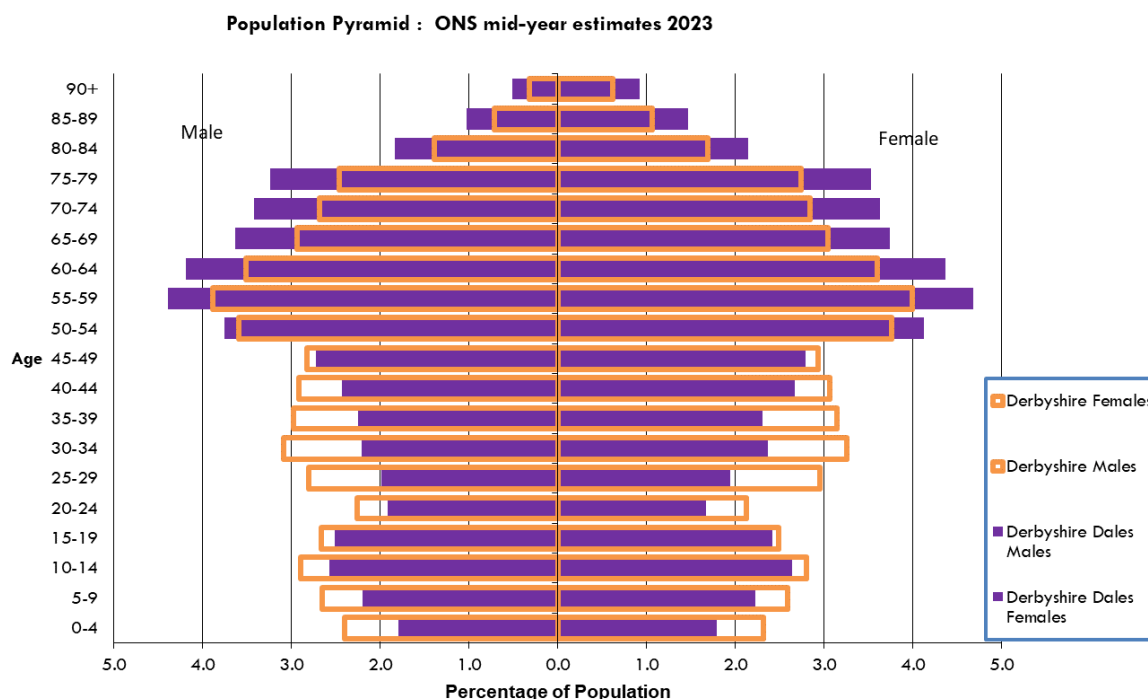
Figure 68: Map of Derbyshire Dales



Population

Derbyshire Dales has an estimated population of 71,530 that is projected to increase to 77,190 by 2043. With 29% of the population aged 65 and over, the borough is generally older than Derbyshire and England as a whole, which highlights a greater need for health and social care. The proportion of older people over 65 is expected to increase to 35% by 2043. The proportion of black and minority ethnic residents (3.2%) is lower than the Derbyshire (4.2%) and national average (20.2%).

Figure 69: Derbyshire Dales Population Pyramid



Employment

Derbyshire Dales has a thriving local economy that includes the traditional sectors of farming and quarrying in addition to innovative businesses that include design firms and small and medium sized manufacturers. Providing accommodation and food services, as well as retail and public administration form a significant proportion of employment openings in this town. Major employers include the public sector and DSF Refractories & Minerals Ltd – the largest shaped refractory producer in the UK. The employment rate stands at 80.0%, comparable with Derbyshire at 76.6% and England at 75.7%.

NHS services

There are 11 General Practices across the district with 4 branch surgeries, with 7 providing dispensing services to local residents. Whitworth Hospital at Darley Dale hosts an Urgent Treatment Centre for the area. Derbyshire Community Health Services NHS Foundation Trust provides a range of intermediate care services, including musculoskeletal, therapy and Sexual Health services at both Whitworth and St. Oswald's hospital in Ashbourne. There are 10 pharmacies within the district all offering essential services in addition to those shown in Figure 70.

Poverty

Approximately 1640 children (16%) live in poverty. These children live in families that experience deprivation relating to relatively low incomes, the majority in families whose income is also low in absolute terms.

Quality of health

This area performs comparably or significantly better than the national average in relation to disease-related indicators. However, suicide mortality is significantly worse than the national average.

Accessibility

There are ten pharmacies to every 100,000 population in Derbyshire Dales, just over half the national average of 21 and down from 14 per 100,000 since the time of the last PNA, but these are supported by the dispensing practices.

Figure 71 demonstrates that, considering the highly rural nature of the district, much of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy or dispensing practice.

Strategic priorities and key health needs

Derbyshire County Council Public Health has recently published a county-wide strategic plan⁸⁹ describing its vision, areas of focus and public health approach to tackling health inequalities and increasing health life expectancy (HLE) in Derbyshire.

The five areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Enable good mental health
- Enable the best start in life
- Reduce poverty and encourage good financial wellbeing
- Protect and enable people of all ages to live safe and healthy lives.

Future housing plans

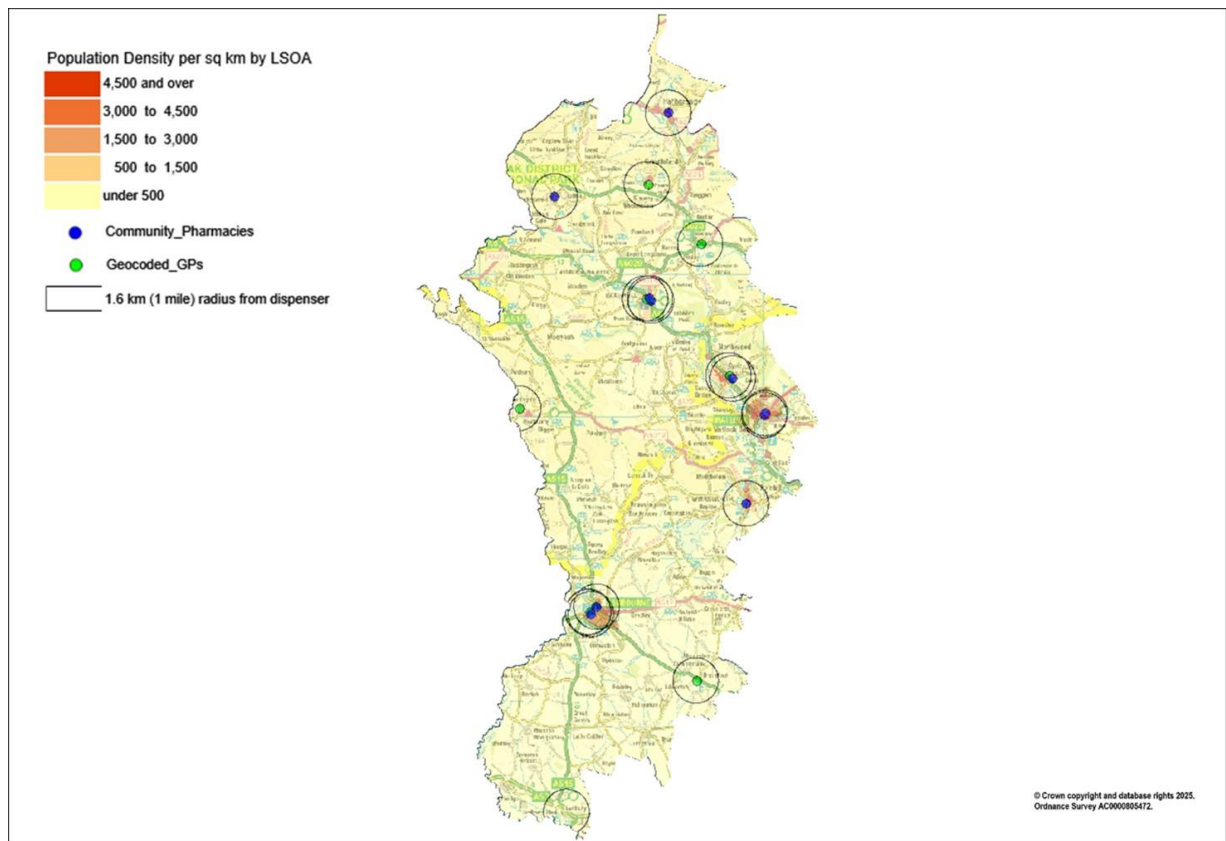
The Derbyshire Dales Local Plan was adopted in December 2017 and set out the future development options for the period up to 2033, including large allocations at Middle Peak Quarry, Wirksworth (645 dwellings), Ashbourne Airfield (1,100 dwellings), Gritstone Road, Matlock (430 dwellings) and Halldale Quarry (220 dwellings). A review of the Local Plan is underway and is now seeking to address the Government's requirements to deliver 573 dwellings per annum over the period to 2045. At this time there are no definitive plans for new allocations to meet the additional need, but in the meantime the District Council is seeking to bring forward the development of those long held allocations in the adopted Local Plan.

⁸⁹ Derbyshire Observatory (2025). *Public Health Strategic Plan*, Available at: <https://observatory.derbyshire.gov.uk/public-health-strategic-plan-2024-2027/>

Figure 70: Pharmaceutical services provided in Derbyshire Dales

	Derbyshire Dales		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	10	14.0	191	17.7
Appliance Use Reviews	0	0.0	3	0.3
Stoma Appliance Customisation	0	0.0	5	0.5
Flu Vaccination Service (population)	10	14.0	187	17.3
Lateral Flow Device Service	9	12.6	143	13.3
Smoking Cessation Service	1	1.4	60	5.6
Pharmacy Contraception Service	10	14.0	188	17.4
Hypertension Case Finding	10	14.0	191	17.7
Pharmacy First Services	10	14.0	194	17.9
COVID_19 vaccination service	8	11.2	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	5	7.0	76	7.1
Supervised Consumption	8	11.2	165	15.3
Take Home Naloxone Service	1	1.4	41	3.8
Emergency Hormonal contraception	4	5.6	97	9.0
Flu Vaccination Service (front-line staff)	3	4.2	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	5	7.0	36	3.3
Anticoagulants	0	0	4	0.4

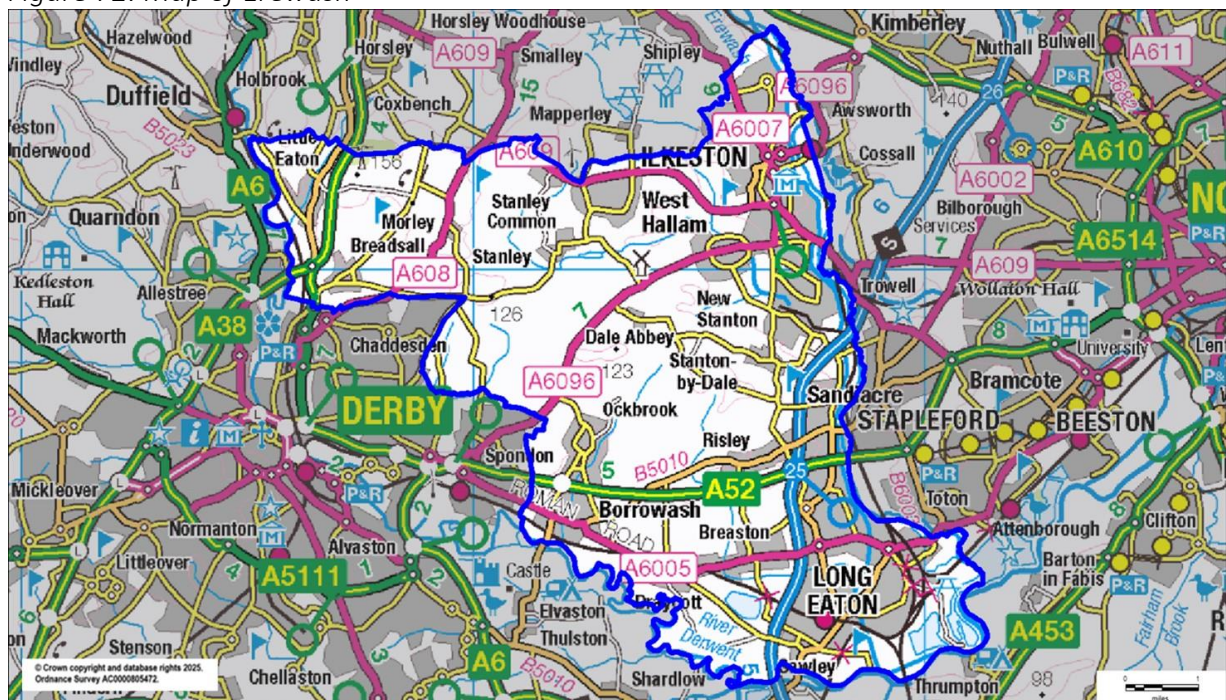
Figure 71: Map of pharmaceutical service coverage in Derbyshire Dales



Erewash

The borough of Erewash lies to the east of Derby and the west of Nottingham. It is comprised of fourteen civil parishes and the towns of Ilkeston, Long Eaton and Sandiacre. Whilst the east is predominantly urban, the west is more rural with isolated villages. Erewash ranks 168th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are small pockets of deprivation in which 11 of 73 lower super output areas are amongst the most deprived 20% nationally. Furthermore, the proportion of households that are deprived in two or more dimensions (25.6%) is greater than the Derbyshire and national average (25.2% and 24.8% respectively).

Figure 72: Map of Erewash



Population

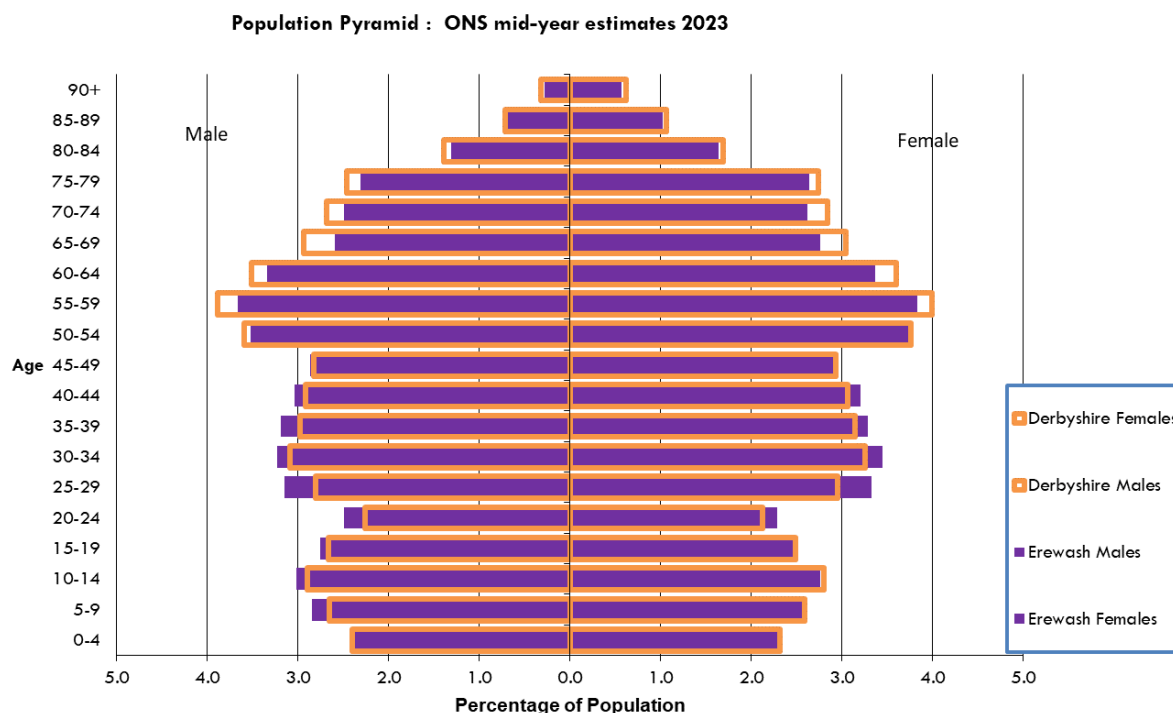
Erewash has an estimated population of 113,844 that is projected to rise to 124,392 by 2043. The population of Erewash is generally young, with a relatively similar age composition to Derbyshire as a whole. In Erewash, there is a greater proportion of individuals aged 20-39 (24%) than of those over 65 (21%). The proportion of black and minority ethnic residents is marginally higher than the Derbyshire average (4.8% compared with 4.2%).

Employment

Manufacturing and health are key employment sectors in the area and provide more than a quarter of jobs. Major manufacturing companies within this sector include Tracey Concrete and Saint-Gobain PAM UK. In recent years, there has been employment growth in retail and

accommodation and food services. The employment rate stands at 82.9%, comparable with Derbyshire at 76.6% and England at 75.7%.

Figure 73: Erewash Population Pyramid



NHS services

There are 12 General Practices within the borough with 5 branch surgeries and 2 providing dispensing services to local residents. Derbyshire Community Health Services NHS Foundation Trust provides a range of intermediate services at Ilkeston Community Hospital. These include sexual health, therapy, dermatology and musculoskeletal services. There are 21 pharmacies across the district offering a range of essential services in addition to those shown in Figure 74.

Poverty

Approximately 4,030 children (20%) live in poverty. These children live in families that experience deprivation relating to relatively low incomes, the majority in families whose income is also low in absolute terms.

Quality of health

Residents experience significantly lower life expectancy than the England average. The area is affected by significantly higher rates of alcohol-related hospital admissions.

Accessibility

There are 18.4 pharmacies to every 100,000 population in Erewash, compared to the national average of 19.5 and down from 20 per 100,000 since the previous PNA. Figure 75 demonstrates that most of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy.

Strategic priorities and key health needs

Derbyshire County Council Public Health has recently published a county-wide strategic plan⁹⁰ describing its vision, areas of focus and public health approach to tackling health inequalities and increasing health life expectancy (HLE) in Derbyshire.

The five areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Enable good mental health
- Enable the best start in life
- Reduce poverty and encourage good financial wellbeing
- Protect and enable people of all ages to live safe and healthy lives.

Future housing plans

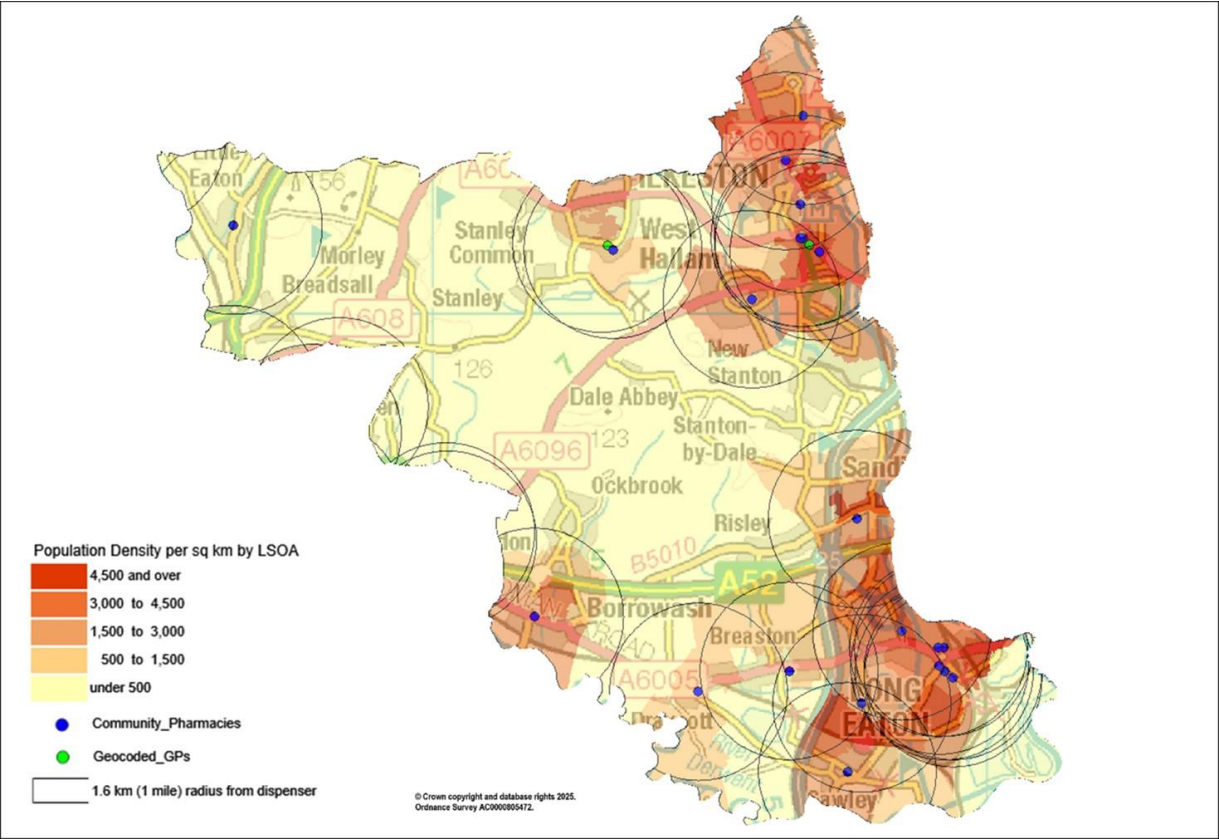
The current Erewash adopted Core Strategy has a target for 6250 new residential dwellings to be built for the plan period 2011 to 2028 with large developments and Stanton and Ilkeston. A new local plan is in development to run 2025-2034 and is aiming to be adopted by March 2026.

⁹⁰ Derbyshire Observatory (2025). *Public Health Strategic Plan*, Available at: <https://observatory.derbyshire.gov.uk/public-health-strategic-plan-2024-2027/>

Figure 74: Pharmaceutical services provided in Erewash

	Erewash		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	21	18.4	191	17.7
Appliance Use Reviews	0	0.0	3	0.3
Stoma Appliance Customisation	0	0.0	5	0.5
Flu Vaccination Service (population)	19	16.7	187	17.3
Lateral Flow Device Service	17	14.9	143	13.3
Smoking Cessation Service	11	9.7	60	5.6
Pharmacy Contraception Service	20	17.6	188	17.4
Hypertension Case Finding	21	18.4	191	17.7
Pharmacy First Services	21	18.4	194	17.9
COVID_19 vaccination service	14	12.3	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	7	6.1	76	7.1
Supervised Consumption	18	15.8	165	15.3
Take Home Naloxone Service	2	1.8	41	3.8
Emergency Hormonal contraception	13	11.4	97	9.0
Flu Vaccination Service (front-line staff)	16	14.1	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	7	6.1	36	3.3
Anticoagulants	1	0.8	4	0.4

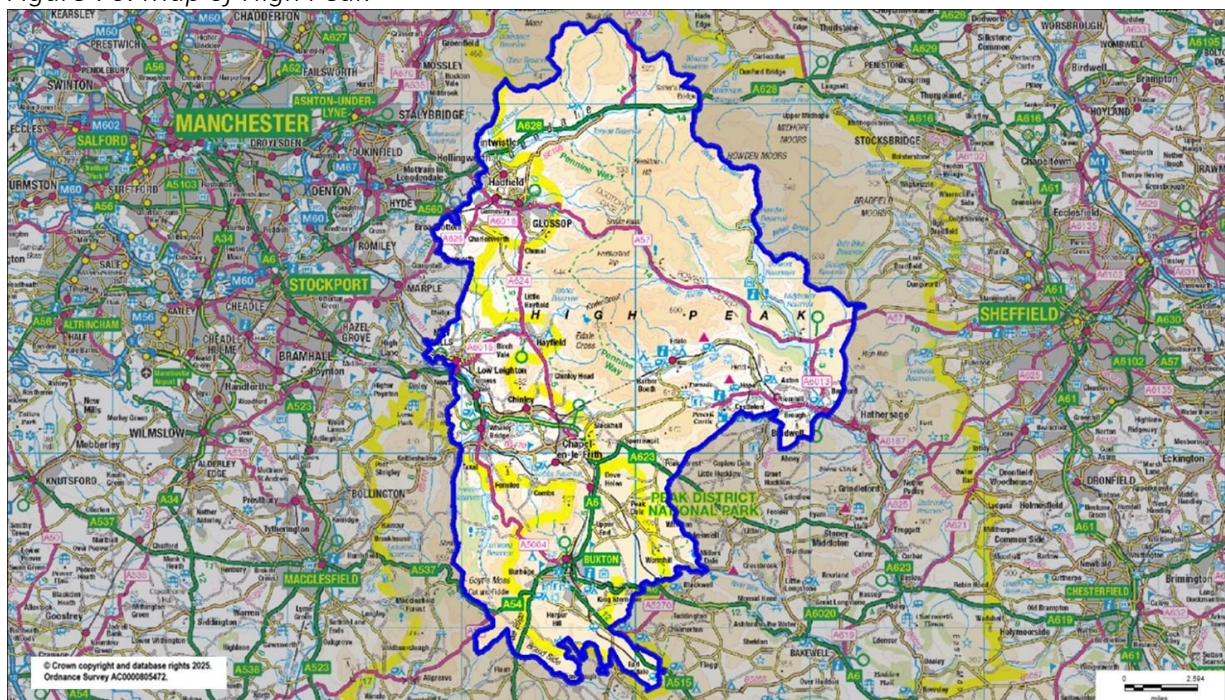
Figure 75: Map of pharmaceutical service coverage in Erewash



High Peak

The borough of High Peak is located within the northwest of Derbyshire and contains the five market towns of Glossop, New Mills, Whaley Bridge, Chapel-en-le-Frith and Buxton. The area largely comprises the Peak District National Park; a popular tourist destination that also covers parts of Yorkshire, Staffordshire, and Cheshire. High Peak ranks 202nd out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are small pockets of deprivation in the area. For instance, 21.7% of households are deprived in two or more dimensions, although this is lower than the Derbyshire (25.2%) and national average (24.8%).

Figure 76: Map of High Peak



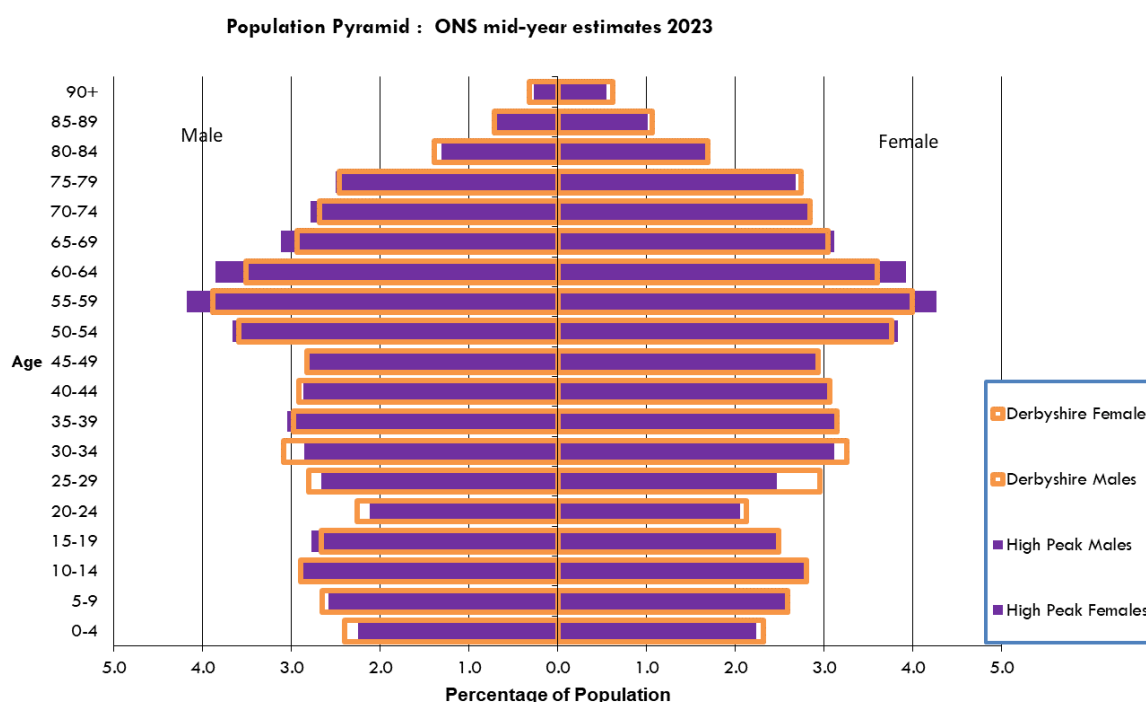
Population

High Peak has an estimated citizen population of 91,569 that is expected to rise to 100,066 by 2043. The population of the borough is generally similar to Derbyshire as a whole, although it has a marginally higher proportion of middle-aged people aged 45-64. The proportion of black and minority ethnic residents is generally comparable with the Derbyshire average (4.1% and 4.2% respectively).

Employment

Manufacturing, health, education and retail form the largest employment sectors in High Peak. Major employers include Concept Life Sciences – a leading UK provider of drug research services, and Breedon Cement. The employment rate stands at 76.0%, comparable with Derbyshire at 76.6% and England at 75.7%.

Figure 77: High Peak Population Pyramid



NHS services

Since the last PNA, NHS structural reorganisation has brought the Glossopdale area of High Peak under the Derby and Derbyshire ICB. However acute services are still mainly accessed out of area in Tameside and Glossop. There are 12 General Practices within High Peak with 3 branch surgeries, with one providing dispensing services to local residents. Derbyshire Community Health Services NHS Foundation Trust provides a range of community hospital services within the district at Buxton and Cavendish Hospitals in Buxton, including diabetic medicine, geriatric medicine, ophthalmology and sexual health. Buxton Hospital also hosts an Urgent Treatment Centre. There are 19 pharmacies across the district all offering essential services in addition to those shown in Figure 78.

Poverty

Approximately 2,760 children (18%) live in poverty. These children live in families that experience deprivation relating to relatively low incomes, the majority in families whose income is also low in absolute terms.

Quality of health

The area performs comparably or significantly better than the national average in relation to disease-related indicators. However, alcohol-related hospital admissions in young people are significantly higher.

Accessibility

There are 20.7 pharmacies to every 100,000 population in High Peak, compared to the national average of 19.5 - but down from 23 per 100,000 since the last PNA. Figure 79 demonstrates that, considering the highly rural nature of the borough, much of the population will still be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy or dispensing practice.

Strategic priorities and key health needs

Derbyshire County Council Public Health has recently published a county-wide strategic plan⁹¹ describing its vision, areas of focus and public health approach to tackling health inequalities and increasing health life expectancy (HLE) in Derbyshire.

The five areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Enable good mental health
- Enable the best start in life
- Reduce poverty and encourage good financial wellbeing
- Protect and enable people of all ages to live safe and healthy lives.

Future housing plans

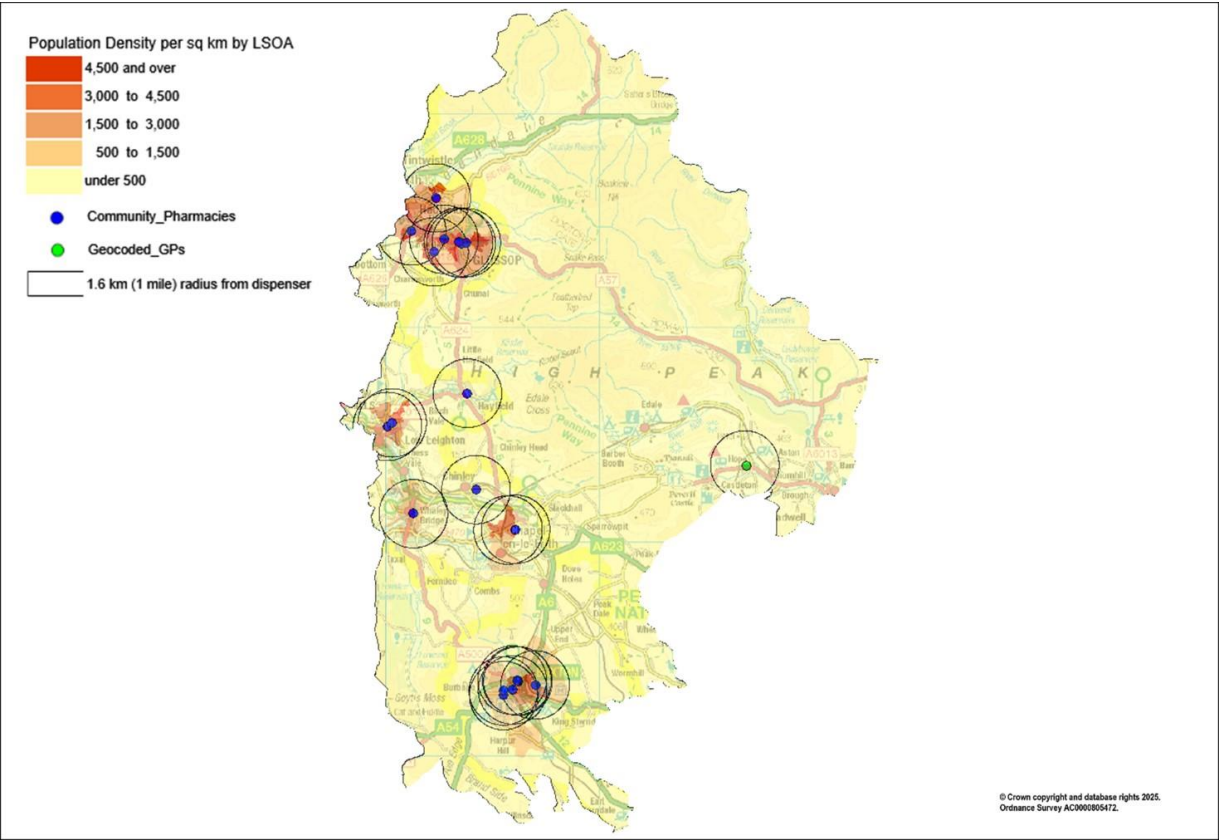
The High Peak Local Plan was adopted on 14 April 2016. The plan sets out a housing requirement for 7,000 new dwellings (350 per annum) over the period 2011 – 2031, with growth distributed across three Sub-Areas as follows: Glossopdale 958 – 1,242 dwellings; Central Area: 1,065 – 1,171 dwellings; and Buxton 1,136 – 1,526 dwellings. Work has commenced on a review of the Local Plan with an ‘early engagement’ consultation stage held in early 2023.

⁹¹ <https://observatory.derbyshire.gov.uk/public-health-strategic-plan-2024-2027/>

Figure 78: Pharmaceutical services provided in High Peak

	High Peak		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	17	18.6	191	17.7
Appliance Use Reviews	0	0.0	3	0.3
Stoma Appliance Customisation	0	0.0	5	0.5
Flu Vaccination Service (population)	17	18.6	187	17.3
Lateral Flow Device Service	14	15.3	143	13.3
Smoking Cessation Service	8	8.7	60	5.6
Pharmacy Contraception Service	16	17.5	188	17.4
Hypertension Case Finding	17	18.6	191	17.7
Pharmacy First Services	17	18.6	194	17.9
COVID_19 vaccination service	10	10.9	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	6	6.6	76	7.1
Supervised Consumption	15	16.4	165	15.3
Take Home Naloxone Service	1	1.1	41	3.8
Emergency Hormonal contraception	5	5.5	97	9.0
Flu Vaccination Service (front-line staff)	7	7.6	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	2	2.2	36	3.3
Anticoagulants	0	0	4	0.4

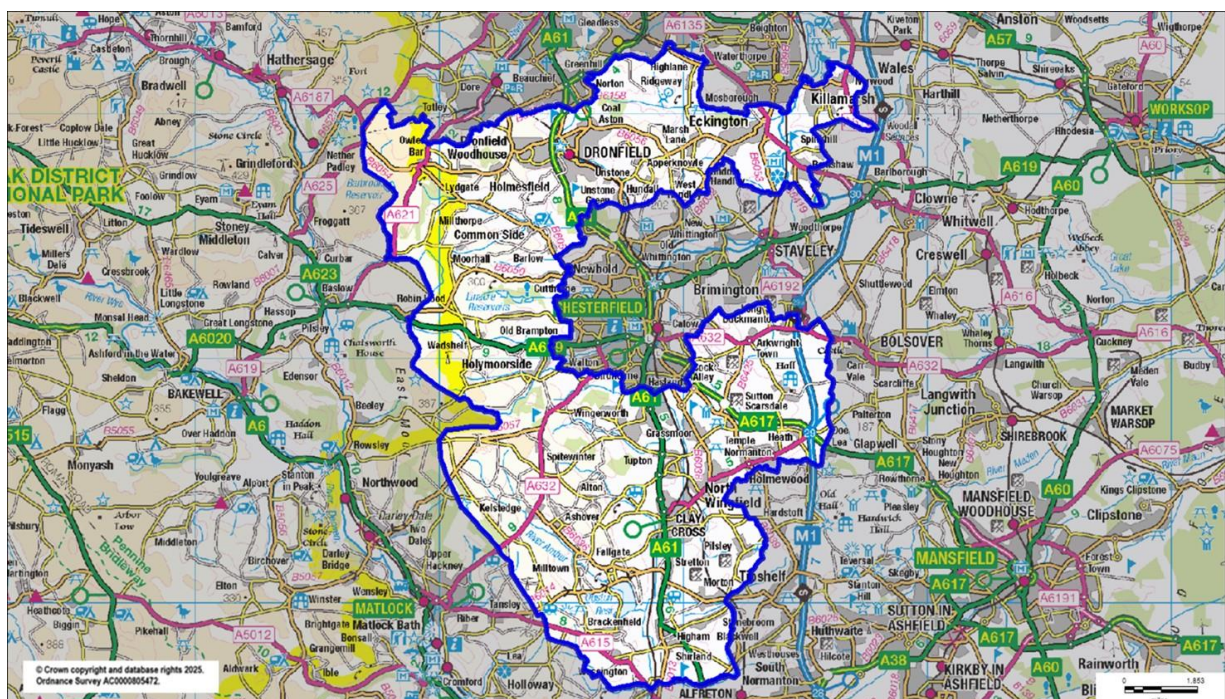
Figure 79: Map of pharmaceutical service coverage in High Peak



North East Derbyshire

The district of North East Derbyshire has a combination of rural and urban areas covering approximately 100 square miles. It contains the market towns of Dronfield, Clay Cross, Killamarsh and Eckington, and surrounds the neighbouring borough of Chesterfield to the north, west and south. The district ranks 177th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are significant levels of inequality in which 10% of its lower super output areas are amongst the 20% most deprived nationally. The latest census data indicates that 25.7% of households are deprived in two or more dimensions. This is greater than the Derbyshire (25.2%) and national average (24.8%).

Figure 80: Map of North East Derbyshire



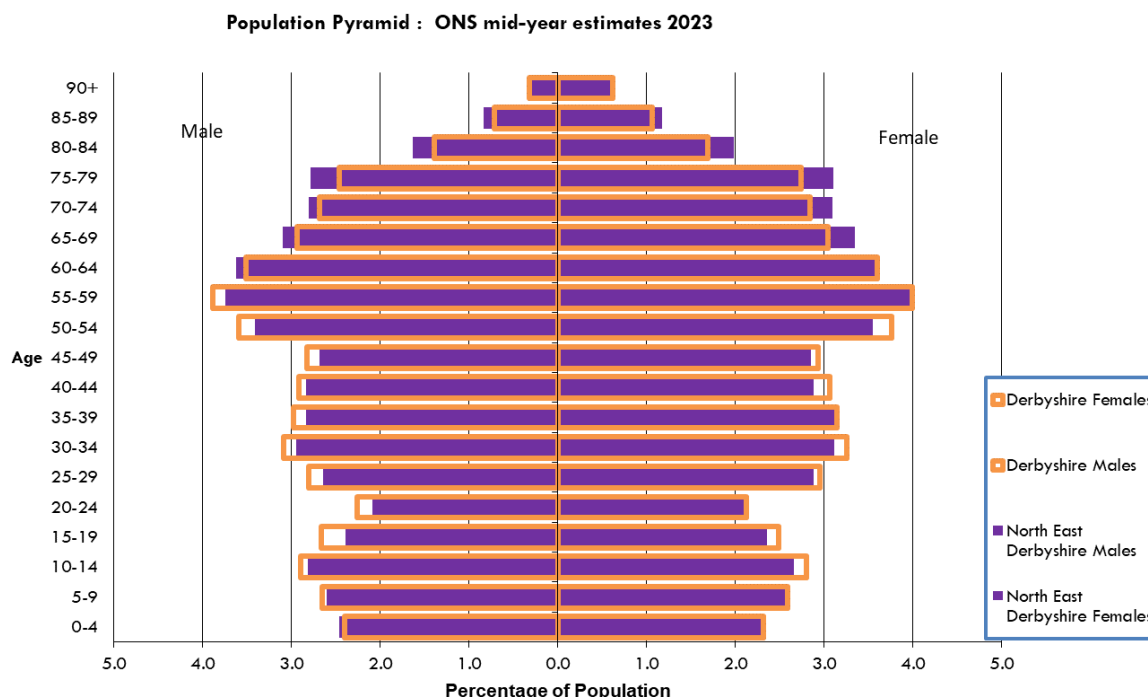
Population

North East Derbyshire has a population of 105,035 citizens that is expected to increase to 110,583 by 2043. The population of North East Derbyshire is generally older than that of Derbyshire as a whole, with a greater proportion of individuals aged 65 and over - 25% compared with 22% and expected to rise to 28% by 2043. There are a smaller proportion of black and minority ethnic residents than the Derbyshire and national average (3.1% compared with 4.2% and 20.2%).

Employment

Manufacturing is a major employment sector, accounting for 22% of employment within the district. Health, education, accommodation and food services, as well as retail comprise a significant proportion of employment in this area. Major retail centres are distributed across the town centres of Clay Cross, Dronfield, Eckington and Killamarsh. The employment rate stands at 65.8%, comparable with Derbyshire at 76.6% and England at 75.7%.

Figure 81: North East Derbyshire Population Pyramid



NHS services

There are 12 General Practices within North East Derbyshire with 7 branch surgeries, with one providing dispensing services to local residents. Derbyshire Community Health Services NHS Foundation Trust provides a range of services at Clay Cross Hospital including musculoskeletal physiotherapy, community therapy, and podiatry. There are 22 pharmacies within the district all offering essential services in addition to those shown in Figure 82.

Poverty

Approximately 3,644 of children (21.2%) live in poverty. These children live in families that experience deprivation relating to relatively low incomes, the majority in families whose income is also low in absolute terms.

Quality of health

The area performs comparably or significantly better than the national average in relation to disease-related indicators. However, alcohol-related hospital admissions in young people are significantly higher.

Accessibility

There are 20.9 pharmacies to every 100,000 population in North East Derbyshire, compared to the national average of 19.5 and up from 20 per 100,000 since the previous PNA. Figure 83 demonstrates that, considering the highly rural nature of much of the borough, much of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy or dispensing practice.

Strategic priorities and key health needs

Derbyshire County Council Public Health has recently published a county-wide strategic plan⁹² describing its vision, areas of focus and public health approach to tackling health inequalities and increasing health life expectancy (HLE) in Derbyshire.

The five areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Enable good mental health
- Enable the best start in life
- Reduce poverty and encourage good financial wellbeing
- Protect and enable people of all ages to live safe and healthy lives.

Future housing plans

The North East Derbyshire Local Plan was adopted in November 2021. The plan sets out an overall housing requirement of 6,600 homes over the period 2014 to 2034, with the focus of housing growth being on the main towns of Clay Cross, Dronfield, Eckington and Killamarsh and a number of large villages in the south and east of the district. The largest sites identified to meet the Plan's housing requirement are The Avenue, Wingerworth (up to 1,100 homes), and the former Biwaters site, Clay Cross (up to 1,000 homes) strategic site allocations, both of which are currently under construction with new housing development.

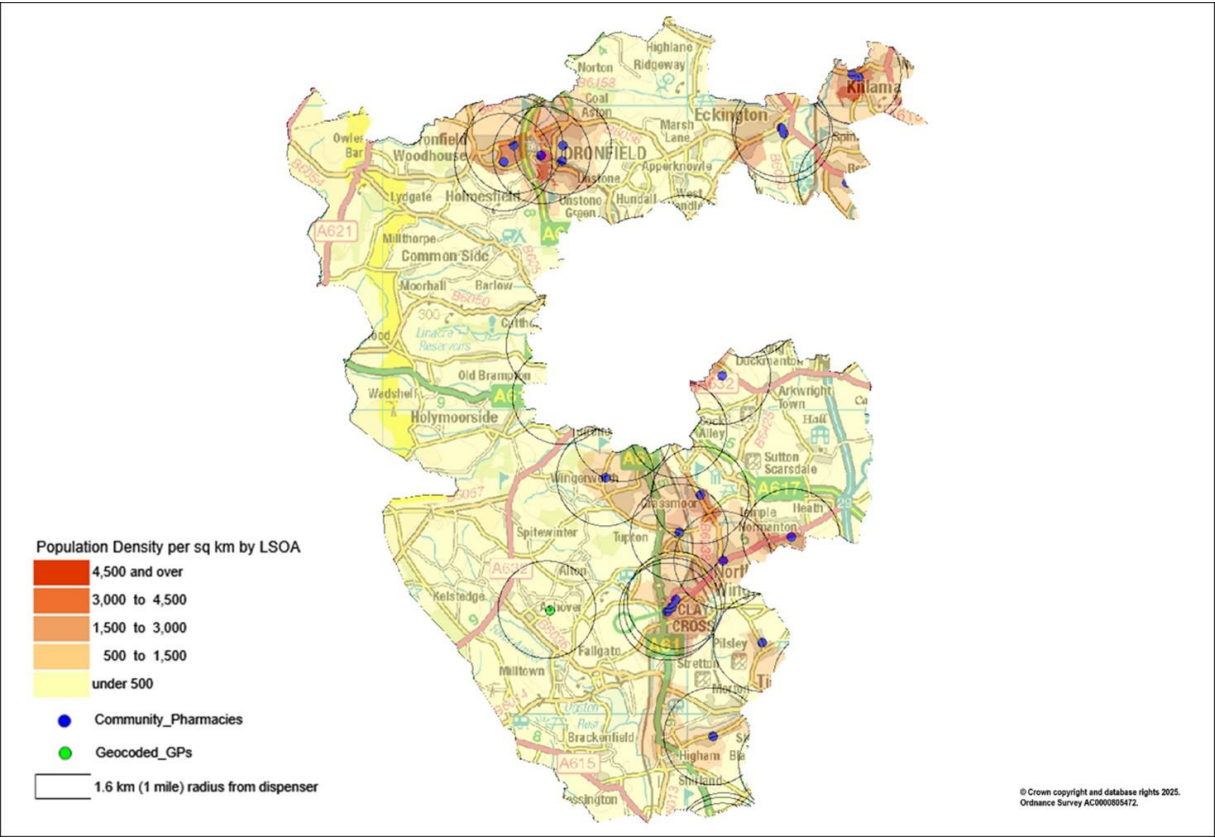
Over the period to 2028, it is anticipated new housing development in the district will continue to be delivered on these strategic sites at Clay Cross, and Wingerworth together with other sites at Killamarsh, Calow, Holmewood, North Wingfield, and Tupton.

⁹² Derbyshire Observatory (2025). *Public Health Strategic Plan*, Available at: <https://observatory.derbyshire.gov.uk/public-health-strategic-plan-2024-2027/>

Figure 82: Pharmaceutical services provided in North East Derbyshire

	North East Derbyshire		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	21	20.0	191	17.7
Appliance Use Reviews	0	0.0	3	0.3
Stoma Appliance Customisation	0	0.0	5	0.5
Flu Vaccination Service (population)	21	20.0	187	17.3
Lateral Flow Device Service	17	16.2	143	13.3
Smoking Cessation Service	5	4.8	60	5.6
Pharmacy Contraception Service	21	20.0	188	17.4
Hypertension Case Finding	20	19.0	191	17.7
Pharmacy First Services	22	20.9	194	17.9
COVID_19 vaccination service	11	10.5	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	5	4.8	76	7.1
Supervised Consumption	18	17.1	165	15.3
Take Home Naloxone Service	2	1.9	41	3.8
Emergency Hormonal contraception	10	9.5	97	9.0
Flu Vaccination Service (front-line staff)	10	9.5	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	4	3.8	36	3.3
Anticoagulants	0	0	4	0.4

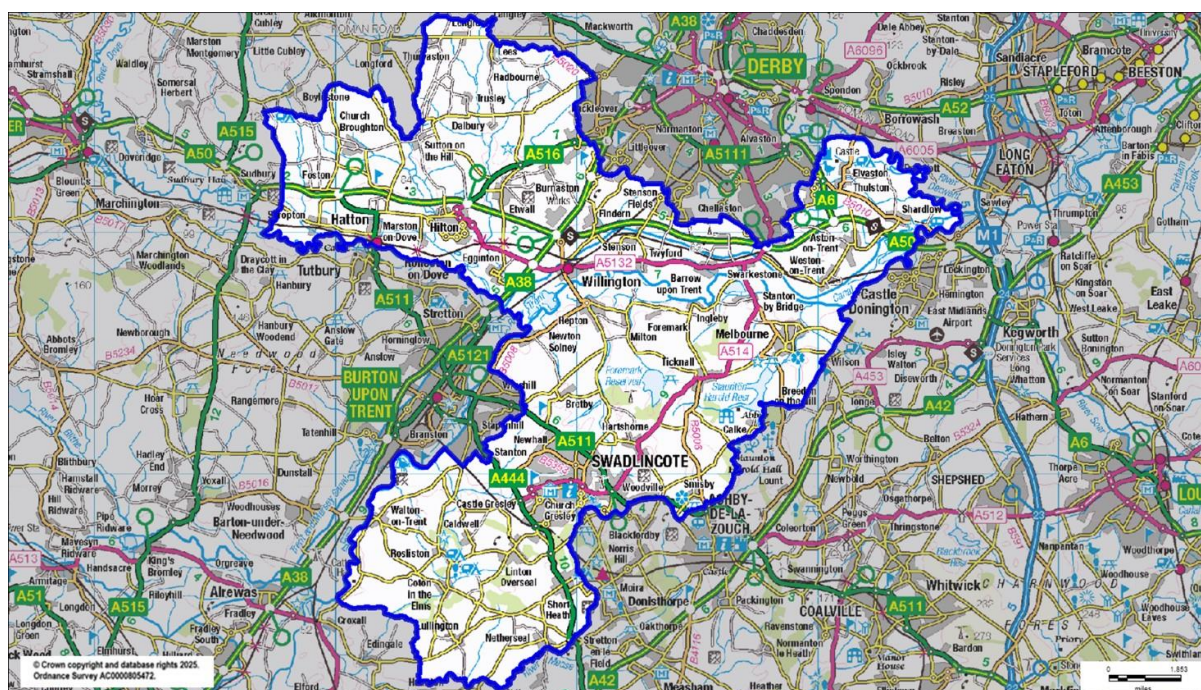
Figure 83: Map of pharmaceutical service coverage in North East Derbyshire



South Derbyshire

The South Derbyshire district is largely rural and covers a third of the National Forest; a varied landscape area that incorporates ancient woodlands and wildlife habitats. It also contains the market towns of Melbourne and Swadlincote and the town of Hilton. The area has a relatively low level of deprivation and ranks 218th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. A significant proportion of households are not deprived in any dimension (48.9%), which is higher than the Derbyshire (43.5%) and national (42.5%) average.

Figure 84: Map of South Derbyshire



Population

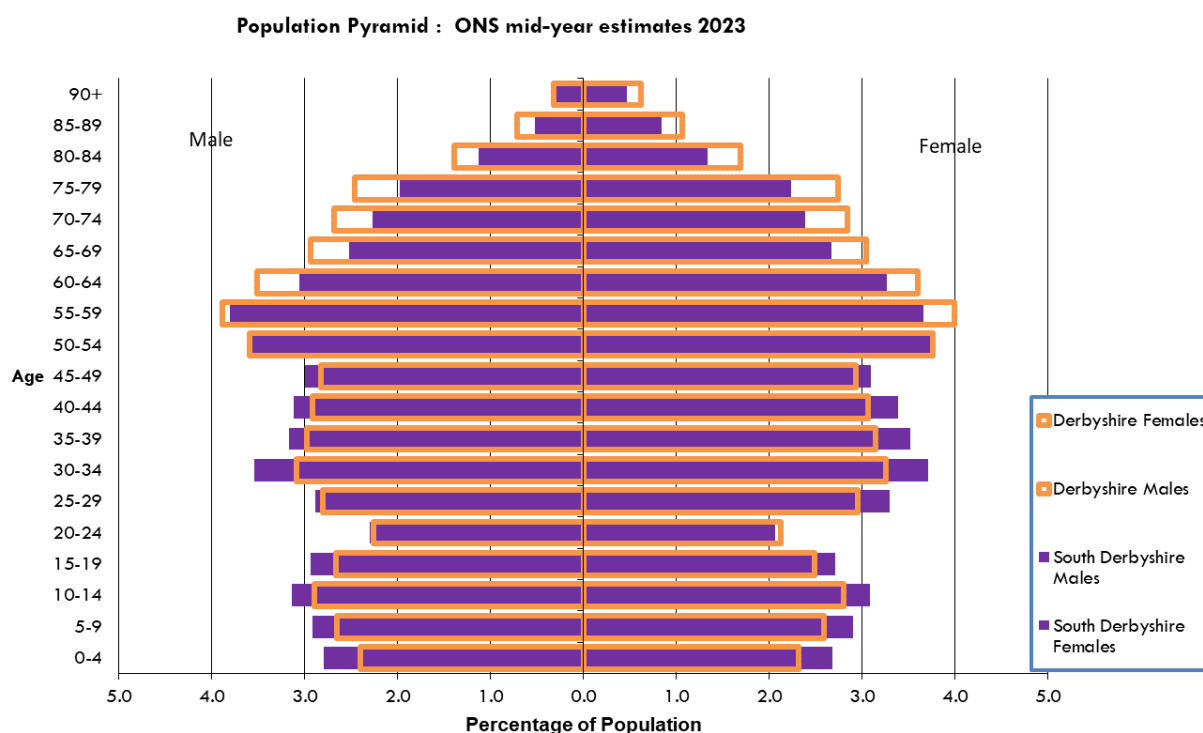
The district has a population of 114,050 citizens that is expected to rise to 135,951 by 2043. The age structure of South Derbyshire is marginally younger than Derbyshire with a higher proportion of younger people aged 20-39 (25%), but this is expected to have fallen to 21% by 2043. The proportion of black and minority ethnic residents (6.0%) is greater than the Derbyshire average but considerably lower than the national average (4.2% and 20.2% respectively).

Employment

Manufacturing accounts for a large proportion of employment within the area. Key businesses include Toyota Motor Manufacturing and JCB, which is involved in the production of construction and agricultural equipment. Health and education also comprise

a large proportion of employment within the district. The employment rate stands at 81.7%, comparable with Derbyshire at 76.6% and England at 75.7%.

Figure 85: South Derbyshire Population Pyramid



NHS services

There are 8 General Practices within the district with 2 branch surgeries. There are no dispensing practices or community hospitals in the district. There are also 12 pharmacies within the district all offering essential services in addition to those shown in Figure 86.

Poverty

Approximately 3,640 children (17%) live in poverty. These children live in families that experience deprivation relating to relatively low incomes, the majority in families whose income is also low in absolute terms.

Quality of health

The area performs comparably or significantly better than the national average in relation to disease-related indicators. However, alcohol-related hospital admissions are significantly higher.

Accessibility

There are 10.5 pharmacies to every 100,000 population in South Derbyshire, compared to the national average of 19.5 and down from 13 at the last PNA. Figure 87Figure 87 demonstrates that, considering the highly rural nature of much of the borough, much of the population will still be within 1.6km (a one mile walk of approximately 20 mins) of a pharmacy or dispensing practice some of which may fall within the Derby City boundary.

Strategic priorities and key health needs

Derbyshire County Council Public Health has recently published a county-wide strategic plan⁹³ describing its vision, areas of focus and public health approach to tackling health inequalities and increasing health life expectancy (HLE) in Derbyshire.

The five areas of focus are:

- Tackle the four main risk factors that lead to poor health
- Enable good mental health
- Enable the best start in life
- Reduce poverty and encourage good financial wellbeing
- Protect and enable people of all ages to live safe and healthy lives

Future housing plans

This plan includes a housing requirement/target of 14,500 new homes between 2022-2041. This is expected to be provided on:

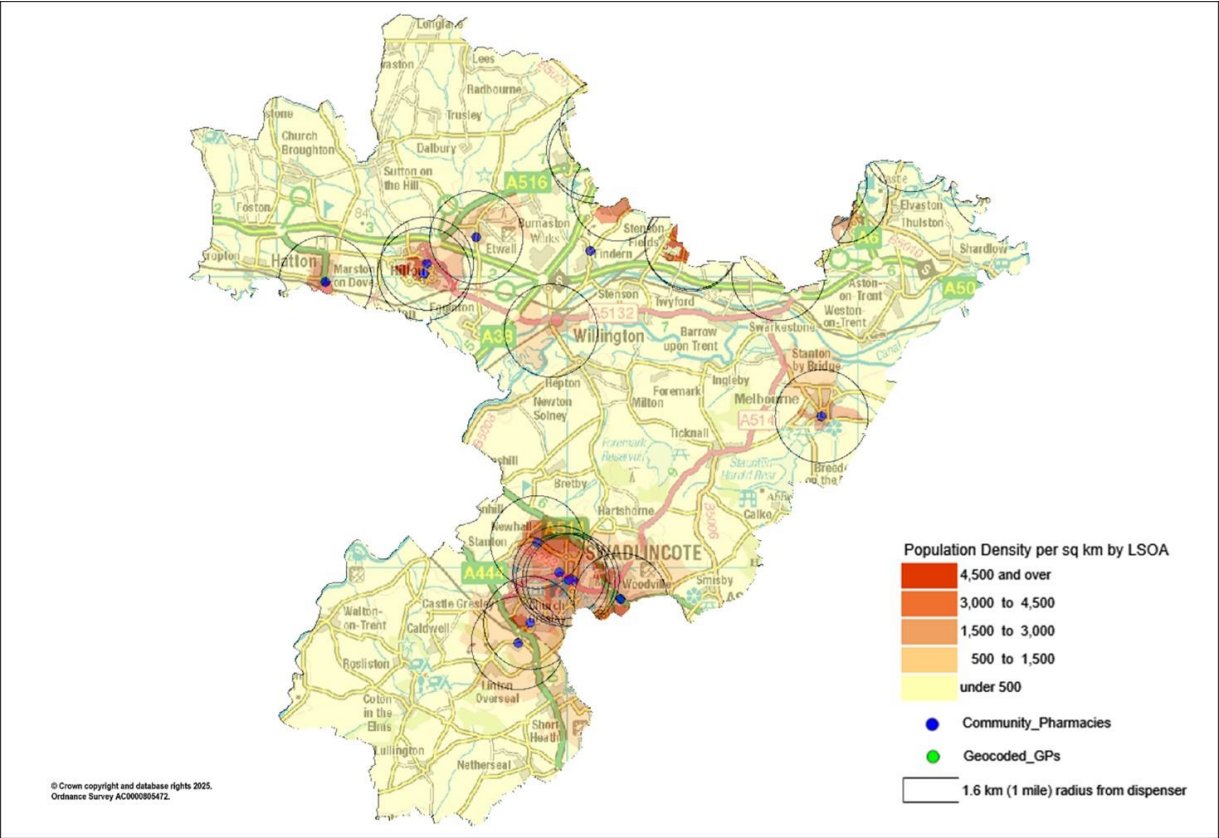
- Two new strategic housing led developments on the Derby fringe (one at land South of Mickleover and one at the Infinity Garden Village) which will provide 4,500 homes between them (with 3,450 expected to be delivered within the plan period).
- 12 allocations which have been carried forwards from the adopted Local Plan Part 1 which will provide 8,925 new homes.
- 95 dwellings on allocated sites that have completed since 2022.
- 242 dwellings on allocations in the adopted Part 2 Local Plan
- Existing planning permissions
- Windfalls on small unidentified sites (less than 10 dwellings).

⁹³ Derbyshire Observatory (2025). *Public Health Strategic Plan*, Available at: <https://observatory.derbyshire.gov.uk/public-health-strategic-plan-2024-2027/>

Figure 86: Pharmaceutical services provided in South Derbyshire

	South Derbyshire		Derby & Derbyshire ICB	
NHS England	Number of pharmacies	No. per 100,000	Number of pharmacies	No. per 100,000
New Medicine Service	12	10.5	191	17.7
Appliance Use Reviews	0	0.0	3	0.3
Stoma Appliance Customisation	0	0.0	5	0.5
Flu Vaccination Service (population)	12	10.5	187	17.3
Lateral Flow Device Service	10	8.8	143	13.3
Smoking Cessation Service	4	3.5	60	5.6
Pharmacy Contraception Service	12	10.5	188	17.4
Hypertension Case Finding	12	10.5	191	17.7
Pharmacy First Services	11	9.6	194	17.9
COVID_19 vaccination service	10	8.8	121	11.2
Local Authority (Public Health)				
Needle Exchange Service	4	3.5	76	7.1
Supervised Consumption	12	10.5	165	15.3
Take Home Naloxone Service	3	2.6	41	3.8
Emergency Hormonal contraception	8	7.0	97	9.0
Flu Vaccination Service (front-line staff)	9	7.9	106	9.8
Derby & Derbyshire ICB				
Palliative Care Scheme	4	3.5	36	3.3
Anticoagulants	3	2.6	4	0.4

Figure 87: Map of pharmaceutical service coverage in South Derbyshire



Chapter 10 - Conclusion

Key findings

Derby is an urban and compact city with a comparatively young and diverse population. The population in the city has grown over the last decade and is projected to continue to do so. The proportion of the population aged 65 and over is increasing in the city. Levels of deprivation vary across the city, with pockets of significant deprivation, particularly in the central parts of the city.

Derbyshire is a predominantly rural county with a comparatively older and less diverse population. The population in the county has grown over the last decade and is projected to continue to do so. The proportion of the population aged 65 and over is increasing across the county. Whilst Derbyshire, overall, has lower levels of deprivation than Derby, it too has areas of significant deprivation particularly within Chesterfield and Bolsover.

Factors such as population demographics, deprivation and car ownership can impact on the need and accessibility of health and care services, including community pharmacy.

Health outcomes are comparatively poor in Derby as they are in parts of Derbyshire and vary significantly between different communities and areas. There are many factors that contribute to health inequalities including education, employment, housing and health and care services. Through uneven service provision or barriers to access, health and care services can sometimes inadvertently contribute to these inequalities.

Different populations and communities have different health needs and different challenges in accessing health and care services. Commissioners and community pharmacy providers should therefore consider the particular needs of their local communities and how they can best ensure appropriate and equitable access to pharmacy services.

In Derby and Derbyshire, diseases such as cardiovascular disease, some cancers and respiratory disease are amongst the leading causes of death and account for much of the gap in life expectancy between different areas and communities. Community pharmacies play a key role in supporting treatment of these diseases but also in their prevention.

There are 52 pharmacies in Derby - a rate of 19.5 pharmacies per 100,000 population and 144 in Derbyshire - a rate of 17.7 pharmacies per 100,000 population. This is a slight reduction on figures published in the previous PNA. The England average is a rate of 18.2 pharmacies per 100,000 population. It is noted that there is some variation in accessibility of community pharmacies across Derbyshire Districts, with South Derbyshire having the lowest rate – 10.5 - of pharmacies per 100,000 population which is well below both the Derbyshire and England average.

Unsurprisingly, community pharmacies are more prevalent in densely populated areas. Most of the population in Derby and Derbyshire can access a community pharmacy provision within a 20-minute travel time. Analysis shows that:

- Almost all residents in Derby and Derbyshire can reach a pharmacy by car within 5-10 minutes.
- 98% of the population in Derby can walk to a pharmacy within 20 minutes. In Derbyshire, this figure is 78%, due to rural geography and wider population spread.

Most community pharmacies in Derby and Derbyshire operate core opening hours of 40 hours per week providing consistent weekday coverage. Access to evening and weekend provision, however, is more limited and variable. Fourteen pharmacies (7%) have core opening hours that exceed 72 hours per week which is a decrease from the 20 pharmacies operating 100-hour contracts in the previous PNA.

Since the publication of the last PNA, there has been a notable rise in both the number of Distance Selling Pharmacies and in the number of items that they are dispensing. Distance Selling Pharmacies help to mitigate the potential impact of fewer community pharmacies in local areas – particularly in rural areas - and of the reduced number of pharmacies offering opening hours exceeding 72 hours per week.

There is some variation in provision of non-mandatory Advanced Services. The provision of the New Medicines Service, Flu Vaccination Service, Hypertension Case Finding and Pharmacy First Services is very high across Derby and all Derbyshire Districts.

A range of services are locally commissioned in Derby and Derbyshire including Emergency Hormonal Contraception (EHC). It is currently planned that from October 2025, the Pharmacy Contraception Service (PCS) will be expanded to allow all community pharmacies across England the opportunity to provide equitable access to emergency contraception for patients. It is therefore anticipated that local authorities will decommission their local provision for these services. This change may lead to an increase in the provision of these services by community pharmacies.

Three-quarters of those responding to the public survey, said that they have a community pharmacy that is open on a day and time that is convenient to them. Four-fifths of respondents use the same pharmacy each time and 80% use their nearest pharmacy. The availability of medication and quality of services were the pharmacy characteristics considered of highest importance to survey respondents. 9% of respondents reported encountering accessibility issues with pharmacies, for example, for those with reduced mobility or frailty including accessing with a wheelchair or mobility scooter.

Statements of Pharmaceutical Need

Following the analysis of population health and care needs, analysis and geographical mapping of pharmaceutical services, feedback from public and contractor surveys and wider consideration of the PNA Steering Group including factors such as the ongoing viability of existing pharmacies, it is considered that the current pharmacy provision adequately meets the pharmaceutical need in both Derby and Derbyshire.

Derby

It is considered that the current provision of community pharmaceutical services adequately meets the pharmaceutical need in the Derby Health and Wellbeing Board area.

Derbyshire

It is considered that the current provision of community pharmaceutical services adequately meets the pharmaceutical need in the Derby Health and Wellbeing Board area.

Whilst pharmaceutical need is adequately met, it is recognised that for some populations and for those living in some areas – notably, some deprived areas of Chesterfield without access to a car and South Derbyshire as a whole – may face challenges in accessing pharmacy services. These communities may rely more heavily on Distance Selling Pharmacies, which provide services such as remote dispensing and delivery and some online services but do not offer the same range of services as a local community pharmacy.

Future provision

Whilst the provision of community pharmacy services is considered adequate in both Derby and Derbyshire Health and Wellbeing Board areas, there are opportunities to improve accessibility for some populations and communities. This could be achieved by, for example:

- The expansion of the range and extent of services (including opening hours) provided by existing pharmacies, particularly in response to known population health inequalities, factors contributing to poor health outcome such as deprivation and tobacco use, and in areas with lower levels of provision such as South Derbyshire.
- Improved accessibility to meet the needs of their local communities, for example, improved physical accessibility, languages spoken.

Community pharmacies continue to progress and adapt to changing health care need. We expect to see pharmacy provision change through national, regional and local developments. These include the expansion and amendments to the New Medicine Service to introduce depression as a further therapeutic area for which patients can receive support and the expansion of the Pharmacy Contraception Service both of which are planned to start in October 2025.

The recently published [10-year health plan for England – Fit for the Future](#)⁹⁴ sets out the future plans for the NHS. It outlines three key shifts aimed at transforming the NHS:

- **Hospital to Community** – developing a ‘Neighbourhood Health Service’ aiming to reduce the reliance on hospitals and to increase access to community services for preventive care and treatment.
- **Analogue to Digital** - aiming to transition to digital technologies and services to improve efficiency and patient care.
- **Sickness to Prevention** – to prioritise prevention over treatment to reduce the burden on NHS services and improve health outcomes.

The plan sets out a changing role for community pharmacy including:

- To increase the role of community pharmacy in the management of long-term conditions and link them to the single patient record.
- To transition community pharmacy from being focused largely on dispensing medicines to becoming integral to the Neighbourhood Health Service, offering more clinical services.
- Have a bigger role in prevention by expanding their role in vaccine delivery and in screening for risk of cardiovascular disease and diabetes.

The direction of travel set out in the 10 year health plan for England, particularly the increasing focus on prevention and the development of the neighbourhood health model will see a central and changing role for community pharmacy in the coming years.

Significant transformation of the health and care landscape, notably the abolishment of NHS England, changes to the role and shape of ICBs and proposed local government restructure will see changes to the commissioning landscape and footprints. It is likely that these changes will see changes in primary care including community pharmacy and will be further considered as the changes and impact becomes clearer.

⁹⁴ Department of Health and Social Care (2025) Fit for the Future: The 10 Year Health Plan for England. Available at: <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf> (Accessed: 02/09/2025)

Review and Update

This PNA will remain valid for three years from 1st October 2025. An updated version will then be published.

Supplementary statements may be published in advance of this should any significant changes occur. Factors that could lead to either the publication of a supplementary statement or the complete update of the PNA prior to the three-year timetable include, but are not limited to:

- Notable changes in population need – driven by changes in population size, profile and health: such as the prevalence of diseases or of factors contributing to mortality and or morbidity; change in population size and/or demographics; significant housing developments.
- Notable changes in pharmacy provision such as significant pharmacy closures or changes in hours of provision or services provided.
- Changes in the commissioning landscape, for example, NHS England is planned to be abolished, Integrated Care Boards are being reviewed and local government reorganisation is planned.
- Changes to the legislation, guidance or contracting framework relating to the provision of community pharmacy services or of the PNA.

Appendix A

Schedule 1 Regulation 4 (1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

[Schedule 1 Regulation 4\(1\) of the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) sets out the minimum information that must be contained in a PNA:

Necessary services: current provision

1. A statement of the pharmaceutical services that the HWB has identified as services that are provided—

(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and

(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Necessary services: gaps in provision

2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other relevant services: current provision

3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Improvements and better access: gaps in provision

4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,

(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other NHS services

5. A statement of any NHS services provided or arranged by a local authority, NHS England, an integrated care board, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

How the assessment was carried out

6. An explanation of how the assessment has been carried out, and in particular—

(a) how it has determined what are the localities in its area;

(b) how it has taken into account (where applicable)—

(i) the different needs of different localities in its area, and

(ii) the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

Map of provision

7. A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Source: <https://www.legislation.gov.uk/ukxi/2013/349/schedule/1> Accessed 19/05/2025.

Appendix B - Public survey results

Data Protection Consent

All information provided will be treated in accordance with the Data Protection Act 2018. We will only use this information to inform the Derby and Derbyshire 2025-28 Pharmaceutical Needs Assessment.

Responses	Count
Yes	1202
(blank)	13
No, thank you. Please do not return your survey as we need consent to be able to collect your answers.	10
Total	1225

Pharmacy section

Did you know that pharmacies provide these services (as listed below)?

Responses	Count	%
No – I didn't know of any of these services are provided by pharmacies	13	1
Yes – I knew all of these services are provided by pharmacies	661	55
Yes – I knew of some of these services are provided by pharmacies	525	44
(blank)	3	0
Total	1202	100

Do you regularly use a community or an online pharmacy? Please select one option

Responses	Count	%
No	98	8
Yes – a combination of both community and online pharmacy	164	14
Yes – community pharmacy / local chemist	908	76
Yes – internet/online pharmacy	25	2
(blank)	7	1
Total	1202	100

Do you use pharmacies for yourself and/or someone else? Please select one option

Responses	Count	%
Myself	566	47
Myself and someone else	611	51
Someone else	19	2
(blank)	6	0
Total	1202	100

If you have selected one of the 'someone else' options, please select any options that apply to you

Responses	Count	%
(blank)	574	48
Other;	204	17
Older relatives;	181	15
Children;	110	9
Children;Older relatives;	37	3
Children;Other;	19	2
Older relatives;Children;	10	1
Neighbours;	9	1
Older relatives;Other;	8	1
Friends;	8	1
Work related reasons;	7	1
Other;Older relatives;	3	0
Children;Older relatives;Neighbours;	3	0
Children;Older relatives;Work related reasons;	3	0
Children;Older relatives;Other;	3	0
Children;Work related reasons;	3	0
Older relatives;Work related reasons;	2	0
Children;Friends;	2	0
Friends;Other;	2	0
Neighbours;Older relatives;	2	0
Children;Neighbours;Older relatives;	1	0
Older relatives;Children;Other;	1	0
Work related reasons;Children;Older relatives;Other;	1	0
Older relatives;Friends;Neighbours;Work related reasons;Children;	1	0
Neighbours;Older relatives;Friends;	1	0
Older relatives;Neighbours;Friends;	1	0
Children;Neighbours;	1	0

Responses	Count	%
Children;Neighbours;Friends;	1	0
Work related reasons;Other;Older relatives;	1	0
Children;Older relatives;Neighbours;Friends;Work related reasons;	1	0
Older relatives;Friends;	1	0
Older relatives;Work related reasons;Other;	1	0
Total	1202	100

How often do you use a pharmacy? Please select an option

Responses	Count	%
Once or twice a month	699	58
Once every few weeks	345	29
Once a week or more	85	7
Once in six months	46	4
Less often	20	2
(blank)	7	1
Total	1202	100

Is your local pharmacy open on day and time that's convenient for you? Please select an option

Responses	Count	%
Yes	901	75
Sometimes	222	18
No	72	6
(blank)	7	1
Total	1202	100

Days & Times

	Before 9am		Between 9am and 1pm		Between 1pm and 6pm		After 6pm		Total	
	N	%	N	%	N	%	N	%	N	%
Monday	120	10	213	18	166	14	113	9	612	13
Tuesday	46	4	153	13	131	11	48	4	378	8
Wednesday	31	3	112	9	136	11	47	4	326	7
Thursday	20	2	85	7	94	8	53	4	252	5

	Before 9am		Between 9am and 1pm		Between 1pm and 6pm		After 6pm		Total	
	N	%	N	%	N	%	N	%	N	%
Friday	35	3	65	5	116	10	72	6	288	6
Saturday	97	8	211	18	131	11	64	5	503	10
Sunday	16	1	36	3	36	3	14	1	102	2
(blank)	837	70	327	27	392	33	791	66	2347	49
Total	1202	100	1202	100	1202	100	1202	100	4808	100

Why do you usually visit a pharmacy? Please tell us in the box below

Free text included:

- Collect prescriptions for myself / others (vast majority of answers)
- Advice and guidance
- Vaccinations
- Buy medication and non medical items
- Open at weekends
- Being unwell
- Consultations
- Blood pressure check
- Chronic illness / long term conditions support
- Toiletries, first aid, minor treatments

What services do you use at your local pharmacy? Please select any options that apply to you

Responses	Count	%
Collect prescriptions;Purchase over the counter medication;	216	18
Collect prescriptions;	211	18
Collect prescriptions;Purchase over the counter medication;Disposal of medicine;	91	8
Collect prescriptions;Purchase over the counter medication;To get advice on health;	77	6
Collect prescriptions;Purchase over the counter medication;To get advice on health;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);Disposal of medicine;	68	6

Responses	Count	%
Collect prescriptions;Purchase over the counter medication;To get advice on health;Disposal of medicine;	62	5
Collect prescriptions;Purchase over the counter medication;To get advice on health;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);	56	5
Collect prescriptions;Disposal of medicine;	43	4
Collect prescriptions;Purchase over the counter medication;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);	29	2
Collect prescriptions;To get advice on health;	19	2
Purchase over the counter medication;	18	1
Collect prescriptions;Purchase over the counter medication;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);Disposal of medicine;	14	1
(blank)	14	1
Collect prescriptions;Purchase over the counter medication;To get advice on health;To have blood pressure tested;Disposal of medicine;	13	1
Collect prescriptions;To get advice on health;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);	10	1
Collect prescriptions;Purchase over the counter medication;To get advice on health;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);To have blood pressure tested;Disposal of medicine;	10	1
Collect prescriptions;To get advice on health;Disposal of medicine;	9	1
Collect prescriptions;Purchase over the counter medication;To get advice on health;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);To have blood pressure tested;	9	1

Responses	Count	%
Collect prescriptions;Purchase over the counter medication;To have blood pressure tested;	9	1
Collect prescriptions;To have blood pressure tested;	8	1
Collect prescriptions;To get advice on health;Purchase over the counter medication;	8	1
Collect prescriptions;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);	7	1
Collect prescriptions;Purchase over the counter medication;To get advice on health;To have blood pressure tested;	7	1
Collect prescriptions;Purchase over the counter medication;To get advice on health;Disposal of medicine;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);	7	1
Purchase over the counter medication;To get advice on health;	6	0
Purchase over the counter medication;Collect prescriptions;	6	0
Collect prescriptions;Purchase over the counter medication;To have blood pressure tested;Disposal of medicine;	6	0
Collect prescriptions;To get advice on health;Treatment of common conditions (Acute otitis media (earache), Impetigo (a bacterial skin infection), infected insect bites, shingles, sinusitis, sore throat, uncomplicated urinary tract infections in women);Disposal of medicine;	6	0
Collect prescriptions;Purchase over the counter medication;Privately funded services;	5	0
Collect prescriptions;Purchase over the counter medication;Disposal of medicine;To get advice on health;	5	0

Results cut to answers of 5 or more (total of 1049 out of 1202 responses)

To what extent does your pharmacy meet your needs? Please select an option

Responses	Count	%
Always met or mostly met	940	78
Sometimes met	221	18
Infrequently met	19	2
Never or almost never met	13	1
(blank)	9	1
Total	1202	100

Are there any services you would like pharmacies to offer that you cannot get? Please tell us in the box below

Responses	Count	%
(blank)	799	66
No	95	8
None	17	1
N/A	7	1

Free text included:

- Blood tests,
- Vaccinations
- Open at weekends
- Open after 5pm
- Ear injection diagnosis
- HRT advice
- Advice for UTI
- Advice on nutrition and supplements
- Quicker service and properly process prescriptions
- Need a local pharmacy in Sandiacre
- More than just a dispensary
- Blood tests
- Skincare products
- Answer phone for enquiries
- Recycling medication packaging
- Antibiotics and other frequently used prescriptions
- B12 injections
- Sockings
- Asthma reviews
- Urine tests
- Prescribe HRT
- Blister packs
- Saturday service
- Big queues for pharmacy
- Courteous counter service
- Cough advice
- Cholesterol testing
- Rash / eczema checks
- Delivery of medicine
- Recycling of packaging

- Dental care
- Diabetes monitoring
- Services for over 80s
- Lunchtime opening
- Privacy to talk in pharmacies, everyone can hear you
- Disposal of sharps bins
- Ear syringing
- Ear wax removal
- Regular pharmacist, polite and helpful pharmacist
- Treatment of adult ear ache
- Treatment for UTIs in over 65s
- Full course of antibiotics
- Weight loss advice
- NHS stop smoking service
- Reduce waiting times
- Free home delivery
- Full health MOT
- Treat minor ailments rather than sending to urgent treatment centres
- Quicker service
- Information in BSL
- Stocked shelves
- Notifications prescriptions are ready
- Medication reviews
- Travel advice and vaccinations
- Menopause advice, treatment and test
- Vaccines other than Covid & flu ie RSV or Shingles
- More treatment of conditions
- More discreet consultations
- More responsive service

Do you use the same pharmacy or different pharmacies? Please select an option

Responses	Count	%
Same pharmacy	959	80
Different pharmacies	233	19
(blank)	10	1
Total	1202	100

Is there a more convenient and/or closer pharmacy that you don't use? Please select an option

Responses	Count	%
No	956	80
Yes	237	20
(blank)	9	1
Total	1202	100

If you selected yes, please tell us why in the text box below

Free text included:

- Opening hours – closed lunchtimes, weekends, not open before 9am/after 5pm
- Service – poor, inefficient, unfriendly, rude, grumpy staff, staff attitude, unhelpful, understaffed
- Use pharmacy connected to GPs surgery / close to workplace
- Low stock
- Long wait for prescriptions
- Access and parking issues
- Queuing in pharmacy
- Limited staff knowledge
- Not friendly service
- Communication - not deaf awareness
- Parking is difficult – physical disability
- Prefer another
- Not reliable
- Don't deliver prescriptions.

Location

Responses	Count	%
High importance	988	82
Some importance	183	15
(blank)	23	2
Low importance	8	1
Total	1202	100

Services on offer

Responses	Count	%
High importance	790	66
Some importance	324	27
(blank)	49	4
Low importance	39	3
Total	1202	100

Availability of medication

Responses	Count	%
High importance	1121	93
Some importance	50	4
(blank)	29	2
Low importance	2	0
Total	1202	100

Familiarity

Responses	Count	%
High importance	534	44
Some importance	440	37
Low importance	173	14
(blank)	55	5
Total	1202	100

Opening hours

Responses	Count	%
High importance	796	66
Some importance	350	29
(blank)	33	3
Low importance	23	2
Total	1202	100

Parking

Responses	Count	%
High importance	570	47
Some importance	377	31
Low importance	204	17
(blank)	51	4
Total	1202	100

Efficient and quick service

Responses	Count	%
High importance	853	71
Some importance	292	24
(blank)	44	4
Low importance	13	1
Total	1202	100

Friendly service

Responses	Count	%
High importance	890	74
Some importance	249	21
(blank)	39	3
Low importance	24	2
Total	1202	100

Quality of service (expertise)

Responses	Count	%
High importance	1053	88
Some importance	101	8
(blank)	45	4
Low importance	3	0
Total	1202	100

Communication (languages spoken / interpreting service)

Responses	Count	%
Low importance	457	38
High importance	391	33
Some importance	281	23
(blank)	73	6
Total	1202	100

Physical accessibility

Responses	Count	%
High importance	515	43
Some importance	321	27
Low importance	302	25
(blank)	64	5
Total	1202	100

Have you encountered any accessibility issues with pharmacies? Please select an option

Responses	Count	%
No	1086	90
Yes	103	9
(blank)	13	1
Total	1202	100

Please tell us about your pharmacy accessibility experience in the box below

Free text included:

- No wheelchair access
- Cannot access easily as a wheelchair user
- I use an electric scooter, and there is not much space for same.
- Awkward step to enter the pharmacy
- Buses are infrequent and unreliable
- Parking - Can't park outside, limited parking, No parking for blue badge holders, Only 1 parking space which is usually taken by the pharmacist, Erewash Council are to restrict blue badge parking by pharmacy, meaning I will need someone to pick up on my behalf, parking is an issue, Not enough blue badge spaces.
- Steps into building

- Steps caused difficulty accessing
- A very high step up from pavement
- Cramped building.
- Closures – closed weekends, closed when no pharmacist is available to staff it, closed lunchtimes, Erratic opening and closed for lunch, Need them to open on a Saturday morning, I am often in town around lunchtime but my pharmacy shuts for an hour for lunch
- Limited opening hours, not open at lunch time or weekends and open when I am working
- Consultation room not big enough for wheelchair
- Need to be close to public transport access too
- As it is extremely busy, the time waiting for service can be a problem.
- Door opens outwards and can be heavy. Space inside is very limited
- Door too small for wheelchair and there is a big step to get in.
- they can't communicate in British sign language, deaf awareness does vary
- Doors stiff to open and access with my Guide Dog.
- I have rheumatoid arthritis and I find it difficult to push open the shop door (and everywhere)
- Needs electric door
- Doors not wide enough for wheelchairs, hearing loops not fitted or not working
- Nearby parking would be helpful
- having to walk through town - my husband has mobility issues and finds it a challenge
- Apart from the facts that they are always extremely busy
- Even today, with the Equality Act some pharmacies are not accessible for disabled people
- Place is overwhelmed with people and inefficient service
- Long queues, lack of staff
- The only issue is that there is often a long queue and I haven't got time to wait.
- Lack of parking & disabled access & seating.
- The waiting area is very limited often resulting in long queues, too many people too close together [spreading germs] and sometimes even having to wait outside which is especially uncomfortable in bad weather
- I do have to drive about 5 miles to get there. It's fine at the moment but I worry about how I will cope in my 80s. I am currently 68.
- Nothing to add except queuing sometimes an issue as is availability of some meds.
- Pharmacist to listen to my health conditions in a separate area not in front of other people in the pharmacy.
- Whilst I don't personally need translation / interpreting services people I work with do and this is an issue. Also inconsistency of having female pharmacist when gender is an issue (eg for Muslim women); plus my mother has mobility issues and so people tend to go to pharmacy for her as accessibility is a problem.

How do you usually travel to the pharmacy? Please select an option

Responses	Count	%
Car / Motorbike	689	57
Walk	405	34
Public Transport	31	3
I don't travel, I have my prescriptions / medicine delivered	25	2
(blank)	15	1
Wheelchair / Mobility scooter	13	1
Someone goes for me / takes me	11	1
Bicycle	4	0
I don't travel, I use an online pharmacy	4	0
Other	4	0
Taxi	1	0
Total	1202	100

On average, how long does it take you to travel to your pharmacy? Please select an option

Responses	Count	%
Less than 15 minutes	896	75
Between 15 and 30 minutes	255	21
(blank)	21	2
More than 30 minutes	16	1
Not Applicable - I don't travel to the pharmacy	14	1
Total	1202	100

On average, how long does your visit take within the pharmacy? Please select an option

Responses	Count	%
Less than 15 minutes	910	76
Between 15 and 30 minutes	229	19
More than 30 minutes	31	3
(blank)	17	1
Not applicable - I don't visit the pharmacy	15	1
Total	1202	100

How satisfied are you with the advice given in the pharmacy? Does it meet your needs?
Please select an option

Responses	Count	%
Very satisfied	749	62
Somewhat satisfied	280	23
Neither satisfied nor dissatisfied	115	10
Somewhat dissatisfied	25	2
(blank)	25	2
Very dissatisfied	8	1
Total	1202	100

Do you encounter any repeated issues when using pharmacies? Please tell us in the box below

Free text included:

- Low stock / out of stock / lack of availability of medicines / repetitive issues sourcing medication / Not able to fill the whole prescription and requiring repeat visits / medication delays
- Long waits for prescriptions, over a week to dispense, not informed prescription is ready
- Accessibility by public transport
- Lunchtime closures, opening times and days
- Queuing in pharmacy, extremely busy, slow process
- Prescriptions not ready
- Repeat prescriptions delays
- Unhelpful staff, not enough staff, lack of urgency, unfriendly, often without pharmacist
- Advised to talk to GP about issues
- Not enough seating in the waiting area
- Parking problems.

Have you been affected by pharmacy closures? Please select an option

Responses	Count	%
No	1006	84
Yes	174	14
(blank)	22	2
Total	1202	100

Do you have any other comments that you would like to add about pharmacies in Derby City and Derbyshire County? Please tell us in the box below

Free text included:

- Blank (n=755 / 63%)
- No (n=70 / 6%)
- None (n=8 / 1%)
- Excellent service (n=3 / 0%)
- Positive experiences such as – friendly, reliable, call when stock has arrived, customer service is excellent, convenient locations,
- Our local pharmacy is excellent, professional, trustworthy & discrete
- A vital local service, Includes a friendly face and great advice.
- They appear to struggle for staff and always seem quite stressed
- Often the doctor prescribe medications that pharmacists can't get hold of which wastes so much time for all parties
- Available parking as you grow older you may not be able to walk far
- Open at weekends / Saturdays
- Would appreciate opening half day on Saturdays
- Wish the pharmacy I use would open on a Saturday
- Pharmacies are closing on Saturdays, not helpful for people working full time
- Stagger closing at lunch - I visited 4 pharmacies in Ilkeston- all closed
- Ideally not closing at lunchtime would be good and open for a few hours on a Saturday would benefit those who work full time
- Pharmacies often close over lunchtime and this is when it is more convenient to visit them
- Both pharmacies in Mallock close at the same time for Staff lunchtimes which can sometimes cause issues.
- There needs to be a pharmacy in the area that opens later in the evening.
- Extended hours in the evening is required to accommodate customers working during the day
- Have to allow 5 working days now for processing of prescription so have to bear this in mind so I don't run out and being able to collect due to work commitments
- None of my local pharmacies are open on Saturdays, I have to take time off from work to collect monthly repeat prescriptions for myself, children and elderly parents
- I now have to travel out of county to my nearest pharmacy as my local one closed
- No bus service from our village to access pharmacy
- No local pharmacy within walking distance. Prescriptions dispensed at surgery which is good.
- Pharmacies on site at GP surgeries are so useful
- I really value my local pharmacy which is next to my Drs surgery.
- I have always found the pharmacist and staff to be most professional and amenable.
- I get great service, but often staff are under some pressure.

- Sometimes communication between GP surgery and pharmacy is poor
- Concern over pharmacies closing
- I am concerned to see or hear about closures
- Don't shut pharmacies. A life line when GP appointments difficult
- Pharmacies seem to be being given ever more workload to take pressure off GPs- but they are underfunded and closing down at a rate of knots.
- They are an invaluable service to myself and the community and deserve support to continue to give this level of service.
- A very important service to the community, especially with the current delays in the NHS
- dont always answer their phones even after several minutes
- They are a very important part of community life. People use them because the staff are familiar and trusted
- I feel that pharmacies are under valued for the fantastic job they do. I find it really hard to get a GP appointment so we're very lucky that pharmacies are taking on more and more
- Examination rooms too small and dont have hand hygiene facilities which is very poor
- There is a need for better deaf awareness and access in BSL
- I don't think pharmacy assistants can safely provide certain services, such as ear wax removal.
- We need a pharmacy in Sandiacre
- I have largely switched to online pharmacy because things are so bad at my local pharmacy. Things got worse when the only other pharmacy jn the town was shut down
- I use an online pharmacy for my 4-weekly repeat prescription to avoid regular visits and lengthy waiting times
- No choice locally
- I would like more understanding for individuals who are neurodivergent.
- Womens and girls health problems should be dealt with by a female clinical pharmacist.
- Minimum wait time 5 days is very poor
- More money should be allocated to pharmacies as they are taking on more and more with less and less and this is impacting services
- They should be properly and adequately staffed with a regular qualified pharmacist at all times
- My wife and I have many repeat prescriptions. Both pensioners. The pharmacy we use provides an important source of support. Its value to us is up there with our local GP practice.
- my town needs another pharmacy to cope with amount of people in town
- My local pharmacy is excellent.

About you section

Please note, counts of less than 5 have been displayed as a * in this section.

What is your gender?

Responses	Count	%
Woman/girl;	821	68
Man/boy;	341	28
Prefer not to say;	18	1
(blank)	16	1
Non-binary;	*	*
female;	*	*
Woman/girl;Non-binary;	*	*
Woman/girl;Man/boy;	*	*
Man/boy;Non-binary;	*	*
Grand Total	1202	100

Is the gender you identify with the same as your sex registered at birth?

Responses	Count	%
Yes	1152	96
Prefer not to say	24	2
(blank)	21	2
No	5	0
Total	1202	100

I consider myself to be... Please select one

Responses	Count	%
Heterosexual/straight	1091	91
Prefer not to say	59	5
(blank)	24	2
a gay man	12	1
bisexual	8	1
a gay woman/lesbian	6	0
other	*	*
Total	1202	100

What was your age on your last birthday?

Age groups	Count	%
20-29	10	1
30-39	50	4
40-49	94	8
50-59	243	20
60-69	316	26
70-79	342	28
80-89	91	8
90+	8	1
blank	48	4
Total	1202	100

Do you consider yourself to be a disabled person?

Responses	Count	%
No	930	77
Yes	254	21
(blank)	18	1
Total	1202	100

To which group do you consider you belong? Please select one option

Responses	Count	%
White - English / Welsh / Scottish / Northern Irish / British	1134	94
(blank)	25	2
Any other White background	17	1
Any other ethnic group	7	1
White – Irish	7	1
Asian or Asian British - Indian	*	*
Asian or Asian British - Pakistani	*	*
Black or Black British - Caribbean	*	*
Dual Heritage - White and Asian	*	*
Dual Heritage - White and Black Caribbean	*	*
Other ethnic group - Arab	*	*
Total	1202	100

Do you have any religious beliefs? Please select one

Responses	Count	%
No	535	45
Prefer not to say	123	10
Yes	515	43
(blank)	29	2
Total	1202	100

If yes, to which religion do you belong? Please select one

Responses	Count	%
Buddhist	*	*
Christian	514	43
Hindu	*	*
Jewish	*	*
Muslim	*	*
Other	22	2
Prefer not to say	74	6
Sikh	*	*
(blank)	581	48
Total	1202	100

Where do you live? Please select one option

Responses	Count	%
Amber Valley	147	12
Bolsover	67	6
Chesterfield	132	11
Derby City	59	5
Derbyshire Dales	175	15
Erewash	191	16
High Peak	99	8
North East Derbyshire	126	10
South Derbyshire	189	16
(blank)	17	1
Total	1202	100

What is your postcode? Please tell us your postcode in the box below

Deprivation was derived from a valid postcode, 19% of respondents didn't provide a postcode or it was invalid.

Deprivation (1 = most deprived, 10 = least deprived)

Responses	Count	%
1	26	2
2	50	4
3	53	4
4	53	4
5	124	10
6	93	8
7	103	9
8	139	12
9	161	13
10	175	15
#N/A	225	19
Total	1202	100

In your home, do you live:

Select any options that apply

Responses	Count	%
With a partner;	629	52
Alone;	248	21
With a partner;With children;	148	12
With children;	53	4
With relatives;	36	3
With children;With a partner;	33	3
(blank)	21	2
Other;	14	1
With a partner;With relatives;	7	1
With others (not family);	*	*
With a partner;With others (not family);	*	*
With a partner;With children;With relatives;	*	*
With relatives;With children;With a partner;	*	*
With relatives;With a partner;	*	*
With children;With relatives;With a partner;	*	*

Responses	Count	%
Alone;Other;	*	*
Alone;With a partner;	*	*
With a partner;Other;	*	*
Total	1202	100

Is your home: Please select one option

Responses	Count	%
Owned (outright / mortgage)	1021	85
Rented (privately / local authority / housing association)	120	10
(blank)	38	3
Other	22	2
I am homeless	*	*
Total	1202	100

Are you working? Please select an option

Responses	Count	%
No - Retired	643	53
Yes - Employed / Self Employed	447	37
No - Sick	35	3
(blank)	23	2
No - Carer	23	2
No - Home maker	16	1
No - Seeking work	5	0
No - Student	*	*
No	5	0
Prefer not to say	*	*
Total	1202	100

What is your health status? Please select an option

Responses	Count	%
Very good	150	12
Good	474	39
Fair	432	36
Bad	105	9
Very bad	17	1

Responses	Count	%
(blank)	24	2
Total	1202	100

What languages do you speak and/or read? Please select any options that apply to you

Responses	Count	%
English;	1031	86
(blank)	81	7
English;French;	18	1
English;German;	5	0
French;	*	*
English;Welsh;	*	*
English;French German;	*	*
Portuguese;English;	*	*
English;Maori;	*	*
Panjabi;Urdu;English;	*	*
English;Welsh, French, Spanish ;	*	*
English;BSL;	*	*
English;Italian ;	*	*
English;Dutch, German;	*	*
English;Spanish;	*	*
English;Fench, German, Italien, Spanish;	*	*
German;	*	*
English;French ;	*	*
Urdu;Panjabi;	*	*
English;French and German;	*	*
English;Italian;	*	*
English;French and Italian ;	*	*
English;Polish;	*	*
English;French and Italian;	*	*
English;Tibetan;	*	*
English;French Dutch and German;	*	*
French, Italian, German, a little Japanese (languages degree includes Latin);	*	*
English;French German ;	*	*
Japanese, Indonesian;	*	*
English;French German Spanish;	*	*
English;BSL, french, Spanish ;	*	*

Responses	Count	%
English;Afrikaans, Hebrew, French;	*	*
English;Italian & Greek;	*	*
English;French rusty;	*	*
English;Italian, Spanish, French;	*	*
English;French, Italian, some Greek, some japanese;	*	*
English;Italiano ;	*	*
English;French, Norwegian ;	*	*
English;Neplali;	*	*
English;French, Spanish ;	*	*
English;Some German;	*	*
English;French, Spanish, Latin;	*	*
English;Speak and read German; speak and read some French, understand spoken Dutch and can read it, but not speak it;	*	*
English;French, spanish;	*	*
English;Ukrainian & Italian;	*	*
English;French.;	*	*
English;Arabic;	*	*
English and Dutch;	*	*
English;British sign language ;	*	*
English;GCE level French, German, Spanish ;	*	*
Italian;	*	*
English;German ,a little French ;	*	*
Panjabi;	*	*
Portuguese;	*	*
Polish;	*	*
Prefer not to say;	*	*
Turkish ;	*	*
English;German, French, Italian ;	*	*
Russian;	*	*
English ;	*	*
Urdu;	*	*
Dutch, German, English;	*	*
English; ;	*	*
English;I can get by in French;	*	*
English;Greek, French, Spanish;	*	*
Total	1202	100

Appendix C - Contractor Survey Results

The full results of the Contractor Survey are shown below:

Do you consent to the processing and storing of your response?

Yes	76
No	0

Select your local PCN if known:

PCN	Count
Alfreton Ripley Crish and Heanor	3
Belper	1
Chesterfield and Dronfield	1
Derby City North	0
Derby City South	3
Derbyshire Dales	0
Erewash	16
Glossop	0
Greater Derby	0
High Peak and Buxton	3
North Derbyshire	0
North East Derbyshire	0
North Hardwick and Bolsover	1
Oakdale Park	0
PCCO	0
South Dales	0
South Hardwick	0
Swadlincote	2

Does this pharmacy operate a 100-hour contract?

Responses	Count	%
Yes	76	100
No	0	0

Is this pharmacy entitled to “Pharmacy Access Scheme Payments”?

Responses	Count	%
Yes	12	16
No	58	77
Maybe	5	7

Please provide us with the following access details? (select all options that apply)

Responses	Count	%
Can customers park legally within 50 metres of a pharmacy?	73	27
Is there a bus stop within walking distance of a pharmacy?	76	28
Can disabled customers park within 10 metres of a pharmacy?	55	20
Is the entrance to the pharmacy suitable for wheelchair access?	71	26

Does the pharmacy dispense appliances?

Responses	Count	%
Yes – All types	70	92
Yes, excluding stoma appliances, or	5	7
Yes, excluding incontinence appliances, or	0	0
Yes, excluding stoma and incontinence appliances, or	0	0
Yes, just dressings, or	1	1
None	0	0
Other	0	0

Does the pharmacy provide the following services?

Service	Yes	Intending to provide	Not intending to provide
New Medicine Service (NMS)	100%	-	-
Pharmacy First Service	100%	-	-
Pharmacy Contraception Service (PCS)	100%	-	-
Hypertension case-finding service	100%	-	-
Flu Vaccination Service	100%	-	-
Smoking Cessation Service	26.3%	68.4%	5.3%

Does this pharmacy offer a delivery service, and are there any restrictions to it?

Responses	Count	%
Yes (Free service)	17	22
Yes (Delivery fees apply)	2	3
No	2	3
Restrictions apply	55	72

Please explain what are the restrictions that affect the delivery service?

Responses:

- We only have a certain number of slots each day. We also charge if we deliver more than once each month at the patient's request.
- We have a certain number of delivery slots each day and charge if a patient has more than one delivery a month at their request.
- distance from pharmacy, house bound patients prioritized
- Charges apply and delivery only within 4 miles radius of the pharmacy
- elderly or disabled or housebound

Do you provide any private healthcare services e.g. phone consultations, vaccination services?

Responses	Count	%
Yes	74	97
No	2	3

If Yes, please state what private services are currently being offered?

Responses:

- private flu vaccines
- private flu vaccines & ear wax removal & weight loss management
- private flu vaccines & Vit b12 Injections & weight loss management
- private flu vaccines, travel advice/vaccine
- weight loss service
- Norethisterone prescribing, private flu jabs
- Independent prescribing including Erectile Dysfunction etc, Flu vaccination, weight management, soon Ear Microsuction
- Ear microsuction, Period delay, MenACWY, vitamin b12
- Phone consultation, flu & covid jabs

What languages other than English are spoken by the staff on the premises?

PCN	Count	%
Urdu	7	26
Punjabi	9	33
Slovak	0	0
Romanian	0	0
Kurdish	0	0
Latvian	1	4
Arabic	0	0
Russian	0	0
Portuguese	0	0
Czech	0	0
Italian	0	0
Spanish	0	0
Hindi	4	15
French	0	0
Chinese	1	4
Ukrainian	2	7
German	0	0
Hungarian	0	0
Other	3	11

Do you use language line for language provision not covered by staff in the premise?

Responses	Count	%
Yes	57	75
No	19	25

Are the facilities provided adequate to deliver clinical services?

Responses	Count	%
Yes	76	100
No	0	0

Do you have sufficient space with all of the planned changes set to come into effect e.g. independent prescribing/ additional pharmacy first services?

Responses	Count	%
Yes	75	99
No	1	1

Do you have the capacity to deal with increased demand e.g. additional dispensing/commissioned services?

Responses	Count	%
Yes	74	97
No	2	3

Are there any further services, if commissioned and funded accordingly, that you could provide in the future?

Responses:

- NHS funded MDS packs post pharmacist assessment
- NHS funded MDS packs post pharmacist review
- Smoking cessation
- Advance Clinical Practice work, Ear Micro suction, Spirometry and ECG, Vaccinations including RSV, Hep B, Thyphoid, Cholera, etc. Management of Long Term conditions like BP, Asthma, COPD,
- Supervised methadone consumption, needle exchange
- Minor cuts and burns, phlebotomy, basic blood testing, vita
- It would depend on the service, fees and capacity at the time.

Appendix D – Consultation responses

The full results of the Consultation responses are seen below:

Do you consent to the processing and storing of your response?

Yes	12
No	0

What capacity are you giving feedback?

Responses	Count
A member of the public living in Derby	2
A member of the public living in Derbyshire	0
A local pharmacist	3
A dispensing practice	0
A non-dispensing practice	0
A Health Care Provider (e.g. acute hospital or community care provider)	0
A Social Care Provider (e.g. care home)	1
A Local Authority	2
A member of Derby Health and Wellbeing Board	0
A member of Derbyshire Health and Wellbeing Board	1
A member of a neighbouring Health and Wellbeing Board	1
The Local Medical Committee	1
The Local Pharmacy Committee	0
Derby and Derbyshire Integrated Care Board	1
Healthwatch Derby	0
Healthwatch Derbyshire	0
As an elected member/MP	0
A representative of a community group, charity or social enterprise	0
Other	1

Please tell us if you agree or disagree that the purposes of the PNA have been clearly explained?

Responses	Count	%
Strongly agree	4	36
Agree	5	45
Neither agree nor disagree	1	9
Disagree	0	0
Strongly disagree	1	9

Please tell us if you agree or disagree the process for producing the PNA is clearly described?

Responses	Count	%
Strongly agree	4	33
Agree	6	50
Neither agree nor disagree	1	8
Disagree	0	0
Strongly disagree	1	8

Please tell us if you agree or disagree the PNA accurately reflects the needs of the populations of Derby and Derbyshire?

Responses	Count	%
Strongly agree	4	33
Agree	5	42
Neither agree nor disagree	2	17
Disagree	0	0
Strongly disagree	1	8

Please tell us if you agree or disagree the PNA accurately reflects the current provision of pharmaceutical services in Derby and Derbyshire?

Responses	Count	%
Strongly agree	4	33
Agree	6	50
Neither agree nor disagree	1	8
Disagree	0	0
Strongly disagree	1	8

Please tell us if you agree or disagree the PNA provides information to inform market entry decisions i.e. new applications for pharmacies or DACs?

Responses	Count	%
Strongly agree	3	25
Agree	6	50
Neither agree nor disagree	2	17
Disagree	0	0
Strongly disagree	1	8

Please tell us if you agree or disagree the PNA provides information to inform future planning of pharmaceutical services?

Responses	Count	%
Strongly agree	4	33
Agree	6	50
Neither agree nor disagree	1	8
Disagree	0	0
Strongly disagree	1	8

Please tell us if you agreed with the conclusions in the PNA?

Responses	Count	%
Strongly agree	3	25
Agree	6	50
Neither agree nor disagree	2	17
Disagree	0	0
Strongly disagree	1	8

Are there any gaps in service provision such as when, where and which services are available that have not been identified in the PNA?

Responses	Count	%
Yes	2	17
No	6	50
Don't know	4	33

If Yes please state what services have not been identified:

We also do the following Services: Travel Advice and Vaccination, Ear Microsuction and Irrigation, Independent Prescribing, Weight Management and advice on LTC. Screening Services - BP, Bd Glucose, Bd Cholesterol. Asthma Medication and inhaler technique Optimisation - Using Incheck Device

Are there any barriers to accessing pharmaceutical services that are not identified in the PNA?

Responses	Count	%
Yes	1	8
No	7	58
Don't know	4	33