

2025-2028 PHARMACEUTICAL NEEDS ASSESSMENT FOR TORBAY



Document Information

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1 Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant). The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards (HWB) from 1 April 2013. This means that Torbay's HWB has a legal duty to ensure the production of a PNA for Torbay going forward. HWBs are required to publish their first PNA by 1 April 2015 and publish a statement of its revised assessment within three years of its previous publication or sooner if changes to the need for pharmaceutical services are identified which are of significant extent.

The PNA for Torbay 2025-2028 presents a picture of community pharmacy need and provision in Torbay, and links to Torbay's Joint Strategic Needs Assessment (JSNA). This PNA will be used by the local Integrated Care Board (ICB) to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Torbay
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally Enhanced services from pharmacies

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

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

The NHS Regulations 2013 set out the legislative basis for producing and updating PNAs, and specify a list of minimum information that must be included in the PNA. Torbay's PNA is structured as follows:

- Introduction
- Overview of Torbay
- General health needs of Torbay
- Selected health needs that can be influenced by pharmaceutical services
- Provision of pharmaceutical services
- Conclusion

Information regarding local provision of pharmaceutical services was made available by NHS England.

The consultation period ran from Monday 3 March 2025 to Tuesday 6 May 2025. The

HWBs for Plymouth and Torbay ran the consultation for each of their PNAs at the same time. This was to aid organisations who were asked to respond to consultations for more than one area at the same time. The method of consultation was agreed by the PNA Steering Group. The PNA Steering Group met following the end of the consultation period to discuss the feedback received across both areas and agree appropriate action. Following this, some minor amendments were made to the report as outlined below:

- Links to newer documents regarding the Community Pharmacy Contractual Framework and Pharmacy Quality Scheme. Also, the commissioning of pharmaceutical services has been delegated to the Integrated Care Board (ICB) from NHS England.
- Since the consultation, the organisations who were taking over responsibility for locally commissioning 'Supervised consumption of substance misuse medicines', 'Emergency hormonal contraception' and 'Chlamydia screening' have become known and those details have been added.
- We were also informed that NHS England no longer commission 'On demand availability of specialist drugs' within Torbay and this has been amended, this had no effect on the conclusions set out in Section 7.

It should be noted that the main audience for the PNA is those wishing to enter the local pharmaceutical market. The analysis contained within this document is limited to the identification of gaps in terms of location and opening hours as defined by DHSC. It is acknowledged that there may be issues with access to pharmaceutical services for Torbay residents that fall outside of this scope. These include the quality of service provided by community pharmacies such as medication availability, staffing levels and waiting times. These should be referred to the organisations which are responsible for these aspects of service delivery.

In conclusion, Torbay's ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Torbay are well-placed to deliver healthcare services to their local communities and current pharmaceutical provision is assessed as being sufficient to meet the anticipated needs over the next three years. However, it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision. Since the last PNA, there has been a reduction in pharmacy hours outside of Monday to Friday daytimes, 3 potential future gaps have been identified in the conclusion where pharmacies close or reduce supplementary hours over the lifetime of this PNA. Whilst the core activity of community pharmacies is commissioned by NHS Devon ICB, they continue to provide a key role for Torbay Council and NHS England, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities.

2 Introduction

2.1 Purpose of a pharmaceutical needs assessment (PNA)

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by the local ICB.

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

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

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

2.2 National context

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

Health and Social Care Act (2022)¹

The Health and Care Act 2022 expands on NHS proposals from the Long-Term Plan

¹ Department of Health and Social Care (2022). Health and Care Act 2022. Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

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

The NHS Long Term Plan (NHS LTP) 2019²

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

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

Another area the plan will focus on involves elderly patient groups. Studies suggest that about 10% of elderly patients end up in hospitals due to preventable medication-related issues, with up to 50% failing to adhere to their medication. Primary care network funding will be used to increase the number of clinical pharmacists in general practices and care homes. Additionally, the NHS plans to collaborate with the government to enhance recognition of community pharmacists' skills and improve patient engagement. Community pharmacists will play a crucial role in promoting medication adherence, reducing waste, and encouraging self-care as part of preventive healthcare and addressing health inequalities.

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

² NHS. The NHS Long Term Plan (2019). Available at: [NHS Long Term Plan » The NHS Long Term Plan](#)

Lastly, Health and Wellbeing Boards must develop Health and Wellbeing Strategies to outline how partners will address local health needs, enhance outcomes, and reduce health disparities within the city.

Next Steps for Integrated Primary Care: Fuller Stocktake Report 2022³

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

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

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

A vision for pharmacy professional practice in England and a vision for pharmacy professional practice in England one year on

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

The reports highlight that medicines exist in all parts of the healthcare system and sit only second in budgetary terms to staff so it is considered pharmacists are well

³ Next Steps for Integrated Primary Care: Fuller stocktake report (2022). Available at: <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

placed to support the management of certain areas of overprescribing.

The report includes a delivery plan for recovering access to primary care - community pharmacy is seen as a key provider to support the recovery of core primary care with significant investment over 2 years to expand services to be offered via community pharmacy i.e. Pharmacy First (launched 31/1/24), NHS blood pressure checks and oral contraception supply and review and to improve the digital infrastructure between general practice and community pharmacy to develop and deliver interoperable digital solutions.

NHS Long Term Workforce Plan and Community Pharmacy Independent Prescribing Pathfinder programme

Estimated that education and training places for pharmacists (as a whole, not just community) need to grow by 31–55% to meet the demand for pharmacy services. Another aim is to continue to grow the pharmacy technician workforce to ensure expansion of this professional group to support transformation; this includes expanding the training via the apprenticeship route for pharmacy technicians.

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

Health Equity in England: Marmot Review 10 years On⁴

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

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

⁴ Health Equity in London: The Marmot Review 10 years on. Executive summary (2020). Available at: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

in the most deprived communities.

Public Health England (PHE) Strategy 2020-2025⁵

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

Community Pharmacy Contractual Framework (CPCF) 2019 to 2024⁶

The Community Pharmacy Contractual Framework (CPCF) serves as an agreement among the government, NHS, and Pharmaceutical Services Negotiating Committee (PSNC), outlining the pivotal role of community pharmacies in supporting the implementation of the NHS Long Term Plan. With a commitment of nearly £13 billion over five years, the CPCF aims to alleviate pressures on the NHS by enabling community pharmacies to accept referrals from 111 calls, thereby connecting patients with vital services and reducing healthcare burdens. Additionally, through the Healthy Living Pharmacy (HLP) framework, numerous community pharmacies are training their staff to provide diverse interventions to patients, including smoking cessation, weight management, and self-care strategies, thus contributing to alleviating pressures on the NHS. In April 2025, the new contractual framework was updated <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>

Pharmacy Quality Scheme⁷

The 2024/25 Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long

⁵ Public Health England Strategy 2020-2025 (2019). Available at: <https://www.gov.uk/government/publications/phe-strategy-2020-to-2025>

⁶ Community Pharmacy Contractual Framework (2019). Available at: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

⁷ Pharmacy Quality Scheme (2023/24). 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#pharmacy-quality-scheme>

Term Plan and rewards community pharmacy contractors who deliver quality criteria. Pharmacy contractors must sign up and be registered to deliver Pharmacy First clinical pathways and the Pharmacy Contraception Service.

Pharmacy Integration Fund⁸

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

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

Pharmacy First

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

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

⁸ Pharmacy Integration Fund. Available at: <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund>

Discharges Medicines Service (DMS)⁹

Is a new essential service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE Medicines Safety Improvement Programme to be significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

2.3 Devon context

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

The Strategic Framework for Community Pharmacy in Devon - Five Year Plan (2025-2029) was published by NHS Devon Integrated Commissioning Board (ICB) in March 2025.

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

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

- Funding - Core Contract Funding has fallen by over 30% in real terms since 2015.
- Workforce - many pharmacists and pharmacy technicians moved from community pharmacy to Primary Care Networks, resulting in staffing shortages and an over-reliance on locums to enable a pharmacy to open. Community pharmacy also has the challenges associated with working in a retail environment.
- Medicines Stock Shortages - patients have faced challenges accessing the vital medication they need; These national stock shortages are almost completely outside the control of the community pharmacy.
- IT System Connectivity and Processes - this is a complex area and is yet to be fully implemented as intended

⁹ Discharge Medicines Service. 17 June 2022 <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

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

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

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

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

Devon 5-Year Joint Forward Plan ¹⁰

Devon's Joint Forward Plan (JFP), which was written in collaboration with partners across One Devon, was originally published in July 2023 and was refreshed in April 2024. It describes how the health and care sectors plan to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.

2.4 Legislative context and statutory requirements

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB). It also transferred responsibility to develop and update PNAs from primary care trusts to HWBs with effect from April 2013. At the same time responsibility for

¹⁰ Devon Joint Forward Plan refresh (2024) Available at: <https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/>

using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, (the '2013 Regulations') set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development. Please see

<https://www.legislation.gov.uk/ukxi/2013/349/contents/made>

This report covers the requirements of the 2013 Regulations as follows:

A series of statements are given with regards to:

- The pharmaceutical services that the HWB has identified as **services that are necessary to meet the need** for pharmaceutical services
- The pharmaceutical services that have been identified as **services that are not provided but which the HWB is satisfied need to be provided** in order to meet the current or future need for a range of pharmaceutical services or a specific pharmaceutical service.
- The pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but have **secured improvements or better access**
- The pharmaceutical services that have been identified as **services that would secure improvements or better access** to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future and,
- **Other NHS services** that affect the need for pharmaceutical services or a specific pharmaceutical service.

The structure and content of the report is based on guidance provided in October 2021 by the Department of Health and Social Care

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

2.5 HWB duties in respect of the PNA

The HWB must:

- produce its first PNA which complies with the regulatory requirements;
- publish its first PNA by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would

- be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

NB: The Health and Wellbeing Board has a statutory responsibility to deliver the PNA every three years with the last full PNA published in October 2022. The publication of the 2022-25 PNA was delayed from 2021 to 2022 due to Covid-19 pandemic.

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

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

2.7 Primary Care Networks (PCNs)

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

PCNs have been created to build on the joined-up working that already exists across Primary Care. This requires GPs and pharmacies to work even more closely with community and secondary care providers around an individual’s care needs. Culturally, there will be an emphasis placed on prevention, proactive personalised care and helping people to manage their own care where appropriate. The aim is to address health issues earlier on and reduce demand for hospital-based services, particularly urgent care. For community pharmacy services, this reinforces a continued shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services. There is an expectation that each PCN will have a lead community pharmacy PCN lead as well as a lead clinician for GPs. Torbay has three PCNs (as at February 2025):

Baywide
Paignton & Brixham
Torquay

2.8 The scope of this PNA: Contractors and services

2.8.1 Contractors

The ICB must keep lists of contractors who provide pharmaceutical services in the area of the HWB. The principal types of contractor are:

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

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).
- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
- **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example, a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in

England and cannot limit their services to particular groups of patients.

- **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.
- **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

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

2.8.2 Pharmaceutical services provided by pharmacy contractors

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

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

2.8.2.1 Essential services

All pharmacies must provide these services. There are eight essential services:

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also, the urgent supply of a drug or appliance without a prescription at the request of a prescriber. Pharmacies are required to maintain a record of all medicines dispensed and to keep records of any interventions made which they judge to be significant.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.

- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. The local NHS contract management team will arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. NHS England and the local ICB can ask community pharmacy contractors to participate in mandated health campaigns.
- **Healthy Living Pharmacies** – The Healthy Living Pharmacy framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need and helping to reduce health inequalities.
- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **Discharge Medicines Service** – The discharge medicines service (DMS) became an essential service on the 15th February 2021. NHS Trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below in section 2.8.3.1) also apply.

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

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a bar code which the pharmacy could

scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient. Under EPS Phase 4 patients can choose to take their token to any pharmacy in England.

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

2.8.2.2 Advanced services

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

- **New medicine service (NMS)** – The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions and provides support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications. The service aims to enable the patient to make appropriate lifestyle changes and self-manage their condition.
- **Seasonal Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Pharmacy First** – The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness OR an urgent repeat medicine supply (from NHS 111 only). The new pharmacy first service was launched in January 2024 and it adds to the existing consultation service by enabling community pharmacists to complete episodes of care for seven common conditions following defined clinical pathways. Patients are able to access the seven clinical pathways element via referrals from referring organisations including general practice, urgent and emergency care settings and NHS 111. Additionally, patients can access the seven common conditions service by attending or contacting the

pharmacy directly.

- **Hypertension Case-Finding Service** – The service will support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. The service aims to a) identify people with high blood pressure (aged 40 years or older) who have previously not had a confirmed diagnosis of hypertension and to refer them to general practice to confirm diagnosis and for appropriate management; at the request of a general practice, undertake ad hoc clinical measures and ABPM; and provide another opportunity to promote healthy behaviours to patients.
- **Pharmacy Contraception Service** – The Pharmacy Contraception Service started on 24th April 2023 allowing the on-going supply of oral contraception from community pharmacies where it has been initiated in general practice or pharmacies, or sexual health clinics and equivalent. Pharmacists can now also initiate oral contraception via a Patient Group Direction and provide ongoing clinical checks and annual reviews. It is highly anticipated that from October 2025 that this will also include access to emergency contraception.

2.8.2.3 Other relevant services

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

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

- **Smoking Cessation Referral Service** – this service enables NHS Trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway including providing medication and behavioural support as required.
- **LFD Service** - The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD Service) was commissioned as an Advanced Service from 6th November 2023.
- **Stoma appliance customisation service (SAC)** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary, making recommendations to prescribers.
- Services commissioned from pharmacies by Torbay Council and NHS Devon ICB, other NHS services and services provided by other organisations.

2.8.2.4 Enhanced services

The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one.

NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

NHS England does not currently commission enhanced services in Torbay:

Enhanced services which may be, but are not currently, commissioned by NHS England are:

- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Emergency supply service
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Some of the above services may be commissioned by ICBs or local councils, but in such cases those services are not 'pharmaceutical services' for the purposes of this PNA. See section 2.4 for further details.

National Enhanced Service

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

In December 2021 provisions were made within the NHS (Pharmaceutical and Local

Pharmaceutical Services) Regulations 2013 for a new type of Enhanced Service, the National Enhanced Service (NES). Under this type of service NHSE commissions an enhanced service that is nationally specified.

The COVID-19 Vaccination Service is commissioned from community pharmacies in Devon.

2.8.2.5 Clinical governance

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

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

2.8.2.6 Opening hours

Most pharmacies are required to open for 40 hours per week and these are referred to as core opening hours. However, many choose to open for longer and these hours are referred to as supplementary opening hours – but a pharmacy can decide to stop providing supplementary hours by giving notice to ICBs.

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

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

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

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

On occasion, pharmacies may have to close. This may be a **planned temporary closure**, for example, for the refurbishment of the premises, or an **unplanned**

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

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

2.8.2.7 Recent changes to the contractual arrangements for pharmacies

The Pharmacy Quality Scheme forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality; clinical effectiveness; patient safety and patient experience.

2.8.3 Pharmaceutical services provided by dispensing appliance contractors (DAC)

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

2.8.3.1 Appliance services

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

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also, the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.

- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is being delivered.
- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

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

2.8.3.2 Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services – for descriptions of these services see section 2.8.2.3 above.

- Stoma appliance customization
- Appliance use review.

2.8.3.3 Clinical governance

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

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme

- a staffing and staff programme
- an information governance programme.

2.8.3.4 Opening hours

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

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

2.8.4 Pharmaceutical services provided by dispensing doctors

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

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

2.8.4.1 Eligibility

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

- is registered as a patient with that dispensing doctor, and
- lives in a designated rural area (known as a 'controlled locality' – see below), and
- lives more than 1.6 kilometres (about 1 mile) in a straight line from a community pharmacy, and
- lives in the area for which the doctor has been granted permission to dispense, or is a patient for whom the doctor has historic dispensing rights.

Designation of areas as 'controlled localities' is a responsibility of NHS England. This

PNA is required to include maps of the controlled localities within the HWB's area. There are no controlled localities in Torbay.

2.8.4.2 Services

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

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

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

2.8.4.3 Clinical governance

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

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

2.8.4.4 Opening hours

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

2.9 Locally commissioned services

2.9.1 Public Health services commissioned by Torbay council (From July 2025)

Needle exchange

This is an integral part of the harm reduction strategy for drug users. It aims to:

- Reduce the spread of blood borne viruses (BBVs) e.g. Hepatitis B, Hepatitis C, HIV
- Provide a gateway into treatment services
- Provide a referral point for service users to other health and social care services

There is compelling evidence to support the effectiveness of needle exchange services in reducing the spread of BBVs with long term public health benefits to drug users and the whole population.

15 pharmacies were commissioned in Torbay to provide needle exchange services in 2023/24. The following number of packs was provided through pharmacies in 2023/24:

- 1ml packs – 5,278
- 2ml packs – 2,414
- Blue needle packs – 2,679
- Green needle packs – 1,358
- Orange needle packs – 1,015

Smoking Cessation

Stopping smoking is one of the single most effective health care interventions that can be offered.

Working alongside the specialist provider of Smoking cessation services and GP practices, pharmacies provide behavioural support as well as Nicotine Replacement Therapy and access to medication for people who want to give up smoking. Unlike other providers, pharmacies offer a walk-in service across a wide number of opening hours.

In 2023/24, 17 pharmacies were commissioned in Torbay to provide stop smoking services. In that year, 15 people have been recorded as quitting smoking through pharmacies.

Tuberculosis (TB) Directly Observed Therapy

Tuberculosis is a treatable, infectious disease that is one of the leading causes of death for adults in the developing world. The prevalence of TB in Devon County is low. The treatment regimen for tuberculosis, recommended by the World Health Organisation and National Institute for Clinical Excellence, consists of a combination of specific antibiotics. A daily regime, using combination tablets is usually used; however some people need more support or monitoring – known as Directly Observed Therapy, or DOT. In this instance, the drugs are given individually three times per week, on a Monday, Wednesday and Friday and pharmacies are commissioned to observe the consumption of the medication, similar to supervised

consumption.

In 2023/24, 17 pharmacies were commissioned in Torbay to provide TB DOT services, although no-one received the TB DOT service through pharmacies in that year.

The following services will now be commissioned through a 3rd party and will no longer be commissioned directly by the council. As of the production date of the PNA, commissioning responsibility for 'Supervised consumption of substance misuse medicines' is known to be passing to Torbay and South Devon NHS Foundation Trust. 'Chlamydia screening' commissioning responsibility will be passed to Royal Devon University Healthcare NHS Foundation Trust. 'Emergency hormonal contraception' commissioning responsibility will also be passed over to Royal Devon University Healthcare NHS Foundation Trust. It is not known which pharmacies will be participating.

Supervised consumption of substance misuse medicines

This service involves the client consuming Methadone or Buprenorphine under the direct supervision of a pharmacist in a pharmacy. There is compelling evidence to support the effectiveness of substance misuse supervised administration services with long term health benefits to substance misusers and the whole population.

Emergency hormonal contraception (EHC)

There is a strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The rate of teenage pregnancy in Torbay is reducing, although it remains one of the highest rates in the South West.

Whilst GP practices are instrumental in contraception provision, in some circumstances female residents will either prefer, or will need, the relative anonymity of attending a pharmacy to access EHC. The drug levonorgestrel is used for EHC under the scheme commissioned by Torbay Council from pharmacies. Through this scheme levonorgestrel is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 24 years of age. Anyone who requests EHC, will also be encouraged to take a chlamydia screen at the same time, as part of an integrated provision of sexual health services in pharmacies.

In addition, the contraception and sexual health clinics (formerly known as family planning clinics) provide contraceptive services.

Chlamydia screening

This programme is commissioned as part of the Chlamydia Screening Programme in Torbay.

The aim of service is to improve the quality and accessibility of sexual health services to young people between the ages of 16–24 and increase the uptake of Chlamydia screens in young women and young men who have had an unprotected sex episode, thereby increasing the number of identified cases and opportunities for treatment and partner management. Pharmacists are commissioned to opportunistically signpost a young person between the ages of 16-24 (who are not presenting for EHC) to the counter-top Chlamydia screening kit.

2.9.2 Local services commissioned by NHS Devon ICB

The Devon Pharmacy First Service

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

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

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

For more information visit: [Devon Pharmacy First Service - One Devon](#)

Specialised medicines service

NHS Devon commissions a specialised medicines service from community pharmacies to provide easy access to such drugs by ensuring that there is an on-demand supply available from a network of pharmacies. The service aims to

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

The intention is that the pharmacy stocks the specialist medicines listed in the formulary, dispenses them upon receipt of an appropriate NHS prescription, and re-orders.

The contractor must ensure that this service is available at all times within their contracted opening hours.

At the time of writing, this service is in development.

2.10 Other NHS services

Other services which are commissioned or provided by NHS England, Torbay Council and Integrated Care System for Devon (ICSD), which affect the need for pharmaceutical services, are also included within the PNA. These include hospital pharmacies and the GP out of hours service.

2.11 Changes to the existing provision of pharmaceutical services

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

If a pharmacy or DAC wishes to change their supplementary opening hours they simply notify the local ICB of the change, giving at least 5 weeks' notice.

Dispensing doctors do not have to seek approval or give advance notice of any changes to their opening hours.

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

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

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

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

If a new pharmacy opens in or near a controlled locality any dispensing doctors in the area will no longer be able to dispense medicines to any patients who live within 1.6 kilometres if the area is not deemed a reserved area (about 1 mile) of that pharmacy. However, the local ICB may decide to allow a transitional period after the pharmacy opens during which the doctors can still dispense to patients living near the pharmacy. There are no controlled localities in Torbay.

2.12 How the assessment was undertaken

2.12.1 PNA steering group

The HWB has overall collective responsibility for the development and publication and of the PNA. Torbay HWB established a PNA steering group across the geographical footprint of Devon County (encompassing the local authorities of Devon, Plymouth and Torbay), the purpose of which was to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in appendix 2.

2.12.2 Pharmaceutical services information

A list of pharmaceutical service providers operating in Torbay as of January 2025 was obtained from NHSE records for this PNA. Although it is anticipated that there will be changes to the list of service providers since January 2025, this cut off point was chosen to enable time for data cleaning, upload, and analysis.

2.12.3 PNA localities

Given the compact nature of Torbay, the steering group agreed to use the same locality boundaries for the PNA as the local authority boundary of Torbay.

2.12.4 Other sources of information

Information was gathered from NHS England, Devon ICB, Devon LPC and Torbay Council regarding:

- services provided to residents of the HWB's area, whether provided from within

- or outside of the HWB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.

The JSNA and Torbay's joint health and wellbeing strategy provided background information on the health needs of the population.

2.12.5 Equality and safety impact assessment

Torbay council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality impact assessments (EIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. The staff who develop the policy or service complete a template which gives them a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the following nine protected characteristics as part of the assessment:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation

The EIA for the PNA can be found in appendix 3.

2.12.6 Consultation

The statutory 60 day consultation commenced 3rd March 2025 till the 6th May 2025. A report on the consultation can be found in appendix 7.

2.12.7 Patient and public engagement survey

The Strategy for Community Pharmacy in Devon - Five Year Plan (2025-2029)

was published by NHS Devon Integrated Commissioning Board (ICB) in early 2025. As part of the strategy, a public engagement process gathered feedback from those who use community pharmacy to understand more about how local people use community pharmacies now, and how they would like to use them in the future, as well as what works well and what could be better. A link to the Strategy plus a summation of the challenges and aims can be found in Section 2.3.

2.12.8 Health and social care staff and statutory body engagement survey

The Strategy for Community Pharmacy in Devon - Five Year Plan (2025-2029)

was published by NHS Devon Integrated Commissioning Board (ICB) in early 2025. As part of the strategy, an engagement process gathered feedback from healthcare professionals/statutory bodies to understand what works well, what could be better and what needs to change. A link to the Strategy plus a summation of the challenges and aims can be found in Section 2.3.

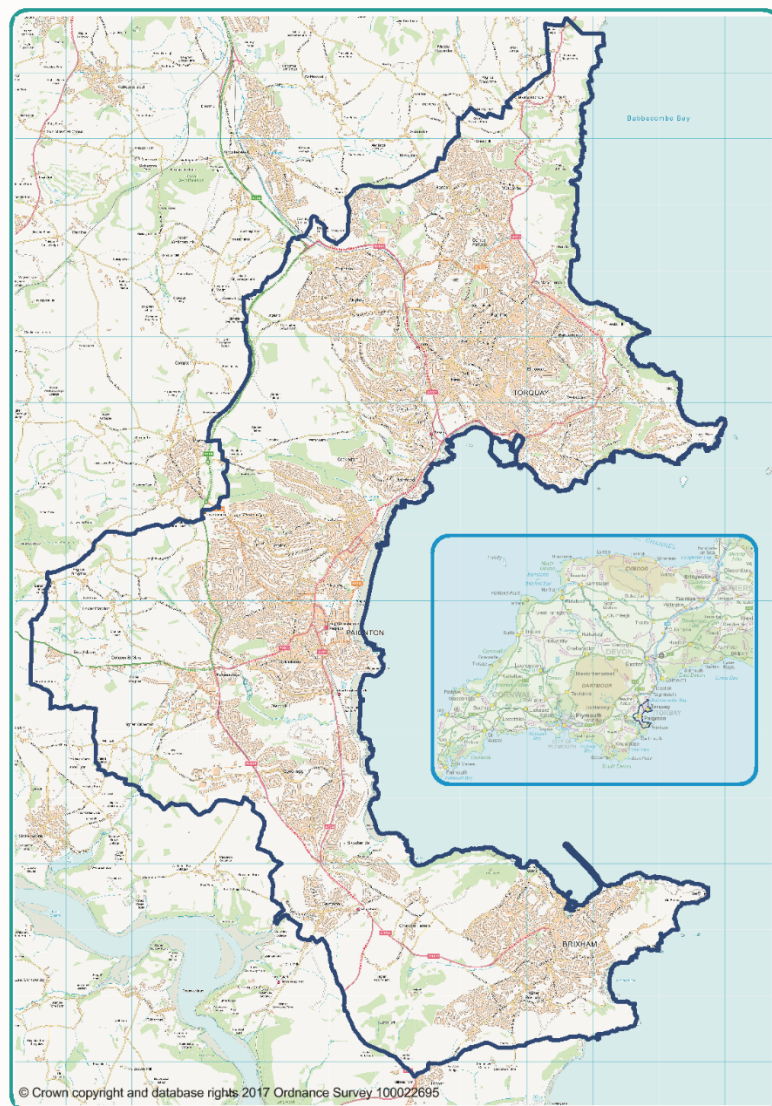
3 Overview of Torbay

3.1 Introduction

This section details the key components of Torbay's population's age, sex, ethnicity and deprivation. This data compares the Torbay average against the national averages where available.

Torbay is located on the South Coast of Devon and is predominantly an urban area.

Figure 1: Map of Torbay

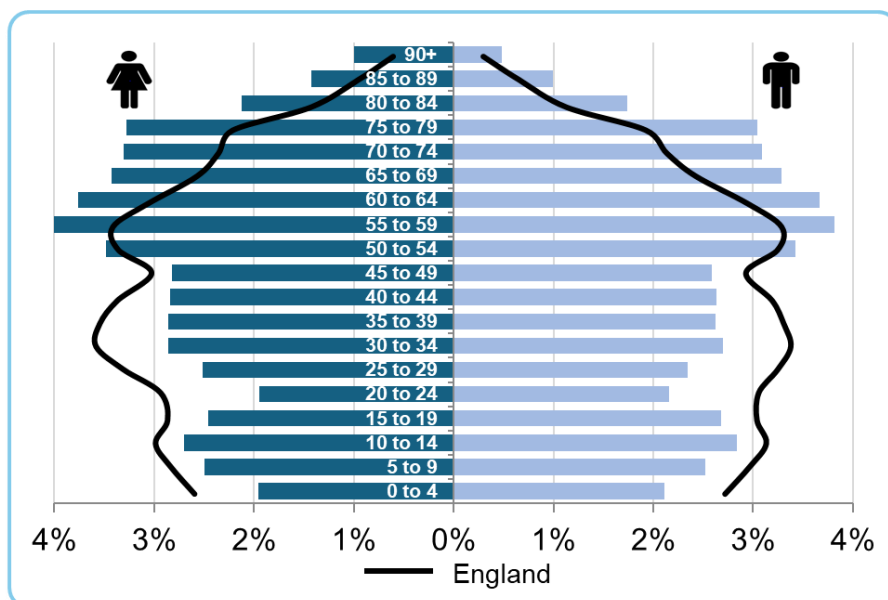


3.2 The population

Torbay's population has grown at a slower rate (4.9%) over the last decade than the England average which shows a 7.0% increase (Table 1). The population of Torbay is older than the England average, with a greater proportion of the population over

the age of 50 years. There are particularly noticeable differences in the 0-4 and 20-39 age groups compared to England (Figure 2).

Figure 2: Population pyramid for Torbay compared to England, 2023 ONS mid-year resident population estimates



Source: ONS Mid-year population estimates

Table 1: Mid-year population estimates for Torbay, 2013-2023

All Age	Torbay	England
2013	132,920	53,918,686
2015	135,052	54,808,676
2017	137,329	55,619,548
2019	138,754	56,230,056
2021	139,440	56,554,891
2023	139,485	57,690,323
% change (2013 to 2023)	4.9%	7.0%

Source: ONS Mid-year population estimates

Sub-national population estimates have not been updated since they were last released in March 2020 and estimates should be treated with a degree of caution, new estimates are due to be released in 2025. It is currently estimated that Torbay's population will increase by around 13,600 (9.8%) by 2043 (Table 2). The largest increase is projected to be seen in the population aged 85 years and over (76.7%), followed by the 65 to 84 years age group which is projected to increase by 32.5%. By contrast, it is estimated there will be a 5.6% reduction in those aged 30 to 44 years.

Table 2: Sub-national population projections for Torbay, 2023-2043

Age group	2023	2028	2033	2038	2043	%
0 to 14	20,386	20,191	19,444	19,610	20,149	-1.2%
15 to 29	19,674	19,883	20,687	20,540	19,797	0.6%
30 to 44	23,025	22,149	21,564	21,146	21,734	-5.6%
45 to 64	38,487	38,225	37,413	37,479	38,762	0.7%
65 to 84	32,484	37,185	39,924	42,472	43,053	32.5%
85+	5,429	6,112	7,995	8,850	9,593	76.7%
All ages	139,485	143,745	147,027	150,097	153,088	9.8%

Source: ONS Sub-national population projections

3.3 'Protected Characteristics' (Equality Act 2010)

The Equality Act 2010 sets out nine personal characteristics that are protected by the law:¹¹

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

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

In the following paragraphs, the nine protected characteristics have been described at the Torbay level. Where available, information at the ward level can be found on Torbay's JSNA website¹². The protected characteristics should be considered when examining whether or not existing pharmaceutical services provision meets need; consequently, due regard is given to these characteristics within the 'Market Entry' regulations.

¹¹ <https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>
<https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>

¹² <https://www.southdevonandtorbay.info/>

3.3.1 Age

Torbay currently has a population of 139,485. Torbay has a higher proportion in all age groups from 50-90+, for both females and males, than the national population. Conversely Torbay has a lower proportion in all age groups from 0-49 than nationally.

The very young and the very old tend to have a much higher concentration of health issues, within Torbay the proportion of older people is significantly higher than the England average.

3.3.2 Disability

For the 2021 Census, Torbay residents were asked if they had any physical or mental health conditions or illnesses which have lasted or are expected to last 12 months or more. If they answered yes, there was a further question 'Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?' This definition, where people answer yes to both questions is in line with the disability definition in the Equality Act 2010. 23.8% of residents answered that their day-to-day were limited a little or a lot (11% stated that their activities were limited a lot). This was significantly higher than England (17.3%) and South West (18.6%).

According to the 2021 Census, 42.2% of Torbay residents reported their general health as 'very good' placing Torbay significantly below the England rate of 48.5%. 34.2% of Torbay residents reported they were in good health which is similar to England. Torbay does rank higher than England for those rating their health as only 'Fair' (16.2% compared to 12.7%). Both Bad health (5.7%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.0%, 1.2% respectively), this equates to 10,207 people over both categories.

There is a strong relationship between physical and mental ill health; being physically disabled can increase a person's chances of poor mental health and vice versa. Also, an increased likelihood of co-morbidity of disabling conditions.

3.3.3 Gender reassignment

The 2021 Census was the first Census to ask questions around the gender identity of those aged 16 and over. 94.4% of Torbay's 16+ population answered questions around their gender identity, of those who answered, 0.4% (449 people) stated that their gender identity was not the same as the sex registered at birth. This was similar to the South West and lower than England (0.6%). From available age breakdowns for Torbay, of those who answered, rates of those who stated that their gender identity was not the same as the sex registered at birth were highest in the 16 to 24 year age group at 1.1%, this was almost 3 times higher than the next highest age groups.

Transgender individuals can face discrimination and harassment; they may also be

possible targets for hate crime which may increase their risk of mental ill-health.

3.3.4 Marriage and Civil Partnership

The 2021 Census recorded that 44.2% of Torbay residents aged 16 and over were married or in a registered civil partnership, this was slightly lower than 2011 when the percentage stood at 46.9%. Rates are similar to England.

3.3.5 Pregnancy and Maternity

Over the period 2010 to 2023, the rate of live births has been slightly but significantly higher than England. During the period 2010 to 2017, live births in Torbay never fell below 1,300. For 2023, there were 960 live births to Torbay females, 2022 and 2023 were the first time in the period since 2010 that Torbay had a significantly lower live birth rate than England.

There are many common health problems that are associated with pregnancy such as backache, constipation and sleeplessness. Additionally, there are health issues such as morning sickness that are specific to pregnancy.

The Maternal Mental Health Alliance state that as much as 30% of domestic abuse starts in pregnancy, also mental health conditions have a well-established link to domestic abuse.¹³

3.3.6 Race

Torbay is significantly less ethnically diverse than England as a whole. According to the 2021 Census 96.1% of Torbay residents classify themselves as White, 92.1% of Torbay's population classify themselves White British. This is significantly higher than the England average for White British (73.5%). Torbay has 5,402 (3.9%) resident ethnic minority population (excluding white ethnic groups). Of these, 2,254 (1.6%) are **Asian, Asian British or Asian Welsh**, 2,084 residents (1.5%) **Mixed/Multiple** ethnic background, 617 (0.4%) **Other ethnic Group** and 447 (0.3%) **Black British, Welsh, Caribbean or African**.

There can be significant differences between different ethnic groups such as the prevalence of diabetes. There can be significant barriers to services due to language and cultural differences.

¹³ [MMHA BRIEFING - Perinatal mental health and domestic abuse - Jan 23 \(maternalmentalhealthalliance.org\)](https://maternalmentalhealthalliance.org/)

Most minority ethnic groups are disproportionately affected by socio-economic deprivation which is a key determinant of health status.¹⁴

An increase in the number of older BAME people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.

BAME populations may face discrimination and harassment and may be possible targets for hate crime.

3.3.7 Religion or belief

According to the 2021 Census, the number of Torbay residents who state that they have a religion has fallen significantly from 64.8% in 2011 to 50.5% in 2021.

Christianity is the most common religion in Torbay with 48.5%, down from 63.3% in 2011. Those Torbay residents who state that they have no religion has risen from 27.5% in 2011 to 43.2% which is a higher rate than the national average. 1.3% of Torbay residents classified themselves as either Muslim, Buddhist, Hindu, Jewish or Sikh. A further 0.7% state that they have a religion that is not one of those listed above.

Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals, it is not specific to one religion or belief.

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

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

3.3.8 Sex

Overall, 51.3% of Torbay's population are female (ONS mid-2023 estimates).

Inequalities in life expectancy were greater for men than women over the period 2018 to 2022. There was a gap of 11 years for men between the most deprived and least deprived areas of Torbay, and 6 years for women. This period does include the COVID-19 pandemic which was known to be particularly dangerous to those with pre-existing conditions which are more likely to exist in more deprived areas and males.

Whilst females in Torbay have a higher life expectancy than males of approximately 4 years over the last decade, the age to which they can expect to live in self-reported good health (healthy life expectancy) is broadly similar to males. This implies that females live for longer but not necessarily in good health.

¹⁴ [Ethnic-Health-Inequalities-Kings-Fund-Report.pdf \(nhsrhc.org\)](https://www.nhs.uk/publications/ethnic-health-inequalities-kings-fund-report/)

3.3.9 Sexual Orientation

The 2021 Census was the first Census to ask questions around the sexual orientation of those aged 16 and over. 92.6% of Torbay's 16+ population answered questions around sexual orientation. Of those who answered, 3.4% of people identified as Gay or Lesbian, Bisexual, or 'All other sexual orientations' which includes people who identify as Pansexual, Asexual, Queer or other sexual orientation. Figures were similar to the South West and England. For the age breakdowns made available, 8.3% of 16 to 24 year olds identified as Gay or Lesbian, Bisexual, or 'All other sexual orientations' which was the highest rate falling to 0.6% among those aged 75 years and over.

Gay or lesbian individuals may be possible targets for hate crime.

Certain sexual health issues may be more prevalent in gay and lesbian populations eg gay men are in a higher risk group for HIV.

Research suggests that gay and lesbian people may be less likely to be screened for certain conditions meaning problems are not picked up as early as they could be.

Mental illness, such as depression and anxiety, is more common amongst lesbian, gay and bisexual people.

3.4 Additional patient groups with particular health issues

3.4.1 Care experienced

Torbay has had significantly higher rates of children placed into care than the England average. Care experienced refers to those children who have entered the care system.

Care leavers are reported to make up 25% of the adult homelessness population.¹⁵

Care leavers aged 19 to 21 years are 3 times more likely not to be in education, employment or training, being economically deprived is consistently shown as one of the main drivers of ill-health.

3.4.2 Homeless

¹⁵ [Home For Good | Care Leavers and care-experienced young people](#)

Homeless Link completed a nationwide study of the health needs of homeless people in 2018 to 2021¹⁶. Key findings of the audits conducted on homeless people were:

- 78% reported having a physical health condition. Of those, 80% reported having at least 1 co-morbidity, with 29% having between 5 and 10 diagnoses. 63% reported they had a long-term condition.
- 82% had a diagnosed mental health problem (this has risen substantially from 45% in 2014).
- Increase in those with a mental health diagnosis driven by rising number of people reporting depression (72%) and anxiety (60%).
- 25% self-reported a dual diagnosis of coexisting mental health and substance misuse needs, a further 45% reported that they self-medicate with drugs and/or alcohol to cope with their mental health.

In addition, homelessness is a key risk factor for TB due to the transmission risks of sleeping rough or in overcrowded accommodation.

3.4.3 Students

Torbay has 3 grammar schools which draw young people on a daily basis from both Torbay and the surrounding areas of South Devon.

Torbay also has South Devon College, based in Paignton, which has a wide variety of academic and vocational courses, as well as adult learning and university degree courses, which draws young people and adult students from a wide area of South Devon.

Health considerations for this patient group include (but are not limited to):

- Mumps
- Chlamydia testing
- Contraception, including Emergency Hormonal Contraception provision
- Mental health problems are more common among students than the general population.

Torbay is highly popular with foreign students with a significant number of young people staying with host families in Torbay and the surrounding area. These students can be from a diverse range of countries and therefore may bring, or be susceptible to, a range of foreign diseases or ailments.

3.4.4 Tourists

Torbay has a seasonal influx of tourists into the area, who may suffer from a range of health issues which may need pharmacy support. These could range from simple

¹⁶ [Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit | Homeless Link](#)

colds through to issues such as sunburn as well as more complicated prescribing regimens that need to continue to be maintained.

3.5 Material deprivation

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

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

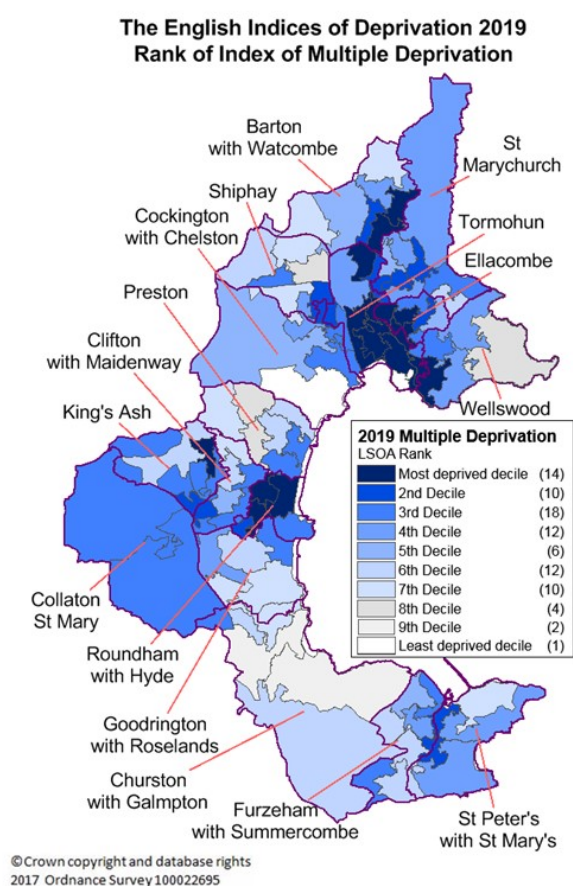
- It is not an absolute measure of deprivation.
- Not all people living in deprived areas are deprived and vice versa.
- It cannot be compared over time because an area's score is affected by the scores of every other area; so it is impossible to tell whether a change in score is a real change in the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

The IMD 2019 score is calculated for every Lower Super Output Area (LSOA) in England. LSOAs are part of a geographical framework developed for the collection and publication of small area statistics. Torbay was made up of 89 LSOAs at the time of the IMD 2019. An LSOA typically contain a population of around 1,500.

The IMD 2019 score can be used to rank every LSOA in England according to their relative level of deprivation. Out of 32,844 LSOAs in England, Torbay has 24 LSOAs in the 20% most deprived. Torbay is ranked 48th out of the 317 local authority districts in England (1=most deprived; 317=least deprived). This places Torbay in the bottom 20% of local authorities in England.

Torbay is ranked as the most deprived local authority area in the South West region. Figure 3 shows the IMD 2019 ranks for the 89 LSOAs in Torbay

Figure 3: 2019 Index of Multiple Deprivation (IMD)



Source: English Index of Multiple Deprivation 2019, Ministry of Housing, Communities & Local Government

3.6 Car ownership (relevance to accessing pharmaceutical services)

Based on the 2021 Census, car ownership in Torbay is broadly similar to the national average at 76.8% (Table 3). Car ownership is lower in Torquay (75.0%) compared to Paignton & Brixham locality (78.6%). The lowest levels of car ownership are concentrated in central Torquay and central Paignton.

Table 3: Car or van availability, 2021 Census

	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 or more cars or vans in household	1 or more cars or vans in household
Torbay	23.2%	43.3%	24.5%	8.9%	76.8%
England	23.5%	41.3%	26.1%	9.1%	76.5%

3.7 OHID Health profiles

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

3.7.1 Local Authority Health Profile

<https://fingertips.phe.org.uk/profile/health-profiles>

By clicking on the link above, you can search by local authority on the landing page and view a summary of data relating to Torbay which benchmarks the area against England. On the data page, you can select different topic areas such as 'Life expectancy and causes of death' or 'Wider determinants of health' in addition to other topic areas. The pages are too dense to be of a readable font size in this document hence the link.

3.7.2 Child Health Profile

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13/ati/402/are/E06000027>

By clicking on the link above, you can view a web summary report of data relating to child health in Torbay which includes benchmarking Torbay against England. It includes topic areas such as 'Prevention of ill health' or 'Wider determinants of health' in addition to other topic areas. The pages are too dense to be of a readable font size in this document hence the link.

4 General health needs of Torbay

4.1 Introduction and Joint Strategic Needs Assessment

This section provides a more detailed examination of the differing health needs within Torbay and how it compares to England. Where possible, reference is made to different areas within Torbay such as wards or particular areas of high deprivation.

A much more detailed breakdown of the overall needs of Torbay can be found within Torbay's Joint Strategic Needs Assessment which is available at [Joint Strategic Needs Assessment \(JSNA\) and Ward Profiles - Torbay Knowledge and Intelligence](#).

It contains 2 documents, the main narrative looks at Torbay as a whole and the Ward Profile which breaks a smaller set of data down to Torbay's 16 electoral wards. It should be noted that much more data is available at local authority than ward level, also ward level data will often need to be aggregated over multiple years to gain any meaningful comparisons.

The purpose of the JSNA is to provide an objective view of the health and wellbeing needs of the population. JSNA identifies "the big picture" in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services, according to the needs of the population. A JSNA is not a needs assessment of an individual, but a strategic overview of the local community need – either geographically such as local authority / ward or for specific groups such as younger or older people.

The JSNA helps to analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. JSNA will be the means by which local leaders work together to understand and agree the needs of the local population. JSNAs, along with health and wellbeing strategies will enable commissioners to plan and commission more effective and integrated services to meet the needs of the Torbay population, in particular for the most vulnerable, and for groups with the worst health outcomes, and to help reduce the overall inequalities that exist.

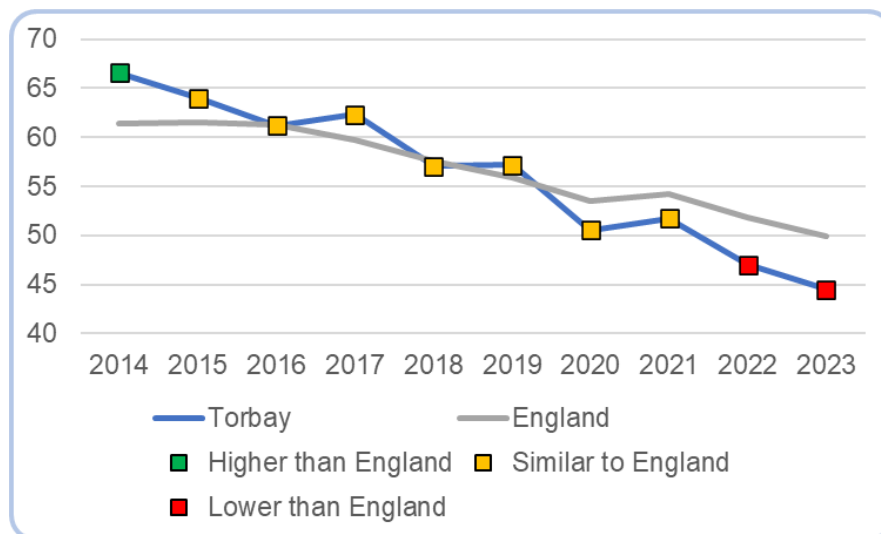
Helping people to live longer and healthier lives is not simply about the healthcare received through GPs or at hospital, it is also about the wider social determinants of where we live and work. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing ill health starts before birth, and continues to accumulate throughout individual's lives. The JSNA for Torbay is presented by subject area, examples of areas are Demographics, Housing, Women's Health and Weight, Exercise and Diet.

4.2 General health need: indicators

4.2.1 Birth Rate

The number of live births to Torbay mothers has fallen by 33% over the last 10 years. In 2014, there were 1,443 live births to Torbay mothers, for 2023 this had fallen to 960. 2022 was the first year in the last decade where the rate of live births per 1,000 females aged 15 to 44 years were significantly lower than England (Figure 4).

Figure 4: General Fertility Rate (Live births per 1,000 women aged 15 to 44)



Source: NOMIS

4.2.2 Low birth weight

Over the period 2013 to 2022, 7.6% of Torbay live births were low weight births (less than 2,500 grams), the rate has been consistent over the decade and broadly in line with the England average (7.2%). If you just look at low birth weights from 2013 to 2022, of live babies delivered at term or later (37+ weeks), 2.7% of those Torbay babies weighed less than 2,500 grams. Again, this is broadly in line with England (2.8%). When you look at England data, those babies born to mothers in more deprived areas are significantly more likely to be low weight births.

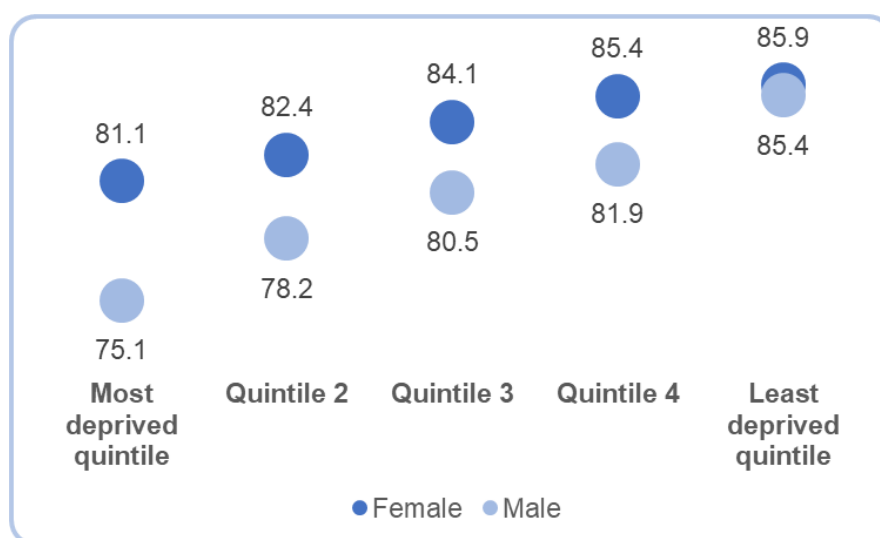
Source: Fingertips, ONS Annual Births Data

4.2.3 Life expectancy at birth

For 2021 to 2023, life expectancy at birth for females in Torbay was 83.1 years, for Torbay males it was 78.3 years. Over the last 2 decades, life expectancy has risen by approximately 2 years in Torbay. There are significant differences within areas of Torbay with a life expectancy gap of 10 years between males who live in the least and most deprived areas of Torbay and a 5 year gap for females (Figure 5). The

lowest levels of life expectancy are to be found in central Torquay and central Paignton.

Figure 5: Life expectancy at birth by deprivation quintile – Torbay (2019 to 2023)



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

4.2.4 Breastfeeding at 6 to 8 weeks

Data around breastfeeding at 6 to 8 weeks is frequently not published for large numbers of geographical areas due to significant data issues. For 2023/24, 50% of Torbay mothers were breastfeeding at 6 to 8 weeks after birth, this was broadly in line with the England figure of 53%. Torbay figures have improved significantly from the middle of the last decade when rates were 40%. Across England, breastfeeding rates at 6 to 8 weeks are higher in the less deprived areas of communities.

4.2.5 Vulnerable children known to Children's services

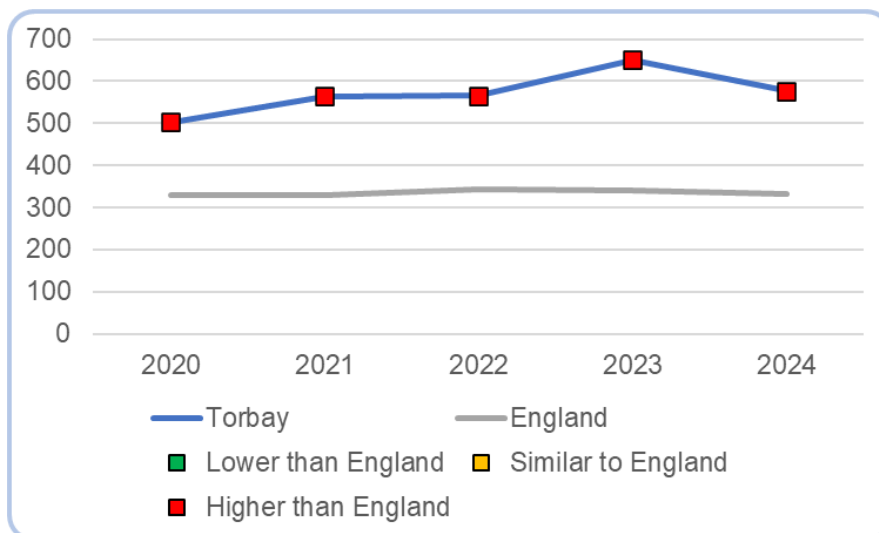
Torbay has rates of cared for children and children who are subject to a child protection plan that are significantly higher than the England average. In addition to this, there have been a growing number of children classified as 'in need'. A 'Child in Need' is a child who is thought to need extra help from children's services if they are to achieve or maintain a 'reasonable standard of health or development', this includes all disabled children. Numbers have consistently been significantly higher over the last 5 years when compared to England (Figure 6).

When a Child in Need receives an assessment, a number of factors are often identified at the end of that assessment, for 2020 to 2024 in Torbay the 5 most commonly recorded factors were:-

- Mental Health – 6,342
- Domestic Abuse – 5,342

- Alcohol Misuse – 2,576
- Drug Misuse – 2,516
- Emotional Abuse 2,223

Figure 6: Rate of Children in Need per 10,000 at 31 March



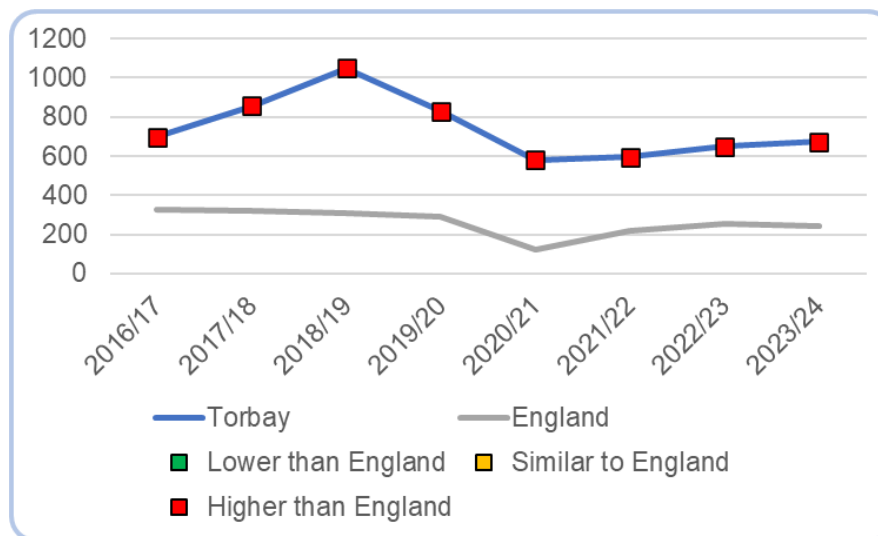
Source: Department for Education – Characteristics of children in need

4.2.6 Hospital admissions for dental extractions caused by caries, aged 0 to 17

Rates of hospital extractions caused by dental caries (tooth decay) have consistently been significantly higher in Torbay than England over the 8 years shown (Figure 7). The most recent Torbay rate is significantly below its peak of 2018/19.

There are higher levels of hospital admissions for dental caries in children who live in the most deprived areas. Across the 8 years shown, all Torbay wards had rates of hospital admissions due to dental caries that were significantly higher than England. Rates were particularly high in the wards of King's Ash, Roundham with Hyde and Tormohun.

Figure 7: Rate of hospital tooth extractions due to dental caries, aged 0 to 17, per 100,000



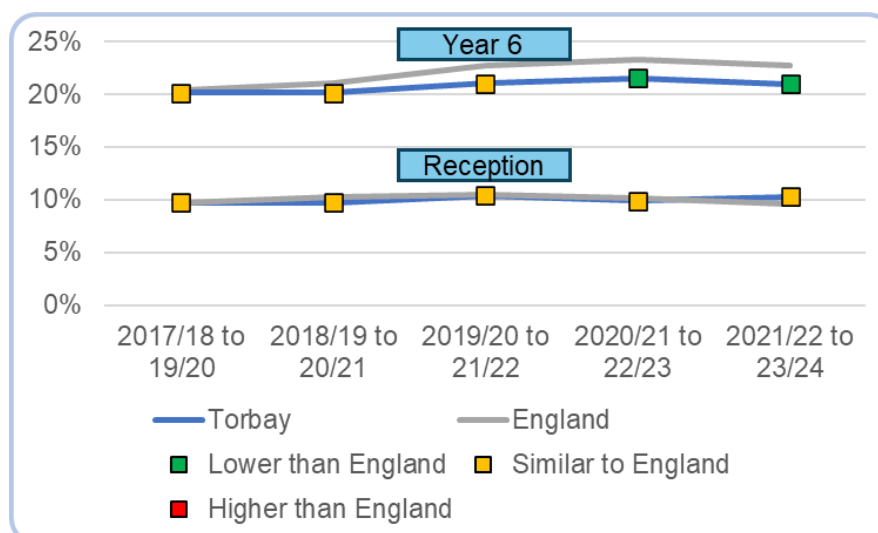
Source: Hospital Episode Statistics

4.2.7 Childhood obesity

The National Child Measurement Programme aims to measure the height and weight of Reception (aged 4 to 5) and Year 6 (aged 10 to 11) children at English schools. A child is defined as obese where it is on or above the 95th centile, based on the British 1990 (UK90) growth reference data.

Just over 1 in 5 Year 6 children at Torbay schools have been classified as obese since 2016/17. For Reception aged children the rate is close to 1 in 10 (Figure 8). These rates have been broadly in line with the England average with the exception of the recent Year 6 figures, it should be noted that rates of obese children across England are significantly higher in the most deprived areas of England when compared to the least deprived. In general, there are concerns about childhood obesity and the implications of obesity persisting into adulthood.

Figure 8: Percentage of obese children (NCMP)



4.2.8 Self-reported bad or very bad health

Based on the 2021 Census, 7.3% of Torbay's population stated that they were in bad or very bad health. Rates of self-reported bad or very bad health were significantly higher in Torbay across all age ranges (Table 4). The wards of Roundham with Hyde (10.7%), Wellswood (9.8%), Tormohun (8.5%) and Furzeham with Summercombe (7.9%) had rates significantly higher than the Torbay average.

Table 4: Percentage of population with self-reported bad or very bad health

	Torbay	England
Aged 15 and under	0.71%	0.57%
Aged 16 to 24	2.59%	1.50%
Aged 25 to 34	3.45%	2.10%
Aged 35 to 49	5.86%	3.89%
Aged 50 to 64	9.80%	7.85%
Aged 65 and over	13.15%	12.62%
All ages	7.33%	5.15%

Source: Census 2021

4.2.9 Long-term health problem or disability

For the 2021 Census, a question was asked if someone had any physical or mental health conditions or illnesses which have lasted or are expected to last 12 months or more. If they answered yes, there was a further question 'Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?'. This definition, where people answer yes to both questions is in line with the disability definition in the Equality Act 2010.

23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot (Table 5), this was significantly higher than England (17.3%), even if Torbay's older age profile is taken into account, rates would be higher than England. Rates were between 25% and 30% in the wards of Roundham with Hyde, Wellswood, Tormohun and Furzeham with Summercombe.

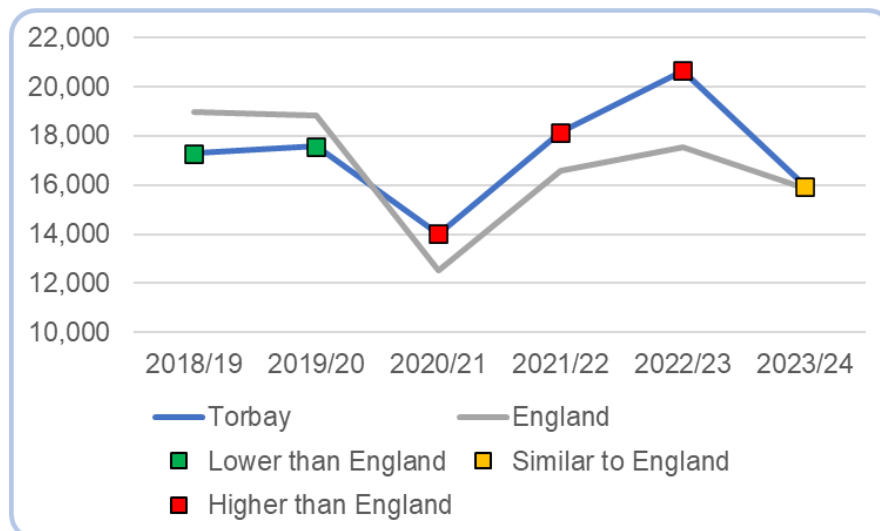
Table 5: Percentage of population by disability status

	Torbay	England
Disabled under the Equality Act	23.8%	17.3%
Day-to-day activities limited a lot	11.0%	7.3%
Day-to-day activities limited a little	12.9%	10.0%

Source: Census 2021

4.2.10 Elective (Planned) admissions

The age-standardised level of elective (planned) admissions for Torbay has been similar to England for the latest year (Figure 9). Post-COVID, rates had switched from being lower than England to higher. Age-standardisation takes a local authorities age structure into account rather than being a crude rate.

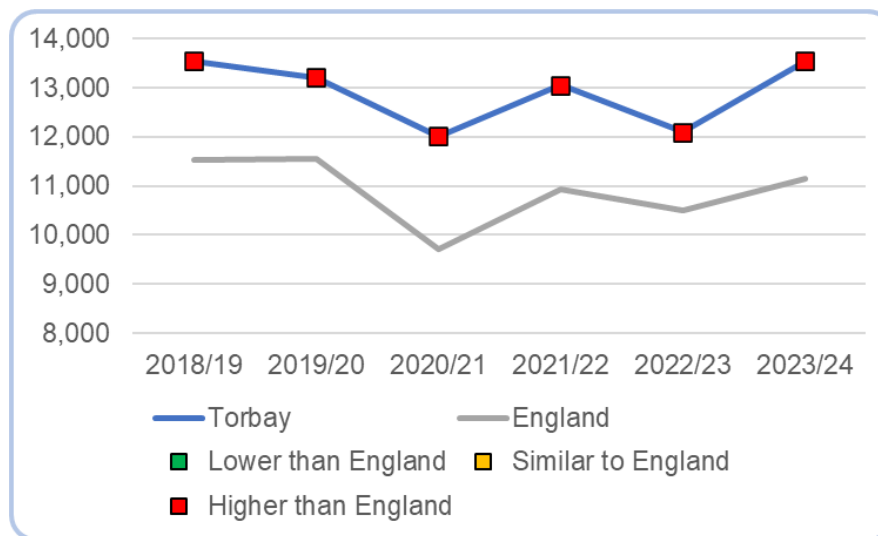
Figure 9: Age-standardised rate of elective (planned) admissions, per 100,000

Source: Hospital Episode Statistics

4.2.11 Non-elective (Unplanned) admissions

The age-standardised level of non-elective (unplanned) admissions for Torbay has consistently been higher than England over the period shown (Figure 10). These admissions disproportionately relate to areas with higher levels of deprivation such as central Torquay and central Paignton.

Figure 10: Age-standardised rate of non-elective (unplanned) admissions, per 100,000



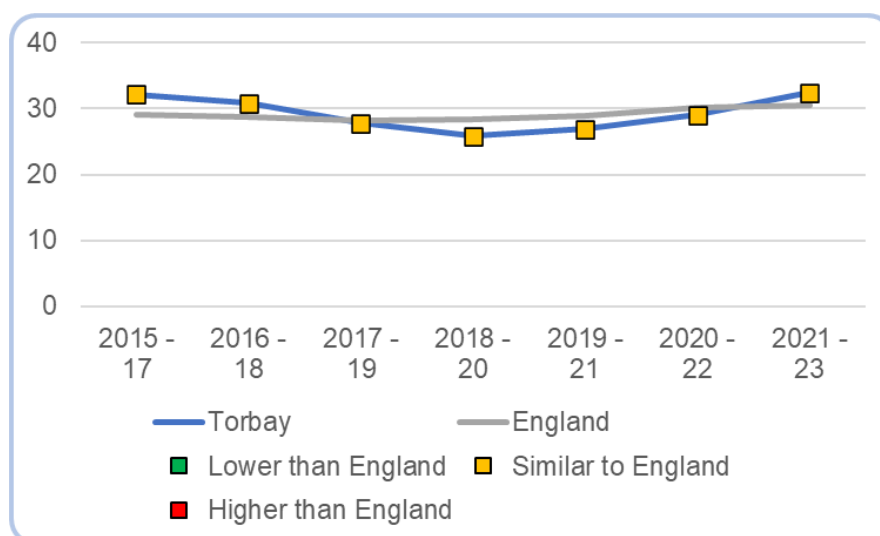
Source: Hospital Episode Statistics

4.2.12 Preventable deaths from cardiovascular disease

The Office for Health Improvement and Disparities defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions. The deaths are limited to those who died before they reached the age of 75.

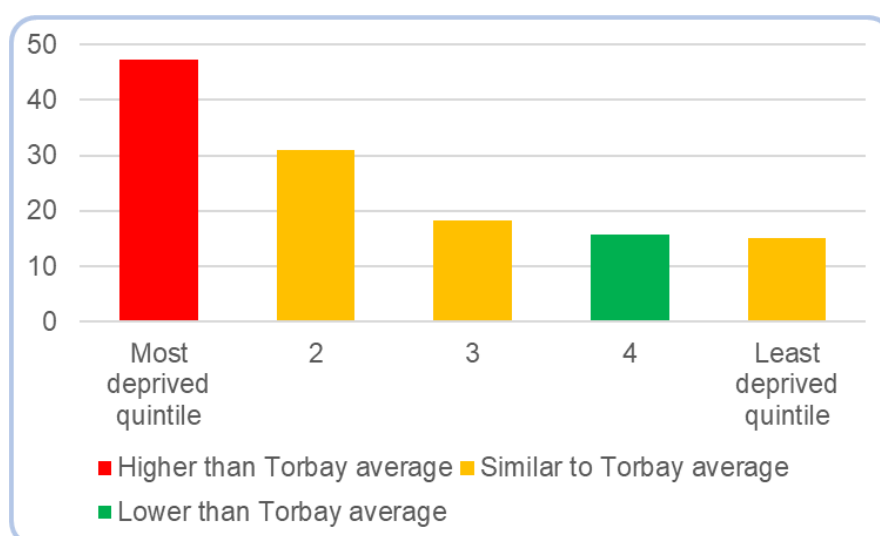
Whilst Torbay's rate of preventable under 75 cardiovascular disease mortality is broadly in line with England (Figure 11), this disguises significant variation within Torbay. Rates within areas of Torbay amongst the 20% most deprived in England are significantly higher than rates in other areas of Torbay (Figure 12), rates in the least deprived area are in line with the Torbay average because of the uncertainty introduced by the smaller size of that population. Rates among males were just under triple the rates for females.

Figure 11: Age-standardised Under 75 mortality rate with underlying cause of cardiovascular disease that was considered preventable, per 100,000



Source: Fingertips

Figure 12: Age-standardised Under 75 mortality rate with underlying cause of cardiovascular disease that was considered preventable, per 100,000 (Torbay 2018 to 2023)

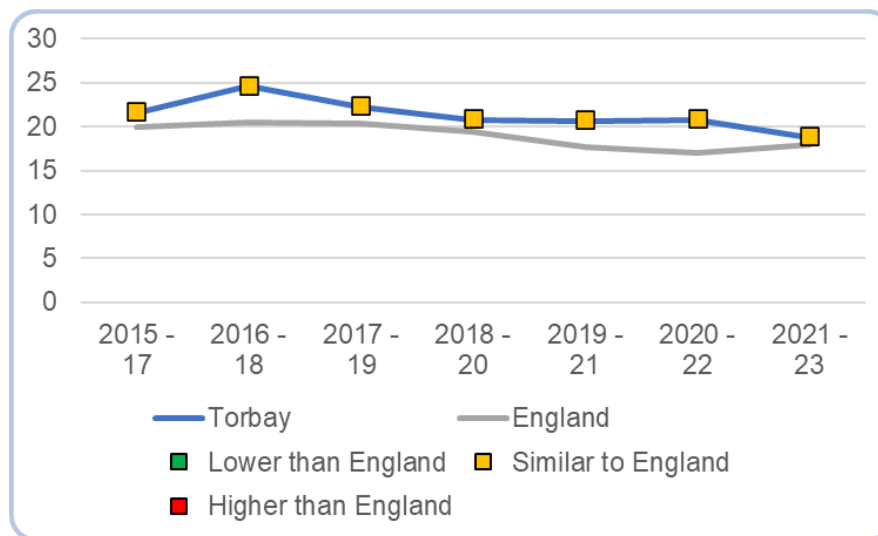


Source: Primary Care Mortality Database

4.2.13 Preventable deaths from respiratory disease

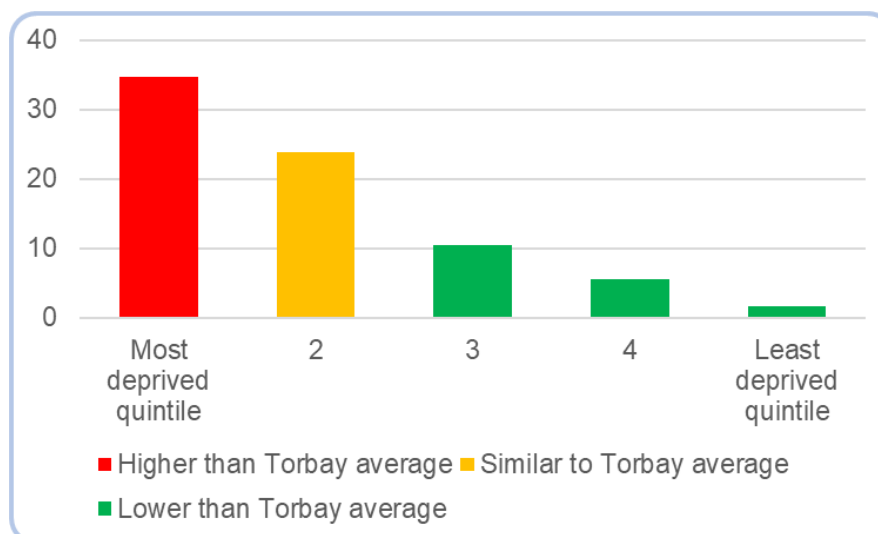
Torbay's rate of preventable under 75 respiratory disease mortality have been broadly smooth over the last decade (Figure 13). There is significant variation within Torbay, rates within areas of Torbay amongst the 20% most deprived in England are significantly higher than rates in other areas of Torbay (Figure 14). It should be noted that COVID-19 was not included nationally within the respiratory disease definitions.

Figure 13: Age-standardised Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000



Source: Fingertips

Figure 14: Age-standardised Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000 (Torbay 2018 to 2023)

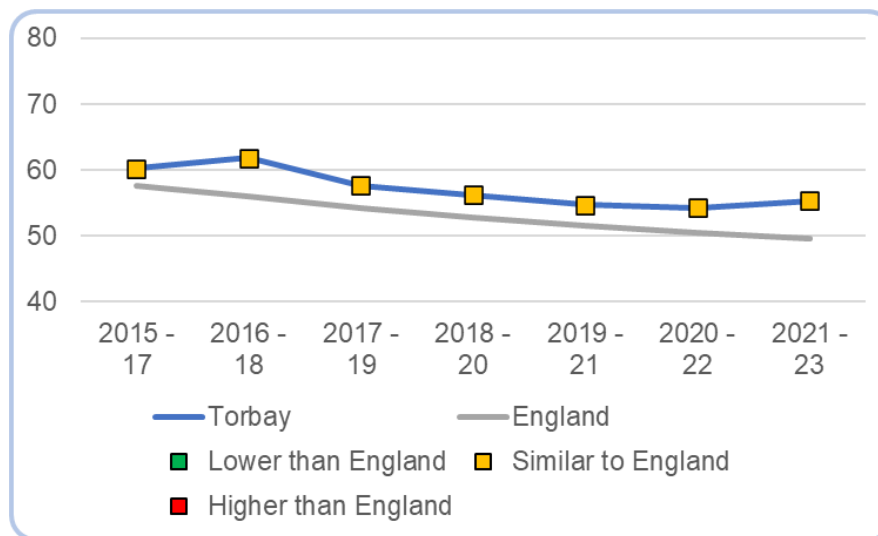


Source: Primary Care Mortality Database

4.2.14 Preventable deaths from cancer

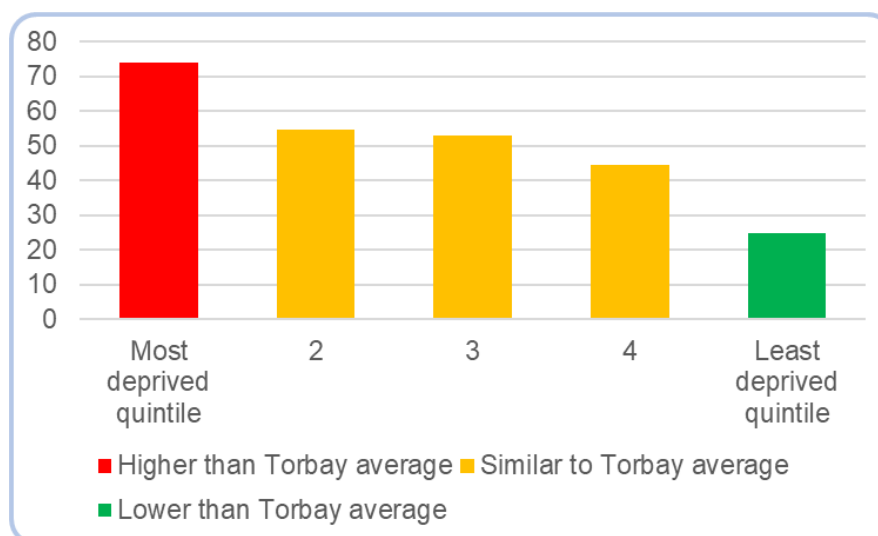
Over the period 2021 – 23, 1 in 3 (35%) preventable deaths in Torbay had an underlying cause of cancer. Rates in Torbay have decreased slightly over the last decade (Figure 15), males have been significantly more likely to have a preventable cancer death than females. There is significant variation within Torbay, rates within areas of Torbay amongst the 20% most deprived in England are significantly higher than rates in other areas of Torbay (Figure 16).

Figure 15: Age-standardised Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000



Source: Fingertips

Figure 16: Age-standardised Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Torbay 2018 to 2023)

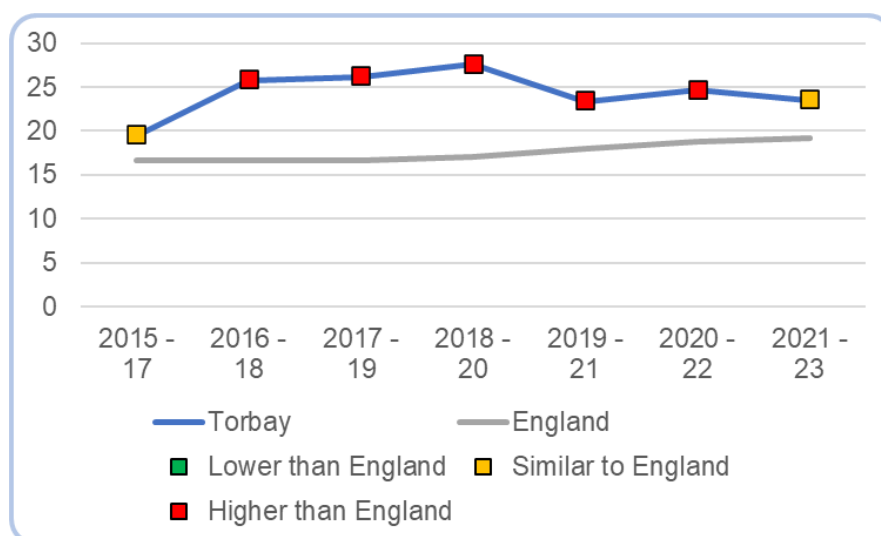


Source: Primary Care Mortality Database

4.2.15 Preventable deaths from liver disease

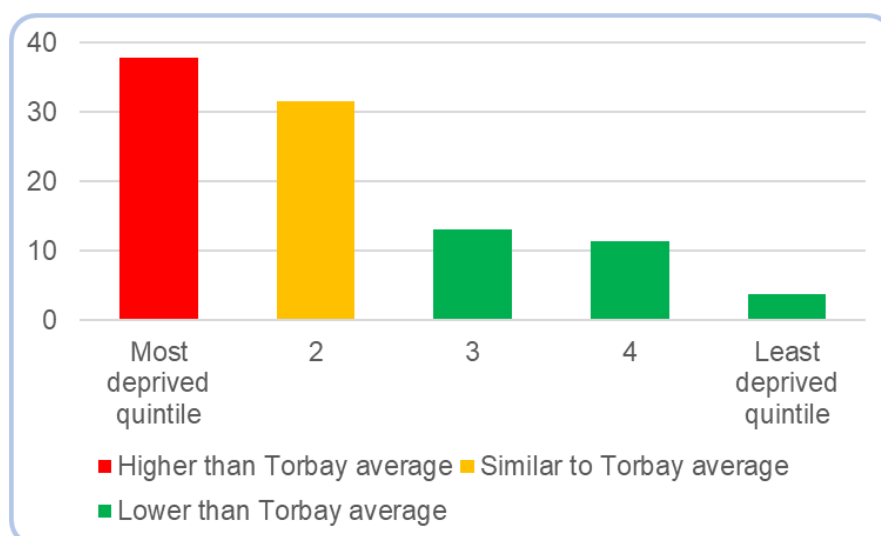
Over recent years, the rate of preventable under 75 liver disease mortality has generally been much higher than England (Figure 17). In line with other areas of preventable death, rates are significantly higher than the Torbay average in the most deprived areas (Figure 18). For the last 6 years, more than 9 in 10 of these deaths were considered preventable, this is broadly in line with England.

Figure 17: Age-standardised Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000



Source: Fingertips

Figure 18: Age-standardised Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000 (Torbay 2018 to 2023)



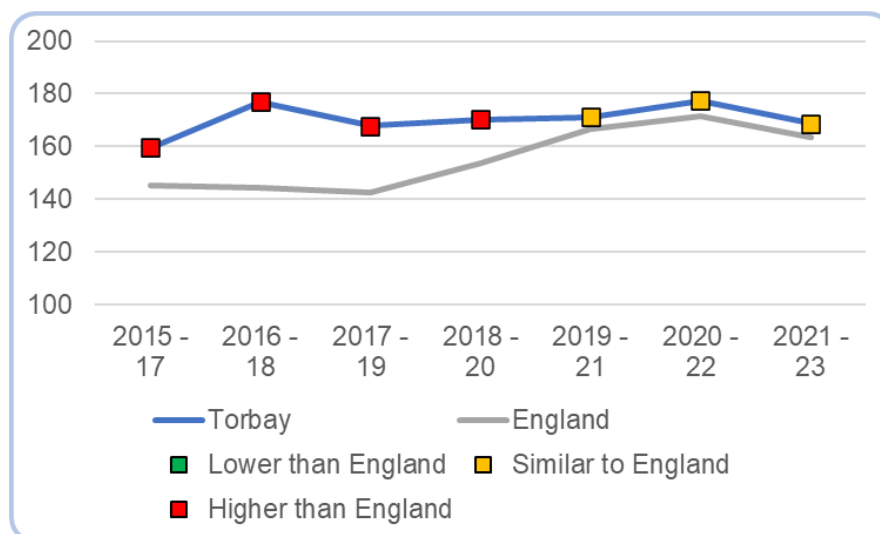
Source: Primary Care Mortality Database

4.2.16 Preventable deaths from all causes

Prior to 2019 – 21, preventable mortality in Torbay had been significantly higher than England for a number of periods, England’s rate rose significantly faster during the COVID period to bring Torbay and England rates broadly in line with each other (Figure 19). Over the period 2018 – 23, 3 in 4 preventable deaths in Torbay related to either cancer, cardiovascular disease, liver disease or respiratory disease. There is significant variation within Torbay, rates within areas of Torbay amongst the 20% most deprived in England are significantly higher than rates in other areas of Torbay

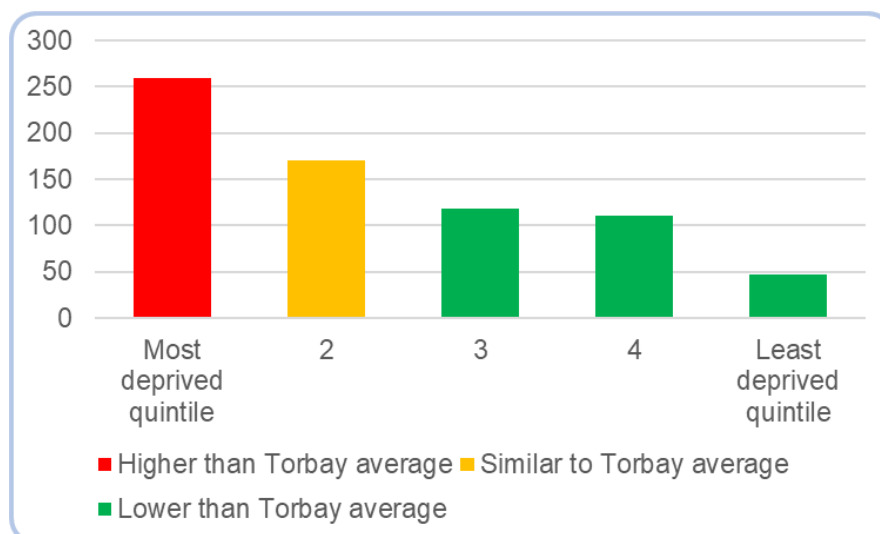
(Figure 20).

Figure 19: Age-standardised Under 75 mortality rate with an underlying cause that was considered preventable, per 100,000



Source: Fingertips

Figure 20: Age-standardised Under 75 mortality rate with an underlying cause that was considered preventable, per 100,000 (Torbay 2018 to 2023)



Source: Primary Care Mortality Database

4.3 Housing growth and significant housing developments

Torbay's growing and ageing population means that the overall demand for pharmaceutical services will continue to grow, particularly for services relating to the older age groups. For example, it is predicted that the number of 65+ year olds in Torbay will increase by 26% from 2023 to 2033.

As of November 2024, Torbay Council are developing a new Local Plan Working Party that will look at a number of options around the level of housing development within Torbay. It is likely that a public consultation will take place in 2025 on the available options.

It is not currently anticipated that large scale housing developments will be delivered within the lifetime of this PNA given the current planning permissions in place. Also, looking forward to those future permissions that might be in place within a short-term time frame, the build rates for those developments will take a number of years beyond the lifetime of this PNA.

5 Selected health needs that can be influenced by pharmaceutical services

5.1 Introduction

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

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

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

As well as the supply of prescriptions, pharmacies can also:

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

This chapter will provide a more detailed examination of the different health needs of the population with regards to selected public health indicators that can be influenced by pharmaceutical services. Examples of how pharmaceutical services can influence the health and wellbeing of the population include:

Mental health

As well as supply medicines for the treatment of mental health problems, pharmacies can provide accessible and comprehensive information and advice to carers about

what help and support is available to them. This is part of the signposting essential service.

Smoking

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

Long term conditions

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

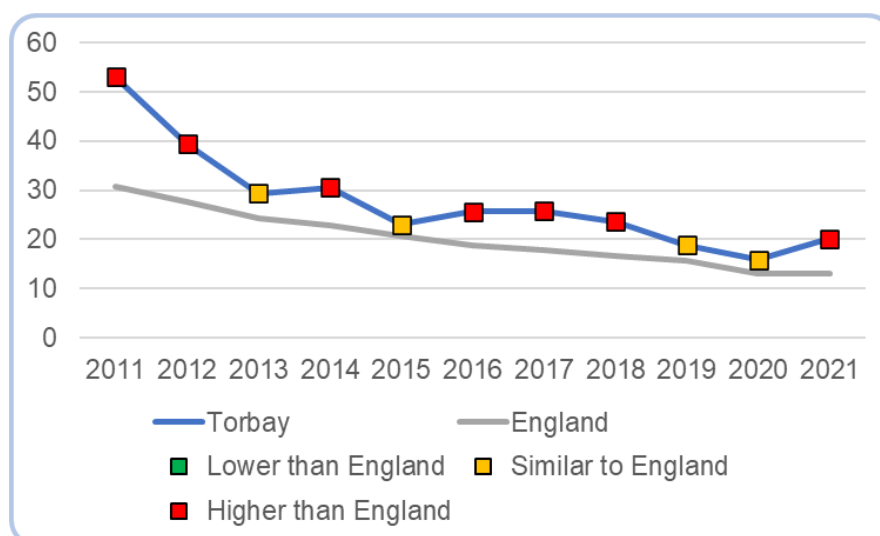
- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding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

5.2 Selected health needs that can be influenced by pharmaceutical services: indicators

5.2.1 Under 18 pregnancy (conceptions)

Under 18 conception rates include pregnancies that result in one or more live or still births or a legal abortion. The trend is of a falling teenage pregnancy rate although 2021 has seen a flattening across England and a rise in Torbay (Figure 21). The majority of under 18 conceptions are in 16 and 17 year olds, under 16s represented 5 of the 43 Torbay under 18 conceptions in 2021. At a ward level, rates are often suppressed due to small numbers but as reflected across England, rates are highest in areas of the highest deprivation.

Figure 21: Rate of Under 18s conceptions, per 1,000 females aged 15 to 17



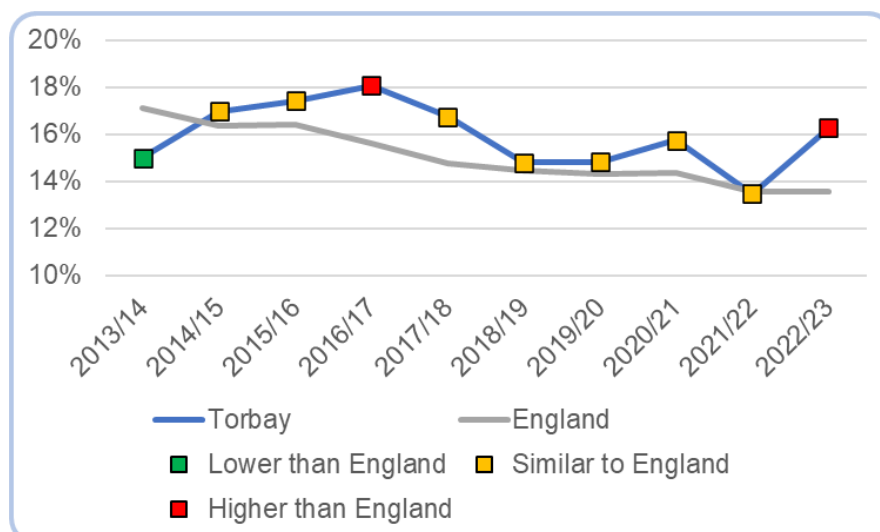
Source: Fingertips

5.2.2 Smoking prevalence in adults

Smoking tobacco is the leading cause of preventable illness and premature deaths in the UK (OHID). The prevalence of adult smokers in Torbay was 16.3% for 2022/23, which was significantly higher than England for the first time since 2016/17 (Figure 22). There are significant differences within Torbay around smoking prevalence depending on the broad socio-economic group you are in. Those who have never worked, are long-term unemployed or work in routine and manual occupations generally have higher smoking rates.

Pharmacies have an important role in providing support for smoking cessation by providing access to nicotine replacement therapy as well as providing advice from pharmacists and trained staff. Unlike other providers, pharmacies offer a walk-in service across a wide range of opening hours.

Figure 22: Smoking prevalence in adults – GP Patient Survey



5.2.3 Adults in drug treatment

Over the last decade, Torbay has consistently had higher proportions of its adult population in drug treatment when compared to England. There has been an increase in recent years to 921 adults in drug treatment for 2022/23 (Table 6), a rate close to 80% higher than England. The National Drug Treatment Monitoring system estimates that Torbay does have a higher proportion of its opiates and/or crack cocaine users in treatment than the England average.

Table 6: Number of adults in treatment at specialist drug misuse services (Torbay)

Year	Number in treatment
2016/17	714
2017/18	771
2018/19	No data
2019/20	807
2020/21	860
2021/22	906
2022/23	921

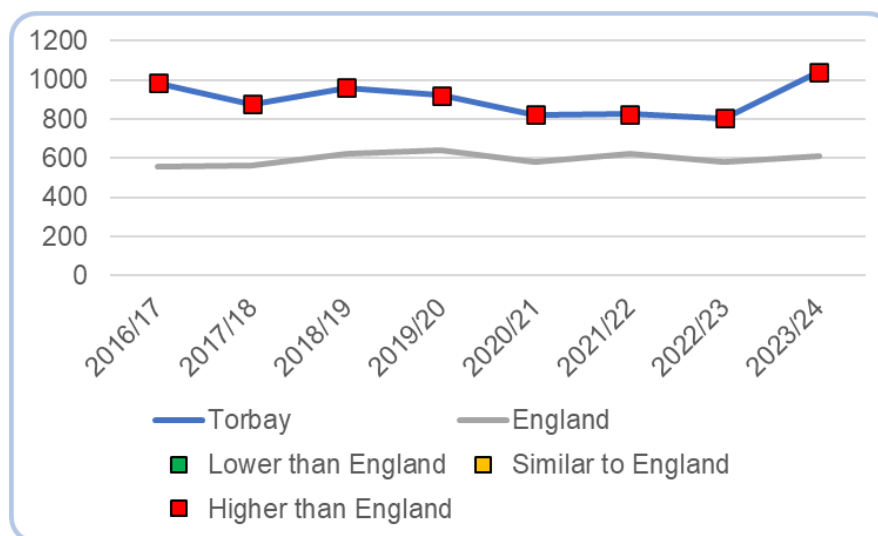
Source: Fingertips

5.2.4 Alcohol-specific admissions

An alcohol-specific condition is when the primary diagnosis or any of the secondary diagnoses is wholly attributable to alcohol.

Adjusted to take account of differing areas' age profile, Torbay has consistently had significantly higher rates of admissions to hospital in relation to alcohol-specific conditions (Figure 23). Rates for males in Torbay are approximately double the rate for females. Within Torbay, rates of admissions (adjusted for differing age profiles) have been highest in Tormohun, Roundham with Hyde, Ellacombe and Wellswood.

Figure 23: Age standardised rate of admission episodes for alcohol-specific conditions, per 100,000

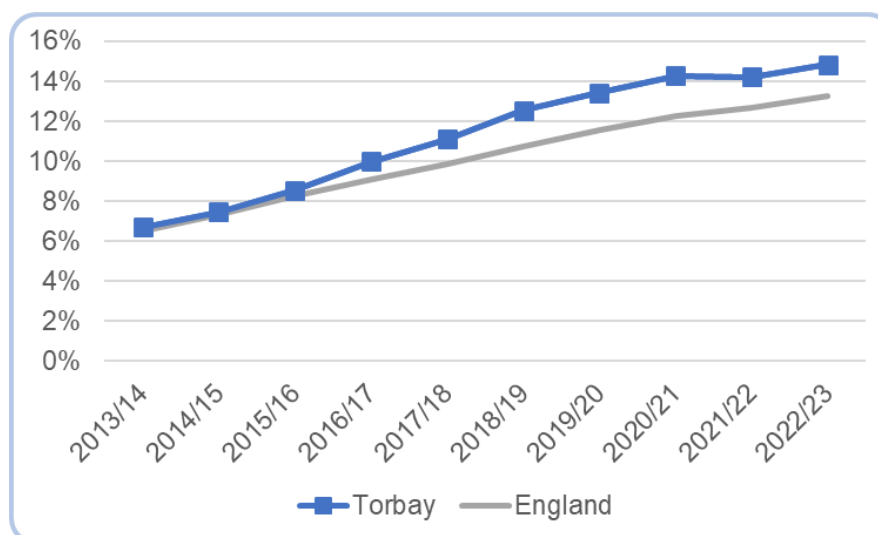


Source: Fingertips, 23/24 – Hospital Episode Statistics

5.2.5 Depression

The prevalence of depression is the percentage of adult patients recorded on GP registers with a diagnosis of depression, allocated to the local authority of the practice. In Torbay as well as England, diagnosed depression is on an upward trend (Figure 24). In England as a whole, prevalence levels are generally much higher in more deprived areas than in less deprived areas.

Figure 24: Percentage of patients with depression on GP registers, aged 18+



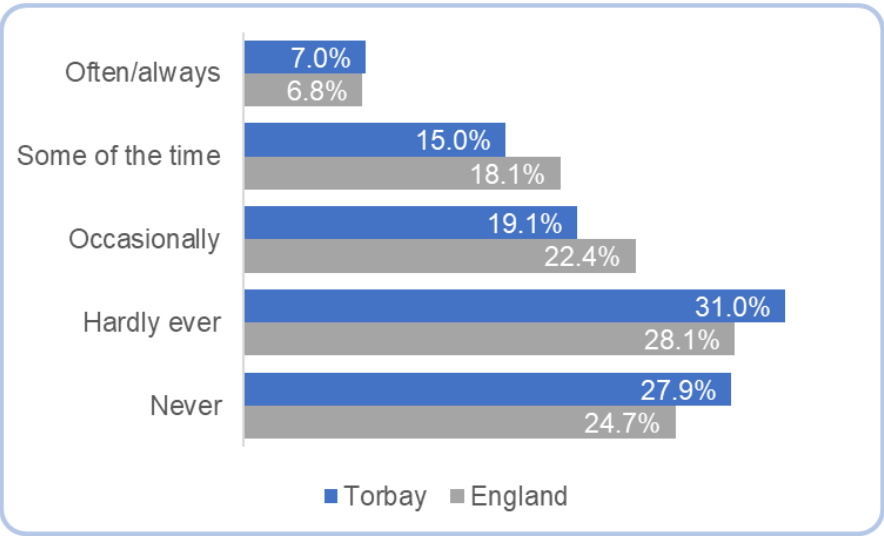
Source: Fingertips

5.2.6 Social Isolation/Loneliness

For 2021/22 Active Lives Survey, a slightly higher proportion of Torbay adults say

they are hardly ever or never lonely compared to England. This is combined with slightly lower proportions that are lonely occasionally or some of the time when compared to England (Figure 25).

Figure 25: Levels of loneliness in the population, aged 16+. Nov’21 to Nov’22

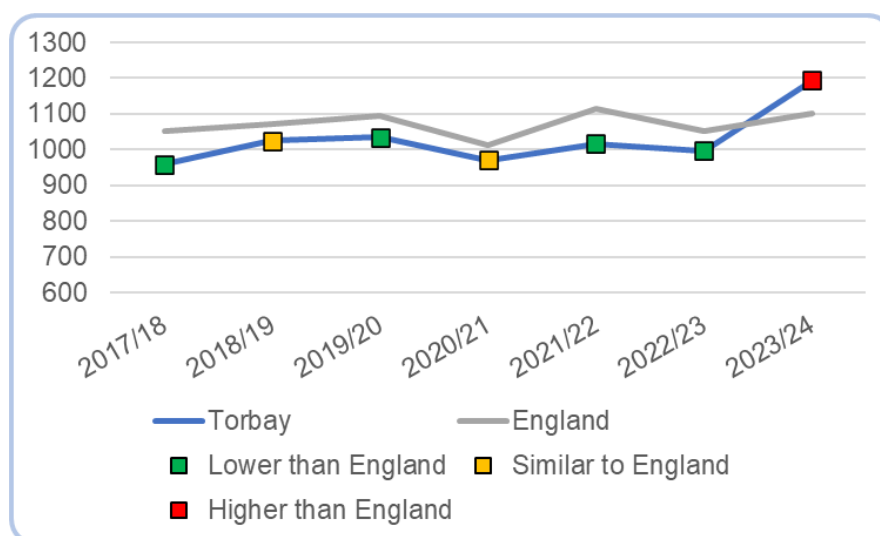


Source: Active Lives Survey

5.2.7 Emergency hospital admissions for cardiovascular conditions

When adjusted for the older age profile of Torbay, the rate of emergency admissions related to cardiovascular conditions has been broadly in line or lower than England with the exception of the most recent year (Figure 26). However, it should be noted, that when no adjustment is made for Torbay’s older population then Torbay’s rates are significantly higher than England. When adjusted for age over the last 5 years, the wards of Roundham with Hyde, Tormohun, King’s Ash, Shiphay and Ellacombe have rates higher than the Torbay average, this is quite different from those with the highest rates when not adjusted for age (Table 7).

Figure 26: Age standardised rate of emergency admission episodes for cardiovascular conditions, per 100,000



Source: Hospital Episode Statistics

Table 7: Wards with highest rates of emergency admission episodes for cardiovascular conditions - Age-standardised and Crude rate (Non-age standardized)

Age standardised	Crude Rate
Roundham with Hyde	Roundham with Hyde
Tormohun	Wellswood
King's Ash	Churston with Galmpton
Shiphay	Furzeham with Summercombe
Ellacombe	St Peter's with St Mary's

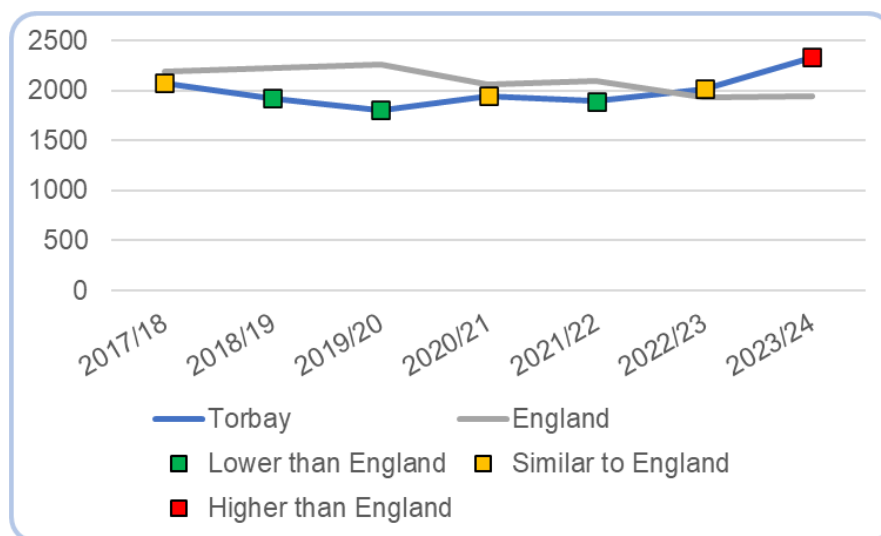
Source: Hospital Episode Statistics

5.2.8 Emergency hospital admissions for falls (65+)

Falls are the largest cause of emergency hospital admissions for older people, it is estimated that about 30% of people older than 65 and 50% of people older than 80 fall at least once a year¹⁷. Adjusted for age, rates of emergency admissions for falls have been lower or similar to England until 2023/24 (Figure 27). Compared to many other measures, differences between wards are not as marked, rates have been higher than the Torbay average for 2017/18 to 2023/24 in the wards of Ellacombe and St Marychurch.

¹⁷ [Falls in older people: assessing risk and prevention \(nice.org.uk\)](https://www.nice.org.uk/guidance/NG186)

Figure 27: Age standardised rate of emergency admission episodes for falls, aged 65 and over, per 100,000

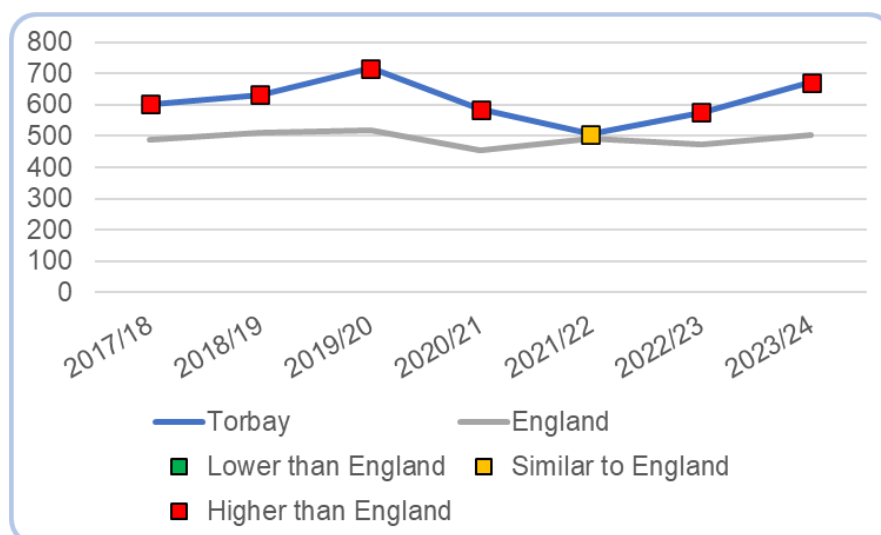


Source: Fingertips, Hospital Episode Statistics for 2023/24

5.2.9 Hospital admissions for alcohol-related conditions

The definition used here is that the primary diagnosis is an alcohol-attributable condition or a secondary diagnosis is an alcohol-attributable external cause code. Torbay has historically had a significantly higher rate of alcohol-related admissions than England (Figure 28) with rates almost twice as high amongst the male population when compared to the female population.

Figure 28: Age standardised rate of admission episodes for alcohol-related conditions (narrow definition), per 100,000



Source: Fingertips

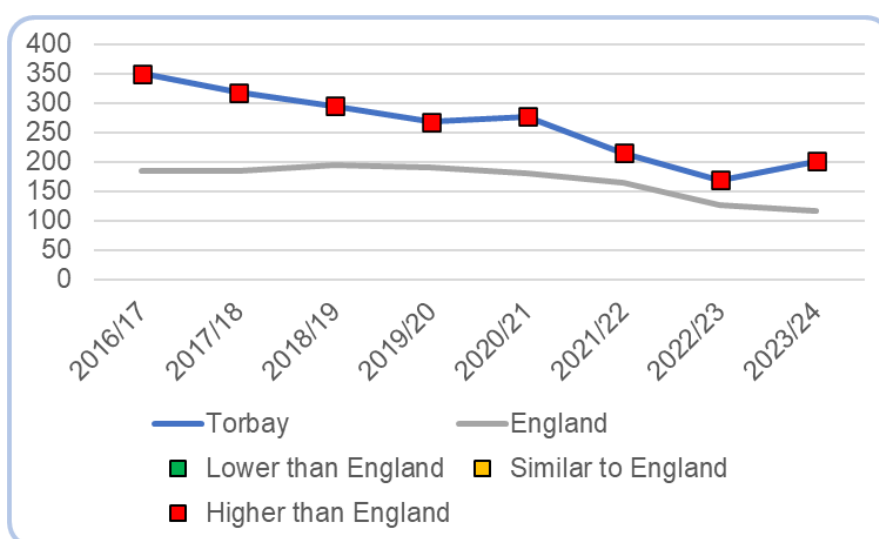
5.2.10 Hospital admissions for self-harm

Self-harm relates to intentional self-harm or self-poisoning. Hospital admissions for self-harm are used as a proxy of the prevalence of severe self-harm but are only the tip of the iceberg in terms of the levels of self-harm taking place. Approximately 99% of self-harm admissions are emergency admissions with around 2 out of 3 admissions relating to females.

Torbay has consistently had higher rates than England (Figure 29). Trends have fallen significantly from 2022/23 across England compared to previous years. A substantial amount of this may be due to a methodological change that requires NHS trusts to report 'Same Day Emergency Care' to the Emergency Care Data Set (ECDS) which covers Accident and Emergency attendances. Some trusts had previously reported this activity as admissions, and moving this to ECDS may reduce the number of admissions reported as emergency self-harm admissions.

The wards of Tormohun and Roundham with Hyde have had higher rates of emergency self-harm admissions than the Torbay average. Torbay has also had consistently higher rates of self-harm admissions amongst its 10 to 24 year old population than England.

Figure 29: Age standardised rate of emergency admission episodes for self-harm, per 100,000



Source: Fingertips, Hospital Episode Statistics for 2023/24

5.2.11 Estimates of population with specific mental health problems

The number of females and males aged 18 to 64 with specific mental health problems (common mental disorder, borderline personality disorder, antisocial personality disorder, psychotic disorder and two or more psychiatric disorders) in Torbay is expected to increase (Table 8). Figures are based on the 2014 Adult Psychiatric Morbidity Survey and those rates of specific mental health problems were applied to the Torbay population projections. Female numbers are predicted to fall because the existing population projections show a small fall in the number of

females aged 18 to 64 living in Torbay.

Table 8: People in Torbay aged 18 to 64 years, predicted to have a specific mental health problem by gender, 2023 to 2040

		2023	2025	2030	2035	2040
Females predicted to have ...	a common mental disorder	8,801	8,709	8,639	8,547	8,524
	a borderline personality disorder	1,105	1,093	1,085	1,073	1,070
	an antisocial personality disorder	686	679	673	666	664
	a psychotic disorder	267	264	262	259	258
	two or more psychiatric disorders	2,858	2,828	2,805	2,775	2,768
Males predicted to have ...	a common mental disorder	5,468	5,498	5,527	5,542	5,601
	a borderline personality disorder	707	711	714	716	724
	an antisocial personality disorder	1,823	1,833	1,842	1,847	1,867
	a psychotic disorder	260	262	263	264	267
	two or more psychiatric disorders	2,567	2,581	2,594	2,601	2,629

Source: Projecting Adult Needs and Service Information (PANSI)

5.2.12 Estimates of population with dementia

The number of people in Torbay with dementia is projected to increase (Table 9) as the percentage of the population aged 65 and over is projected to increase over the coming decades. These figures are based on Dementia UK: Update (2014) prepared by the King's College London and the London School of Economics for the Alzheimer's Society. The national prevalence rates from this research were then applied to the Torbay population.

Table 9: People in Torbay aged 65 years and over, predicted to have dementia by age group, 2023 to 2040

Number predicted to have dementia aged ...	2023	2025	2030	2035	2040
65-69	162	173	202	203	188
70-74	284	277	314	366	372
75-79	538	550	502	567	669
80-84	598	675	852	796	895

85-89	615	651	792	1,009	953
90 and over	625	625	743	919	1,167
Total aged 65 and over	2,822	2,951	3,404	3,861	4,244

Source: Projecting Older People Population Information (POPPI)

5.2.13 Estimates of population with long-term conditions (diabetes, stroke and respiratory problems)

The number of people with diabetes (Type 1 or Type 2) is projected to increase (Table 10) as the Torbay population ages. National prevalence rates were taken from the Health Survey for England 2006 Volume 1 and applied to the projected Torbay population.

Table 10: People in Torbay aged 18 years and over, predicted to have diabetes by age group, 2023 to 2040

Number predicted to have diabetes aged ...	2023	2025	2030	2035	2040
18-24	69	68	79	80	74
25-34	166	162	152	156	170
35-44	260	269	278	271	257
45-54	806	774	768	840	868
55-64	1,571	1,600	1,542	1,417	1,426
65-74	2,485	2,547	2,928	3,158	3,069
75 and over	2,354	2,488	2,726	3,015	3,387
Total aged 18 and over	7,711	7,908	8,473	8,937	9,251

Source: Projecting Adult Needs and Service Information (PANSI)

The number of people in Torbay with a longstanding health condition caused by a stroke is projected to increase as the population ages (Table 11). This data is based on the General Household Survey 2007 which reported selected longstanding health conditions, these rates were then applied to the projected Torbay population.

Table 11: People in Torbay aged 18 years and over, predicted to have a longstanding health condition caused by a stroke, by age group, 2023 to 2040

Number predicted to have a longstanding health condition caused by a stroke aged ...	2023	2025	2030	2035	2040
18-44	18	18	18	18	18
45-64	250	248	242	241	245
65-74	380	389	448	482	469

75 and over	543	576	631	693	787
Total aged 18 and over	1,191	1,230	1,338	1,434	1,518

Source: Projecting Adult Needs and Service Information (PANSI)

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) among patients at Torbay GP Primary Care Networks (PCN) is significantly higher than England (Table 12), this is to be expected given Torbay's older age profile

Table 12: QOF Prevalence (%) of COPD, 2023/24

	Prevalence %
Baywide PCN	3.0%
Brixham & Paignton PCN	3.1%
Torquay PCN	2.7%
All Torbay PCNs	2.9%
England	1.9%

Source: Quality Outcomes Framework, 2023/24

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

5.2.14 Overweight adults

Sport England undertakes an annual 'Active Lives Survey' for those aged 18 and over which asks for height and weight to calculate their BMI.

Looking at the 8 year period from 2015/16 to 2022/23, Torbay has a similar rate of adults classified as overweight when compared to England (Table 13). Across England, rates of those classified as overweight are higher than those in the more deprived areas.

Table 13: Percentage of adults who are classified as overweight or obese, 2015/16 to 2022/23

	Prevalence %
Torbay	62.9%
England	62.5%

Source: Fingertips

5.2.15 Hypertension/Blood Pressure

For September 2024, when compared to England, all Torbay PCN groups had significantly lower rates of those aged 18 and over with GP recorded hypertension, who have had a blood pressure reading in the last 12 months (Table 14). Please note that the Baywide PCN data relates only to Chilcote Practice.

Table 14: Percentage of those aged 18+ with GP recorded hypertension who have had a blood pressure reading in the last 12 months, September 2024

Area	%
Baywide PCN	83.0%
Brixham and Paignton PCN	85.2%
Torquay PCN	85.6%
England	87.0%

Source: CVDPrevent

6 Provision of pharmaceutical services

6.1 Necessary services

The PNA is required to make statements on current provision and gaps in 'necessary pharmaceutical services' provided by community pharmacists. This section considers those services provided by community pharmacies that fall within the definition of 'essential pharmaceutical services'. Essential services are provided by all community pharmacies and are centrally funded. They are:

- The dispensing of prescriptions
- The dispensing of repeatable prescriptions
- The acceptance and disposal of unwanted medicines returned by patients
- Signposting to other providers of health and social care services
- Promotion of healthy lifestyles
- Healthy Living Pharmacies
- Support for self-care.
- Discharge Medicines Service

In addition to the essential services, the following advanced services are considered necessary:

- Pharmacy First
- New Medicines Service
- Hypertension Case Finding Service
- Pharmacy Contraception Service
- Seasonal Influenza Vaccination Service

6.2 Current provision of necessary services

As of February 2025, there are 28 pharmacies in Torbay (see figure 30).

19 pharmacies are owned by national pharmacy chains:

- 7 by Day Lewis Pharmacy
- 6 by Boots Pharmacy
- 5 by Well Pharmacy (Bestway National Chemists)
- 1 by Superdrug Pharmacy.

4 pharmacies are owned by a local chain, Poolearth, 2 by O'Brien Ltd and 3 other pharmacies are owned by independent providers.

There is one 100 hour pharmacy - Boots Pharmacy at Wren Retail Park, Torquay. As

of May 2023, these pharmacies had a 'notification' procedure for reducing their weekly core opening hours to no less than 72 hours¹⁸. This pharmacy is open for 79 hours a week, 73 hours of these are core hours.

There are twenty-seven 40-hour pharmacies. 27 out of 28 pharmacies are Pharmacy First accredited. The service was launched in January 2024 and adds to the existing consultation service by enabling community pharmacists to complete episodes of care for seven common conditions. In addition, all pharmacies have access to EPS.

There are no pharmacies with local pharmaceutical services contracts, distance-selling pharmacies, dispensing appliance contractors or dispensing doctors in Torbay.

Since the last PNA was published three pharmacies have closed in Torbay:

- Lloyds Pharmacy at Sainsbury's, The Willows in Torquay closed in March 2023 (i.e. 2022/23).
- Lloyds Pharmacy at Sainsbury's, Yalberton Road in Paignton closed in July 2023 (i.e. 2023/24).
- Day Lewis Pharmacy at 56-52 Marina Quay, King Street, Brixham closed in November 2023 (i.e. 2023/24). Consolidated with Day Lewis Pharmacy at 52 Fore Street, Brixham.

No new pharmacies have opened since the last PNA was published.

Over the last three years provision in Torbay has been as follows:

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items per head	Items per pharmacy
2021/22	139,440	31	22.2	3,151,235	22.6	101.653
2022/23	139,409	31	22.2	3,207,274	23.0	103,460
2023/24	139,485	28	20.1	3,212,276	23.0	114,724
South West 23/24	5,811,259	1,107	19.0	99,164,702	17.1	89,580
England 23/24	57,690,323	12,009	20.8	1,112,920,890	19.3	92,674

Notes:

1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2023/24 the population is taken as the mid-year estimate for 2023
2. Number of Torbay pharmacies relate to number of pharmacies open at the end of the financial year. The number of items dispensed relates to all Torbay pharmacies including those that closed during the year.

¹⁸ [New PLPS regulations tomorrow and an update for 100-hour pharmacies - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk/new-plps-regulations-tomorrow-and-an-update-for-100-hour-pharmacies-community-pharmacy-england)

3. Number of pharmacies in England and South West England in 2023/24 and item dispensed totals are taken from Supporting Tables from NHSBSA found at:
<https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>
4. Pharmacy numbers are for community pharmacies and do not include DACs

The number of pharmacies in Torbay fell by 3 between 2021/22 and 2023/24. The number of items dispensed rose by 1.9% between 2021/22 and 2023/24.

As of April 2025, the most recent publicly available data pertains to the 2023/24 financial year. According to the NHS Business Services Authority (NHSBSA), there were 12,009 active community pharmacies in England during that period. This figure represents an increase from 11,414 in 2022/23 and is the highest reported since 2015/16.

However, it's important to note that this apparent growth may be influenced by the way NHSBSA counts active pharmacies. When a pharmacy changes ownership, it may retain the same premises but receive a new organisation code, potentially inflating the count of active pharmacies. Indeed, the number of physical pharmacy premises decreased from 10,850 at the start of 2023/24 to 10,511 by the end of the year, and further declined to 10,486 by June 2024.

The number of pharmacies per 100,000 population in Torbay (20.1 in 2023/24) is higher than the South West (19.0) but lower than national figures (20.8). There is a higher number of items dispensed per pharmacy in Torbay (114,724 in 2023/24) than either the South West or national levels (89,580 and 92,674 respectively). However, considering the significantly older demographics and the urban compact nature of Torbay, it is concluded that this does not equate to a significant difference and therefore suggests Torbay is neither over nor under served in terms of the overall number of pharmacies.

6.3 Current provision outside the HWB's area

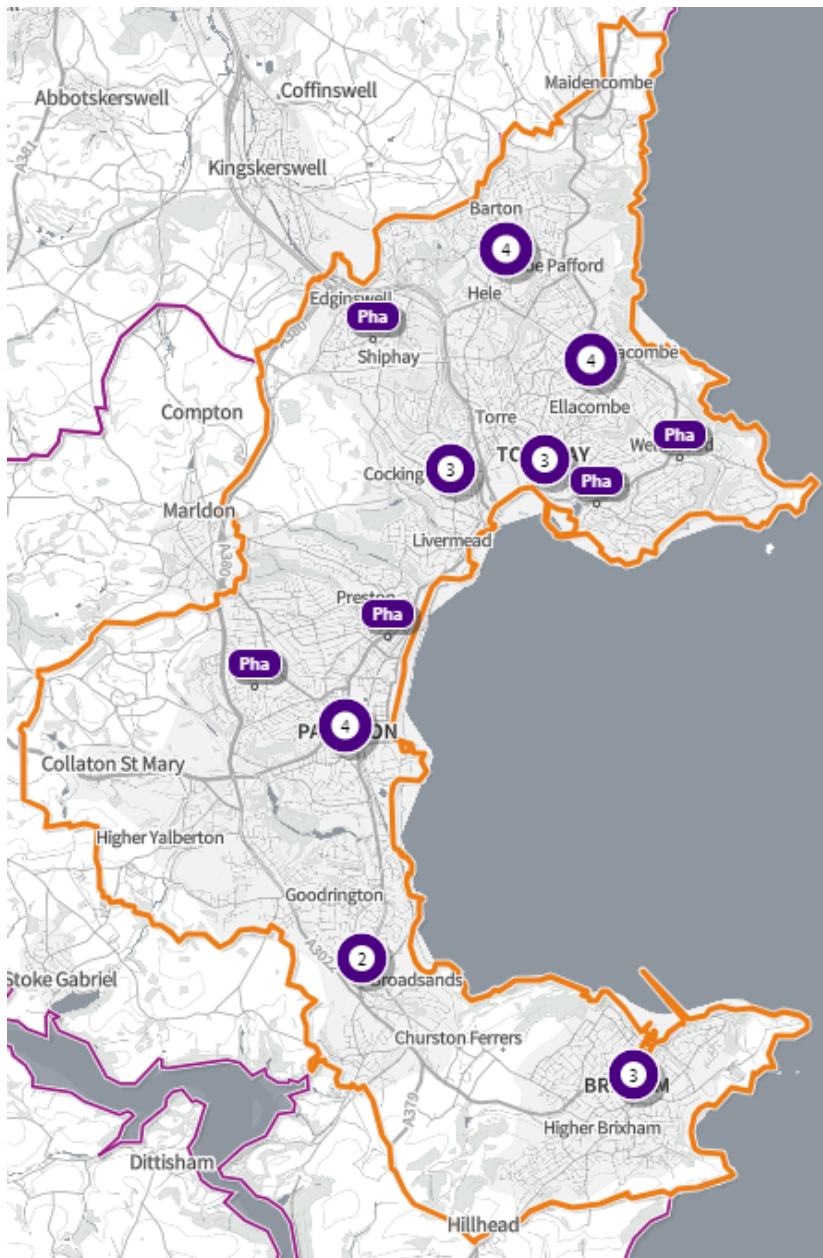
As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the HWB's area. In addition to those located within the HWB area, there are numerous such pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at www.nhs.uk/service-search/pharmacies/InternetPharmacies

DACs generally supply appliances by home delivery, and are required to do so for certain types of appliance. Their services are therefore available to residents of the HWB's area. As of October 2024, there were 113 DACs in England, including any located within the HWB area.

For 2023/24, 88.8% of the 3,560,568 Torbay GP prescriptions were dispensed within

Torbay. 188,360 (5.3%) were fulfilled in Devon and Plymouth, with 60% of this attributable to Devon Healthcare Solutions, Newton Abbot which is an on-line distance selling pharmacy and 12% at Boots, Courtney Street, Newton Abbot. A further 5.9% of prescriptions were fulfilled outside Torbay, Devon and Plymouth, this equates to 211,667 prescriptions. 69,351 of these were fulfilled by Pharmacy2U Ltd in Leeds, a further 46,748 by Metabolic Healthcare Ltd. These 2 providers accounted for over half of these prescriptions.

Figure 30: Location of pharmacies in Torbay



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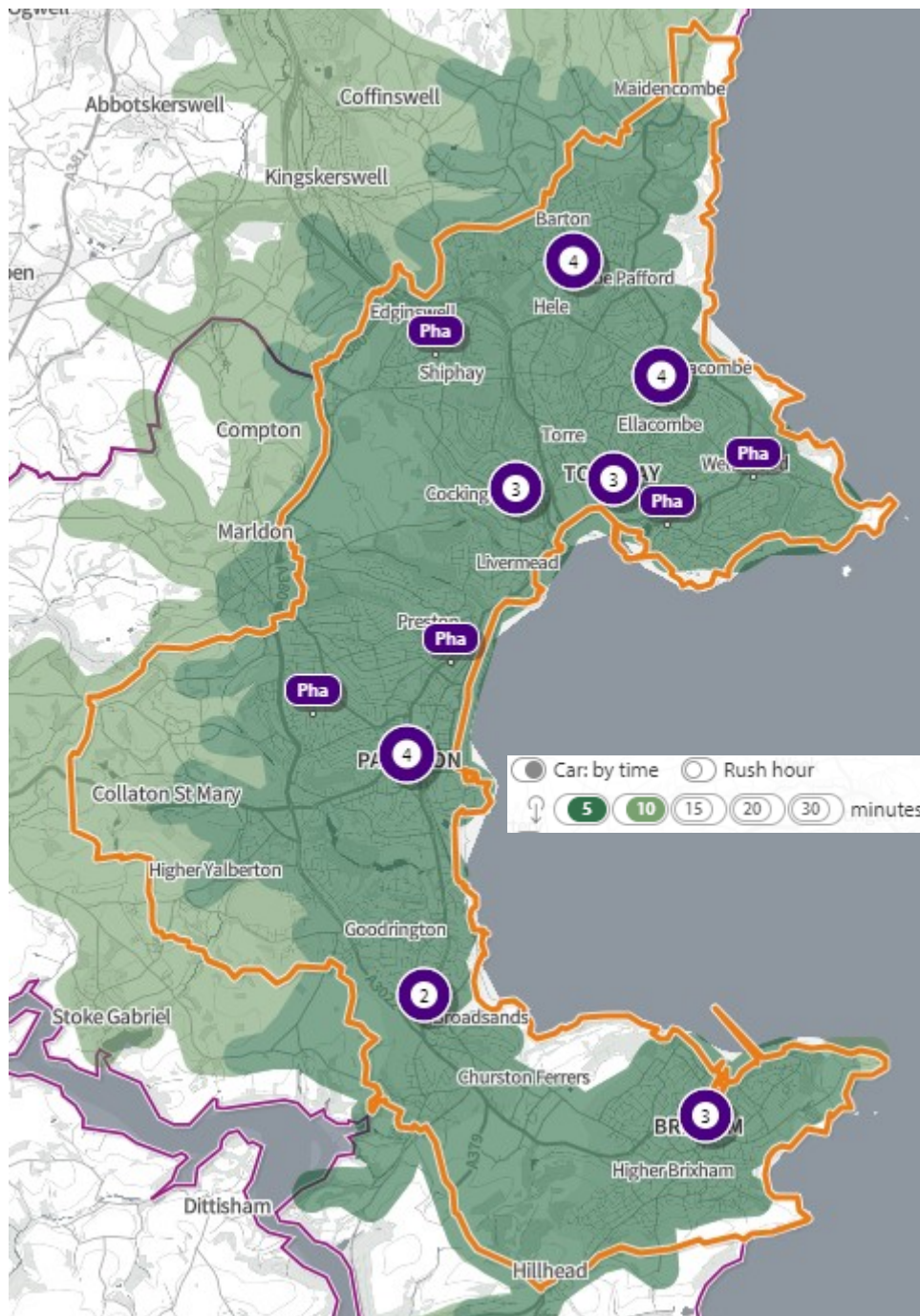
6.4 Access to premises

6.4.1 Access to all premises

Torbay's population is served by 28 pharmacies, with 100% of the population within a

10 minute car journey of a pharmacy (including within the rush hour). Pockets of Torbay not covered in the following map are the coast line and golf courses (Figure 31). Please note that numbers on the map relate to multiple pharmacies that are located too close together to be able to display separately without making the map considerably bigger. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

Figure 31: drive times around pharmacies in Torbay

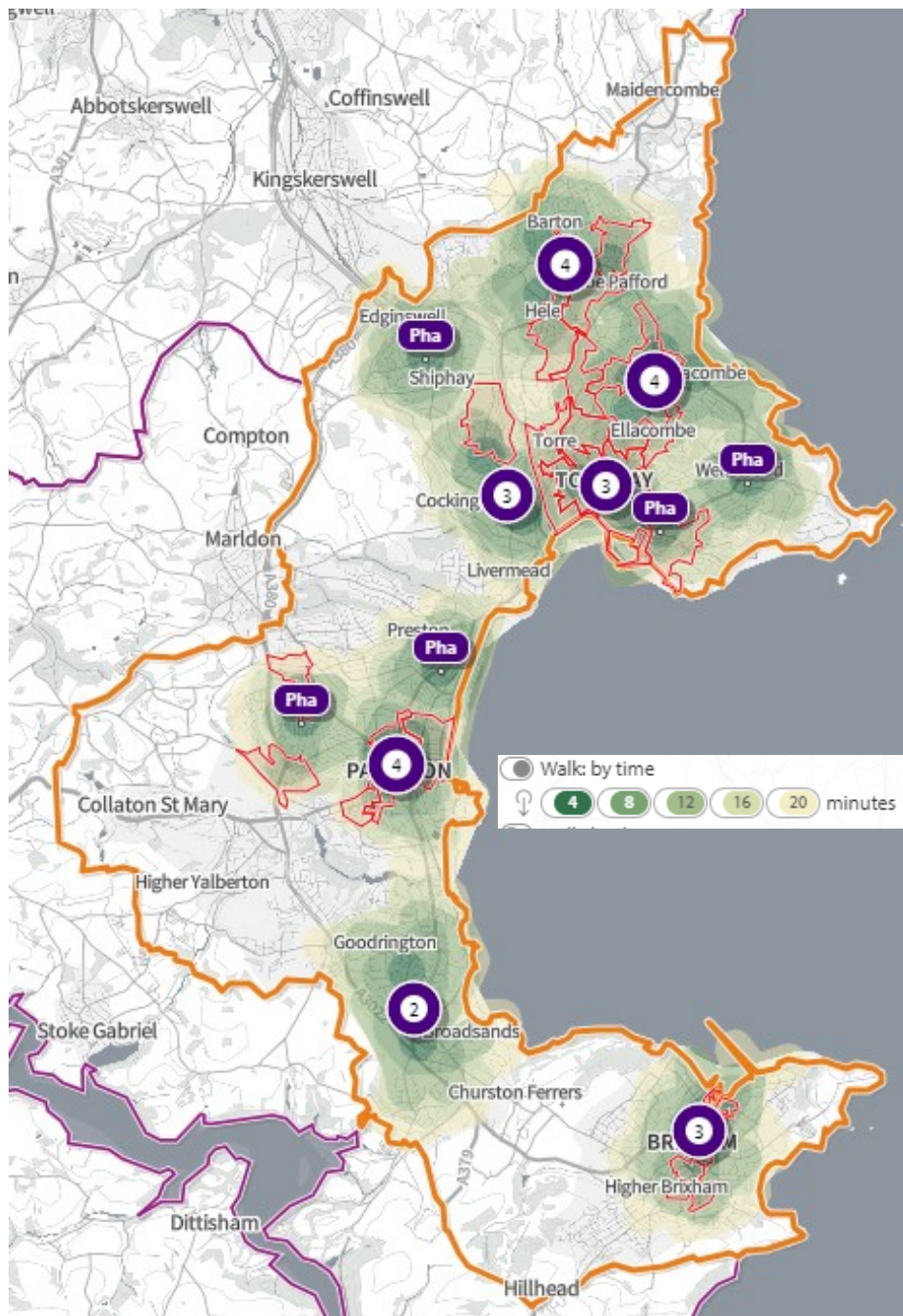


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100% of the Torbay population that live within the 20% most deprived areas (areas outlined in red on the map) of England are within a 20 minute walk of a pharmacy with the vast majority within a 15 minute walk (Figure 32). Please note that numbers

on the map relate to multiple pharmacies that are located too close together to be able to display separately without making the map considerably bigger. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

Figure 32: walking times to pharmacies in Torbay for areas among the 20% most deprived in England

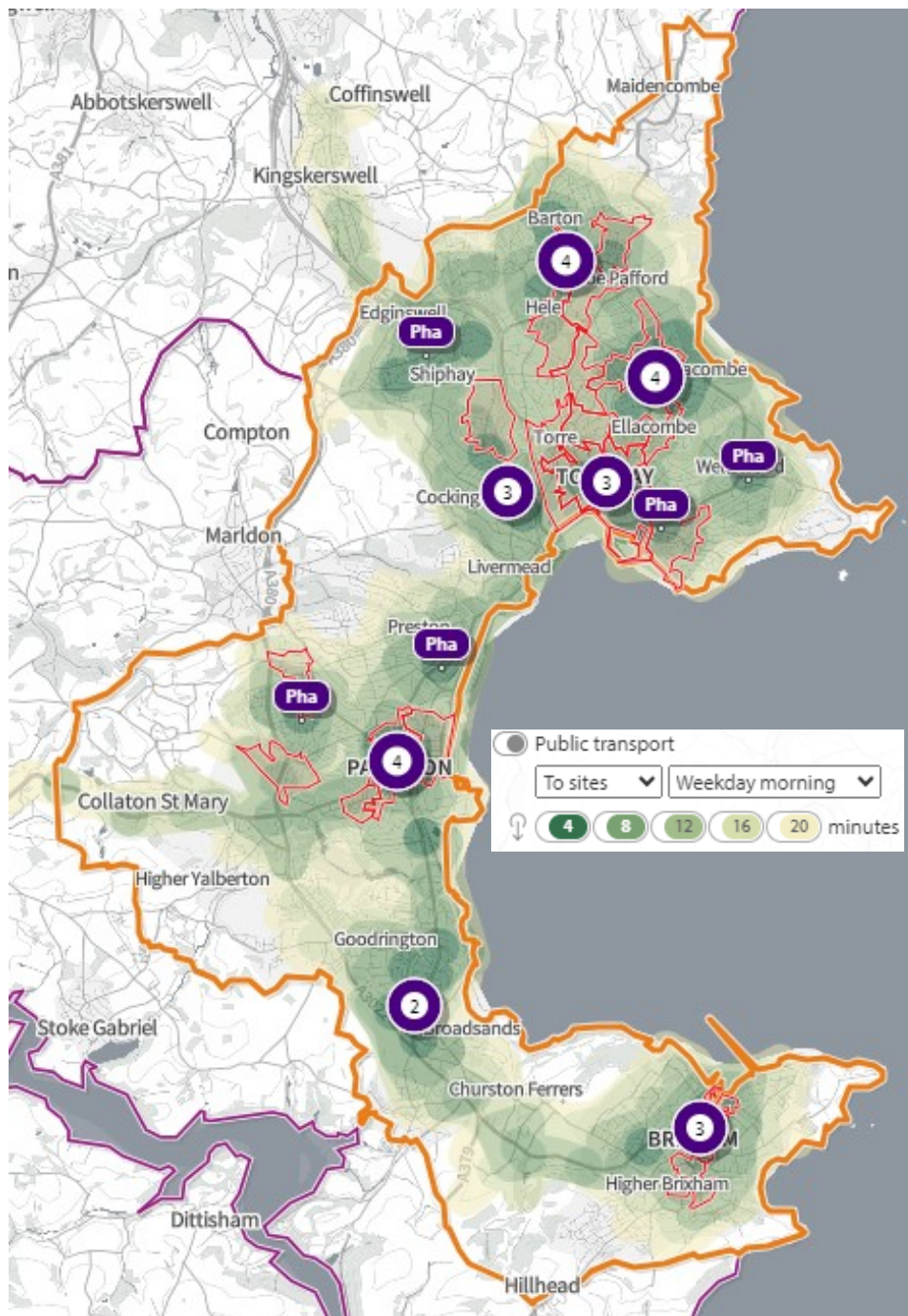


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98% of the Torbay population live within a 20 minute public transport ride of a pharmacy on a weekday morning or afternoon, 100% of the Torbay population that live within the 20% most deprived areas (areas outlined in red on the map) of

England are within a 20 minute bus ride of a pharmacy (Figure 33). Please note that numbers on the map relate to multiple pharmacies that are located too close together to be able to display separately without making the map considerably bigger. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

Figure 33: public transport times to pharmacies in Torbay



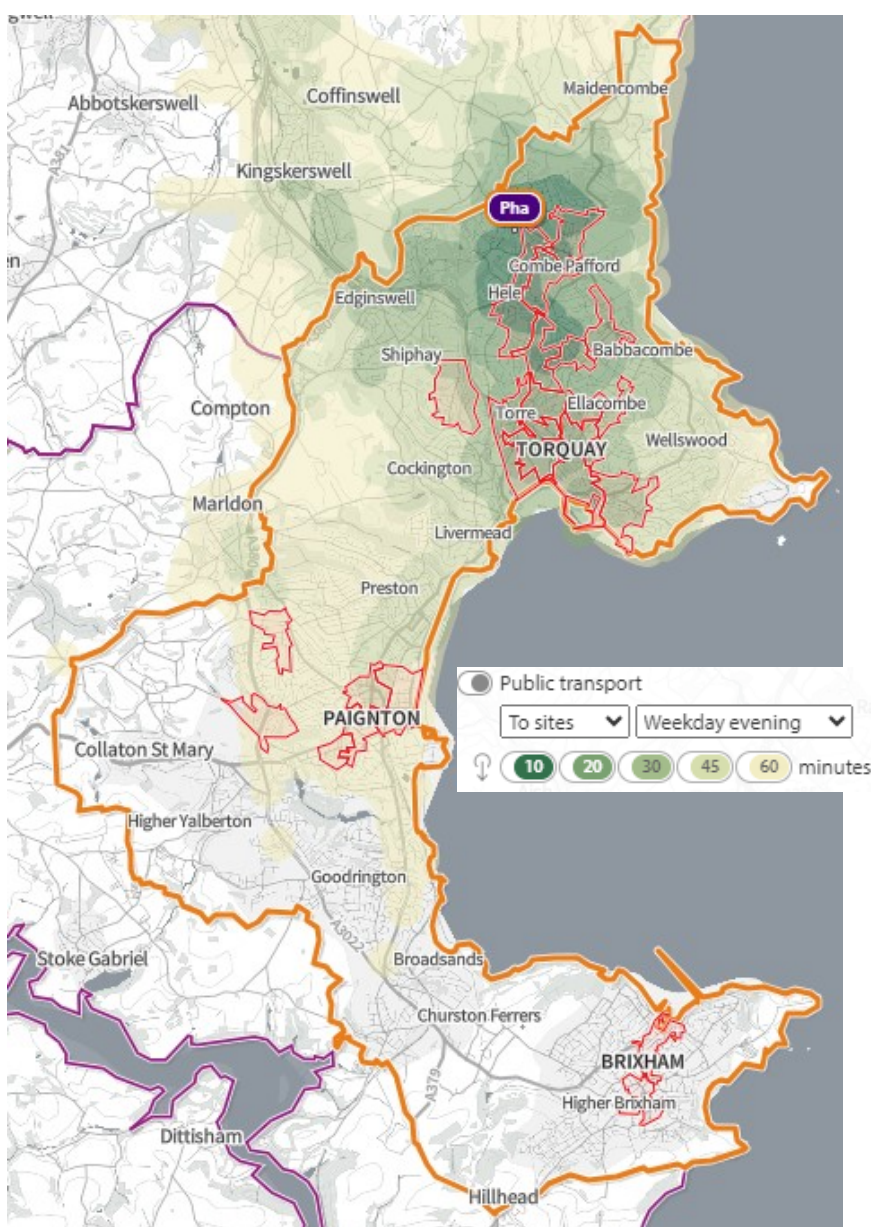
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6.4.2 Access to premises after 6.30pm on a weekday evening

When looking at combined core and supplementary hours for a typical weekday, as of January 2025, 1 pharmacy closes at 5pm, 13 close at 5.30pm, 12 at 6pm and 1 at 6.30pm which leaves 1 pharmacy open after 6.30pm closing at 9pm (These are core hours) which is Boots at Wren Retail Park, Torquay.

All Torbay residents are within a 30 minute car journey of Boots at Wren Retail Park, Torquay. The vast majority of residents in the most deprived areas of Torbay (areas outlined in red on the map) are not within a 20 minute walk of the pharmacy. A significant majority of Torbay residents in the most deprived areas of Torbay are within a 45 minute public transport ride with the exception of areas of Paignton around Foxhole and Brixham (Figure 34). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

Figure 34: public transport times to pharmacies in Torbay after 6.30pm on a weekday evening



6.4.3 Access to premises on a Saturday until 1pm

When looking at combined core and supplementary hours for Saturday, as of January 2025, there were 19 pharmacies open. Of those, 2 close at 12pm and 11 close at 1pm.

All Torbay residents are within a 10 minute drive of a pharmacy that remains open until at least 1pm. All residents in the most deprived areas of Torbay (areas outlined in red on the map) except those in Foxhole are within a 20 minute walk of a pharmacy that remains open until at least 1pm (Figure 35). 99% of Torbay residents are within a 30 minute public transport ride of a pharmacy that remains open until at least 1pm, the most deprived areas of Torbay are all within a 30 minute public transport ride of a pharmacy (Figure 36).

Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

Figure 35: walk times to pharmacies in Torbay open until 1pm on a Saturday

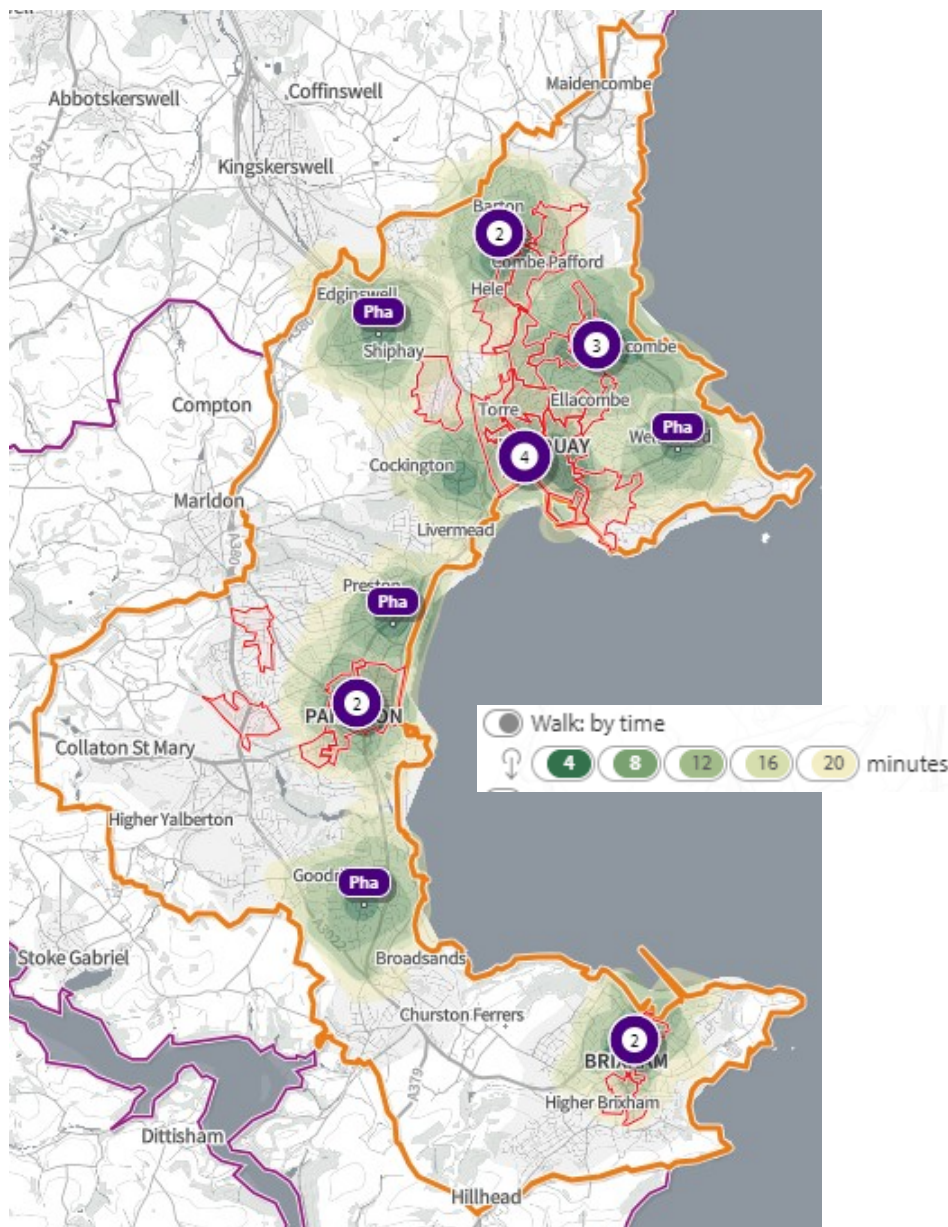
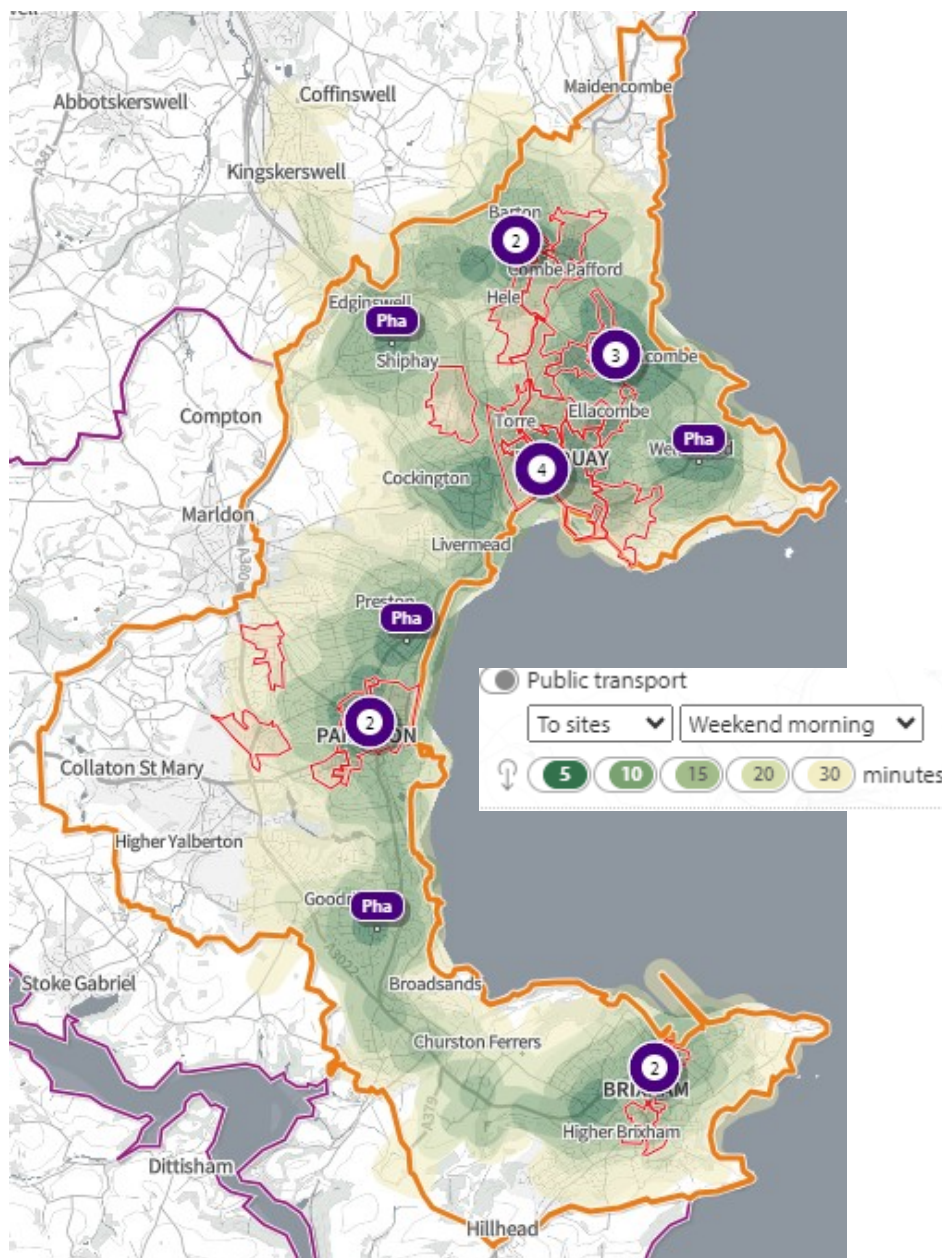


Figure 36: public transport times to pharmacies in Torbay open until 1pm on a Saturday



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6.4.4 Access to premises on a Saturday from 1pm to 5pm

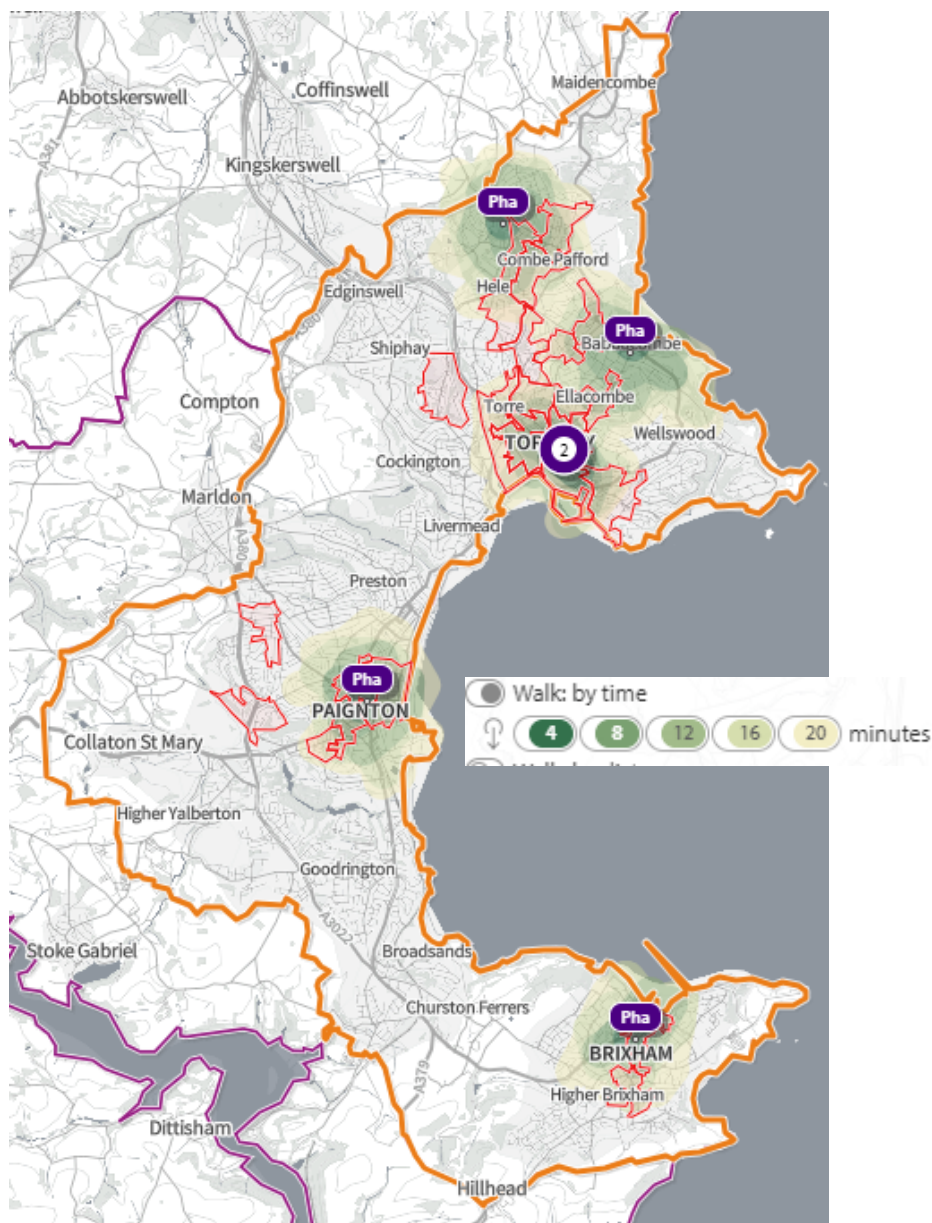
When looking at combined core and supplementary hours for Saturday after 1pm, as of January 2025, there were 6 pharmacies open. Of those, 3 close at 5pm, 2 close at 5.30pm and 1 closes at 9pm. 4 of these pharmacies are in Torquay, 1 in Paignton and 1 in Brixham.

All Torbay residents are within a 10 minute drive of a pharmacy that remains open until at least at 5pm. A substantial majority of residents in the most deprived areas of Torbay (areas outlined in red on the map) are within a 20 minute walk of a pharmacy that remains open until at least 5pm (Figure 37). All Torbay residents are within a 30 minute public transport ride of a pharmacy that remains open until at least 5pm, the most deprived areas of Torbay are all within a 20 minute public transport ride of a

pharmacy (Figure 38).

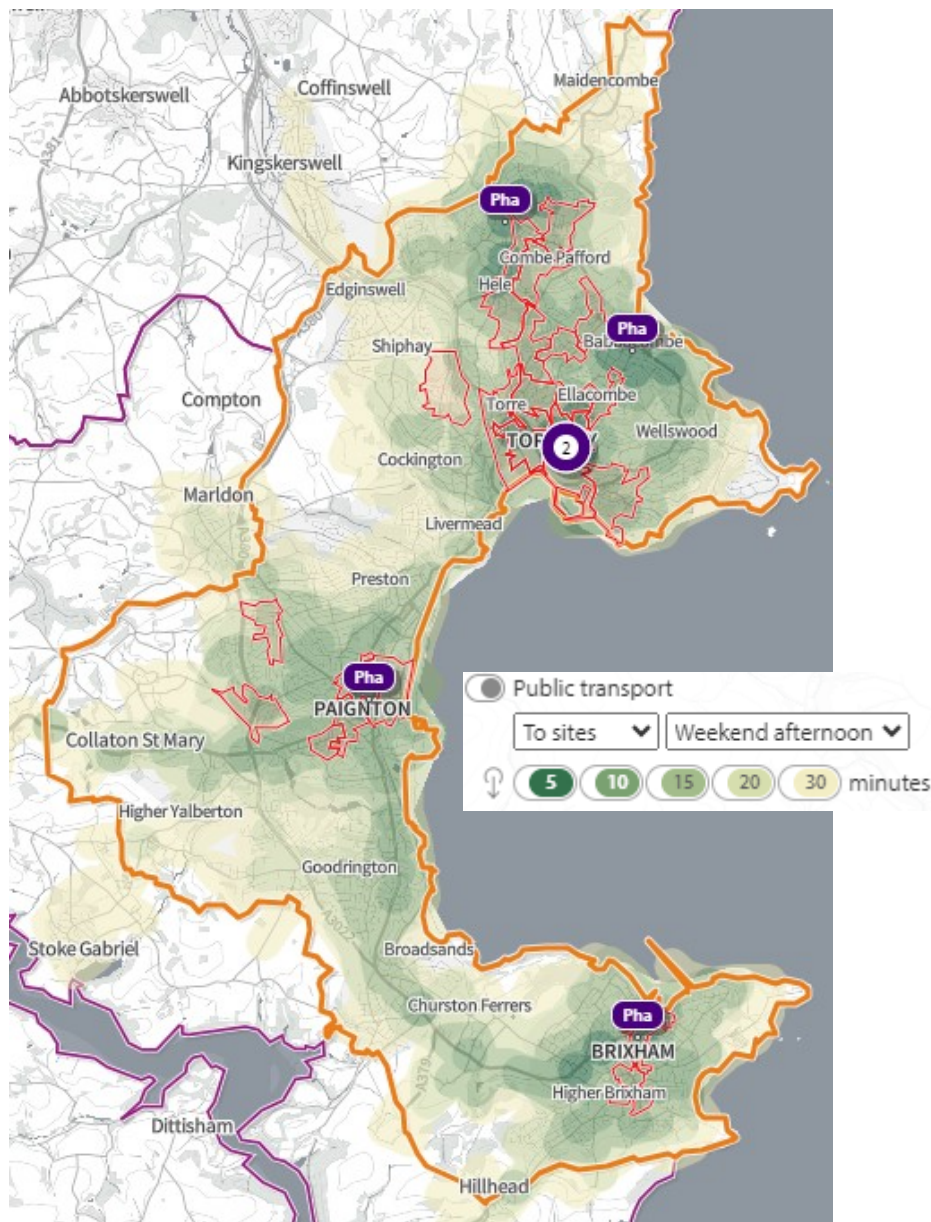
Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

Figure 37: walk times to pharmacies in Torbay open between 1pm and 5pm on a Saturday afternoon



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Figure 38: public transport times to pharmacies in Torbay open between 1pm and 5pm on a Saturday afternoon



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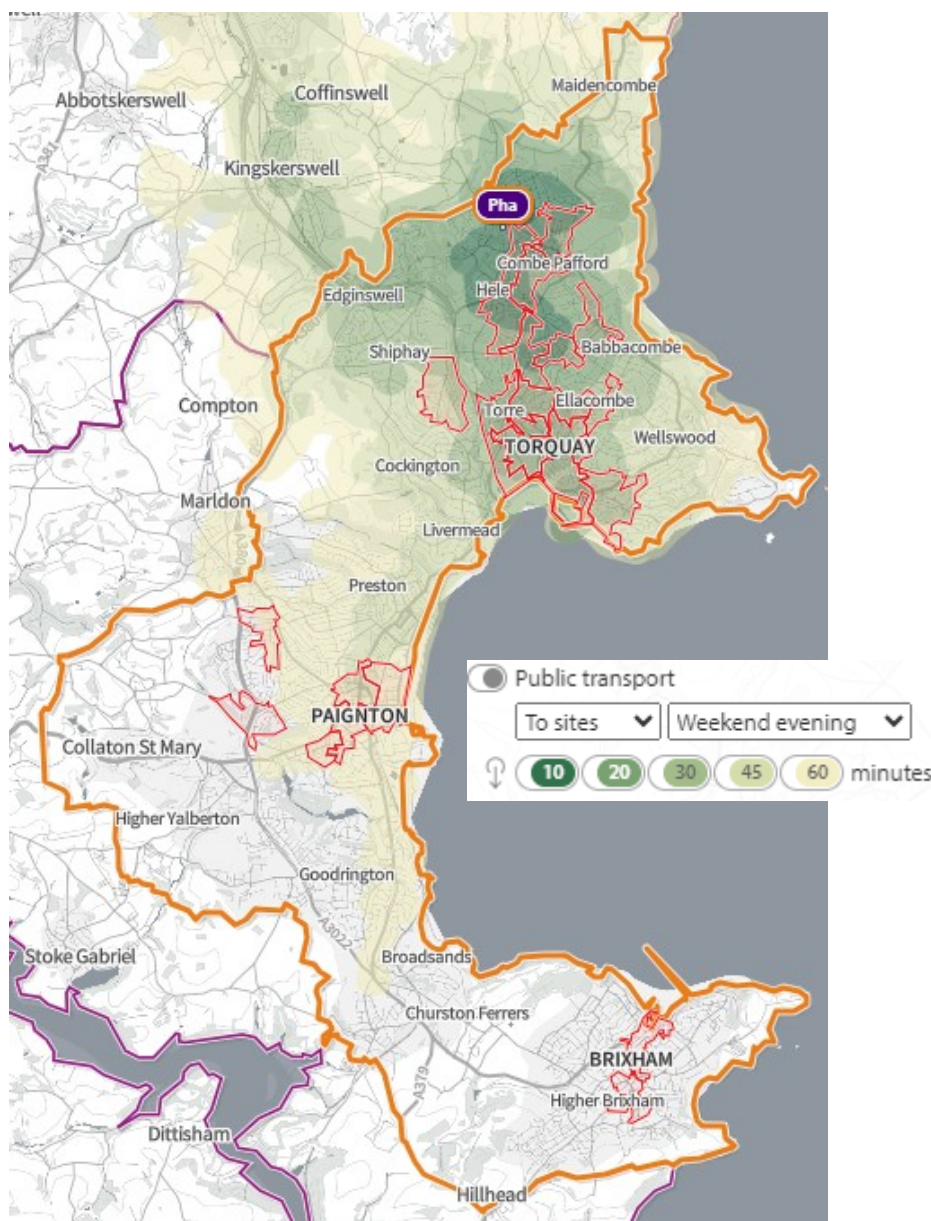
6.4.5 Access to premises on a Saturday from 5.30pm onwards

When looking at combined core and supplementary hours for Saturday after 5.30pm, as of January 2025, there is 1 pharmacy open which is Boots at Wren Retail Park, Torquay. It is open until 9pm and those hours are core hours.

All Torbay residents are within a 30 minute car journey of Boots at Wren Retail Park, Torquay. The vast majority of Torbay residents in the most deprived areas of Torbay are not within a 20 minute walk of the pharmacy. Residents in the most deprived areas of Torquay (areas outlined in red on the map) are within a 45 minute public transport ride on a Saturday evening but the vast majority of Paignton and all of Brixham are further than a 45 minute public transport ride (Figure 39).

Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

Figure 39: public transport times to pharmacies in Torbay open after 5.30 pm on a Saturday



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6.4.6 Access to premises on a Sunday

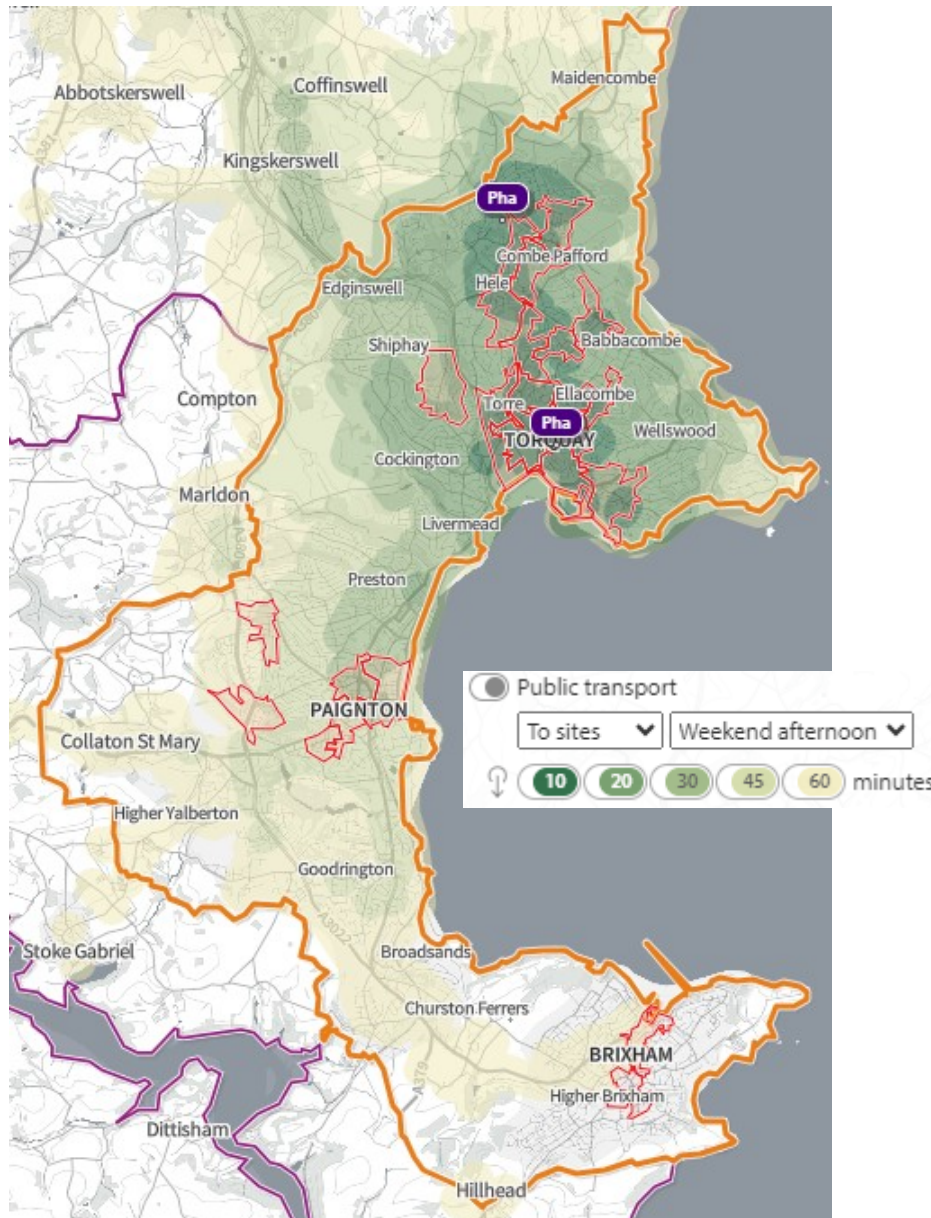
When looking at combined core and supplementary hours for Sunday, as of January 2025, there are 2 pharmacies open, these are both in Torquay. Both open at 10am and close at 4pm and 5pm respectively.

All Torbay residents are within a 30 minute drive of a pharmacy open on a Sunday. The majority of residents in the most deprived areas (areas outlined in red on the map) of Torbay are not within a 20 minute walk of the pharmacy, no-one in Paignton and Brixham can walk to a pharmacy in 20 minutes. 91% of Torbay residents are

within a 45 minute public transport ride of a pharmacy that opens on a Sunday with the majority of Brixham being more than 45 minutes away (Figure 40).

Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software <https://shapeatlas.net/>.

Figure 40: public transport times to pharmacies in Torbay open on a Sunday



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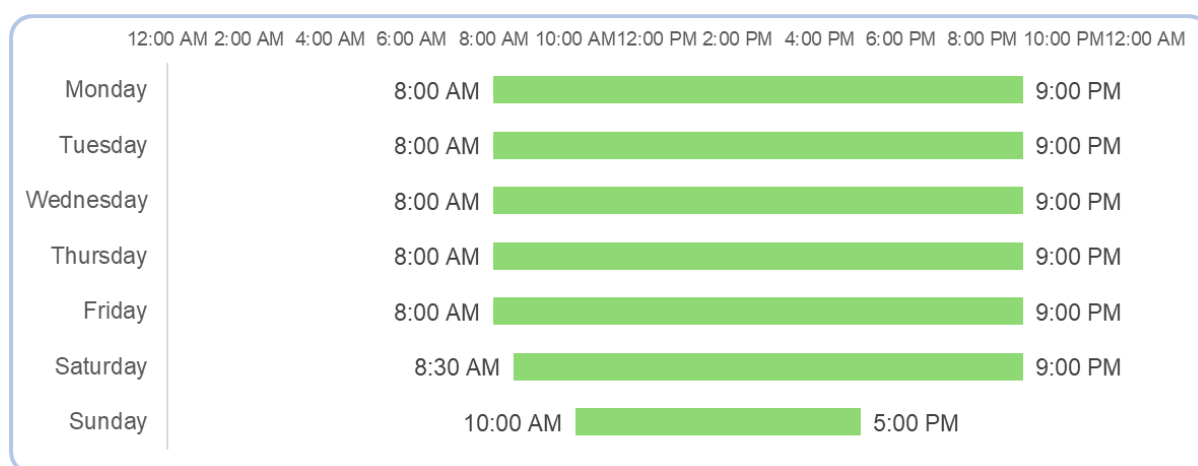
6.4.7 Access to the essential services (core plus supplementary opening hours)

- 2 pharmacies are routinely open 7 days per week: both in Torquay. At the time of the last PNA, there were 5 pharmacies routinely open 7 days per week.
- 17 pharmacies are open Monday to Saturday only. Of these pharmacies, 13 pharmacies close at or before 1pm on Saturdays and 4 pharmacies close after 1pm on Saturdays.
- 9 pharmacies open Monday to Friday only.

- No pharmacy is open before 8am Monday to Friday
- 1 pharmacy routinely open later than 6.30 pm Monday to Friday: located in Torquay and it is open until 9pm. At the time of the last PNA, there were 4 pharmacies routinely open later than 6.30pm Monday to Friday.

The local ICB has a duty to ensure that residents of the HWB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. The local ICB asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

Figure 41: Earliest opening time and latest closing time for any given pharmacy, by day of the week



Note: Earliest opening and latest closing times are based on current total opening hours i.e. core plus supplementary opening hours.

6.4.8 Access to Pharmacy First

As of January 2025, 27 out of 28 pharmacies provided the 'Pharmacy First' service. Data on the number of Pharmacy First consultations was only available for a few months so an annual summation of the level of consultations is not currently possible.

6.4.9 Access to New Medicines Service (NMS)

As of January 2025, all 28 pharmacies had NMS accreditation. During 2023/24, 12,623 NMSs were undertaken.

6.4.10 Access to Seasonal Influenza Vaccination Service

As of January 2025, 27 out of 28 current pharmacies in Torbay deliver the seasonal influenza vaccination service. A total of 10,725 vaccinations were given during the 2023/24 flu season (September 2023 to March 2024).

6.4.11 Access to Hypertension Case-Finding Service

As of January 2025, 25 pharmacies provide the Hypertension Case-Finding Service in Torbay. 14 are in Torquay, 8 in Paignton (including Churston with Galmpton) and 3 are in Brixham.

6.4.12 Access to Pharmacy Contraception Service

As of January 2025, 26 pharmacies provide the Pharmacy Contraception Service in Torbay. 15 are in Torquay, 8 in Paignton (including Churston with Galmpton) and 3 are in Brixham.

6.4.13 Access to the 'on demand availability of specialist medicines' enhanced service

There is no provision for this service currently.

6.4.14 Access to dispensing of appliances

Some, but not all, pharmacies dispense appliances. DACs dispense appliances, usually by home delivery.

6.5 Other relevant services

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

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

- the advanced services not classed as 'necessary' (Stoma appliance customization, AUR, LFD and Smoking Cessation Referral)
- services commissioned from pharmacies by Devon ICB or Torbay council
- other NHS services
- services provided by other organisations.

6.6 Advanced services not classed as 'necessary'

6.6.1 Stoma Appliance Customisation Service (SAC)

0 stoma customisations were provided during 2023/24. This compares to 0 stoma customisations in 2022/23 and 14 stoma customisations in 2021/22 undertaken by 1 pharmacy. However, many stoma appliances will be dispensed by DACs based

around the country, who may provide this service.

6.6.2 Appliance Use Review Service (AUR)

0 appliance use reviews were provided during 2023/24. This compares to 0 appliance use reviews in 2022/23 and 3 appliance use reviews in 2021/22 undertaken by 1 pharmacy. However, many appliance reviews will be supplied by DACs based around the country.

6.6.3 Lateral Flow Distribution Service (LFD)

As of January 2025, 25 pharmacies provide the LFD Service in Torbay. 14 are in Torquay, 8 in Paignton (including Churston with Galmpton) and 3 are in Brixham.

6.6.4 Smoking Cessation Referral Service

As of January 2025, 27 of the 28 pharmacies provide the Smoking Cessation Referral Service in Torbay.

6.7 Services commissioned by the ICB or Council

As noted in section 9, the ICB or council may commission pharmacies or DACs to provide services.

6.7.1 Services commissioned by the Council

These are described in section 2.9.1.

6.7.2 Local services commissioned by the ICB

These are described in section 2.9.2.

6.8 Other NHS services

6.8.1 Hospital pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

There is one hospital in Torbay, which has a pharmacy on site, although this is not an NHS community pharmacy and therefore does not dispense FP10 prescriptions; it only dispenses hospital outpatient prescriptions. This pharmacy is based on the main hospital site at Lowes Bridge in Torquay.

6.8.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

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

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Personal administration thus reduces the demand for the dispensing essential service.

6.8.3 GP Out of Hours service

Beyond the normal working hours GP practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and, in appropriate cases, may issue medicines from stock, for example:

- a full course of antibiotics for an infection, or
- sufficient pain relief medication to tide them over until a prescription can be

dispensed.

Alternatively the service may issue a prescription for dispensing at a pharmacy.

6.9 Services provided by other organisations

It has been assessed that there are no other services, provided by other organisations in Torbay that is applicable to the PNA.

7 Conclusion

7.1 Current provision

Torbay HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB. Based on the information presented herein, the HWB is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Torbay as a whole. However, some specific future gaps have been identified and are highlighted below.

7.2 Change in provision since the last PNA's gap analysis

2 pharmacies closed and there has been 1 pharmacy consolidation since the last PNA. The 2 pharmacies that closed were Lloyd's Pharmacy at Sainsbury's, Yalberton Road, Paignton and Lloyd's Pharmacy at Sainsbury's, The Willows, Torquay. The 2 pharmacies closed in 2023.

The consolidation related to 2 Day Lewis pharmacies within Brixham which merged onto 1 existing site, this occurred in late 2023. The conclusion was that this did not create a gap, this is still the case in relation to this PNA.

The provision of core hours across Torbay has fallen since the last PNA from 1,415.5 hours to 1,203 hours, a loss of 212.5 hours. 181 of these hours relate to the 3 pharmacies that have closed (1 due to consolidation). 2 of the existing 28 pharmacies have reduced core hours since the last PNA, this includes a 100 hour pharmacy who reduced their core hours in line with the notification procedure.

The provision of supplementary hours across Torbay has fallen since the last PNA from 199.5 hours to 133 hours, a loss of 66.5 hours. 45 of these hours relate to the 3 pharmacies that have closed (1 due to consolidation). 6 of the existing 28 pharmacies have reduced supplementary hours since the last PNA.

7.3 Necessary services: current gaps in provision

Torbay HWB has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists.
- The advanced services of Pharmacy First, New Medicines Service, Seasonal Influenza Vaccination Service, Hypertension Case-Finding Service and Pharmacy Contraception Service

Based on the information available at the time of developing this pharmaceutical needs assessment, no current gaps in the provision of necessary services have been identified.

With regards to the 'on demand availability of specialist drugs' enhanced service, there is no provision of this service currently identified. If a need for this provision to be extended is identified then NHS Devon ICB will commission additional existing pharmacies to provide it. Therefore, it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

7.4 Necessary services: future gaps in provision

As of November 2024, Torbay Council are developing a new Local Plan Working Party that will look at a number of options around the level of housing development within Torbay. It is likely that a public consultation will take place in 2025 on the available options.

It is not currently anticipated that large scale housing developments will be delivered within the lifetime of this PNA given the current planning permissions in place. Also, looking forward to those future permissions that might be in place within a short-term time frame, the build rates for those developments will take a number of years beyond the lifetime of this PNA.

Since the last PNA, there has been a reduction in opening hours outside of Monday to Friday core working hours. Potential future gaps in access to necessary services would occur primarily in the evenings or weekends if pharmacies were either to close or reduce their supplementary hours of opening. Changes to 3 pharmacies are highlighted below that would cause a gap in the provision of necessary services in Torbay.

There is only 1 pharmacy in Torbay that is open after 6.30 pm on a weekday and 5.30 pm on a Saturday. Whilst there are 2 pharmacies open on a Sunday, it is the only pharmacy with core hours on a Sunday. If this pharmacy were to close, then there would be a gap in the provision of necessary services after 6.30pm on a weekday, 5.30pm on a Saturday and there would only be 1 pharmacy open on a Sunday whose hours would be entirely supplementary. There is provision outside Torbay at these times in Newton Abbot but with public transport times of over 45 minutes each way for significant amounts of Paignton and Brixham.

If the pharmacy at Foxhole were to close this would create a gap to the provision of necessary services to 2 geographical areas (Lower Super Output Areas) of Torbay that are within the 20% most deprived areas in England. For Monday to Friday when the pharmacy at Foxhole is currently open, people in these 2 geographical areas would not be within a 20 minute walk of a pharmacy providing necessary services.

There is only 1 pharmacy with core hours (until 3pm) on a Saturday in Brixham. If this pharmacy were to close then Brixham would not have a pharmacy with core hours on a Saturday, there would only be 1 pharmacy open from 9am to 1pm (entirely supplementary hours) in Brixham. This would leave Brixham without

provision of necessary services at a pharmacy with core Saturday hours within 20 minutes walk of 2 geographical areas (Lower Super Output Areas) of Torbay that are within the 20% most deprived areas in England.

We see increasing demand pressure in primary care, and that the role of community pharmacy may significantly change, as a result, over the lifetime of this PNA. The direction of travel for primary care, as set out in the GP Forward View, is for GP services to become available from 8am to 8pm, and for pharmacies to become the first point of contact with health services for some health issues. It is anticipated that pharmacies' business interests will lead them to adapt their provision of pharmaceutical services to these changes, although innovative approaches in contractual arrangement may be needed in some locations to support these changes.

With regards to the 'on demand availability of specialist drugs' enhanced service, this would be commissioned by NHS Devon ICB who could commission additional existing pharmacies to provide it. Therefore, it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

7.5 Other relevant services: current and future gaps in provision

Based on the information available at the time of developing this pharmaceutical needs assessment, no current gaps in the provision of the Lateral Flow Distribution service and smoking cessation referral service have been identified.

The potential future gaps for the Lateral Flow Distribution service and smoking cessation referral service are the same as those identified for necessary services in Section 7.4.

Services commissioned through the local authority and ICB, as well as other relevant NHS services, are represented in the PNA for reference but are outside the scope for assessment of need and therefore no statement will be made in this document as to the adequacy of these services.

Appendix 1: Acronyms and definitions

ABPM	ambulatory blood pressure monitoring
AUR	appliance use review
BAME	black and asian minority ethnic
BMI	body mass index
COPD	chronic obstructive pulmonary disease
CPCF	community pharmacy contractual framework
DAC	dispensing appliance contractor
DMS	discharge medicines service
DOT	directly observed therapy
DRUM	dispensing reviews of the use of medicine
DSP	distance-selling pharmacy
DSQS	dispensary services quality scheme
ECDS	emergency care data set
EHC	emergency hormonal contraception
EIA	equality impact assessment
EPS	electronic prescription service
HIV	human immunodeficiency virus
HWB	health and wellbeing board
ICB	integrated care board
ICSD	integrated care system for devon
IMD	index of multiple deprivation
JSNA	joint strategic needs assessment
LFD	lateral flow distribution service
LKIS	local knowledge and intelligence service
LPC	local pharmaceutical committee
LPS	local pharmaceutical services
LSOA	lower layer super output area
LTP	nhs long term plan
NCMP	national child measurement programme
NES	national enhanced service
NHSBSA	nhs business services authority
NHSE	nhs england

NMS	new medicine service
OHID	office for health improvement and disparities
ONS	office for national statistics
PANSI	projecting adult needs and service information
PCN	primary care network
PGD	patient group direction
PNA	pharmaceutical needs assessment
POPPI	projecting older people population information
QOF	quality and outcomes framework
SAC	stoma appliance customisation service
SHAPE	strategic health asset planning and evaluation
TB	tuberculosis

The 2013 directions – The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended

The 2013 regulations – The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

Appendix 2: Steering Group membership (Alphabetical)

Name	Job Title	Organisation
Simon Baker	Public Health Specialist – Intelligence	Torbay Council
David Bearman	ICB Pharmacy Workforce Lead Director of Strategy	NHS Devon ICB Community Pharmacy Devon
Karen Button	Project support for the development of the Devon Community Pharmacy Strategy	NHS Devon ICB
Carol Harman	Senior Public Health Analyst	Plymouth City Council
Sharon Hodges	Senior Commissioning Support	NHS SW Collaborative Commissioning Hub
Nikki Holmes	Head of Primary Care	NHS SW Collaborative Commissioning Hub
Paul Hynam	GP	Devon Local Medical Committee
Donna Luckett	Senior Public Health Information Analyst	Devon County Council
Sarah Macleod	Senior Public Health Analyst	Plymouth City Council
Maria Moloney-Lucey	Public Health Specialist	Devon County Council
Victoria Mitchell	Senior Officer for Pharmacy, Optometry & Dental (POD)	NHS Devon ICB
Rob Nelder	Public Health Specialist	Plymouth City Council
Melissa Redmayne	Senior Primary Care Commissioning Manager	NHS Devon ICB
Les Riggs	Senior Commissioning Manager	NHS SW Collaborative Commissioning Hub
Sue Taylor	Chief Officer	Community Pharmacy Devon
Leah Wolf	Services Lead	Community Pharmacy Devon

We acknowledge the support and contributions from colleagues in Office for Health Improvement and Disparities.

Appendix 3: Equality impact assessment

STAGE 1: What is being assessed and by whom?

What is being assessed – including a brief description of aims and objectives

The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's (HWB) area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by the local ICB.

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

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

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

Author: Simon Baker

Department and Service: Knowledge and Intelligence Team, Public Health

Date: September 2024

STAGE 2: Evidence and Impact

Protected Characteristic – Age

Evidence and Information

Torbay has a population of 139,485 (2023 mid-year estimates).

The population of Torbay is older than the England average, with a greater proportion of the population over the age of 50 years. The proportion of the population under 50 is significantly lower than England.

Any adverse impact?

Pharmaceutical services will be provided on the basis of clinical need – this document specifies the needs within Torbay. Any missing provision should have been identified in the document and should therefore have a positive impact.

Actions

The predicted population increases within age bands has been estimated. The document will be reviewed in three years' time. It is assumed the age-specific predictions of population growth will be within tolerance, which will ensure provision of pharmaceutical services in an equitable manner.

Timescale and who is responsible?

Throughout the life of the document. NHS Devon ICB.

Protected Characteristic – Disability

Evidence and Information

According to the 2021 Census, 11.0% of Torbay residents reported having physical or mental health conditions or illnesses which lasted or are expected to last 12 months or more, that limit their day-to-day activities a lot. The England average was 7.3%.

According to the 2021 Census, 42.2% of Torbay residents reported their general health as 'very good' placing Torbay significantly below the England rate of 48.5%. Both Bad health (5.7%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.0%, 1.2% respectively), this equates to 10,207 people over both categories.

Any adverse impact?

The provision of adequate pharmaceutical services responds to these statistics (which potentially show a relatively high demand when compared to national averages). The aim of the document is to enable the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.

Actions

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

It is important that physical access to pharmacy buildings is ensured for all the population.

Timescale and who is responsible?

Throughout the life of the document. NHS Devon ICB.

Protected Characteristic – Gender Reassignment

Evidence and Information

According to the 2021 Census, of those who answered the question, 449 of Torbay's population aged 16 and over (0.4%) stated that their gender identity was not the same as the sex registered at birth. Rates were highest in the 16 to 24 year age group at 1.1%, this was almost 3 times higher than the next highest age groups.

Any adverse impact?

The PNA aims to ensure adequate provision of pharmaceutical services throughout Torbay taking into consideration any particular needs identified. Gender-related pharmaceutical needs should have been identified within the document to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.

Actions

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.

Timescale and who is responsible?

Throughout the life of the document. NHS Devon ICB.

Protected Characteristic – Race

Evidence and Information

Torbay is significantly less ethnically diverse than England as a whole. According to the 2021 Census, 92.1% of Torbay's population considered themselves White British. This is significantly higher than the England average (73.5%). Torbay has 5,402 (3.9%) resident ethnic minority population (excluding white ethnic groups). Of these, 2,254 residents (1.6%) are **Asian/Asian British/Asian Welsh**, 2,084 residents (1.5%) **Mixed/Multiple** ethnic background, 617 (0.4%) **Other ethnic Group** and 447 (0.3%) **Black British/Welsh/Caribbean/ African**

Any adverse impact?

Pharmaceutical services are not targeted at a specific ethnic group. The PNA attempts to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.

There are some diseases which are more prevalent amongst specific ethnic groups however the PNA, if successful, will ensure adequate services to meet any additional needs.

Actions

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

Access to translation services may sometimes be required as it is important that pharmacies are able to provide services to all, taking into account diversity.

Timescale and who is responsible?

Throughout the life of the document. NHS Devon ICB.

Protected Characteristic – Religion or Belief

Evidence and Information

According to the 2021 Census, Christianity is the most common religion in Torbay with 48.5%. 43.2% of the Torbay population stated they had no religion. Both are higher than the national average. 1.3% of Torbay residents stated they were either Muslim (0.6%), Buddhist (0.4%), Hindu (0.2%), Jewish (0.1%) or Sikh (<0.1%). A further 0.7% state they have a religion that is not one of those listed above. 6.3% of Torbay residents did not answer the question.

Any adverse impact?

Pharmaceutical services are not targeted at any particular religion. The aim of the document is to ensure the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.

Actions

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

Timescale and who is responsible?

Throughout the life of the document. NHS Devon ICB.

Protected Characteristics – Sex, including Marriage and Civil Partnership, Pregnancy and Maternity

Evidence and Information

Overall, 51.3% of Torbay's population are female (ONS mid-2023 estimates). According to the 2021 Census, of those aged 16 and over, 44.2% are married or in a registered civil partnership – the same as the national average. There were 1,010 live births in 2022 with numbers decreasing significantly over the last decade.

Any adverse impact?

The need for pharmacy services in relation to sexual health have been identified within the document. This will ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.

Actions

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

Timescale and who is responsible?

Throughout the life of the document. NHS Devon ICB.

Protected Characteristic – Sexual Orientation

Evidence and Information

According to the 2021 Census, 3.4% of Torbay's population aged 16 and over identified as Gay or Lesbian, Bisexual or 'All other sexual orientations' which include those who identify as Pansexual, Asexual or Queer. This is similar to the England average. Rates of identifying as Gay or Lesbian, Bisexual or 'All other sexual orientations' among younger age groups are significantly higher than older age groups.

Any adverse impact?

Pharmaceutical services are not targeted people with a specific sexual orientation. The PNA attempts ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.

Actions

The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.

Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.

Timescale and who is responsible?

Throughout the life of the document. NHS Devon ICB.

Appendix 4: List of contractors and opening times (January 2025)

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1700	Closed
Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	Closed
Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300	Closed
Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-17:00
Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	10:30-16:00
Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	09:00-13:00 14:00-17:30	Closed
Broadway Pharmacy, O'Brien Ltd, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-12:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-13:00	Closed

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day Lewis Pharmacy, Day Lewis plc, 19 Ilisham Road, Wellswood, Torquay, TQ1 2JG	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Mayfield Pharmacy, O'Brien Ltd, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-12:00	Closed
Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed
Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed
Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	08:30-13:00 13:30-18:00	09:00-13:00	Closed
Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AQ	08:30-20:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed

Appendix 5: List of contractors and advanced services provided (January 2025)

Contractor and address	Pharmacy First	New Medicines Service	Hypertension case finding	Smoking Cessation	Contraception Service	Lateral Flow Dist Service	Flu vaccs	Stoma Appliance Custom	Appliance Usage Reviews
Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	Yes	Yes	No	Yes	Yes	No	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Broadway Pharmacy, O'Brien Ltd, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No

Contractor and address	Pharmacy First	New Medicines Service	Hypertension case finding	Smoking Cessation	Contraception Service	Lateral Flow Dist Service	Flu vaccs	Stoma Appliance Custom	Appliance Usage Reviews
Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	Yes	Yes	No	Yes	No	Yes	Yes	No	No
Mayfield Pharmacy, O'Brien Ltd, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No
Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	No	Yes	No	No	No	No	No	No	No
Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No

Contractor and address	Pharmacy First	New Medicines Service	Hypertension case finding	Smoking Cessation	Contraception Service	Lateral Flow Dist Service	Flu vaccs	Stoma Appliance Custom	Appliance Usage Reviews
Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AQ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No

Appendix 6: List of contractors and locally commissioned services provided (services commissioned by Torbay Council from July 2025) – As of October 2024

Contractor and address	Needle Exchange	Smoking cessation	TB Directly Observed Therapy
Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	No	Yes	Yes
Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	Yes	Yes	Yes
Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	No	No	No
Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	No	No	No
Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	No	No
Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	No	No	No
Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	No	No
Broadway Pharmacy, O'Brien Ltd, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	No	Yes	No
Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	Yes	Yes	Yes

Contractor and address	Needle Exchange	Smoking cessation	TB Directly Observed Therapy
Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	Yes	Yes	Yes
Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	No	No	Yes
Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	No	No	No
Mayfield Pharmacy, O'Brien Ltd, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	Yes	Yes	Yes
Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	No	Yes	Yes
Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	No	Yes	Yes
Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	No	No	No
Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	No	No	No
Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes

Contractor and address	Needle Exchange	Smoking cessation	TB Directly Observed Therapy
Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	Yes	Yes	No
Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	Yes	Yes	Yes
Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	No	Yes	Yes
Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	Yes	Yes	Yes
Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AQ	No	No	Yes

Appendix 7: Consultation report

The consultation period ran from Monday 3rd March 2025 to Tuesday 6th May 2025.

The Health and Wellbeing Boards for Plymouth and Torbay held the consultation process for their PNAs at the same time to aid organisations who were asked to respond to consultations for more than one area at the same time.

The method of consultation was agreed by the PNA Steering Group. The consultation was hosted by the Plymouth City Council Consultation webpage. The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer opportunity to highlight any gaps. The web link for the consultation was emailed directly to the following organisations:

- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee
- NHS England
- Healthwatch
- Torbay Health and Wellbeing Board
- Devon Health and Wellbeing Board
- Plymouth Health and Wellbeing Board
- Torbay and South Devon NHS Foundation Trust
- Devon Partnership NHS Trust
- All GP surgeries in Torbay
- All Pharmacies in Torbay

Torbay received 1 formal response to the consultation which was positive.