

Cambridgeshire and Peterborough

Pharmaceutical Needs Assessment 2025-2028

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Executive Summary

Cambridgeshire and Peterborough located in the East of England are known for their rich history, diverse communities, and vibrant economies. The area encompasses a mix of urban and rural landscapes, with key cities including Cambridge and Peterborough. Rurality can create challenges for local transport and access to services. The health of the Cambridgeshire population is generally similar to or better than the England average, but important local variations exist within the county. South Cambridgeshire has one of the highest life expectancies in the country, while Fenland has poor health outcomes and lower life expectancy. Peterborough also has lower life expectancy and poorer health than the national average, most prominently in the densely-populated city centre.

A Pharmaceutical Needs Assessment (PNA) is a comprehensive evaluation of the pharmaceutical services required in a Health and Wellbeing Board area. It aims to identify gaps in service provision and ensure that the community has access to necessary pharmaceutical services. The PNA assesses current services, anticipates future needs, and provides recommendations to improve the availability and quality of pharmaceutical services.

The regulations governing PNAs are designed to ensure that pharmaceutical services meet the needs of the local population. It considers the health needs of the population, and the pharmaceutical services that can support health needs, and therefore identifies any gaps in service deliver over a 3-year period. The findings from the PNA must be published and used to inform decisions about the commissioning and provision of pharmaceutical services.

Key Conclusions

- There are sufficient pharmaceutical services across Cambridgeshire and Peterborough.
- Cambridgeshire and Peterborough has 13.8 pharmacies per 100,000 population. This is lower than the England average of 20.8 per 100,000. However, this figure does not include dispensing doctors which are more predominant in rural areas, although it is noted that dispensing doctors provide fewer services than community pharmacies.
- As of April 2025, there are 132 pharmacies and 35 dispensing GP practices in Cambridgeshire and Peterborough. These are spread across the five Cambridgeshire districts and Peterborough, with a greater concentration in city and town centres. In addition, there are 3 dispensing appliance contractors and 3 distance selling pharmacies.
- There is a good distribution of pharmaceutical services in areas of high population density, and in areas with more significant health needs (i.e. areas with a high population density of older people, and in areas of deprivation).
- A reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities. Sunday opening is less accessible, with fewer community pharmacies open on Sundays. However, Sunday services are still accessible in each locality.
- Based on the evidence available at the time of writing, the estimated builds of future housing developments by 2028 will not require new pharmaceutical services. If timescales for Northstowe accelerate then this will require review through a supplementary statement to the PNA.

The PNA contains the following statements:

The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services are:

- All essential services, including;
 - The management of long-term conditions
 - vaccine delivery
 - human papillomavirus (HPV) vaccination
- The following advanced services:
 - New Medicine Service Community Pharmacist Consultation Service
 - Pharmacy First
 - Hypertension case finding
 - emergency hormonal contraception
 - complex medication regimes
 - treatment of obesity
 - high blood pressure and high cholesterol
 - screening for risk of cardiovascular disease and diabetes

The other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure improvements or better access are:

- The following advanced services:

The pharmaceutical services that have been identified as services that are not provided but which the HWB is satisfied need to be provided to meet a current or future need for pharmaceutical services are:

- Current need: The provision of all essential and necessary advanced services in Cambridgeshire and Peterborough are currently adequate to meet the needs for pharmaceutical services, but as services are recommissioned and introduced, there should be explicit consideration of equity of access with respect to deprivation, age, ethnicity and health needs.
- To meet a future need: The provision of all essential and necessary advanced services in Cambridgeshire and Peterborough are adequate to meet the future needs for pharmaceutical services, but equity of access needs to be continually reviewed to ensure that we are not inadvertently widening health inequalities through our local provision of services.

The pharmaceutical services that have been identified as services that would secure improvements or better access to pharmaceutical services, either now or in the future are:

- Current improvements or better access: Opening Hours on Sundays.
- In specified future circumstances to secure improvements or better access:
 - The widespread provision of the new other relevant advanced services and the Smoking Cessation Service) should be encouraged.
 - Should timescales for Northstowe build out rate accelerate then this would require review through a supplementary statement to the PNA.

Other NHS services that affect the need for pharmaceutical services are also described. The PNA and accompanying maps, the up-to-date map of pharmaceutical services, and any supplementary statements can be found at [Cambridgeshire & Peterborough Insight – Health and Social Care Hub – Published Joint Strategic Needs Assessments \(JSNA\)](#).

Introduction

Every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). The last PNA for Cambridgeshire and Peterborough was published in September 2022 and has been kept up to date with a supplementary statement dated July 2020. This PNA (2025) meets the regulatory requirements by being published no later than three years since the last PNA publication.

It describes the pharmaceutical needs for the populations of Cambridgeshire and Peterborough, including Peterborough City, Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. With the Integrated Care System (ICS) having a geographic footprint of Cambridgeshire and Peterborough, and with the formal merger of the Health and Wellbeing Boards of Cambridgeshire and Peterborough with the Integrated Care Board to form a "Committee in Common" referred to as the Cambridgeshire and Peterborough Health and Wellbeing and Integrated Care Partnership (The Board). The Board agreed to produce one joint PNA covering the two upper tier Local Authority Health and Wellbeing Board geographic footprint.

The PNA will be used by the ICB when making decisions on applications to: open new pharmacies and dispensing appliance contractor premises; merge pharmacies, or applications from current pharmaceutical providers to change their existing regulatory requirements. Of note, decisions on whether to open new pharmacies are made by the ICB not by the HWB. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up to date.

The PNA will also inform decisions by local commissioning bodies including local authorities (public health, social care), on which services are provided locally.

The PNA should be viewed in conjunction with the Cambridgeshire and Peterborough Joint Strategic Needs Assessments¹ which describe the health and wellbeing needs of the local population. The PNA and the role of pharmacies should also be considered alongside the priorities in the Cambridgeshire & Peterborough Health and Wellbeing and Integrated Care Strategy (December 2022)².

Potential gaps in pharmaceutical services could be for:

- Geographical gaps in the location of premises
- Geographical gaps in the provision of services
- Gaps in the times at which, or days on which, services are provided.

¹ www.cambridgeshireinsight.org.uk

² [Health & Wellbeing Strategy](#)

Once any gaps are identified they are articulated as needs for pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area at a specified time; or improvements or better access to pharmaceutical services (which can include a range or one specific pharmaceutical service) in a specified area at a specified time. This can then trigger applications to meet those needs, or to secure those improvements or better access to pharmaceutical services.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require PNAs to include statements of the pharmaceutical services that the HWB has identified that are not provided within its area but which the board is satisfied:

- need to be provided to meet a current need
- will need to be provided in specified circumstances to meet a future need
- would currently secure improvements or better access
- would, if they were provided in specified future circumstances, secure future improvements or better access.

In conclusion, the Cambridgeshire Health and Wellbeing Board consider community pharmacies to be a key resource and recognise that they offer potential opportunities to provide health improvement, health protection and health service initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies to all of the currently commissioned services. Pharmacies are able to and should be encouraged to bid for locally commissioned services, along with other non-pharmacy providers. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care and reducing health inequalities. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

1 Introduction

Highlights

A PNA is an assessment of need for pharmaceutical services in a HWB area. These pharmaceutical services include the range of services commissioned by the Integrated Care Board from pharmacies (including distance selling premises), dispensing appliance contractors, and dispensing doctors in rural areas, along with other locally commissioned services.

A PNA considers the health needs of the population, the provision of pharmaceutical services commissioned by the ICB that can support health needs, and therefore whether there are any potential gaps in pharmaceutical services over the 3-year period of the PNA.

Once any gaps are identified this can then trigger applications to the ICB to meet those needs, or to secure those improvements or better access to pharmaceutical services.

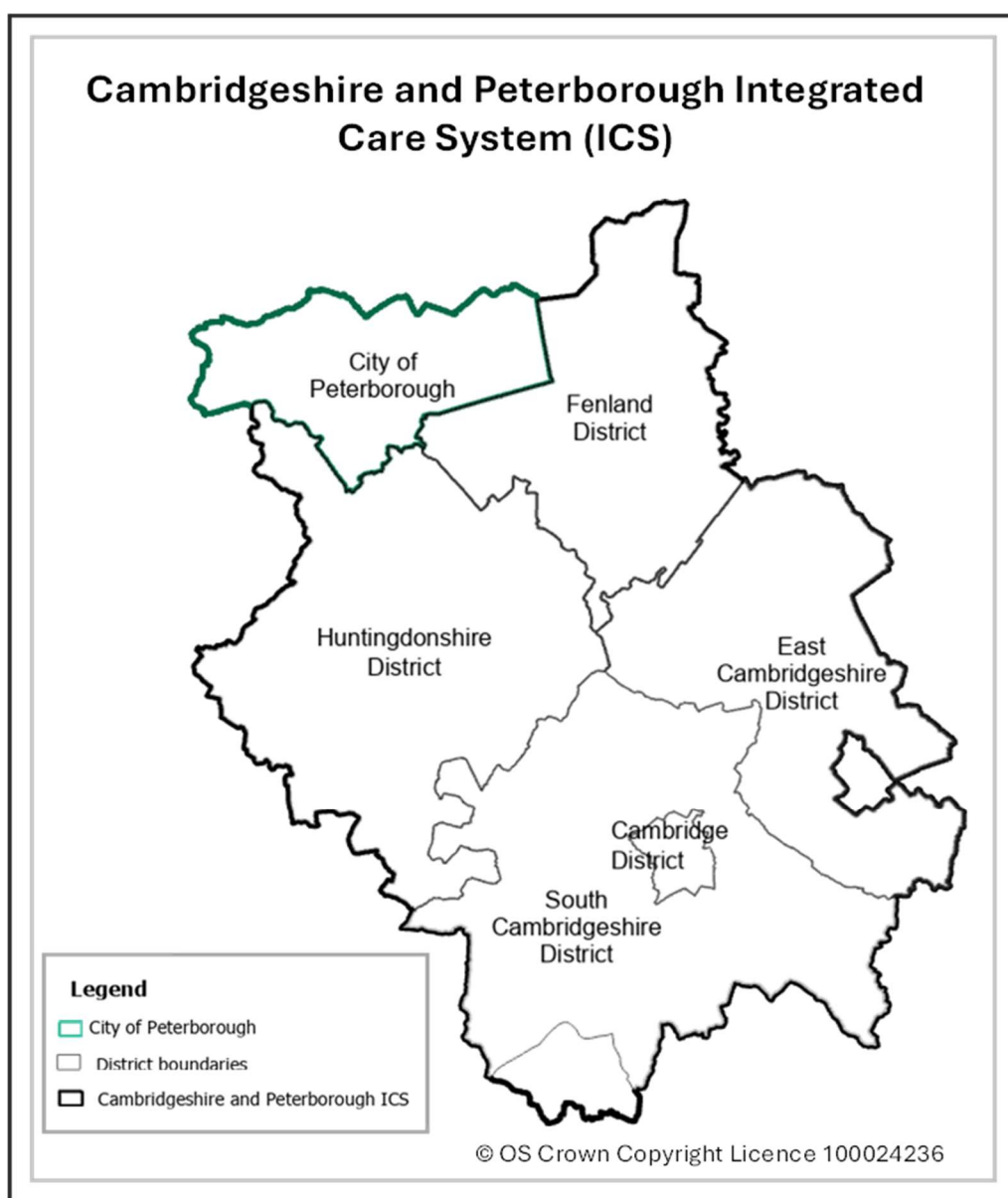
The main purpose of the PNA is to inform the submission of applications to the ICB for inclusion on the pharmaceutical list, and the subsequent determination of such applications.

The localities chosen for this PNA are (see Map 1 below):

- Peterborough
- Huntingdonshire
- Fenland
- Cambridge City
- East Cambridgeshire
- South Cambridgeshire

The NHS Cambridgeshire and Peterborough Integrated Care Board (ICB) has divided the area into two "Places" for delivering healthcare, known as the North and South. The North encompasses Peterborough, Fenland, and Huntingdonshire, while the South includes Cambridge, South Cambridgeshire, and East Cambridgeshire.

Map 1: Localities within Cambridgeshire and Peterborough



1.1 What is a Pharmaceutical Needs Assessment?

The PNA is a structured approach to identifying unmet pharmaceutical need.³ It can be an effective tool to enable HWBs to identify the current and future commissioning of services required from pharmaceutical service providers.⁴

³ Primary Care Commissioning. 'Pharmaceutical needs assessments.' March 2013.

Available at: <http://www.pcc-cic.org.uk/>

⁴ Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

1.2 The regulations and content of a PNA

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 places a statutory duty on all HWBs to publish and keep-up-to date a statement of the needs for pharmaceutical services for the population in its area. The regulations set out the information which must be contained in the PNA and describes the process which must be followed in its production.

The regulations require a number of statements of:

- 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 a current or future need for a range of pharmaceutical services or a specific pharmaceutical service
- the other relevant pharmaceutical services that the HWB has identified as not being necessary to meet the need for pharmaceutical services but will secure 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.

1.3 Pharmaceutical Services

ICBs assumed responsibility for commissioning pharmacy services, including Local Enhanced Services (LES) and Local Pharmaceutical Services (LPS), from NHS England in July 2023. This delegation empowered ICBs to make local commissioning decisions, design services around local needs, and join up care effectively. ICBs are also responsible for funding and service fees, including medicine costs.

'Pharmaceutical services' is a collective term for the range of services commissioned by an ICB. In relation to the PNA this includes:

- essential, advanced and enhanced services provided by pharmacies
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices in rural areas (known as Dispensing Doctors)
- services provided under a local pharmaceutical services (LPS) contract that are the equivalent of essential, advanced and enhanced services

Whilst a local authority may commission 'locally commissioned services' from pharmacies, **these do not fall within the legal definition of pharmaceutical services** (i.e. locally commissioned services is not a term that can be found within the 2013 Regulations), however HWBs are asked to make reference to them in their PNAs as 'other NHS services' and are therefore described in Chapter 5.

The 2013 Regulations require the PNA to include a statement of the other "NHS" services that the HWB considers affect the need for pharmaceutical services. Locally commissioned services (by the local authority) are deemed as 'other NHS services' in the PNA. Those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, include:

- hospital pharmacies
- personal administration of items by GP practices

- public health services commissioned by the local authority,
- flu vaccination by GP practices

NHS services that increase the demand for pharmaceutical services include:

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

1.4 Market entry

The main purpose of the PNA is to inform the submission of applications for inclusion on the pharmaceutical list, and the subsequent determination of such applications.

Section 126 of the NHS Act 2006 places an obligation on the ICB to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to patients. Under the 2013 Regulations a person (a pharmacist, dispenser of appliances, or in some rural areas a GP) who wishes to provide pharmaceutical services commissioned by the ICB must apply to be included on the relevant pharmaceutical list. Applications for inclusion in one of these lists are submitted to the Cambridgeshire and Peterborough ICB (Hertfordshire and West Essex ICB host the Pharmaceutical Services Regulations Committee (PSRC) on behalf of Cambridgeshire and Peterborough ICB). This is known as the NHS “market entry” system, applications can be to:

- open new pharmacies and dispensing appliance contractor premises
- from current pharmaceutical providers to change their existing regulatory requirements
- merge (consolidate)
- relocate

There are a number of different types of applications where someone wishes to open new pharmacy or dispensing appliance contractor premises:

1. to meet a current need identified in the PNA
2. to meet a future need identified in the PNA
3. to secure improvements or better access identified in the PNA
4. to secure future improvements or better access identified in PNA
5. to secure improvements or better access that were not identified in the PNA (i.e. unforeseen benefits)
6. to open distance selling premises.

The first four types of application are based on the PNA for the area of the HWB where the applicant wishes to provide services. The needs, improvements or better access could be for a particular service or for a range of services. Where the HWB does not identify any needs for, or improvements or better access to, pharmaceutical services within the PNA the only types of application for new premises that could be submitted are those offering unforeseen benefits or for distance selling premises.

Of the two types of application which lead to the opening of new premises that are not based on the PNA (those offering unforeseen benefits and those for distance selling premises). Over the last 3 years the following applications have been received:

- **Unforeseen Benefits x2** - 1 refused, 1 granted not yet open
- **Future Need x4** – 1 refused, 3 withdrawn by the applicant
- **Distance selling x2** – both currently in progress

Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the PNA was written but would confer significant benefits on people in the area of the HWB.

As PNAs are central to decision-making regarding commissioned services and new pharmacy openings, it is essential that they comply with the requirements of the regulations, that due process is followed in their development, and they are kept up to date. Chapter 2 describes the process for this PNA.

1.5 Overview of NHS pharmaceutical services

The two most common types of pharmacy provision are local pharmacy contractors, referred to in this needs assessment as community pharmacies, and dispensing practices, also commonly referred to as dispensing doctors. Community pharmacies were known in the past as chemists and are often located in the heart of local communities, on high streets, supermarkets and neighbourhood centres. There are different types of community pharmacies, ranging from small, independent pharmacies to large chains and supermarket pharmacies.

NHS legislation provides that in certain rural areas classified as 'controlled localities' general practitioners may apply to dispense NHS prescriptions as 'dispensing doctors'. The provisions to allow GPs to dispense were introduced to provide patients access to dispensing services in rural communities not having reasonable access to a community pharmacy. Since 2005, a practice can only apply to be a dispensing doctor if it is located in a 'controlled locality' and the total of all patient lists for the area within a 1.6km (1 mile) radius of the premises is fewer than 2,750.⁵ In the majority of cases, patients eligible to use the dispensing doctor will therefore be located more than 1.6km away from the nearest pharmacy. Further information about this process and how areas of new growth may affect dispensing doctors' practices is described in Chapter 6. Dispensing GP practices make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

The ICB commission services in the NHS Community Pharmacy Contractual Framework. This includes three main categories of pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, of note pharmacy contractors must provide Essential Services, but they can choose whether they wish to provide Advanced and Enhanced Services:⁶

The ICB can commission services from pharmacies such as palliative care schemes; emergency prescriptions; and other medicines optimisation services. Further information about the services in Cambridgeshire and Peterborough is described in Chapter 5.

⁵ Pharmaceutical Services Negotiating Committee briefing on 'Rurality, controlled localities and the provision of pharmaceutical services by doctors'. Available at: <http://psnc.org.uk/contract-it/market-entry-regulations/rural-issues/>

⁶ National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

2 Process for producing the PNA

Highlights

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations) (Appendix 1) set out the minimum information that must be contained in a PNA and describe the process that must be followed in its development. Regulation 4 and Schedule 1 of the 2013 Regulations outline the minimum requirements for PNAs. In addition, Regulation 9 sets out matters that the HWB is to have regard to.

The PNA process followed Regulations 3-9 and Schedule 1 of the 2013 Regulations (Appendix 1).

This final draft underwent the statutory 60-day public consultation 22 July to 20 September before final sign off by the HWB in September 2025.

As in previous years, the specific legislative requirements in relation to development of PNAs⁷ were duly considered and adhered to, and the PNA process followed Regulations 3-9 and Schedule 1 of the 2013 Regulations (Appendix 1). The development of the PNA for 2025 was overseen by a multi-agency steering group, representing a wide range of stakeholders. (see acknowledgements for list of steering group members).

The PNA process also followed the supporting national guidance in the Pharmaceutical Needs Assessments: information pack published by the Department of Health and Social Care (DHSC) in 2021⁸.

The Public Health department at Peterborough City Council oversaw the development of the PNA on behalf of the steering group and the Cambridgeshire and Peterborough Health and Wellbeing and Integrated Care Partnership.

The Health and Wellbeing and Integrated Care Partnership Board agreed that the PNA should be PNA which covers the two upper tier Local Authorities (Cambridgeshire and Peterborough) and that the localities should reflect the Lower tier authorities and the Local configuration of the ICP i.e. North and South comprising the 6 Council areas.

2.1 Keeping the PNA up to date

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the Board. Given the significant planned growth of new developments across Cambridgeshire and Peterborough, Public Health will continue to monitor and assess pharmaceutical need in these areas.

All pharmacies and dispensing doctors in Cambridgeshire and Peterborough were also asked to complete a questionnaire describing their service provision (see Appendix 3). 39 of 137 (28%) community pharmacies and 20 of 35 (57%) dispensing GP practices in Cambridgeshire and Peterborough responded to the 2025 PNA questionnaire. The results of the questionnaire described throughout Chapters 4, 5 and 6.

3 Understanding local health needs

Highlights

The combined population of Cambridgeshire and Peterborough is almost 922,000 people:

- Cambridgeshire
 - estimated population of 701,500
 - lower proportion of children and young people (under 18 years)
 - larger proportion of older population (65+ years)
- Peterborough
 - estimated population of 220,000
 - relatively young population compared to the national average,
 - lower proportion of older people in their population.

A particularly significant demographic shift is occurring among older adults, with the population aged 65 and over increasing by 26% between 2011 and 2021—more than double the overall population growth of 11% during the same period.¹²

Peterborough and Cambridge City have seen substantial population increases, much higher than our other areas, and among the highest in England. Cambridge's population increased by 17.6% and Peterborough's increase was 17.4%. In comparison, the population of England as a whole grew much more slowly, by 6.5% in those ten years. Cambridge and Peterborough's growth rates were among the highest in England⁹. Our other more rural areas saw less rapid growth, from 4.7% in East Cambridgeshire, 6.7% in Huntingdonshire, 7.6% in Fenland, to 9.0% in South Cambridgeshire.

Population forecasts suggest that Cambridgeshire and Peterborough will see a 17% increase in total population between 2023 and 2041, averaging 0.9% growth per year.¹¹

Peterborough City is the most ethnically diverse area within Cambridgeshire and Peterborough, with a notably higher proportion of Asian and Black residents compared to Cambridgeshire's districts. Cambridge City is the most diverse area within Cambridgeshire, with a significant Asian population and the highest share of residents from mixed and other ethnic backgrounds. Fenland and East Cambridgeshire are the least diverse, with over 94% identifying as White.

- majority of residents in Cambridgeshire and Peterborough identify as White UK,
- significant communities of Asian, Mixed, Black and White Other residents, particularly in urban areas like Cambridge and Peterborough.¹⁰

The PNA takes account of the health needs identified in the JSNA and the priorities described in the Health and Wellbeing & Integrated Care Strategy.

The pharmaceutical services can support the health needs of the population are described in Chapter 4.

¹⁰ Census 2011 and 2021, Office for National Statistics

3.1 Population Health Needs

The preparation and consultation on the PNA has taken account of the local Joint Strategic Needs Assessments (JSNAs) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. This PNA should therefore be viewed in conjunction with the Cambridgeshire and Peterborough JSNA reports which are available online at: <https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/>.

3.3 Population Profiles

3.1 Demography

The combined population of Cambridgeshire and Peterborough is almost 922,000 people. Cambridgeshire, with an estimated population of 701,500, has a lower proportion of children and young people (under 18 years) and a larger proportion of older population (65+ years) compared to Peterborough. Peterborough, with an estimated population of 220,000, has a relatively young population compared to the national average, and conversely a lower proportion of older people in their population.¹¹

Cambridgeshire and Peterborough is experiencing notable population growth, especially within the 5–14, 50–59, and 70–79 age groups. A particularly significant demographic shift is occurring among older adults, with the population aged 65 and over increasing by 26% between 2011 and 2021—more than double the overall population growth of 11% during the same period.¹² Proportionally the largest growth will in the rural areas compared to urban city areas.

Population forecasts suggest that Cambridgeshire and Peterborough will see a 17% increase in total population between 2023 and 2041, averaging 0.9% growth per year.¹¹ Further information on population growth can be found in the growth chapter, including growth by localities (**Figure 6**).

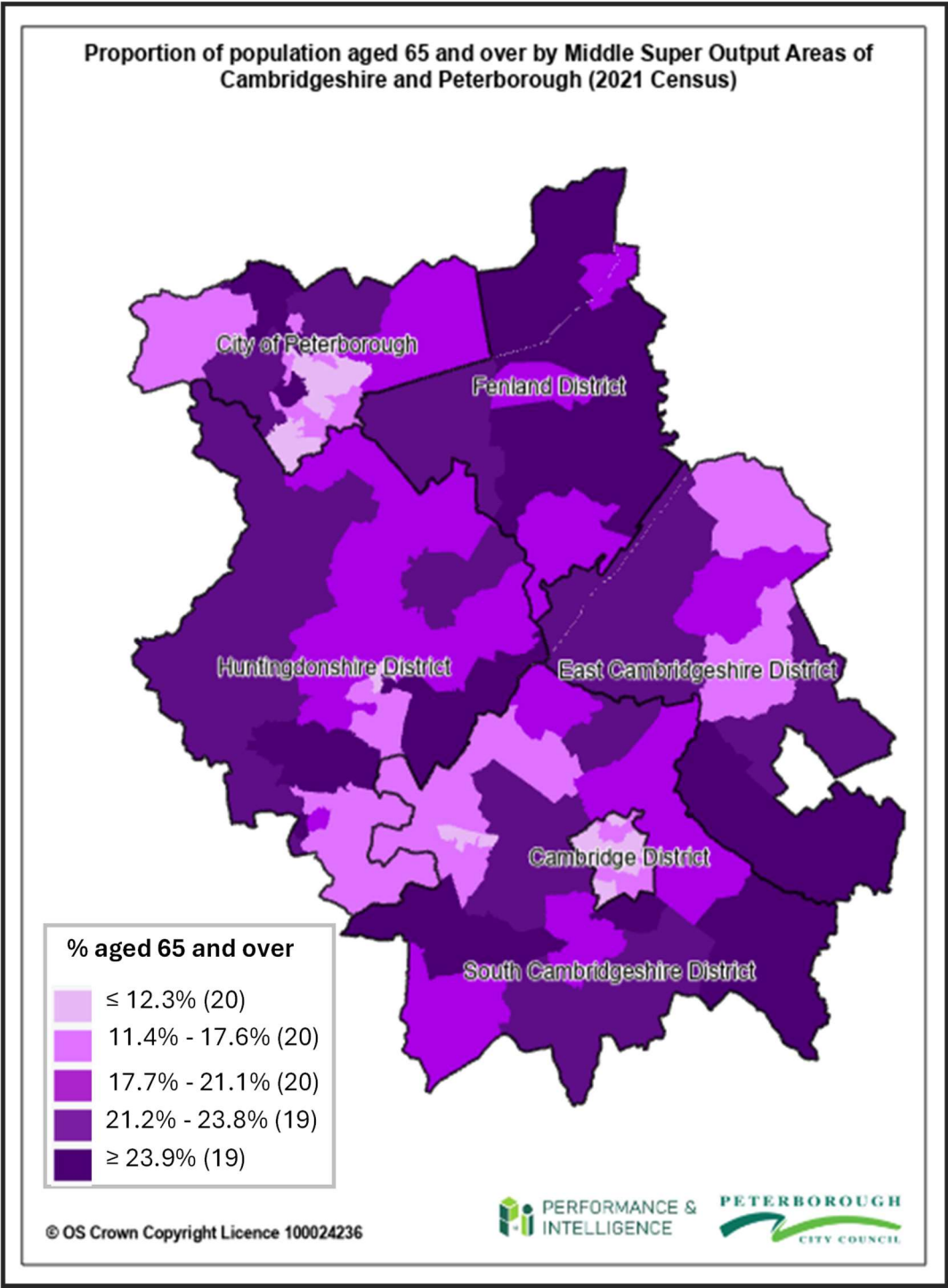
Cambridgeshire and Peterborough present a demographically diverse population. While the majority of residents in Cambridgeshire and Peterborough identify as White British, there are also significant communities of Asian, Mixed, Black and White Other residents, particularly in urban areas like Cambridge and Peterborough.¹²

Map 2 below shows the proportion of the population 65+, older age group are more likely to use pharmacy services.

¹¹ Mid 2023 Population Estimates and Forecasts, Policy & Insight Team, Cambridgeshire County Council

¹² Census 2011 and 2021, Office for National Statistics

Map 2: Proportion of the Population aged 65 and over



Cambridgeshire

Ethnic diversity varies greatly across the county, with a 25% of the population in Cambridge City in a non-White ethnic group through to only 4% in Fenland. Three-quarters of Cambridgeshire's population are White British with a further tenth 'Other White'. There are smaller proportions of Indian (1.9%), Chinese (1.4%) and Other Asian (1.4%) populations. Around a fifth (21.5%) of Cambridgeshire's residents were born outside of England; with Poland (1.6%), Scotland (1.5%) and India (1.2%) being the highest countries of birth.

Peterborough

Peterborough is a diverse city, with people from many different ethnic groups. At the time of the 2021 Census, 75.4% of residents were White (59.5% of residents were White UK and 14.6% were Other White), and 14.3% were Asian (higher than the national average of 9.6%). Mixed ethnic groups make up 3.5% of the city's residents and 4.1% are from a Black ethnic group. Just under a third (30.2%) of Peterborough residents were born outside England; with the most common countries of birth being Poland (3.9%), followed by Lithuania (3.6%) and Pakistan (2.9%).

Cambridge City

Cambridge is a diverse city, with people from many different ethnic groups. 74.6% of residents are White (53.0% of residents are White British) and 14.8% are Asian. Mixed ethnic groups make up 5.1% of the city's residents and 2.4% are from a Black ethnic group. Within these ethnic groups there are many sub-groupings. 40.9% of residents were born outside England; in Cambridge the most common places of birth, excluding England, were India (2.7%), followed by China (2.4%) and the United States (2.2%).

East Cambridgeshire

East Cambridgeshire is less ethnically diverse compared to Cambridgeshire as a whole, with 94.5% of residents from a White ethnic group (88.6% for Cambridgeshire); 86.5% are White UK and 6.8% 'other white'. Just under 1 in 7 (14.4%) of East Cambridgeshire's residents were born outside of England: with the most common countries of births being Poland (1.5%), Scotland (1.5%) and the United States (1.3%).

Fenland

Fenland has a relatively low proportion of population from non-White ethnic groups (4.1%); 85.9% of the population are White UK and 8.8% 'Other White'. At the time of the 2021 Census 14.3% of Fenland residents were born outside England: with the most common countries of birth being Lithuania (3.4%), Poland (1.8%) and Scotland (1.0%).

Huntingdonshire

Huntingdonshire has relatively low proportions of population from non-White ethnic groups (7.6% compared to 11.4% in Cambridgeshire and 19.0% nationally); 85.2% of the population are White UK and 6.3% Other White.

¹³ Source: [Cambridgeshire & Peterborough Insight – JSNA 2023 – JSNA district summaries](#)

At the time of the 2021 Census 15.4% of residents living in Huntingdonshire were born outside of England: with Scotland (1.7%), Poland (1.6%) and the United States (1.2%) being the most common countries of birth.

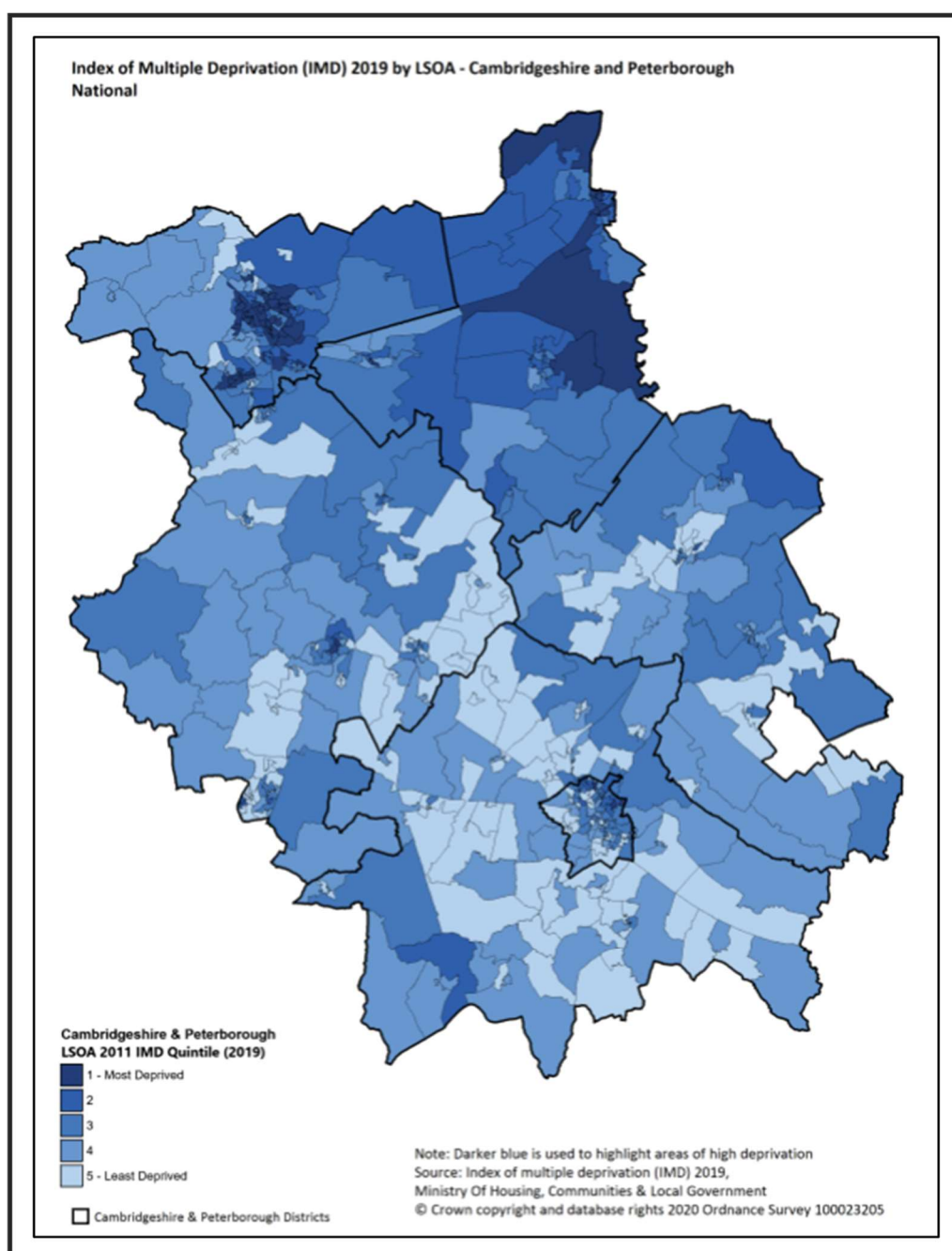
South Cambridgeshire

Just over 10% of South Cambridgeshire's population are from a non-White ethnic background, the same as the average for the county; 79.6% of the population are White UK and a further 8.1% 'Other White'. South Cambridgeshire has a slightly higher proportion of people from an Indian ethnic group compared to Cambridgeshire as a whole (2.6% compared to 1.9%). At the time of the 2021 Census around a fifth of South Cambridgeshire's population were born outside of England; with Scotland (1.6%), India (1.6%) and Poland (1.0%) being the most common countries of birth.

3.4 Health Profile

The health profile of Cambridgeshire is generally more favourable than the England average. On average, residents tend to enjoy higher life expectancy and lower mortality rates for several conditions. However, Peterborough has lower life expectancy and higher mortality rates compared to England, as does Fenland. There is a clear link between deprivation and health outcomes—individuals living in more deprived areas tend to experience worse health. Deprivation across Cambridgeshire and Peterborough is shown in **Map 3** below.

Map 3: Index of Multiple Deprivation (IMD) 2019



4.1 Life Expectancy and General Health

Female life expectancy is consistently higher than male life expectancy; the same pattern is seen in the East of England and for England as a whole.

Within Cambridgeshire and Peterborough, we can see clear variations across our areas. Peterborough and Fenland have the lowest life expectancies – both are significantly lower than the England average for men and

women. South Cambridgeshire has the highest life expectancy for men and women and our other areas (Huntingdonshire, East Cambridgeshire and Cambridge City) have similar life expectancies and better than England.

Over time, life expectancy for both men and women rose between 2001 until approximately 2011, when growth appeared to stall for most areas with the exception of Cambridge for men and South Cambridgeshire for both men and women. In 2021-2023 life expectancy at birth for males decreased in Cambridge and Peterborough but rose in Fenland and East Cambridgeshire. For females in 2021-2023 it decreased in Peterborough, Cambridge and Fenland but rose in Huntingdonshire. (**Figure 1** and **Figure 2**)

Figure 1: Life Expectancy at Birth Males

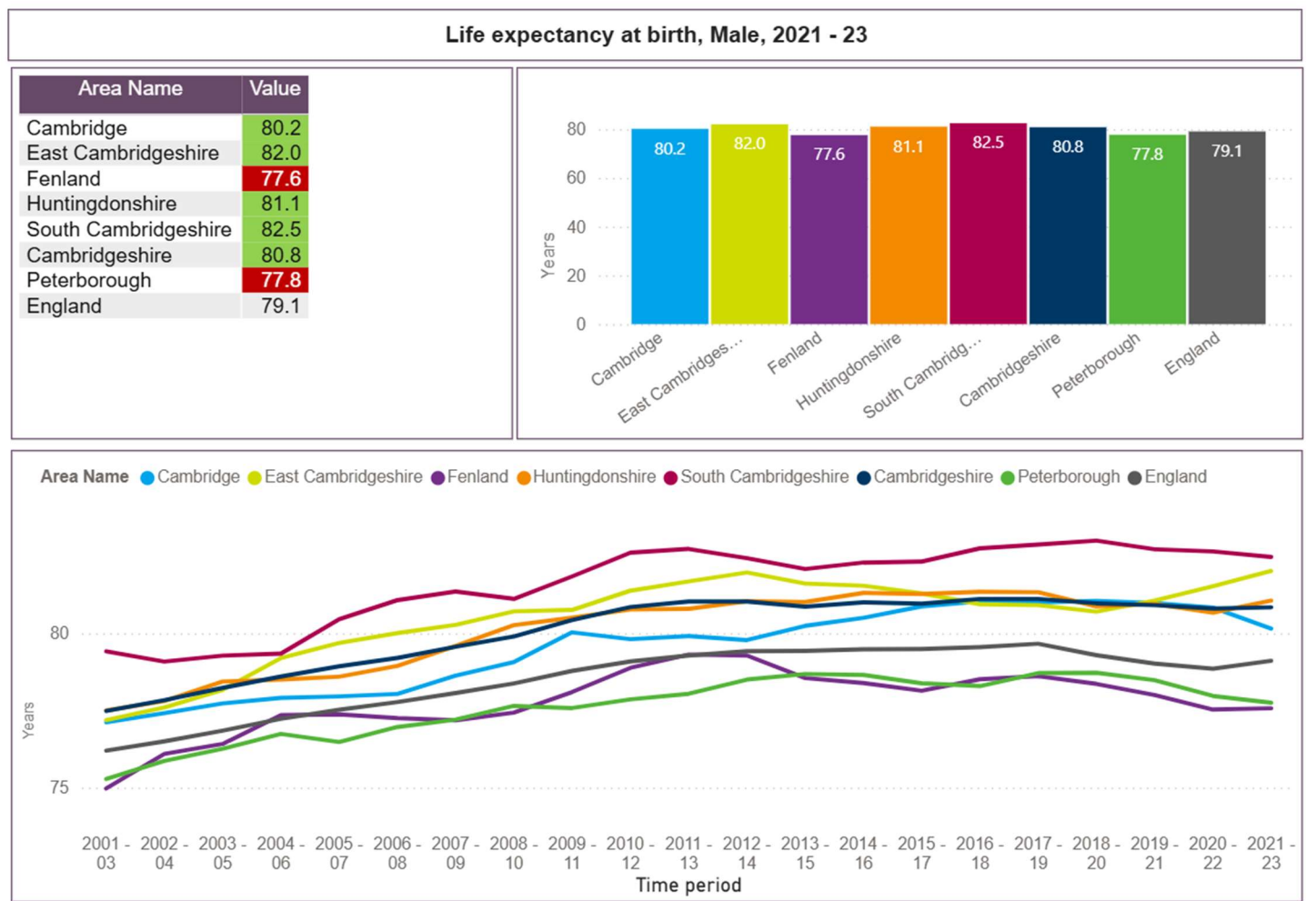
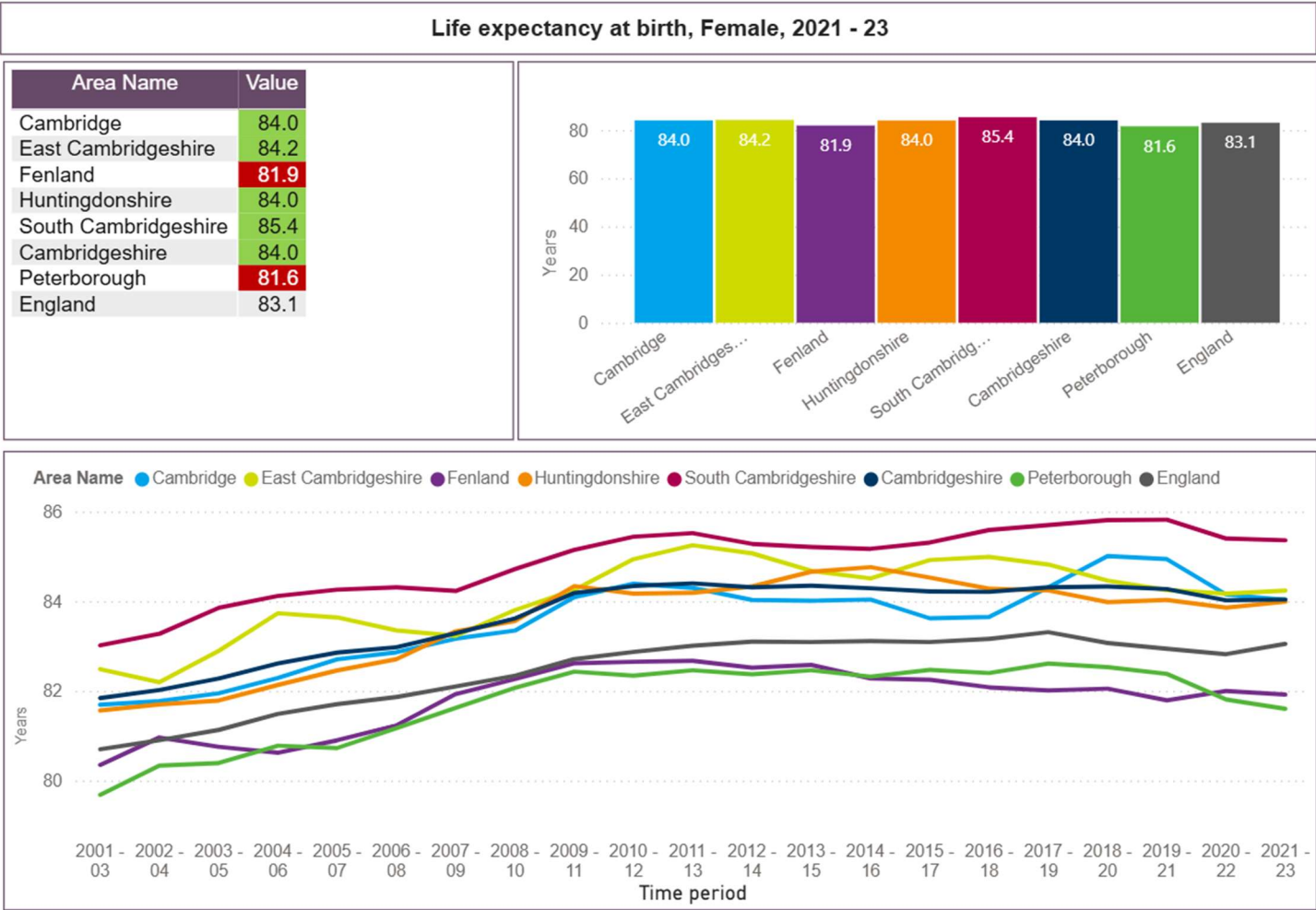


Figure 2: Life Expectancy at Birth Females



Life expectancy at 65 is a useful indicator because it illustrates the health of older people better than life expectancy at birth. Life expectancy at 65 is higher than life expectancy at birth, because it is only relevant to people who have already lived to 65.

Similar to overall life expectancy, women have longer life expectancy at 65 than men. For Cambridgeshire as a whole, women aged 65 can expect an average of 22.1 more years of life and the male average is 19.6 years and for Peterborough: 20.7 for women and 18.5 for men. See **Table 1** and **Table 2** below.

Table 1: Female Life Expectancy at 65

Area Name	Value
Cambridge	21.4
East Cambridgeshire	21.9
Fenland	20.6
Huntingdonshire	21.6
South Cambridgeshire	22.8
Cambridgeshire	21.7
Peterborough	20.4
England	21.1

Table 2: Male Life Expectancy at 65

Area Name	Value
Cambridge	19.2
East Cambridgeshire	20.4
Fenland	18.4
Huntingdonshire	19.6
South Cambridgeshire	20.5
Cambridgeshire	19.7
Peterborough	18.0
England	18.7

Levels of disability and general ill-health are generally low in Cambridgeshire but are higher in Peterborough and Fenland. Table 3 and Table 4 below give this for each district.

Disability Profile

Table 3: Percentage of people with a self-declared disability which limits day to day activity (Census 2021)

Area	% with Disability (Day-to-Day Activities Limited)
Peterborough	18.3%
Cambridge	12.3%
East Cambridgeshire	15.1%
Fenland	21.2%
Huntingdonshire	16.2%
South Cambridgeshire	13.5%

- **Fenland** has the highest proportion of residents with disabilities, reflecting its older population and rural challenges.
- **Cambridge** shows the lowest rate, likely due to its younger demographic and urban infrastructure.

General Health Profile

Table 4: Percentage of people self-reporting “health – bad to very good” (Census 2021)

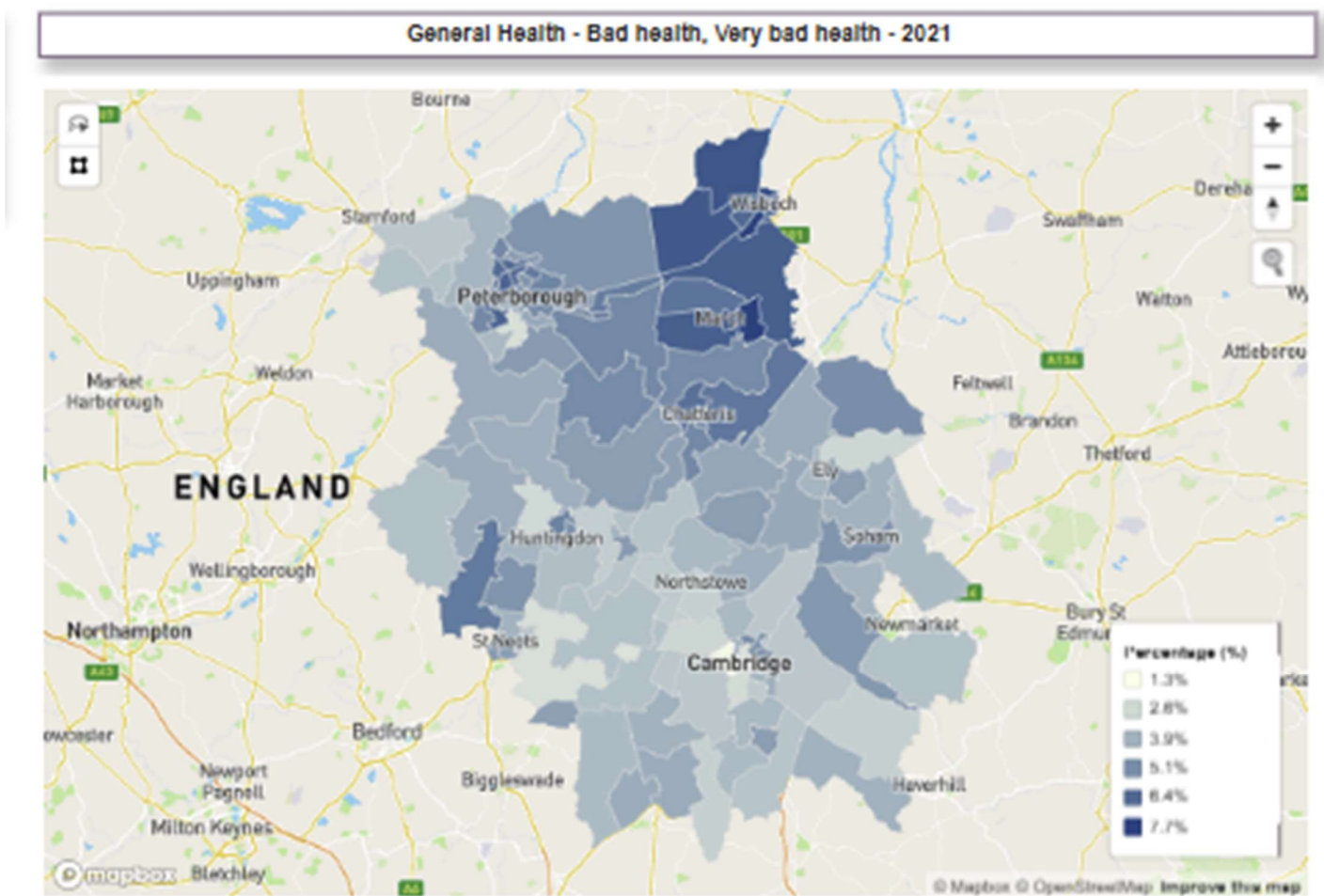
Area	% Reporting "Very Good" Health	% Reporting "Bad or Very Bad" Health
Peterborough	45.2%	5.9%
Cambridge	56.1%	3.2%
East Cambridgeshire	50.3%	4.4%
Fenland	42.0%	6.8%
Huntingdonshire	51.0%	4.1%
South Cambridgeshire	54.3%	3.5%

- **Cambridge** and **South Cambridgeshire** lead in positive health ratings.
- **Fenland** and **Peterborough** show higher levels of poor health, often linked to socioeconomic factors.

The general practice (GP) recorded prevalence of several specific long-term conditions including coronary heart disease, high blood pressure, stroke, diabetes, and mental health are generally lower than the national average in Cambridgeshire and Peterborough, combined and independently. GP recorded prevalence of asthma is recorded as above the national rate in Cambridgeshire and below the national rate in Peterborough. However, this prevalence data is not age standardised so it can mask areas of higher prevalence, and particularly in areas where residents develop health conditions at a younger age such as in deprived areas. Districts with a larger elderly population will naturally show higher crude (unadjusted) prevalence rates as many diseases, like heart disease and cancer are more common in older age groups, even if the actual risk of disease at each age is the same across districts.

There are important differences in health across Cambridgeshire and Peterborough, as illustrated in **Map 4**. These maps use data from the 2021 Census to illustrate the proportion of the population in different areas of Cambridgeshire and Peterborough who report being in good or very good health. Broadly, the map shows darker shades in the northern areas of Cambridgeshire, the centre of Peterborough and areas within Cambridge City and Huntingdonshire which means fewer people who report being in good or very good health. The data in the maps have been age standardised, which means that the differences in self-reported health are not due to differences in age.

Map 4: Directly age-standardised percentage of the population reporting good or very good health, by ward, Cambridgeshire 2021



4.2 All Age Mortality and Causes of premature and preventable mortality

All age mortality rates are important measures of public health, they are influenced by a very broad range of factors, comprising, but not limited to, living circumstances including deprivation, environmental factors, health behaviour, and access to healthcare and quality of care.

District	Mortality Rate (per 100,000)	Comparison to England Average
Peterborough	Higher	Worse than average
Fenland	Higher	Worse than average
Cambridge	Lower	Better than average
East Cambridgeshire	Lower	Better than average
Huntingdonshire	Lower	Better than average
South Cambridgeshire	Lowest	Best in region

Peterborough and **Fenland** have significantly higher mortality rates, often linked to deprivation and poorer health outcomes. **South Cambridgeshire** consistently shows the **lowest mortality**, reflecting better access to healthcare and healthier lifestyles.

Cancer and cardiovascular disease are the most common cause of mortality, followed by, mental and behavioural disorders, other causes and respiratory disease.

In general, Peterborough and Fenland have higher death rates from the common conditions, but this is not universal. For example, the female cardiovascular mortality rate appears higher in Cambridge than in Peterborough, and Cambridge males have similar cancer mortality to Peterborough, though confidence intervals are wide, indicating relatively smaller numbers. Rates of death from dementia were higher in Cambridge than in all our other areas and were higher than the England average, though again the confidence intervals are wide. South Cambridgeshire generally has the lowest mortality rates from the common conditions.

Preventable mortality

Preventable mortality are those deaths which could potentially have been prevented by public health interventions. For example, cancer deaths attributable to asbestos exposure, or liver disease deaths attributable to alcohol use.

Across Cambridgeshire and Peterborough as a whole, preventable mortality in the under 75s was 148/100,000 and nearly half (47%) of deaths in the under 75s were considered to be preventable. Nearly all liver disease deaths under 75 were from causes considered to be preventable, as were over half of respiratory deaths (please note COVID-19 is included as a preventable cause of respiratory death). Over a third of cancer deaths (39%) and CVD deaths (39%) were considered to be preventable, in line with England as a whole. Fenland has the highest preventable premature mortality rate at 197/100,000, closely followed by Peterborough at 195/100,000.

4.3 Health Inequalities

Differences in health occur across our population. The main health inequalities where we have good data to report on are¹⁴: Deprivation, Children in relative low income households, ethnicity and general health, people living with disability, children with a Special Educational Need (SEN), children in need, and other groups at heightened risk of poor health outcomes.

Health inequalities here are shaped by:

- **Socioeconomic deprivation**
- **Access to healthcare**
- **Lifestyle risk factors** (smoking, alcohol, diet)
- **Environmental conditions** (housing, transport, air quality)
- **Demographics** (age, ethnicity, rurality)

Table 5: District Level Summary by District

District	Key Inequality Features
Peterborough	Highest deprivation; 10-year life expectancy gap between richest & poorest areas. High rates of cardiovascular disease, diabetes, and preventable deaths.
Fenland	Rural deprivation; poor transport access; high smoking and obesity rates. COVID-19 mortality and preventable deaths among highest.

¹⁴ [Cambridgeshire & Peterborough Insight – JSNA 2023 – Demography – Inequality groups](#).

Cambridge	Mixed profile: affluent areas vs. pockets of deprivation in north/east. High dementia mortality; lower breastfeeding rates in deprived wards.
East Cambridgeshire	Lower overall deprivation but inequalities in north of district. Access issues for rural communities.
Huntingdonshire	Moderate inequalities: north Huntingdon shows lower income and education levels.
South Cambridgeshire	Least deprived; best health outcomes. Still has underserved rural pockets and ageing population challenges.

Table 6: Key features of Inequalities across Cambridgeshire and Peterborough

District	Key Inequality Features
Peterborough	Highest deprivation; 10-year life expectancy gap between richest & poorest areas. High rates of cardiovascular disease, diabetes, and preventable deaths.
Fenland	Rural deprivation; poor transport access; high smoking and obesity rates. COVID-19 mortality and preventable deaths among highest.
Cambridge	Mixed profile: affluent areas vs. pockets of deprivation in north/east. High dementia mortality; lower breastfeeding rates in deprived wards.
East Cambridgeshire	Lower overall deprivation but inequalities in north of district. Access issues for rural communities.
Huntingdonshire	Moderate inequalities; north Huntingdon shows lower income and education levels.
South Cambridgeshire	Least deprived; best health outcomes. Still has underserved rural pockets and ageing population challenges.

Key Inequality Indicators

- Life Expectancy Gap: Up to 10 years between poorest in Peterborough and richest in Cambridge.
- Diabetes Management: 6.5% fewer people in deprived areas meet all care targets.
- Breastfeeding Rates: 18.8% lower in deprived areas.
- A&E Attendances (0–4 yrs): 247 more per 100,000 in deprived areas.
- Cardiovascular Deaths: 50 more per 100,000 in deprived areas.

Inclusion Health Groups

Across districts, inequalities are amplified for:

- Ethnic minorities
- People with learning disabilities or autism
- Rural communities
- Migrants, asylum seekers, and homeless populations
- Armed Forces community

3.5 Lifestyle behaviours

5.1 Sexual Health and Contraception

On average, diagnoses of sexually transmitted infections in Cambridgeshire and Peterborough are lower than the national average. Cambridge has significantly higher rates of genital warts diagnoses. However, with the exception of Cambridge, STI testing rates (excluding chlamydia in under 24s) are significantly lower than the England average as is testing for chlamydia in young people.

Cambridgeshire and Peterborough's rate of long acting reversible contraception (excluding injections) was 48.4 per 1,000 women compared to 43.5 per 1,000 nationally in 2023. Compared to the national average, rates are lower in Cambridge, similar in Peterborough, and higher in other Cambridgeshire districts. Local data from pharmacies on emergency hormonal contraception is available in chapter 5.

Abortions have been increasing nationally, particularly under 10 weeks¹⁵. Increases have been seen across all age groups, with highest rates in those aged 22 years. Local data is only available up until 2021 and for upper tier local authority level but this shows that Peterborough has a higher abortion rate (23.4 per 1,000 women aged 15 to 44 years) than the national average (18.9 per 1,000), and in Cambridgeshire it is lower (13.2 per 1,000).

Increasing abortion rates are of concern because despite readily available contraceptives, it suggests that not all women are able to access or utilise the most effective methods for preventing unwanted pregnancies.

5.2 Substance misuse
Alcohol

Table 7: Alcohol Specific Deaths by District¹⁶

District	Estimated Alcohol-Specific Deaths (2021–2023)	Notes
Peterborough	40 deaths in 2023	Highest on record; 21% increase from 2022; 82% rise since 2019
Fenland	Elevated rates (exact figure not published)	High hospital admissions in 40–64 age group
Cambridge	Elevated rates in 65+ age group	Linked to older population and urban drinking patterns
East Cambridgeshire	Lower than England average	Fewer alcohol-related admissions and deaths
Huntingdonshire	Moderate levels	No significant deviation from regional average
South Cambridgeshire	Lowest rates in region	Reflects lower deprivation and healthier lifestyles

- **Peterborough** has seen a sharp rise in alcohol deaths since the pandemic, with isolation and stress contributing to increased consumption.
- **Fenland** and **Cambridge** show age-specific spikes in hospital admissions due to alcohol-related conditions.
- **Deprivation** is a major driver: more deprived areas show higher alcohol mortality, especially among men.
- Across Cambridgeshire and Peterborough, there were **273 alcohol-related deaths in 2021**, with a strong skew toward male deaths.

As with alcohol, the ultimate harm of drug use is visible in the mortality data. While rates of death from drug misuse are similar to the England average (Peterborough) or lower (Cambridgeshire), the area as a whole still sees around 28 deaths per year. England mortality rates are increasing overall, but the Peterborough rate has remained stable over the last few years and the Cambridgeshire rate is falling. As with alcohol, rates of drug misuse deaths are clearly linked to deprivation in the national data. Admissions to hospital as a result of drug

¹⁵ [Abortion statistics, England and Wales: 2022 - GOV.UK](#)
¹⁶ [Overarching-report-on-drugs-and-alcohol-in-Cambridgeshire-and-Peterborough-FINAL.pdf](#)

poisoning have been falling nationally in recent years and we see the same pattern locally. Cambridgeshire's rates are lower than the England average and Peterborough's are similar to England¹⁷.

Table 8: Drug Related Deaths by District

District	Estimated Deaths (Recent Years)	Notes
Peterborough	25 deaths (2018–2020)	Higher proportion in females (≈33%) than national average (25%)
Cambridge	12 deaths (2021 estimate)	Includes deaths from heroin, synthetic cannabinoids, and prescription misuse
Fenland	8–10 deaths (2021–2023 est.)	Linked to heroin and synthetic opioids; rural access challenges
East Cambridgeshire	1–2 deaths (2021–2023 est.)	Lowest in region; fewer overdose reports
Huntingdonshire	4–6 deaths (2021–2023 est.)	Includes incidents involving fentanyl and benzodiazepines
South Cambridgeshire	2–3 deaths (2021–2023 est.)	Low rates; occasional synthetic drug incidents

5.2 Smoking

Trends of smoking¹⁸ prevalence vary across Cambridgeshire and Peterborough, despite a national decline in smoking since 2015.

- The smoking prevalence in Fenland (24.0%) in 2023 was the 3rd highest out of all local authorities in the UK.
- However, smoking prevalence is below the national average in South Cambridgeshire, and close to the average in Cambridge, East Cambridgeshire, Peterborough and Huntingdonshire.

Table 9: Smoking at Time of Delivery (2023 Estimates)

District	% of Mothers Smoking at Delivery	Notes
Peterborough	~11%	Highest in region; above national target of 6%
Fenland	~10–11%	Elevated rates; linked to rural deprivation
Cambridge	~6–7%	Close to national target; pockets of inequality remain
East Cambridgeshire	~7–8%	Slightly above target; rural access challenges
Huntingdonshire	~8–9%	Moderate levels; supported by maternity quit programmes
South Cambridgeshire	~6%	Lowest in region; better access to support services

- Peterborough and Fenland consistently show the highest rates, driven by deprivation and lower access to cessation support.

¹⁷ [Overarching-report-on-drugs-and-alcohol-in-Cambridgeshire-and-Peterborough-FINAL.pdf](#)

¹⁸ [Fingertips | Department of Health and Social Care](#)

- The national target is to reduce smoking at delivery to 6% or less — only South Cambridgeshire is meeting this goal.
- A new NHS maternity programme has helped over 50 women quit smoking during pregnancy across Peterborough and Hinchingsbrooke hospitals.
- Financial incentives of up to £385 are offered to pregnant women who quit smoking, with additional support for partners.

The rate of smoking-attributable hospital admissions was significantly above the national average (1,398 per 100,000) in Peterborough (1,524 per 100,000) in 2019/20, whilst they were below average in Cambridgeshire (1,317 per 100,000)

The smoking prevalence for people in routine and manual occupations was close to the national average (19.5%) in all Cambridgeshire districts 22.0% and in Peterborough (16.5%) in 2023 (Office for Health Improvement and Disparities, 2023). However, Fenland had a notably high rate of 34.7%:

- In Cambridgeshire, people in routine and manual jobs are 2.8 times more likely to smoke than those in managerial and professional occupations (Source).
- In Peterborough, people in routine and manual jobs are 2.0 times more likely to smoke than those in managerial and professional occupations.¹⁹

Table 10: Smoking Prevalence in Routine & Manual Occupations (2023)

District	Smoking Prevalence (%)	Comparison to National Average (19.5%)	Statistically Significant?
Cambridge	18.8%*	Higher	No
Cambridgeshire (overall)	22.0%	Higher	No
Peterborough	16.5%	Lower	No
Fenland	34.7% *	Much higher	No
East Cambridgeshire	Not separately reported	Included in Cambridgeshire average	—
Huntingdonshire	26.0% *	average Higher	No
South Cambridgeshire	6.0%	Much lower	Yes

*Data quality issue

5.3 Alcohol consumption

The current guidance on alcohol consumption from England's Chief Medical Officer is that adults should not drink more than 14 units of alcohol per week to keep to a low risk of alcohol-related harm. National estimates are that 23% of the adult population drink above this level, with estimates higher in Cambridgeshire (29%) and similar in Peterborough (25%), but this does not mean immediate harm is likely to all these individuals. In Cambridgeshire, there are an estimated 5,775 residents who drink at levels that would require specialist

¹⁹ [Cambridgeshire & Peterborough Insight – Mental Health Needs Assessment – Population factors – Smoking and Health Behaviours – Smoking](#)

alcohol treatment and in Peterborough there are 2,284 residents. The numbers in treatment are considerably lower and so we estimate that 80% of people in need of services in Cambridgeshire are not accessing them, and in Peterborough this is slightly lower at 76%. Households or individuals that undergo an assessment of statutory homelessness need are also assessed for whether they have needs around alcohol dependency. In Cambridgeshire, 5.2% of households did and in Peterborough this was 3.7%.²⁰

²⁰ [Overarching-report-on-drugs-and-alcohol-in-Cambridgeshire-and-Peterborough-FINAL.pdf](#)

4 Current Provision of Pharmaceutical Services

Highlights

Cambridgeshire and Peterborough has a good distribution of pharmaceutical services with a mix of community pharmacy and dispensing GP practices. This is reflected by the fact that, the vast majority of residential properties in Cambridgeshire and Peterborough are within a 20-minute drive of a pharmacy or dispensing GP.

A reasonable distribution of pharmacies exists with extended and weekend opening hours in all localities, however there is a lack of Sunday opening in the localities of Fenland and north Huntingdonshire. People requiring urgent medication from primary care services are generally directed to a 100-hour pharmacy open in that locality. There is one pharmacy which provides 100hrs and 10 which provide between 72 and 79 hours of opening.

This is also reflected in the public surveys where XX% of people who responded stated that they can easily access pharmaceutical services. **TO BE COMPLETED AFTER PUBLIC CONSULTATION**

There is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density. Similarly, there is generally a good distribution of pharmacies across the 6 localities to match the areas of higher population density of older people.

This is important since the older population is increasing. In addition, older patients often have higher morbidity and generally require more support with their medicines and access to pharmaceutical services.

Areas of Peterborough and Cambridgeshire experience higher levels of deprivation than the national average. Residents in the areas of the 20% most deprived have access to a community pharmacy within a 20-minute walk. This pattern is generally supported locally in each of the 6 localities where pharmacy locations are mapped against areas of deprivation. Therefore, community pharmacy is already well-placed to provide pharmaceutical services in the heart of deprived communities.

In April 2025, Cambridgeshire and Peterborough has a below England average supply of community pharmacies, at 13.9 pharmacies per 100,000 population compared to the East of England average of 19.4 per 100,000 and the England average of 20.8 per 100,000.

There are three dispensing appliance contractors (DAC) in Cambridgeshire and Peterborough.

Based on the evidence available at the time of writing, the estimated builds of future housing developments by 2028 will not require new pharmaceutical services. If timescales for Northstowe accelerate then this would require review through a supplementary statement to the PNA.

This section describes the current provision of pharmaceutical services, in order to assess the adequacy of provision of such services. Also included is a description of the number and locations of community pharmacies, dispensing GP practices and national Dispensing Appliance Contractors (DACs) premises. Information was collected up until 29 April 2025. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: [Pharmacies - NHS](#)

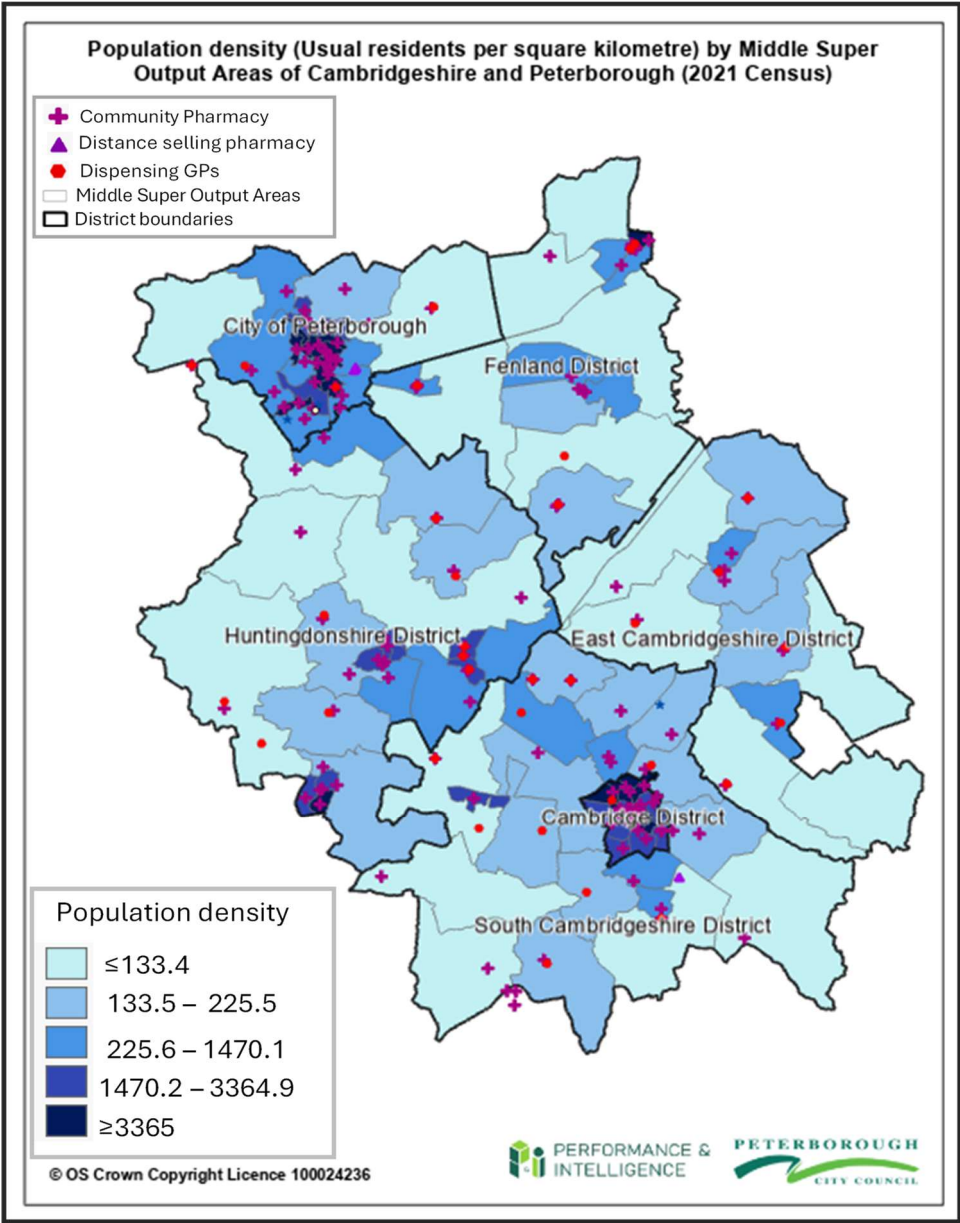
The levels of provision of pharmaceutical services locally are compared with provision elsewhere and are considered in the context of feedback from local stakeholders.

4.1 Service Providers – numbers and geographical distribution

1.1 Community pharmacies

There was a total of 139 community pharmacies (133 Community Pharmacies, 3 dispensing Appliance Contractors and 3 Distance Selling Pharmacies) located within Cambridgeshire (93) and Peterborough (40) as of 29 April 2025. The names of the community pharmacies within Cambridgeshire and Peterborough are listed in Appendix 2 and their locations shown in **Map 6**. **Map 5** shows the location of pharmacy services by population density, there appears to be good coverage in the more densely populated areas.

Map 5: Population density by MSOA



1.2 Dispensing GP practices

The rurality of parts of Cambridgeshire and Peterborough has led to relatively high numbers of dispensing GP practices. There were 35 dispensing GP practices within Cambridgeshire and Peterborough as of 29 April 2025. The names of the dispensing GP practices within Cambridgeshire are listed in Appendix 2 and their locations shown in Map 7. Of the 258,165 patients registered with a Peterborough GP and 798,390 with a Cambridgeshire GP in April 2025, 44.9% are registered with a dispensing doctor²¹.

It should be noted that some of these patients may have an address outside Cambridgeshire, and similarly some patients with an address in Cambridgeshire could be registered with a practice in another county.

Access to GPs in general (not only dispensing doctors) appears to be comparable in Cambridgeshire and Peterborough compared to the East of England and England. Cambridgeshire & Peterborough ICB has a similar rate of GP Full Time Equivalents (FTE) per 100,000 population to the East of England, although both the ICB and the region have a lower rate in comparison to England (see **Table 11**).

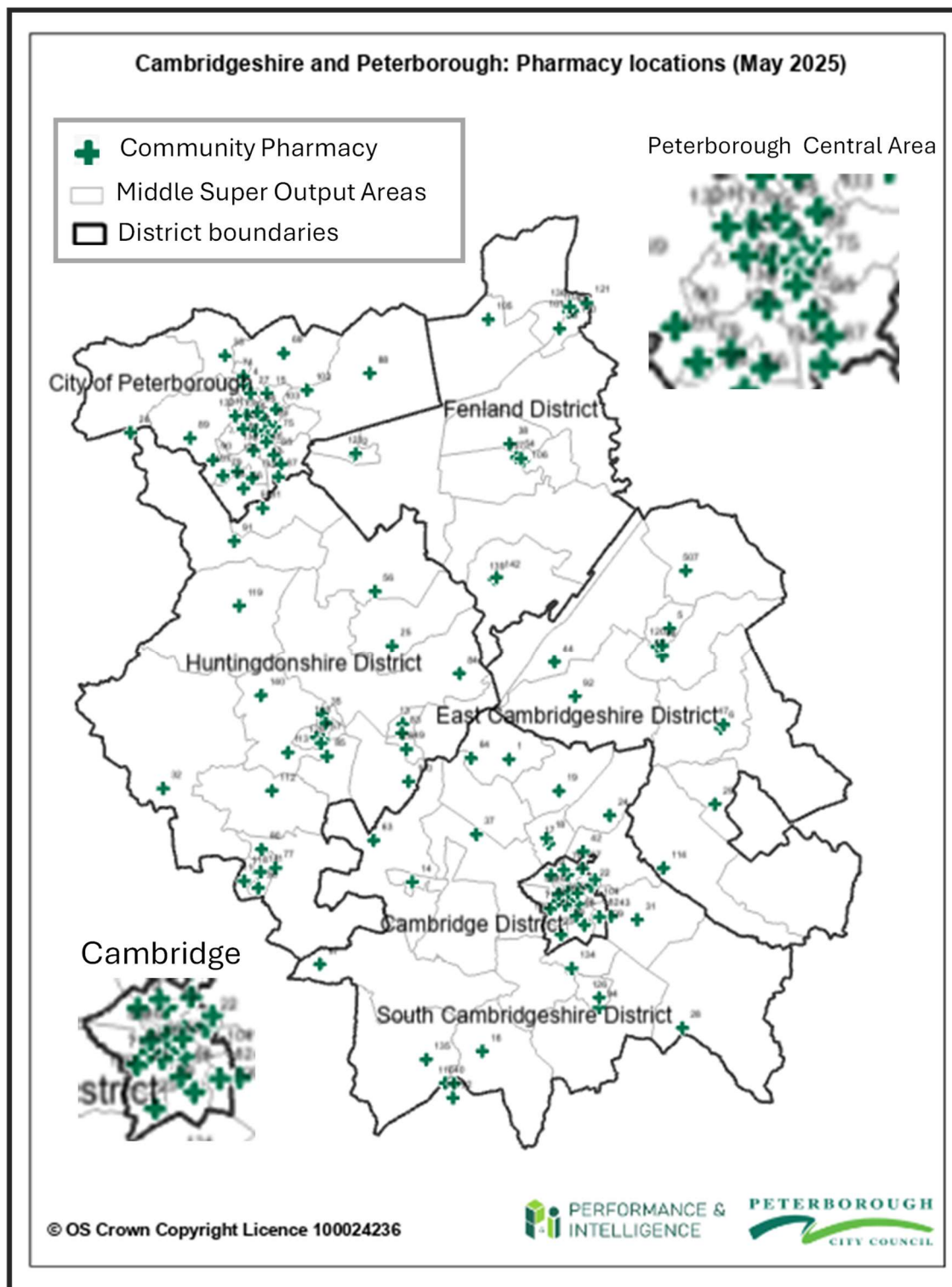
Table 11: Average numbers of full time equivalent GPs per 100,000 registered population, March 2022

Organisation/Area	Population	GP FTE	GP FTE per 100,000
Cambridgeshire & Peterborough ICB	989,193	521.1	52.7
East of England	6,863,468	3,612.9	52.6
England	59,996,728	33,639.5	56.1

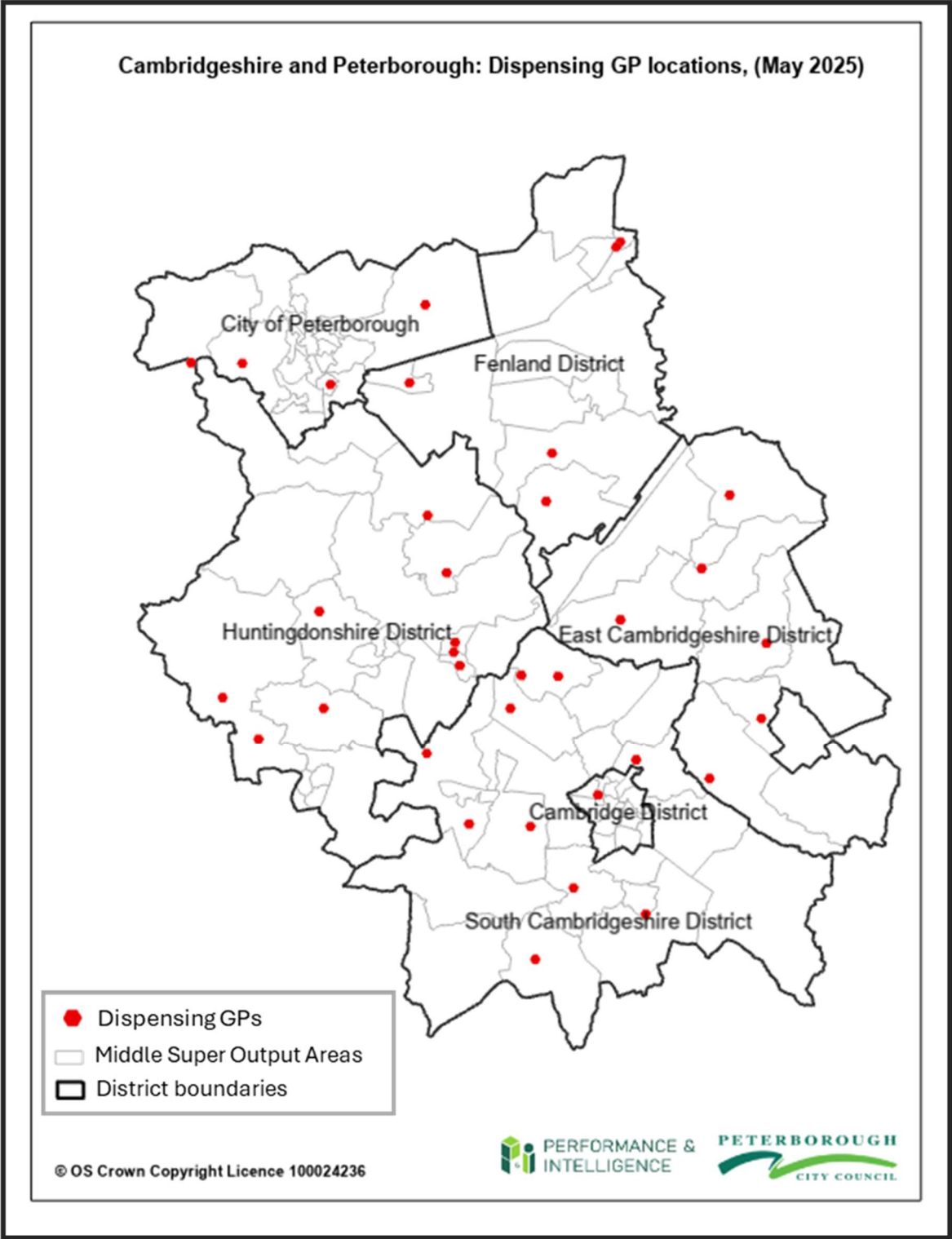
Source: NHS Digital General Practice Workforce statistics

²¹ For the purposes of this calculation, 'Cambridgeshire' GPs are considered to be those within A1 Network PCN, Cam Medical PCN, Cambridge City 4 PCN, Cambridge City PCN, Cambs Northern Villages PCN, Cantab PCN, Ely North PCN, Ely South PCN, Fenland PCN, Granta PCN, Huntingdon PCN, Meridian PCN, Octagon Wisbech PCN, South Fenland PCN, St Ives PCN and St Neots PCN

Map 6: Pharmacy Locations (for key code see list of pharmacies in Appendix 2)



Map 7: Dispensing GP Practice Locations (for key codes see list in Appendix 2)



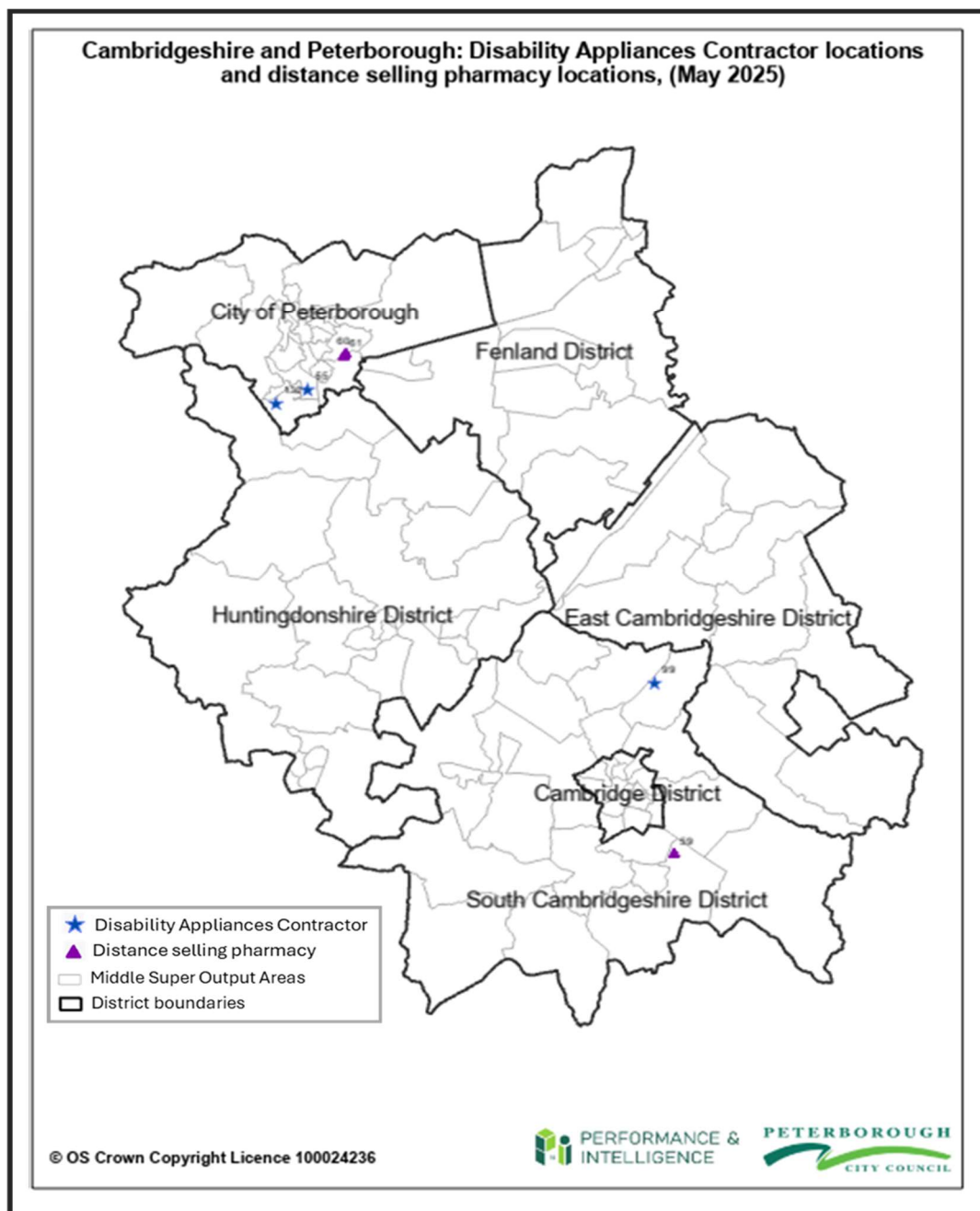
4.1.3 Distance selling pharmacies

There are three distance selling pharmacies (mail order/wholly internet pharmacy) within Cambridgeshire and Peterborough as of April 2025, two in Peterborough and one in Cambridgeshire. Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

4.1.4 Dispensing Appliance Contractors

There are currently three Dispensing Appliance Contractors (DAC) within Cambridgeshire and Peterborough (**Map 8**) (who supply appliances alone but cannot supply medicines): Fittleworth Medical Ltd, In Cambridgeshire. Charter Healthcare and Respond Healthcare Limited are both in Peterborough. Appliances are also available from community pharmacies, dispensing GP practices and other DACs from outside the county.

Map 8: DACs and Distance Selling Pharmacy Locations



4.1.5 Hospital pharmacies

There are five hospital pharmacies providing services to the Cambridgeshire and Peterborough population:

- Addenbrooke's
- Papworth;
- Hinchingsbrooke;
- Cambridgeshire and Peterborough Mental Health Trust, Fulbourn.
- Peterborough City Hospital

In addition, pharmacy services are provided to community hospitals run by Cambridgeshire and Peterborough Foundation Trust (CPFT).

4.1.6 Pharmacy services in prisons

There are pharmacy services provided to HMP Whitemoor, HMP YOI Peterborough and HMP/YOI Littlehey by Northamptonshire Healthcare NHS Foundation Trust.

4.1.7 Comparison with pharmaceutical service provision elsewhere

The number of community pharmacies in Cambridgeshire and Peterborough Health and Wellbeing area is 13.8 per 100,000 residents which is similar to the East of England average (19.4) and the England Average (20.8). (See **Table 12**).

Table 12: Average numbers of pharmaceutical providers (community pharmacies only) per 100,000 resident population, 2025

Cambridgeshire & Peterborough	East of England	England
13.8	19.4	20.8

Sources: Sources: NHS Business Services Authority, Population estimates - Office for National Statistics/ICB Pharmacy Data

In terms of community pharmacies alone, there were 20.8 community pharmacies in England at 29 April 2025 per 100,000 population which is similar to the last PNA (2022) of 20.6 per 100,000 population. In the East of England the average was 19.4 per 100,000. Although the figure of 13.8 per 100,000 is low it supplemented by 35 dispensing doctors (reflecting the rural nature of parts of Cambridgeshire and Peterborough, in addition many residents will use pharmacies which are just outside the boundary of the health and wellbeing board area.

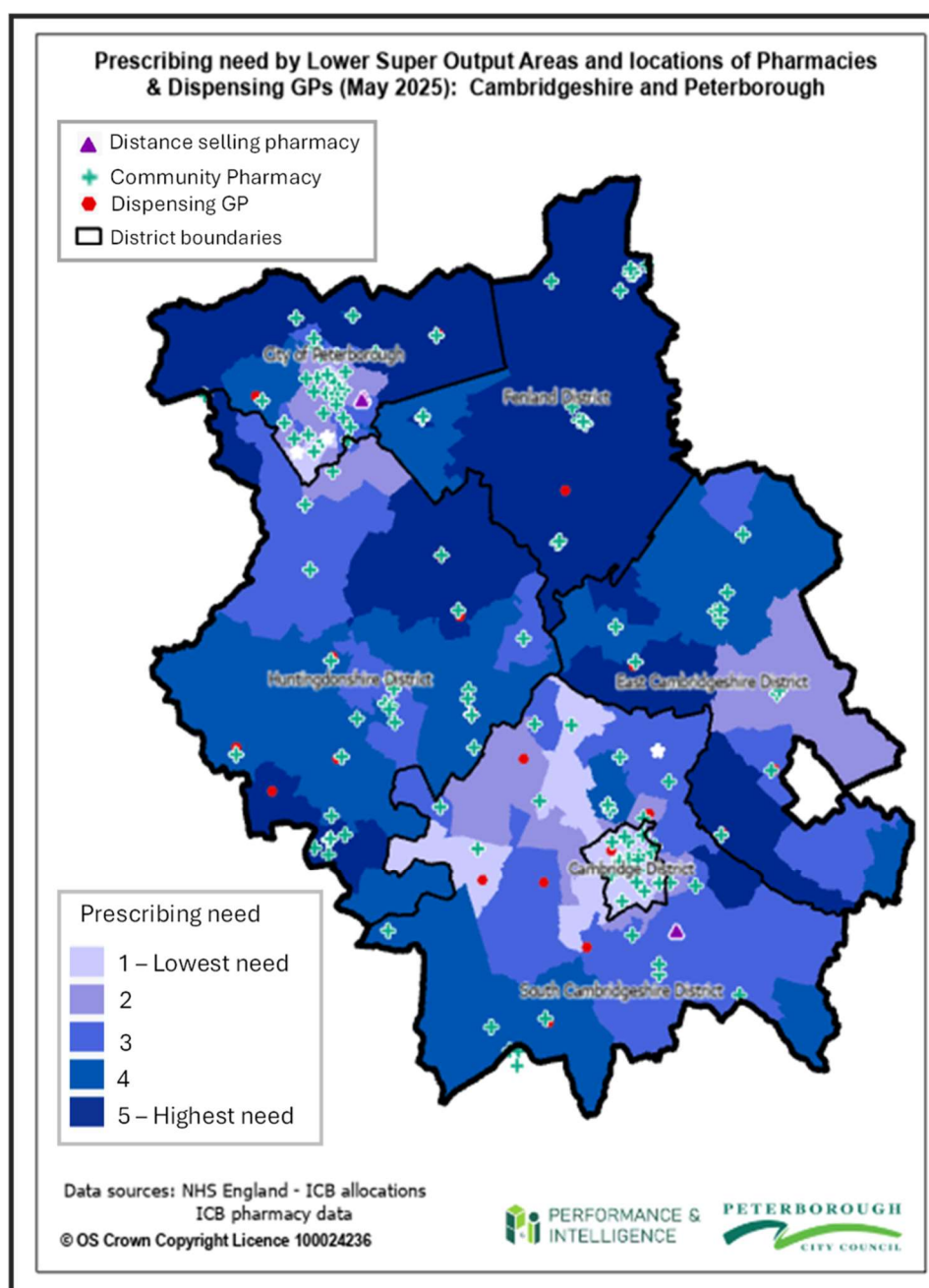
Table 13 below shows the number of community pharmacies and dispensing doctors by the localities within Cambridgeshire and Peterborough.

Table 13: Number of Pharmacies per 100,000 by Locality

Locality	Pharmacies	Dispensing Doctors	Number of pharmacy/100000 population
Cambridge	23	4	15.0
East Cambridgeshire	12	4	12.5
Fenland	16	2	14.9
Huntingdonshire	28	4	14.6
South Cambridgeshire	19	9	10.6
Peterborough	34	12	15.0
Cambridgeshire	98	23	13.5
Cambridgeshire and Peterborough	132	35	13.8

In addition, **Map 9** below maps the prescribing need by LSOA with the locations of community pharmacies and dispensing doctors. It shows pharmacies are located in areas of high prescribing need with few gaps, although there may be more demand with less access in the northwest of Peterborough and southeast - East Cambridgeshire localities, however it is likely that these areas use pharmacies in neighbouring health and wellbeing board areas.

Map 9: Prescribing need and Pharmacy/ Dispensing Doctor Location



4.1.8 Considerations of service providers available

The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas in the

fringes of the county (see **Map 7** and **Map 8**), but these localities are served by suppliers from outside the county (see Map 15). Access to services in these areas is discussed in Section 4.2.3.

4.1.9 Results of questionnaires sent to pharmacies and dispensing GP practices

39 of 137 (28%) community pharmacies and 20 of 35 (57%) dispensing GP practices in Cambridgeshire and Peterborough responded to the 2025 PNA questionnaire.

4.2 Accessibility

4.2.1 Distance and travel times

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future* states that it is a strength of the current system that community pharmacies are easily accessible, and that “99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport”.²²

Map 11 shows the locations of both pharmacies and dispensing doctors in Cambridgeshire and Peterborough, together with the major roads in the county.

Map 13, **Map 14** and **Map 15** were created to identify which areas in Cambridgeshire and Peterborough are within and which were not within a 20 minute distance of either a pharmacy or a dispensing doctors as of March 2022 by various means of transport (private car, or public transport) or 5-10 minutes by walking or cycling.

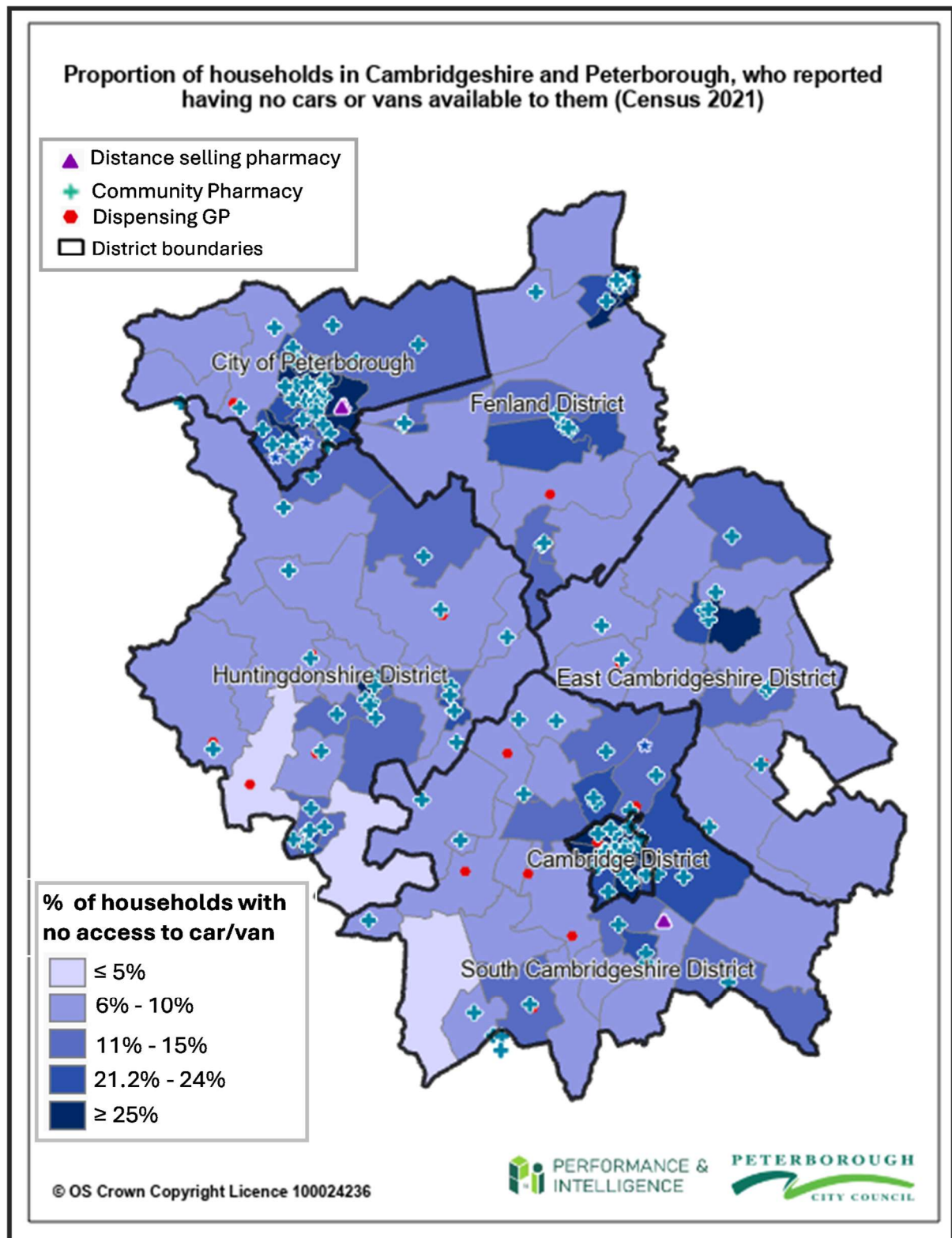
The maps indicate that there are some pockets in Cambridgeshire and Peterborough where it is necessary to drive more than 20 minutes by car to access a pharmacy or dispensing surgery. However, these areas are to a large extent uninhabited and/or may be served by pharmaceutical services in a neighbouring Health and Wellbeing Board Area. This can be considered as an indication of good coverage in terms of the locations of pharmaceutical services across the county (**Map 16**).

However, it is recognised that not everyone has access to a car, and that those unable to access a car may be among the more vulnerable in society.

Map 10 below show plots the proportion of households in Cambridgeshire and Peterborough who report no access to a car or van mapped against community pharmacies and dispensing doctors. The map clearly shows that the urban areas have less access to a car or van compared to rural areas, and that even without access to a car or van there are pharmacies nearby.

²² Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' Available at: <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

Map 10: Proportion of households in Cambridgeshire and Peterborough who report no access to a car or van



4.2.2 Home delivery services

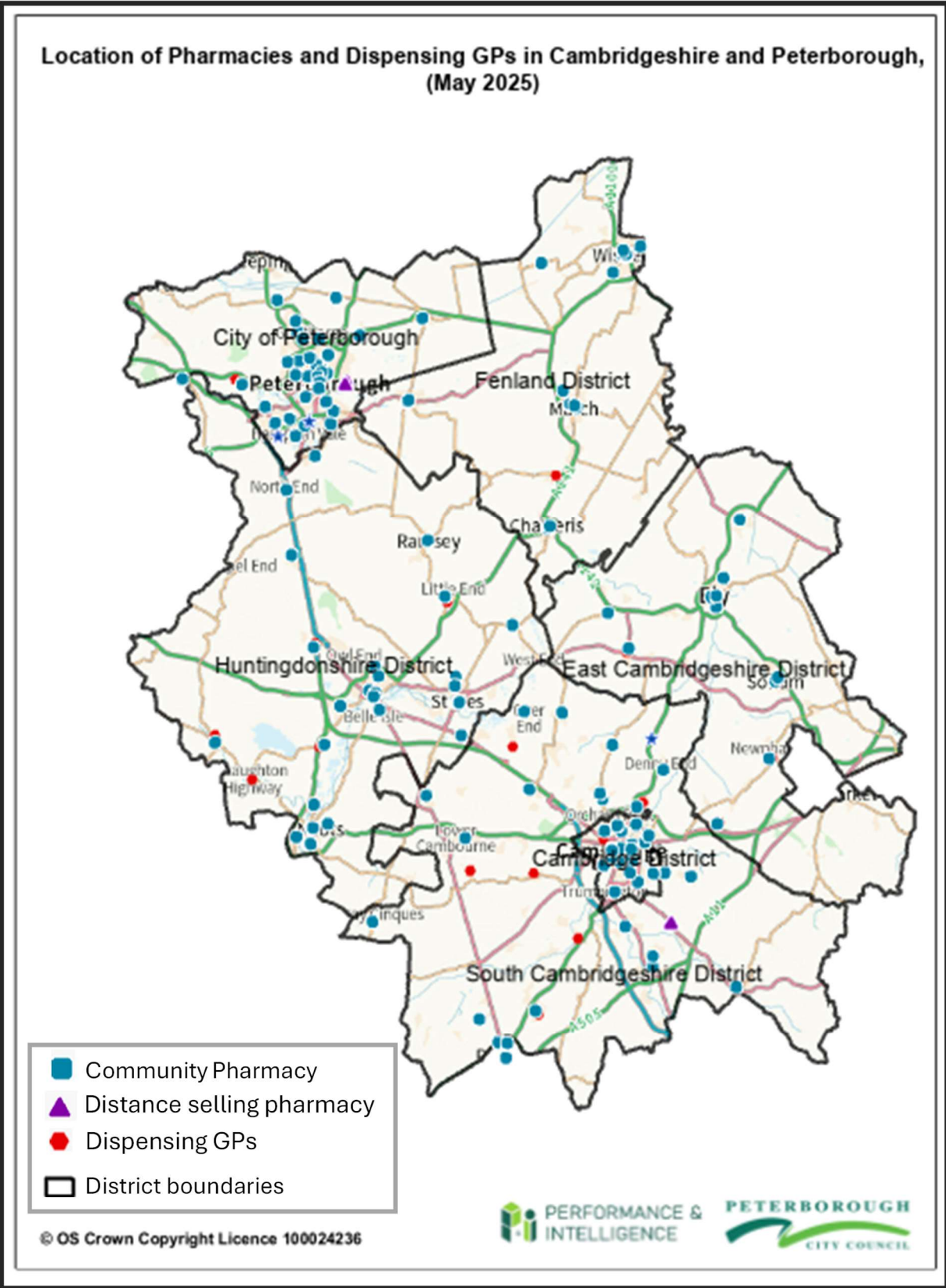
Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

Of the pharmaceutical providers who completed the questionnaire in 2025, 70% reported that they provide free delivery services to their patients, and 10% provide a delivery service privately.

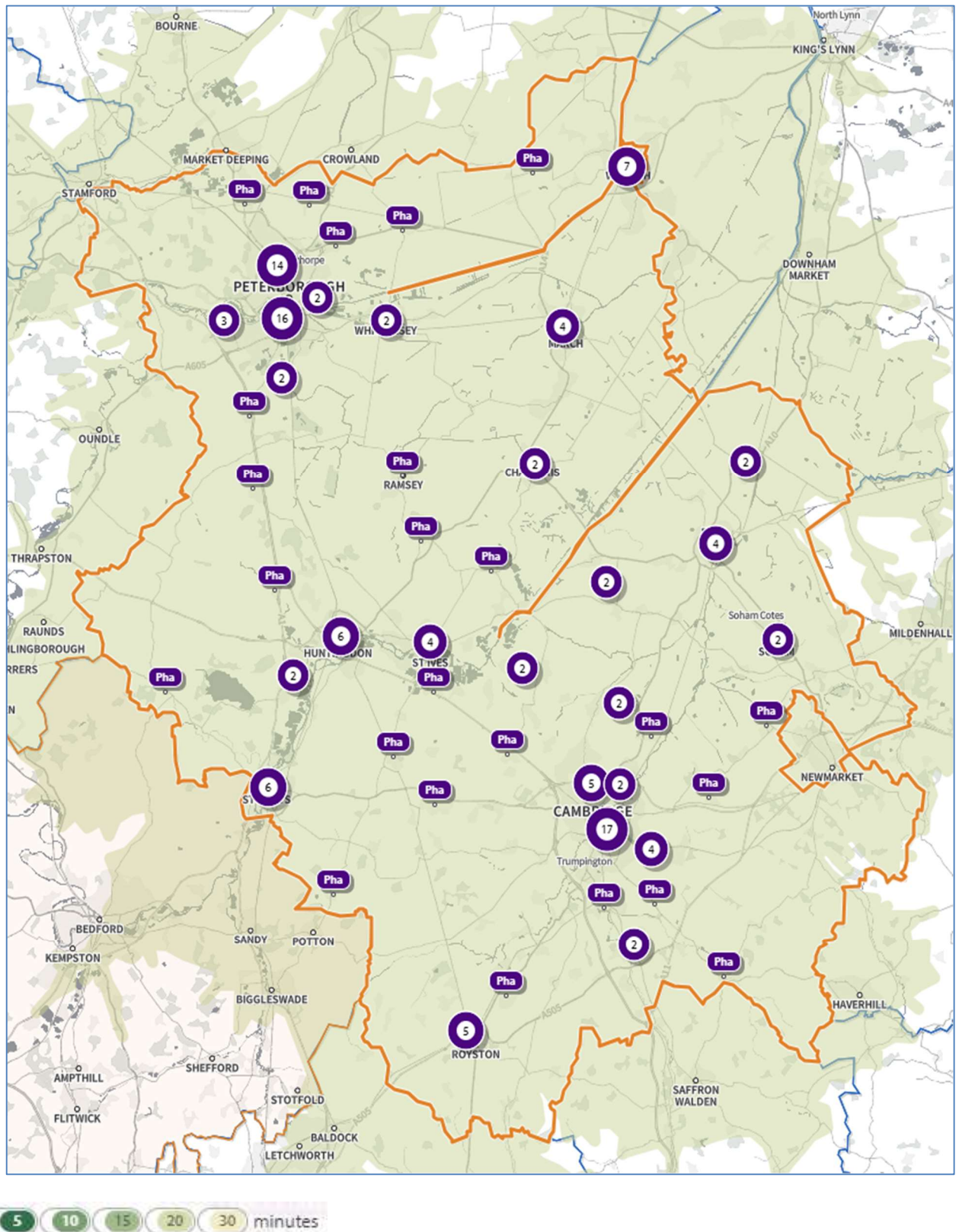
In addition, some providers deliver to specific patient groups and/or specific regions, some for free and others for a charge.

Pharmaceutical services are also available from internet pharmacies (located inside or outside of the county) that could make deliveries to individual homes. Finally, in addition to delivery services, community transport schemes (e.g. car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

Map 11: Location of Pharmacies, dispensing doctors and major roads in Cambridgeshire and Peterborough (March 2022)



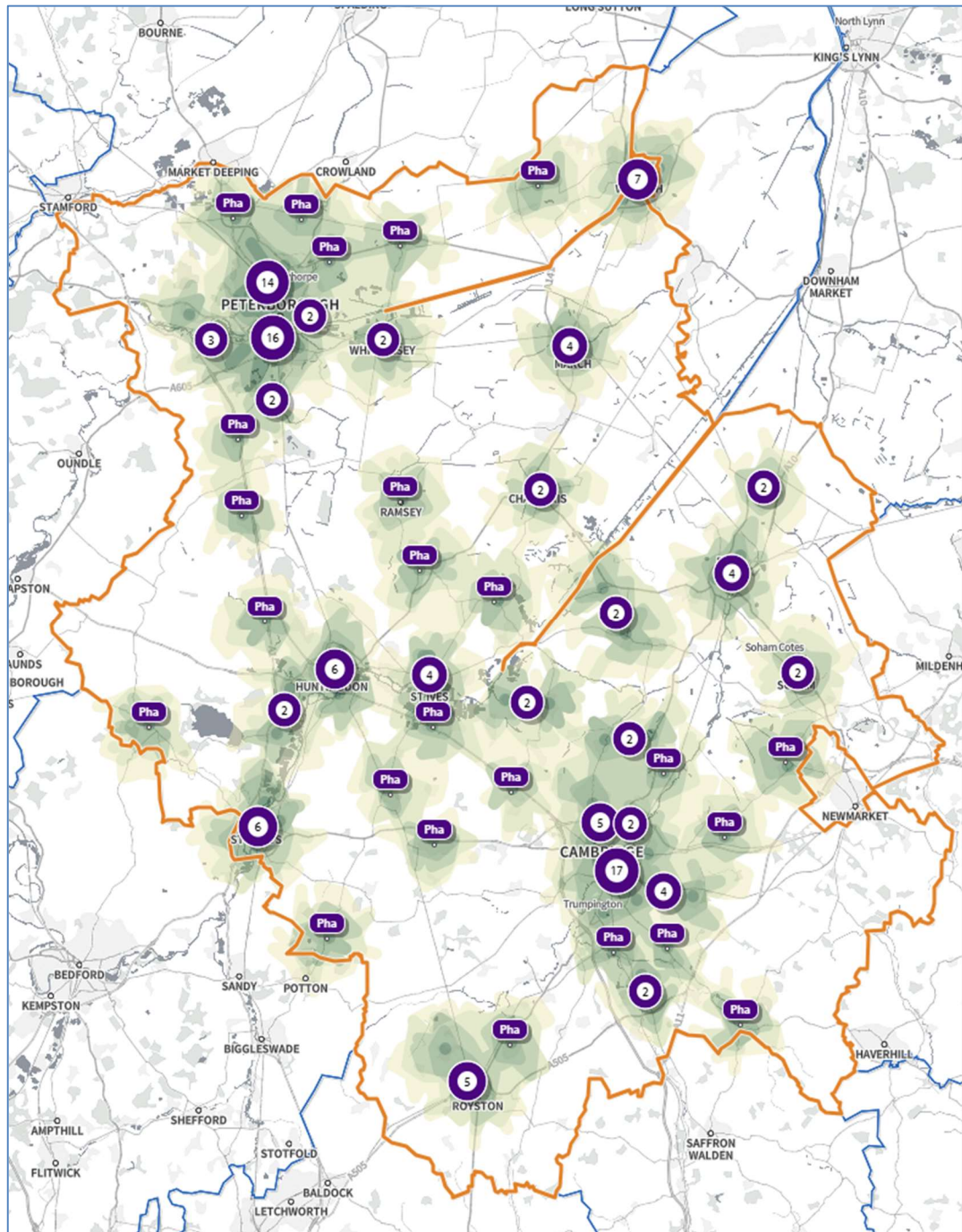
Map 12: Travel times to community pharmacies in Cambridgeshire and Peterborough – by car



Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

Although a relatively rural area in some parts of Cambridgeshire and Peterborough, the vast majority of Cambridgeshire and Peterborough are accessible by car within 20 minutes and travel times to the nearest pharmacy are within 5-20 minutes for many residents within urban parts of the county.

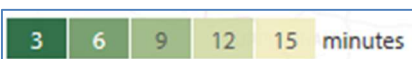
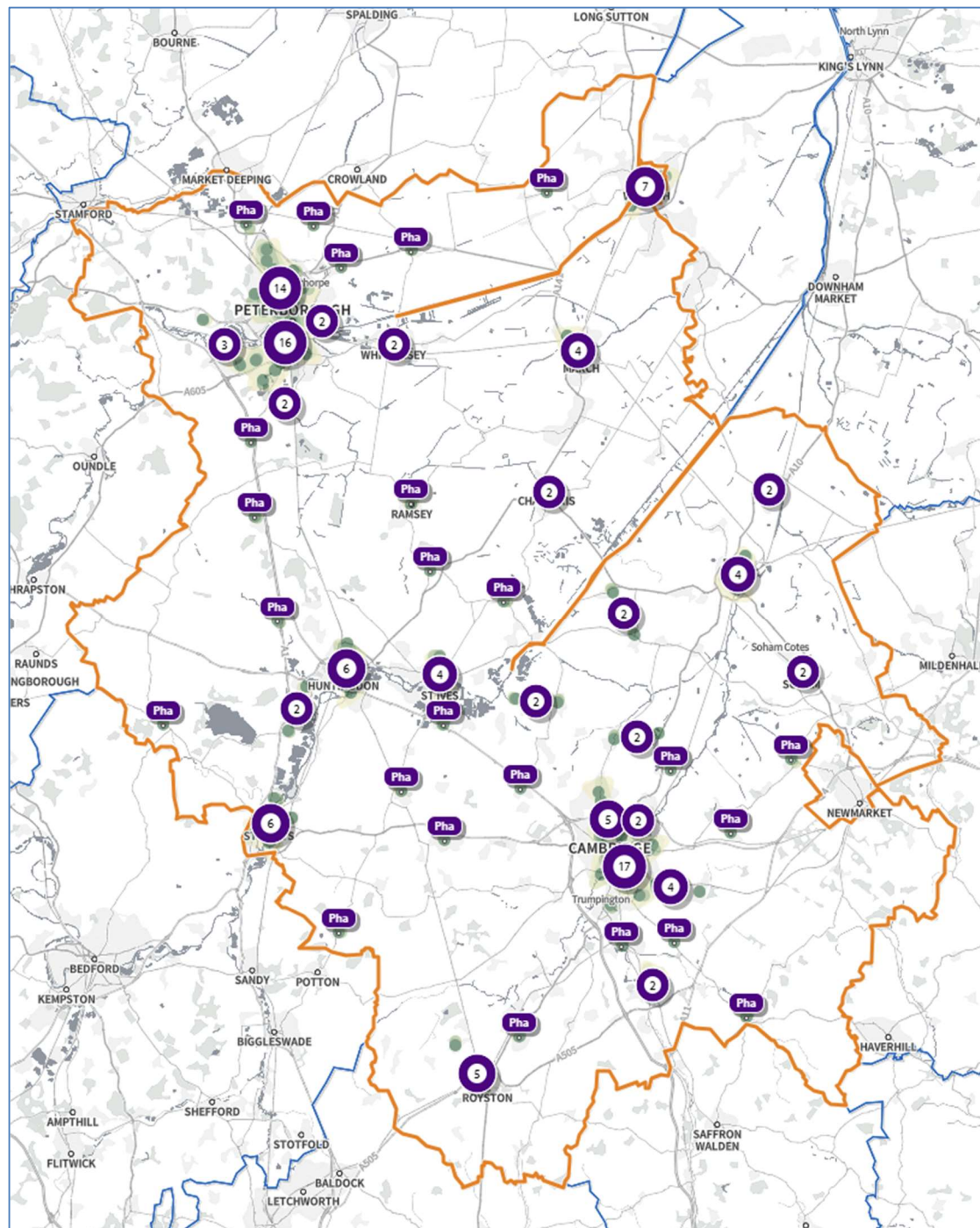
Map 13: Travel times to community pharmacies in Cambridgeshire and Peterborough – by cycling



Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

Reaching a pharmacy by cycling within 20 minutes is possible within most areas of central Cambridge, Peterborough and some parts of Wisbech, whereas other areas are less accessible via cycling.

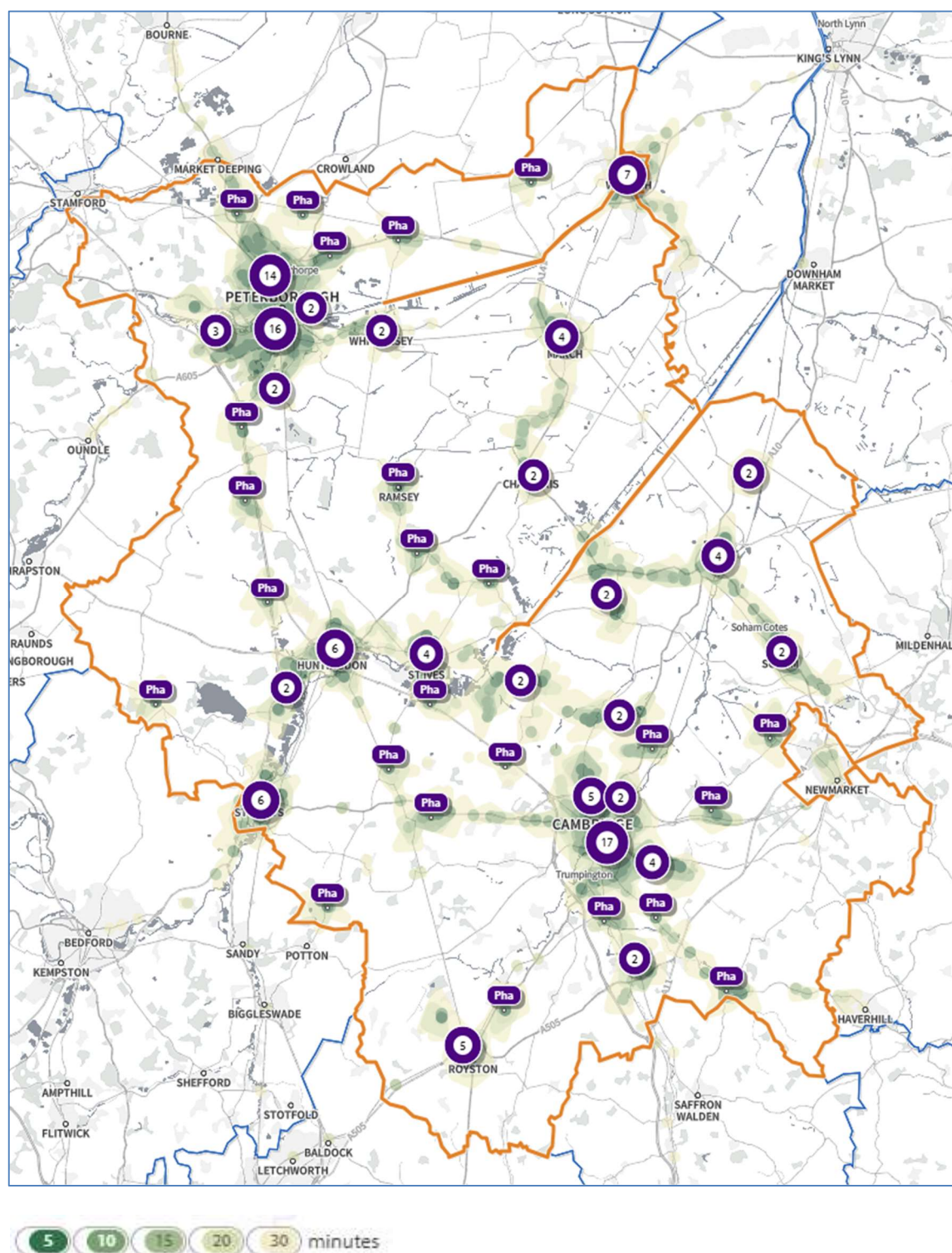
Map 14: Travel times to community pharmacies in Cambridgeshire and Peterborough – by walking



Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

Few pharmacies within Cambridgeshire and Peterborough are easily accessible by walking for most residents, although there are areas of central Cambridge, Peterborough, Wisbech and Huntingdon where pharmacies can be reached within 15 minutes on foot.

Map 15: Travel times to pharmacies in Cambridgeshire and Peterborough – by public transport, average weekday morning



Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

Major urban centres within Cambridgeshire and Peterborough tend to be accessible within 30 minutes by public transport, but there are large areas of the county that are inaccessible within this timescale via this method of transportation.

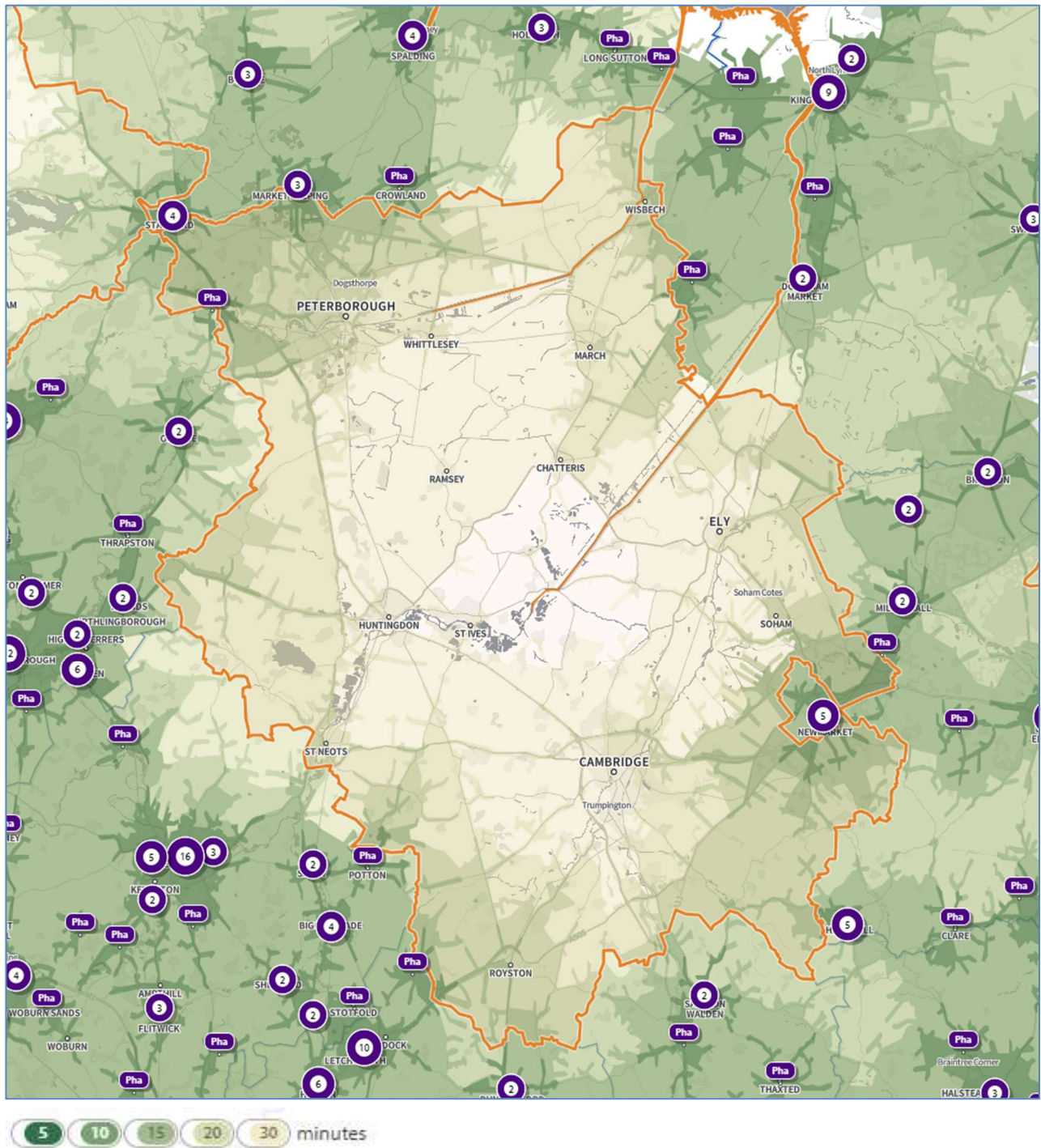
4.2.3 Border areas

There are eight other HWBs with borders close to Cambridgeshire and Peterborough. These areas have pharmacies that are accessible to the residents who live near the borders of the county.

Just over the border of Cambridgeshire and Peterborough are the towns of Royston, Saffron Walden, Haverhill, King's Lynn and Newmarket all have pharmacies that provide services to Cambridgeshire residents.

The rest of the border areas are more sparsely populated with few settlements of a size that would support a pharmacy. However, there are many pharmacies in surrounding counties that are located in smaller settlements near the Cambridgeshire and Peterborough border (see **Map 16**). These pharmacies provide services to people whether they reside in Cambridgeshire or a neighbouring county. Dispensing GP practices also offer pharmaceutical services in these areas.

Map 16: Travel times to pharmacies outside of Cambridgeshire and Peterborough Health and Wellbeing Board Area – by car



Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

4.3. Opening hours

4.3.1 Opening hours: community pharmacies

There is good coverage across Cambridgeshire and Peterborough with a mixture of opening hours before 9.00 am and after 6.00pm (**Table 14**)

Table 14: Opening Hours of Pharmacies by District

District	Open before 9am and close by 6pm	Open before 9am and still open after 6pm	Open from 9am and close by 6pm	Open from 9am and still open after 6pm	Total
Cambridge	8	1	9	5	23
East Cambridgeshire		1	6	5	12
Fenland	2	3	6	5	16
Huntingdonshire	7	3	16	3	29
South Cambridgeshire	5	3	10	3	21
Cambridgeshire	22	11	47	21	101
Peterborough	4	5	23	6	38
Cambridgeshire and Peterborough	26	16	70	27	139

- There is 1 pharmacy that does not opens before 9am on Wednesday in South Cambridgeshire and 2 more pharmacies that open in this time slot on Friday (1 in Fenland and 1 in South Cambridgeshire)
- There is 1 pharmacy that does not open before 9am and remain still open after 6pm on Thursday and Friday in Huntingdonshire.
- There is 1 more pharmacy in South Cambridgeshire which opens from 9am and closes by 6pm on Tuesday.
- There is 1 pharmacy which does not open during this time on Wednesday and also 1 on Friday in South Cambridgeshire.

There is a different pattern of opening hours at the weekend with fairly good coverage on Saturdays but limited availability on Sundays, however there is at least 1 pharmacy open on Sundays in each of the 6 localities as shown in **Map 17**, **Map 18** and **Map 19**.

There are currently 11 '100 hour' pharmacies in Cambridgeshire, of which only 1 is providing the contracted 100 hours, the others vary between 72 and 79 hours. 100 hours pharmacies are allowed to reduce their core hours to "no less than" 72 due to mounting financial pressures and insufficient NHS funding, which made it difficult to sustain the 100-hour requirement. 100 hours pharmacies are included in the pharmaceutical list under regulation 13(1)(b) of the *National Health Service (Pharmaceutical Services) Regulations 2005 (as amended by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023)*, These 100 hour pharmacies are given in **Table 15** below:

Table 15: 100 Hours Pharmacies in Cambridgeshire and Peterborough

Pharmacy Trading Name	Address line 1	Town	Number of Hours Open
Wellbeing Pharmacy	2 Parsons Lane	Littleport	73.00
Tesco In-store Pharmacy	Cromwell Road	Wisbech	78.00
Tesco In-store Pharmacy	Tesco Superstore	March	78.00
Tesco In-store Pharmacy	Tesco Superstore	Ely	78.00

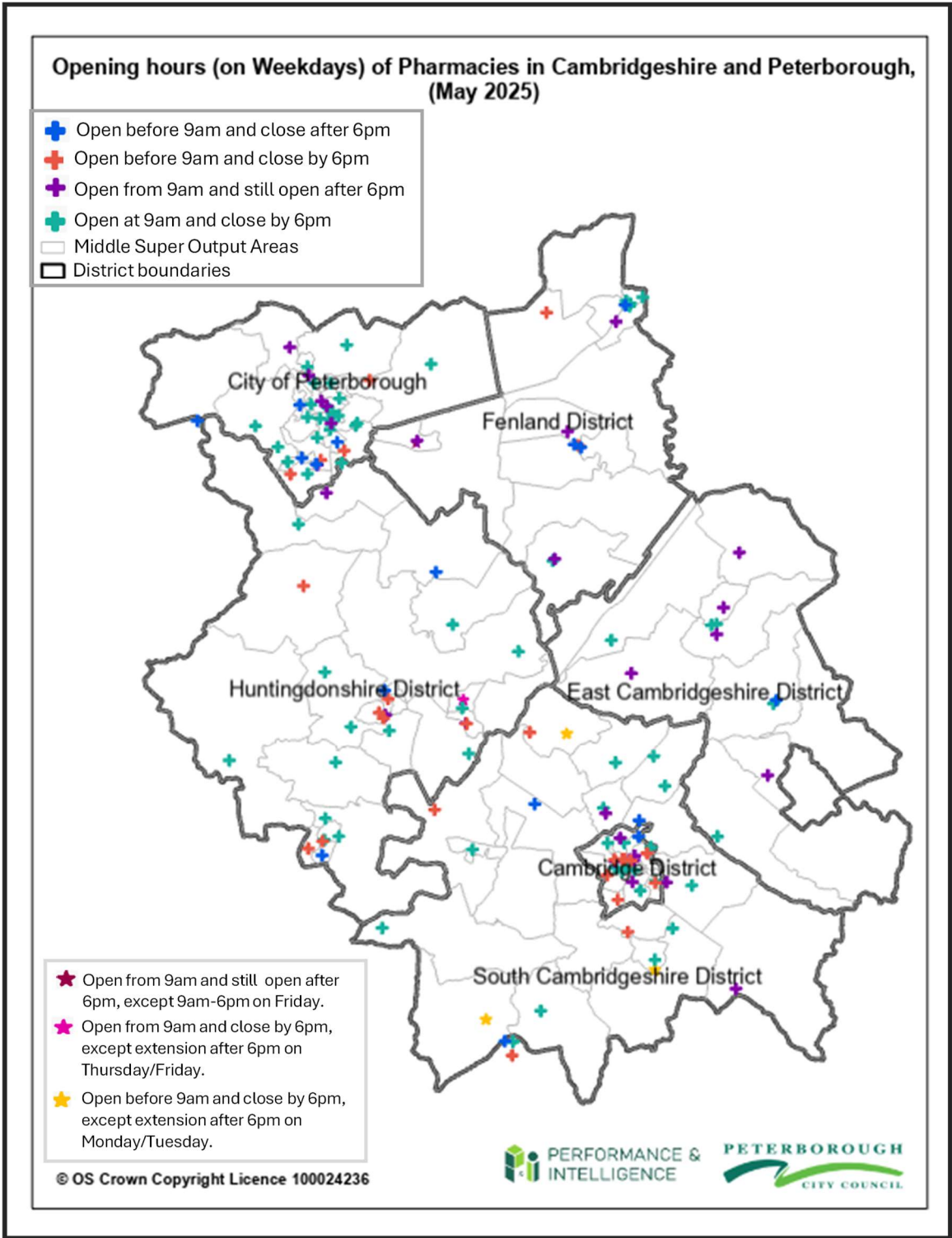
Tesco In-store Pharmacy	Tesco Superstore	Cambridge	78.00
Priory Fields Pharmacy	Priory Fields Surgery	Huntingdon	72.00
Numark Pharmacy	102 Cherry Hinton Road	Cambridge	72.00
North Brink Pharmacy	7 North Brink	Wisbech	79.00
Boots	Unit 2	Peterborough	100
Asda Pharmacy	23 North End	Wisbech	72.00
Asda Pharmacy	West Rivergate Shop Ctre	Peterborough	72.00

The out of hours service, Hertfordshire Urgent Care, is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open. It is recognised that the provision of a prescription for dispensing at a pharmacy during the evenings and at weekends is preferable to the out-of-hours service stocking and supplying the medication. For a number of conditions, there is also a range of general sales list medications that are available from a range of overnight retailers such as garages and 24-hour supermarkets.

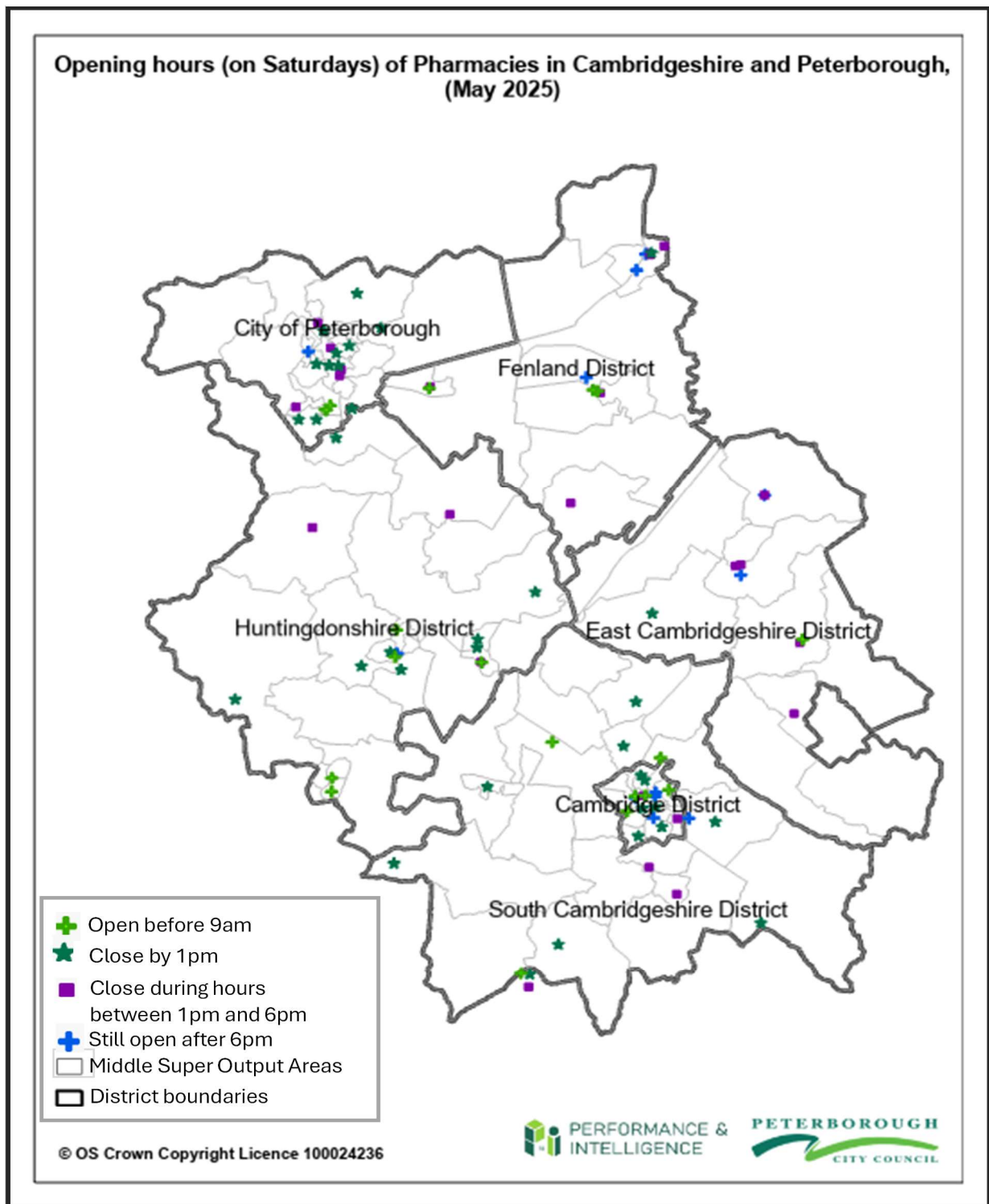
Cambridgeshire and Peterborough HWB has not identified needs that would require provision of a full pharmaceutical service for all time periods across the week. However, maintaining the current distribution of 100 hour/longer opening pharmacies is important to maintain out-of-hours access for the population of Cambridgeshire and Peterborough.

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays although they are not contractually obliged to do so. A few pharmacies are commissioned to open Christmas Day and Easter Sunday.

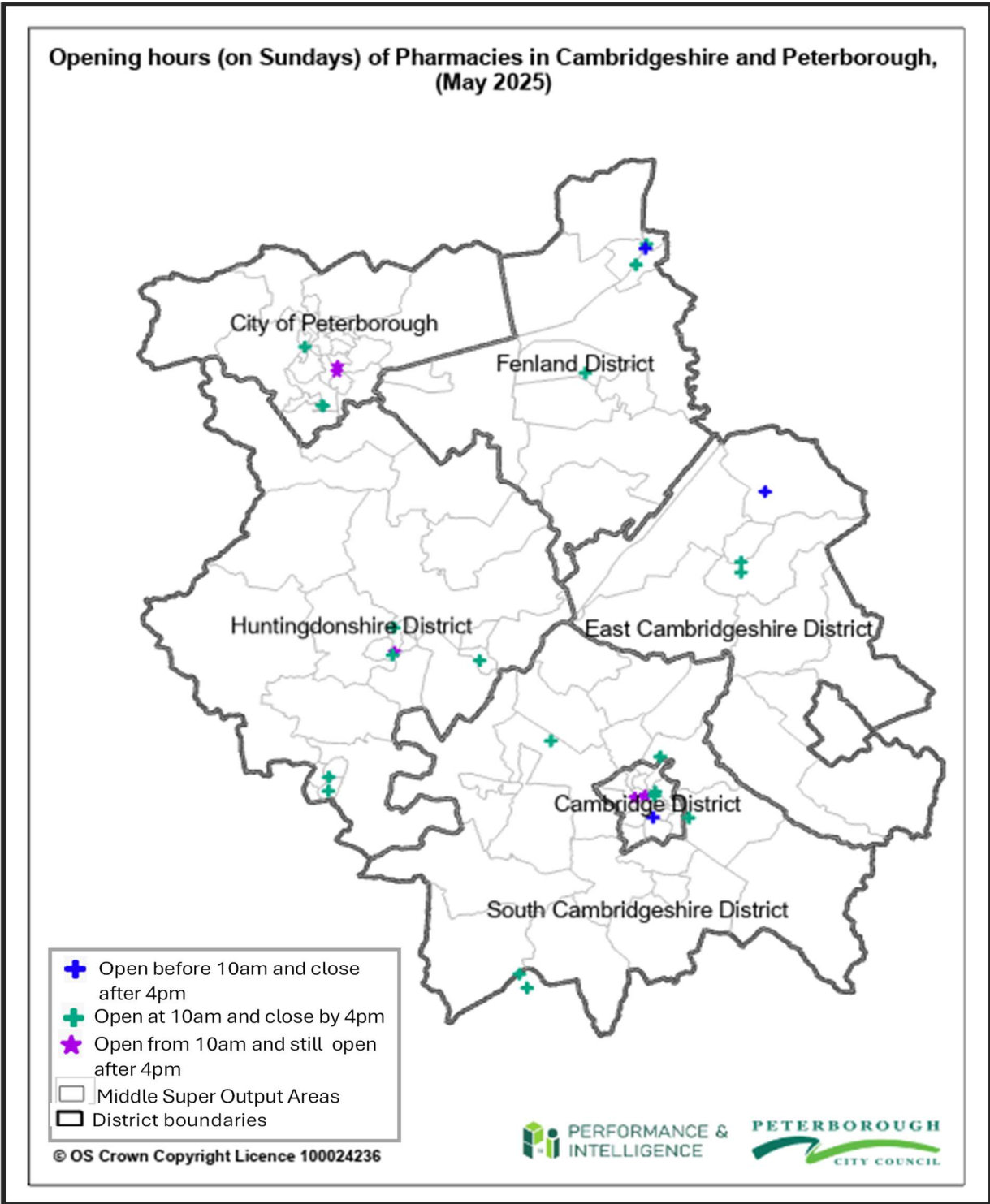
Map 17: Opening Hours (weekdays)



Map 18: Opening Hours (Saturdays)



Map 19: Opening Hours (Sundays)



4.3.2 Opening hours: dispensing GP practices

To consider opening hours for dispensing GP practices the opening hours for general practices were identified using the NHS Direct website. The dispensaries at the dispensing GP surgeries were assumed to be open at the same hours as the rest of the practice. None of the dispensing GP practices, surgeries (including dispensary) are open on a Saturday or Sunday.

In summary, review of the accessibility of NHS Pharmaceutical Services in Cambridgeshire in terms of locations and opening hours, suggest there is adequate access. There appears to be good coverage in terms of opening hours across the county, however there may be issues for certain patient groups, e.g. those adults working full time who can only collect prescriptions at weekends.

5 The role of pharmaceutical providers in addressing health needs

This section describes the services provided by local pharmaceutical providers: 'Essential Services' which all pharmacies are required to provide; 'Advanced Services' commissioned by NHS England; and health improvement services locally commissioned by Cambridgeshire County Council and Peterborough City Council Public Health Departments.

5.1 Community Pharmacy Services

Community Pharmacies provide three tiers of Pharmaceutical Services:

- Essential Services – services all pharmacies are required to provide.
- Advanced Services – services to support patients with safe use of medicines.
- Enhanced and Locally Commissioned Services – services that can be commissioned locally by Local Authorities

These types of services are defined in the *NHS Regulations*²³ and are briefly described below.

5.1.2 Essential Services

There are four tiers of essential services offered by all pharmacy contractors are specified by a national contractual framework that was updated in March 2025. The following description of these services is an excerpt from a briefing summary on NHS Community Pharmacy services by the Pharmaceutical Services Negotiating Committee:²⁴

- **Dispensing** Medicines and appliances – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Discharge Medicines Service** – the Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021. Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of by a waste contractor engaged by NHS England.
- **Promotion of Healthy Lifestyles (Public health) (see section 5.2)** – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

²³ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf (Last accessed 1 Dec 2016)

²⁴ Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **Support for self-care** – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include:
 - provision of a practice leaflet for patients;
 - use of standard operating procedures;
 - patient safety incident reporting to the National Reporting and Learning Service (NRLS);
 - conducting clinical audits and patient satisfaction surveys
 - having complaints and whistle-blowing policies;
 - acting upon drug alerts and product recalls to minimise patient harm;
 - having cleanliness and infection control measures in place.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits. All Cambridgeshire pharmacies have been assessed as compliant with the contract to date.

5.1.3 Advanced Services

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of the advanced services to support patients with the safe use of medicine, which currently include:

- Community Pharmacist Consultation Service (CPCS)
- Appliance Use Reviews (AUR);
- New Medicines Service (NMS);
- Stoma Appliance Customisation (SAC).
- NHS Seasonal Flu Vaccination Programme
- Smoking Cessation Service
- Hypertension Case-Finding Service
- Hepatitis C Testing Service.
- Lateral Flow Device Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Other Local Initiatives, such as needle and syringe exchange, Chlamydia screening and treatment, substance misuse services

The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for overseeing safety alerts for medicines, medical devices, and blood components in the healthcare sector. The MHRA issues National Patient Safety Alerts (NatPSAs) for safety-critical issues that require healthcare organizations to take action. These alerts are also sent through the Central Alerting System (CAS). Additionally, the MHRA runs the Yellow Card scheme for reporting suspected adverse drug reactions.

Appliance Use Reviews (AURs)

- Appliance Use Review (AUR) aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by:
- establishing the way the patient uses the appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and proper disposal of the appliances that are used or unwanted.²⁵

New medicines service (NMS)

'This service is designed to improve patients' understanding of a newly prescribed medicine for a long term condition, and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

Since the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients. The pharmacy provides a quarterly summary report to NHS England of NMS consultations conducted. This supports monitoring of the service to determine its effectiveness and value to the NHS.

The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight. Further information and advice on the use of the medicine will be provided and where the patient is experiencing a problem the pharmacist shall seek to agree a solution with the patient. A final consultation (typically 21-28 days after starting the medicine) will be held to discuss the medicine and whether any issues or concerns identified during the previous consultation have been resolved. If the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP.²⁶

The Pharmaceutical Services Negotiating Committee (PSNC) and NHS employers envisaged that the successful implementation of NMS would:

- improve patient adherence which will generally lead to better health outcomes;
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- reduce medicines wastage;
- reduce hospital admissions due to adverse events from medicines;
- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmaco-vigilance;
- receive positive assessment from patients;
- improve the evidence base on the effectiveness of the service;
- support the development of outcome and/or quality measures for community pharmacy.

²⁵ Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

²⁶ Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

Stoma Appliance Customisation Service (SAC)

This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service)

Each year from September through to January the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets.

The aims of the national programme are:²⁷

- to sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- to protect those who are most at risk of serious illness or death should they develop seasonal influenza, by offering protection against the most prevalent strains of the seasonal influenza virus through administration of seasonal influenza vaccination to eligible Patients; and
- to provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

5.1.4 Enhanced Services

The third tier of Pharmaceutical Service that can be provided from pharmacies are the Enhanced Services. Pharmacy Enhanced Services are commissioned by NHS England through a few different avenues: National Enhanced Services (NES) are commissioned by NHS England directly, while Local Enhanced Services (LES) and Locally Commissioned Services (LCS) can be commissioned by NHS England, Integrated Care Boards (ICBs), or Local Authorities (LAs), or a combination thereof. These fall outside of the *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013* and do not impact on the commissioning of new pharmacy contracts).

National Enhanced Services (NES):

- These are services specified nationally by NHS England and are the same across the country.
- NHS England must consult with Community Pharmacy England (CPE) on the service specification and remuneration.
- Current examples include the COVID-19 Vaccination Service and the RSV and Pertussis Vaccination Service.

Local Enhanced Services (LES):

- These are services developed locally to meet specific health needs in a particular area.
- NHS England would consult with Local Pharmaceutical Committees (LPCs) on the development of LESs.
- Examples include services developed by ICBs or LAs to address specific population needs.

Locally Commissioned Services (LCS):

- These are services commissioned by ICBs or LAs and are not part of the national Enhanced Services framework.
- They can be for a variety of services, including public health and social care.

²⁷ NHS England. 'Community Pharmacy advanced service specification - Seasonal Influenza Vaccination 1 September 2024-31 March 2025 Available at: [R008-11-PRN00996iii-cp-seasonal-influenza-vaccination-as-spec-aw-2425-june-2024-v2.pdf](#).

- Examples include Supervised Consumption, Needle and Syringe programmes, and various public health services.

These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by ICBs or local authorities, they are referred to as locally commissioned services.

At present the ICB commissions:

- Palliative and End of Life Medicines Service (ensuring access to these medicines)
- Minor Ailments Service for Asylum Seekers (this service is commissioned when and where needed, currently this is commissioned in Peterborough).

5.3 The role of pharmacy in preventing ill health and promoting healthy behaviours

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. Children, adults and the elderly are all vulnerable to the risk factors that contribute to preventable non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.²⁸

Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. The NHS Long Term Plan (2019)⁶ along with the Community Pharmacy Contractual Framework (2019)⁷ set out proposals for the future of the NHS based around new models of care that will better support population health management. This offers a strategic opportunity to review and revisit the role of community pharmacy and the wider role it can play in a more integrated health and care system.

Cambridgeshire & Peterborough ICB's vision for commissioning community pharmacy services is part of its broader ambition to create integrated, community-focused care pathways that emphasise prevention, early diagnosis, self-care, and medicines optimisation. Their approach can be summarised under several strategic pillars:

1. Integration & “Place-based” commissioning

- Embedding pharmacy into care pathways from the outset, especially in areas like minor illness, contraception, hypertension, COPD, asthma, diabetes, and early detection of CVD and cancer.
- Strengthened collaboration through Primary Care Networks (PCNs) and Integrated Neighbourhoods (INs) via community pharmacy leads who ensure aligned referral pathways (e.g., Pharmacy First scheme, BP checks, contraception), and smooth interoperability in patient records.
- Inclusion of community Pharmacies to deliver services that meet population health needs, delivered through the neighbourhood health innovative commissioning model.

2. Prevention & Public Health

- Commissioning community pharmacies to play a central role in prevention, including Healthy Living Pharmacy programmes, weight management, reproductive health, seasonal vaccinations (e.g., flu/COVID), and enhanced roles in hypertensive active case finding and routine BP checks, as well as some other public health campaigns.

²⁸ World Health Organization. (2021). Non-communicable diseases. Available at: <https://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases> (Last accessed 5th May 2022)

- The Joint Forward Plan (2024–29) emphasises prevention to help people stay healthier longer, reducing illness burden and healthcare demand.

3. Condition Management & Early Detection

- Explore opportunities to expand pharmacies' involvement in routine management of hypertension, asthma, COPD, diabetes, utilising extended skill sets, such as independent prescribers.
- Explore opportunities to support early disease detection (CVD, cancer, respiratory issues) via routinely accessible pharmacy-based screening and structured referral mechanisms.

4. Medicines Safety & Optimisation

- Strengthening pharmacy roles in new medicines service (NMS), discharge medicines service (DMS), polypharmacy reviews, and medication safety, especially among high-risk or complex cohorts.
- Embedding safer systems across ICB, PCNs, secondary care, and social care to optimise medication outcomes and reduce harm.

5. Workforce & Capacity Building – Local Aspirations

- For neighbourhood health providers to provide workforce support to community pharmacy including to enable them to deliver operational requirements and transformation in clinical services.
- Developing clinical pharmacy networks with funded leadership roles, linking LPCs, PCNs, INHs and ICB commissioning teams.

6. Digital Linked-Up Care – National Programme

- Building IT connectivity across general practice, pharmacy, dentistry, optometry to ensure seamless data flow, with aligned information systems and shared digital care records.

In summary

Integration	Embed community pharmacy within PCN/interprofessional care pathways.
Prevention & Early Detection	Invest in the development of Pharmacies to be able to screen, immunise, and signpost earlier.
Condition Management	Tap into pharmacy skill sets for long-term condition management and prescribing.
Medicines Optimisation & Safety	Deepen pharmacy's role in managing medicines transitions and reducing harm.
Workforce & Digital Enablers	Promote pharmacy workforce development. Enable the national and digital infrastructure by providers.

All of the above is referenced in the ICB's Joint Forward Plan (2024–29) vision: “All together for healthier futures” – with pharmacy as a core community-based resource for delivering integrated, equitable, and preventative care

Cambridgeshire and Peterborough Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing, as recommended by NICE ²⁹ and the UK Health Security Agency (UKHSA)³⁰.

Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care and reducing health inequalities. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

Preventative approaches are important to ensure older people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services for this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services.

Patients with Long Term Conditions (LTCs) are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Health campaigns aimed at improving medicines-related care for people with LTC, and therefore reducing emergency admissions, could also be provided through community pharmacies. Community pharmacists could be involved in monitoring the use of and adherence to taking, for example: statins, antihypertensives and supplementary prescribing, making adjustments to the treatment being received by the patient as needed. In addition, pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment. There is evidence supporting a wider role for pharmacy in supporting patients with long-term conditions through integrating community pharmacists and their teams into long-term condition management pathways⁸.

Evidence shows that deprived populations often experience poor health outcomes including low life expectancy.³¹ The prevalence of lifestyle related conditions as well as long term conditions are more prevalent in more deprived populations. Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers; traveller

²⁹ NICE. [Community pharmacies: promoting health and wellbeing](https://www.nice.org.uk/guidance/ng102) [Internet]. 2018. Available at: <https://www.nice.org.uk/guidance/ng102>. (Accessed: 5th May 2022)

³⁰ UK Health Security Agency. Pharmacy playing a pivotal role in prevention and public health [Internet]. 2019. Available from: <https://ukhsa.blog.gov.uk/2019/06/28/pharmacy-playing-a-pivotal-role-in-prevention-and-public-health/>. (Accessed: 5th May 2022)

⁴ OHID. (2022). Public Health Profiles- Fingertips. <https://fingertips.phe.org.uk/>

⁵ Office for National Statistics. (2022). National population projections: 2020-based interim.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim>

³¹ Marmot, M et al. 'The Marmot report- Fair society, healthy lives'. Feb 2010. University College London (Accessed November 2016). Available at: <http://www.instituteofhealthequity.org/>

communities; ethnic minorities; older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest fastest.

5.4 Promoting healthier lifestyles

There are a wide range of opportunities for pharmacies to promote healthier lifestyles which could involve: motivational interviewing; providing education, information and brief advice, providing on-going support for behaviour change; and signposting to other services or resources.

Appendix 3 gives the results of the contractor questionnaire and indicates a willingness by a number of community pharmacies who responded to the questionnaire to consider providing other services for various health conditions and lifestyle interventions if they were to be commissioned to do so.

5.5 Locally commissioned services: public health services

Pharmacies can sign up to deliver locally commissioned health improvement programmes through Cambridgeshire County Council and Peterborough City Council Public Health services, along with other non-pharmacy providers. Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

Broadly, across England the following specific public health services are commissioned from community pharmacies by local authorities³²,

- Supervised consumption;
- Needle and syringe programme;
- NHS Health Check;
- EHC and contraceptive services;
- Sexual health screening services;
- Stop smoking;
- Chlamydia testing and treatment;
- Weight management; and
- Alcohol screening and brief interventions.

The following local services are currently commissioned in Cambridgeshire and Peterborough:

- Supervised Administration Service (commissioned by CCC & PCC subcontracted through the provider, currently CGL)
- Needle and Syringe Exchange Service (commissioned by CCC & PCC subcontracted through the provider, currently CGL)
- Emergency Hormonal Contraception (EHC) (commissioned by CCC & PCC)
- Smoking Cessation provision of Nicotine Replacement Therapy (NRT) (commissioned by CCC & PCC)
- Distribution of Take-Home Naloxone (commissioned by CCC & PCC subcontracted through the provider, currently CGL)

³² Pharmaceutical Service and Commissioning. Available at: <https://psnc.org.uk/services-commissioning/locally-commissioned-services/which-commissioner/>

Table 16 shows the number of pharmacies accredited to deliver NRT vouchers scheme and EHC. The table also shows those who have been actively delivering (during period 1st April 2024 – 31st March 2025) and what percentage this is of those accredited.

Table 16: Pharmacies accredited and delivering Public Health services, by locality (2025/26)

District	EHC				NRT			
	Active	Accredited	Total Number of Pharmacies	% delivering (as % of available pharmacies)	Active	Accredited	Total Number of Pharmacies	% delivering (as total % of available pharmacies)
Cambridge	13	16	23	57	14	16	23	61
East Cambridgeshire	5	9	12	42	8	9	12	67
Fenland	10	11	16	63	12	13	16	75
Huntingdonshire	10	15	28	36	14	16	28	50
South Cambridgeshire	8	10	19	42	7	8	19	37
Peterborough (P)	11	11	34	32	11	11	34	32
Cambridgeshire (C)	46	61	98	47	55	62	98	56
Total C&P	57	72	132	43	66	73	132	50

ccc=Cambridge City, ECDC = East Cambridgeshire, FDC = Fenland, HDC = Huntingdonshire, SCDC = South Cambridgeshire, PCC = Peterborough City, CCC = Cambridgeshire

Of the community pharmacies who responded to the questionnaire, various reasons not being able to meet demand are given (**Table 17**). Insufficient compensation and lack of staff availability/capacity were the key issues identified. 9 pharmacies stated they do not have enough space to provide some of the services e.g., needle/syringe exchange.

Table 17: Reasons for not being able to meet the increase in demand for pharmaceutical services over the next 3 years

Reasons to not be able to meet demand	Number
Infrastructure constraints	9
Complexity of patients	2
Insufficient compensation	15
Staffing - recruitment	10
Staffing - retention	8
Prefer not to say	0
Other (Insufficient Compensation)	1

5.5.1 Smoking cessation services in Cambridgeshire pharmacies

ONS data show 5,970 deaths in Cambridgeshire in 2024³³ and it is estimated that around 1,866 deaths in the area per year are attributable to smoking³⁴

Community pharmacies can deliver the Smoking Cessation Service (SCS), which was commissioned nationally as an Advanced service in 2022, as of April 2025 67 out of 143 (46.8%) community pharmacies in Cambridgeshire and Peterborough are commissioned to provide the smoking cessation service as an advance service. The Public Health Pharmacy smoking cessation service was decommissioned at the end of March 2023 but Public Health continue to commission the NRT Voucher scheme.

Smoking Cessation is also locally commissioned and provided by a range of providers in Cambridgeshire and Peterborough including: GP surgeries, Healthy You, Smoke Free App, The Ferry Project, maternity services and newly commissioned bespoke support through CPSL Mind and Housing First. The Smoking Cessation service consists of one-to-one advice and behavioural support for smokers over the age of 12 years who live or work in Cambridgeshire and Peterborough. The programme lasts 12 weeks and the behavioural support is used alongside medication treatments via NHS prescription, with outcomes measured four weeks after setting a 'quit date'.

As well as the national advanced service for smoking cessation, community pharmacies across Cambridgeshire and Peterborough can deliver the 'Nicotine Replacement Therapy (NRT) voucher scheme' This scheme enables the team of community-based Smoking Cessation advisors to complete a voucher for Nicotine Replacement Therapy for the client to take to the participating pharmacy to have the chosen NRT dispensed under an NHS prescription.

Analysis of the data from pharmacies providing NRT vouchers shows that the highest rates of NRT voucher access are in Fenland which has the highest rates of smoking (**Figure 3** and **Map 20**). Relative to smoking prevalence levels, there may be opportunities to increase uptake in Cambridge via the smoking cessation service and community pharmacies. This requires further exploration.

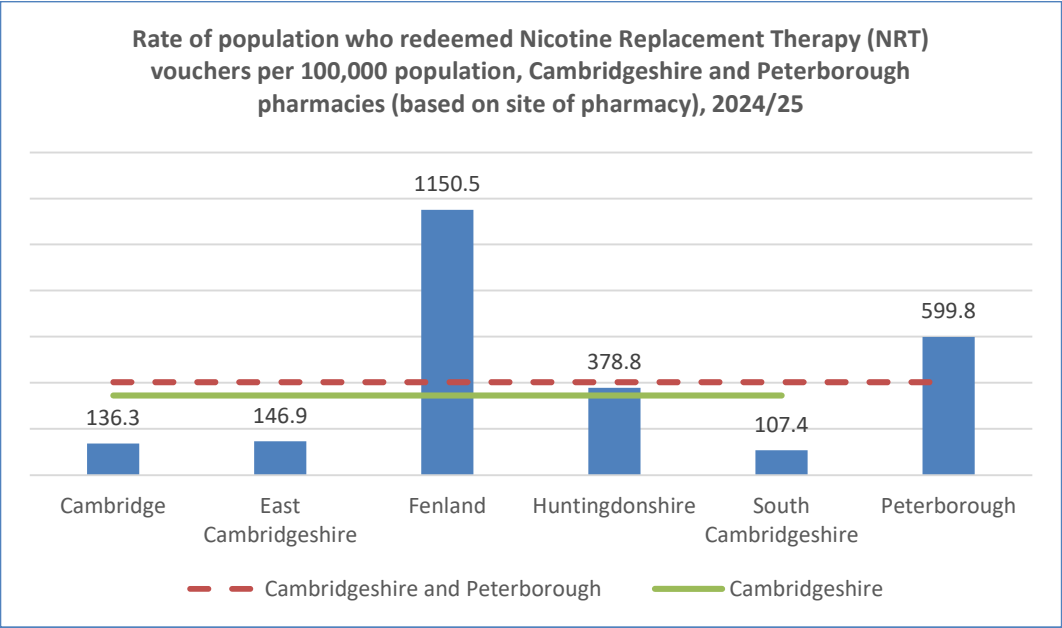
³³

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/monthlyfiguresondeathsregisteredbyareaofusualresidence>

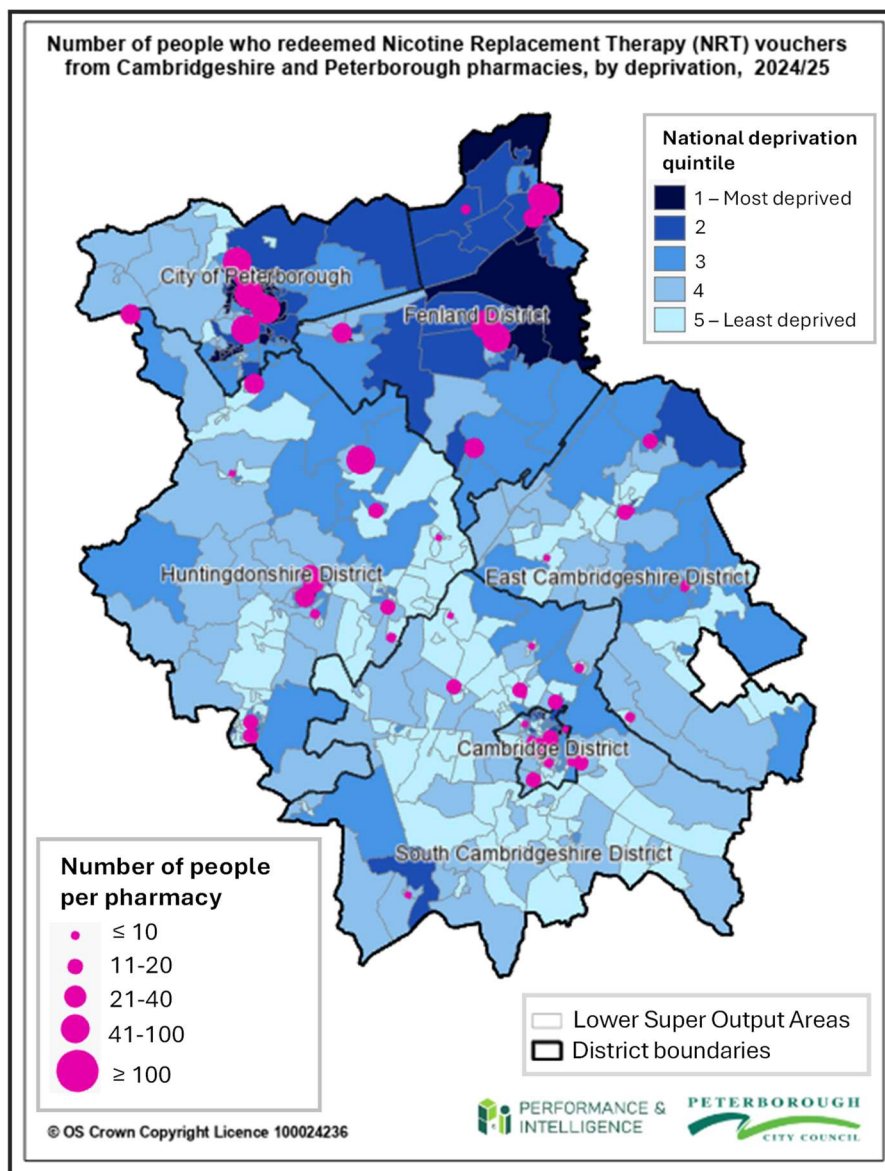
³⁴ [https://fingertips.phe.org.uk/profile/tobacco-](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000006/ati/102/are/E10000003/iid/113/age/202/sex/4)

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Figure 3: Rate of population who redeemed Nicotine Replacement Therapy (NRT) vouchers per 100,000 population



Map 20: Number of people who redeemed NRT by Deprivation



Community pharmacies remain well placed to ensure NRT is accessible to the those receiving Smoking Cessation support in the community, particularly with many offering extended opening hours.

5.4.3 Emergency hormonal contraception (EHC)

Contraception is a method of managing unwanted pregnancy. The rate of abortions is an indicator of lack of access to good quality contraception services and advice, as well as problems with individual use of a contraceptive method. Although the Integrated Care Board are now responsible for commissioning most abortion services, local authorities are responsible for commissioning comprehensive sexual health services including contraception services and advice, and sexual health specialist services such as young people's sexual health and teenage pregnancy services, outreach, sexual health promotion and services in schools, colleges and pharmacies.

EHC may only be supplied by an accredited pharmacist. In order to achieve accreditation, the pharmacist(s) must have satisfactorily completed the Centre for Pharmacy Postgraduate Education (CPPE) Emergency

Hormonal Contraception distance learning package. Medicine counter staff must be trained to refer each request for EHC to the pharmacist(s). It is the responsibility of the pharmacy to ensure that all pharmacists and locums supplying EHC are accredited. The pharmacy must be able to supply EHC during opening hours of the pharmacy on at least four days of the week, one of which will preferably be a Saturday. Anyone accessing the service will need to check with the pharmacy that they have an accredited pharmacist available.

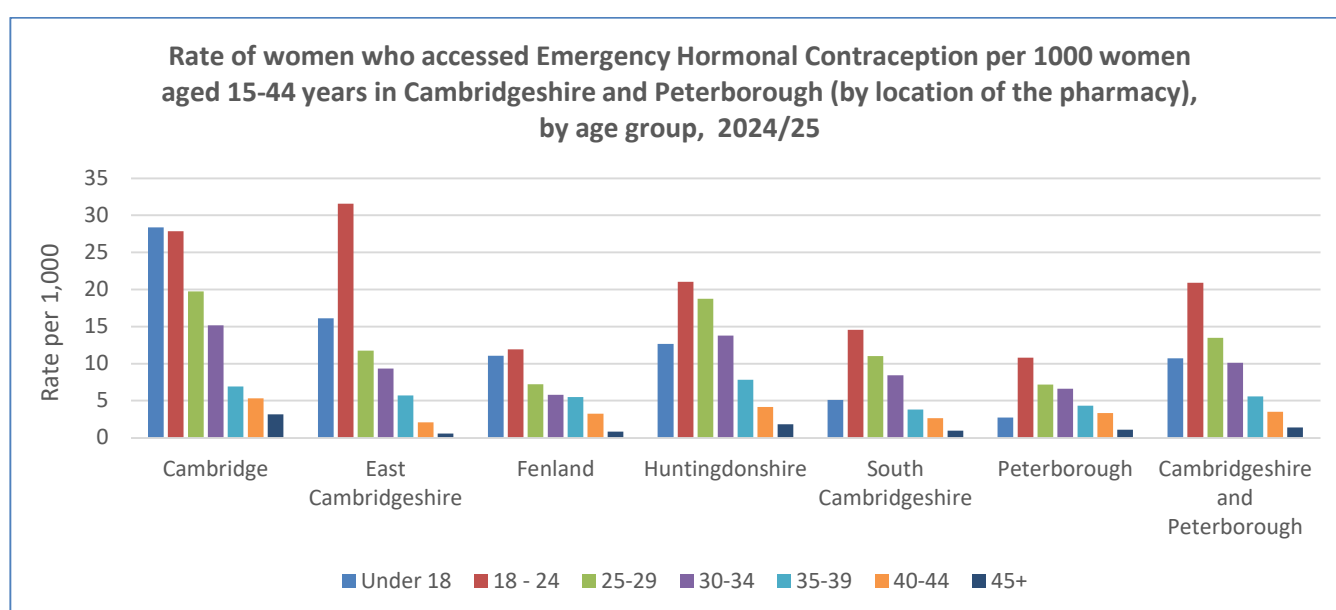
Pharmacies in Cambridgeshire and Peterborough are offered the opportunity to receive training and contract to provide EHC, which is available as a locally commissioned service in some community pharmacies. Ideally, community pharmacies would have more than one pharmacist available to provide EHC to ensure continuity of services. In addition, pharmacies could promote the availability of free EHC.

The EHC Service is currently being delivered by 46 pharmacies across Cambridgeshire (61 accredited) and 11 across Peterborough; as part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Cambridgeshire and Peterborough. The EHC Service also provides under 25s the option of a free Chlamydia test kit, to be posted to the laboratory.

Local anonymous data shows patterns of EHC use by location of the pharmacy, including the pharmacy's deprivation score, and also the ages of the women receiving EHC. Ethnicity data is collected but completeness is low in some areas.

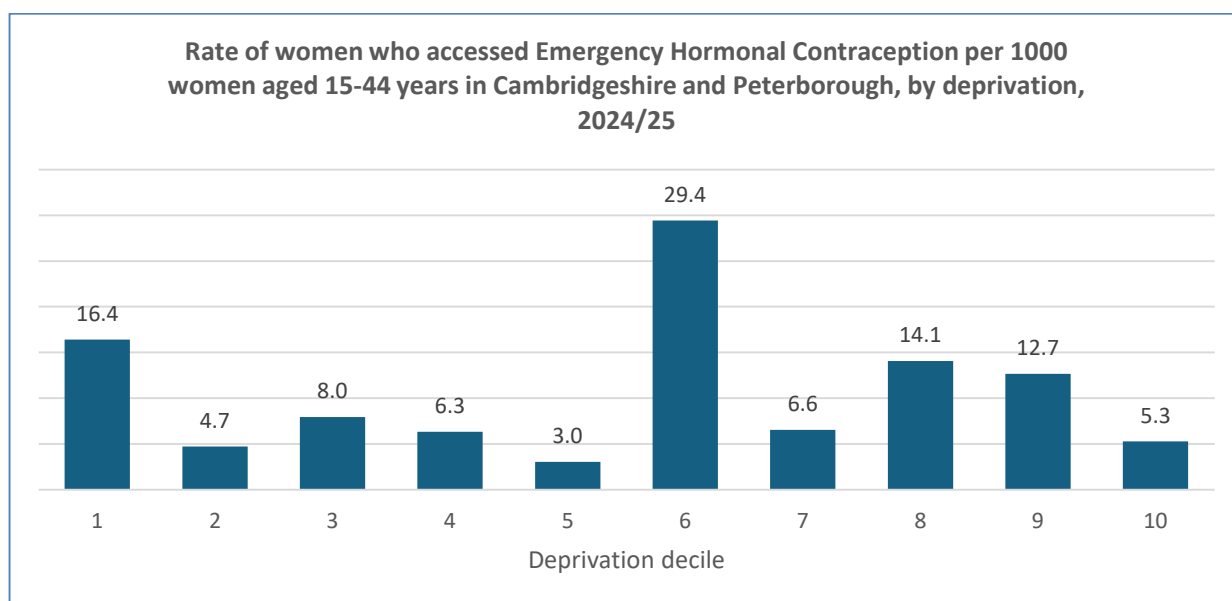
Data shows highest rates of access to EHC by women aged 18-24 years and in Cambridge, by those under 18 (Figure 4).

Figure 4: Rate of women who accessed Emergency Hormonal Contraception per 1000 women



Interpreting the deprivation data is complicated because it is based on the location of the pharmacy rather than the area of residence and some women will be going to a pharmacy outside of their local area because it is near work or they want anonymity. The rate is high for example, in deprivation decile 6 because this includes Boots in the middle of Cambridge (**Figure 5**). The data does indicate, however, that there needs to be consideration when the national Contraceptive service expands to include the provision of EHC in October 2025 that appropriate consideration is made about equitable access to pharmacies for women across Cambridgeshire and Peterborough, and ideally aligned to reproductive health needs more broadly, including abortion rates which may indicate a lack of access to contraception.

Figure 5: Rate of women who accessed EHC per 1000 women



5.4.4 Services for harm related to drug use

Illicit drug use, particularly opioid dependence and injecting drug use, contributes significantly to the disease burden both globally and locally in Cambridgeshire and Peterborough. Harm reduction services, the delivery of opioid substitution treatment (OST) and needle and syringe programmes (NSP), are evidence-based interventions that help reduce drug-related deaths, the transmission of blood-borne viruses (such as HIV and Hepatitis C), and other harms associated with injecting drug use.³⁵

A Drug and Alcohol Needs Assessment was published in 2023 for Cambridgeshire and Peterborough³⁶.

The Public Health teams separately commission services to provide specialist drug and alcohol treatment for Cambridgeshire and Peterborough.

Many people who use illicit drugs may have limited or no regular contact with healthcare services. Community pharmacies delivering harm reduction services offer a key point of access to the NHS and are an opportunity for advice on safer injecting and other harm reduction measures. Community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction, providing an essential bridge into wider healthcare and treatment pathways.

Needle and syringe Programme offered in pharmacies across the county

In total, 68 (51%) community pharmacies across Cambridgeshire and Peterborough are sub-contracted by the Public Health commissioned provider to provide access to sterile needles and syringes, and sharps containers for return of used equipment, 44 (47%) in Cambridgeshire and 24 (60%) in Peterborough.

Where agreed locally, associated materials will be provided (for example citric acid, spoons and alcohol swabs) to promote safe injecting practice and reduce transmission of infections by substance users.

³⁵ Degenhart L et al. 'Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010'. *Lancet* 2013; e-pub 29 Aug. Available at:

<http://www.sciencedirect.com/science/article/pii/S0140673613615305> (Last accessed 19 Nov 2013)

³⁶ [Cambridgeshire & Peterborough Insight – Drugs and alcohol needs assessment 2023](#)

The pharmacy provides support and advice to the user, including referral to other health and social care professionals, specialist drug and alcohol treatment services where appropriate and promotes safe practice to the user, including advice on sexual health, STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

The contracted pharmacies provide a sufficient level of privacy and safety and have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained and discreet in the operation of the service, including allocation of a safe place to store equipment and returns for safe onward disposal. Storage containers provided by the Specialist Drug Treatment commissioned clinical waste disposal service are used to store returned used equipment.

Data from needle and syringe services can be difficult to accurately capture as users tend to provide little information and return counts tend to be estimated.

In February 2022 Public Health surveyed pharmacies about the trends in the Needle and Syringe Programme (NSP) and the consistency of their service provision. The main findings were:

- The number of Pharmacies contracted and actively offering NSP has reduced year on year since 2018.
- Pharmacies that are contracted and active believe there has been very little change in their service users although some reported a slight decrease due to service users moving.
- Issues have been reported from pharmacies and service users about the impact of locum pharmacy staff on continuity of service provision.
- There have been instances of theft and using in shopping centre toilets / baby change which contribute to accessibility and stigma.
- The number of service users accessing online services is small and the perception is that not many would have the ability or appropriate phones / apps etc.
- There is missing data on overall mobile distributions and deliveries of NSP through the Covid-19 pandemic period.
- There were fewer instances of needle finds due to the 'everyone in' intervention.
- There are national concerns of a recent increase in the sharing and re-use of injecting equipment. (Shooting up)
- The total numbers of service users injecting for Cambridge and Peterborough is unknown and would require further research and data provision from service providers.
- Further work is needed to increase coverage of NSP and promote it. Alternative means of provision in addition to pharmacies are also key given the stigma and reluctance of some service users to visit pharmacies.

Community pharmacy Supervision of Consumption across Cambridgeshire

Supervised consumption of opioid substitution therapy (OST), such as methadone and buprenorphine, is a key harm reduction service provided through community pharmacies across Cambridgeshire and Peterborough.

UK guidelines on clinical management on drug misuse and dependency³⁷ outline that new patients starting OST should usually take their daily dose under supervision for an initial period. Levels of supervision are then determined based on individual risk assessment for each patient.

The aims of a community pharmacy based supervised consumption service include:

³⁷ [Drug misuse and dependence](#)

- ensuring the patient receives the prescribed dose
- reducing diversion of prescribed doses (the redirection of prescribed or supplied medications for non-prescribed or illicit use, including sale, sharing, or misuse)
- providing an opportunity for the pharmacist to make a regular assessment of patient compliance with treatment and of their general health and wellbeing
- providing an opportunity for the pharmacist to build a therapeutic relationship with the patient that is beneficial to promote health and harm reduction
- reducing the risks of drug related overdose and deaths
- minimising the risk of overdose or accidental consumption, particularly by children.

Supervision takes place at the point of dispensing. Pharmacists observe the patient taking the medication to confirm it has been administered.

Community pharmacies offering this service are expected to:

- Provide a confidential, non-judgemental, client-centred environment
- Deliver brief advice and support on harm reduction, and refer patients to primary or specialist care when needed
- Maintain records to support service delivery, quality assurance, and audit
- Ensure pharmacists and relevant staff are trained and working to local protocols

Take Home Naloxone (THN)

Naloxone is a potentially life-saving medicine that reverses lethal effects caused by opiate overdoses. Increasing access to Naloxone is identified as a vital harm reduction measure that will save lives in Dame Carol Black's independent review of drugs (<https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>), and pre-provision of naloxone to people who use heroin significantly improves outcomes in overdose situations.

Naloxone is an opioid/opiate antagonist and is licensed for use in:

- Complete or partial reversal of central nervous system and respiratory depression, caused by natural or synthetic opioids.
- Emergency treatment of suspected acute opioid overdose or intoxication.

The legal framework and supply of Naloxone was updated in 2024-25. Naloxone remains a prescription-only medicine (POM). However, under the Human Medicines (Amendment) (No. 3) Regulations 2015, and the Human Medicines (Amendments Relating to Naloxone and Transfers of Functions) Regulations 2024, a wide range of individuals and services can now supply naloxone without a prescription.

44 pharmacies in Cambridgeshire are signed up to deliver naloxone, with 5-7 actively dispensing. In Peterborough 22 pharmacies signed up to offer Naloxone but in reality only about 5 are actively dispensing.

Who can supply naloxone?

Under current UK legislation, naloxone can be supplied without a prescription by a wide range of authorised individuals and services.

Registered Community Providers

Other individuals and organisations, such as charities, outreach teams, or peer-led initiatives, can also supply naloxone if they are registered through the national naloxone supply network. These providers must meet training and governance standards to ensure safe and effective distribution.

6 Future Population Changes and Housing Growth

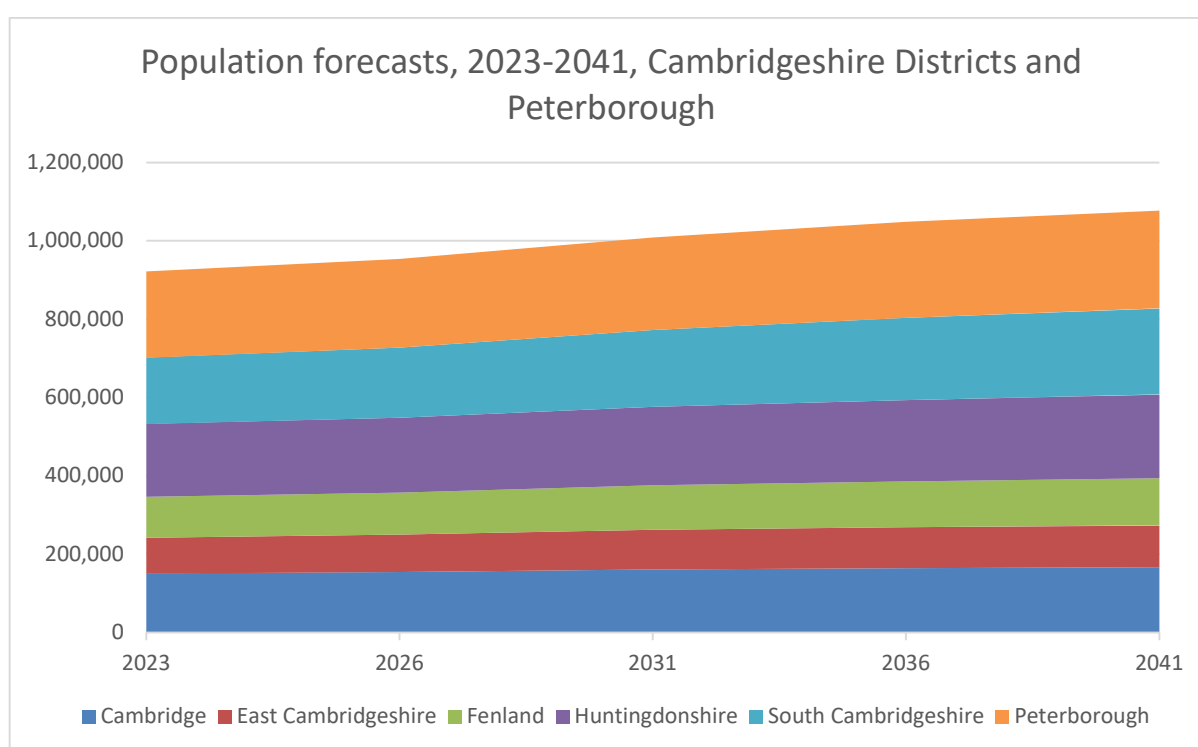
This section considers population changes and housing growth in Cambridgeshire. Particular emphasis is placed on expected housing completions until 2028, which is the three-year period before the PNA will next need to be updated.

6.1 Population changes in Cambridgeshire and Peterborough

The resident population of Cambridgeshire and Peterborough was estimated at 164,715 in 2023 and is expected to increase by approximately 10,080 (6.2%) to 174,795 by 2026 and 196,015 by 2031.

An overview of the population growth in Cambridgeshire (by district) and Peterborough in the coming decades is shown in **Figure 6**. The largest increases to 2041 in both absolute and relative terms are expected in South Cambridgeshire (29.9% growth), where a number of significant new housing developments are under development or are planned.

Figure 6: Population forecasts for Cambridgeshire, by district, from 2021 to 2041



Source: Cambridgeshire Research Group, 2020-based population forecast by district

The population of 0 to 19 year olds in Cambridgeshire and Peterborough is expected to increase by 4.7% overall between 2021 and 2031 (see **Table 18**). South Cambridgeshire and Cambridge City are forecast to have the largest increases, of 10.5% and 5.4% respectively.

Table 18: Current and Forecast Population aged 0-19 years

Area	2023	2026	2031	2036	2041	% change 2021-2026	% change 2021-2031
Cambridge	31,360	32,910	33,040	32,230	32,115	4.9%	5.4%
East Cambridgeshire	20,305	20,655	20,680	20,545	20,550	1.7%	1.8%
Fenland	22,280	22,740	23,355	23,090	23,575	2.1%	4.8%
Huntingdonshire	40,800	41,680	42,485	42,805	43,515	2.2%	4.1%
South Cambridgeshire	40,650	42,390	44,920	46,830	48,255	4.3%	10.5%
Cambridgeshire	155,395	160,375	164,480	165,500	168,010	3.2%	5.8%
Peterborough	60,770	61,990	61,935	61,485	61,230	2.0%	1.9%
Cambridgeshire and Peterborough	216,165	222,365	226,415	226,985	229,240	2.9%	4.7%

Note: Totals may not add due to rounding

Source: Source: Cambridgeshire Research Group, 2023-based population forecast by district

The adult working-age population (age 20 to 64) in Cambridgeshire and Peterborough is expected to increase by some 5.3% between 2021 and 2031 (**Table 19**). South Cambridgeshire is expected to have the largest increase at 16.2%.

Table 19: Current and Forecast Population aged 20-64 years

Area	2023	2026	2031	2036	2041	% change 2021- 2026	% change 2021- 2031
Cambridge	101,815	102,880	107,470	109,785	111,740	1.0%	5.6%
East Cambridgeshire	51,630	54,265	56,920	58,040	58,315	5.1%	10.2%
Fenland	57,780	58,750	61,130	61,635	64,175	1.7%	5.8%
Huntingdonshire	106,810	109,085	112,650	116,150	119,555	2.1%	5.5%
South Cambridgeshire	95,175	100,380	110,620	118,835	123,625	5.5%	16.2%
Cambridgeshire	413,215	425,365	448,785	464,455	477,415	2.9%	8.6%
Peterborough	127,595	130,935	137,250	142,390	145,480	2.6%	7.6%
Cambridgeshire and Peterborough	540,810	556,300	586,035	606,845	622,895	2.8%	5.3%

Note: Totals may not add due to rounding

Source: Cambridgeshire Research Group, 2023-based population forecast by district

The number of people in Cambridgeshire aged over 65 years is expected to increase by 10.8% between 2021 and 2031 (see Table 20). The highest growth in the older population is expected to be in East Cambridgeshire (23.3%) and in South Cambridgeshire (21.0%).

Table 20: Current and Forecast Population aged 65 years and over

Area	2023	2026	2031	2036	2041	% change 2021-2026	% change 2021-2031
Cambridge	17,210	17980	19890	21620	22690	4.5%	15.6%
East Cambridgeshire	19370	20920	23890	26310	27550	8.0%	23.3%
Fenland	24540	25845	29120	31610	33110	5.3%	18.7%
Huntingdonshire	38140	40520	45045	48670	50470	6.2%	18.1%
South Cambridgeshire	33600	35850	40665	45160	48120	6.7%	21.0%
Cambridgeshire	132845	141115	158605	173380	181940	6.2%	19.4%
Peterborough	31870	33680	37410	40775	42910	5.7%	17.4%
Cambridgeshire and Peterborough	164715	174795	196015	214155	224850	5.7%	10.8%

Note: Totals may not add due to rounding

Source: Cambridgeshire Research Group, 2020-based population forecast by district

6.2 Housing growth

Cambridgeshire and Peterborough has been an area of growth for many years. In fact, Cambridgeshire was the fastest growing county between the 2001 and 2011 in terms of population growth. Emerging District and City council local plans continue to support future growth in their areas of the county to meet housing need and support economic growth.

Using the “Housing Needs of Specific Groups” assessment³⁸ which predicts the number of dwellings needed for Cambridgeshire and the HENA³⁹ assessment for Peterborough concludes that the total combined need the local authorities should seek to deliver across Cambridgeshire and Peterborough is a minimum of 4,793 dwellings per annum.

Table 21: Housing Need across Cambridgeshire and Peterborough

Local Authority	Affordable Net Need	Housing Need	% of Housing Need
Cambridge	314	658	48%
East Cambs	215	600	36%
Fenland	289	538	54%
Huntingdonshire	404	976	41%
South Cambs	435	1,085	40%
Cambridgeshire only	1,657	3,857	43%
Peterborough	477	936	51%
Cambridgeshire & Peterborough	2,134	4,793	45%

³⁸ [GL Hearn Housing Needs of Specific Groups](#)

³⁹ [PE010a-Peterborough-HENA-Housing-Part1-Oct-2024.pdf](#)

Table 22: Dwelling Completions (NET) in Cambridgeshire and Peterborough since last PNA

Area	2019/20	2020/21	2021/22	2022/23
Cambridge	476	406	616	833
East Cambridgeshire	514	405	619	820
Fenland	522	367	414	594
Huntingdonshire	1,012	1,041	1,054	1,250
South Cambridgeshire	1,058	1,320	1,199	1,473
Cambridgeshire	3,582	3,539	3,902	4,970
Peterborough	1,133	1,247	1,005	772
Cambridgeshire and Peterborough	8,297	8,325	8,809	10,712

Source: Cambridgeshire Research Group and Peterborough Housing Team

NET completions include all dwelling gains in monitoring year minus the losses (demolitions, etc)

The table only shows self-contained dwellings (i.e. the Census definition) Error! Reference source not found.

Table 23: Dwelling Commitments in Cambridgeshire and Peterborough at 28 April 2025

Area	Outline planning permission	Full / Reserved Matters permission, Under Construction	Full / Reserved Matters permission, Not Started	Total Permissions	Adopted Allocation with no Planning Permissions	Total dwellings commitment
Cambridge	1,449	467	1,416	3,332	2,125	5,457
East Cambridgeshire*	1,862	-	-	5,419	3,053	8,472
Fenland	1,497	515	1,812	3,824	4,678	8,502
Huntingdonshire	6,953	1,115	3,111	11,179	2,371	13,550
South Cambridgeshire	18,074	1,177	3,880	23,131	10,002	33,133
Cambridgeshire	29,835	3,274	10,219	46,885	22,229	69,114
Peterborough**				1,322		

Cambridgeshire Research Group

*breakdown of Under Construction and Unimplemented unavailable for East Cambridgeshire

** Peterborough City Council don't collect data in the same way, also data was last updated in 2023

Error! Reference source not found. Error! Reference source not found. describes dwelling commitments across Cambridgeshire and Peterborough as at April 2025. Commitments include those with outline planning permission, full/reserved permissions, and allocated sites within the Local Plans. Due to the differences in the way each local authority publishes their data some comparisons and totals cannot be produced.

6.3 Growth 2022 onwards

Several major developments are expected to progress significantly, and a number of other major developments are expected to begin during the period. **Map 21** shows the major developments in Cambridgeshire and Peterborough as at 2025. **Map 21** and **Map 22** show growth sites of 200 or more commitments across Cambridgeshire and Peterborough.

6.4 Monitoring of housing developments and needs for pharmaceutical services

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

6.5 Monitoring of housing developments

Cambridgeshire Research Group publish a quarterly update on the status of major housing developments in Cambridgeshire.⁴⁰ This information will be used to inform monitoring of need for pharmaceutical services before the next PNA is published.

Cambridgeshire County Council along with Peterborough City Council monitors the annual number of commitments, completions and units under construction. This information is available on an annual basis across the county.⁴¹

In addition to monitoring individual housing sites, it may be necessary to monitor cumulative developments across several sites; i.e. if a number of smaller developments are built in an area then future completions may be worth monitoring by town/village/vicinity to pharmacies as well as just by individual housing developments. This might be particularly relevant where the ratio of pharmacies to people is already above or below average.

6.6 Effect of Growth on a Reserved Location

A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile) of the proposed premises or location is fewer than 2,750.

Should the population reach or exceed 2,750 the pharmacy, if already open, can apply to NHS England for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one mile rule would apply (i.e. the doctors lose dispensing rights within a mile of the pharmacy).

6.7 Factors to consider in relation to needs for pharmaceutical services

According to the 2021 Census the average number of people per household in East of England is 2.41 (the average for England is 2.4). Note that the average household size in the new developments tends to be larger than the standard multiplier, with an average of 2.64 - 2.69 people per new development household compared to 2.38 in settled households. This implies that consideration needs to be given for an extra 260 - 310 people per 1,000 households built than if just using the average household multiplier for settled areas. This indicative average is likely to be on the lower side, given the methodological approach on best fit output areas and change over time which has led to the inclusion of some settled areas being included within the new development analysis. It is also important to note that within this average the household size varies widely,

⁴⁰ Ibid.

⁴¹ Cambridgeshire County Council. 'Housing Development' webpage. Available at: <http://cambridgeshireinsight.org.uk/interactive-maps/housing>

influenced by the nature of each of the new developments. For example, in Paston (Peterborough) the average household size is 2.76 people per household.

Households in new developments have a higher proportion of 3 or 4 residents (35.9%) compared to settled households (29.1%), but lower than older developments (40.5%). New developments in Cambridge have a high proportion of one person households (30.0% compared to 20.7% for all the other districts combined). This is most likely a reflection on the higher number of 1 and 2 bedroom dwellings in the city.

This has implications for service delivery in new developments (i.e. coping with an increase in population compared to predicted).

The HWB is not aware of any robust evidence to suggest a generic 'population trigger point' for when a housing development in a location might need a pharmaceutical service provider. The HWB is also not aware of any measure of the extent to which existing local pharmaceutical service providers can accommodate the increase in need for pharmaceutical services created by an increase in local population size.

An increase in population size is likely to generate an increased need for pharmaceutical services, but, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

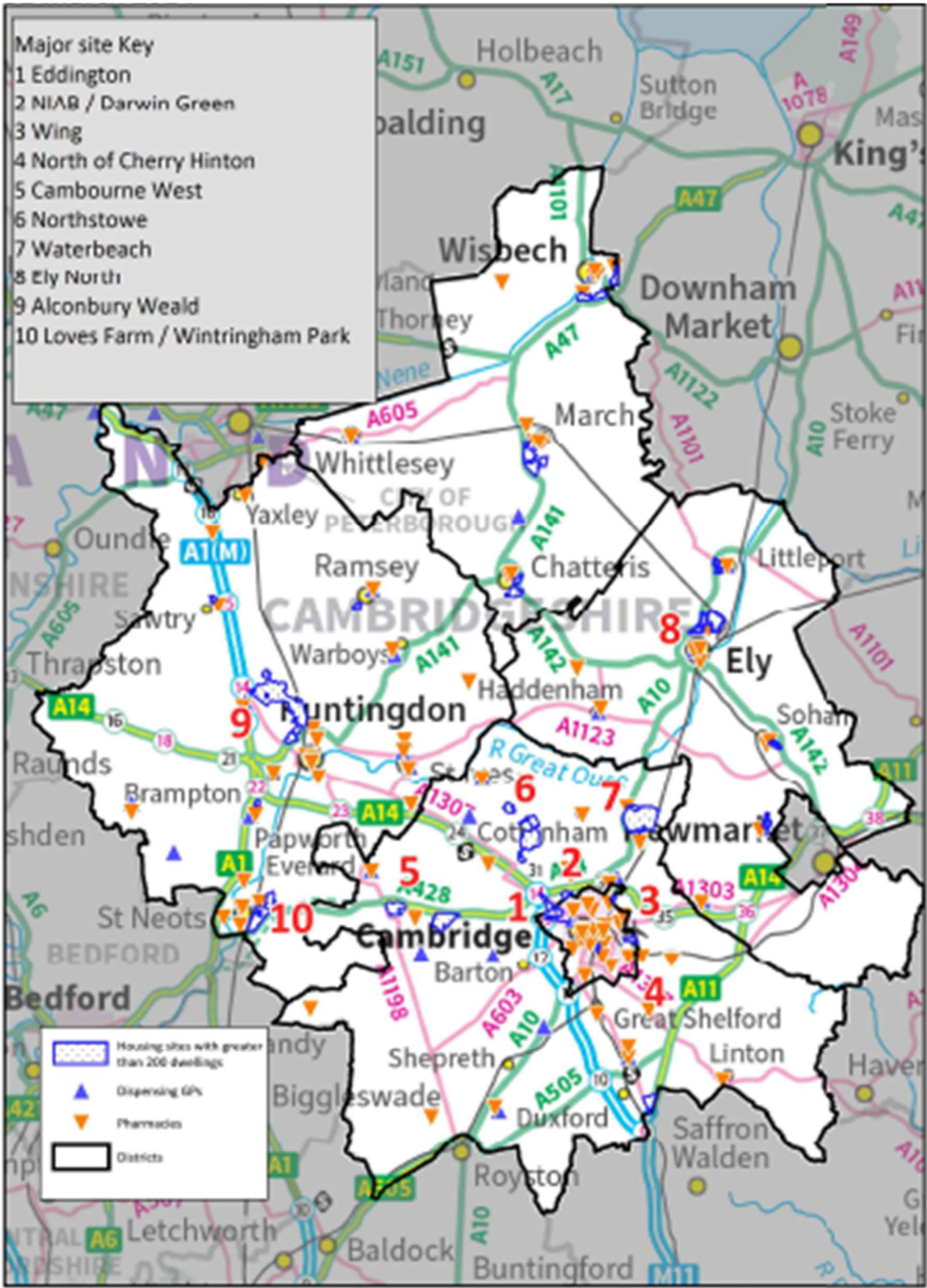
Considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. Such factors may include:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e. the proportion of affordable housing at the development.
- Existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise existing local pharmaceutical service provision;
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.
- Developments in pharmaceutical supply models (e.g. delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.
- Considerations of health inequalities and strategic priorities for Cambridgeshire and Peterborough.

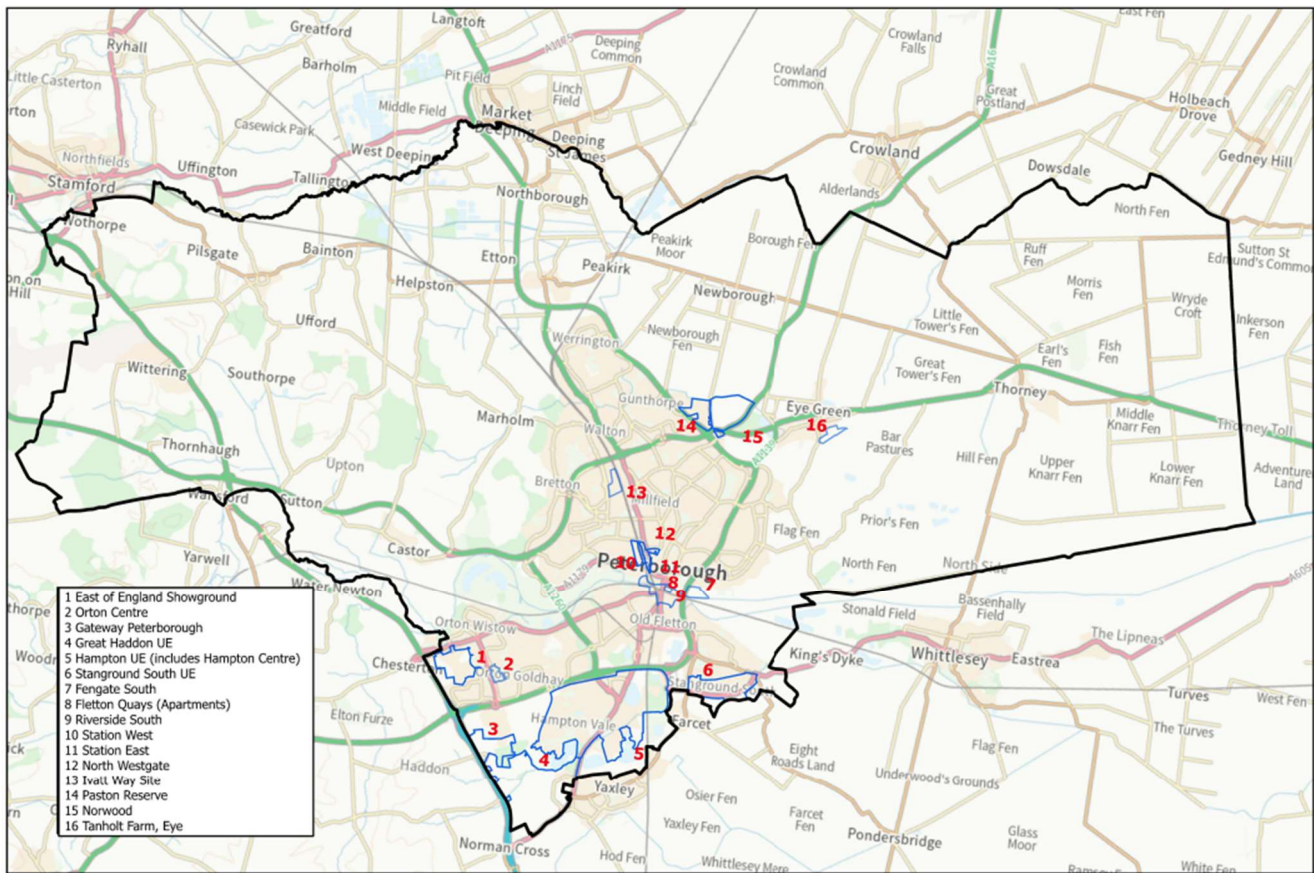
In conclusion, over the coming years, the population in Cambridgeshire and Peterborough is expected to both age and grow substantially in numbers. Several large-scale housing developments are in progress. The Cambridgeshire and Peterborough HWB will monitor the development of major housing sites and produce

supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmaceutical services provision might be required.

Map 21: Cambridgeshire Housing sites with Greater than 200 Dwellings - 31 March 2024



Map 22: Peterborough Housing sites with Greater than 200 Dwellings July 2025



Cambridgeshire Pharmaceutical Needs Assessment 2020

Appendices 1 – 4

Appendices are available separately on Cambridgeshire and Peterborough Insight

Appendix 1: Legal requirements for PNAs

Appendix 2: Lists of Pharmacies & Dispensing Doctors and Methodology

Appendix 3: Results of Community Pharmacy Questionnaire 2025

Appendices can be found at: [Cambridgeshire & Peterborough Insight – Health and Social Care Hub – Published Joint Strategic Needs Assessments \(JSNA\)](#)