

BARNSLEY PHARMACEUTICAL NEEDS ASSESSMENT 2025-2028

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1. Acknowledgements

The Barnsley Pharmaceutical Needs Assessment (PNA) 2025–2028 has been developed by the Barnsley Pharmaceutical Needs Assessment Steering Group on behalf of the Barnsley Health and Wellbeing Board (HWB).

We would like to thank all members of the Steering Group for their time, expertise and commitment throughout the development of this assessment. Their contributions have been invaluable in ensuring the PNA reflects the pharmaceutical needs of Barnsley's population.

We also extend our appreciation to the following organisations and individuals for their input and support in developing the PNA or as part of the consultation:

- Community pharmacy contractors and dispensing practices across Barnsley
- Community Pharmacy South Yorkshire
- Local Medical Committee representatives
- NHS England
- Healthwatch Barnsley
- Barnsley Hospital NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Barnsley Council colleagues from Planning, Business Intelligence, and Public Health teams
- Members of the public who participated in the public community pharmacy survey

Special thanks to Laura Fairbank, Rebecca Clarke and Freyja Pluck for coordinating the drafting and consultation phases of this assessment.

2. Introduction

Background

The requirement to produce a Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Barnsley HWB as set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. These regulations, which came into force on 1 April 2013, define the scope, content, and procedural requirements for the development of a PNA. They also establish the PNA as a key document in the NHS market entry system, guiding decisions on applications for new pharmacies or changes to existing pharmaceutical services. Each HWB must in accordance with regulations:

- Assess the need for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment.

The PNA is a key tool for NHS England (NHSE), Integrated Care Boards (ICBs), and local commissioners. It provides a structured and evidence-based assessment of the current and future need for pharmaceutical services in Barnsley. This includes essential, advanced, and locally commissioned services delivered by community pharmacies and other providers. The PNA must be updated every three years and is subject to a statutory 60-day consultation with key stakeholders.

Purpose of the PNA

The Barnsley PNA 2025–2028 provides a comprehensive overview of community pharmacy provision to ensure it can meet the needs of the population over the next three years. and identifies any gaps or opportunities for improvement, it provides details of:

- Population demographics: age, deprivation and health needs.
- Number and location of community pharmacies, dispensing practices, distance selling pharmacies, Dispensing Appliance Contractors (DACs) and the services commissioned.
- Identification of any gaps in services.
- Impact of population changes and house building.
- Formal consultation on the final draft PNA.

The PNA serves multiple purposes:

- It informs NHSE and ICB decisions on pharmacy applications and service changes.
- It supports local commissioning of enhanced and public health services through community pharmacies.
- It provides a strategic framework for ensuring equitable access to pharmaceutical services across Barnsley's communities.

In Barnsley, the Public Health team have led the development of the PNA on behalf of the HWB, supported by a multi-agency PNA Steering Group. This group includes representatives from NHSE, Community Pharmacy South Yorkshire, Healthwatch Barnsley, and other local partners. The assessment draws on a wide range of data sources, including the [Barnsley Joint Strategic Needs Assessment \(JSNA\)](#), census and demographic data, service utilisation statistics and public engagement feedback.

A copy of the final PNA report will be available to download from the Council's website here: <https://www.barnsley.gov.uk/services/health-and-wellbeing/our-reports/pharmaceutical-needs-assessment/>

Key Findings (to be expanded in the main body of the PNA)

- Community pharmacies have an important role to play in improving the health of the Barnsley population. They offer a range of services beyond dispensing medication, including motivational interviewing, providing information and brief advice, providing on-going support for behaviour change and signposting to other services. They are uniquely positioned to reach diverse populations, including those in vulnerable circumstances, and can help reduce health inequalities by providing accessible and convenient care.
- Barnsley has good coverage across the borough for pharmaceutical services in terms of choice, access, and opening hours, with no gaps in current provision.
- The majority of Barnsley residents live within a one-mile (1.6km) radius or a ten-minute drive of a pharmacy.

- Access to essential services is generally good. As with other areas there are limited options for late evening provision, particularly on Sundays, however they are generally accessible across the borough.
- Advanced services such as the New Medicines Service (NMS), Hypertension Case Finding, and Pharmacy Contraception Services are widely available and well-utilised
- Barnsley has similar coverage of community pharmacies compared to the England average. In the Area Council where pharmacy coverage is considerably lower than national averages, there is good coverage provided by dispensing GP practices, and this is not considered a gap in provision.
- An increase in population is likely to generate increased demand for pharmaceutical services. However, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical services providers. Barnsley's HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

Recommendations

The overall number of pharmacies in Barnsley is sufficient. However, the provision per head of population varies across different areas within the borough. Therefore, it is essential to conduct regular reviews to ensure that service provision aligns with population growth, levels of need, and services. Any future changes, such as closures, adjustments in operating hours, or modifications in service provision, must be closely monitored by the HWB to assess their impact on access.

The growth of Barnsley's ageing population should be monitored for any resulting changes in the demand for pharmaceutical services. This will help ensure that pharmacies can provide appropriate support to residents.

While this PNA has found the provision of advanced and enhanced services to be adequate, it is crucial to continue to review this provision over the next 3-years to address any known or potential inequalities or issues.

2.1 Scope

Regulation 3(2) in the 2013 regulations defines the scope of PNAs. These state:

“The pharmaceutical services to which each pharmaceutical needs assessment must relate covers all the pharmaceutical services that may be provided under arrangements made by NHSE:

- *The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.*
- *The provision of local pharmaceutical services under a Local Pharmaceutical Service (LPS) – not local pharmaceutical services as these are not pharmaceutical services.*
- *The dispensing of drugs and appliances by a person on a dispensing doctor's list (but not other NHS services that may be provided under arrangements by the NHS Commissioning board with a dispensing doctor).”*

A pharmaceutical list includes the following:

- **Pharmacy contractors** – A pharmacy contractor is a registered pharmacist or a person lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968 in England and Wales. The contractor has been included in a pharmaceutical list maintained by NHSE to provide National Health Service pharmaceutical services, excluding appliance contractors.
- **A community pharmacy** is a premise that is included on the Pharmaceutical List maintained by NHS England. Throughout this PNA we will make it clear when we are referring to community pharmacies (including bricks and mortar and distance selling pharmacy premises) or one of these subsets.
 - **‘Bricks and mortar pharmacies’** are pharmacy premises that any person can enter and receive face to face pharmaceutical services from the pharmacist.
 - **‘Distance selling pharmacies’** (DSP) is a type of pharmacy that works exclusively at a distance from patients. It includes mail order and internet pharmacies that remotely manage patients' medicine logistics and distribution. Patients do not physically present a prescription at these pharmacies.
- **Dispensing Appliance Contractors (DACs)** – appliance suppliers provide, on prescription, appliances including stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- **Dispensing doctors** – medical practitioners authorised to provide drugs and appliances in designated rural areas.
- **Local Pharmaceutical Service (LPS) contractors**– these provide a level of pharmaceutical services in some HWB areas under alternative contractual arrangements.

Community pharmacies can provide services to patients that are not commissioned by NHSE, Local Authorities or ICBs. For example, some pharmacies provide a home delivery service as an added value service to patients. Community pharmacists are free to choose whether to charge for these services as part of their business model.

In line with the 2013 regulations this PNA does not consider pharmacy provision in prisons or hospital settings.

These regulations have not changed and are outlined in the 2021 Pharmaceutical needs assessments. The full range of legislation and regulation that specifies the development of PNAs is available here: <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

3. Statements from pharmaceutical regulations (2013)

The National Health Service (NHS) Pharmaceutical and local Pharmaceutical services Regulations (2013) set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

Schedule 1 of these regulations sets out the minimum information expected in the PNA and the requirement for a local PNA map of service providers. Listed below are these six regulatory statements and how this PNA answers the questions posed by the regulations.

Statement One: Necessary services: Current provision

Provide a statement of the pharmaceutical services that the HWB has identified as services that are provided: a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Barnsley has 49 community pharmacies, which serve a resident population of 244,572. This equates to approximately one pharmacy for every 4,991 residents, comparing well against the England average of 4,704 residents per pharmacy. There is a comprehensive range of essential, advanced and enhanced services provided. Community pharmacy services for Barnsley are provided across a range of reasonable geographical locations. Barnsley residents also access pharmacy services in neighbouring Local Authority areas. Alongside this there are 3 distance selling pharmacies, 3 dispensing GP practices and 2 dispensing appliance contractors.

Assuming a Barnsley population of 244,572 (Census 2021 population), and 49 community pharmacies; there is an average of 20 pharmacies per 100,000 residents, similar to the England average of 21 pharmacies per 100,000 inhabitants in the UK.¹

There is generally good coverage, accessibility and availability of provision throughout the borough in terms of choice, access, and opening hours, with no gaps in current provision. Barnsley and each of the six Area Councils have slightly better or similar coverage of community pharmacies or dispensing GP practices compared to the national average. The existing distribution of pharmacies corresponds to where future new housing will be located. Population growth may increase demand, but the HWB will monitor, and update as needed.

Statement Two: Necessary services: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied:

a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

¹ *Census 2021 and City Population, Barnsley 2025*

b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

There is good geographic coverage and a good ratio of pharmacy numbers to resident population. All 6 Area Councils have pharmacy sites though there is some variation in pharmacy per Area Council ratios. This should be monitored in relation to any proposed changes to pharmacy services and any subsequent potential local impacts.

The Council Local Plan has been considered to determine any major housing re-developments and other developments within the lifetime of this PNA that may impact significantly in terms of changes to the local population numbers. The new housing and development plans are not therefore considered likely to create a significant change in demand for pharmaceutical services during the lifetime of this PNA. There will however be a need for regular review to ensure provision is equitably distributed in light of development.

Most community pharmacies in Barnsley open weekdays between 08:30 and 09:00 and close between 17:00 and 18:30. Some have extended hours until 21:00. Weekend coverage provides good access to pharmaceutical services geographically across the borough.

Statement Three: Other relevant services: Current provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided:

a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area.

b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area.

c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (A) or (B), or paragraph one, of the 2013 regulations, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Barnsley has defined borders between Sheffield, Doncaster, Rotherham, Wakefield, Kirklees and High Peak. The Barnsley population will cross these borders for leisure and work purposes, and as we understand they also continue to choose to access pharmaceutical services in other Local Authority areas too. It is important to recognise that this cross-border access is a result of public choice and convenience, such as Wakefield, Rotherham, and Doncaster, which are accessible to Barnsley residents due to proximity and transport links. These services provide additional choice and convenience, particularly for those commuting or accessing services across boundaries.

Distance-selling pharmacies (DSPs) based within and outside Barnsley are accessible to residents via online ordering and postal delivery. These services have expanded access to medicines and advice, especially for housebound individuals or those in rural areas. Alongside this Digital health innovations, including electronic repeat dispensing and the NHS App, have changed how patients access pharmaceutical services and reduced the need for in-person visits in some cases

Statement Four: Improvements and better access: Gaps in provision

Provide a statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied

a) would, if they were provided (whether or not they were in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.

b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.

As stated, there is adequate geographic coverage and a good ratio of pharmacy numbers to resident population. There is good availability of essential services during the working week and at weekends.

Alongside this, a number of local strategies such as the [Barnsley Health and Wellbeing Board Strategy](#) seek to transform how health and wellbeing services are designed and delivered, putting residents at the heart of service.

Statement Five: Other NHS services

Provide a statement of any NHS services provided or arranged by the Barnsley HWB, NHS South Yorkshire, other local partners, any NHS trusts, or any NHS Foundation Trust to which the HWB has had regard in its assessment, which affect:

a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area

b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area

In developing this PNA the HWB has taken into account the following:

- NHS South Yorkshire's commissioning of community-based services, including those delivered through primary care networks (PCNs), which influence the demand for pharmaceutical services by shifting care closer to home and supporting self-care.
- Public health services commissioned and delivered through community pharmacies, such as emergency contraception, supervised consumption, needle exchange, and smoking cessation services. These services are integral to addressing local health inequalities and improving access to care.
- The role of NHSE in commissioning advanced and enhanced pharmaceutical services.
- The integration of pharmacy services within broader health and care pathways, including sexual health, substance misuse, and long-term condition management.

These services have been reviewed in the context of the Barnsley JSNA and the Barnsley Health and Wellbeing Strategy. The HWB will continue to monitor developments in NHS service delivery

and their implications for pharmaceutical provision, ensuring that the PNA remains responsive to system-wide changes and local health priorities.

Statement Six: How the assessment was carried out

Provide an explanation of how the assessment has been carried out, in particular:

a) how it has determined what the localities are in its area:

b) how it has considered (where applicable). • the different needs of different localities in its area; and the different needs of people in its area who share a protected characteristic and

c) a report on the consultation that it has undertaken

A comprehensive and methodical approach to the development of this PNA has been undertaken, ensuring that it reflects the current and future pharmaceutical needs of the local population. This process has been guided by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and informed by robust data analysis, stakeholder engagement, and statutory consultation.

a) Determining Localities

The defined localities within Barnsley are based on established Area Council and electoral ward boundaries. This approach ensured alignment with existing service delivery structures and enabled meaningful analysis of pharmaceutical provision in relation to population health needs, service accessibility, and deprivation indices. The localities were selected to reflect distinct demographic, geographic, and service characteristics across the borough

b) Considering the Needs of Different Localities and Protected Characteristics

The assessment considered the differing needs of Barnsley's localities by analysing a wide range of data, including population density, age distribution, housing growth, and levels of deprivation. This enabled the identification of areas where pharmaceutical service provision may need to be enhanced in future to meet local demand.

An Equality Impact Assessment (EIA) was undertaken to ensure that the needs of people sharing protected characteristics under the Equality Act 2010 were fully considered

c) Consultation Process

A statutory 60-day consultation was conducted to gather feedback on the draft PNA from a wide range of stakeholders, including NHS organisations, Healthwatch Barnsley, community pharmacy representatives, local voluntary and community sector organisations.

Feedback from the consultation was analysed by the Public Health team and used to refine the final version of the PNA.

4 Context for the Pharmaceutical Needs Assessment

This section provides information on the demography and health needs of Barnsley. It identifies key points for the PNA, noting that detailed analysis and information on specific health issues can be found in the [Barnsley JSNA](#).

A comprehensive range of sources have been used to describe Barnsley's demographics, geography and population needs. Analysis and mapping of the data included working the "SHAPE" (Strategic Health Asset Planning and Evaluation) mapping tool to analyse pharmacy locations by demographic, and access factors.² In addition, information about proposed housing developments were obtained from Barnsley Council's Planning Department. Population health analysis is evident throughout this PNA, using data from various sources such as the Office for Health Improvement and Disparities (OHID) public health profiles, Office for National Statistics (ONS) 2021 Census and the Barnsley JSNA and other related strategies.

4.1 Overview of Barnsley

Barnsley lies at the mid-point between the region's two main cities of Leeds to the north, and Sheffield to the south, and covers an area of 329 square kilometres.

Historically, Barnsley was centred on coal mining resulting in the borough's dispersed pattern of small towns and villages. Because people lived where they worked and coal was moved by rail, road links between towns and villages were poor and communities were self-contained.

The borough has a varied geography. The west of the borough is predominantly rural in character with open moorland, arable farmland and natural woodland. It is characterised by attractive hilly countryside, part of which lies in the Peak District National Park and is centred on the rural market town of Penistone. In the centre of the borough is Barnsley itself and the surrounding urban area which is the main shopping, administrative, business and entertainment centre. To the east of the borough stretching from the M1 motorway to the Dearne Valley are the towns of the former Barnsley coalfield which form a dense settlement pattern and have a relatively high level of deprivation.

Barnsley's local distinctiveness stems from its historical character and culture, including its settlements and architecture. Investment in Barnsley has seen the town centre thrive, including an increase in independent retailers and high street stores, as well as a successful market. Barnsley's regeneration has expanded out to the six Principal Towns, including many improvements to our local high streets and neighbourhoods. Barnsley also has a rural heritage, including the Pennine topography, the varied landscapes, and the National Park.

The boundary of Barnsley Metropolitan Borough Council (BMBC) matches that of Barnsley within South Yorkshire ICB, which replaced the Clinical Commissioning Group (CCG) in the NHS in England from July 2022. Barnsley is divided into 21 electoral wards and six Area Councils.

² SHAPE Place Atlas [SHAPE - Shape](#) March 2025

4.2 Barnsley Healthcare Landscape

Barnsley is part of the South Yorkshire Integrated Care System (ICS), which brings together NHS South Yorkshire ICB, Barnsley Council, NHS Trusts, and VCSE organisations. Our South Yorkshire ICS has a population of over 1.4 million and is made up of:

- 170 GP practices
- 5 acute trusts
- 9 NHS trusts
- 4 local authorities
- 3 community/mental health trusts
- 1 ambulance trust
- Over 6000 VCSE organisations

Primary care networks were introduced into the NHS in England as part of the NHS Long Term Plan, published in January 2019. The 2019 General Practitioner Contract gave the opportunity for GP practices to join networks, each with between 30,000 and 50,000 patients.

Practices in Barnsley have also come together, firstly to create Barnsley Healthcare Federation and then to form Barnsley Primary Care Network (PCN). Barnsley PCN is made up of 29 member GP practices which are independently managed but share a common purpose to enhance the level of Primary Care support available within the borough through one large PCN. This is the largest PCN in the country, supported by six neighbourhoods. The Neighbourhood Networks are:

- Network one – Penistone
- Network two – Central
- Network three – North
- Network four – North east
- Network five – Dearne
- Network six – South

NHS South Yorkshire was established in July 2022 and during 2022/23 became responsible for commissioning most NHS services. Previously this did not include the commissioning of pharmacy, optometry and dental services; however, in April 2023 this responsibility was also transferred to NHS South Yorkshire. Further details can be found on the [NHS South Yorkshire Joint Forward Plan 2025/26](#).

Future Arrangements

The announcement of the forthcoming NHS 10-Year Plan and recent changes to how NHS services are commissioned—shifting responsibilities from NHS England to local Integrated Care Boards—are reshaping how health and care are delivered, with a stronger focus on prevention, local decision-making, and improving access to services.

The NHS 10-Year Plan, currently being refreshed and shaped through national engagement builds on the original 2019 Long Term Plan and responds to the evolving challenges facing the NHS. It is structured around three major strategic shifts:

- **From Treatment to Prevention**

The plan prioritises proactive, preventative care to reduce the burden of avoidable illness.

- **From Hospital to Community**

Care is being re-oriented away from acute settings and into neighbourhoods, with neighbourhood teams delivering joined-up care closer to home, improving access and outcomes.

- **From Analogue to Digital**

The plan supports the use of digital tools to enhance care delivery, including remote monitoring, digital health records, and AI-supported diagnostics. This is intended to improve efficiency, patient experience, and workforce productivity

The draft Model ICB Blueprint published by NHSE in May 2025 confirms that ICBs will increasingly act as strategic commissioners. Their role is to:

- Set long-term, evidence-based strategies for population health
- Commission services that maximise value and reduce health inequalities
- Lead system-wide planning and resource allocation

This strategic focus reinforces the importance of the PNA as a tool for identifying local pharmaceutical needs and informing commissioning decisions that align with broader health and wellbeing priorities.

5 Population

5.1 Current Population

In Barnsley, the population size has increased by 5.8% from around 231,200 in 2011 to 244,600 in 2021. This is lower than the overall increase for England (6.6%). Figure 2 illustrates males and females by age in Barnsley (mid-2023 population estimates) in a population pyramid.

Figure 2: Barnsley population by 5 year grouped age and gender

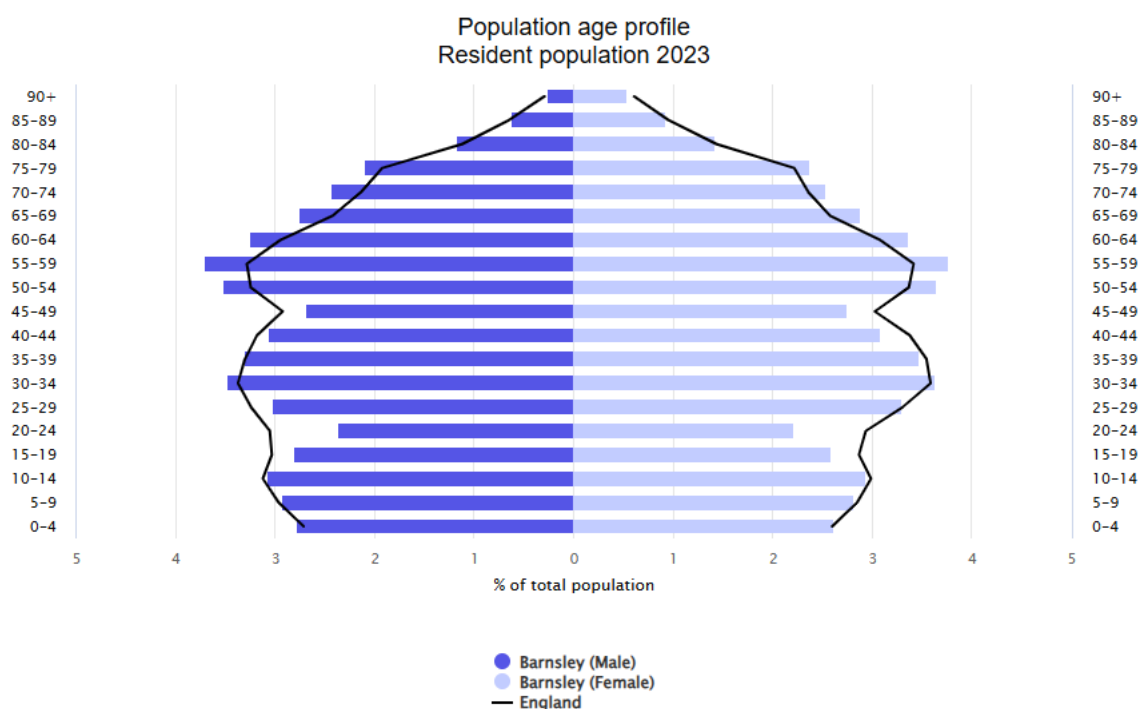


Figure 2: ONS Census, 2023

Table 1. Barnsley Population Change from previous to most recent census, Office for National Statistics 2021

Age Group	2011	2021	% Change
0-4 years	13957	13463	-4%
5 to 9 years	12562	14366	14%
10 to 15 years	16367	16953	4%
16 to 19 years	11401	9653	-15%
20 to 24 years	13533	12448	-8%
25 to 34 years	27239	32951	21%
35 to 49 years	50775	44859	-12%
50 to 64 years	45377	52285	15%
65 to 74 years	22080	26462	20%
75 to 84 years	13250	15765	19%
85 + years	4680	5371	15%

Table 1 demonstrates the age break down in Barnsley and percentage change between 2011 and 2021. The age group that has seen the greatest change is 25 to 34 years (21% increase) with 65 to 74 years in close second (20% increase). The age group which has seen the largest decrease in population has been 16 to 19 years (15% decrease) which could be due to several socio-political reasons, such as:

- Declining Birth Rates: A reduction in birth rates over the past two decades leads to fewer individuals reaching the 16 to 19 age brackets.
- Migration Patterns: Young individuals may relocate to larger cities or other regions for educational and employment opportunities, resulting in a decrease in the local 16 to 19-year-old demographic. This trend is observed in various parts of England and Wales, where younger populations move to urban areas for better prospects.³

2. Future Population Changes

Over the coming years the population in Barnsley is expected to increase, with the largest increases seen in older age groups. The number of residents aged 65 and over is projected to increase to 64,303 by 2033; a 30% increase from an estimated 65 and over population of 49,590 in 2023. Table 2 illustrates the population forecasts for specific groups.

Table 2. Barnsley population projections by age groups, 2023 to 2033

Age Band	2023 (estimates)	2033	% change
0-4 years	13375	13476	1%
5-9 years	14261	13634	-4%
10-14 years	14934	14084	-6%
15-19 years	13384	14767	10%
20-64 years	142905	145605	2%
65 + years	49590	64303	30%
Total	248449	265868	7%

Table 2: ONS based sub-national population projections, 2018

³

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/understandingtownsinenglandandwalespopulationanddemographicanalysis/2021-02-24> (Accessed: 11th December 2024)

This older age group already makes up a larger proportion of the population than those under 16, a trend not mirrored nationally. An aging workforce brings various health concerns, including:

- **Musculoskeletal Issues:** Increased risk of back pain, joint problems, and repetitive strain injuries due to age-related wear and tear, especially in physically demanding jobs.
- **Mental Health:** Greater risk of depression, anxiety, and workplace stress, potentially exacerbated by concerns about job security or adapting to new technologies.
- **Access to Healthcare:** Barriers to accessing appropriate healthcare (e.g., due to financial constraints or workplace support) can exacerbate untreated conditions.

An increase in population is likely to generate increased demand 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.

To facilitate commissioning of pharmaceutical services, responsive to population needs, the HWB partners will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

Figure 3 illustrates the number of registered deaths in Barnsley by year from 2010 until 2024. It also shows predicted number of deaths by year until 2035. In line with the trend over recent years, the data predicts that registered deaths in Barnsley will increase slowly year on year, reaching a predicted total of 3142 deaths by 2035. This will undoubtedly contribute to the risk factors mentioned above and is also likely to increase the number of residents needing end of life care in Barnsley. Evidence outlines that in the UK, most people who die will have palliative care needs.⁴

Figure 3 Registered deaths in Barnsley including forecast, 2010- 2035

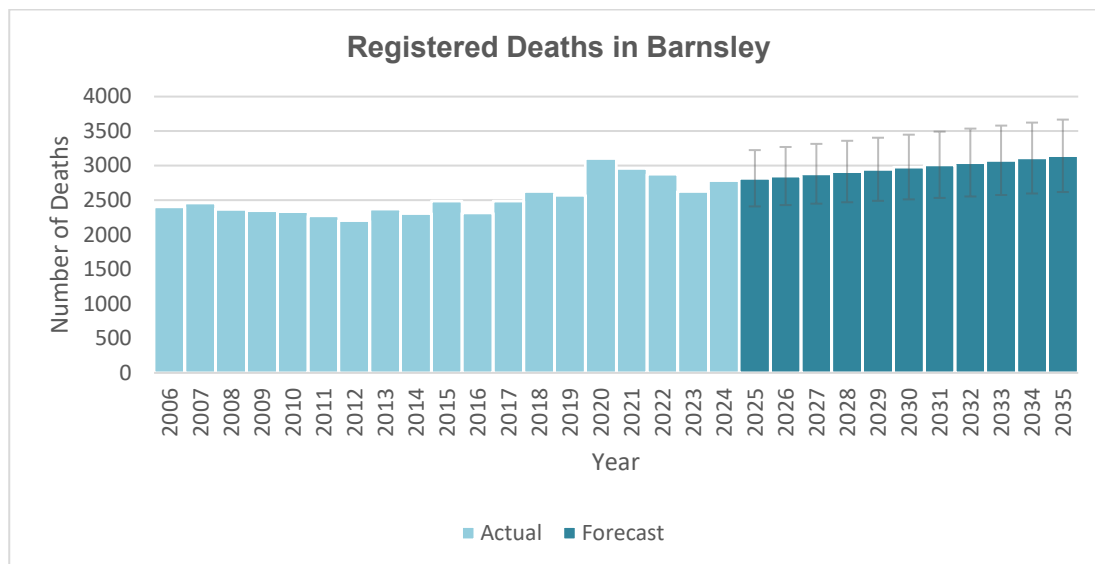


Figure 3: ONS, Deaths registered monthly in England and Wales

⁴ Fantoni et al. (2024) Estimates of population-level palliative care need in the UK: a descriptive analysis of mortality data before and during the COVID-19 pandemic. Can be accessed online at: [Estimates of population-level palliative care need in the UK: a descriptive analysis of mortality data before and during the COVID-19 pandemic - PMC](#)

5.3 Housing Growth

The Barnsley [Local Plan](#) is the statutory development plan for the 3-years of this PNA. The adopted plan sets out how the Council will manage physical development of the borough on behalf of residents and businesses.

The Plan proposes to achieve the completion of at least 21,546 net additional homes during the period 2014 to 2033. The distribution of the new housing is set out in Table 3. The supply of housing sites is made up of Local Plan allocations and sites that already have planning permission. There are some site allocations that require the production of a masterplan framework. These [masterplan frameworks](#) give more detail on the major mixed-use proposals.

The local plan spatial strategy concentrates the majority of development in Urban Barnsley and the Principal Towns (Wombwell, Hoyland, Penistone, Goldthorpe (Dearne Towns), Cudworth and Royston. Some development in villages will be encouraged where it meets local needs and sustains the village economy and the vitality and viability of the local community.

Whilst the spatial units of the local plan do not directly correspond with the six Area Councils, it is the case that the existing distribution of pharmacies corresponds to where future new housing will be located.

As part of the Local Plan an Infrastructure Delivery Plan was developed. This included consideration for social infrastructure such as medical services.

Table 3. The distribution of new homes in Barnsley, 2014 to 2033

Settlement	Number of homes	Planning permissions	Total	% of overall supply ⁵
Urban Barnsley*	5812	3258	9070	43
Cudworth	1088	215	1303	6
Dearne	1969	922	2981	14
Hoyland	2263	304	2567	12
Penistone	637	366	1003	5
Royston	886	416	1302	6
Wombwell	1370	699	2069	10
Other Settlements	211	590	801	4
Total	14236	6770	21006	100

*Urban Barnsley includes the settlements around Barnsley Town Centre, so includes Carlton, Monk Bretton, Higham etc.

Table 3: Barnsley Local Plan, 2019. Page 58. [Local Plan](#)

⁵ Includes 4295 dwellings proposed as part of mixed-use sites.

5.4 Deprivation

The Index of Multiple Deprivation 2019 (IMD 2019) is used to measure inequalities in the wider determinants of health. It combines a range of economic, social, and housing indicators to provide the most up to date and comprehensive picture of deprivation for each local authority in England. It is made up of seven indices of deprivation that are grouped together and weighted to produce the overall index (higher scores indicate greater level of deprivation). The seven indices cover: income; employment; health and disability; education, skills and training; barriers to housing and services; crime; and living environment.

Figure 4 illustrates that there are clear geographical inequalities in the wider determinants of health in Barnsley, with 22% of Lower Super Output Areas (LSOAs) being in the 10% most deprived areas in England. When looking at the health and disability domain, Barnsley ranks 22/317 nationally in terms of average score (where 1 = most deprived, 317 = least deprived). Figure 5 shows the geographical inequalities in health and disability with darker areas of the map indicating higher levels of health deprivation.

Figure 4. Index of Multiple Deprivation 2019, Barnsley

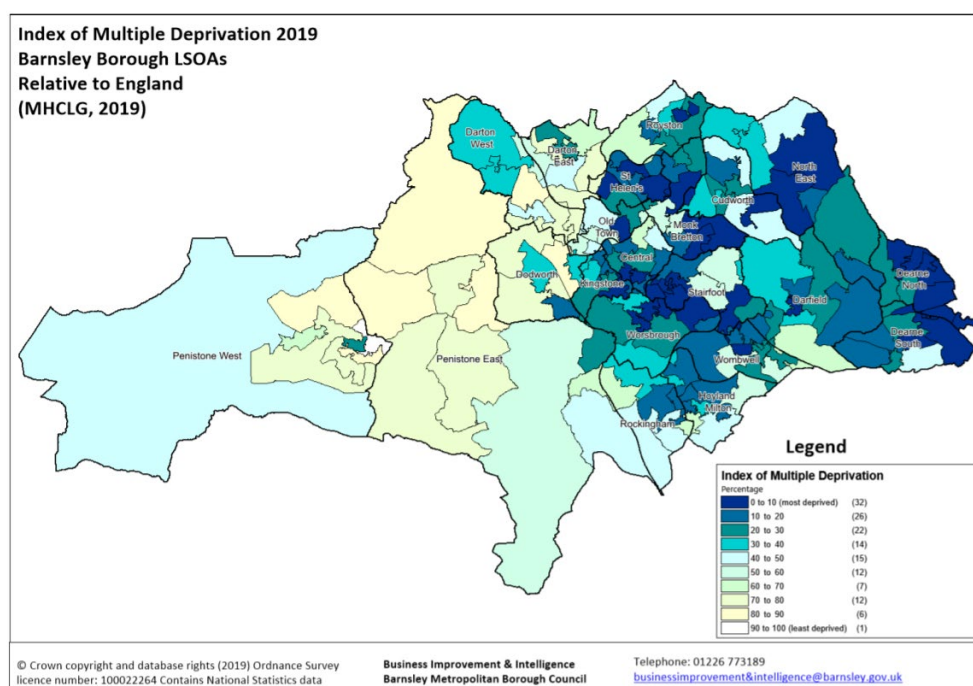


Figure 4: Ministry of Housing, Communities and Local Government, 2019

Figure 5. Health deprivation and disability domain (IMD 2019) Barnsley

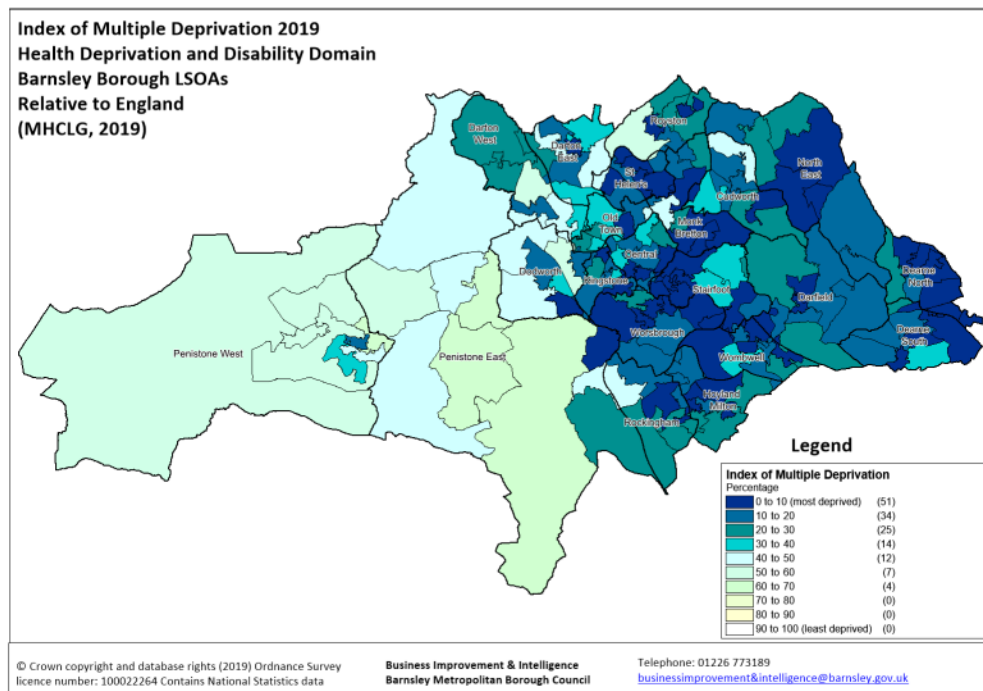


Figure 5: Ministry of Housing, Communities and Local Government, 2019

A more detailed breakdown on the IMD in Barnsley (including ward and LSOA individual decile scores) can be accessed via the [IMD interactive dashboard](#).

6. Health and Wellbeing

A detailed analysis of health and wellbeing needs in Barnsley is set out in our [JSNA](#), as outlined in [Context for the Pharmaceutical Needs Assessment](#).

The data outlined in the section is updated and published on an annual basis on the (PHOF) at <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>.

6.1 Life Expectancy and Healthy Life Expectancy

The latest published data on life expectancy at birth shows that in Barnsley, both males and females have significantly lower life expectancy compared to national rates. For the period 2021-23, life expectancy at birth for males in Barnsley is 76 years, which is lower than the England average of 79 years. Similarly, life expectancy at birth for females in Barnsley is 80 years, compared to the England average of 83 years.

Figures 6 and 6a show Life Expectancy and Healthy Life Expectancy at birth for Barnsley males and females. Life expectancy for both males and females has dropped slightly since 2011, with males seeing a 1.5 year decrease over the period. However, healthy life expectancy has fallen more significantly for both males and females. This difference is greater for females, with a 3.3 year decline seen over the period.

Figure 6. Barnsley Male Life Expectancy compared to England average 2001-03 to 2021-23

Males

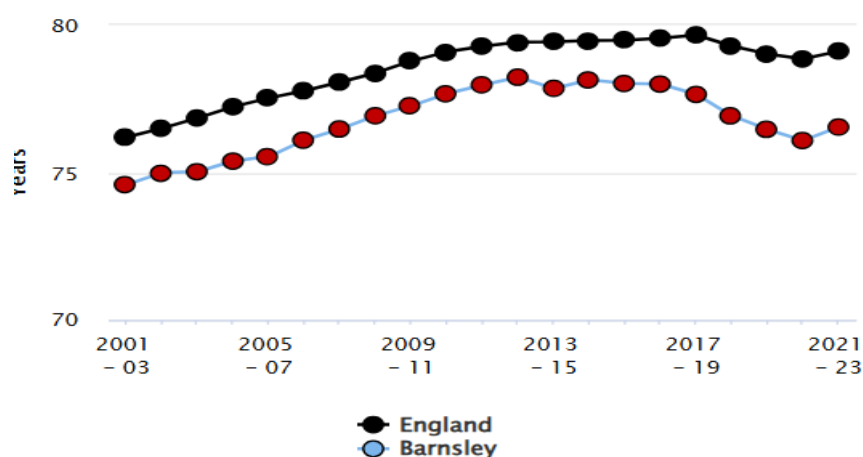


Figure 6: DHSC, Fingertips, Public Health Profiles 2025

Figure 6a. Barnsley Female Life Expectancy compared to England average 2001-03 to 2021-23

Females

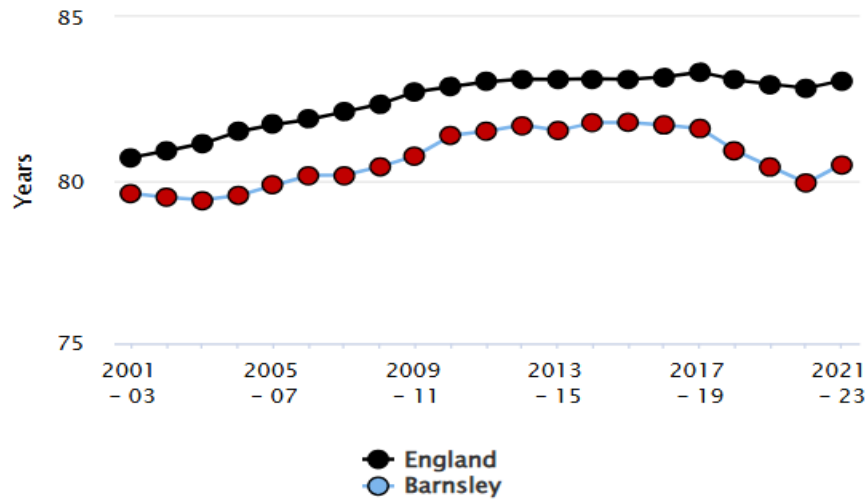


Figure 6a: DHSC, Fingertips, Public Health Profiles 2025

Figure 7. Life expectancy (LE) and Healthy Life Expectancy (HLE) at birth in males

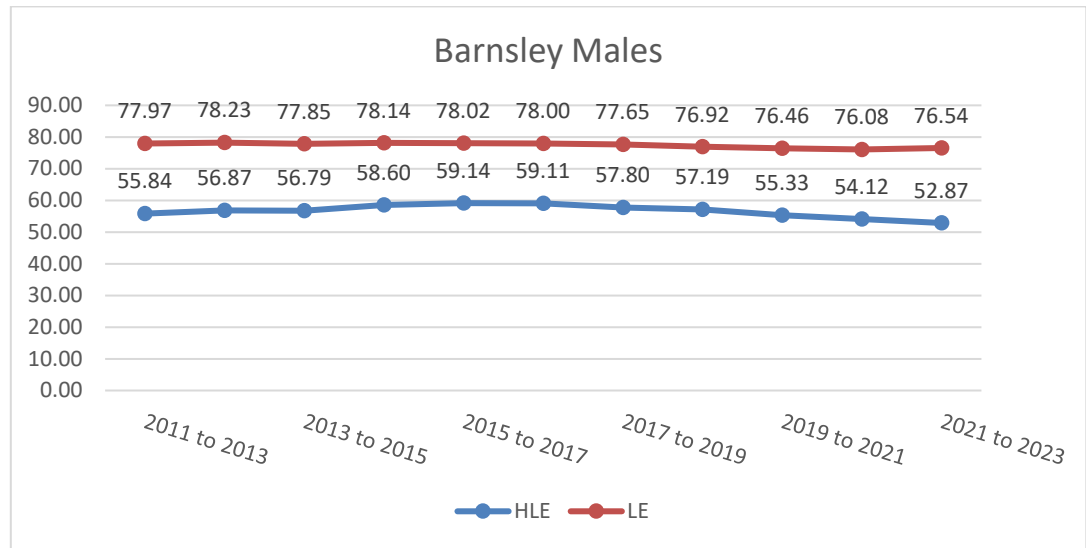


Figure 7: DHSC, Fingertips, Public Health Profiles 2025

Figure 8. Life expectancy (LE) and Healthy Life Expectancy (HLE) at birth in female

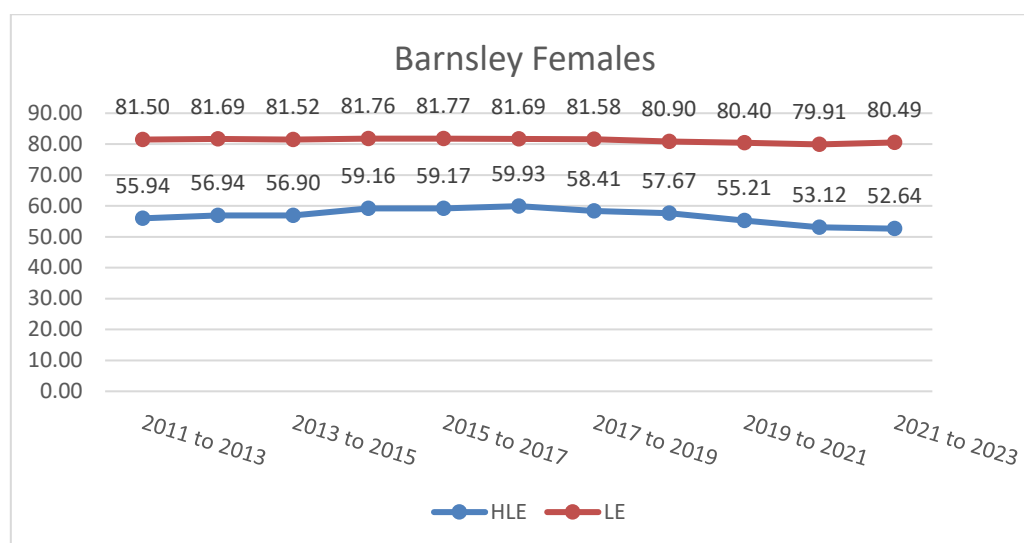


Figure 8: DHSC, Fingertips, Public Health Profiles 2025

6.2 Health Needs

Barnsley has an increasing ageing population, with the number of residents aged 65+ projected to reach over 64,000 by 2033. An ageing population with a range of health issues will put pressure on health and social services. The JSNA provides further detail on specific health needs, but key points include:

- Deprivation is higher than average and almost a quarter (22.4%) of children under 16 live in relative poverty.
- Life expectancy for men (76.5 years) and women (80.5) is lower than the England average (79.4 for men and 83.1 for women).
- Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.
- Smoking prevalence amongst Barnsley adults has been consistently declining since 2019 (from 18.3% in 2019 to 15.0% in 2023), and it remains not significantly higher than the England average of 11.6%.
- 73% of adults in Barnsley are classified as overweight or obese, significantly worse than the average for England (64.5%).
- Hospital admissions for alcohol related conditions (684 per 100,000 in 2023/24) are significantly worse than the average for England (504).
- 65% of Barnsley adults are physically active, not significantly different when compared to the England average of 67%.
- 17.7% of households in Barnsley are considered fuel poor, this is a decrease from the previous update; however, this indicator is now calculated using a new method

- Cancer screening numbers in Barnsley are higher than the England average, with breast screening rates at 73% and bowel cancer screening at 74%
- 78% of Barnsley residents aged 65 and over have been vaccinated against seasonal flu
- Under 18's admission episodes for alcohol-specific conditions continue to fall, with latest rates dropping from 57 per 100,000 to 32.9 per 100,000.

A data summary of public health outcomes for Barnsley compared to the South Yorkshire Outcomes Framework is provided in Figures 7 and 8.

Figure 9. Barnsley Public Health Outcomes *Where we are performing well* Summary (as at 20 January 2025)

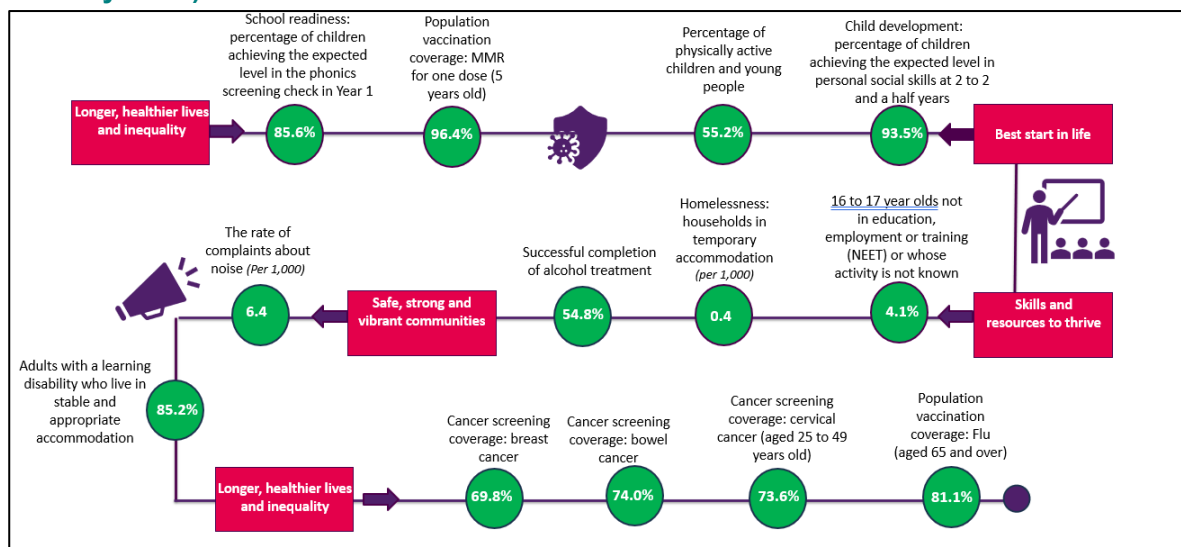


Figure 9: DHSC, Fingertips Public Health Profiles 2025

Figure 10. Barnsley Public Health Outcomes *Where needs improvement* Summary (as at 20 January 2025)

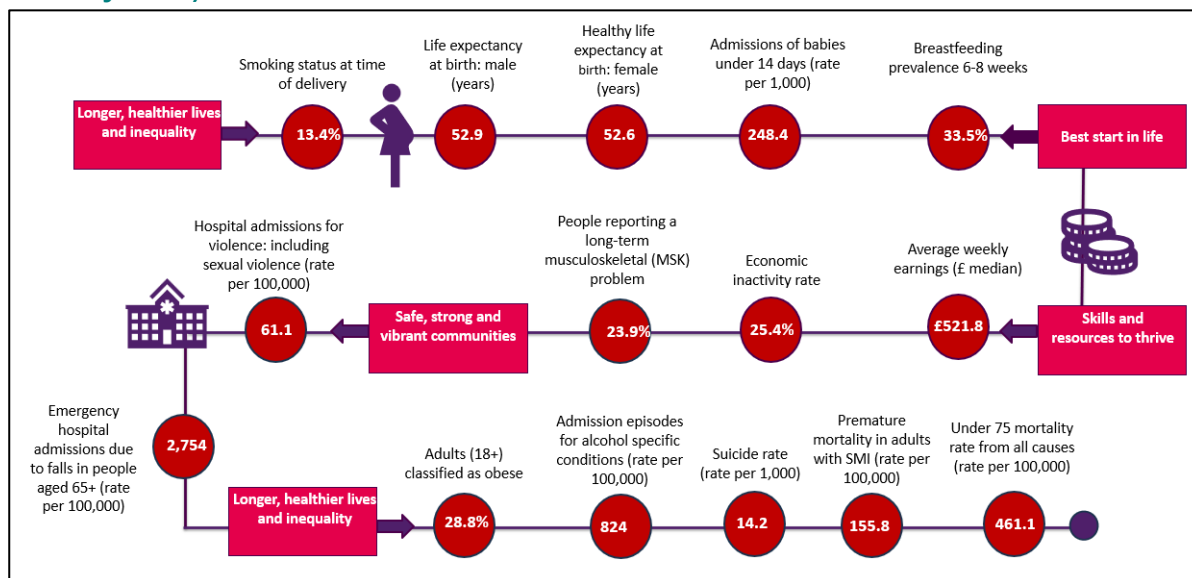


Figure 10: DHSC, Fingertips Public Health Profiles 2025

6.3 Health and Wellbeing Priorities

Health improvement and inequality continue to be a challenge for the borough, and this is influenced by several factors such as the quality of healthcare, lifestyle and wider factors such as employment, education, housing and poverty.

Barnsley's HWB has a statutory duty under the Health and Social Care Act 2012 to produce a [Barnsley Health and Wellbeing Board Strategy](#). It draws upon a range of sources including our JSNA and Public Health Outcomes Framework, along with national policy research and other local intelligence. The purpose of the Health and Wellbeing Strategy is to articulate the key strategic priorities for the HWB and highlight how it will work in synergy with other key strategic Boards. The strategy is intended to complement other strategies and plans by setting out the ambition to achieve a Healthier Barnsley, through the combined efforts of partners on the HWB.

The partnership has selected four specific areas to focus on. These are outlined below. Partners in the HWB will make these areas a priority and direct resources where appropriate. Monitoring and reporting on these actions and sharing outcomes will take place via HWB.

The HWB priority themes for Barnsley are:

- Babies and young children have a strong bond with a caring adult, supporting their progress in reaching developmental milestones
- Young people have creative approaches to mental health and wellbeing, supporting them to achieve their ambitions
- Residents have access to healthy homes and travel opportunities – key building blocks of healthy and sustainable communities
- Older people move more, enabling them to stay physically and socially active for as long as possible

6.3.1 Smoking

Smoking is the single biggest cause of preventable death in Barnsley and nationally, claiming more lives each year than the next six most common risk factors combined. Tobacco use is a major cause of coronary heart disease, lung and other cancers, and respiratory diseases, particularly Chronic Obstructive Pulmonary Disease (COPD).

In 2019, 15% of all deaths in England (74,600 people) were attributable to smoking, which is decreasing compared to previous years (18% in 2009). In Barnsley in 2019, the age-standardised death rate attributable to smoking for those aged 35+ was 266.4 per 100,000 (approx. 1,143 people). This is worse than the regional figure (239.4) and much worse than England (202.2).

Smoking prevalence amongst adults in Barnsley is estimated at 15% as of 2023, almost 5% lower than the 2016 prevalence. As the prevalence has consistently declined, the gap between the Barnsley and England's prevalence has lessened, so much so that from 2022 Barnsley is no

longer considered significantly different than England. Figure 11 shows the consistent decline in smoking prevalence in Barnsley.

Figure 11. Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) (1 year range)

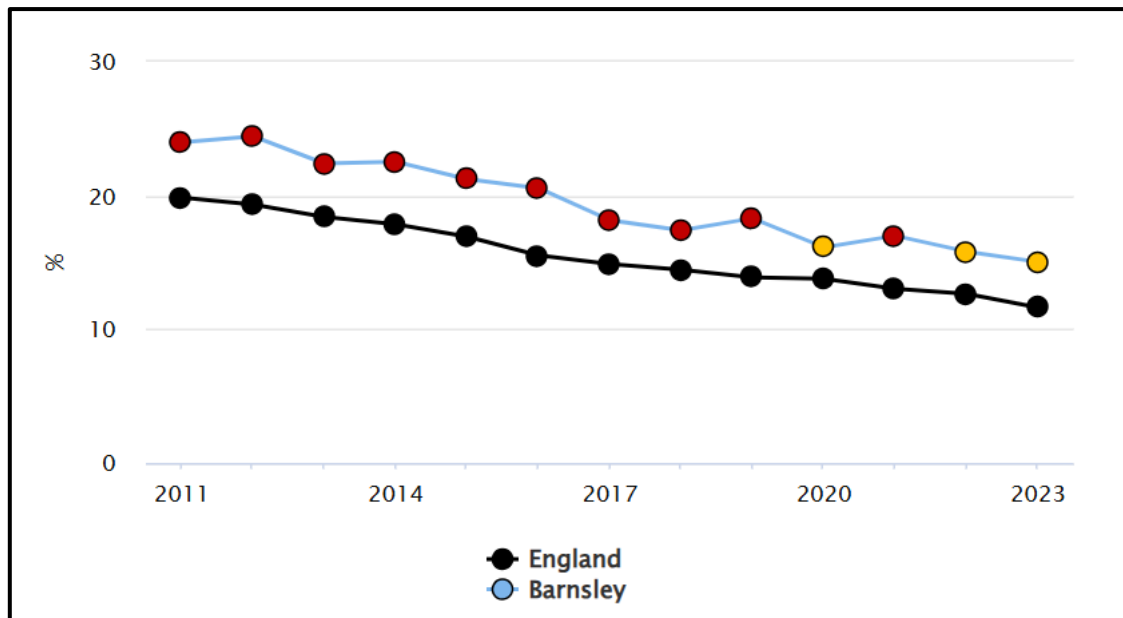


Figure 11: DHSC, Fingertips Public Health Profiles 2025

The proportion of women smoking during pregnancy in Barnsley has fallen significantly over the last 12 months, according to data published by NHS England [Statistics on Women's Smoking Status at Time of Delivery: Data tables - NHS England Digital](#)

The latest Smoking at Time of Delivery (SATOD) data shows that 8% of pregnant women (155 actual number) across Barnsley were recorded as smoking in 2024/25. This is 1.7% lower than the previous year, when maternal smoking rates were 9.7% and in the last 10 years this figure has fallen from 20.5% in 2014/15. This is the lowest rate of smoking during pregnancy recorded in Barnsley since data began to be collected.

Smoking during pregnancy significantly increases the risk of harm to both mother and baby. It increases the risk of stillbirth, miscarriage, and sudden infant death. Children born to parents who smoke are also more likely to experience respiratory illness, learning difficulties, and diabetes, and are more likely to grow up to be smokers when compared to children born into smokefree households.

All pregnant smokers in Barnsley are offered support to quit as part of their maternity journey, delivered by Barnsley Hospital Maternity team. This is also part of wider tobacco work led by the Barnsley Tobacco Alliance, which brings organisations together across Barnsley to ensure we are doing all we can to encourage and support people to quit smoking and create a healthier environment for everyone.

Prevalence of smoking at the time of delivery (SATOD) in Barnsley is estimated at 9.7% in 2023/24. This is significantly worse than the England average of 7.4%. However, using the past five data points it can be determined that Barnsley has seen significant change in the prevalence of smoking at the time of delivery. Over the past decade the estimated absolute number of mothers smoking at the time of their delivery has reduced from approximately 632 in 2013/14 to 286 in 2023/24.

Barnsley Council commissions South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to deliver the universal Stop Smoking Service offer to the community and Barnsley Hospital NHS Foundation Trust (BHNFT) are commissioned to deliver the Smoking in Pregnancy service.

6.3.2 Sexual Health

Although sexual health affects all ages in the population, the burden is not evenly distributed across society, as young people, black and minority ethnic communities, men who have sex with men and people who are recently divorced or separated, can be disproportionately affected by Sexually Transmitted Infections (STIs). The age and gender structure of the population has important implications for sexual health and maternity services.

Barnsley Council commissions services from Spectrum Community Health CIC to deliver a range of sexual health and contraceptive provision including Long Acting Reversible Contraception (LARCs). This includes testing and treatments for all STIs. Spectrum also commissions services from community pharmacies to provide free provision of emergency hormonal contraception to women aged under 25 years.

Chlamydia

Chlamydia causes avoidable sexual and reproductive ill health, especially in women, including symptomatic acute infections and complications such as Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal-factor infertility. Young people, especially women under the age of 25 years, are most at risk of chlamydia infection, often asymptomatic, which can cause infertility if not treated.

The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 (female only). The chlamydia detection rate per 100,000 women aged 15-24 years in Barnsley was 2,247 in 2023, higher than the rate of 1,962 for England. In 2023 the detection rate for males was 874 per 100,000, lower than the rate of 1,042 for England. There is no recommended benchmark for males.

The National Chlamydia Screening Programme has now moved the programme from prevalence reduction to harm reduction through early detection and treatment of asymptomatic infection and onward transmission. Opportunistic screening of young women only is now recommended outside of sexual health services.

Teenage Conceptions

There are strong links between teenage pregnancy and deprivation, and even stronger links with attainment and a range of other risks for young people (e.g. alcohol use, low aspirations, emotional

wellbeing). These contribute to a complex picture requiring both significant cultural and behavioural shifts to reduce teenage conception rates in the short term.

Figure 12. Under 18s conception rates in Barnsley (per 1,000).

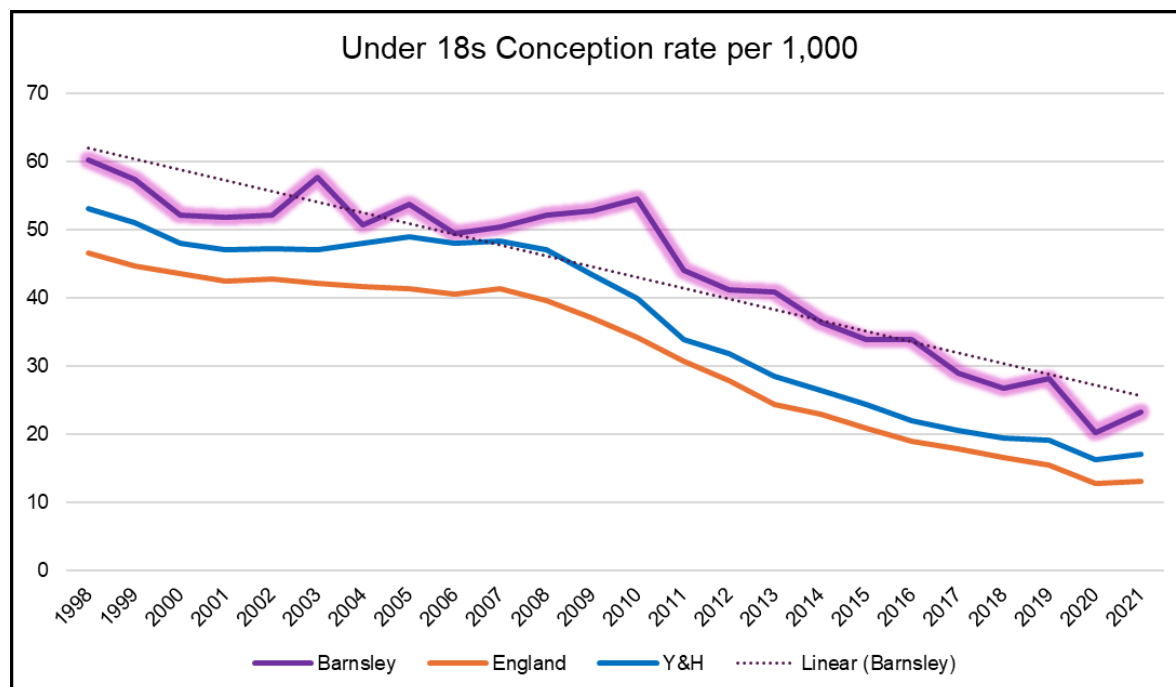


Figure 12: DHSC, Fingertips Public Health Profiles 2025

Barnsley had seen a reduction in the rate of teenage conceptions from 54.5 per 1,000 in 2010 to 20.2 per 1,000 in 2020. Whilst still significantly lower than historic data, this number increased in 2021 to 23.3 per 1,000, remaining higher than the regional and national rates of 17.1 and 13.1 respectively. It is important therefore that this remains a priority area. In Barnsley an emergency hormonal conception (EHC) service for women aged under 25 years, and the following community pharmacies are actively delivering free EHC:

- Allied Pharmacy – Barnsley Central
- Lo's Pharmacy Ltd – Park Grove
- Lo's Pharmacy Ltd – Grimethorpe
- Lo's Pharmacy Ltd – Worsbrough
- McKay Healthcare Silkstone Pharmacy – Silkstone
- Rotherham Road Pharmacy – Great Houghton
- Superdrug – Barnsley Central
- Stone Pharmacy - Darfield
- Weldricks Pharmacy – Bolton on Dearne

From October 2025 there will be further opportunities to deliver EHC as the Government has announced the provision of free oral emergency contraception for all ages will be added to the service specification of the Pharmacy Contraception Service (PCS).

As of the end of May 2025, 48 community pharmacies in Barnsley have registered to provide the optional advanced NHS pharmacy contraception service. Adding oral emergency contraception to this service aims to help improve access, reduce inequalities, relieve pressure on general practices and sexual health services and provide a nationally consistent offer for oral emergency contraception.

6.3.3 Drug Misuse Related Harm

Alcohol and drug use are associated with a wide range of health and social harms for the individual, their family and the community. It is both a cause and a consequence of wider issues, including poor physical and mental health, difficulties securing and sustaining employment and housing and crime and antisocial behaviour. All of these issues may also have an impact on family life and the children living within the family unit. Estimates show that the health, social and economic costs of alcohol related harm amount to £21bn⁶, while harm from illicit drug use costs £19.3bn.⁷ These include costs associated with crime, the NHS and social care, deaths, and in the case of alcohol, lost productivity in the workplace.

Alcohol

OHID estimates that there are 4,024 adults in Barnsley who are alcohol dependent. This equates to 20.5 per 1,000 of the adult population and is higher than the national rate of 13.7.⁸ Barnsley has one of the highest estimated rates per 1,000 population in the Yorkshire and the Humber region.

Drugs

In 2019 the Public Health Institute at Liverpool John Moore's University published a refreshed estimate for the Opiate and Crack using (OCU) population in England and all local authorities. The latest drug prevalence estimates indicate that there are an estimated 2,199 adults in Barnsley who use opiates and crack cocaine (OCU) which equates to 14.2 per 1,000 of the Barnsley population. This is higher than the national rate of 9.5.⁹

There are an estimated 1,360 of adults who use opiates only and 273 adults who use crack cocaine only, which equates to 8.8 and 1.8 per 1,000 of the Barnsley adult population respectively.

Combating Drugs Partnership (CDP)

As part of the 2021 National Drugs Strategy, every local area across England was requested to form a CDP. These partnerships bring together a range of local partners to provide a single setting for understanding and addressing shared challenges related to drug and alcohol related harm, based on local context and need.

The Barnsley CDP was established in September 2022 and has a proactive oversight of the implementation of the national drug strategy at a local level and is accountable for the delivery and achievement of the national strategy priorities and the National Outcome Framework.

⁶ PHE (2016) *Health matters: harmful drinking and alcohol dependence*

<https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

⁷ Dame Carol Black (2020) *Review of Drugs: phase one report* <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report>

⁸ Office for Health Improvement and Disparities (2017) 'Alcohol dependence prevalence in England': <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england/full-publication-update-history>

⁹ Public Health Institute at Liverpool John Moore's University

The partnership also looks at alcohol use as well as drug use and considers local need ensuring this aligns to both national and local priorities.

The Combatting Drugs Delivery Plan 2023-26 has been developed in response to the National Drug Strategy priorities and requirements, and key findings from the local analysis of need. It sets out the aims to address and reduce drug and alcohol related harm and crime across the borough.

Support for alcohol and drug use

Barnsley Council commission [Barnsley Recovery Steps](#) an integrated all age community drug and alcohol service. The service is commissioned to deliver drug and alcohol treatment including alcohol, all illicit and performance enhancing drugs, novel psychoactive substances (previously known as legal highs) and the problematic use of prescribed and 'over the counter' medications. The service provides a wide range of support which is tailored to individual need and includes harm reduction and early intervention/prevention support as well as structured treatment programmes and pharmacological interventions.

As part of the service, Barnsley Recovery Steps are responsible for contracting directly with pharmacies to deliver two pharmacy-based schemes: supervised consumption service, and the community needle and syringe exchange programme. To support these services, Barnsley Recovery Steps provide regular training to ensure pharmacies, and their staff deliver an informed and sensitive service, which links into the wider treatment service. There are 8 community pharmacies, delivering the needle and syringe exchange programme covering the following areas: Penistone, Barnsley town centre, Darfield, Hoyland, Wombwell, Goldthorpe, and Royston. 46 pharmacies provide supervised consumption in addition to normal prescription dispensing.

6.3.4 Obesity

Obesity, poor diet, and increasingly sedentary behaviour are associated with a higher risk of hypertension, heart disease, diabetes, and certain cancers. It can also impair a person's wellbeing, quality of life and ability to work.

As is the case regionally and nationally, excess weight is a major public health issue in Barnsley. Most recent data (2023/24) estimated that 73% of adults in Barnsley are classified as overweight or obese. This is significantly worse than the average for England, where 64.5% of adults are classified as overweight or obese.

There are a number of Tier 1 (universal) services and campaigns delivered by local public health and communities teams supporting healthy weight and advice in relation to food access. These are supported by healthcare professionals and allied organisations. Barnsley also has a [Tier 3 Weight Management Service](#) to support obese residents (adults and children) in Barnsley to achieve a healthier weight. This includes medical assessment of clients, treatments, and lifestyle changes such as improved diet, increased physical activity, behavioural interventions, low and very low-calorie diets, pharmacological treatments, psychological support, and the consideration of referral for bariatric surgery if clinically appropriate.

6.3.5 Physical Activity

Physical activity includes any form of movement which raises the heart rate. 'Active in Barnsley' is the physical activity strategic plan for Barnsley. It feeds into the Barnsley Health and Wellbeing Strategy and the Barnsley 2030 Plan. Increasing physical activity levels across the population is a complex challenge with no single solution. Therefore, in Barnsley we will continue to work together to help all Barnsley residents, especially those in greatest need, experience the benefits of being more physically active. One of the best ways we can promote being more active is through our [What's Your Move campaign](#).

Physical activity data is calculated using data gathered from the Active Lives Adult Survey. This is a self-reported survey and hence data should be interpreted with caution as it may be influenced by personal bias and subjectivity. The latest data indicates that 65% of adults in Barnsley are physically active. This is less than the England rate of 67.4%.

6.3.6 Hypertension case finding

Barnsley Council, in partnership with the ICB, currently run an award-winning programme of targeted community blood pressure checks, known locally as 'How's Thi Ticker?' (HTT). The service was developed in response to Barnsley's significantly high levels of preventable deaths from cardiovascular disease (CVD) plus evidence of inequalities in the number of Barnsley residents aged over 40 years with a blood pressure reading recorded at their GP.

HTT adopts a community outreach approach by attending a variety of events, businesses, community venues and workplaces. This allows the service to mitigate healthcare access barriers and reach people who wouldn't usually have their blood pressure checked. Residents can receive a blood pressure check in a non-medical, user-friendly and informal location, which proves to be very popular with residents.

Public Health worked closely with community pharmacies across Barnsley to create a clear patient pathway for blood pressure. If the HTT service identify that someone has high blood pressure, they are able to refer to their local pharmacy to have this monitored through the national Case Finding Blood Pressure service. Pharmacies can then flag any concerns with their GP.

The service has carried out over 7,200 community blood pressure checks since the start of 2024. The average age of people having these checks is between 55-59 and 35% of these were identified as having high blood pressure and warranted onward referral.

6.3.7 Seasonal Vaccinations

Community pharmacies are a key delivery partner in Barnsley's seasonal vaccination strategy. They can provide:

NHS-funded flu and COVID-19 vaccinations for eligible cohorts, including frontline health and social care workers, older adults, and those with clinical vulnerabilities

Paid flu vaccinations for residents who are not eligible for NHS-funded vaccination.

Community pharmacies have supported vaccination drop-in clinics and pop-up events in targeted areas, co-delivered with NHSE, ICB and council teams to improve access and uptake.

6.4 Summary of the role of pharmacies

Community pharmacies play a crucial role in supporting public health initiatives. Here are some areas of public health programme work that pharmacies can signpost and contribute to:

Breastfeeding	Immunisation and vaccination	Health & lifestyle advice and signposting
Emergency Hormonal Contraception (EHC)	Minor ailments scheme	Healthy Start Scheme
Provision of the Stop Smoking Services.	Needle and syringe exchange	Referral to Barnsley Recovery Steps
Medicines optimisation	Falls care pathway	Medicine dispensing

7. Current Provision of NHS Pharmaceutical Services in Barnsley

This section of the PNA identifies, maps and analyses the current provision of pharmaceutical services in Barnsley.

7.1 Pharmacy Service Providers – number and geographical distribution

As of June 2025, there were 57 pharmaceutical service providers operating in the area covered by the Barnsley HWB. These pharmaceutical service providers are made up of:

- 52 pharmacies, of which 3 are distance selling pharmacies
- 3 GP dispensing practices
- 2 Dispensing Appliance Contractors (DACs)

Figure 13 shows the location of these in Barnsley.

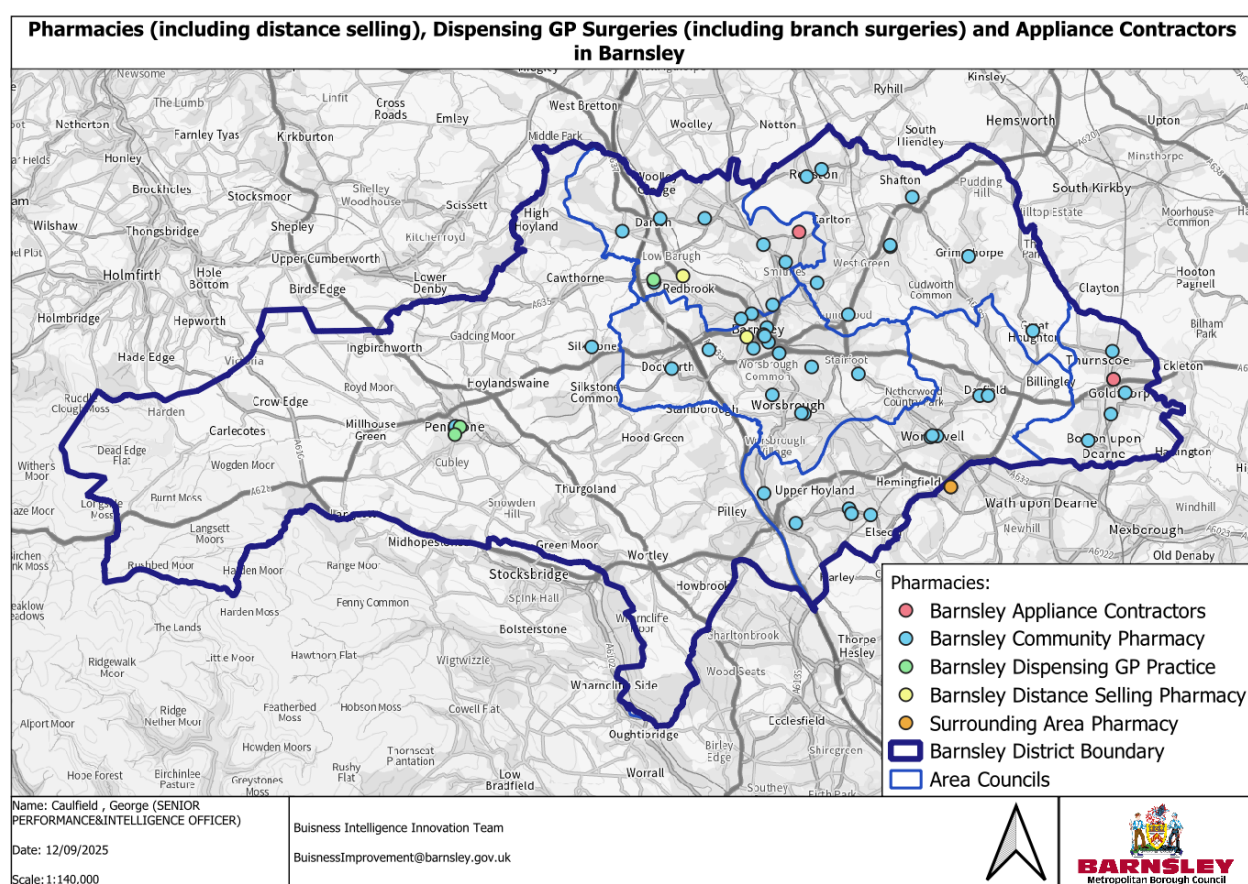


Figure 13. Pharmacies (including distance selling), dispensing general practices and appliance contractors in Barnsley

Figure 13: Consolidated Pharmaceutical List, NHS England, 2025

Note: there are two surrounding pharmacies co-located just over the border as indicated on the map by one orange dot. Although these pharmacies are in the Rotherham HWB area, they are supported by Community Pharmacy South Yorkshire and are considered close enough to improve access for Barnsley residents.

Appliances are also available from community pharmacies, dispensing GP practices and other DAC outside Barnsley.

Table 4 shows the number of people per pharmacy in England and Barnsley. Assuming a population of 244,572 in Barnsley (Census 2021 population) and 49 community pharmacies, there is an average of 1 pharmacy provider per 4,991 people. This is slightly higher than the England average where, as of October 2024, there was approximately one pharmacy per 4,704 people. This can also be quantified as 20 pharmacies per 100,000 population in Barnsley which is just below the England average of 21 pharmacies per 100,000.

Table 4. Community pharmacies on the pharmaceutical list and population, 2023/24

	Number of community pharmacies	Population Census 2021	Pharmacies per 100,000 population	Average Number of People per Pharmacy
ENGLAND	12,009	56,490,048	21	4,704
BARNSELY	49	244,572	20	4,991

Table 4: Pharmaceutical Services in England, SHAPE Place 2025 and ONS 2021

Barnsley Area Council Pharmaceutical Service Provision

Area Councils are a key part of Barnsley Council's approach to local governance and community empowerment. There are six Area Councils across Barnsley, each made up of locally elected councillors who work alongside Ward Alliances to identify and act on local priorities.

Table 6 illustrates that at an Area Council level there are between 4,017 and 8,253 people per pharmacy, compared to a Barnsley average of 4,991. Overall, this is higher than the average for England average of 1 pharmacy per 4,704 people. Both Central and South Barnsley areas have a higher rate of pharmacies per 100,000 than the England average, but the rest fall below this.

Analysis to include Dispensing GP practices

Penistone Area Council is unique in having two GP dispensing practices. When these are included in the calculations, the population access in Penistone changes from 8,253 people per pharmacy to 4,952 people per pharmacy, resulting in a ratio of 20.1 pharmacies per 100,000 people, which is very close to the England average of 21 per 100,000. Similarly, North Area Council also has one GP dispensing practice, and when this is considered, the access changes to 4,883 people per pharmacy and 20.5 pharmacies per 100,000 people, again, very close to the England average.

Overall, including the three GP dispensing practices increases the number of Barnsley pharmacies per 100,000 population to 21.2, which is higher than the England average. This results in 4,701 residents per pharmacy, equal to the England average. This is illustrated in Table 5 by the figures in brackets.

Table 5. Community Pharmacies by Area Council

	Number of Community Pharmacies	Population Census 2021	Population per pharmacy	Pharmacies per 100,000 population
Central	14	56,233	4,017	24.9
South Barnsley	11	46,560	4,233	23.6
North Barnsley	8 (9*)	43,943	5,493 (4,883)*	18.2 (20.5)*
Dearne	4	24,451	6,113	16.3
Northeast	9	48,623	5,403	18.5
Penistone	3 (5)*	24,760	8,253 (4,952)*	12.1 (20.1)*
Barnsley	49 (52)*	244,570	4,991 (4,703)*	20.0 (21.2)*
England			4,701	21

*Including the provision of the GP Dispensing practices

Table 5: PHE Shape Atlas and City Population, Census 2021 and City Population, Barnsley 2025

7.2 Distance Selling Pharmacies (DSPs)

Barnsley has a total of two DSPs. DSPs provide alternate access routes to pharmaceutical services (e.g., dispensing of prescriptions). Unlike Bricks and Mortar pharmacies, DSPs are not location specific and offer their services nationwide, including delivering prescriptions. DSPs do not provide face-to-face care and are prohibited from dispensing medicines or providing other essential pharmaceutical services to anyone on their premises.

Whilst location is not pivotal, the existence of these services will positively contribute to pharmaceutical access for the Barnsley population.

7.3 Dispensing GP practice services

A dispensing practice is defined as a practice with at least one active dispensing GP. They offer a unique service by providing both general practitioner services and dispensing medication from the same location. These practices play a vital role in maintaining access to healthcare in rural communities where pharmacy services may be limited or non-existent. Dispensing practices ensure patients have access to prescribed medication and offer the convenience of receiving healthcare and medication at one location. Not only can dispensing practices provide patients with prescribed medications directly from the practice, but they also offer a range of primary care services, including consultations, examinations, vaccinations and healthcare advice.

Only certain patients are eligible for receiving services from a dispensing GP. Nationally, around 7% of all prescription items are dispensed by these practices.

There are currently three dispensing GP practices in Barnsley, with some practices offering these services across multiple sites:

Dispensing Practice	Area Council	Sites
Penistone Group Practice	Penistone	<ul style="list-style-type: none"> • Penistone Group Practice • Thurgoland Surgery • Silkstone Health Centre
Kingswell Surgery	Penistone	<ul style="list-style-type: none"> • Kingswell Surgery
Barugh Green Surgery	North	<ul style="list-style-type: none"> • Dispenses at the surgery in Barugh Green

8. Access

This section of the PNA assesses how accessible pharmacies are to residents. This is measured by both geographical access and opening times.

8.1 Geographical Access

Geographical access is measured by the proportion of residents who are within a 1.6km (1 mile) walk of a pharmacy and by the proportion of residents who are within a 10-minute drive of a pharmacy.

Analysis in the SHAPE tool is undertaken to determine access. This helps to give a better indication of access, particularly walking access, than using a fixed radius around a pharmacy. This is demonstrated below.

Figure 14 shows a 1.6km circle around Silkstone Pharmacy in light blue and a 1.6km walking distance in pale yellow.

Figure 14. Example of geographical access analysis – Silkstone Pharmacy

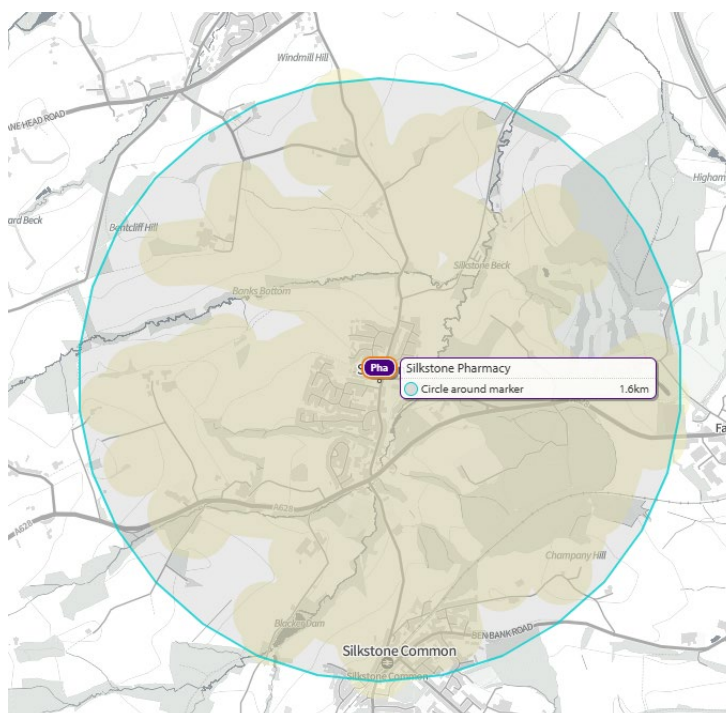


Figure 14: SHAPE Place Atlas, March 2025

Figure 15 uses the SHAPE tool to highlight the pharmacies that Barnsley residents can access within a 1.6km walk. 35 of these pharmacies were identified within 1.6km of the Barnsley boundary. To prepare these results, consideration was also given to the pharmacies outside of Barnsley that could be reached within a 1.6km walk. In the previous PNA the two pharmacies located at Cortonwood, Rotherham, (as indicated on Figure 15) were identified as being close enough to improve access to Barnsley residents. This remains the case.

Figure 15. Access analysis Barnsley residents access analysis – 1.6km walk

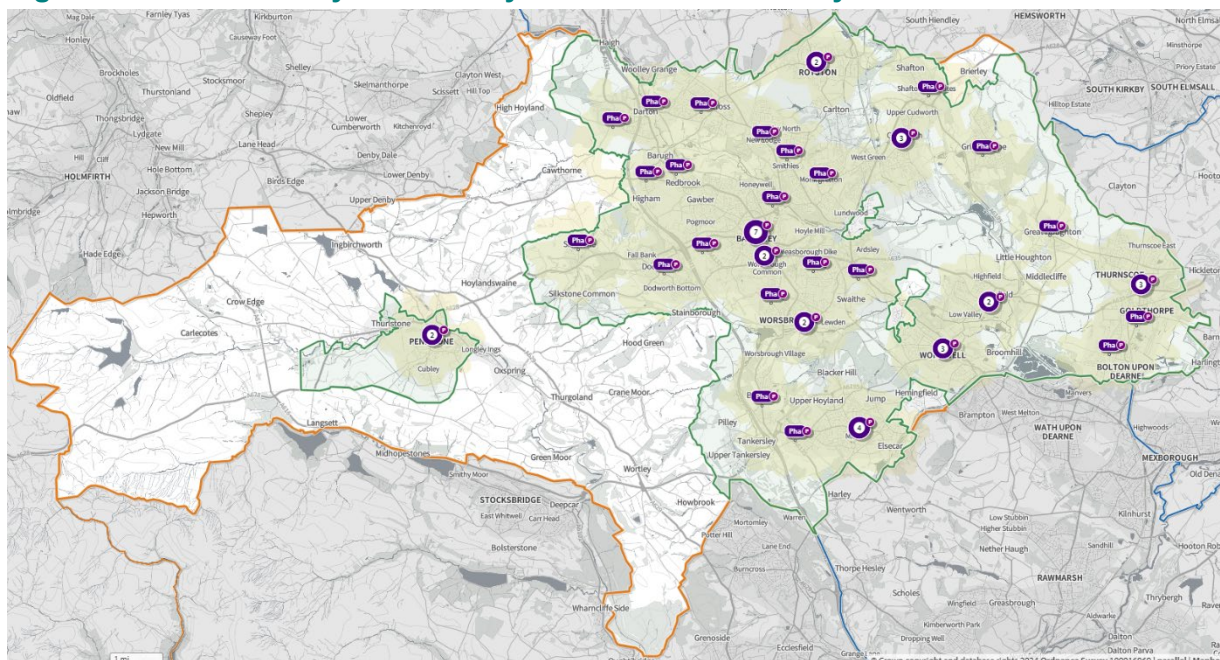


Figure 15: SHAPE Place Atlas, March 2025

The ONS 2022 mid-year population estimates for Barnsley suggest that the population is at 248,449. From this, we can determine that:

- The proportion of Barnsley residents within a 1.6km (1 mile) walk of a pharmacy is 92% (Figure 15).
- The proportion of Barnsley residents within a 10-minute drive of a pharmacy is 99%.
- The proportion of Barnsley residents who live within a mile of a pharmacy that has evening or weekend opening is 68% (Figure 13).

8.2 Opening Times

The majority of Barnsley's community pharmacies are open between 8:30 a.m. and 9:00 a.m. with a closing time between 5:00 p.m. and 6:30 p.m. This reflects the common practice of maintaining standard business hours at most locations. Some locations have extended evening hours, staying open until 9:00 p.m.

On Saturdays, 20 pharmacies are open, with seven closing at 1:00 p.m., one closing at 8:00 p.m. and four closing at 9:00 p.m. The remaining pharmacies have varied opening times, starting between 8:00 a.m. and 9:00 a.m. and closing between 12pm and 6pm. On Sundays, seven pharmacies are open. Two of these open at 9:00 a.m., while the others open at 10:0 a.m. Closing times vary, with six pharmacies closing between 2:00 p.m. and 5:00 p.m., and one pharmacy closing at 10:00 p.m. Up to date Community pharmacy opening times and contact details can be accessed via the NHS Choices website <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

The opening hours for dispensing GP practices and branch dispensing GP practices were identified using the NHS Choices website <http://www.nhs.uk/Service-Search/>. It is assumed that the dispensaries at the dispensing GP surgeries are open at the same hours as the rest of the practice.

Figure 16 shows that 68% of Barnsley residents live within a mile of a pharmacy that has evening (operating after 7:00 p.m. or weekend opening).

Figure 16. Barnsley residents that live within a mile of a pharmacy that has evening or weekend opening

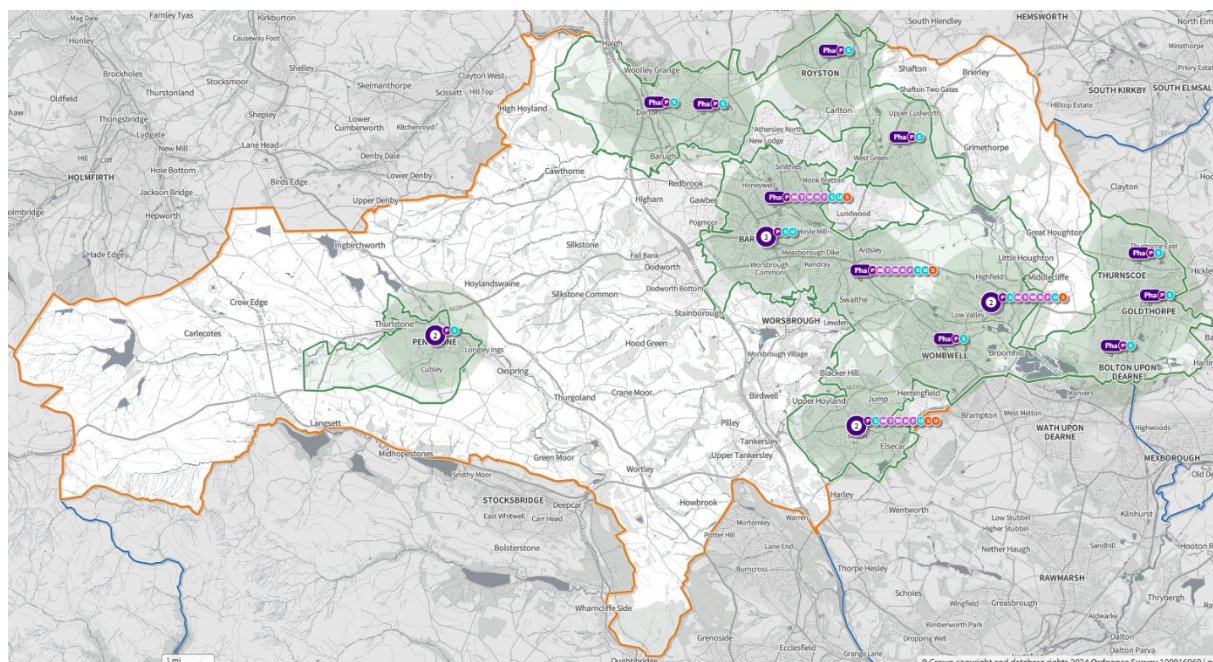


Figure 15: SHAPE Place Atlas, March 2025

8.2.1 Extended Opening Hours

In 2023, the Department of Health and Social Care amended the Pharmaceutical and Local Pharmaceutical Services (PLPS) regulations to allow pharmacies to apply to reduce their total core opening hours, within certain parameters. This was to help relieve current pressures on 100-hour pharmacies and ensure patients had access to NHS pharmacy services after their extended opening hours. All five pharmacies have reduced their hours. These pharmacies are:

- Stone Pharmacy, Darfield
- Asda Pharmacy, Barnsley
- Cohens Chemist, Hoyland
- Gatehouse Pharmacy, Mapplewell
- Tesco Instore Pharmacy, Barnsley

These pharmacies have a wide geographical spread across the borough, giving good access to pharmaceutical services on Saturdays, Sundays and late-night opening.

The requirements are that these pharmacies have:

- At least 72 core opening hours per week.
- Core opening hours between 5:00 p.m. and 9:00 p.m. Monday to Saturday.
- Core opening hours on a Sunday between 11:00 a.m. And 4:00 p.m. if the pharmacy currently has core hours at these times. The contractor may introduce a rest break, provided it is no

longer than one hour and starts at least three hours after the pharmacy opens and ends at least three hours before it closes.

- The changes must not reduce the total number of core opening hours on a Sunday.

Due to changes in shopping habits, several pharmacies now open on many Bank Holidays, although they are not contractually obliged to do so. NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday.

9. Pharmaceutical 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 services – services that can be commissioned by NHS England.
- Locally commissioned services – services that are mainly commissioned by the ICB and local authority.

Pharmacy owners (contractors) must provide Essential services, but they can choose whether they wish to provide Advanced or Enhanced services as well.

Appendix 2 outlines the enhanced and commissioned services by pharmacy in the borough.

9.1 Community Pharmacy Essential Services

All community pharmacies are required to provide all essential services. These services are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing and electronic Repeat Dispensing (eRD)
- Clinical Governance (requirements include: provision of practice leaflets, standard operating procedures, patient safety incident reporting, conducting clinical audits and patient satisfaction surveys, having complaints and whistle-blowing policies, acting upon drug alerts and product recalls and cleanliness and infection control measures)
- Discharge Medicines Service
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for Self-Care
- Disposal of Unwanted Medicines

The ICB is responsible for ensuring that all pharmacies deliver 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 achieve compliance. These self-assessments are supported by contract monitoring visits.

All Barnsley pharmacies have been assessed as compliant with the contract to date. South Yorkshire ICB will continue to work with pharmacies and their representative organisation to provide this assurance of service delivery.

9.2 Community Pharmacy Advanced Services

In addition to essential services, the community pharmacy contractual framework allows for several advanced services. Community pharmacies can choose to provide any of these services if they meet the requirements set out in the Secretary of State Directions. Advanced services currently include:

- Pharmacy First service - commenced on 31st January 2024 and incorporates the Community Pharmacist Consultation Service (CPCS).
- Appliance Use Reviews (AUR)
- Pharmacist Contraception Service (PCS)
- Flu Vaccination Service
- Hypertension Case-Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service (SCS) - commissioned as an Advanced service from 10th March 2022.
- Lateral Flow Device (LFD) Service (originally commissioned as an Advanced service from 6th November 2023. In March 2024, it was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service)

9.3 Community Pharmacy Enhanced Services

Pharmaceutical service providers are an important part of primary care. As well as dispensing prescriptions they provide information about medicines, self-care, general health care, and other sources of advice. They complement services provided by general practice.

The third tier of pharmaceutical service that can be provided from pharmacies are the Enhanced Services. These are services that can be commissioned from pharmacies by NHS England. Every pharmacy has a responsibility to direct patients to an alternative pharmacy that can provide the service they need.

These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by the ICB or a local authority, they are referred to as locally commissioned services.

9.4 Barnsley Pharmaceutical Non-Essential Services

The following chapter outlines services provided in Barnsley via pharmacies in addition to the essential services provided.

9.4.1 Specialist Drugs On Demand Service

The Specialist Drugs on Demand Service aims to create a network of community pharmacies who will stock a locally agreed range of specialist drugs. The demand for these drugs may be urgent and/or unpredictable, for example, palliative care drugs. The service aims to ensure that users of the service have prompt access to these specialist drugs when they are required. The service can be provided by any pharmacy, though due to the nature of the service, community pharmacies are invited to provide the service based upon their opening hours and location to ensure they can be easily accessed when needed.

9.4.2 Medication Management System Service

The Medication Management System Service aims to implement a controlled and safe environment where home carers can carry out the controlled administration of medication that meets the specific needs of each service user. The service can be provided by pharmacists who hold a relevant Medicines Use Review (MUR) qualification and have undergone a Disclosure and Barring Service (DBS) check. Service users are referred to the nearest pharmacy providing the service and an initial Medical Management Service Medication Review is undertaken, usually in the service user's home. From this information a Medication Plan detailing the nature and level of support required for the service user is created. Service providers are expected to undertake reviews to ensure the service user's Medication Plan remains current.

9.4.3 Pharmacy First (minor ailment scheme)

The Pharmacy First scheme aims to direct Barnsley patients to local pharmacies for the initial treatment of minor conditions such as pain, dermatitis, heartburn, nasal congestion, constipation, headache, and coughs. Pharmacy staff will use their existing knowledge and procedures to undertake the patient consultations and will advise patients to obtain appropriate treatment should their symptoms indicate a more serious condition or supply an 'over the counter' pack of medication.

As of December 2023, some pharmacies can now prescribe for the first time or re-prescribe oral contraception, commonly referred to as 'the Pill'. This is an extension of the existing service which enables pharmacies to provide repeat prescriptions of contraceptive medications. Multiple pharmacies in Barnsley have adapted their provision in line with this offer.

The service is open to all patients registered with a Barnsley GP. As with NHS prescriptions, medicines supplied to patients who don't normally pay for their prescriptions will be free. Patients who pay for their prescriptions may be encouraged to purchase their medication, as the cost of the medication should be much less than the prescription charge. However, all patients may still benefit from the additional printed advice material about their symptoms. Further information is available on <https://southyorkshire.communitypharmacy.org.uk/barnsley-local-services/pharmacyfirst-minor-ailments-service/>

9.4.4 “Not Dispensed” Scheme

The Barnsley’s “Not Dispensed” Scheme is to help prevent waste from prescriptions not needed.

Pharmacists or appropriately qualified staff should check with all patients presenting at their pharmacy with a repeat prescription. The patient will be asked if all the items prescribed need to be dispensed or supplied that month. For any items which the patient indicates they do not take regularly, the following questions may be asked:

1. Have they stock at home of the item?
2. Do they require all the items ordered on the prescription?

For any items that are not required by the patient, the prescription item will be endorsed with a clear ‘not dispensed’.

The overall aim of the service is to reduce medicinal waste and unnecessary ordering of repeat items. Further information is available on: [Payment to Not Dispense – South Yorkshire LPC](#)

9.4.5 Smoking Cessation Services

Through Barnsley’s Community Smoking Cessation Service (Yorkshire Smokefree Barnsley (YSFB)), patients can be referred to pharmacies to receive smoking cessation interventions. Two pharmacies in Barnsley are signed up to this service. This includes medication provision and necessary behavioural support. The aim is to increase capacity within the smoking cessation pathway through these referrals. Pharmacies delivering this need to be signed up to NCSCT Level 2 via a service level agreement with YSFB Only pharmacists or pharmacy technicians can provide this service, which is primarily delivered face-to-face.

Pharmacists and pharmacy technicians should follow the consultation structure outlined in the NCSCT Standard Treatment Programme (STP), which includes:

- Conducting a CO test
- Providing behavioural support
- Supplying Nicotine Replacement Therapy (NRT). A maximum of two weeks' supply is given at a time, with regular reviews to ensure suitability. The total treatment duration, including any NRT provided, must not exceed 12 weeks from the defined quit date.

For those pharmacies not signed up to deliver Level 2 support via the service level agreement, a full range of medications for example, Varenicline and/ or NRT should be made available via the current voucher scheme on PharmOutcomes, Patient Group Direction (PGD) or via a GP request letter. If Zyban is to be prescribed, this would need to be done via a service users GP request letter.

Barnsley has 39 pharmacies currently signed up to the level 1 SLA to dispense NRT and 22 of those pharmacies have also signed up to dispense Varenicline under the new PGD.

10. The Changing Face of Pharmacy

It is important to note the ways in which pharmacy and its role within the community has changed since the last PNA was produced and how this may develop over the next three years.

Building on The Community Pharmacy Forward View (2016) which sets out the sector's ambitions to radically enhance and expand the personalised care, support, and wellbeing services that community pharmacies provide, A Vision for Community Pharmacy (2023) highlights four dimensions to the role of the future community pharmacy:

- **Preventing ill health and supporting wellbeing** – supporting people and communities to stay healthy and well, with a particular focus on reducing health inequalities
- **Providing clinical care for patients** - members of the public consistently able to access care from community pharmacy teams for common conditions in a way that suits them and supports their health and wellbeing. This will expand on the emerging 'Pharmacy First' concept, with community pharmacists and their teams being seen by the public, and by other health care professionals, as a first port of call for many common ailments and some long-term conditions' management.
- **Living well with medicines** - supporting people to access and to live well with the medicines and treatments they are taking (including new and advanced therapies as they emerge) to improve outcomes, enhance safety and deliver better value. This will be a core role of pharmacies, and it will evolve to make best use of the current and future skills and expertise of the community pharmacy team, working in collaboration with general practice, patients and carers. It will build on existing evidence and best practice guidance on medicines optimisation and cost-effective use of medicines.
- **An integrated primary care offer for neighbourhoods** - Community pharmacy teams will be an integral part of a local integrated primary care offer, working closely with local general practice, allowing people access to care in their own neighbourhoods, supporting patients with ongoing care needs in addition to preventive and acute care.

11. Conclusions

The aim of a PNA is to assess the extent to which the demography of the local population and its health needs are met by the current provision of pharmaceutical services. Based on the information available at the time of developing this PNA, no gaps have been identified in the:

- Provision of essential services.
- Provision of essential services outside normal working hours.
- Provision of advanced or enhanced services.
- Need for essential, advanced or enhanced services in specified future circumstances that would provide improved access and choice.

In summary, our analysis of this information shows that:

- Community pharmacies have an important role to play in improving the health of the Barnsley population. They can contribute to the identified health needs of the population in a number of ways, including motivational interviewing, providing information and brief advice, providing on-going support for behaviour change and signposting to other services.
- Barnsley has good coverage across the borough for pharmaceutical services in terms of choice, access, and opening hours, with no gaps in current provision.
- Whilst the change in Pharmaceutical and Local Pharmaceutical Services (PLPS) regulations has led to all of Barnsley's 100-hour pharmacies reducing their opening hours, this is not specific to Barnsley and such changes have been seen at a national level.
- Barnsley has slightly better or similar coverage of community pharmacies compared to the England average. In the Area Council where pharmacy coverage is the lowest, there is good coverage provided by dispensing GP practices, and this is not considered a gap in provision.
- The majority of Barnsley residents live within a one-mile (1.6km) radius or a ten-minute drive of a pharmacy.
- An increase in population and an ageing population is likely to generate increased demand for pharmaceutical service, and this may not necessarily be directly proportionate to changes in the number of pharmaceutical services providers. Barnsley's HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

Appendix 1. What services do pharmacists offer?¹⁰

Pharmacists dispense prescriptions and other medicines, offer testing and screening for common conditions, and can advise on minor ailments. Not all pharmacies supply the same services and depend on NHS priorities in that area.

The services that may be available from your local pharmacy are:

Essential Services – which are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations). All pharmacy contractors must provide the full range of essential services, these include:

- Dispensing medicines and actions associated with dispensing (e.g. keeping records)
- Dispensing appliances
- Repeat dispensing
- Clinical governance
- Discharge Medicines Service
- Disposal of unwanted medicines
- Public health – (promotion of healthy lifestyles)
- Signposting
- Support for self-care

Advanced Services

There are several Advanced Services within the NHS pharmacy contractual framework (CPCF). Community pharmacies can choose to provide any of these services if they meet the requirements set out in the Secretary of State Directions.

- Appliance Use Review (AUR)
- C-19 Lateral Flow Device Distribution Service¹¹
- Community Pharmacist Consultation Service (CPCS)
- Flu Vaccination Service
- Hepatitis C Testing Service
- Hypertension Case-finding Service
- New Medicine Service (NMS)
- Pandemic Delivery Service
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service (SCS)

A breakdown of Advanced Services delivery by pharmacies in Barnsley is provided in Appendix 2.

¹⁰ <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/pharmacies/how-your-pharmacy-can-help/> (accessed 24/02/2025)

¹¹ Following the Prime Minister's announcement on 21 February 2022 and the publication of the Government policy document '[COVID-19 Response: Living with COVID-19](#)', free Covid-19 mass testing ended from 1 April 2022. This means the last day on which the Pharmacy Collect service and Pandemic Delivery Service operated was 31 March 2022.

Enhanced Services - Only those contractors directly commissioned by NHS England can provide these services. The National Health Service Act 2006, The Pharmaceutical Services (advanced and enhanced services) (England) Directions 2013, Part 4 14.-(1) outlines the enhanced services: <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

Appendix 2. Advanced Services

A breakdown of some advanced services by pharmacies in Barnsley is provided below (as at 03/03/25). CPCS ended on 30th January 2024. From 31st January 2024, the service was incorporated into the Pharmacy First Service.

= Dispensing appliance contractor

Pharmacy ODS Code	Pharmacy Name and Type	Area	Pharmacy First	Hypertension Case-finding	Contraception	Smoking Cessation	Lateral Flow Device (LFD)
FA174	PENISTONE PHARMACY	Penistone West					
FAW19	WARD GREEN PHARMACY	Worsbrough					
FC277	ROWLANDS PHARMACY	Wombwell					
FC898	WELDRICKS PHARMACY	Royston					
FCL44	WELL PHARMACY	Cudworth					
FD418	ASDA PHARMACY	Old Town					
FDC49	ATOS MEDICAL	Monk Bretton					
FDP29	COHENS CHEMIST	Hoyland Milton					
FDW01	COHENS CHEMIST	Hoyland Milton					
FDX94	DARTON PHARMACY	Darton West					
FE054	LO'S PHARMACY	North east					
FEE20	WELDRICKS PHARMACY	Dearne South					
FEM92	ROWLANDS PHARMACY	Darfield					

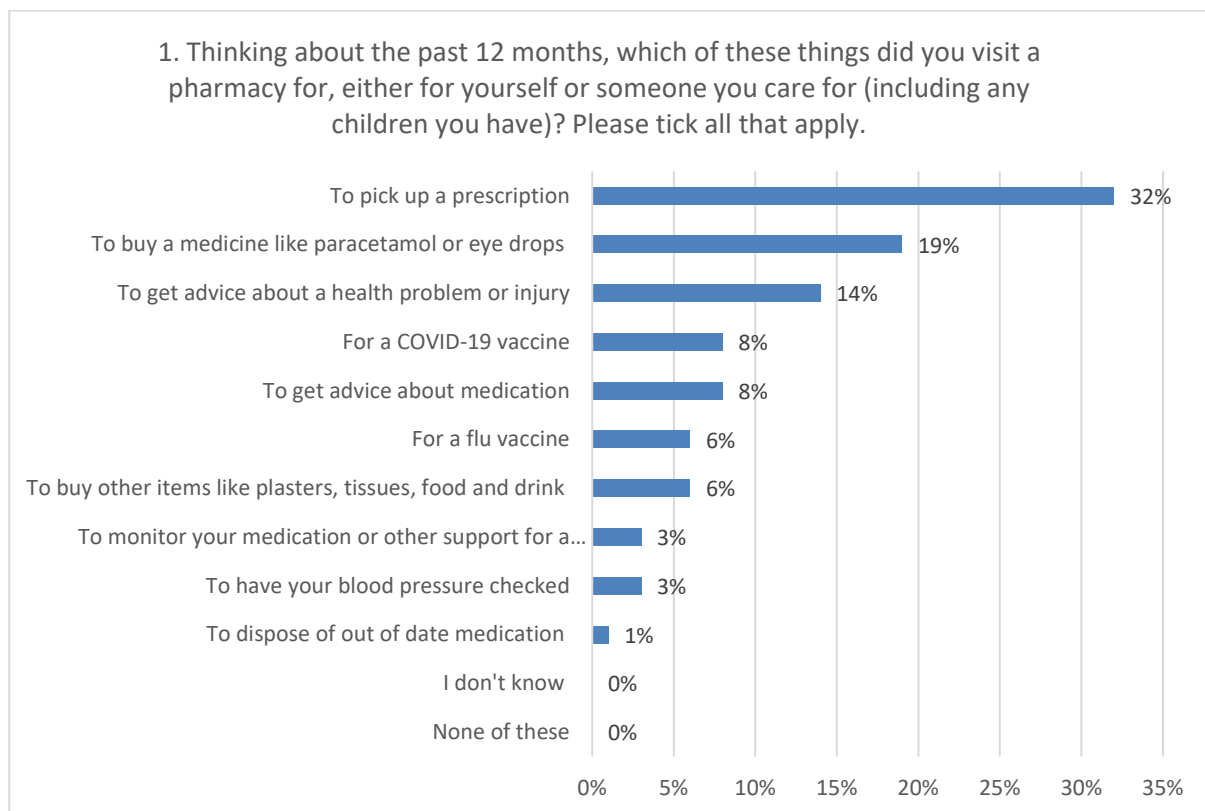
FET26	WELDRICKS PHARMACY	Dearne North					
FFQ18	ALLIED PHARMACY	Central					
FFR35	BARNSELY ENTERPRISES LTD	Kingstone					
FFV49	WELL PHARMACY	St Helens					
FG196	WELDRICKS PHARMACY	Dearne South					
FG545	WELDRICKS PHARMACY	Royston					
FGA75	SHAFTON PHARMACY	North east					
FGV72	LO'S PHARMACY	Stairfoot					
FH042	ELLISONS CHEMIST	Central					
FHE60	ROTHERHAM ROAD PHARMACY	North east					
FHW40	TESCO INSTORE PHARMACY	Stairfoot					
FJ350	BOOTS PHARMACY	Worsbrough					
FJE97	COHENS CHEMIST	Central					
FJM57	WELL PHARMACY	Hoyland Milton					
FKD60	LO'S PHARMACY	Worsbrough					
FL895	ELLISONS CHEMIST	Kingstone					
FLG43	WELL PHARMACY	Darfield					
FLH72	WELDRICKS PHARMACY	Dearne North					
FLJ06	SUPERDRUG PHARMACY	Central					
FM248	WELL PHARMACY	Rockingham					
FMV43	CLARK'S CHEMIST	Penistone West					
FN457	MAPPLEWELL PHARMACY	Darton East					
FNA02	PILL POST PHARMACY	Darton West					
FND79	R D HILL (CHEMISTS) LTD	St Helens					
FNK91	BIRDWELL PHARMACY	Rockingham					
FNN73	SILKSTONE PHARMACY	Penistone East					
FPF32	Z A AKRAM LTD	Darfield					
FPJ07	COHENS CHEMIST	Dodworth					
FQH55	COHENS CHEMIST	Hoyland Milton					
FR397	Z A AKRAM LTD	Monk Bretton					
FTF36	KEXBOROUGH PHARMACY	Darton West					
FTH41	SKF LO CHEMIST LTD	Monk Bretton					

FTK41	STONE PHARMACY	Darfield					
FTP17	TRIPHARM	Dodworth					
FV303	COHENS CHEMIST	Old Town					
FV519	WELL PHARMACY	Cudworth					
FWX74	BARUGH GREEN PHARMACY	Darton West					
FX237	DEARNE VALLEY PHARMACY	Dearne North					
FXF21	R T ELLIOTT LTD	Central					
FXG29	FITTLEWORTH MEDICAL LTD	Dearne North					
FY192	BOOTS PHARMACY	Central					
N/A	HUDDERSFIELD ROAD SURGERY	Central					
N/A	KINGSWELL SURGERY PMS PRACTICE	Penistone West					
N/A	PENISTONE GROUP PMS PRACTICE	Penistone West					
FHA20	BOOTS PHARMACY	Hoober					
FW170	MORRISONS PHARMACY	Hoober					

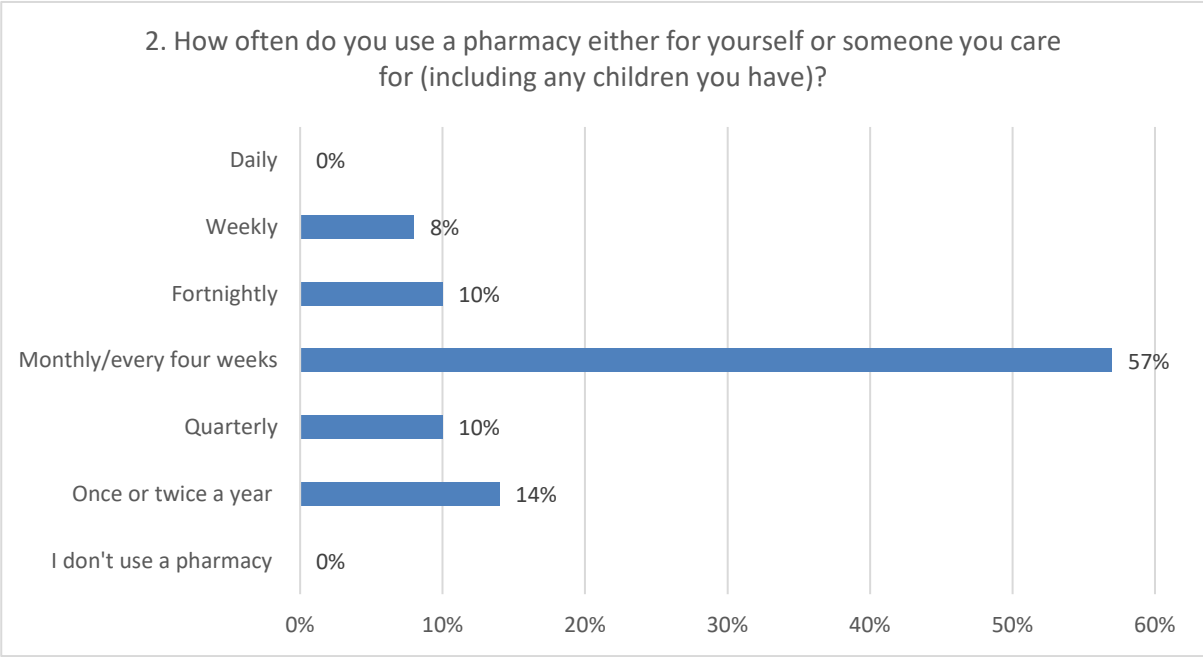
Appendix 3. Results from the Public Survey

This summary outlines the response from members of the public following a short survey on Barnsley's Pharmaceutical Services. The consultation was open for 4 weeks, from 7th April until 9th May 2025. The survey was available through Microsoft Forms and was advertised online through both Barnsley Council and Healthwatch.

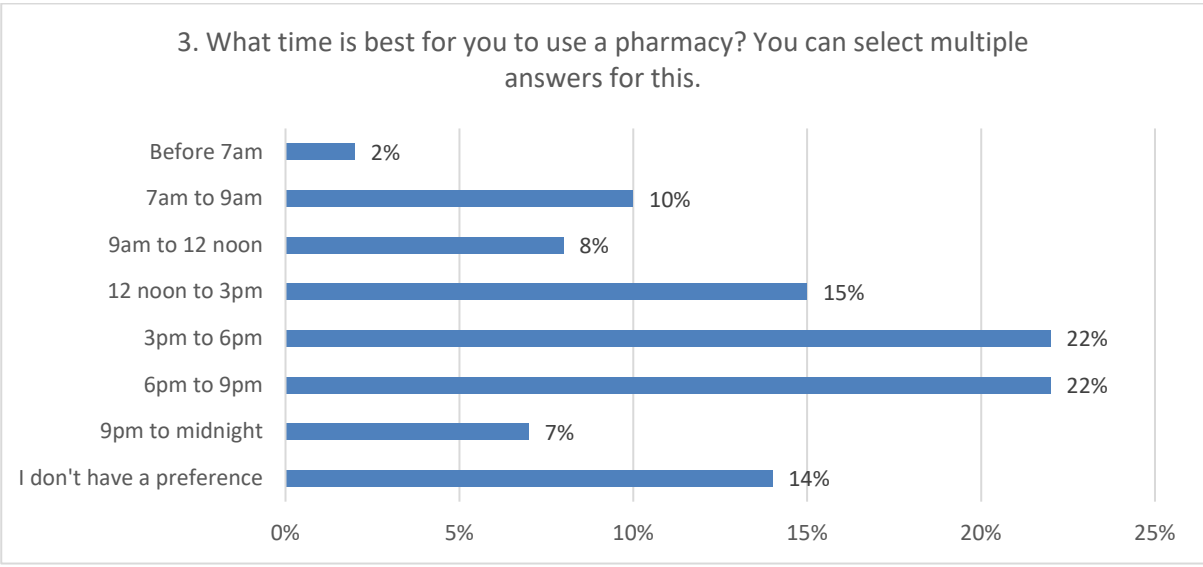
There were 39 respondents to the consultation questionnaire. A summary of the feedback obtained is outlined below. All questions were multiple choice and a 'free text' box was provided at the end of the survey for any further feedback. These comments can be found below and have been separated into key themes.



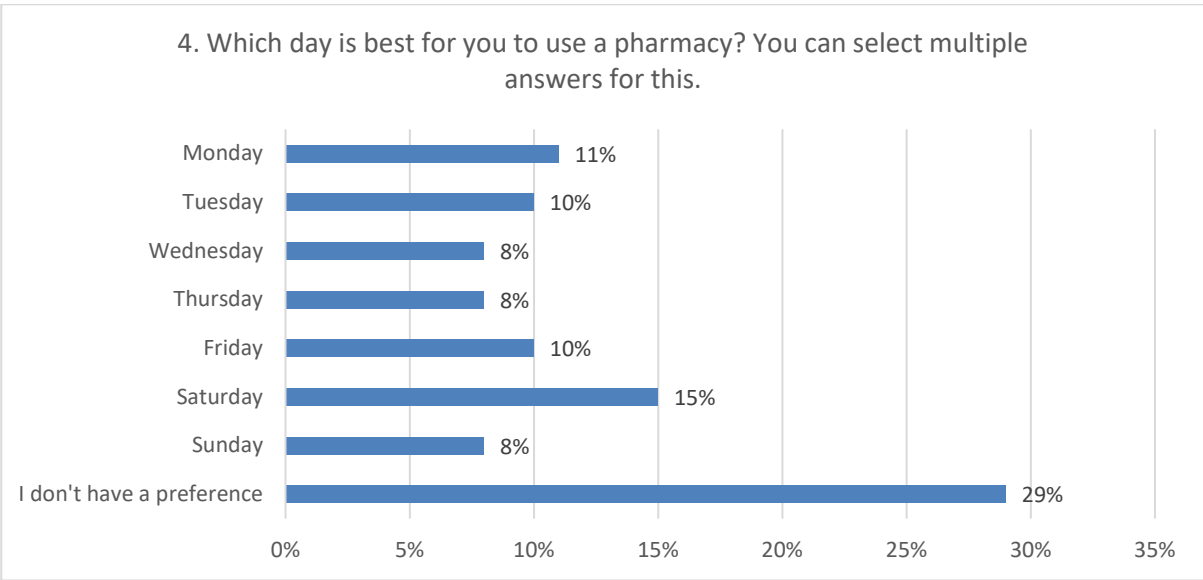
The top three reasons for visiting a pharmacy were for prescribed medication (32%), buy over the counter medicines (19%) or to get advice on a health problem or injury (14%).



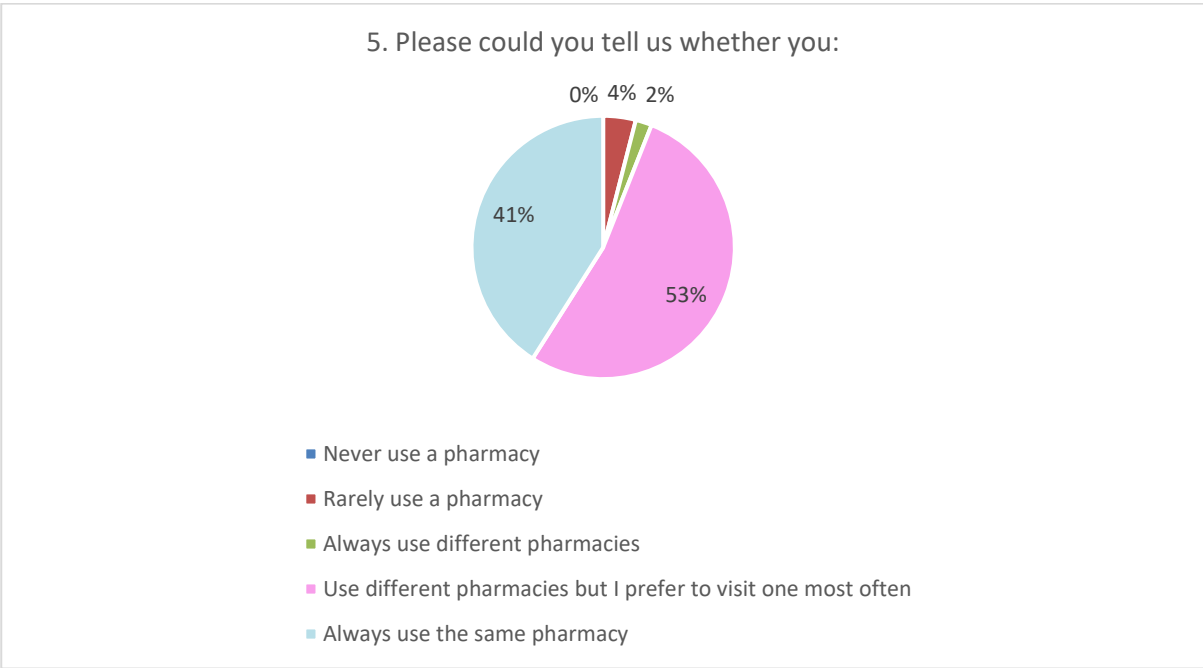
The majority of respondents used the pharmacy monthly (57%).



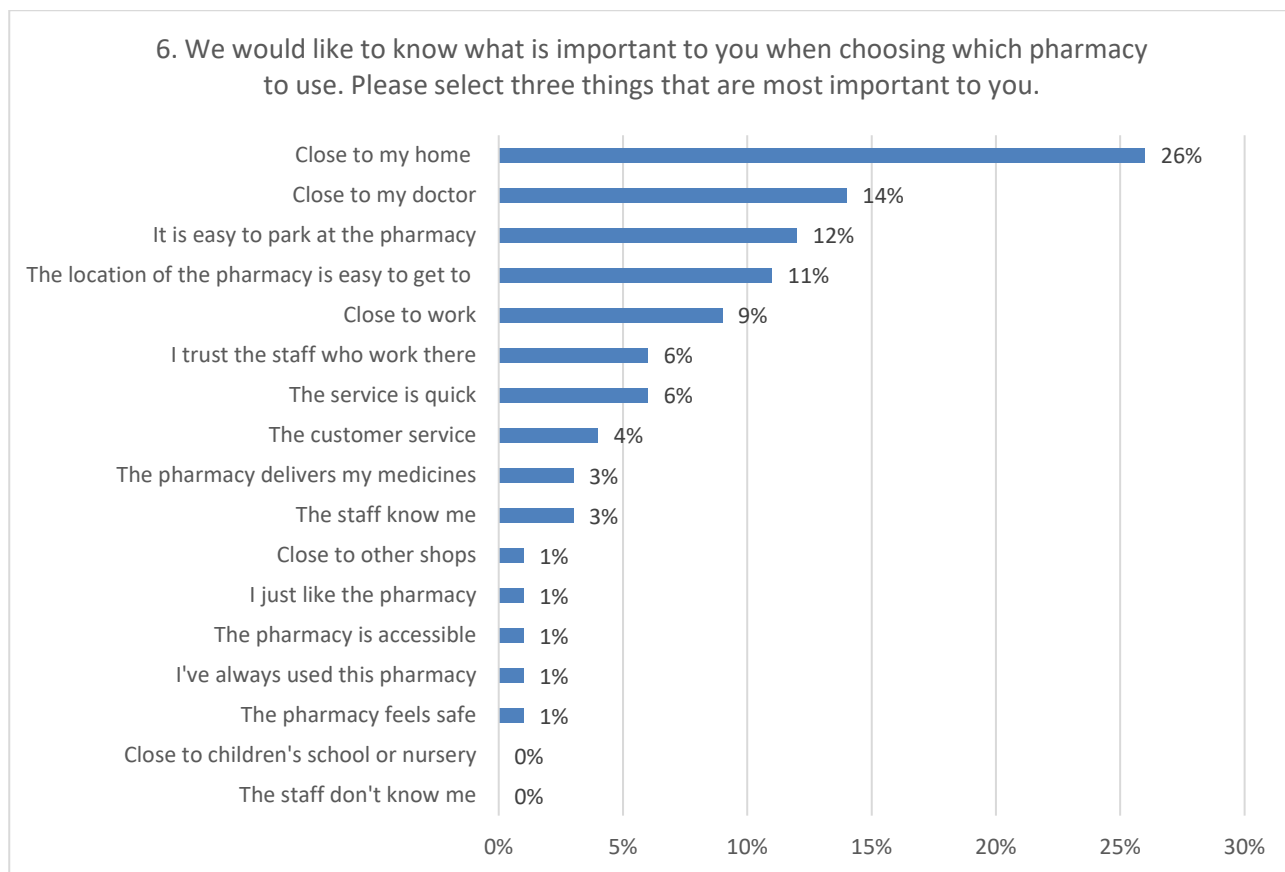
44% of respondents feel that it is best to use a pharmacy between 3:00 and 9:00 p.m.



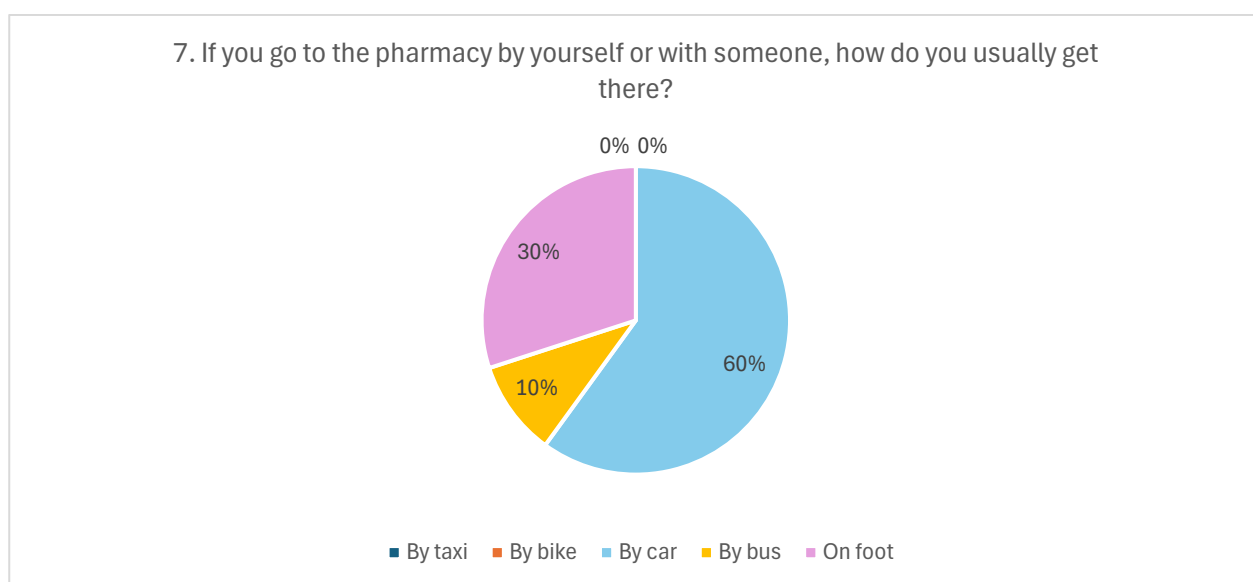
29% of respondents don't have a preference for what day is best to use a pharmacy. 15% of respondents feel that Saturday is the best day.



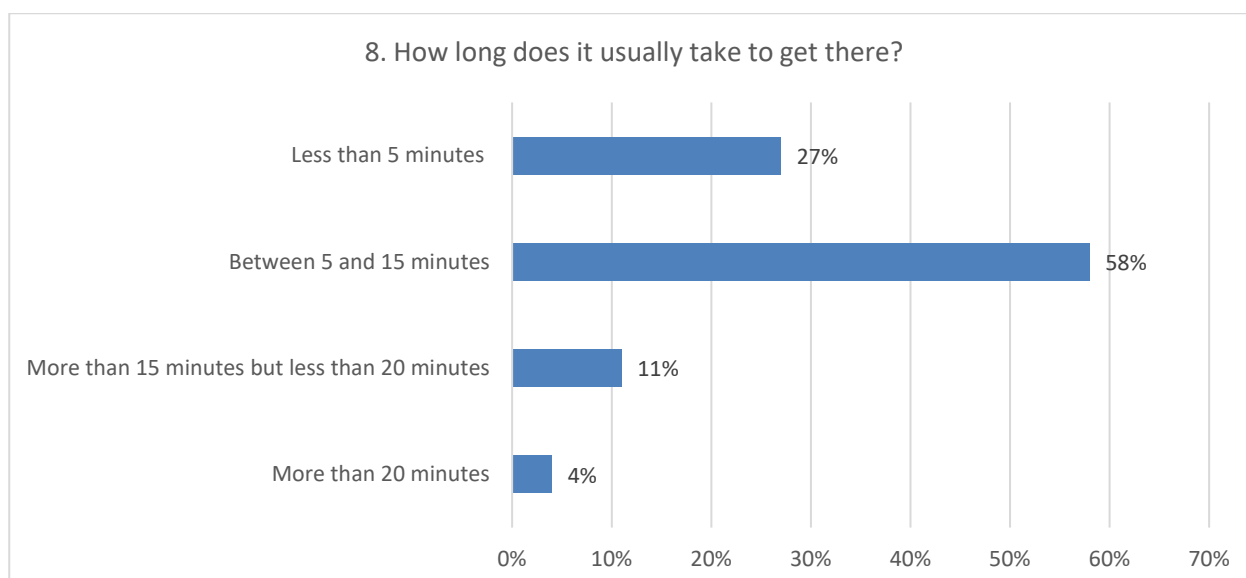
53% of respondents use different pharmacies but prefer to visit one most often.



26% of respondents find that having a pharmacy close to their home is the most important factor when choosing which pharmacy to use.



The majority of respondents (60%) usually travel to a pharmacy by car.



The majority of respondents (58%) report that it takes between 5 and 15 minutes to get to their local pharmacy.

9. Please share any further feedback using the box below:

Customer service

- Points raised on the affordability of medications compared to supermarkets.
- Mixed experiences of customer service and some very positive comments on helpful and caring staff
- Concerns regarding privacy issues needing to discuss personal medication in public spaces.
- Issues raised regarding partial fulfilment of prescriptions, delays in preparing prescriptions and inconveniences caused by lengthy wait times.
- Recognition and appreciation for specific pharmacies for their reliability, delivery services, and helpful staff.

Location

- Points raised about using the pharmacy within a supermarket as the opening hours are good and parking is easy.
- Feedback around using bus travel to reach a pharmacy.

Opening times

- Concerns regarding the opening times of a pharmacy closing for a long period of time over lunch, particularly for those who rely on collecting prescriptions on their lunch break.
- Recognition and appreciation for pharmacies that are open in the evenings and during the weekend.

Services offered

- Requests around having prescriptions delivered to a home address.
- Consistency in medication supply.

Appendix 4. Results from the Statutory 60-day Consultation

This summary outlines the response from partners consulted within the statutory 60-day consultation.

This phase of the consultation ran from 23rd June – 29th August 2025 and was made known to the following key organisations through an online survey:

- Barnsley Community Pharmacies
- Dispensing GPs
- Barnsley Pharmaceutical Needs Assessment Steering Group
- South Yorkshire Integrated Care Board, Barnsley
- Barnsley Hospital NHS Foundation Trust
- HealthWatch
- Local Pharmaceutical Committee
- Local Medical Committee
- Southwest Yorkshire Partnership NHS Foundation Trust
- Doncaster Health and Wellbeing Board
- Rotherham Health and Wellbeing Board
- Sheffield Health and Wellbeing Board
- Wakefield Health and Wellbeing Board
- Kirklees Health and Wellbeing Board
- Barnsley CVS

A summary of the feedback obtained through the consultation is described in the table below. 7 responses were received. Any comments/suggestions regarding improvements will be shared with NHS England colleagues.

1. Has the purpose of the PNA been clearly explained?	100% of respondents felt that the PNA had been clearly explained
2. Would you like to expand on your answers provided in Question 1?	<p>Respondents agreed that the report is clear, accessible and explained well.</p> <p>One respondent felt that the process of developing the PNA was conducted in a collaborative manner, ensuring that people's views were considered.</p>
3. How do you feel about the following statements?	<p>a) Do you feel the pharmaceutical needs of the Barnsley population have been accurately reflected in the PNA?</p> <ul style="list-style-type: none"> - 43% strongly agreed - 43% agreed - 14% neither agreed nor disagreed <p>b) Is the draft PNA easy to read and understand?</p> <ul style="list-style-type: none"> - 57% strongly agree - 43% agree

	<p>c) Do you agree with our assessment of the ways pharmacies could make a greater contribution to improving health of people in Barnsley?</p> <ul style="list-style-type: none"> - 43% strongly agree - 57% agree
<p>4. Would you like to expand on your answers provided in Question 3?</p>	<p>There were a couple of comments made around a gap in provision regarding out of hours palliative care medication, particularly if this is needed on a Sunday or Bank Holiday.</p> <p>The analysis undertaken with the available data shows that Barnsley has good coverage across the borough in terms of choice, access and opening hours, with no gaps in current provision. The highlighted gap in provision for obtaining out of hours palliative care medication will be shared with Barnsley ICB as commissioner of the service.</p>
<p>5. Is there anything else that you feel should be included in the PNA?</p>	<p>A comment was made about the importance of dispensing practices, particularly those in remote areas of the borough.</p> <p>A comment was made regarding opportunities to communicate the breadth of the offer of community pharmacy services.</p>

Appendix 5. Equality Impact Assessment

Pharmaceutical Needs Assessment EIA

Stage 1 Details of the proposal

Pharmaceutical Needs Assessment 2025-2028

Public Health

Laura Fairbank

Rebecca Clarke

Description / purpose of proposal

In accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, the HWB has a statutory responsibility to produce a Pharmaceutical Needs Assessment (PNA). The PNA provides a comprehensive, ongoing assessment of the local need for pharmaceutical services. This includes decisions on applications for new pharmacy and dispensing appliance contractor premises.

27/02/2025

Assessment Review date

Stage 2 About the proposal

What is being proposed?

To draft, consult on and publish a pharmaceutical needs assessment (PNA). The HWBs assumed statutory responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013. The PNA provides a comprehensive, ongoing assessment of the local need for pharmaceutical services.

Why is the proposal required?

The final version of the PNA will be utilised by NHS England when commissioning for pharmaceutical services in the borough. This will have a direct impact on the residents of Barnsley.

There is a [PNA information pack](#) which determines the activity and approach the local authority must take to drafting and agreeing a PNA.

Regulation 8 requires the HWB to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document. They must be given a minimum period of 60 days to submit their response, beginning on the day by which they are 'served with a draft' of the document.

The following organisations must be consulted:

- Local Pharmaceutical Committee
- Local Medical Committee
- Pharmacy & Dispensing appliance contractors included in the pharmaceutical list for the area of the HWB.
- Dispensing doctors included in the dispensing doctor list for the area of the HWB
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the HWBs area
- Healthwatch, and any other patient, consumer, or community group in the area which the HWB believes has an interest in the provision of pharmaceutical services,
- any NHS trust or NHS foundation trust in the HWBs area,
- NHS England and NHS Improvement
- any neighbouring HWB.

What will this proposal mean for customers?

The primary customer base for the finished PNA is NHS England. The PNA will help to inform their decision-making processes.

In addition to this, consultation involved the people identified in the above box. The outcome of this consultation will enable us to ensure that the pharmaceutical needs of Barnsley are able to be captured and presented in the PNA.

The above stakeholders, as well as any residents with an interest, will be able to view the public facing document to understand the general health and wellbeing of Barnsley residents as well as the pharmaceutical services provision currently available.

The proposal will also allow these stakeholders to respond to a draft version of the Pharmaceutical Needs Assessment

and allow them to make further comments and suggestions.

Stage 3 Preliminary screening process

Use the Preliminary screening questions (found in the guidance) to decide whether a full EIA is required

☒ Yes - EIA required (go to next section)

Yes

Stage 4 Scoping exercise What do we know?

Data: Generic demographics

What generic data do you know?

- The estimated population of Barnsley was 248,449 in 2023 and is expected to increase by 7% to 265,868 by 2033.
- Over the coming years the population in Barnsley is expected to increase, with the largest increases seen in older age groups. Due to people living longer, the age profile of the population is changing both nationally and locally. Barnsley's population is ageing, and the number of residents aged 65+ is projected to reach 60,800 by 2030.
- Barnsley is the 38th most deprived local authority of the 317 in England (IMD 2019).
- For 2021-23, life expectancy at birth for men is 77.5 and for women is 81.7
- For 2021-23, healthy life expectancy at birth for men is 52.9 and for women is 52.6.
- 70.2% of people in Barnsley are in employment (2023-24)

Data: Service data / feedback

What equalities knowledge do you already know about the service/location/policy/contract?

- As of 24/02/2025 there were 57 pharmaceutical service providers operating in the area covered by the Barnsley HWB. Assuming a population of 244, 572 (Census 2021 population) in Barnsley, there is an average of one pharmacy provider per 4,991 people. This is higher than the England average.
- Barnsley has a total of three distance selling pharmacies. DSPs provide alternate access routes to pharmaceutical services. Their services are not location specific.
- Most of Barnsley's community pharmacies are open between 08:30 and 9:00 and close between 17:00 and 18:30. This reflect the common practice of standard business hours, but some locations have extended evening hours, staying open until 21:00.
- 68% of Barnsley residents live within a mile of a pharmacy that has an evening, Saturday or Sunday opening.
- Some pharmacies provide a home delivery service as an added value service to patients.

An EIA was carried out during the previous Pharmaceutical Needs Assessment (2022-2025) and no specific impact was identified.

<p>It states in the PNA information pack for Local Authorities that:</p> <p>Once the overall health needs of the population have been identified, along with those that can be met by the provision of pharmaceutical services, the pharmaceutical needs assessment will then need to identify the different needs of those who share a protected characteristic as defined in the Equality Act 2010.</p> <p>A report on the consultation must be included in the final version of the document. We will review the responses to the consultation and agree what, if any, changes are to be made to the document. A week has been allowed in the timeline for review of the responses and production of the first draft of the consultation report which will be a summary of the responses received. The steering group will need to review the responses to the consultation and agree its response to the points raised which will then be included in the report. The steering group will also need to consider what, if any, changes need to be made to the document as a result of the consultation. Once the document is finalised it will then need to be signed off by the relevant committee or the HWB and published.</p>

Stage 4 Potential impact on different groups

(state if negative impact is substantial and highlight with **red text**)

Protected characteristic	Negative	Positive + '	No impact	Don't know	Details
Sex			✓		No specific negative impacts identified from this PNA.
Age			✓		<p>The PNA identifies good provision of services for all ages. No specific negative impacts identified from this PNA.</p> <p>Older people may have a higher prevalence of illness and take regular medicines. Pharmacy staff can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery and appropriate provision of multi-compartment compliance aids.</p>
Disabled <i>Learning disability, Physical disability, Sensory Impairment, Deaf People ,invisible illness, Mental Health etc</i>			✓		<p>Equality legislation ensures that community pharmacies allow for wheelchair access, however, where there aren't accessibility measures, pharmacies also provide home delivery services in these instances.</p> <p>No specific negative impacts identified in this PNA. When patients are managing their own medication but need some support, pharmacists must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental health condition that affects their ability to carry out everyday activities, such as managing their medication.</p>
Race			✓		No specific negative impacts identified from this PNA.
Religion & Belief			✓		No specific negative impacts identified from this PNA.
Sexual orientation			✓		No specific impact has been identified from this PNA.
Gender Reassignment			✓		No specific impact has been identified from this PNA.
Marriage / civil partnership		N/A	✓		No specific impact has been identified from this PNA.
Pregnancy / maternity			✓		No specific negative impacts identified from this PNA. Community pharmacies can provide an important source of advice for minor ailments for

					conditions which commonly occur in pregnancy. For women planning pregnancy, access to a community pharmacy for advice can also be important.
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			✓		No specific impact has been identified from this PNA.
			✓		No specific impact has been identified from this PNA.

Stage 5 Action plan

To improve your knowledge about the equality impact . . .

Actions could include community engagement with affected groups, analysis of performance data, service equality monitoring, stakeholder focus group etc.

To share the PNA public survey with council networks	Laura Fairbank	9 th May 2025

To improve or mitigate the equality impact . . .

Actions could include: altering the policy to protect affected group, limiting scope of proposed change, reviewing actual impact in future, phasing-in changes over period of time, monitor service provider performance indicators, etc.

To ensure a summary of the public survey is included in the final PNA report for the 60 day consultation.	Laura Fairbank	June 2025
To ensure the final version of the PNA is easily accessible on the council website.	Laura Fairbank	October 2025

Stage 6 Assessment findings

Please summarise how different protected groups are likely to be affected

	<p>The PNA has considered accessibility of pharmaceutical services in Barnsley as outlined in the statutory guidance https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack</p> <p>In general, most providers of pharmaceutical services have made suitable adjustments to ensure everyone has equal access to pharmaceutical services.</p> <p>The Equality Act 2010 sets out a framework which requires providers of goods and services to ensure that they do not discriminate against a person for reasons relating to a protected characteristic. It is expected that pharmacies will provide an equitable service to everyone regardless of sex, age, race, disability, religion or belief, sexual orientation, gender reassignment, marriage or civil partnership, pregnancy or maternity. Similarly, it is also expected the pharmacies make reasonable adjustments, to enable disabled people who face barriers to accessing their services to do so equitably.</p>
	<p>To ensure a summary of the consultation feedback is included in the final PNA report, including the steering group response.</p> <p>To ensure the final version of the PNA is easily accessible on the council website and shared with equality forums.</p>

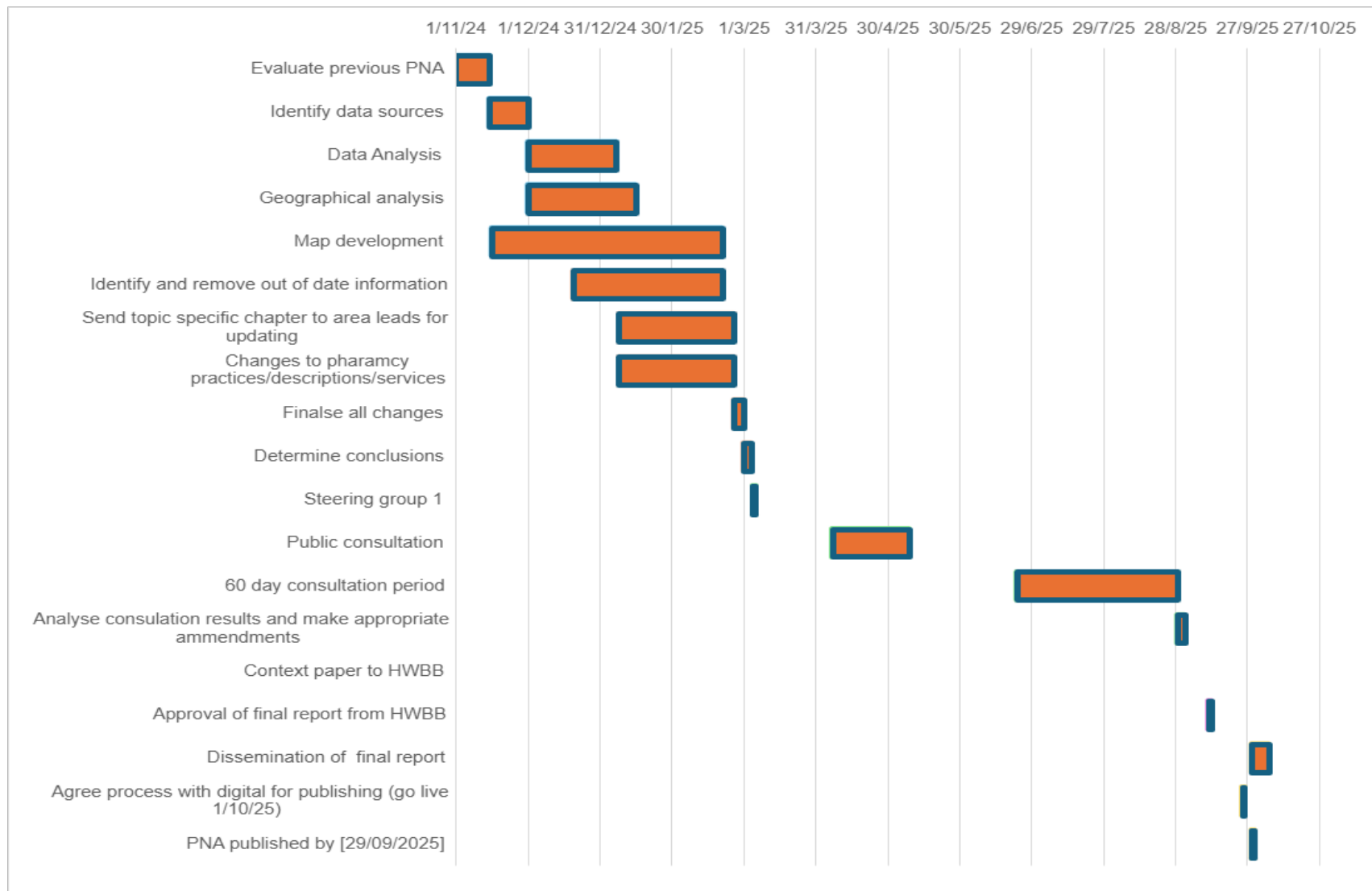
Signature (officer responsible for EIA) Date	Laura Fairbank 13/03/2025
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**** EIA now complete ****

Stage 7 Assessment Review

<p>(This is the post implementation review of the EIA based on date in Stage 1 if applicable)</p> <p>What information did you obtain and what does that tell us about equality of outcomes for different groups?</p>
N/A

Appendix 6. Project Gantt Chart



Appendix 7. Acronyms table

Acronym	Definition
PNA	Pharmaceutical Needs Assessment
JSNA	Joint Strategic Needs Assessment
PHOF	Public Health Outcomes Framework
HWB	Health and Wellbeing Board
DACs	Dispensing Appliance Contractors
DSPs	Distance Selling Pharmacies
ICBs	Integrated Care Boards
ICS	Integrated Care System
LPS	Local Pharmaceutical Service
NHSE	NHS England
VCSE	Voluntary, Community and Social Enterprise sector
PCN	Primary Care Network
LE	Life Expectancy
HLE	Healthy Life Expectancy