

LEICESTERSHIRE PHARMACEUTICAL NEEDS ASSESSMENT



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FOREWORD AND EXECUTIVE SUMMARY

To be completed once document completed.

CONTENTS

FOREWORD AND EXECUTIVE SUMMARY	ii
CONTENTS	iii
List of Figures.....	vii
BACKGROUND AND INTRODUCTION.....	8
1. Introduction.....	8
2. Purpose of the PNA	8
3. Pharmaceutical Services and Pharmacy Contracts.....	9
3.1. Essential Services.....	10
3.2. Advanced Services.....	12
3.3. Community Based Services	14
3.4. Pharmacy Contracts	15
3.5. Distance Selling Pharmacies	15
4. What is Excluded from the scope of the PNA?.....	15
4.1. Prison Pharmacy.....	15
4.2. Hospital Pharmacy.....	16
5. Process followed for developing the PNA	16
HEALTH NEEDS OF THE POPULATION OF LEICESTERSHIRE	17
6. Population of Leicestershire	17
6.1. Population estimates.....	17
6.2. Deprivation	18
6.3. Ethnicity.....	20
7. Local Health Needs	21
7.1. Health Profiles	21
7.2. Life Expectancy.....	23
7.3. Lifestyles.....	23
7.4. Burden of Disease in the Population.....	24
8. Leicestershire’s Health and Wellbeing Priorities.....	26
9. Location of Pharmacies	27
9.1. Local Pharmaceutical Service Contract	29

9.2.	Distance Selling Pharmacies	29
10.	Services Available in Leicestershire	29
10.1.	Essential Services.....	29
10.1.1.	Opening hours	29
10.1.2.	Prescribing Activity	32
10.1.3.	Drive and Walk Time Analysis	33
10.1.4.	Public Transport	37
10.1.5.	Access and populations affected by deprivation	39
10.1.6.	Access and People by Age Profile.....	41
10.1.7.	Access and Rurality.....	43
10.1.8.	Access and Language.....	44
10.1.9.	GP Dispensing.....	47
10.1.10.	Cross Border Provision	49
10.2.	Advanced Services.....	50
10.3.	Quality of essential and advanced services	52
10.4.	Community Based Services	52
10.4.1.	Emergency Hormonal Contraception.....	53
10.4.2.	Substance Misuse Services.....	54
10.4.3.	Extended Care Services	55
10.4.4.	Palliative Medicine Supply.....	56
10.4.5.	Emergency Supply Service.....	56
10.4.6.	COVID Vaccinations	57
11.	Stakeholder Views	58
11.1.	Leicestershire PNA Pharmacy Professionals Survey - Responses Summary.....	58
11.2.	Leicestershire PNA Public Survey Responses	59
12.	Digital Developments	59
12.1.	Access and Broadband Availability.....	60
13.	Projected Future Needs.....	60
13.1.	Population Projections	60
13.2.	Future Housing – Potential Locations	62
14.	Responses to the 60-Day Statutory Consultation	68

15.	Equality Statement	69
16.	Gap analysis	69
16.1.	Essential Services.....	69
16.2.	Advanced Services	70
16.3.	Community Based Services (CBS).....	70
17.	Recommendations.....	71
17.1.	Equity of Service	71
18.	Conclusions.....	Error! Bookmark not defined.
	GLOSSARY OF TERMS.....	73
	References	76

List of Tables

Table 1: Essential Pharmacy Services	10
Table 2: Advanced Pharmacy Services.....	12
Table 3: Community based pharmacy services.....	14
Table 4: 2020 Population estimates for Leicestershire	18
Table 5: Health Profile Summary	22
Table 6: Lifestyle statistics for Leicestershire	24
Table 7: Burden of disease in the population of Leicestershire	25
Table 8: Leicestershire Pharmaceutical Services, as at 31st March 2021	28
Table 9: Leicestershire pharmacies by opening hour category, 2020/21	30
Table 10: Number of items prescribed for Leicestershire 2020	32
Table 11: Population by drive-time.....	35
Table 12: Population by walk-time	37
Table 13: Population by public transport travel time on weekday mornings	39
Table 14: Estimated population by deprivation quintile and drive times	40
Table 15: Estimated population by deprivation quintile and walking times	40
Table 16: Estimated population by deprivation and public transport journey time	41
Table 17: Estimated population by age and drive times	42
Table 18: Estimated population by age and walk times	42
Table 19: Estimated population by age and public transport journey time on weekday mornings .	42
Table 20: Estimated population by rurality and drive times	43
Table 21: Estimated population by rurality and walk times	43
Table 22: Estimated population by rurality and public transport journey time weekday mornings	44
Table 23: Advanced Services – number of community pharmacies providing each service, 20/21 .	51
Table 24: Local Authority commissioned Community-Based Services as of 31st March 2021	52
Table 25: CCG commissioned Community-Based Services 2020-21.....	53
Table 26: Community Based Services - Emergency Hormonal Contraception in 2020/21	54
Table 27 Supervised Methadone Consumption Service uptake by District (2020-2021).....	55
Table 28-Extended Care Services.....	56
Table 29: Pharmacies in Leicestershire providing Emergency supply services	57
Table 30: Leicestershire Population Projections by Age Band (in 1,000s) - 2018 to 2043	60
Table 31: Estimated projected population growth Projected population (in 1000s).....	61
Table 32: Estimated pharmacies needed to maintain 2.1 pharmacies and GP dispensing practices per 10,000 population	61
Table 33: Projections of Older People, age 65 + with long term conditions, 2020-2035.....	Error!

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Table 34: Planned dwellings and estimated residents in Leicestershire to 2031 **Error! Bookmark not defined.**

List of Figures

Figure 1: 2020 Population pyramid.....	17
Figure 2: English Indices of Multiple deprivation 2019 by national quintile for Leicestershire ⁹	19
Figure 3: Population by deprivation decile in Leicestershire, 2019 ⁹	20
Figure 4: Summary of the Leicestershire Joint Health and Wellbeing Strategy (2022-32) Priorities	26
Figure 5: Leicestershire pharmaceutical services, as of 31st March 2021	27
Figure 6: Leicestershire pharmacies by opening hour category	30
Figure 7: Leicestershire 100-hour pharmacies, 2020/21.....	31
Figure 8: Prescribing activity by BNF Chapter for Leicestershire 2018-20	33
Figure 9: Drive time to nearest pharmacy or dispensing GP practice location	34
Figure 10: Walking time to the nearest pharmacy or dispensing GP surgery	36
Figure 11: Public transport time to the nearest pharmacy on weekday mornings.....	38
Figure 12: English proficiency in Leicestershire,2011 ¹⁰	45
Figure 13: Second most prevalent language spoken in MS Output Areas in Leicestershire ¹⁰	46
Figure 14: Dispensing GP practices	48
Figure 15: Urban and Rural areas, Leicestershire	49
Figure 16: Leicestershire neighbouring local authorities.....	50
Figure 17:Planned housing developments and pharmacy locations in Blaby and Oadby & Wigston	63
Figure 18: Planned housing developments and pharmacy locations in Charnwood and North-West Leicestershire to 2031.....	64
Figure 19: Planned housing developments and pharmacy locations in Harborough to 2031	Error! Bookmark not defined.
Figure 20: Planned housing developments and pharmacy locations in Hinckley & Bosworth ..	Error! Bookmark not defined.
Figure 21: Planned housing developments and pharmacy locations in Melton to 2031	Error! Bookmark not defined.

BACKGROUND AND INTRODUCTION

1. Introduction

The Health and Social Care Act 2012 established Health and Wellbeing Boards. From April 2013, Health and Wellbeing Boards became responsible for developing and updating pharmaceutical needs assessments. At the same time responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement.

If a person (a pharmacist, a dispenser of appliances or a GP) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and as of October 2021 are held by NHS England and NHS Improvement. This is commonly known as the NHS “market entry” system.¹

In order to be included on a relevant pharmaceutical list, the applicant applies by proving they are able to meet a pharmaceutical need as set out in the relevant Pharmaceutical Needs Assessment (PNA). There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The latest PNA for Leicestershire was produced in March 2018 by the Leicestershire Health and Wellbeing Board. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires all Health and Wellbeing Boards to publish a revised assessment within three years of publication of their first assessment. Due to the ongoing pressures across all sectors in response to the Covid-19 pandemic, the Pharmaceutical Needs Assessment for 2021 was postponed to October 2022. This PNA replaces the 2018 document.

2. Purpose of the PNA

The PNA is the key local tool for understanding the provision of pharmaceutical services in a local area as well as identifying and assessing which pharmaceutical services need to be provided by local community pharmacies and other providers in the future.

PNAs inform commissioning decisions of pharmacy services by local authorities, NHS England and NHS Improvement, Clinical Commissioning Groups, and with their introduction Integrated Care Systems. PNAs also identify which services should be commissioned for local people, within available resources, and where these services should be.

PNAs are aligned to other relevant local assessments and plans for health and social care such as the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy and they examine the local population demographics and services available in neighbouring areas that may affect local service need.

PNAs identify gaps in pharmaceutical service provision and inform decision making in response to applications made to NHS England and NHS Improvement by organisations to provide a new pharmacy. The organisation that will make these decisions is NHS England and NHS Improvement hence the PNA is of particular importance to them.

In summary, the regulations¹ require a series of statements that must be contained in the PNA, such as:

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

Other information that will be included or considered within the PNA is:

- how the Health and Wellbeing Board has determined the localities in its area
- how it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic
- a report on the consultation
- a map that identifies the premises at which pharmaceutical services are provided
- information on the demography of the area
- whether there is sufficient choice with regard to obtaining pharmaceutical services
- any different needs of the different localities; and
- the provision of pharmaceutical services in neighbouring Health and Wellbeing Board areas.

3. Pharmaceutical Services and Pharmacy Contracts

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies, dispensing GPs and appliance contractors.

The Community Pharmacy Contractual framework with the NHS (CPCF) outlines three tiers of community pharmaceutical services:

Essential Services – all pharmacies, including distance selling pharmacies, are required to provide essential services as part of the NHS Community Pharmacy Contractual Framework (the pharmacy contract).

Advanced Services – are those services that community pharmacy contractors and dispensing appliance contractors can provide as long as they meet the requirements set out in the Secretary of State's Directions.

Enhanced Services – are the third tier of services that pharmacies may provide, and they can only be commissioned by NHS England and NHS Improvement.

Local Community Services - in addition to these nationally determined services, community pharmacies can also be contracted to provide locally commissioned services by local authorities and Clinical Commissioning Groups.

Quality Assurance:

NHS England and NHS Improvement’s local teams monitor the provision of Essential and Advanced Services and the pharmacy contractors’ compliance with the terms of the Community Pharmacy Contractual Framework. Each year, every pharmacy must complete a short questionnaire which will determine whether a pharmacy needs visiting.

The General Pharmaceutical Council carry out inspections in all registered pharmacy premises to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of pharmacy services.²

All pharmacies are required to conduct an annual community pharmacy patient questionnaire (Patient Satisfaction Questionnaire) which allows patients to provide feedback to community pharmacies on the services they provide. Due to the current challenges being experienced by pharmacies and the contribution of the pharmacy workforce to the Covid-19 vaccination programme, the Pharmaceutical Services Negotiating Committee (PSNC) has reached agreement with NHS England and NHS Improvement and the Department of Health and Social Care that contractors will not be required to complete the Community Pharmacy Patient Questionnaire for 2021/2022.³

3.1. Essential Services

As of October 2021, there are eight essential services listed below that are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the ‘pharmacy contract’).

Table 1: Essential Pharmacy Services

Essential Services	Description⁴
Dispensing Medicines and Appliances	The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Repeat Dispensing/ Electronic Repeat Dispensing (eRD)	The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. The service specification for repeat dispensing covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.
Discharge Medicines Service (DMS)	This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.
Clinical Governance	Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction. ⁵
Promotion of Healthy Lifestyles (Public Health)	The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to have diabetes; or be at risk of coronary heart disease, especially those with high blood pressure; or are overweight; and participating in six health campaigns where requested to do so by NHS England and NHS Improvement.
Disposal of Unwanted Medicines	Acceptance, by community pharmacies, of unwanted medicines by someone living at home, in a children's home or in a residential care home which require safe disposal. Primary Care Organisations will have arrangements for the collection and disposal of waste medicines from pharmacies.
Signposting	The provision of information on other health and social care providers or support organisations to people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the pharmacy.
Support for self-care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Source: NHS Community Pharmacy Contractual Framework

3.2. Advanced Services

There are eleven advanced services within the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Community pharmacies can choose to provide any or all of these listed services.

Table 2: Advanced Pharmacy Services

Advanced Services	Description⁴
Medicine Use Reviews (MURs)	Accredited pharmacists undertaking structured adherence-centered reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. A Prescription Intervention was simply an MUR which was triggered by a significant adherence problem which came to light during the dispensing of a prescription. It was over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service. An MUR feedback form will be provided to the patient's GP where there is an issue for them to consider. <i>This service was decommissioned on 31st March 2021.</i>
New Medicine Service (NMS)	This service was introduced on 1st October 2011. The service provides support for people with long term conditions who have been newly prescribed a medicine to help improve medicines adherence and self-manage their condition. This service is initially focused on particular patient groups and conditions.
Community Pharmacist Consultation Service (CPCS)	Introduced in November 2020 this service replaces the NHS Urgent Medicine Supply service pilot. General practices and NHS 111 can refer patients for minor illness consultation at pharmacies offering CPCS.
Covid-19 Lateral flow Device Distribution	From March 2021 to March 2022, lateral flow device distribution was added to the advanced services available at some community pharmacies. Lateral flow devices were free to collect for members of the public. <i>This service ceased from 1st April 2022.</i>

Appliance Use Review (AUR)	This service can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use. This is achieved by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, including advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.
Stoma Appliance Customisation (SAC)	The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff. If the pharmacist is unable to provide the prescribed service, they should either refer the patient to another pharmacy or provide the patient with the contact details of at least two pharmacies or providers that are able to supply the service.
Seasonal Influenza (flu) Vaccination	Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015, for patients aged 65 and over and at-risk groups, to support GP services in increasing vaccination rates. Each year from September through to March the NHS runs a seasonal influenza (flu) vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.
Hepatitis C Testing Service	From September 2020 Hepatitis C testing became available as an advanced service from pharmacies who offer this service. This service is focused on provision of point of care testing for Hepatitis C antibodies to people who inject drugs who haven't yet accepted treatment for their substance use. Those who test positive are referred for further confirmatory testing and treatment. <i>This service ceased at the end of March 2022.</i>
Hypertension Case-Finding Service	Also known as the NHS Blood Pressure Check, from October 2021 pharmacies provided clinic blood pressure testing to those aged over 40 to identify those with high blood pressure. Where clinically indicated, patients are then offered 24-hour ambulatory blood pressure monitoring, the results of which are shared with the persons GP.
Pandemic Delivery Service	Originally offered to clinically extremely vulnerable people shielding due to the Covid-19 before being offered to people who have been notified of the need to self-isolate by NHS Test and Trace. Delivery of prescriptions from Pharmacies organized via a variety of methods including volunteer delivery or direct pharmacy delivery. <i>This service ceased from 5th March 2022.</i>
Smoking Cessation Service (CSC)	This service enables NHS trusts to refer patients to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. This service only became an advanced service in 2022 and as such no data will be presented.

Source: NHS Community Pharmacy Contractual Framework

3.3. Community Based Services

In addition to the services above, pharmacies can also offer services that are commissioned by local authorities and Clinical Commissioning Groups that have been identified to meet the health needs of their local populations. These services currently include:

Table 3: Community Based Pharmacy Services

Community Based Services	Description
Emergency Hormonal Contraception (EHC)	This is a free service to women up to 25 years of age following unprotected sexual intercourse to prevent unintended pregnancies.
Needle Exchange	A service for intravenous drug users, providing clean needles and so reducing the risk of infection such as hepatitis.
Supervised Consumption	A service for registered drug addicts, providing regular monitored doses of an opiate substitute to support becoming progressively drug free.
Champix Provision	A service to provide Champix (Varenicline) as part of a Patient Group Directive to service users on referral by the Quit Ready Leicestershire Stop Smoking Service. <i>Currently there has been no provision for the last year due to a manufacturer recall.</i>
Extended Care Services	The extended care service allows pharmacies to provide treatment for a selection of minor ailments without the patient having to attend a GP or Out of hours service. Advice is also given to reduce the likelihood of repeat need for treatment. The patient must be registered with a GP and may need to be in an eligible group.
Palliative Medicine Supply	Palliative care is aimed at offering the patient the highest possible level of comfort during the last phase of their life. This service aims to facilitate prompt access to palliative care medicines by patients and their representatives. This service also includes provision of urgent antibiotics.
Emergency Supply Service	The Emergency Supply Service allows pharmacists to prescribe prescription only medicines to a patient previously prescribed the requested drug without a prescription. This means a patient can in emergency situations receive a drug without visiting a doctor and is intended to lessen demand for emergency medical care for repeat prescriptions.
Covid-19 Vaccinations	Community pharmacies have been central to the Government's response to Covid-19, by offering and delivering Covid-19 vaccinations.

3.4. Pharmacy Contracts

There are four types of community pharmacy contractors. They are:

Those held on a pharmaceutical list (standard contract) - healthcare professionals working for themselves or as employees who practise in pharmacy: the field of health sciences focusing on safe and effective medicines use.

Dispensing Appliance Contractors – they only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs. Dispensing appliance contractors are not required to have a pharmacist, or a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council. Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient.

Dispensing Doctors/Practices – GP Practices can dispense medicines and appliances to patients who live in a controlled locality (rural area) and live more than 1.6km from a pharmacy.

Local Pharmaceutical Service (LPS) Contract - allows NHS England and NHS Improvement to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

3.5. Distance Selling Pharmacies

Distance selling pharmacies (e.g., internet pharmacies) are able to provide the full range of essential, advanced and enhanced services to the population, without face-to-face contact. Distance selling pharmacies will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier. They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises.

4. What is Excluded from the scope of the PNA?

The PNA is set out by regulation to cover the community-based pharmacy services that have been described in Section 3 of this report. There are other providers of pharmaceutical services in Leicestershire that have not been included in the assessment of need. These are set out below:

4.1. Prison Pharmacy

Pharmaceutical services are provided in HMP Gartree prison in Leicestershire. Health services provided within prisons require a pharmaceutical service to support the delivery of healthcare and the supply of medicines. The unique nature of the environment and the predominance of certain clinical services in some prisons, such as substance misuse services, means that these services are provided by contracted providers with a model that is determined to support the prison population safely.

4.2. Hospital Pharmacy

Around 20% of pharmacists work in hospitals and play an essential role in patient care. Working as part of a multidisciplinary team, hospital pharmacists manage caseloads and provide treatment programmes for all hospital patients. In Leicestershire, patients will access acute care from a range of hospital providers, including:

- University Hospitals of Leicester NHS Trust
- Community hospitals in Coalville, Hinckley, Loughborough, Lutterworth, Melton and Market Harborough,
- Out of county providers, such as Nottingham, Derby, Burton, Peterborough, etc.

Whilst in hospital, patients' medicines will be dispensed and managed by hospital pharmacists. Once the patient is discharged to the community their pharmaceutical needs will be met by their community pharmacist.

5. Process followed for developing the PNA

The Health and Wellbeing Board has a statutory responsibility to prepare a PNA for Leicestershire by October 2022. The Board has tasked the Leicester, Leicestershire and Rutland (LLR) PNA Reference Group to oversee and develop the PNA on their behalf.

The inter-agency PNA Reference Group was established because many of the relationships required for the PNA were Leicester, Leicestershire and Rutland (LLR) wide. The group included representation from NHS England and NHS Improvement, the Leicestershire Pharmaceutical Committee and the Local Professional Network for Pharmacists. The group's terms of reference are attached as Appendix A.

The PNA will be subject to a 60-day statutory consultation period running in June and July 2022. A consultation also took place with local pharmaceutical professionals and service users between March to April 2022 to gather evidence to support the PNA. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following:

- the Local Pharmaceutical Committee
- the Local Medical Committee
- any persons on the pharmaceutical lists and any dispensing doctors list for its area
- any LPS chemist in its area with whom the NHS England and NHS Improvement has made arrangements for the provision of any local pharmaceutical services
- Healthwatch and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- NHS England and NHS Improvement
- any neighbouring Health and Wellbeing Board

The full range of statutory bodies required will be contacted and asked to participate in the consultation. In addition, the consultation will be distributed widely to other groups likely to be interested.

HEALTH NEEDS OF THE POPULATION OF LEICESTERSHIRE

6. Population of Leicestershire

Leicestershire's Joint Strategic Needs Assessment (JSNA) Demography Report was published in 2021.⁶In addition to the publication of the JSNA, additional reports are available to further enrich the evidence base for the health and wellbeing of the population. This includes the Leicestershire Joint Health and Wellbeing Strategy 2022-2032⁷ and performance report, the Public Health Outcomes Framework (PHOF) report published for Leicestershire County Council and Local Authority District Profiles, and the Director of Public Health's Annual Reports. The latest Director of Public Health's Annual Report focused on Physical Activity.

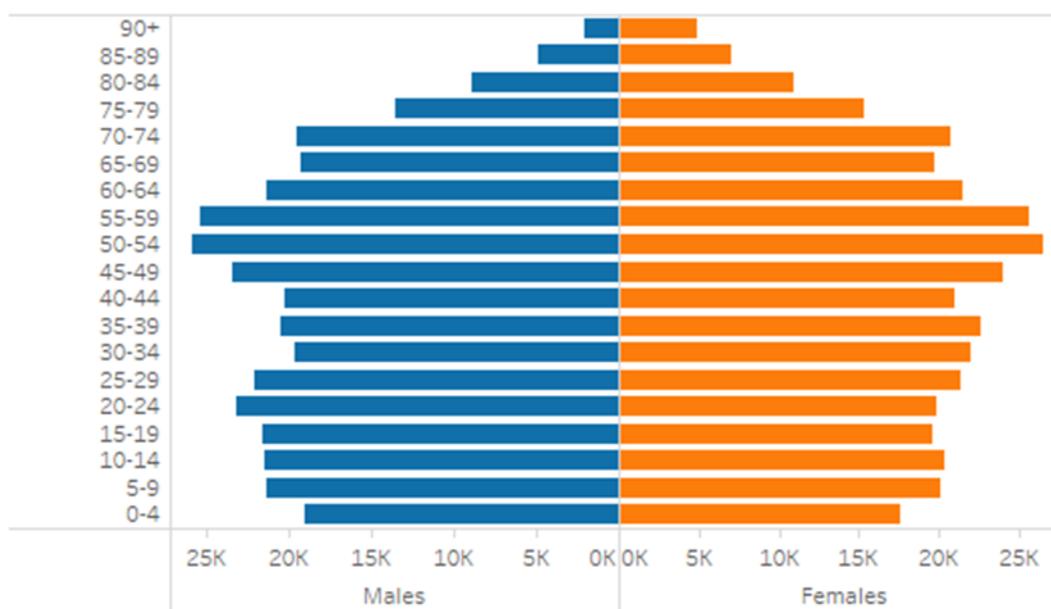
These reports are all available from <http://www.lsr-online.org/health-and-wellbeing-leicestershire3.html>

6.1. Population estimates

In 2020, the population of Leicestershire was estimated to be 713,085 people, including 119,567 children aged 0-14 years (16.8%), 446,843 (62.7%) working age population aged 15-64, 127,843 people aged 65-84 years (17.9%) and 18,832 people aged 85 years and over (2.6%).⁸

Figure 1: 2020 Population pyramid⁸

2020 population by age and gender



Source: Mid-2020 population estimate, ONS, 2021.

Table 4: 2020 Population estimates for Leicestershire⁸

Age	Male	Female	% of Male Total Population	% of Female Total Population
0-4	18,970	17,543	2.7%	2.4%
5-9	21,249	20,153	3.0%	2.8%
10-14	21,358	20,294	3.0%	2.8%
15-19	21,483	19,639	3.0%	2.7%
20-24	23,133	19,825	3.3%	2.7%
25-29	22,012	21,353	3.1%	3.0%
30-34	19,594	21,974	2.8%	3.0%
35-39	20,405	22,653	2.9%	3.1%
40-44	20,149	20,970	2.9%	2.9%
45-49	23,401	24,059	3.3%	3.3%
50-54	25,844	26,564	3.7%	3.7%
55-59	25,255	25,648	3.6%	3.6%
60-64	21,342	21,540	3.0%	3.0%
65-69	19,210	19,695	2.7%	2.7%
70-74	19,505	20,777	2.8%	2.9%
75-79	13,519	15,326	1.9%	2.1%
80-84	8,926	10,885	1.3%	1.5%
85-89	4,867	7,008	0.7%	1.0%
90+	2,028	4,929	0.3%	0.7%
All Ages	352,250	360,835	50.0%	50.0%

Source: Mid-2020 population estimate, ONS, 2021.

6.2. Deprivation

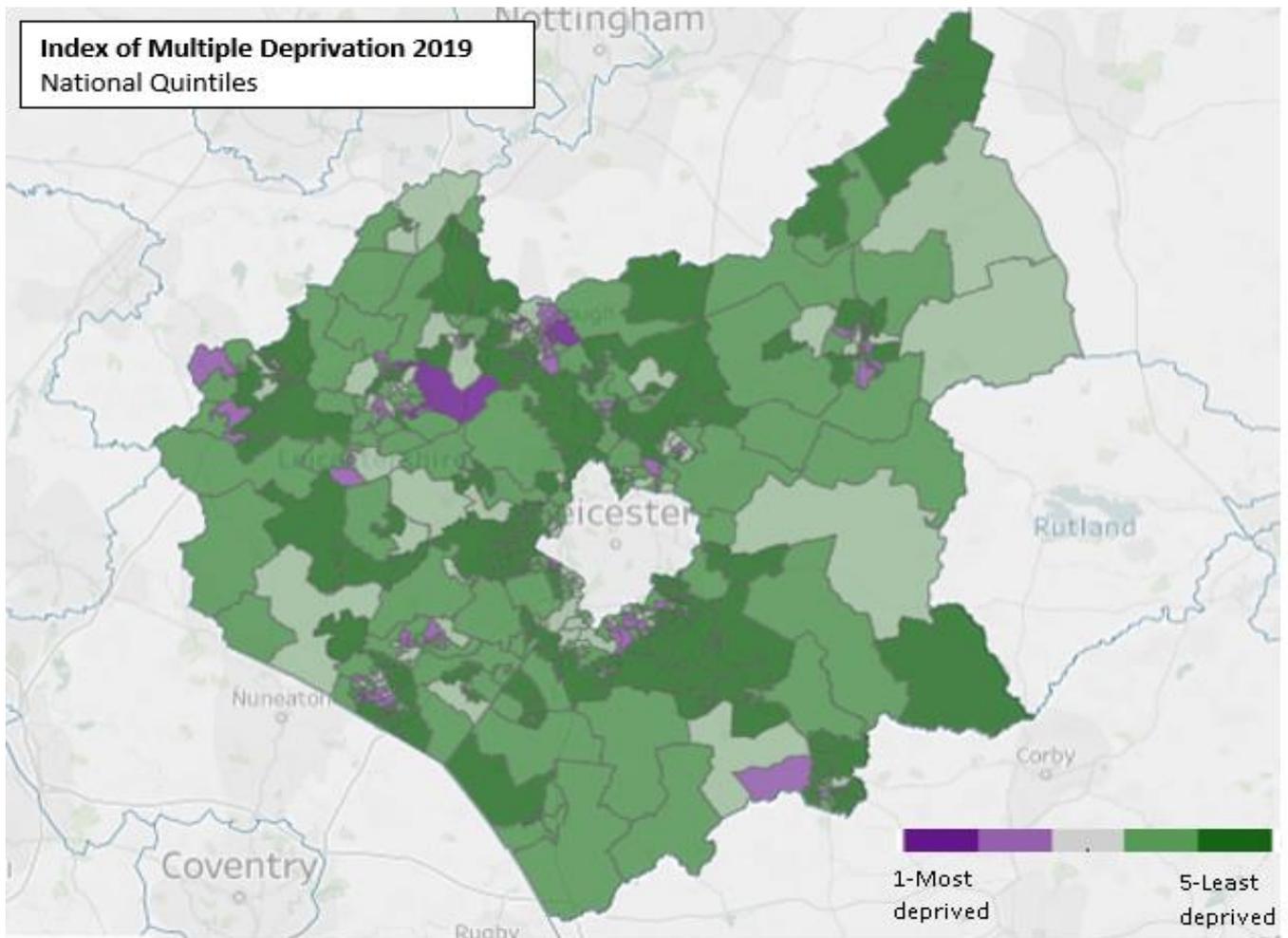
The wider determinants of health are described and measured within the English Indices of Deprivation.⁹ These are a group of measures which gauge different aspects of deprivation. Deprivation is a general lack of resources and opportunities, which includes financial poverty and a range of other aspects such as lack of access to education or good quality housing. The measures are combined into an overall measure of the amount of deprivation in an area called the Index of Multiple Deprivation (IMD), which can be used to compare different local areas.⁹

The indices of deprivation use several measures in each of seven “domains”:

- Income deprivation, including Income deprivation affecting children (IDACI) and Income deprivation affecting older people (IDAOPI)
- Employment deprivation
- Health deprivation and disability
- Education, skills and training deprivation
- Barriers to housing and services
- Crime; and
- Living environment deprivation.

Figure 2 presents the level of deprivation in different areas of Leicestershire according to the IMD 2019. The data are presented as “quintiles” of deprivation - areas of Leicestershire that fall into the most deprived fifth (20%) of areas in England are quintile 1, those in the second most deprived fifth of areas are quintile 2, and so on, through to quintile 5 which are areas that are within the least deprived fifth (20%) in England.

Figure 2: English Indices of Multiple deprivation 2019 by national quintile for Leicestershire⁹

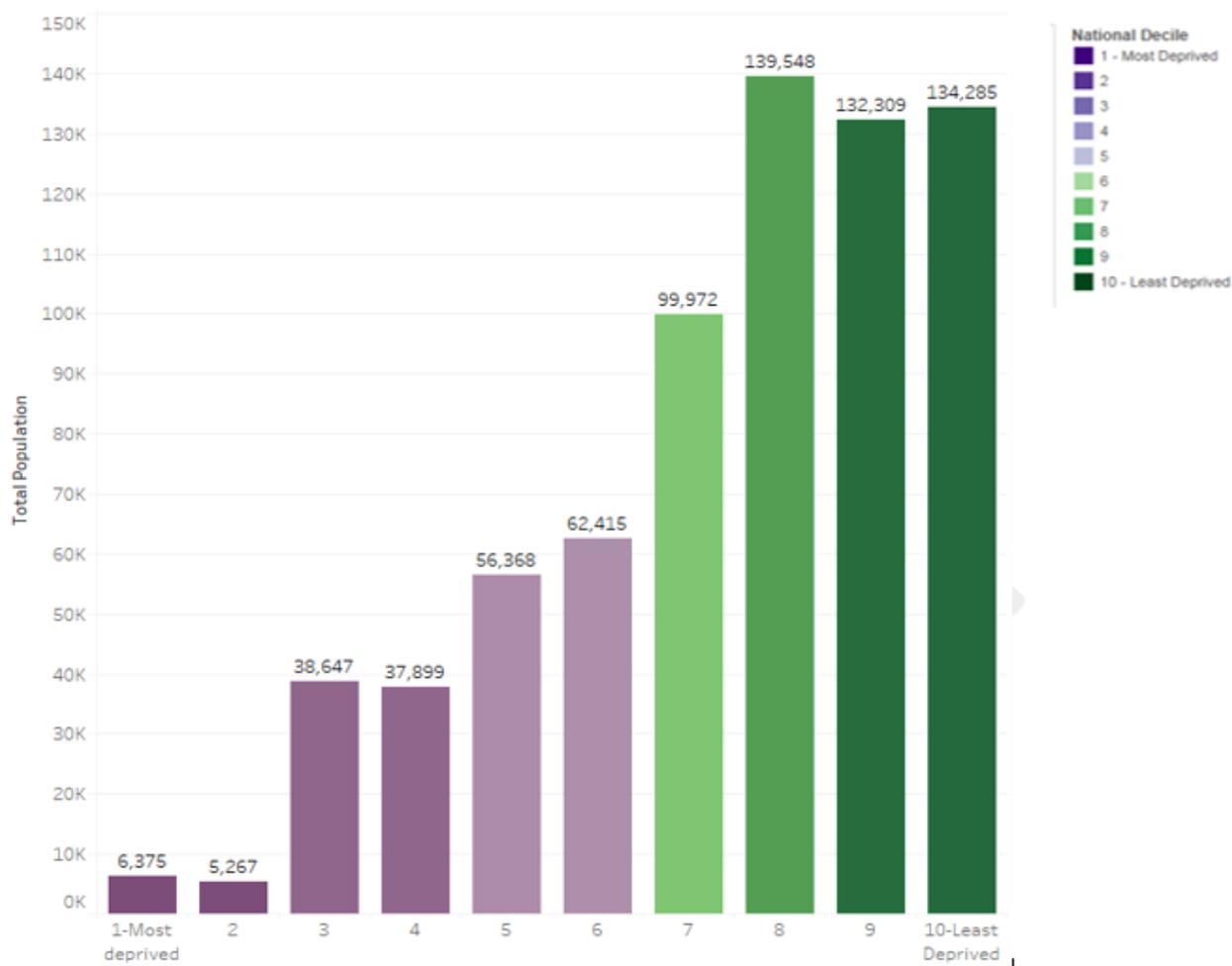


Source: *Indices of Deprivation 2019, MHCLG, 2019.*

Figure 3 shows how much of the population of Leicestershire lives in each deprivation decile (decile 1 represents areas in the most deprived 10% nationally and decile 10 represents areas in the least deprived 10%), and demonstrates that:

- 2% of the population of Leicestershire (11,642) people live in areas categorised within the most deprived 20% (decile 1 and 2) of areas in the country.
- Three districts in Leicestershire; Charnwood, Hinckley and Bosworth and North-West Leicestershire, have areas which are in the most deprived 20% in the country.
- 11% of the Leicestershire population live in deciles 3 and 4 of deprivation (in the most deprived 20-40% of areas in England), accounting for over 76,000 people. All seven districts have people in this category of deprivation.
- Over two-thirds (71%) of the population of Leicestershire live in the least 20% deprived (deciles 9 and 10) and least 20-40% deprived areas in England.

Figure 3: Population by deprivation decile in Leicestershire, 2019⁹



Source: *Indices of Deprivation 2019, MHCLG, 2019. 2020 Mid-year population estimates, ONS, 2021*

6.3. Ethnicity

The 2011 Census reported that 578,432 people in Leicestershire were White British, representing 88.9% of the total population. This is higher than the proportion in England of 79.8%.¹⁰

The most represented black and minority ethnic group was Asian Indian, with 28,598 people, 4.4% of the total population. This is higher than the proportion in England of 2.6%.¹⁰

7. Local Health Needs

7.1. Health Profiles

As part of the Public Health Outcomes Framework, health profiles are updated on a quarterly basis by the Office for Health Improvement & Disparities (OHID) and provide a useful snapshot of the health needs of the local population.¹¹ The health profiles for Leicestershire and the constituent districts are included in Appendix B. The key findings are summarised in this section.

The health of people in Leicestershire is generally better than the England average. Leicestershire's deprivation score (12.3) is lower than the national average (21.7), however about 12.3% (15,580) children live in relatively low-income families. Life expectancy at birth for both men and women are significantly better than the England average and the under 75 mortality rates for all causes, cardiovascular diseases and cancer are significantly better than the England average.¹¹

Table 5 shows how people's health in each local authority district across Leicestershire compares to the rest of England. It is clear that Leicestershire performs well in many indicators, with 16 indicators that are significantly better than the England average. However, this is not consistent across all districts in Leicestershire and there is room to improve the overall health of Leicestershire's population.

The table identifies a number of areas where Leicestershire can improve health, through both focusing on areas where the county is significantly worse than the national average and focusing on the areas where Leicestershire's performance is similar to the national average.

There are just two indicators where Leicestershire as a whole performs significantly worse in comparison to the England average, namely smoking status at time of delivery and hip fractures in people aged 65 and over. However, at a district level there are several indicators where performance could be improved. North- West Leicestershire performs significantly worse than the national average for five indicators; Blaby, Charnwood and Hinckley and Bosworth for three indicators; Oadby and Wigston for two indicators, whilst Melton and Harborough each only perform significantly worse than the national average for one indicator. Breast feeding initiation is a priority in most Districts; other indicators such as levels of overweight and obesity, smoking at the time of delivery and lower rates of early cancer diagnosis are also of concern in several areas.

Appendix B - Health Profiles for Leicestershire and the Districts (February 2022)

Table 5: Health Profile Summary¹¹

Source: Fingertips, Office for Health Improvement & Disparities, 2022

		Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leicestershire	Oadby and Wigston	Leicestershire
Our Communities	1 Deprivation score (IMD 2019)								
	2 Children in relative low income families (under 16s)								
	3 Homelessness - households owed a duty								
	4 Average Attainment 8 score		#						#
	5 Violent crime - violence offences								
	6 Long-Term Unemployment								
Children's and young people's health	7 Smoking status at time of delivery		\$		\$				\$
	8 Breastfeeding initiation		\$	\$		\$			
	9 Year 6: Prevalence of overweight (including obesity)						#		
	10 Admissions for alcohol-specific conditions (under 18s)	\$	#						
	11 Under 18s conception rate	\$							
Adult's health and lifestyle	12 Smoking Prevalence in adults (18+) - current smokers								
	13 Percentage of physically active adults			#		#			
	14 Percentage of adults (18+) classified as overweight or obese	\$						#	#
Disease and poor health	15 Percentage of cancers diagnosed at stages 1 and 2	\$						#	
	16 Emergency Hospital Admissions for Intentional Self-Harm								
	17 Admission episodes for alcohol-specific conditions								
	18 Recorded diabetes								
	19 TB incidence (three year average)								
	20 All new STI diagnosis rate								
	21 Hip fractures in people aged 65 and over	#				#		#	
Life expectancy and mortality	22 Life expectancy at birth (Male, 1 year range)		#		#				
	23 Life expectancy at birth (Female, 1 year range)		#	\$				#	
	24 Infant mortality rate								
	25 Killed and seriously injured (KSI) casualties on England's roads								
	26 Suicide rate								
	27 Smoking attributable mortality								
	28 Under 75 mortality rate from all cardiovascular diseases			\$	#				
	29 Under 75 mortality rate from cancer			\$		\$			\$
	30 Excess winter deaths index							\$	
		Significantly better than the England average							
	Not significantly different from the England average								
	Significantly worse than the England average								
	No significance or not compared								
#	RAG rating has changed from Red to Amber or Amber to Green; i.e. performance has improved								
\$	RAG rating has changed from Green to Amber or Amber to Red; i.e. performance has gotten worse								

7.2. Life Expectancy

Between 2018 and 2020, life expectancy for males in Leicestershire was 80.5 years and for females was 84.1 years. This is significantly better than the England average for both males and females.¹¹

Healthy life expectancy for 2017-19 was 63.5 years for males and 63.6 years for females. This is not significantly different to the England average for males or females.¹¹

7.3. Lifestyles

The lifestyle statistics presented below in Table 6 relate to the population of Leicestershire and they are taken from the Public Health Outcomes Framework:¹¹

- In 2020, 9.3% of adults smoked. This is significantly better than the England average of 12.1%.
- In 2020/21, the rate of admission episodes for alcohol-related conditions was 404 per 100,000 (2,897 admissions). This is significantly better than the England average of 456 per 100,000 population.
- In 2019/20, 62.7% of adults were classified as overweight or obese. This is not significantly different to the England value of 62.8%.
- In 2019/20, 19.0% of children aged 4-5 years were overweight or obese. This is significantly better than the England value of 23.0%.
- In 2019/20, 30.6% of children aged 10-11 years were overweight or obese. This is significantly better than the England value of 35.2%.
- In 2019/20, 21.9% of adults were physically inactive. This is not significantly different to the England value of 22.9%.
- In 2020/21, 7.7% of people reported a low happiness score for self-reported wellbeing. This is statistically similar to the England average of 9.2%.
- In 2020/21, 22.5% of people reported a high anxiety score for self-reported wellbeing. This is statistically similar to the England average of 24.2%.

Table 6: Lifestyle statistics for Leicestershire

Indicator	Time Period	Leicestershire	England
Smoking Prevalence in adults (18+) – current smokers (APS) (2020 definition)	2020	9.3% 	12.1 
Admission episodes for alcohol-related conditions (Narrow): New Method (Persons) / 100,000	2020/21	404 	456 
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	62.7% 	62.8% 
Reception: Prevalence of overweight (including obesity)	2019/20	19.0% 	23.0% 
Year 6: Prevalence of overweight (including obesity)	2019/20	30.6% 	35.2% 
Percentage of physically inactive adults	2019/20	21.9% 	22.9% 
Self-reported wellbeing – people with a low happiness score	2020/21	7.7% 	9.2% 
Self-reported wellbeing – people with a high anxiety score	2020/21	22.5% 	24.2% 

Source: *Fingertips, Office for Health Improvement & Disparities, 2022*

Recent Trend:	
	Not calculated
	Increasing Getting worse
	Increasing getting better
	No Significant trend
	Decreasing getting better

Compared to benchmark:

Significantly better
Significantly worse
Similar

Note: recent trend is based on the most recent 5 data points

7.4. Burden of Disease in the Population

The 2020/21 Quality and Outcomes Framework Data collected by GPs gives a good indication of the numbers of patients that GPs are seeing with long term conditions.¹² The burden of disease statistics for the population of Leicestershire is presented in Table 7.

In Leicestershire there were:

- 109,966 people on GP hypertension registers, 15.2% of the total population. This is significantly higher than the England prevalence of 13.9%.
- 45,538 people on GP asthma registers, 6.7% of the total population. This is significantly higher than the England prevalence of 6.4%.
- 81,091 people on GP depression registers, 13.9% of the population aged 18 years and over. This is significantly higher than the England prevalence of 12.3%.
- 41,255 people on GP diabetes registers, 7.0% of the population aged 17 years and over. This is significantly lower than the England prevalence of 7.1%.
- 21,607 people on GP coronary heart disease registers, 3.0% of the total population.
- 25,080 people on GP cancer registers, 3.5% of the total population. This is significantly higher than the England prevalence of 3.2%.
- 13,700 people on GP stroke or transient ischaemic attacks registers, 1.9% of the total population. This is significantly higher than the England prevalence of 1.8%.
- 13,140 people on GP COPD registers, 1.8% of the total population. This is significantly lower than the England prevalence of 1.9%.

It is worth noting these are not age adjusted numbers, as such Leicestershire is likely to have higher proportions with age related conditions as the population is older than the national.

Table 7: Burden of disease in the population of Leicestershire¹²

Indicator	Time Period	Leicestershire	England
Hypertension: QOF prevalence	2020-21	15.2%	13.9%
Asthma: QOF prevalence	2020-21	6.7%	6.4%
Depression: QOF prevalence (18+)	2020-21	13.9%	12.3%
Diabetes: QOF prevalence (17+)	2020-21	7.0%	7.1%
Coronary heart disease: QOF prevalence	2020-21	3.0%	3.0%
Cancer: QOF prevalence	2020-21	3.5%	3.2%
Stroke: QOF prevalence	2020-21	1.9%	1.8%
COPD: QOF prevalence	2020-21	1.8%	1.9%

Compared to benchmark:

Significantly Higher than England Average

Significantly Lower than England Average

Source: Quality outcomes framework 2020-21

Appendix C: Quality Outcomes Framework data from Leicestershire County and the districts (2020/21)

8. Leicestershire's Health and Wellbeing Priorities

The Leicestershire Joint Health and Wellbeing Strategy (2022-32) was published in 2022.⁷ The Strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment.¹³ The Strategy is aligned with the Integrated Care System's requirement for the development of a Place Based Plan. A life course approach has been used to identify high level strategic, multi-organisational priorities for the next 10 years that will need to be addressed in order to improve the needs of the population and provide clear accountability to the Leicestershire Health and Wellbeing Board. These are summarised in Figure 4 below:

Figure 4: Summary of the Leicestershire Joint Health and Wellbeing Strategy (2022-32) Priorities



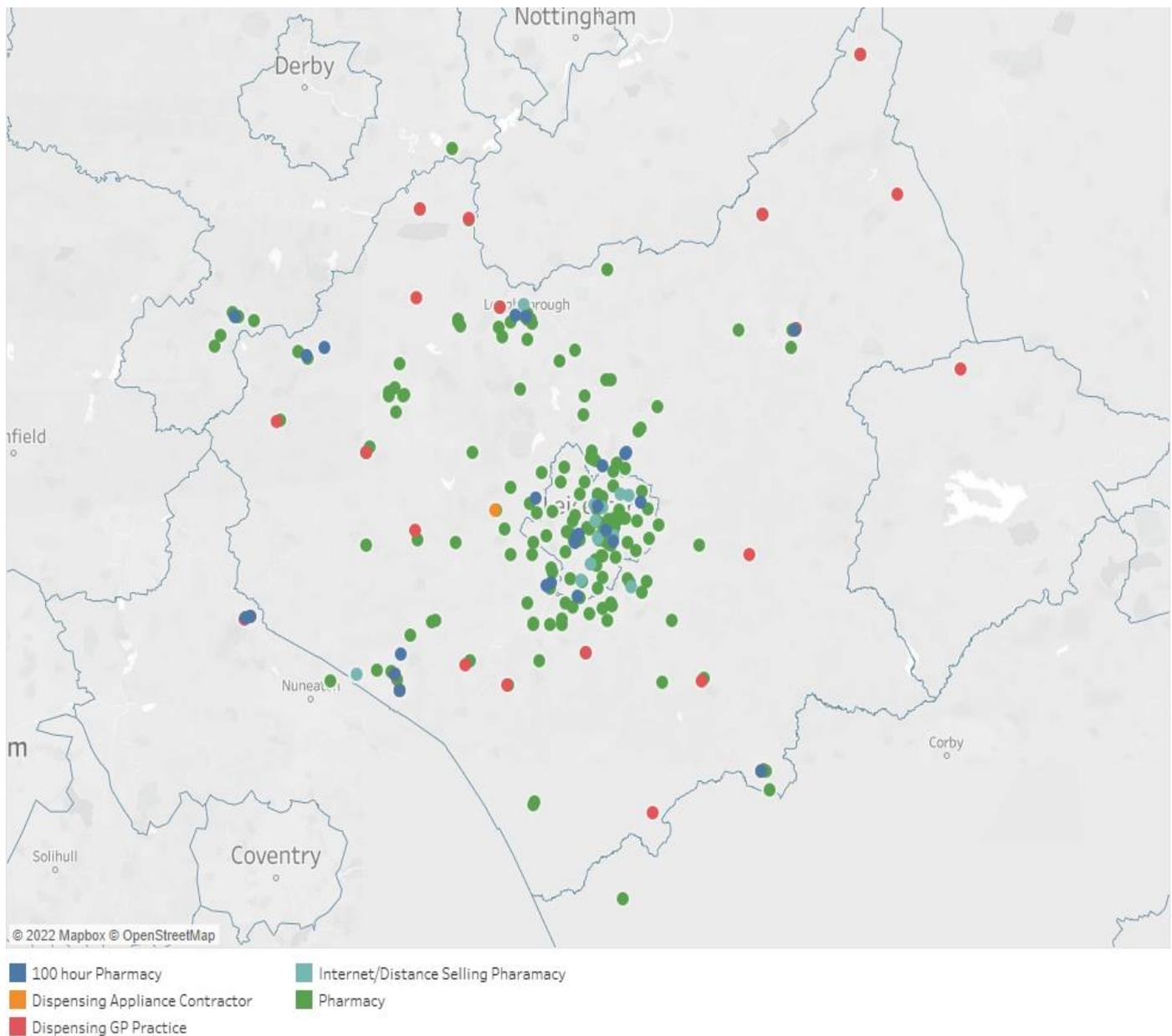
Leicestershire Joint Health and Wellbeing strategy 2022-32

The priorities have all been further developed, with sub-committees of the Health and Wellbeing Board taking these work streams forward. The Health and Wellbeing Board will publish an annual report describing the progress that is being made to deliver the Joint Health and Wellbeing Strategy.

9. Location of Pharmacies

Figure 5 shows the location and type of services in and around Leicestershire. Leicestershire has 132 pharmacies. Out of these, 128 are community pharmacies, 1 is a dispensing appliance contractor and 3 are distance selling pharmacies. There are a total of 18 GP dispensing locations.

Figure 5: Leicestershire pharmaceutical services, as of 31st March 2021



Source: NHS England & NHS Improvement, Pharmaceutical Dataset, Sept 2021

Table 8: Leicestershire Pharmaceutical Services, as of 31st March 2021

Area	Pharmacies	GP Practices with Dispensing Services	Population (Mid-2020)	Pharmacies per 10,000	Pharmacies and Dispensing Premises per 10,000 Population
Blaby	22	2	101,950	2.2	2.4
Charnwood	42	1	188,416	2.2	2.3
Harborough	13	5	95,537	1.4	1.9
Hinckley and Bosworth	19	3	113,666	1.7	1.9
Melton	9	3	51,394	1.8	2.3
North West Leicestershire	16	4	104,809	1.5	1.9
Oadby and Wigston	11	0	57,313	1.9	1.9
Leicestershire	132	18	713,085	1.9	2.1

Source: NHS England & NHS Improvement, Pharmaceutical Dataset, Sept 2021

Overall, Leicestershire has 1.9 pharmacies per 10,000 population. In 2020/21 there were 11,636 pharmacies in England.¹⁴ With a population of 56,550,138 people in 2020,⁸ the average number of community pharmacies for England is 2.1 per 10,000 population. Despite Leicestershire being a rural area, the county has a similar overall coverage of pharmacies per 10,000 population as England. This represents a good level of population coverage. The England value here has been used as a guide as there is no set target for pharmacy provision. Since 2018/19, the overall coverage of pharmacies in Leicestershire has remained at 1.9 per 10,000 population.

The coverage of pharmacies is not uniform, ranging from 1.4 pharmacies per 10,000 in Harborough to 2.2 pharmacies per 10,000 in Charnwood and Blaby. The availability of pharmacies in the localities will be driven by the rurality of large parts of Leicestershire and is mitigated by the availability of dispensing GPs. Leicestershire has 18 dispensing GP locations.

Combining community pharmacies (excluding internet pharmacies) and dispensing GPs, as the contractors that are able to provide local residents with dispensing services, gives a better indication of the total population coverage for Leicestershire. In October 2021, there were 1,050 dispensing GPs in England.¹⁵ When combined with the number of pharmacies, this gives an England average of 2.2 contractors per 10,000 population. Leicestershire has 2.1 contractors per 10,000 population, similar to the England average. There is variation across the localities, ranging from the lowest coverage in Harborough, Hinckley and Bosworth, North-West Leicestershire and Oadby and Wigston at 1.9 per 10,000 population to 2.4 per 10,000 in Blaby. The combined provision of core pharmacy services in Leicestershire is similar to the England average and the issues linked to access are discussed further within this report.

9.1. Local Pharmaceutical Service Contract

Currently, as of 31st March 2021, there are no pharmacies in Leicestershire that are contracted by NHS England and Improvement as part of the LPS contract. However, 0.12% of items prescribed in Leicestershire were dispensed by LPS in another local authority.

9.2. Distance Selling Pharmacies

In addition to community pharmacies and dispensing GPs, residents are also able to access pharmacy services from distance selling, or internet, pharmacies both based locally in Leicestershire and further away in other areas. Leicestershire has three distance selling or internet pharmacies: in Charnwood, Hinckley and Bosworth and Oadby & Wigston.

Distance selling pharmacies are able to provide the full range of essential, advanced, and enhanced services to the population. However, a distance selling pharmacy must not provide essential services to a person who is present at the pharmacy, or in the vicinity of it.

The distance selling pharmacies do add to the overall provision in Leicestershire but will also provide services that cover a much wider area than Leicestershire. Because they are not able to provide face to face essential services, they have been excluded from the overall count of pharmacies per 10,000 population. They have not been included in the analysis examining access to services using drive and walk times. Between April 2020 and March 2021, 3.85% of all items prescribed in Leicestershire were dispensed by distance selling pharmacies in another local authority.

10. Services Available in Leicestershire

10.1. Essential Services

Essential services are provided by all pharmacies in Leicestershire, including internet pharmacies, as part of the NHS Community Pharmacy Contractual Framework. These services are managed by NHS England and NHS Improvement. They include dispensing, repeat dispensing, discharge medicines service, clinical governance, promotion of healthy lifestyles, disposal of unwanted medicines, signposting and support for self-care (see Table 1).

10.1.1. Opening hours

Pharmacies have core contractual hours of 40 per week and these are agreed with NHS England & NHS Improvement. Pharmacies across Leicestershire are open at varying times, providing a service somewhere in the county at almost all times between 6.30am and midnight, Monday to Saturday. The hours of opening for pharmacies in Leicestershire are summarised in

Figure 6 and Table 9.

Figure 6: Leicestershire pharmacies by opening hour category

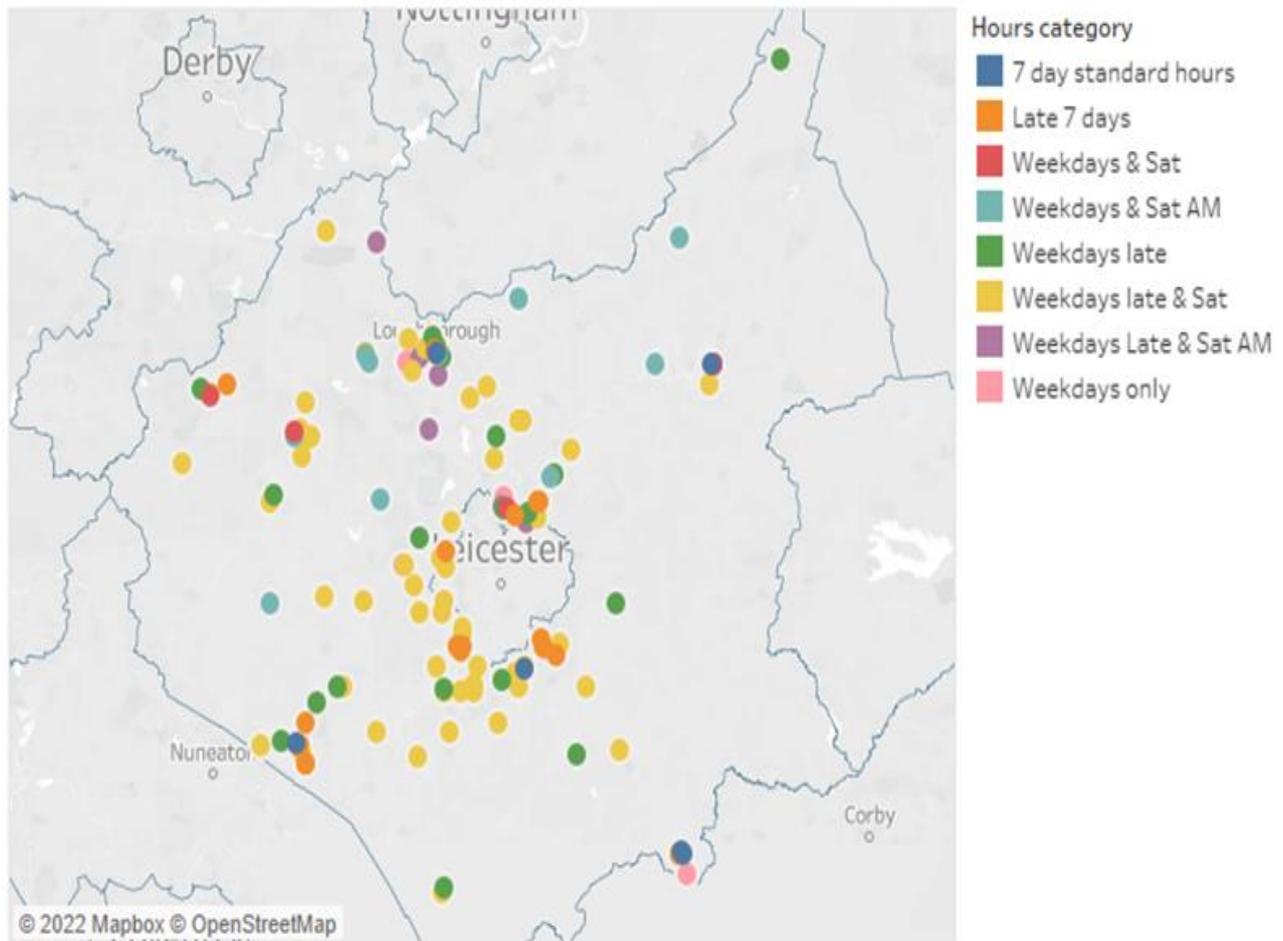


Table 9: Leicestershire pharmacies by opening hour category, 2020/21

	7 day standard hours	Late 7 days	Weekdays & Sat	Weekdays & Sat AM	Weekdays late	Weekdays late & Sat	Weekdays Late & Sat AM	Weekdays only	Grand Total
Blaby		4			1	17			22
Charnwood	1	5	2	5	7	15	5	2	42
Harborough	2	2			4	4		1	13
Hinckley & Bosworth	1	4		2	4	7		1	19
Melton	1		3	2	1	2			9
NW Leicestershire		1	2	1	2	9	1		16
Oadby & Wigston	1	3			1	5		1	11
Grand Total	6	19	7	10	20	59	6	5	132

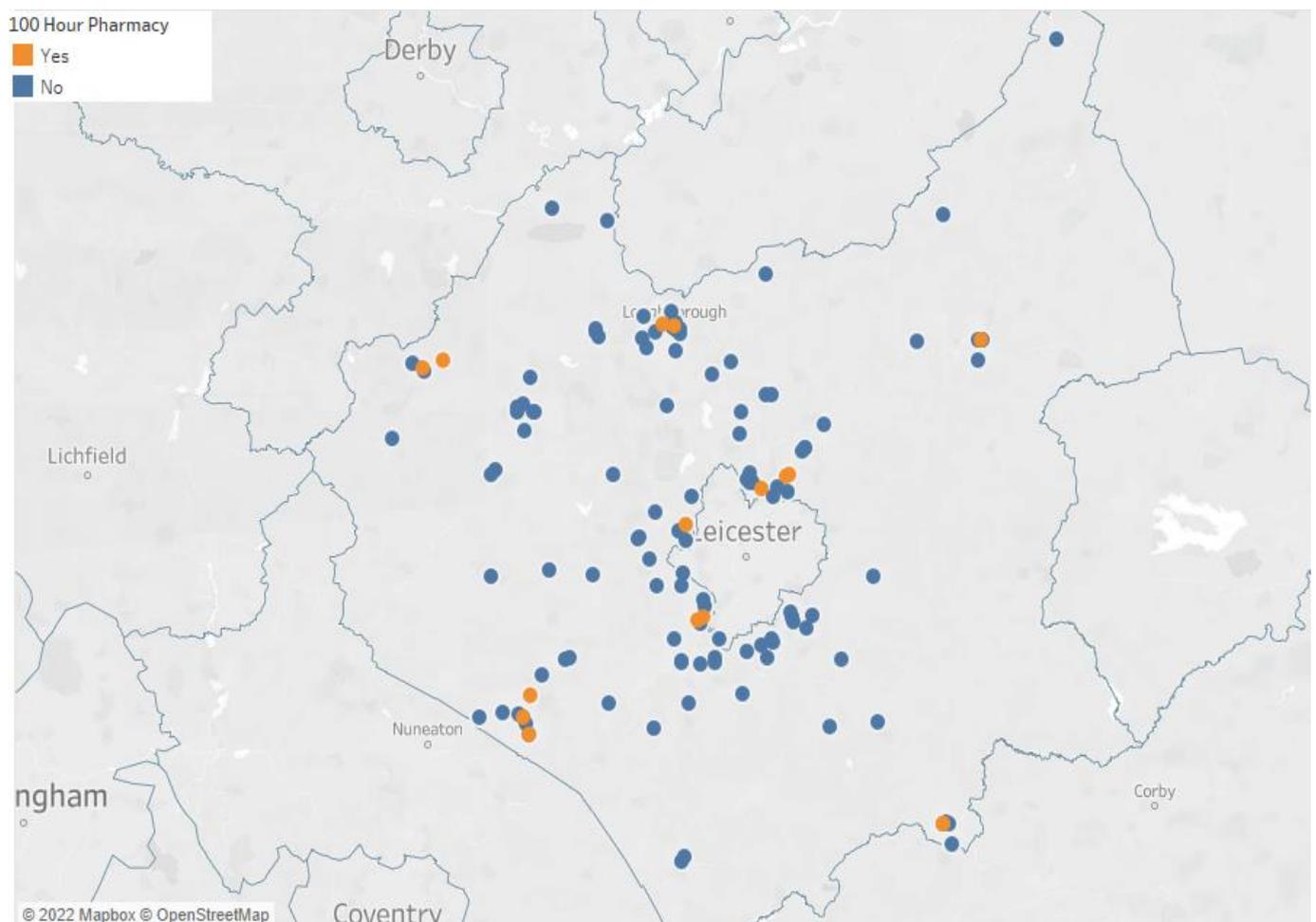
Source: NHS England & NHS Improvement, Pharmaceutical Dataset, Sept 2021

Services are more restricted on Sundays and Bank Holidays, but pharmaceutical provision is available from 8am until 10pm in the county. Across Leicestershire, 18.9% (25) of pharmacies are open 7 days a week (standard and late hours), with Charnwood (6) having the most pharmacies available on a Sunday, whilst Melton and North West Leicestershire each have the least with only one pharmacy open on a Sunday. Out of the 132 pharmacies in Leicestershire, 44.6% (59) are open late during the weekend and on a Saturday, ranging from 17 pharmacies in Blaby to 2 in Melton.

Derbyshire Health United (DHU) Health Care Community Interest Company runs the Clinical Navigation Hub and Home Visiting Service. These services have access, through an on-call pharmacist, to out of hours on call pharmacy provision for Leicestershire which ensures urgent prescriptions are dispensed during the out of hours and bank holiday period.

In Leicestershire, there are 16 pharmacies that are contracted to open for 100 hours per week, as illustrated in Figure 7. Oadby and Wigston is the only district without a 100-hour pharmacy, however, proximity to city pharmacies reduces the impact of this.

Figure 7: Leicestershire 100-hour pharmacies, 2020/21



Source: NHS England & NHS Improvement, Pharmaceutical Dataset, Sept 2021

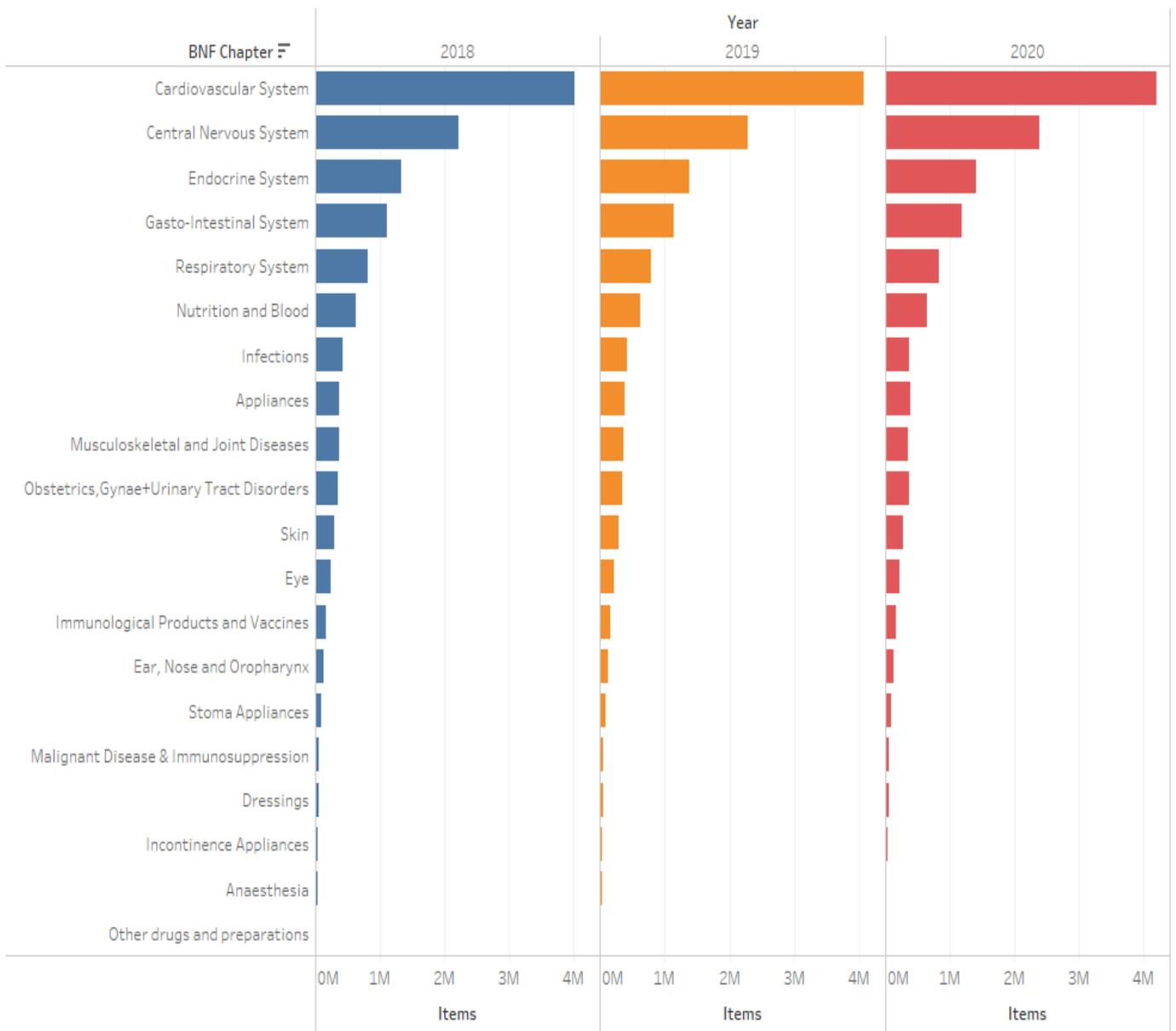
10.1.2. Prescribing Activity

GP practices in Leicestershire prescribed over 13.1 million items in 2020¹⁶. This is over 18 items per head of the registered population, including repeat prescriptions.¹⁷ Hinckley and Bosworth (22.4) had the highest items prescribed per head of the registered population and Melton had the lowest (13.3). The largest proportions of prescriptions in 2018 to 2020 were drugs for the cardiovascular system which includes treatments for high cholesterol and hypertension. This correlates with the disease prevalence data included in Section 7.4. More details are shown in Table 10 and Figure 8. The prescriptions are dispensed by community pharmacies, internet pharmacies and dispensing GP practices.

Table 10: Number of items prescribed for Leicestershire 2020

Area	Items Prescribed	Registered population (as of December 2020)	Items per head population
Blaby	1,773,470	108,245	16.4
Charnwood	3,339,195	197,616	16.9
Harborough	1,893,003	91,994	20.6
Hinckley and Bosworth	2,431,990	108,585	22.4
Melton	716,784	53,894	13.3
North West Leicestershire	2,027,062	111,491	18.2
Oadby and Wigston	1,012,697	58,924	17.2
Leicestershire	13,185,201	730,749	18.0

Source: GP Prescribing data, 2020. Open Prescribing beta.

Figure 8: Prescribing activity by BNF Chapter for Leicestershire 2018-20

10.1.3. Drive and Walk Time Analysis

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool¹⁸ it is possible to analyse how long it takes to walk or drive from any Lower Super Output Area (LSOA) to the nearest pharmacy or dispensing GP practice location. Pharmacies and dispensing GPs 1.5km outside of the Leicestershire boundary have been included in this analysis. The drive-time map for Leicestershire pharmacies is shown in

Figure 9. Although some areas of the county appear to be outside of the 15-minute drive boundary, the areas covered have a low proportion of the population of the county, as shown in Table 11.

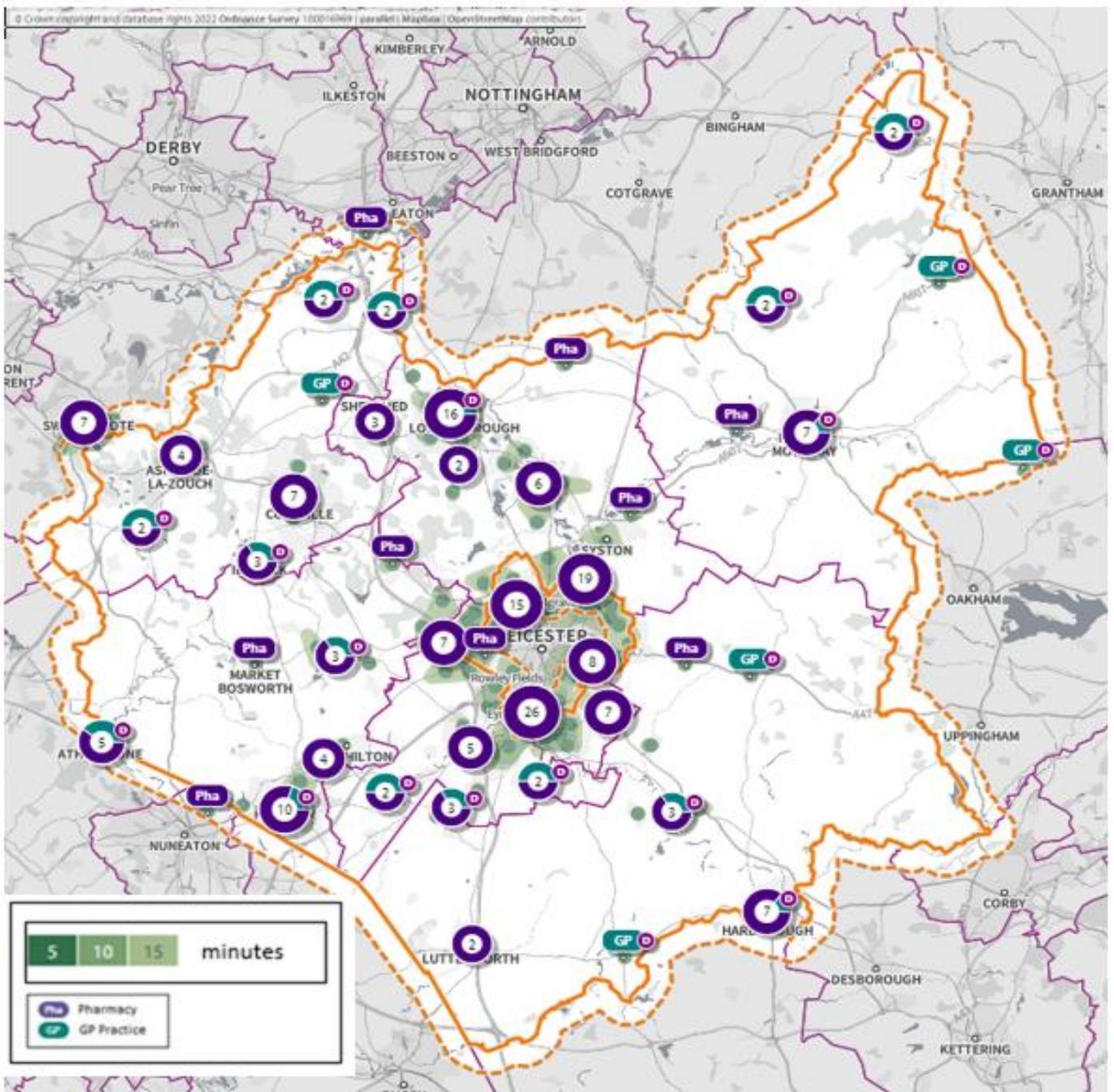
Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 11: Population by drive-time

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blaby	100,571	98.6%	1,379	1.4%	0	0.0%	0	0.0%
Charnwood	180,421	95.8%	7,995	4.2%	0	0.0%	0	0.0%
Harborough	81,304	85.1%	11,801	12.4%	0	0.0%	2432	2.5%
Hinckley and Bosworth	99,697	87.7%	12,154	10.7%	1,815	1.6%	0	0.0%
Melton	39,592	77.0%	8,325	16.2%	3,477	6.8%	0	0.0%
North West Leicestershire	92,944	88.7%	11,865	11.3%	0	0.0%	0	0.0%
Oadby & Wigston	57,313	100.0%	0	0.0%	0	0.0%	0	0.0%
Leicestershire	651,842	91.4%	53,519	7.5%	5,292	0.7%	2432	0.3%

Table 12 illustrates the walk time to a pharmacy or dispensing GP surgery. Overall, over a third of the county's population live less than a 5-minute walk from a pharmacy, just under a quarter (24.3%) live between 6- and 10-minutes' walk, over 15 percent (15.5%) live between 11- and 15-minutes' walk, and just over a quarter (25.5%) live over a 15-minute walk time.

Figure 10: Walking time to the nearest pharmacy or dispensing GP surgery



Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 12: Population by walk-time

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blaby	46,307	45.4%	23,324	22.9%	18,158	17.8%	14161	13.9%
Charnwood	79,099	42.0%	60,265	32.0%	21,413	11.4%	27639	14.7%
Harborough	19,932	20.9%	24,034	25.2%	16,798	17.6%	34773	36.4%
Hinckley and Bosworth	38,012	33.4%	24,525	21.6%	19,744	17.4%	31385	27.6%
Melton	10,196	19.8%	10,576	20.6%	4,773	9.3%	25849	50.3%
North West Leicestershire	27,239	26.0%	19,576	18.7%	16,630	15.9%	41364	39.5%
Oadby & Wigston	25,987	45.3%	11,220	19.6%	13,104	22.9%	7002	12.2%
Leicestershire	246,772	34.6%	173,520	24.3%	110,620	15.5%	182173	25.5%

Source: Strategic Health Asset Planning and Evaluation, 2022.

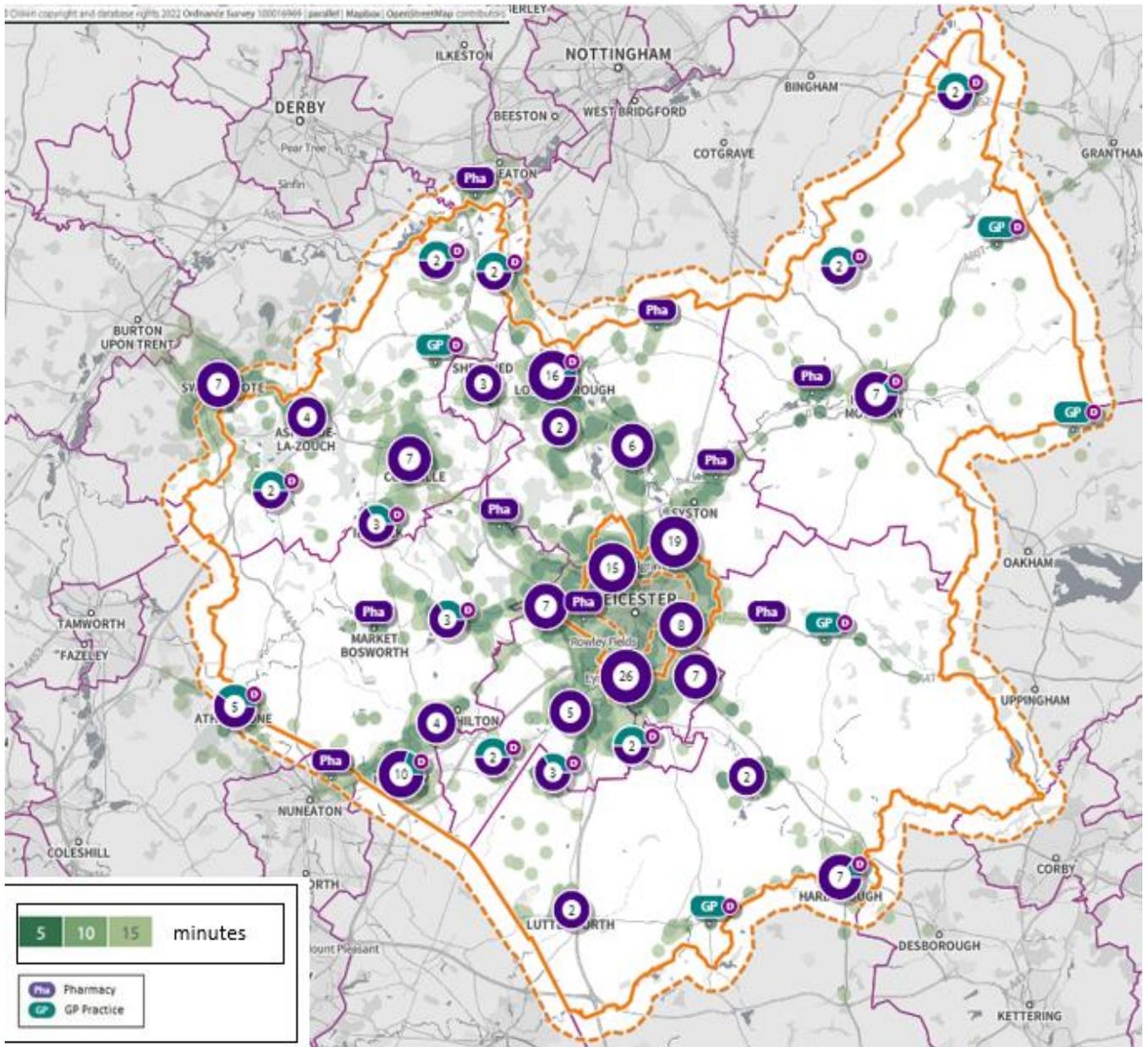
10.1.4. Public Transport

There are a range of public transport services available across the county. These can be viewed at the Leicestershire County Council website: <https://www.leicestershire.gov.uk/roads-and-travel/buses-and-public-transport>

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool¹⁹ it is possible to analyse how long it takes by public transport on a weekday morning from any Lower Super Output Area (LSOA) to the nearest pharmacy or dispensing GP practice location. Pharmacies and dispensing GPs 1.5km outside of the Leicestershire boundary have been included in this analysis.

Table 13 and Figure 11 illustrate public transport times on a weekday morning to pharmacies in the county and by district. Overall, only 7.8% of the county's population live more than 15-minutes by public transport from a pharmacy or dispensing GP practice on a weekday morning, 10.6% live between 11- and 15-minutes' journey, 36.0% live between 6 and 10 minutes and 45.7% live within a 5-minute journey time. Weekend and afternoon public transport services will present a different percentage of the population within these journey times.

Figure 11: Public transport time to the nearest pharmacy on weekday mornings



Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 13: Population by public transport travel time on weekday mornings

Area	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blaby	62,447	61.3%	32,660	32.0%	4,361	4.3%	2482	2.4%
Charnwood	107,385	57.0%	66,757	35.4%	11,101	5.9%	3173	1.7%
Harborough	23,369	24.5%	43,272	45.3%	14,815	15.5%	14081	14.7%
Hinckley & Bosworth	46,785	41.2%	41,869	36.8%	14,792	13.0%	10220	9.0%
Melton	13,384	26.0%	13,948	27.1%	13,394	26.1%	10668	20.8%
North West Leicestershire	41,447	39.5%	33,749	32.2%	14,903	14.2%	14710	14.0%
Oadby & Wigston	30,712	53.6%	24,682	43.1%	1,919	3.3%	0	0.0%
Leicestershire	325,529	45.7%	256,937	36.0%	75,285	10.6%	55334	7.8%

Source: Strategic Health Asset Planning and Evaluation, 2022

10.1.5. Access and populations affected by deprivation

Table 14, 15 and 16 show drive, walk and public transport times respectively for the population living in areas classified into local deprivation quintiles.

- 100% of those living in the most deprived areas in Leicestershire are within a 5-minute drive of a pharmacy or dispensing GP practice.
- 0.9% of those living in the least deprived areas are more than a 10-minute drive from a pharmacy or dispensing GP practice.
- 28.9% of people living in Leicestershire's most deprived areas live more than a 15-minute walk from the nearest pharmacy or dispensing GP practice.
- 100% of those living in the most deprived areas in Leicestershire are within a 10-minute public transport journey on a weekday morning of a pharmacy or dispensing GP practice.

Table 14: Estimated population by deprivation quintile and drive times

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Quintile 1- Most Deprived	11642	100.0%	0	0.0%	0	0.0%	0	0.0%
Quintile 2	76546	100.0%	0	0.0%	0	0.0%	0	0.0%
Quintile 3	107600	90.6%	11183	9.4%	0	0.0%	0	0.0%
Quintile 4	206796	86.3%	29101	12.1%	3623	1.5%	0	0.0%
Quintile 5- Least Deprived	249258	93.5%	249258	93.5%	1669	0.6%	2432	0.9%

Source: Strategic Health Asset Planning and Evaluation, 2022

Table 15: Estimated population by deprivation quintile and walking times

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Quintile 1- Most Deprived	3381	29.0%	2263	19.4%	2631	22.6%	3367	28.9%
Quintile 2	38439	50.2%	22147	28.9%	4381	5.7%	11579	15.1%
Quintile 3	54041	45.5%	30518	25.7%	16426	13.8%	17798	15.0%
Quintile 4	77148	32.2%	47222	19.7%	39374	16.4%	75776	31.6%
Quintile 5- Least Deprived	73763	27.7%	71370	26.8%	47808	17.9%	73653	27.6%

Source: Strategic Health Asset Planning and Evaluation, 2022

Table 16: Estimated population by deprivation quintile and public transport journey time on weekday mornings

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Quintile 1- Most Deprived	3381	29.0%	8261	71.0%	0	0.0%	0	0.0%
Quintile 2	51537	67.3%	19825	25.9%	3010	3.9%	2174	2.8%
Quintile 3	66605	56.1%	38246	32.2%	1287	1.1%	12645	10.6%
Quintile 4	101979	42.6%	71125	29.7%	39560	16.5%	26856	11.2%
Quintile 5- Least Deprived	102027	38.3%	119480	44.8%	31428	11.8%	13659	5.1%

Source: Strategic Health Asset Planning and Evaluation, 2022

10.1.6. Access and People by Age Profile

Table 17, Table 18 and Table 19 show drive, walk and public transport times respectively for the estimated population belonging to each age band.

- 10.2% of the population aged 65-84 in Leicestershire are more than a 5-minute drive from a pharmacy or dispensing GP practice, compared with 8.6% of the total population.
- Over half (62.8%) of the population aged 15-24 live within a 10-minute walk from their nearest pharmacy or dispensing GP practice, compared with 57.3% of the population aged 65-84 years.
- Although over a quarter half (25.5%) of Leicestershire's population live more than a 15-minute walk from a pharmacy or dispensing GP practice, this proportion is higher for 65–84-year-olds (27.0%).
- Just under half of the population (45.7%) live less than 5 minutes by public transport on weekday mornings from a pharmacy or dispensing GP practice. This proportion is higher for 15–24 year-olds (50.2%).

Table 17: Estimated population by age and drive times

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-14	110,094	92.1%	8,324	7.0%	763	0.6%	386	0.3%
15-24	78,244	93.1%	5,076	6.0%	557	0.7%	203	0.2%
25-64	331,475	91.4%	27,335	7.5%	2710	0.7%	1,243	0.3%
65-84	114,817	89.8%	11,333	8.9%	1151	0.9%	542	0.4%
85+	17,212	91.4%	1,451	7.7%	111	0.6%	58	0.3%

Source: Strategic Health Asset Planning and Evaluation, 2022

Table 18: Estimated population by age and walk times

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-14	40,300	33.7%	29,701	24.8%	18765	15.7%	30,801	25.8%
15-24	33,179	39.5%	19,610	23.3%	12811	15.2%	18,480	22.0%
25-64	124,627	34.4%	88,332	24.3%	55840	15.4%	93,964	25.9%
65-84	41,950	32.8%	31,370	24.5%	20011	15.7%	34,512	27.0%
85+	6,716	35.7%	4,507	23.9%	3193	17.0%	4,416	23.4%

Source: Strategic Health Asset Planning and Evaluation, 2022

Table 19: Estimated population by age and public transport journey time on weekday mornings

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-14	54,454	45.5%	43,510	36.4%	12615	10.6%	8,988	7.5%
15-24	42,192	50.2%	28,880	34.3%	7727	9.2%	5,281	6.3%
25-64	164,841	45.4%	130,524	36.0%	38770	10.7%	28,628	7.9%
65-84	55,477	43.4%	46,954	36.7%	14277	11.2%	11,135	8.7%
85+	8,565	45.5%	7,069	37.5%	1896	10.1%	1,302	6.9%

Source: Strategic Health Asset Planning and Evaluation, 2022

10.1.7. Access and Rurality

Table 20, Table 21 and Table 22 show drive, walk and public transport times respectively for the estimated population by Rural Urban classification.²⁰ This illustrates that:

- 100% of those living in 'urban city and town' and 'rural town and fringe' areas in Leicestershire are within a 10-minute drive of a pharmacy or dispensing GP practice
- 2.8% of those living in 'rural village and dispersed' areas are more than a 15-minute drive from a pharmacy or dispensing GP practice
- 85% of those living in 'rural village and dispersed' areas in Leicestershire are more than a 15-minute walk from a pharmacy or dispensing GP practice
- 55.6% of those in 'rural village and dispersed' areas in Leicestershire are more than 15-minutes public transport journey on a weekday morning of from a pharmacy or dispensing GP practice.

Table 20: Estimated population by rurality and drive times

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Rural town and fringe	125750	95.9%	5317	4.1%	0	0.0%	0	0.0%
Rural village and dispersed	30575	35.3%	30575	35.3%	5292	6.1%	2432	2.8%
Urban city and town	495517	100.0%	0	0.0%	0	0.0%	0	0.0%

Source: Strategic Health Asset Planning and Evaluation, 2022

Table 21: Estimated population by rurality and walk times

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Rural town and fringe	65057	49.6%	24186	18.5%	17211	13.1%	24613	18.8%
Rural village and dispersed	3270	3.8%	3207	3.7%	6487	7.5%	73537	85.0%
Urban city and town	178445	36.0%	146127	29.5%	86922	17.5%	84023	17.0%

Source: Strategic Health Asset Planning and Evaluation, 2022

Table 22: Estimated population by rurality and public transport journey time on weekday mornings

	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Rural town and fringe	77809	59.4%	41776	31.9%	9308	7.1%	2174	1.7%
Rural village and dispersed	3270	3.8%	11453	13.2%	23659	27.4%	48119	55.6%
Urban city and town	244450	49.3%	203708	41.1%	42318	8.5%	5041	1.0%

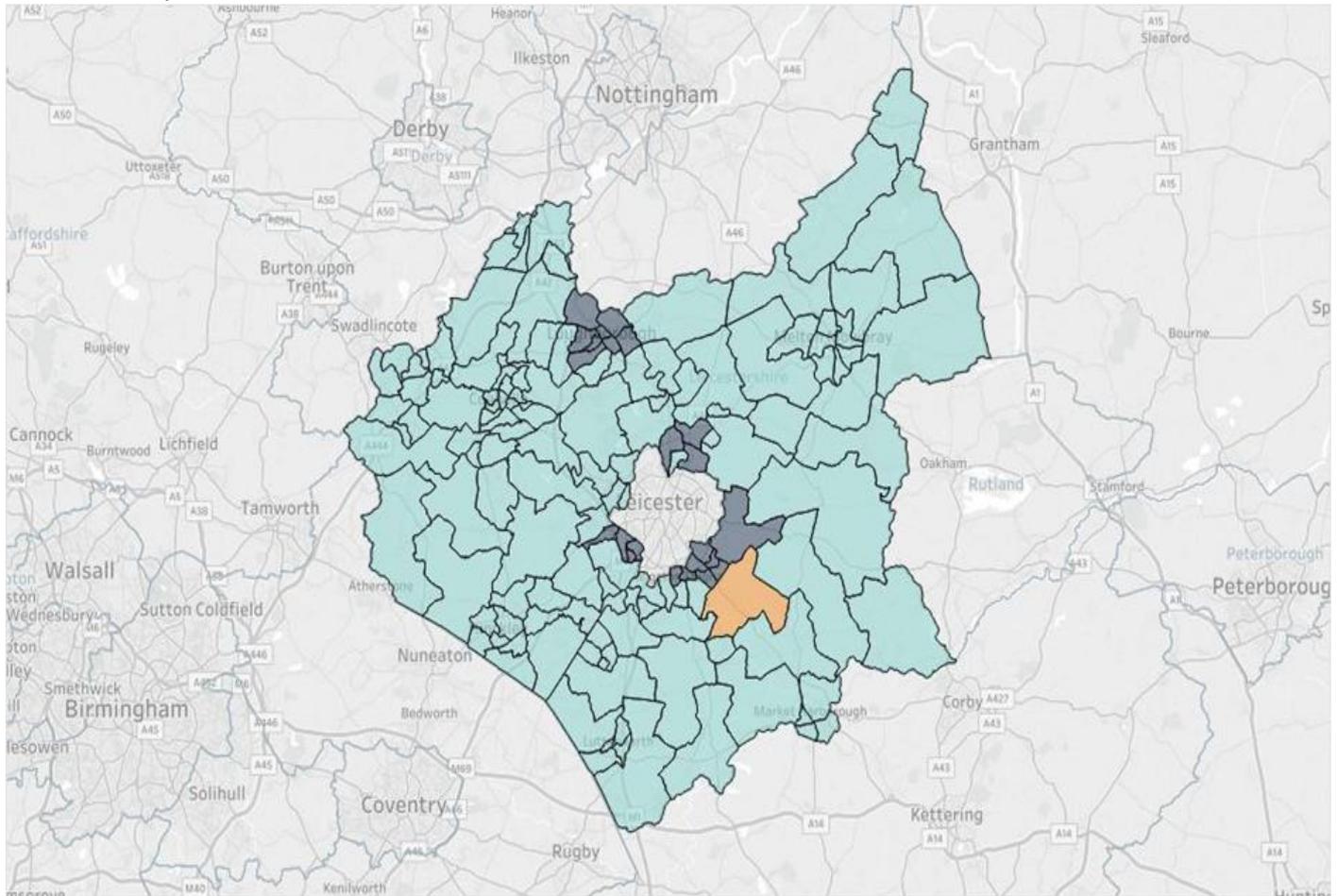
Source: Strategic Health Asset Planning and Evaluation, 2022.

10.1.8. Access and Language

The 2011 Census found that the main language spoken throughout all Middle Super Output Areas (MSOAs) in Leicestershire was English.¹⁰ However, understanding the proficiency of English and other languages spoken by the population of Leicestershire is essential to ensure the population is able to access the appropriate service to treat their health needs.

Figure 12 shows there are multiple areas in the county where the percentage of the population who cannot speak English well or cannot speak English at all is significantly higher than the national average. These areas are Loughborough, Thurmaston, Oadby and areas in Blaby.

Figure 12: English proficiency (the percentage of people that cannot speak English well or at all) in Leicestershire, 2011¹⁰



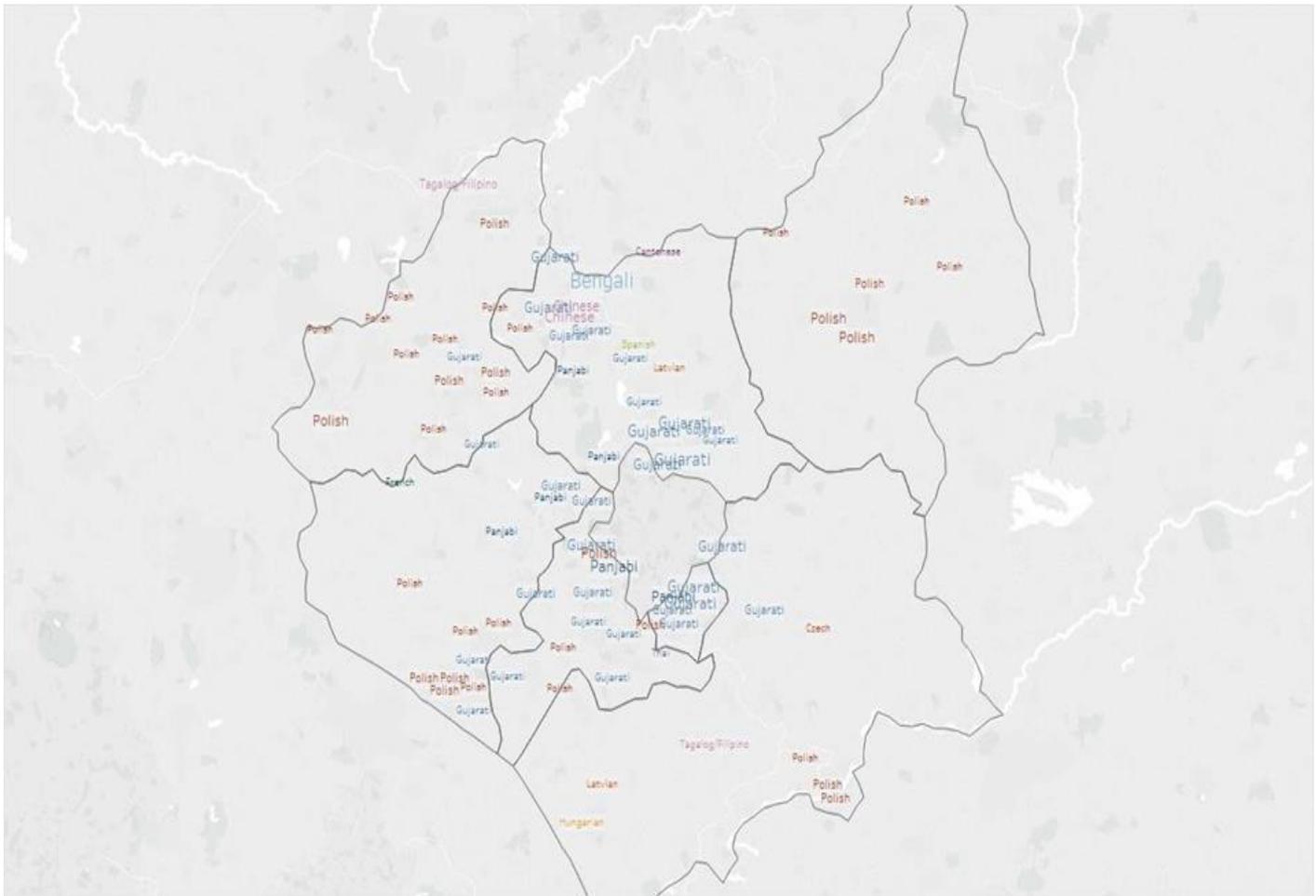
Key

- Significantly Higher than England Average
- Significantly Lower than England Average
- Similar to England Average

Source: 2011 Census, ONS, 2012.

Figure 13 examines the second most prevalent language spoken throughout the MSOAs in Leicestershire. The figure shows that in areas of Blaby, Charnwood and Oadby and Wigston, Gujarati and Punjabi are spoken as the main languages. There is a large population who speak Bengali as their main language in Loughborough and in areas of Hinckley, Melton and North-West Leicestershire, the second most prevalent main language is Polish.

Figure 13: Second most prevalent language spoken in Middle Super Output Areas in Leicestershire¹⁰



Source: 2011 Census, ONS, 2012.

In the PNA engagement activity (described in PNA Professional Results below) responders reported Gujarati was spoken in 53% of pharmacies, Punjabi in 47%, Urdu in 20% and Polish in 12%. Gujarati is spoken by staff in four pharmacies in Blaby, 12 in Charnwood, four in Harborough, two in Hinckley and Bosworth, one in North West Leicestershire and four in Oadby and Wigston. Punjabi is spoken by staff in four pharmacies in Blaby, nine in Charnwood, three in Harborough, two in Hinckley and Bosworth, three in North West Leicestershire and three in Oadby and Wigston. Urdu is spoken by staff in two pharmacies in Blaby, two in Charnwood, one in Harborough, one in Hinckley and Bosworth, two in North West Leicestershire and two in Oadby and Wigston. Polish is spoken in two Pharmacies in Hinckley and Bosworth and one pharmacy each in Charnwood, Melton, North west Leicestershire and Oadby and Wigston. The absence of Polish spoken by staff in Blaby and Harborough potentially represents a barrier to the access of pharmaceutical services for this community. No Pharmacies in Melton reported having speakers of Gujarati, Punjabi or Urdu however from the above map it can be seen this is not a language widely spoken in the district.

It should also be noted the Pharmacy professional survey was not completed by every pharmacy in the county and all questions were optional.

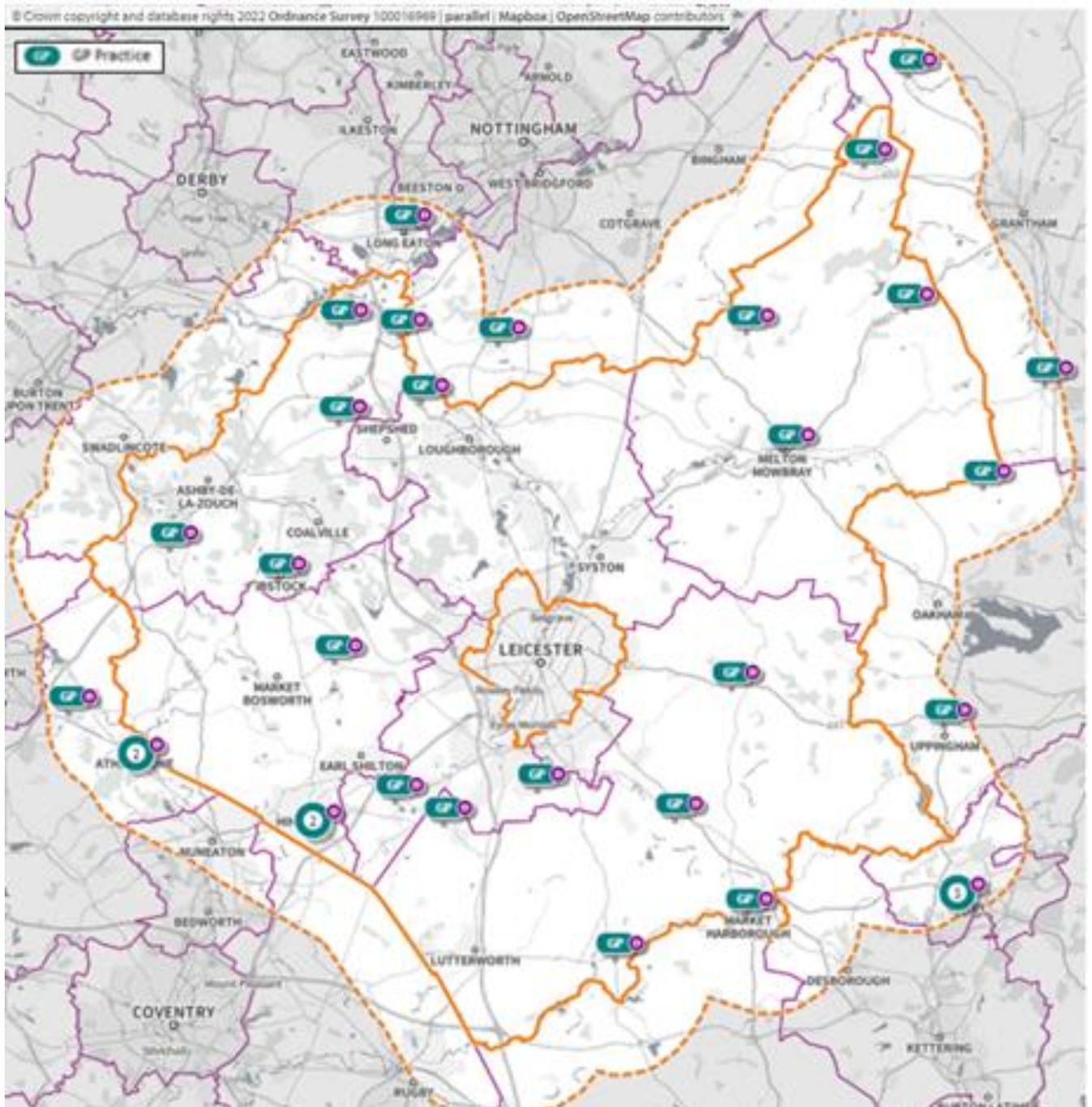
10.1.9. GP Dispensing

Dispensing doctors may generally only provide pharmaceutical services to patients who live in a designated controlled locality and more than 1.6km (1 mile) from a pharmacy. A controlled locality is an area that has been determined, by NHS England and NHS Improvement, a predecessor organisation or on appeal by the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), to be 'rural in character'.²

Patients may at any time request in writing that their GP practice provides them with pharmaceutical services. The practice should then check that they meet one of the conditions to be designated a dispensing practice. The purpose of GP dispensing is to recognise the difficulties of providing a full range of essential pharmacy services in rural areas and to provide the patients that live in rural areas with an alternative provider for dispensing services. Leicestershire (and surrounding 1.5km) has 20 GP dispensing locations illustrated in Figure 14. Dispensing GPs within 5km of the border with the county are also present in Figure 14. The areas that are designated as rural in Figure 15 represent the controlled localities in Leicestershire.

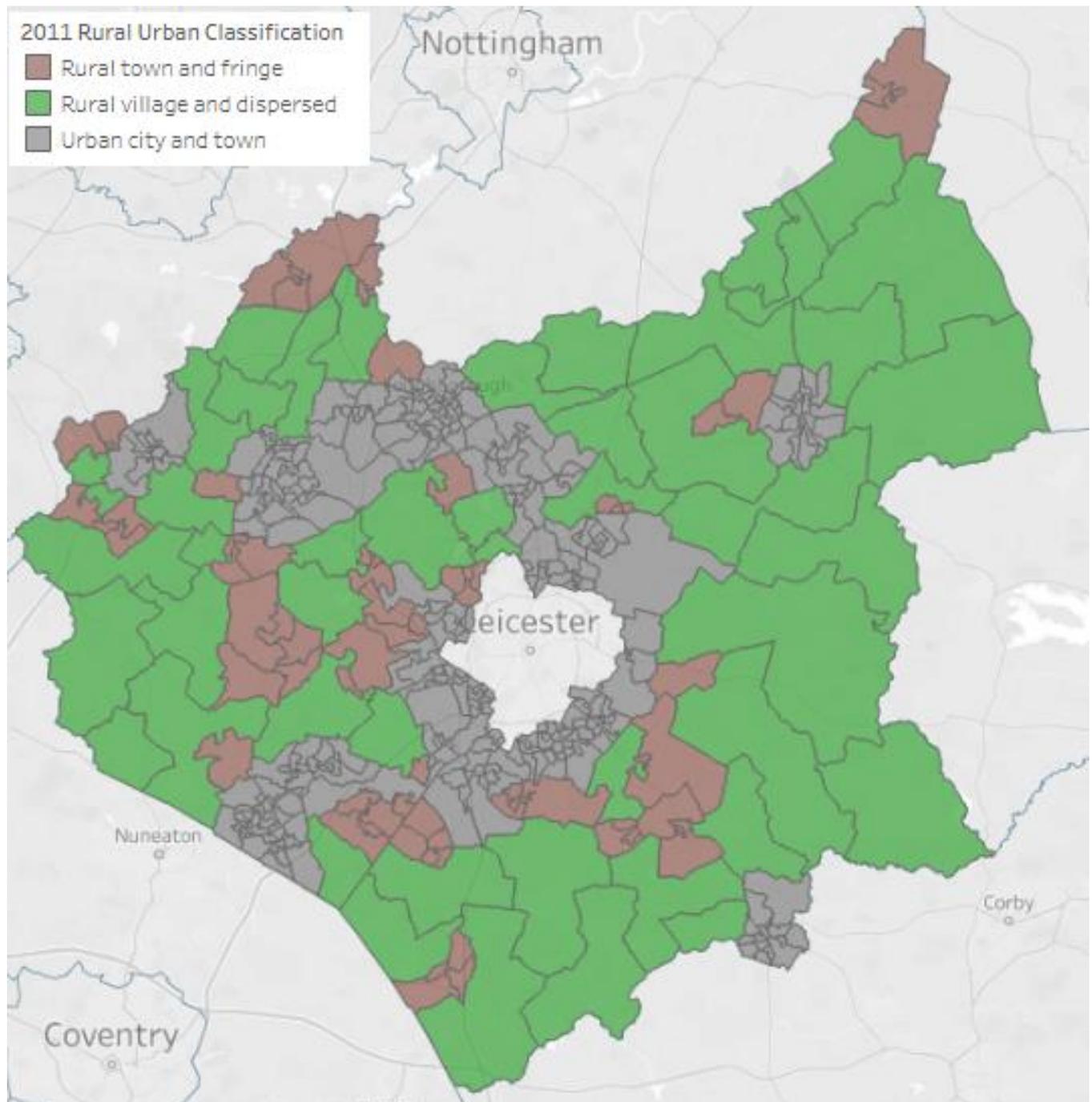
The dispensing GP surgeries are spread across the localities and whilst a patient may live over a 15-minute walk or 20-minute drive time to their nearest pharmacy or dispensing GP surgery, there is a strong correlation between the walk time analysis and the rural area designation. Designated patients in need of dispensing services will be able to access these as part of their GP visit; but the opening times of GP surgeries will restrict this. The drive and walk time analysis within this report includes the time it will take the people of Leicestershire to get to either a community pharmacy or a dispensing GP surgery.

Figure 14: Dispensing GP practices



Source: Strategic Health Asset Planning and Evaluation, 2022.

Figure 15: Urban and Rural areas, Leicestershire



Source: 2011 Census, ONS, 2012.

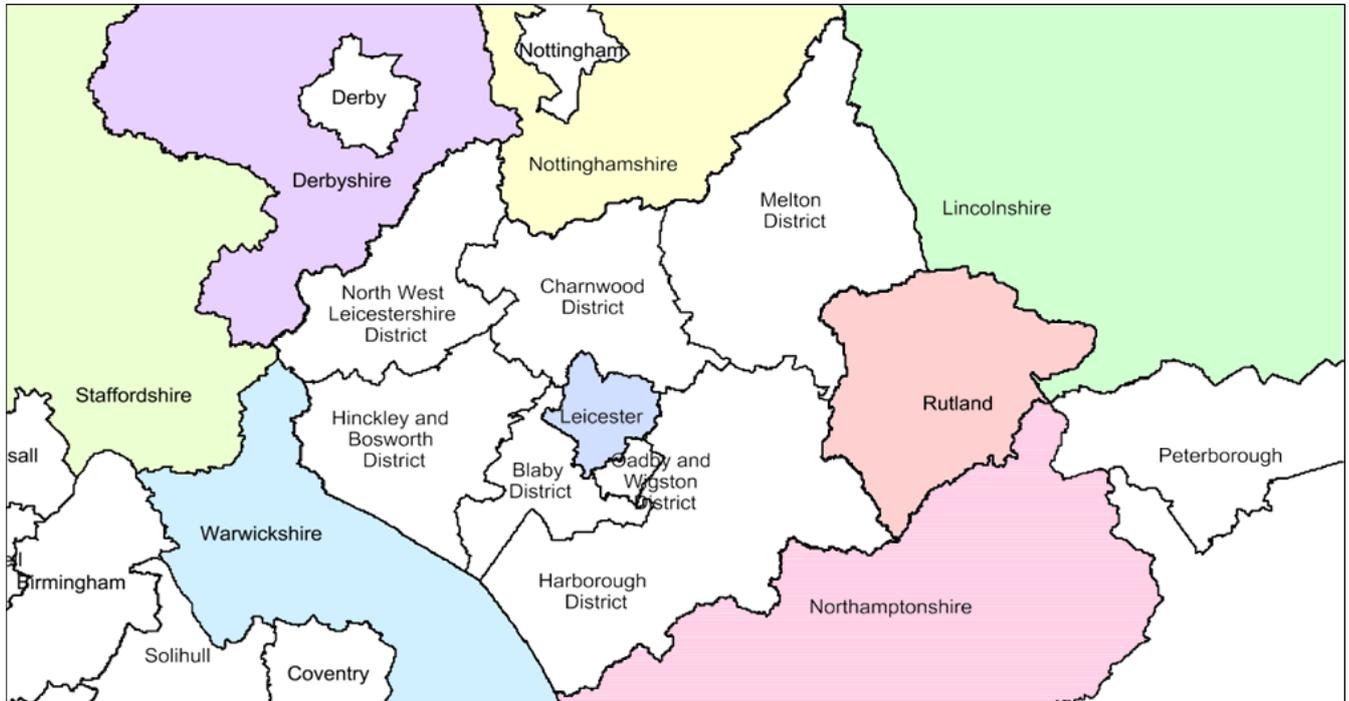
10.1.10. Cross Border Provision

The population of Leicestershire are able to access pharmacy services from any community or distance selling pharmacy that they choose. This means that they can choose to access services that are near their homes but in another county or unitary authority, services that are near their work or, in the case of internet pharmacies, any registered provider. As part of the access analysis

pharmacies and dispensing GPs within 1.5km of the Leicestershire have been considered. The boundaries of Leicestershire are illustrated in Figure 16.

The Health and Wellbeing Board is a statutory consultee for the PNAs developed in these adjoining areas. The most recently published draft PNAs (2022) for each area will be used to assess the impact of neighbouring pharmacy provision on the population of Leicestershire, though these are not yet available but will be included in the final version of the PNA.

Figure 16: Leicestershire neighbouring local authorities



10.2. Advanced Services

Advanced services are commissioned by NHS England and NHS improvement from pharmacies. These are voluntary agreements, and any pharmacy can choose to deliver these services as long as they meet the requirements set out in the Secretary of State's Direction around issues such as premises and staff training.

These services provide an opportunity for community pharmacists to engage with and empower their patients to take greater control of their health through more effective use of their prescribed medication or appliance. This in turn should help prevent their conditions from unnecessarily getting worse and thus contribute towards savings to the NHS. Advanced services can be provided by community pharmacies and by distance selling pharmacies.

There are 10 advanced services:

- New Medicines Service (NMS)
- Stoma Customisation
- Appliance Use Reviews
- Seasonal Influenza (flu) Vaccination Programme

- Community Pharmacist Consultation services (CPCS)
- C-19 Lateral Flow device distribution – **no activity data available.**
- Hepatitis C Testing Service. – *service ceased end of March 2022*
- Hypertension case finding service - **no activity data available.**
- Pandemic delivery service - **no activity data available** – *service ceased March 2022.*
- Smoking Cessation Service (CSC) - **no activity data available.**

Note: Medicines Use Review (MUR) and Prescription Intervention Services were decommissioned on 31st March 2021, however activity data for this service has been presented in this section. Smoking cessation services were commissioned in April 2022, so no data is available.

Table 23 shows the number of community pharmacies offering each service (where activity data was available), by locality as at 2020/21. Of the 132 community pharmacies in Leicestershire, 115 were offering the New Medicines Service, 124 were offering the Community Pharmacist Consultation service, 17 were offering Stoma Customisation, 116 were offering the Seasonal Influenza Vaccination and 120 were offering Medicines Use Review and Prescription Intervention Service. No Pharmacies provided Appliance Reviews or Hepatitis C testing services. In addition to community pharmacy provision, three distance selling/internet pharmacies are located in Leicestershire, one of these offers a new medicine service. There is also one Dispensing Appliance Contractor that offers no advanced services.

Table 23: Advanced Services – Number of community pharmacies providing each service, 2020/21

	Total Pharmacies	New Medicine Service	Stoma Customisation	Seasonal Flu Vaccination	Community Pharmacist Consultation Service	Medicines Use Review and Prescription Intervention Service
Blaby	22	17	3	18	20	19
Charnwood	42	34	6	36	40	37
Harborough	13	12	3	12	12	12
Hinckley & Bosworth	19	17	1	17	17	17
Melton	9	9	1	7	9	9
North-West Leicestershire	16	16	1	16	16	16
Oadby & Wigston	11	10	2	10	10	10
Leicestershire	132	115	17	116	124	120

Source: NHS England & NHS Improvement, Pharmaceutical Dataset, September 2021

10.3. Quality of essential and advanced services

Quality monitoring of essential and advanced services commissioned by NHS England and NHS Improvement is carried out by self-assessment. Targeted visits are undertaken where concerns are raised. In addition, new pharmacies that have opened and existing pharmacies that have relocated are visited.

10.4. Community Based Services

Community based services are additional services that are commissioned by CCGs or by local authorities to meet the health needs of their populations. A number of these services are commissioned from community pharmacies.

The services that are currently commissioned by Leicestershire County Council are:

- Emergency Hormonal Contraception (EHC)
- Needle and syringe exchange for people with drug addictions; (via Turning Point)
- Supervised administration of methadone and other substitutes; (via Turning Point)
- Champix provision to help people who want to stop smoking; this has been paused due to discontinuation of production of the treatment.

Table 24: Number of Pharmacies Offering Local Authority Commissioned Community-Based Services as of 31st March 2021

	EHC	Needle Exchange	Supervised Consumption
Blaby	9	2	7
Charnwood	18	4	22
Harborough	6	2	5
Hinckley and Bosworth	7	4	11
Melton	4	2	3
North West Leicestershire	8	3	13
Oadby and Wigston	9	2	6
Leicestershire	65	19	67

Source: Community Based Service Dataset, Leicestershire County Council and Turning Point Dataset.

The services that are currently commissioned by Leicester, Leicestershire and Rutland CCGs are:

- Extended care services Tier 1- Conjunctivitis and UTI treatment
- Extended care services Tier 2a - Impetigo, Eczema and insect bite treatment
- Palliative medicine supply
- Emergency supply service
- Covid-19 vaccinations

Table 25: CCG Commissioned Community-Based Services 2020-21

Districts	CCG Commissioned Enhanced Service 2020-21						
	Palliative medicines	Emergency supply service	Tier 1 - Conjunctivitis	Tier 1 - UTI	Tier 2a - Impetigo	Tier 2a - Insect bites	Tier 2a - Eczema
Blaby	0	10	13	14	12	11	11
Charnwood	0	23	23	23	15	15	15
Harborough	0	11	9	9	6	6	6
Hinckley & Bosworth	0	6	14	14	11	11	11
Melton	0	5	5	5	2	2	2
NW Leicestershire	1	9	10	10	8	8	8
Oadby & Wigston	0	7	6	6	5	5	5
Leicestershire	1	71	80	81	59	58	58

Source: NHS England & NHS Improvement CCG commissioned Enhanced services 2020-21

These community-based services are voluntary agreements and pharmacies are not compelled to offer any or all of the services.

10.4.1. Emergency Hormonal Contraception

Following an episode of unprotected sexual intercourse (UPSI), the provision of emergency contraception can help to prevent unplanned pregnancy. Intrauterine devices provide the best method of emergency contraception as they give lasting protection. However, emergency hormonal contraception (EHC) is frequently a preferred method. A public health community-based service contract is currently in place with the aim of reducing unintended conceptions and improving sexual health for young people. In 2020/21, 61 pharmacies delivered the EHC service, including six 100-hour pharmacies. There were 623 pharmacy-based consultations for EHC, and Levonelle (Levonorgestrel) was issued in 193 of these.

Table 26 illustrates that the overall consultation rate in Leicestershire pharmacies was 15.8 consultations per 1,000 females aged 15-24. This varied from a rate of 0.8 per 1,000 females in Melton to 33.6 per 1,000 females in Oadby & Wigston. This indicates that the provision is different in each area of the county, and the public health team needs to ensure that access is equitable across the whole range of EHC providers.

Table 26: Community Based Services activity 2020/21 - Emergency Hormonal Contraception in 2020/21

Locality	Pharmacists providing service	Consultations	Levonelle	2020 Population Female aged 15-24	Consultations per 1,000 female population aged 15-24
Blaby	9	92	37	4851	19.0
Charnwood	18	203	59	13638	14.9
Harborough	6	49	9	4401	11.1
Hinckley and Bosworth	7	70	17	5183	13.5
Melton	4	2	1	2413	0.8
North-West Leicestershire	8	88	21	5434	16.2
Oadby and Wigston	9	119	49	3544	33.6
Leicestershire	65	623	193	39464	15.8

Source: Community Based Service Dataset, Leicestershire County Council

EHC is also provided by the specialist integrated sexual health service, GP practices and by the school nursing service. A new EHC drug, Ulipristal, has been found to have a lower failure rate and is effective for up to five days after UPSI.

10.4.2. Substance Misuse Services

There are currently two community-based services for substance misuse, the **Needle Exchange Service** and the **Supervised Methadone Consumption Service**. The Public Health Team at Leicestershire County Council commissions these services through Turning Point, a national charity that supports and treats people with alcohol and substance misuse problems. Turning Point has been commissioned to manage the whole system for people in Leicestershire with respect to substance misuse, and the pharmacy is a key part of the pathway for community-based services. Turning Point have put in place agreements with pharmacies to deliver needle exchange and supervised methadone consumption to support treatment and harm reduction in the community.

Needle exchange - the overall aim of the Needle Exchange Service is to reduce the rates of equipment sharing amongst injecting drug users, thereby preventing the risks of infection and drug related harm (individual and community). Pharmacies provide access to sterile equipment including needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, will be provided to promote safe injecting practice and reduce transmission of infections by substance misusers. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service.

The Appendix shows the location of pharmacies offering this service in Leicestershire. Overall, 19 of Leicestershire's pharmacies provided the Needle Exchange Service as of 31st March 2021. **Error! Reference source not found.** shows the uptake of the needle exchange service by individuals in 2020-21²¹ There were 14,117 recorded transactions for the needle exchange service during the 12-month period. These transactions occurred in 19 pharmacies in Leicestershire. The highest number of transactions occurred in Charnwood. Data has been used with the recognition that there may be data quality issues due to no mechanisms of data quality assurance.

Supervised Methadone Consumption

This service requires the pharmacist to supervise the consumption of methadone or other prescribed drugs at the point of dispensing in the pharmacy ensuring that the dose has been administered to the patient. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. The pharmacy will provide support and advise the patient including referral to primary care or specialist centres where appropriate.

The Appendix illustrates the location of pharmacies providing supervised methadone consumption in Leicestershire. In 2020-21 67 pharmacies provided this service with the highest level of coverage in Charnwood (with 22 pharmacies) and the lowest coverage in Melton with just three pharmacies. Table 27 shows the supervised methadone consumption service by individuals in 2020-21²¹.

Table 27 Supervised Methadone consumption service uptake by district (2020-2021)

Area	No. of Pharmacies providing Supervised Methadone	No. of Transactions
Blaby	7	3,437
Charnwood	22	19,206
Harborough	5	2,797
Hinckley and Bosworth	11	10,526
Melton	3	554
North-West Leicestershire	13	4,663
Oadby & Wigston	6	664
Leicestershire	67	41,847

Source: Turning Point dataset 2020-21

10.4.3. Extended Care Services

The extended care service allows pharmacies to provide treatment for a selection of minor ailments without the patient having to attend a GP or 'Out of hours' service. Advice is also given to reduce the likelihood of repeat need for treatment. The patient must be registered with a GP and may need to be in an eligible group. The scheme is split into tiers and pharmacies are able to just sign up to the tier 1 services or both tier 1 and 2. The conditions treated and eligible groups in tier 1 are Urinary Tract Infection-Females aged 16-65 years old and acute bacterial conjunctivitis-

Children aged 3 months to 2 years old. The conditions treated in tier 2 are Impetigo, Infected Insect bites and Infected Eczema. The number of pharmacies providing these services in Leicestershire are summarised in Table 28-below.

Table 28- Number of Pharmacies Providing Extended Care Services

Districts	CCG Commissioned Enhanced Service 2020-21				
	Tier 1: Conjunctivitis	Tier 1: UTI	Tier 2a: Impetigo	Tier 2a: Insect bites	Tier 2a: Eczema
Blaby	13	14	12	11	11
Charnwood	23	23	15	15	15
Harborough	9	9	6	6	6
Hinckley & Bosworth	14	14	11	11	11
Melton	5	5	2	2	2
NW Leicestershire	10	10	8	8	8
Oadby & Wigston	6	6	5	5	5
Leicestershire	80	81	59	58	58

Source: NHS England & NHS Improvement CCG commissioned Enhanced services 2020-21

10.4.4. Palliative Medicine Supply

The palliative medicine supply service requires pharmacies to keep a supply of an agreed list of palliative care drugs to ensure that when prescribed by healthcare providers the drugs can be supplied quickly to palliative patients to ensure their comfort and maintain a good level of care. Just one Pharmacy in Leicestershire provided this service in 2020-21, this pharmacy is in Castle Donington in North-West Leicestershire.

10.4.5. Emergency Supply Service

The Emergency Supply Service allows pharmacists to prescribe prescription only medicines to a patient previously prescribed the requested drug without a prescription. This means a patient can in emergency situations receive a drug without visiting a doctor and is intended to lessen demand for emergency medical care for repeat prescriptions. In 2020-21 71 Pharmacies provided the emergency supply service the districts of these providers are summarised in Table 29.

Table 29: Pharmacies in Leicestershire providing Emergency supply services

Area	Number of Pharmacies providing Emergency Supply service in 2020-21
Blaby	10
Charnwood	23
Harborough	11
Hinckley & Bosworth	6
Melton	5
North West Leicestershire	9
Oadby & Wigston	7
Leicestershire	71

Source: NHS England & NHS Improvement CCG commissioned Enhanced services 2020-21

10.4.6. COVID Vaccinations

The Leicestershire CCGs also commissioned COVID vaccinations through community Pharmacies, unfortunately no data on this service is available.

11. Stakeholder Views

Leicestershire County Council has undertaken a consultation exercise to ask stakeholders of pharmacy services and providers of pharmacy services to tell us their views on the services that they access/provide. The findings will be available in the following appendices and are summarised below.

Appendix D – Professionals Pharmacy Questionnaire

Appendix E – Professionals Pharmacy Questionnaire Summary Report

Appendix F-Public Pharmacy Questionnaire

Appendix G- Public Pharmacy Questionnaire Summary Report

11.1. Leicestershire PNA Pharmacy Professionals Survey - Responses Summary

74 responses were received as at 9/05/22 from the LLR Pharmacy professionals survey.

The majority of pharmacies receive between 1,000 and 25,000 **enquiries** per year. The average number of **consultations** per week range from 2 to 150 (average 23). 100% have a closed consultation area on the premises and 92% have wheelchair access. Over half have **dementia-friendly** space and **large print** material and a range of other adaptations were made to help people access services.

84% use **locum** pharmacists and 69% use **relief** pharmacists, with recruitment difficulties experienced particularly in community pharmacist, dispenser and medicines counter assistant roles. Though 69% feel able to maintain the current level of services with 18% disagreeing.

42% of respondents intend to provide the appliance use review service, with 55% for the hypertension case finding service. Most would be willing to provide NHS and local authority commissioned services with training and/or facilities.

The majority do not provide **stop smoking service** as an LA commissioned service but would be willing to do so with training and/or facilities. 7 out of 20 **non commissioned** services are provided by over half of all respondents, with most indicating that they would provide others with support. Over half of respondents do not provide **non-NHS funded** services but most are willing to with training and/or facilities. 58% plan to expand the business with 29% planning to expand online services

Over 80% of respondents indicate that the **number of pharmacies** and the **location** within a 3-mile radius are 'excellent' or 'good' and 15% adequate. Ratings for the **range of services** provided within a 3-mile radius are slightly lower, with 71% rating 'excellent' or 'good' and 19% 'adequate'.

11.2. Leicestershire PNA Public Survey Responses

336 responses were received as at 25/04/22 with around a third from Leicester and the other two thirds from Leicestershire and Rutland.

In relation to Leicestershire over half **use a car** (54%) to attend their pharmacy with 82% having **less than 15 minutes** travel time, whilst 44% walk. Responses highlight varied frequency of use from a few times per month (19%), once a month (36%) to every 2-3 months (24%). 82% use services during 9am to 6pm weekdays. 73% agree that opening hours meet their needs with 16% disagreeing. 94% found it easy to find a pharmacy open in the day, whilst 33% found it easy in the evening. 53% found it easy at weekends.

The majority (73%) are satisfied with **advice from pharmacies**. Satisfaction with **advice from GP dispensaries** is more varied (40% very/fairly satisfied, 12% neither satisfied nor dissatisfied and 8% dissatisfied) although this includes don't know responses. ¹ **Quality of service, availability** of medicines, **private areas** to speak to a pharmacist, physical **accessibility** and **location** are the most important issues for respondents. Vaccinations were also mentioned as important.

The majority (81%) agree that the pharmacy provides a **good service** and provides **clear advice (72%)**. Some responses highlight some concerns about speaking to a pharmacist **without being overheard**. **Access to medicines on time and busy pharmacists** were also raised as issues.

Services with the **lowest levels of awareness** were advice on physical exercise (13%) and healthy eating advice (17%). Access to specialist medicines in stock was quoted as an issue by some.

37% indicate that they have **caring responsibilities** and comments highlight the value of pharmacists having family knowledge/awareness of circumstances. Responses indicated that caring needs were generally met. Generally, people felt that their physical access needs were also met.

10% had delivery by post or pharmacy (and most of these respondents agreed that their pharmacy provides a good service), whilst 90% collected. The majority indicated that they were not likely to use **postal (73%) or online (home delivery) services (64%)** within the next 3 years.

12. Digital Developments

The Electronic Prescription Service (EPS) enables new and repeat prescriptions to be sent electronically from the GP to the patient's nominated pharmacy.

Pharmacies are now able to access an electronic Summary Care Record (SCR) for patients. The NHS SCR is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record with the patient's consent. SCR was rolled out to pharmacies from March 2016 and helps support safer patient care and treatment. A web-based system called PharmOutcomes²² collates information on pharmacy

services. Local and national analysis and reporting of PharmOutcomes helps improve the evidence base for more effective community pharmacy services.

12.1. Access and Broadband Availability

An average download speed of 10Mbps is required to carry out basic online tasks, such as email, browsing the internet and online shopping, while ‘superfast’ speeds of 30Mbps are recommended. Data from ThinkBroadband shows that in April 2022, 98.0% of Leicestershire premises had access to superfast broadband. However not everyone has the necessary digital skills to be able to order medicines online or the necessary technology. The resident survey confirmed that the majority were not likely to use online or home delivery services in the next three years.

13. Projected Future Needs

13.1. Population Projections

The population of Leicestershire is growing and by 2043 the total population is predicted to reach 860,618 people, a total population growth of 23.3% compared with 2018.²³ However, the population is not growing uniformly across the different age bands. In the next 25 years, the population is predicted to grow as follows:²³

- A 15% increase in children and young people aged 0-24 years (202,122 people to 232,198)
- A 17% increase in the working age population aged 25-64 (from 353,856 people to 414,241)
- A 43% increase in people aged 65-84 (from 124,095 people to 177,149)
- A 104% increase in the oldest population group of people aged 85 years and over (from 18,195 people to 37,030)

Table 30: Leicestershire population projections by age band (in 1,000s) - 2018 to 2043²³

	2018	2019	2024	2029	2034	2039	2043
0-24	202.1	203.1	210.5	220.9	226.2	228.6	232.2
25-64	353.9	358.8	376.4	383.1	389.5	401.2	414.2
65-84	124.1	126.5	138.4	153.6	165.1	175.1	177.2
85+	18.2	18.6	21.0	24.4	31.8	34.9	37.0
All ages	698.3	706.9	746.2	782.0	812.7	839.8	860.6

Source: 2018-based Subnational Population Projections, Office for National Statistics

Table 31: Estimated projected population growth Projected population (in 1000s)²³

	2018	2019	2024	2029	2034	2039	2043
Blaby	100.4	102.1	109.6	115.7	120.9	125.6	129.3
Charnwood	182.6	185.2	195.7	205.8	213.9	220.0	224.7
Harborough	92.5	93.6	98.8	103.2	107.2	110.9	113.8
Hinckley and Bosworth	112.4	113.7	120.1	125.8	130.9	135.9	139.6
Melton	51.1	51.2	51.7	52.3	52.8	53.4	53.9
North West Leicestershire	102.1	103.9	112.3	119.9	126.6	132.8	137.2
Oadby And Wigston	57.1	57.2	58.1	59.4	60.4	61.2	62.1
Leicestershire	698.3	706.9	746.2	782.0	812.7	839.8	860.6

Source: 2018-based Subnational Population Projections, Office for National Statistics

Table 32 uses a simple population model to assess how many pharmacies providing essential services will be needed in each locality (using a mix of community pharmacies and dispensing GPs) to maintain this level of access.

Table 32: Estimated pharmacies needed to maintain 2.1 pharmacies and GP dispensing practices per 10,000 population

	Current number of Pharmacies and dispensing GPs	2024	2029	2034	2039	2043
Blaby	24	23	24	25	26	27
Charnwood	43	41	43	45	46	47
Harborough	18	21	22	23	23	24
Hinckley and Bosworth	22	25	26	27	29	29
Melton	12	11	11	11	11	11
North-West Leicestershire	20	24	25	27	28	29
Oadby and Wigston	11	12	12	13	13	13
Leicestershire	150	157	164	171	176	181

Source: 2018-based Subnational Population Projections, Office for National Statistics
And Source: NHS England and NHS Improvement, Pharmaceutical Dataset, Sep 2021

It is important to note that the national average rate of 2.1 is an aspiration and not a target and the pharmacy coverage available for the Leicestershire population is good for a rural local authority, and further boosted by the availability of GP dispensing services. This is not a nationally recognised standard but a benchmark for the Health and Wellbeing Board to aspire to and not for NHS England and NHS Improvement to use when determining a new pharmacy application under the PNA.

The pharmacy coverage across 3 districts in Leicestershire in particular needs to be kept under review and may need further consideration in the light of actual population and housing growth, to maintain sufficiency for the projected populations to 2024. This is not an indication that there is a need for additional pharmacies in the localities that are affected earliest, but rather a need to ensure that the pharmacy system across Leicestershire continues to meet the needs of the whole population in the way that it is currently doing. The increasing number of distance-selling pharmacies has the potential to increase local pharmacy capacity, for example in performing signposting to services, to ensure that the needs of local people are being met.

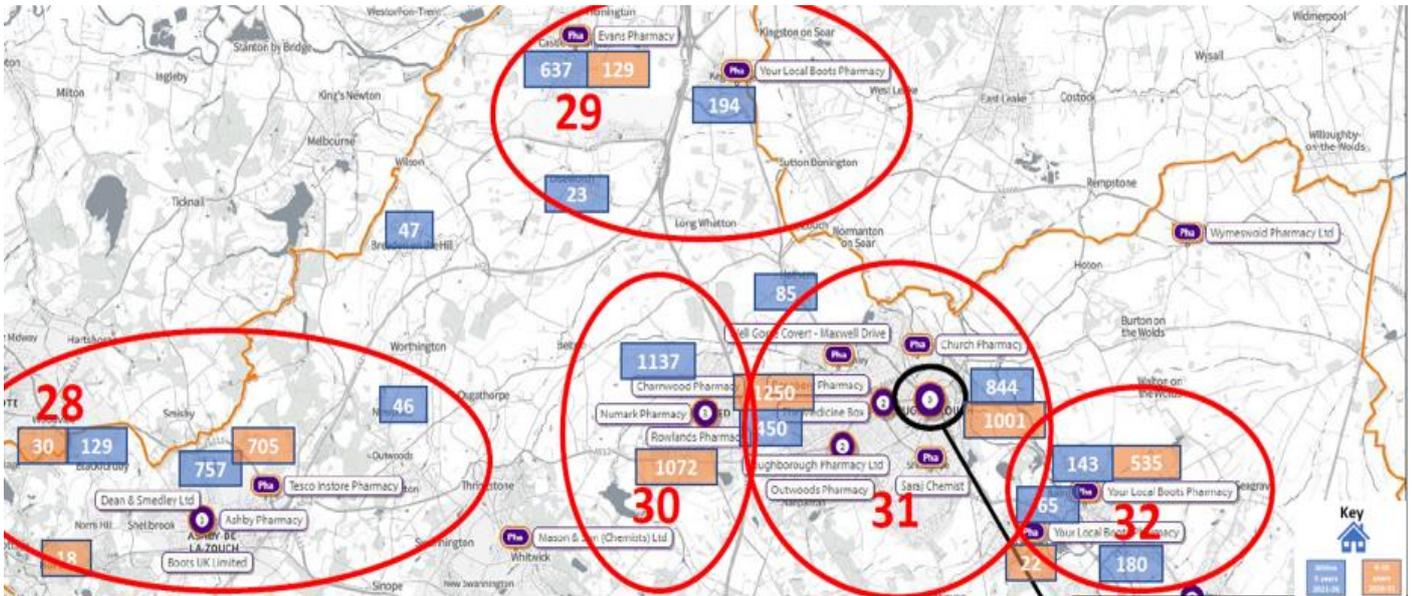
13.2. Future Housing – Potential Locations

The proposed dwellings are split into those predicted to be completed between 2021 and 2026 (Blue boxes on the below maps) and those expected to be completed between 2026 and 2031 (Orange boxes on the below maps). The new housing developments will provide housing for the increase in the population projected by the Office for National Statistics but may also see additional population moving into the area through migration. Population growth linked to plans for housing development are not included in the population projections, but the impact on services will be considered as part of the Health Impact Assessment that is carried out for new developments.

More details are set out in the maps below. The planned dwellings and estimated associated residents expected in Leicestershire up to 2031 are summarised in **Error! Reference source not found..**

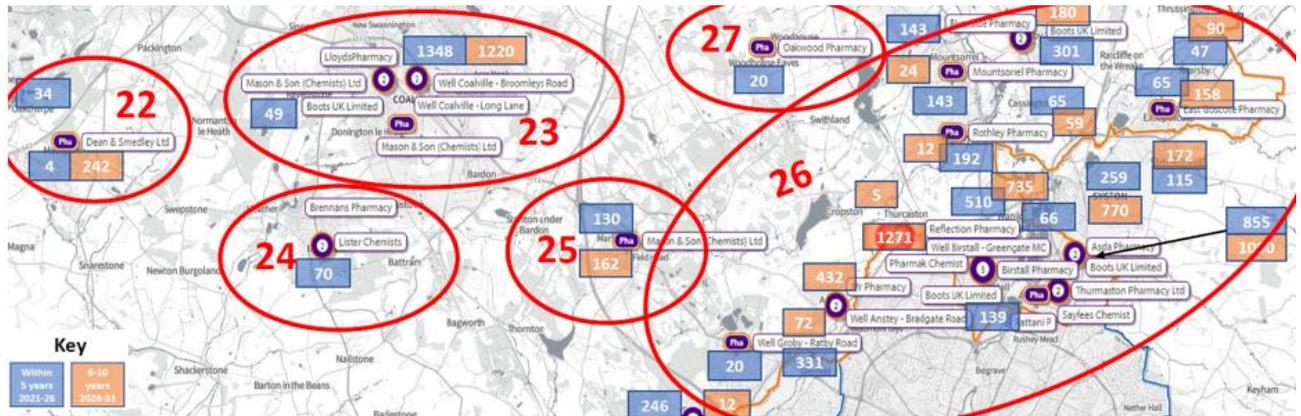
The housing and population forecasts are subject to regular monitoring and review. In particular the release of the latest census information this summer may result in further refinement of the numbers. There may also be some changes in forecast housing numbers as local plans develop and as a result of national planning guidance updates and the work of the local MAG Planning group. So, impact on actual pharmacy services and access will need to be kept under review and also considered as part of Health Impact Assessment for particular developments.

Figure 18: Planned housing developments and pharmacy locations in Charnwood and North-West Leicestershire to 2031-1



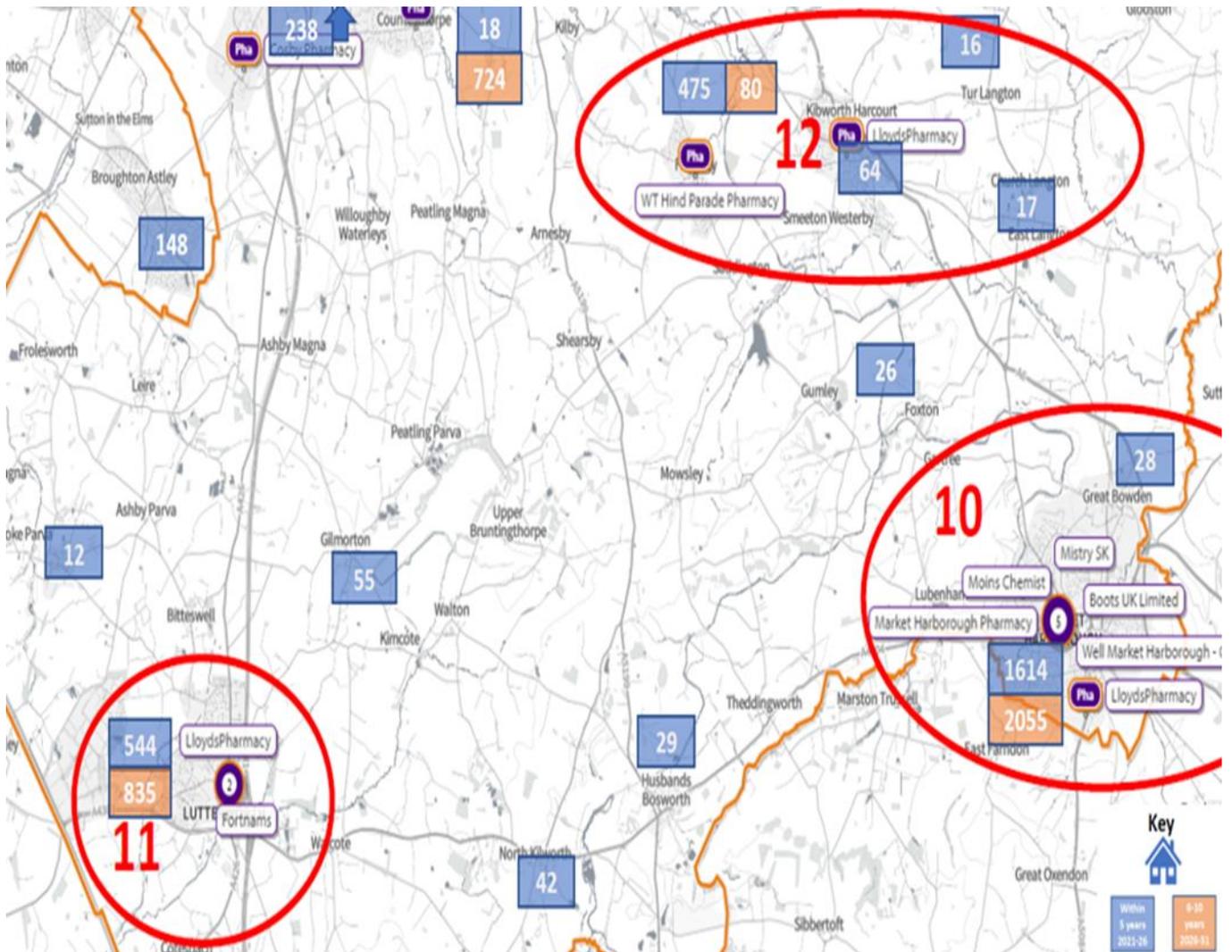
Source: Charnwood District Council Local Plan 2021-37 Draft July 2021, NW Leicestershire Housing Trajectory 2021 Final, Strategic Health Asset Planning and Evaluation, 2022.

Figure 19: Planned housing developments and pharmacy locations in Charnwood and North-West Leicestershire to 2031-2



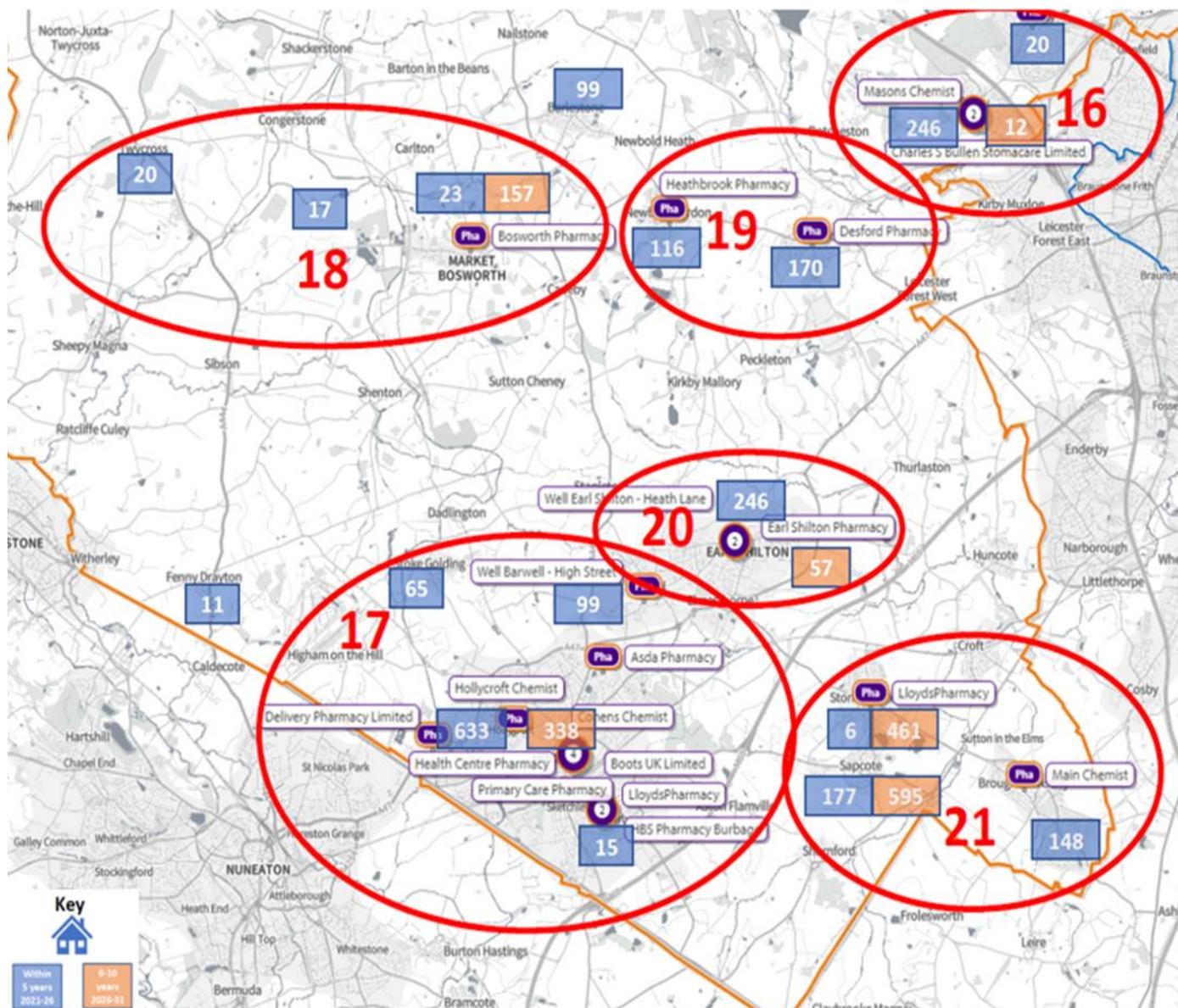
Source: Charnwood District Council Local Plan 2021-37 Draft July 2021, NW Leicestershire Housing Trajectory 2021 Final, Strategic Health Asset Planning and Evaluation, 2022.

Figure 20: Planned housing developments and pharmacy locations in Harborough to 2031



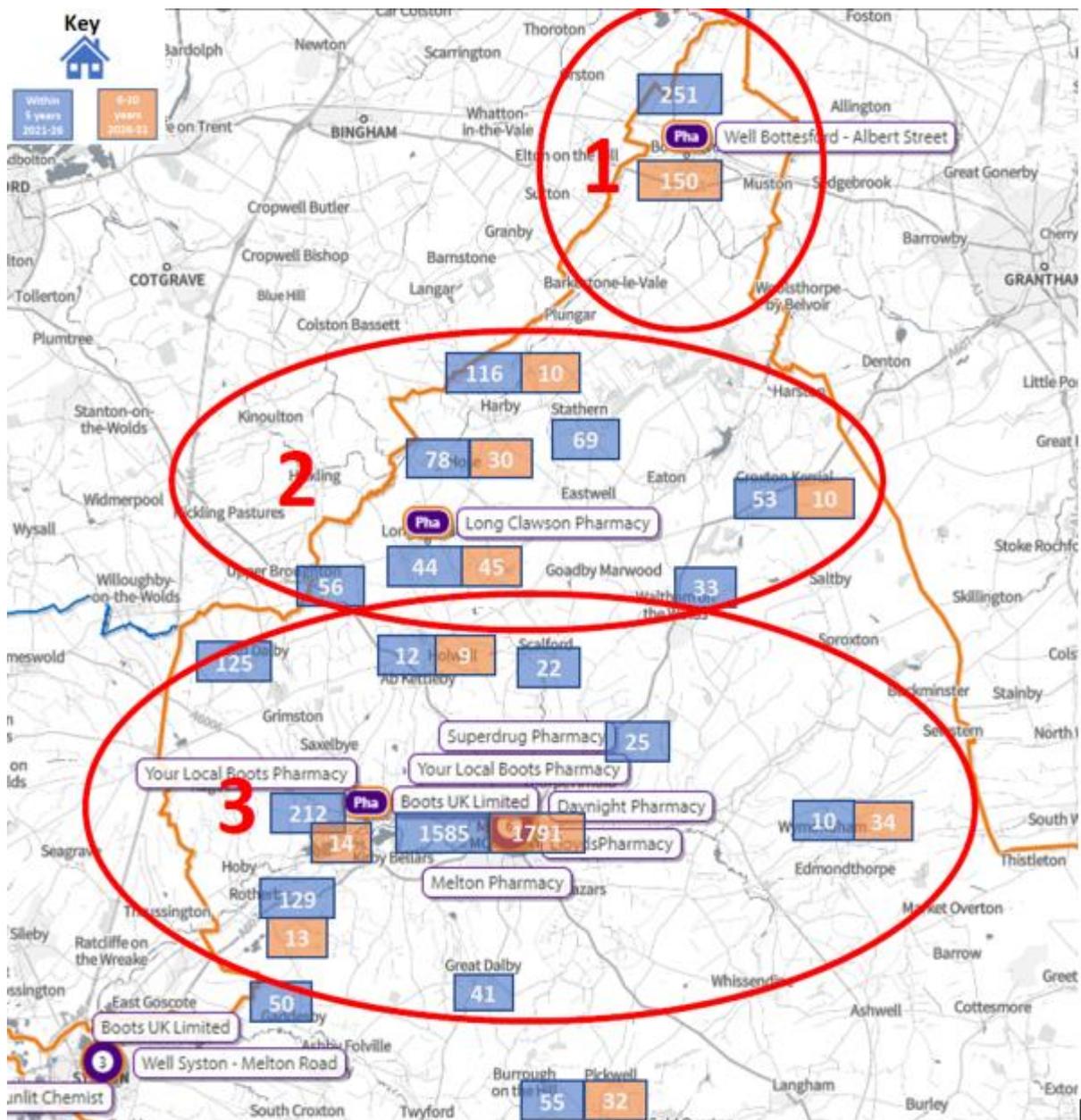
Source: Harborough District Council 5-year Housing Land Supply September 2021, Strategic Health Asset Planning and Evaluation, 2022.

Figure 21: Planned housing developments and pharmacy locations in Hinckley and Bosworth to 2031



Source: Hinckley & Bosworth District Council Residential Land Availability Monitoring Statement 2020-21, Strategic Health Asset Planning and Evaluation, 2022.

Figure 22: Planned housing developments and pharmacy locations in Melton to 2031



Source: Melton District Council Final Housing Trajectory July 2021, Strategic Health Asset Planning and Evaluation, 2022.

	Completion expected between 2021-26		Completion expected between 2026-31	
	No. of dwellings	Estimated residents	No. of dwellings	Estimated residents
Blaby	1,024	2,437	1,488	3,541
Charnwood	6,914	15,833	7,786	17,830
Harborough	2,916	6,940	2,970	7,069
Hinckley & Bosworth	2,001	4,462	1,608	3,586
Melton	2,861	6,866	2,106	5,054
North-West Leicestershire	3,421	8,142	2,506	5,964
Oadby & Wigston	1,654	4,036	558	1,362
Leicestershire	20,791	48,717	19,022	44,406

Table 33: Planned dwellings and estimated residents in Leicestershire to 2031

Source: Blaby District Council Strategic Housing and Economic Land Availability Assessment (SHELAA) 2016, Charnwood District Council Local Plan 2021-37 Draft July 2021, Harborough District Council 5-year Housing Land Supply September 2021, Hinckley & Bosworth District Council Residential Land Availability Monitoring Statement 2020-21, Melton District Council Final Housing Trajectory July 2021, NW Leicestershire Housing Trajectory 2021 Final, Oadby & Wigston District Council Housing Implementation Strategy 2021.

Whilst current access to pharmacy provision is largely good, with the projected increases in population that are anticipated in Leicestershire, the areas of Harborough, Hinckley and Bosworth, and North-West Leicestershire should in particular be kept under review to ensure that the provision remains adequate to meet the future needs of the populations in these areas. The large amount of housing development in the county should also be kept under review and taken into consideration as this may present particular geographical areas of need for further pharmaceutical services.

14. Responses to the 60-Day Statutory Consultation

There is a statutory requirement for each Health and Wellbeing Board to consult a number of bodies about the contents of the Pharmaceutical Needs Assessment for a minimum of 60 days. The consultation period will take place between June 2022 and July 2022. Results will be incorporated into the final PNA. An additional questionnaire also took place with local pharmaceutical professionals between March and June 2022 to gather evidence to support the PNA. The consultation responses from the professional survey are available in Appendix E. A public

questionnaire gathered responses between March and April 2022 and results are found in Appendix G.

Appendix H - Statutory Consultation Questionnaire

Appendix J - Statutory Consultation Easy Read Questionnaire

Appendix K - Statutory Consultation Questionnaire Summary Report

Appendix L - Draft 2022 PNA for Statutory Consultation

In addition, detailed comments were made by members of the Reference Group on the draft PNA 2022.

15. Equality Statement

Appendix M - Equality Statement

16. Gap analysis

16.1. Essential Services

Leicestershire benefits from three different types of providers for essential services; community pharmacies, distance selling pharmacies and dispensing GPs. Combining all three providers for the delivery of essential services, residents of Leicestershire have similar levels of access (providers per 10,000 population) to the England average.

Whilst current access to pharmacy provision is largely good, with the projected increases in population that are anticipated in Leicestershire, the areas of Harborough, Hinckley and Bosworth, and North-West Leicestershire should in particular be kept under review to ensure that the provision remains adequate to meet the future needs of the populations in these areas. The large amount of housing development in the county should also be kept under review and taken into consideration as this may present particular geographical areas of need for further pharmaceutical services.

Access to essential services by car is good with 99% of Leicestershire residents living within a 10-minute drive-time of a pharmacy or dispensing GP surgery. 75% of residents live within a 15-minute walk-time of a pharmacy or dispensing GP surgery. It is worth noting that despite this, of residents in the most rural parts of the county 85% live more than 15 minutes' walk from a pharmacy or dispensing GP surgery. 92% of residents live within a 15-minute public transport journey (weekday AM) of a pharmacy or dispensing GP surgery. Public and community transport is important to support access in certain areas, particularly the rural east of the county.

There is good coverage of pharmacy access across Leicestershire between 6.30 am and midnight Monday to Saturday. There is access to pharmacy services on Sundays and bank holidays across the county, although fewer services are open, and patients may need to travel further. Patients that need to access emergency pharmacy services outside of opening times are able to access an emergency pharmacy service through the out of hours service.

No gaps have been identified in the provision of essential services during normal working hours or outside of normal working areas across the whole Health and Wellbeing Board area. Furthermore, no gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole Health and Wellbeing Board area. However, housing and population growth need to be kept under review with a focus on Harborough, Hinckley and Bosworth and North West Leicestershire.

16.2. Advanced Services

Across Leicestershire, the delivery of advanced services is at a higher percentage than the England average, with 94.0% of pharmacies providing Community Pharmacist Consultation Service, 86.4% providing the New Medicines Service, and 87.9% providing the Seasonal Influenza Vaccination. However just 12.9% provide Stoma Customisation.

Appliance Use Reviews and Hepatitis C testing are not provided by community pharmacists in Leicestershire but are services not provided widely nationally. Pharmacies that do not provide this service are able to signpost patients to the appliance contractors who provide this service.

The CPCS and NMS services are two services that are important in helping to support patients to manage their own conditions in the community. It is essential that the opportunities for supporting patients using these services is maximised, by ensuring that patient uptake of both of these services in pharmacies increases where this is low and that the quality of the services offered in pharmacies is consistently high.

No gaps have been identified in the provision of advanced services across the whole Health and Wellbeing Board area. No gaps have been identified in the provision of advanced services at present or in the future that would secure improvements or better access to advanced services across the whole HWB area. Though there should be continued promotional activity to ensure take up of advanced services where these are lower.

16.3. Community Based Services (CBS)

Across Leicestershire a good range of community-based services (CBS) are offered by pharmacies. The CBS schemes provide the CCGs and Local Authorities with an opportunity to increase the role of pharmacies in delivering the primary care and the public health agendas. Pharmacies are very highly valued by the people that use them, and pharmacies have considerable day-to-day accessibility to clients making them an ideal setting for supporting patients and clients to either make informed lifestyle choices or to manage their own health conditions effectively.

The analysis of CBS identified a number of schemes with good population coverage and uptake of services but also some gaps when relating the coverage to health needs. The key findings are summarised below:

- Emergency Hormonal Contraception is a well-developed service provided in all localities with good uptake.
- Substance misuse services are commissioned by the specialist treatment provider, Turning Point, and include needle exchange and supervised methadone consumption services in

Leicestershire. These services have good geographical distribution throughout the county and are part of a wider whole system approach to harm reduction and treatment of people affected by substance misuse.

- Extended care services provide the opportunity for community pharmacies to provide treatments for minor ailments without the need for medical prescribing and help provide preventative advice. There is good coverage in the county for the two tiers of extended care services.
- Palliative medicine supply is only provided by one pharmacy in North West Leicestershire. With the increasingly aging population this service is likely to become more important and as such may require development to ensure good coverage.
- Emergency supply service provides a patient with emergency provision of prescription only medicines when a prescription is unavailable. This means this service is very useful in reducing demand on out of hours medical facilities for prescription requests. There is good coverage across the county.

Based on current information, no gaps have been identified in the provision of community-based services across the whole Health and Wellbeing Board area, however consideration should be given to the need for enhanced palliative medicine supply. Going forward these services should be monitored and promoted to secure good service coverage across the whole Health and Wellbeing Board area.

17. Recommendations

17.1. Equity of Service

NHS England (and where relevant Leicestershire County Council, Leicestershire CCG/ICS should:

- Keep locations and opening times under review in the light of population and housing growth to assess whether access to pharmacies for essential services is equitable for all Leicestershire residents. In particular for Bank holidays and Sunday.
- Pharmacy service provision should be kept under review, particularly where provision has cross-city and cross-county border use, to ensure that issues of quality and uniformity of access to advanced and community-based services are regularly considered.
- The availability of public, community and voluntary transport provision to pharmacy and GP dispensing locations should also be kept under review
- Keep under review recruitment difficulties for some pharmacies, use of private consultation rooms and timely access to some medicines.

Promote use of pharmacy services in promoting health and healthcare management

NHS England and NHS Improvement (and where relevant Leicestershire County Council, Leicestershire and Rutland CCG/ICS should:

- Ensure the promotion of the healthy lifestyles (Public Health) requirements of the essential services. While NHS England retains responsibility for this area of the pharmacy contract, local campaigns should in future be jointly defined by NHS England, Local Authority Public Health and the Clinical Commissioning Groups.
- Consider the opportunity to include and develop the role of pharmacies in commissioning strategies particularly in relation to providing services which deflect work out of primary care general practice.
- Assess levels of uptake of advanced and community-based services and follow-up low or high performers in order to share best practice.

18. Conclusions

The PNA looks at pharmacy cover across Leicestershire in relation to the health needs of the people who live there. It includes existing services, where they are located, the breadth of services they are providing, and the views of people using them.

Overall, the community-based pharmacies are meeting the current needs of the Leicestershire population for Essential and Advanced services. The consistency and quality of the advanced services should be continually reviewed, and uptake should be increased wherever possible. The provision of Community Based Services across Leicestershire is also reasonable, but more needs to be done to ensure that services across the county are consistent and being used.

The PNA process has highlighted the importance of public, community and voluntary transport to accessing pharmacy provision in east Leicestershire for those without a car and that this should be supported and kept under review. The process has also highlighted that the move to more digital/online provision will take some further time to evolve and there is a risk of digital exclusion for those without technology and skills to use it. The ability for customers to have a confidential conversation in the pharmacy, at times, has also been flagged in the survey and consideration should be given to greater use of confidential meeting spaces.

Pharmacies have successfully extended their offer over recent years and surveys indicate a general willingness to offer more services, if funded and supported to do so. However, feedback has also pointed to pressures on the business and on some pharmacy staff and some recruitment difficulties, which could provide a potential risk to further expansion of services. Timely access to some medicine supplies in stock was also raised through survey responses.

Community pharmacies are the easiest healthcare workers for members of the public to access, and they are highly valued by their customers. Pharmacies will be essential in promoting healthy lifestyles and also supporting health and social care in the future. This will cut down the number of unnecessary admissions to hospital. The landscape of health care in LLR is changing through local and national policy development and the impact on pharmacies should continue to be monitored.

GLOSSARY OF TERMS

ABI	Alcohol Brief Intervention
AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
DHU	Derbyshire Health United
DRT	Demand Responsive Transport
EHC	Emergency Hormonal Contraception
ELRCCG	East Leicestershire and Rutland Clinical Commissioning Group
ERMs	Emergency Repeat Medicines Scheme
EPS	Electronic Prescription Service
ESBL	Extended-Spectrum Beta-Lactamase
FSRH	Faculty of Sexual and Reproduction Healthcare
GP	General Practitioner
H. pylori	Helicobacter pylori
HWB	Health and Wellbeing Board
IDACI	Income Deprivation Affecting Children
IDAOP	Income Deprivation Affecting Older People
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LPS	Local Pharmaceutical Services
LPT	Leicestershire Partnership Trust
LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
MUR	Medicines Use Review
NHS	National Health Service
NIAVS	National Influenza Adult Vaccination Service
NMS	New Medicines Service

NRT	Nicotine Replacement Therapy
OHID	Office for Health improvement and Disparities
ONS	Office of National Statistics
OOH	Out of Hours
PGD	Patient Group Directive
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
SCR	Summary Care Record
WLCCG	West Leicestershire Clinical Commissioning Group
UPSI	Unprotected Sexual Intercourse

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જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા અવસ્થા કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਵੀ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

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