

LEICESTERSHIRE HEALTH AND WELLBEING BOARD
22 SEPTEMBER 2022

REPORT OF THE DIRECTOR OF PUBLIC HEALTH
PHARMACEUTICAL NEEDS ASSESSMENT 2022

Purpose of Report

1. The purpose of this report is to inform the Health and Wellbeing Board of the outcome of the statutory consultation on the draft Pharmaceutical Needs Assessment (PNA) 2022 and to seek approval of the final PNA for submission and publication.

Recommendations

2. It is recommended that the Health and Wellbeing Board:
 - a) Notes the outcome of the consultation exercise concerning the draft Pharmaceutical Needs Assessment (PNA) 2022;
 - b) Approves the final PNA, attached as the appendix to the report, for submission and publication.

Policy Framework and Previous Decisions

3. The Health and Wellbeing Board has a statutory responsibility to prepare a PNA for Leicestershire and publish it by 1 October 2022. At its meeting on 24 February 2022, the Board noted the timescales and process for the production of the PNA, along with the areas of focus, likely structure, governance and consultation arrangements to inform the draft.
4. At its meeting on 26 May 2022 the Health and Wellbeing Board considered the draft PNA for 2022. This had been produced based on a range of data analysis; together with input of a Stakeholder Reference Group and included the results of the initial consultation exercises with pharmacists and the general public. The Board approved the draft PNA for statutory consultation with a range of partners, in accordance with the PNA guidance.
5. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (amended) sets out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development and can be found at:
<https://www.legislation.gov.uk/uksi/2013/349/contents>

Background

6. The purpose of the PNA is to:
 - identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future.
 - inform the planning and commissioning of pharmaceutical services by identifying which services should be commissioned for local people, within available resources, and where these services should be;
 - inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.

7. The current PNA for Leicestershire was produced in 2018 and can be accessed at: <http://www.lsr-online.org/pharmaceutical-needs-assessment.html>.

8. The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. As such, if NHS England receives a legal challenge to the services they commission based on the PNA, the local authority could also be part of that legal challenge. It is essential that the process that is followed meets the legislation that is set out and that the PNA is a robust document.

9. In October 2021, the Department of Health and Social Care published a pharmaceutical needs assessment information pack for local authority health and wellbeing boards to support in developing and updating of PNAs. The PNA guidance can be accessed via the following link: <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

10. A PNA Reference Group was established to oversee the detailed production of the PNA documents for Leicester, Leicestershire and Rutland to ensure a consistent local approach. Membership of this group included - local authorities, NHS England, the Leicestershire Pharmaceutical Committee, Local Professional Network for Pharmacists and the Leicester, Leicestershire and Rutland Local Medical Committee, Clinical Commissioning Groups and Healthwatch. Although there is a common approach, there are separate PNAs for Leicester, Leicestershire and Rutland.

11. The principal resourcing for the development of the Leicestershire PNA is provided by the Leicestershire County Council Business Intelligence Service, with information and advice provided through the PNA Project Team by NHS England, the Leicestershire Pharmaceutical Committee, CCGs and others.

Content

12. The regulations and guidance documents provide information on the PNA content. This has been reflected in the proposed final PNA appended as the appendix to the report. Although a similar approach to that taken in the 2018 PNA has been used when developing the PNA content, a more streamlined approach has been adopted with more detailed information included in the appendices to the PNA.

Progress to Date

13. The PNA Reference Group considered pre-consultation drafts of the Leicestershire and Rutland PNAs at its meeting on 26 April 2022. The document followed a similar format to the 2022 version which met statutory requirements. The views of the Reference Group and Board were incorporated into the draft Leicestershire PNA document which formed a basis for the Statutory Consultation. The draft included analysis and presentation of available data and the headline results from a survey of both local pharmacies and the general public. The Appendices to the PNA form a lengthy addition to the report and hence have been included for reference in the link attached - <https://www.lsr-online.org/pna-for-2022.html>.

Statutory Consultation

14. The draft PNA was subject to a 60-day statutory consultation period. The Pharmaceutical Services Regulations specify that the Health and Wellbeing Board must consult with the following: -
- the Local Pharmaceutical Committee (LPC)
 - the Local Medical Committee (LMC)
 - any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - any Local Pharmaceutical Service (LPS) chemist in its area with whom NHS England has agreed 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
 - any neighbouring Health and Wellbeing Board (HWB)
15. The PNA consultation period ran from 1 June until 21 August 2022. All statutory consultees were notified and asked to submit views as part of the consultation during this period via a survey. A questionnaire was also developed to gain feedback on the draft PNA 2022 for Leicestershire.

16. Fourteen responses were received via the PNA consultation questionnaire. Official responses were also made in writing by the Local Pharmaceutical Committee and NHS England. The results of public and pharmacy surveys were discussed at the PNA Reference Group and have been incorporated into the final PNA.
17. The statutory consultation has seen full responses from the Integrated Care System set out in Section 14 of the PNA supporting the conclusions and recommendations in the draft PNA and highlighting the important and increased role played by pharmacies in the overall system. The response also highlights systems pressures as well as how a number of improvement issues are being taken forward. A section has also been added to the PNA on the improvement work being progressed through the Integrated Pharmacy and Medicines Optimisation (IPMO) Plan.
18. The Local Pharmaceutical Committee have provided a range of helpful detailed comments. Main points include that assessing pharmacy numbers/growth using 2.1 per 10,000 population as any sort of target would not be helpful and could create anomalies. Given the overall funding situation, in order for pharmacies to survive, they will likely need to be busier and accommodate more of the population. With technological advances, changes in patient access, hub and spoke type models will increasingly develop. Regarding palliative care medicine supply, it was felt that this warranted some improvement and attention with commissioners extending the opportunity for more pharmacies to engage in providing this service.
19. They also point out that the pandemic has changed the way that community pharmacy is perceived and relied upon. Pharmacies were the only healthcare profession that remained open during the height of the pandemic, enabling patients to access clinical expertise without an appointment. The LPC highlight the immense pressures today with community pharmacy workforce shortages due to leakage from the sector into GP practices and PCN roles. A national issue, not just a LLR issue. Furthermore, there are other pressures with uncertainty over future funding arrangements.
20. A number of responses were also received via the statutory survey on the contents of the PNA. These came broadly from a mix of the public, pharmacists, pharmacy company, and NHS Trust staff.
 - 79% agreed that the PNA clearly explained its purpose with no-one disagreeing. 64% agreed the PNA reflected current provision with just two people disagreeing. It was suggested tier 1 and 2 services should be more explicitly referenced in the PNA.
 - It was generally felt that the needs of the population had been adequately reflected, with two respondents disagreeing.

- 57% agreed with the recommendations in the draft PNA with 36% neither agreeing or disagreeing. 85% agreed that the findings of the PNA analysis were important.
- The majority didn't think anything else needed to be included in the PNA with just two suggesting additions, on population growth, service quality and full access to summary care records.

21. A range of other comments were picked up from the survey including the need for efficient supply and distribution to pharmacies, drugs sometimes not being available/complete, pharmacies being under delivery pressure and this sometimes impacting on quality, the potential needs for extra pharmacy provision for the New Lubbethorpe area moving forwards, concentration of pharmacies in Market Harborough, and positively noting the widespread delivery of advanced services. Stronger commissioning infrastructure and more diversity of supply was suggested. How the increasing housing numbers would be kept under review was also questioned.

Pharmacy Professional Questionnaire Responses

22. As part of the development of the PNA Pharmacists were asked to complete a questionnaire on the services they provide, future changes to their pharmacy and their opinions regarding community pharmacy services. There were 62 responses, 84% use **locum** pharmacists and 63% use **relief** pharmacists, with recruitment difficulties experienced particularly in community pharmacist, dispenser and medicines counter assistant roles. Though 69% felt able to maintain the current level of services with 18% disagreeing. 55% of respondents intended to provide the appliance (medical device) use review service, with 88% for the hypertension (high blood pressure) case finding service. Most would be willing to provide NHS and local authority commissioned services with training and/or facilities.

23. Over half of respondents do not provide non-NHS funded services but most were willing to with training and/or facilities. 58% plan to expand the business with 26% planning to expand online services. Over 80% of respondents indicated that the number of pharmacies and the location within a 3-mile radius are 'excellent' or 'good' and just under 15% indicated that they were 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'.

Public Questionnaire Responses

24. Alongside the professional pharmacy survey, the public were given the opportunity to complete a questionnaire regarding community pharmacy provision. There were 195 responses. In relation to public responses 72%

agree that opening hours meet their needs with 17% disagreeing. 93% 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.

25. 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.
26. The majority (81%) agree that the pharmacy provides a good service and provides clear advice (71%). 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.

Changes and Additions Made to the Draft PNA

27. The Reference Group considered the results from the Statutory Consultation together with the survey responses from the public and pharmacists. A number of extra points and amendments have been incorporated into the final PNA. These include: -

- Updated resident data from the recently released census, though this doesn't vary significantly from the population forecast data previously included.
- Extra information on current housing growth targets
- Statutory survey, submission responses and updated public/pharmacy consultation results
- Information from other area PNAs, where available
- Details on the IPMO Plan
- Caveats on the tables around interpreting the 2.1 per 10,000 population average figure.
- Comments on the positive perceptions and work of pharmacies, especially when being open and providing extra services during the Covid lockdowns.

Conclusions from the PNA

28. The PNA concludes that community-based pharmacies are meeting the current needs of the Leicestershire population for Essential, Advanced and Enhanced services.
29. Current access to pharmacy provision is largely good, However, due to the projected increases in population that are anticipated in Leicestershire, the areas of Harborough, Hinckley and Bosworth, North-West Leicestershire and the New Lubbethorpe area, should 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.

30. Appliance Use Reviews and Hepatitis C testing are not provided by many community pharmacists in LLR. Pharmacies are however able to signpost patients to the appliance contractors and other contractors who provide these services.
31. 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 are maximised, by ensuring that patient uptake of both services in pharmacies increases where this is low and that the quality of the services offered in pharmacies is consistently high. Though there should be continued promotional activity to ensure take up of advanced services where these are lower.
32. Palliative medicine supply is only provided by one pharmacy in North-West Leicestershire. With the increasingly ageing population this service is likely to become more important and as such may require development to ensure good coverage. 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.
33. 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.
34. 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. The role of the IPMO Plan and associated workstreams to support a variety of improvements and help tackle pressures is noted and important.
35. Community pharmacies are the easiest healthcare workers for members of the public to access, and they are highly valued by their customers. Pharmacy teams provided one of the few easily accessible healthcare services to the population during the Covid-19 pandemic and were widely recognised for their role in supporting residents and communities, including with tests, vaccinations and home deliveries.
36. 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.

Recommendations from the PNA

Equity of Service

37. NHS England (and where relevant Leicestershire County Council, Leicestershire 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 Sundays.
- 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

38. NHS England (and where relevant Leicestershire County Council and LLR 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.

Policy Developments

39. The landscape of health and care in Leicester, Leicestershire and Rutland has changed and is still changing through local and national policy developments. Community Pharmacies are playing an important and developing role within that new System.

Resource Implications

40. Pharmacy Services are core funded through NHS England budgets, but also commissioned for extra services from a range of sources. Any changes in services and provision will impact on those particular budgets. The PNA has been developed using existing business intelligence and public health budgets, including the consultation arrangements.

Timetable for Decisions

41. Subject to approval the PNA will be published on the Local Authority's website in advance of the 1 October deadline.

Background Papers

Pharmaceutical Needs Assessment Guidance and Regulations
<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

Circulation under Local Issues Alert Procedure

None

Appendix

Appendix - Final Leicestershire Pharmaceutical Needs Assessment

Officers to Contact

Mike Sandys
 Director of Public Health
 Leicestershire County Council
 Tel: 0116 305 4239
 Email: mike.sandys@leics.gov.uk

Andy Brown
 Business Intelligence Team Leader
 Leicestershire County Council
 Tel: 0116 305 6096
 Email: andy.brown@leics.gov.uk

Victoria Rice/Hanna Blackledge
 Public Health Intelligence Leads
 Leicestershire County Council
 Email: Victoria.rice@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

The PNA has been subject to an Equality and Human Rights Impact Assessment (EHRIA) and equal and effective access by all equalities groups has been a focus for the PNA preparation and recommendations.

Partnership Working and associated issues

The PNA has been produced in partnership with a range of partner agencies who have an interest in continued effective and efficient delivery of pharmacy services in the county and related services.

Risk Assessment

The assessment looks at a wide range of factors related to the adequacy of current pharmacy services in the County and the implications and risks that would arise with inadequate provision.

LEICESTERSHIRE PHARMACEUTICAL NEEDS ASSESSMENT



Public Health Intelligence

Business Intelligence Service
Chief Executive's Department
Leicestershire County Council
County Hall, Glenfield
Leicester LE3 8RA

Tel 0116 305 4266
Email phi@leics.gov.uk

Produced by the Business Intelligence Service at Leicestershire County Council.

Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omissions relating to the data contained within the report.

FOREWORD AND EXECUTIVE SUMMARY

Introduction

The purpose of the Pharmaceutical Needs Assessment (PNA) is to identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future; inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be; and inform decision making by NHS England and Improvement in response to applications made by pharmacists and dispensing doctors to provide a new pharmacy.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. This PNA has reviewed pharmacy coverage (excluding internet pharmacies) and dispensing GPs in relation to the health needs of the people of Leicestershire. This has involved looking at the existing services, their locations, the breadth of services they are providing and the views of the people that are using them. The PNA refers to the services that were provided on the 31st of March 2021.

Population Health Needs

Demographics - the 2020 population of Leicestershire was just under 713,100. This estimate includes almost 17% of children (119,600, ages 0 to 14), 63% working-age adults (446,800, ages 15 to 64) and 21% of those aged 65 and above (almost 146,700). While the population structure of Leicestershire is broadly similar to the national average, the proportion of those over 65 is 2% higher and of those below that age is 2% lower than across England.

Nearly 2% of the population of Leicestershire (11,642 people) live in areas categorised within the most deprived 20% 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 in the most deprived 20-40% of areas in England, accounting for over 76,000 people. There are pockets of urban deprivation, as well as rural disadvantage.

The 2011 Census reported that 578,432 people in Leicestershire were White British, representing 88.9% of the total population which is higher than the proportion in England of 79.8%. The most significant black and minority ethnic group (BAME) was Asian Indian, with 28,598 people, 4.4% of the total population. This is higher than the proportion in England of 2.6%.

Population Health - Table 5 shows how a basket of health indicators in each local authority district across Leicestershire compares to the rest of England. 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, with a particular concern about smoking status at time of delivery,

rates of hip fractures in the population over 65 years of age and breast-feeding initiation rates.

Between 2018 and 2020, the **life expectancy** for males in Leicestershire was 80.5 years and for females was 84.1 years. This is better than the England average for both males and females (79.3 and 83.1 years, respectively). However, healthy life expectancy is not significantly different to the England average for males or females - for 2017-19 it was 63.5 years and 63.6 years, respectively. The burden of disease statistics for the population of Leicestershire is presented in Table 7 . On a number of issues, such as **hypertension, depression, asthma** or **cancer**, Leicestershire has a higher burden of disease than elsewhere in the country.

Population Growth - the population of Leicestershire is growing and by 2043 the total population is predicted to reach over 860,600 people, a 23% increase on 2018. This includes a 43% increase in people aged 65-84 (to over 177,100) and a 104% increase in those aged 85 years and above (to over 37,000). With such a high predicted growth in the numbers of the elderly, the prevalence of long-term conditions is likely to create a significant burden to health and social care in the future.

Essential Services

Leicestershire has **132 pharmacies**. Out of these, **128 are community pharmacies**, one is a dispensing appliance contractor and three are distance selling pharmacies. There are a total of 18 GP dispensing locations. Overall, Leicestershire has 1.9 pharmacies per 10,000 population. In 2020/21 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. This represents a **good level of population coverage**. However, the coverage of pharmacies is **not uniform**, ranging from 1.4 pharmacies per 10,000 population in Harborough to 2.2 pharmacies per 10,000 population in Charnwood and Blaby. The availability of pharmacies in the localities is affected by the rurality of large parts of Leicestershire and is mitigated by the availability of dispensing GPs.

The pharmacy coverage across 3 districts in Leicestershire (Harborough, Hinckley and Bosworth and North-West Leicestershire) **needs to be kept under review**, as well as growth sites such as New Lubbethorpe, and may need further consideration in the light of actual population and housing growth, to maintain sufficiency for the projected populations. 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. Future housing growth is expected but the actual areas are subject to change and planning decisions. These will be kept under review.

Opening Hours - 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. 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, 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.

Drive and Walk Time - the majority (over 91%) of the population live within a five-minute drive time of a pharmacy or dispensing GP practice with only 0.3% outside of the 15-minute drive time. All the population outside the 15 minutes' drive live in the district of Harborough with 2.5% of Harborough's population living more than 15 minutes' drive from a pharmacy or dispensing GP. 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.

Nearly a half (just under 46%) of population live **within a 5-minute drive by public transport** from a pharmacy or dispensing GP practice on a weekday morning, 36% live between 6 and 10 minutes, and only 8% needs more than a 15-minute travel. All residents of the most **deprived areas** in Leicestershire are within a 5-minute **drive** of a pharmacy or a 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.

Language - there are multiple areas in the county with a significantly higher than average proportion of the population who cannot speak English well or cannot speak English at all. These areas are Loughborough, Thurmaston, Oadby and areas in Blaby (Figure 12). In areas of Blaby, Charnwood and Oadby and Wigston, Gujarati and Punjabi are spoken as the second most prevalent languages (Figure 13), while there is a large population who speak Bengali as their main language in Loughborough and in areas of Hinckley, and Melton. In North-West Leicestershire and other areas, the second most prevalent main language is Polish. Through the PNA Professionals Survey (see below) respondents reported a good coverage of languages other than English spoken in Leicestershire pharmacies and alternative services available to support these access needs.

Other Pharmacy Services

Advanced services are services provided by pharmacies in addition to essential services under voluntary arrangements. They are commissioned by NHS England and Improvement from practices that can meet requirements such as being able to provide appropriate premises and staff training. Of the 132 community pharmacies operating in Leicestershire, 115 (87%) were offering the **New Medicines Service** (NMS), 124 (94%) were offering the **Community Pharmacist Consultation Service** (CPCS), 17 were offering **Stoma Customisation** (13%), 116 (88%) were offering the **Seasonal Influenza Vaccination** and 120 (91%) were offering **Medicines Use Review** and **Prescription Intervention Service**. Across Leicestershire, the delivery of advanced services is at a **higher percentage than the England average** (Table 23).

Community based services are services commissioned locally, usually by a local authority or a clinical commissioning group and tailored to meet the needs of the population. They are based on voluntary agreements and pharmacies are not compelled to offer any or all of the services. Several community-based services are provided across Leicestershire, including emergency hormonal contraception (EHC), needle exchange and supervised consumption. **Appliance Use Reviews** and **Hepatitis C testing** are not provided by community pharmacists in Leicestershire, but these are services not provided widely nationally. However, Leicestershire pharmacies that do not provide this service are able to signpost patients to the appliance contractors who provide this service. Tables 24 and 25 in the main document provide further details of community-based services in Leicestershire.

Cross Border Provision - cross border pharmacy provision is also an important element of pharmacy access for county residents, such as to City pharmacies for those that work or live close to Leicester and those that live closer to towns on the outer county border. The Council will be looking to influence the content of other PNAs, such as the PNA for Leicester to ensure that overall provision is considered.

Consultation Views

Professionals Survey Results - of the 91 responses to the LLR Pharmacy Professionals Survey, 84% stated that they used locum pharmacists and 63% used relief pharmacists, with recruitment difficulties experienced particularly in community pharmacist, dispenser, and medicines counter assistant roles. A majority (69%) felt able to maintain the current level of services, with 18% disagreeing. Most would be willing to provide NHS and local authority commissioned services with training and/or facilities. Over a half (58%) plan to expand the business with 26% planning to expand online services. Over 80% of respondents indicated that the number of pharmacies and the location within a 3-mile radius are 'excellent' or 'good' and 15% judged those as 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'.

User Survey Results - regarding access to services, 72% of respondents agreed that pharmacy opening hours met their needs, with 17% disagreeing; 93% found it easy to find a pharmacy open in the day, whilst 33% found it easy in the evening. Just over half (53%) of respondents found access easy at weekends. Nearly two-thirds of respondents (73%) were satisfied with the advice from pharmacies. Satisfaction with advice from GP dispensaries was more varied (40% very/fairly satisfied, 12% neither satisfied nor dissatisfied and 8% were dissatisfied). The most important issues for respondents were quality of service, availability of medicines, private areas to speak to a pharmacist, physical accessibility, and location. Vaccinations were also mentioned as important.

The majority (81%) agreed that the pharmacy provides a **good service** and provides **clear advice** (72%). Some responses highlighted some concerns about speaking to a pharmacist **without being overheard**. **Access to medicines on time and busy pharmacists** were also raised as issues. Responses indicated that caring needs were generally met, and people felt that their physical access

needs were also met. Regarding mode of delivery, 9% of survey participants had delivery by post or pharmacy (and most of these respondents agreed that their pharmacy provides a good service), whilst 91% collected. The majority indicated that they were not likely to use **postal (74%) or online (home delivery) services (64%)** within the next 3 years.

Statutory Consultation – the statutory consultation has highlighted general support for the contents and findings of the PNA. Responses highlight the importance of pharmacies within the overall health system, the good work carried out by pharmacies during the covid pandemic and also some of the pressures on pharmacies and others including workforce pressures. An Integrated Pharmacy and Medicines Optimisation Plan and supporting workstreams has been flagged as important in taking forward some of these improvement issues.

Conclusions and Recommendations

Whilst current access to pharmacy provision is largely good, with the **projected increases in population** that are anticipated in Leicestershire, areas of growth should 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.

Of residents in the most **rural parts of the county** 85% live more than 15 minutes' walk of 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.

Across Leicestershire, the delivery of **advanced services** is at a higher percentage than the England average, with the majority of pharmacies providing CPCS, NMS and seasonal flu vaccination. CPCS and NMS are two services that are important in helping to support patients to manage their own conditions in the community. Within the scope of this document, the PNA concludes that community-based pharmacies and dispensing GPs are **meeting the current needs of the Leicestershire population**, for essential, and where offered, advanced services. The consistency and quality of the advanced services **should be continually reviewed**, and the uptake of services should be increased wherever possible. There should be continued promotional activity to ensure take up of advanced services where these are lower.

The provision of **community-based services** (CBS) across Leicestershire is good, but more needs to be done to increase the uptake of these services and to ensure that services across the county are consistent. A review of service quality and uptake could provide further insight into the effectiveness of these local services. The analysis of CBS identified a number of schemes with **good population coverage and uptake of services**, such as EHC or substance misuse services, but also some gaps when relating the coverage to the current or future health needs, e.g., palliative medicines supply.

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.
- 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.
- Take forward the improvement actions and workstreams in the IPMO plan including to help tackle workforce pressures.
- Assess levels of uptake of advanced and community-based services and follow-up low or high performers in order to share best practice.

Community pharmacies are the most accessible healthcare professional for members of the public to see, and they are highly valued by their customers. Pharmacies are essential in promoting healthy lifestyles both now and in the future, supporting health and social care, particularly with issues such as helping patients care for themselves (self-care) in the community, with a potential to cut down the number of unnecessary hospital admissions.

CONTENTS

FOREWORD AND EXECUTIVE SUMMARY	ii
CONTENTS	viii
List of Figures.....	xii
BACKGROUND AND INTRODUCTION.....	13
1. Introduction.....	13
2. Purpose of the PNA	13
3. Pharmaceutical Services and Pharmacy Contracts.....	14
3.1. Essential Services.....	15
3.2. Advanced Services.....	17
3.3. Community Based Services	18
3.4. Pharmacy Contracts	19
3.5. Distance Selling Pharmacies	20
4. What is Excluded from the scope of the PNA?.....	20
4.1. Prison Pharmacy.....	20
4.2. Hospital Pharmacy.....	20
5. Process followed for developing the PNA	21
HEALTH NEEDS OF THE POPULATION OF LEICESTERSHIRE	22
6. Population of Leicestershire	22
6.1. Population estimates.....	22
6.2. Deprivation	23
6.3. Ethnicity.....	25
7. Local Health Needs	26
7.1. Health Profiles	26
7.2. Life Expectancy	28
7.3. Lifestyles.....	28
7.4. Burden of Disease in the Population.....	29
8. Leicestershire’s Health and Wellbeing Priorities.....	31
9. Location of Pharmacies	31
9.1. Local Pharmaceutical Service Contract	34

9.2.	Distance Selling Pharmacies	34
10.	Services Available in Leicestershire	34
10.1.	Essential Services.....	34
10.1.1.	Opening hours	34
10.1.2.	Prescribing Activity	37
10.1.3.	Drive and Walk Time Analysis	38
10.1.4.	Public Transport	42
10.1.5.	Access and populations affected by deprivation	44
10.1.6.	Access and People by Age Profile.....	46
10.1.7.	Access and Rurality.....	48
10.1.8.	Access and Language.....	49
10.1.9.	GP Dispensing.....	52
10.1.10.	Cross Border Provision	54
10.2.	Advanced Services.....	57
10.3.	Quality of essential and advanced services	58
10.4.	Community Based Services	58
11.	Stakeholder Views	60
11.1.	Leicestershire PNA Pharmacy Professionals Survey - Responses Summary.....	60
11.2.	Leicestershire PNA Public Survey Responses	61
12.	Digital Developments	61
12.1.	Access and Broadband Availability.....	62
13.	Projected Future Needs.....	62
13.1.	Population Projections	62
13.2.	Long Term Conditions	64
13.3.	Future Housing – Potential Locations	65
14.	Responses to the 60-Day Statutory Consultation	73
15.	Gap analysis.....	76
15.1.	Essential Services.....	76
15.2.	Advanced Services.....	77
15.3.	Community Based Services (CBS).....	77
16.	Recommendations.....	78

16.1. Equity of Service 78

17. Conclusions..... 79

GLOSSARY OF TERMS..... 81

References 83

List of Tables

Table 1: Essential Pharmacy Services	16
Table 2: Advanced Pharmacy Services.....	17
Table 3: Community Based Pharmacy Services	19
Table 4: 2020 Population estimates for Leicestershire	23
Table 5: Health Profile Summary	27
Table 6: Lifestyle statistics for Leicestershire	29
Table 7: Burden of disease in the population of Leicestershire	30
Table 8: Leicestershire Pharmaceutical Services, as of 31st March 2021	33
Table 9: Leicestershire pharmacies by opening hour category, 2020/21	35
Table 10: Number of items prescribed for Leicestershire 2020	37
Table 11: Population by drive-time.....	40
Table 12: Population by walk-time	42
Table 13: Population by public transport travel time on weekday mornings	44
Table 14: Estimated population by deprivation quintile and drive times	45
Table 15: Estimated population by deprivation quintile and walking times.....	45
Table 16: Estimated population by deprivation quintile and public transport journey time on weekday mornings.....	46
Table 17: Estimated population by age and drive times	47
Table 18: Estimated population by age and walk times	47
Table 19: Estimated population by age and public transport journey time on weekday mornings .	47
Table 20: Estimated population by rurality and drive times	48
Table 21: Estimated population by rurality and walk times	48
Table 22: Estimated population by rurality and public transport journey time on weekday mornings	49
Table 23: Advanced Services – Number of community pharmacies providing each service, 2020/21	58
Table 24: Number of Pharmacies Offering Local Authority Commissioned Community-Based Services as of 31st March 2021.....	59
Table 25: CCG Commissioned Community-Based Services 2020-21	59
Table 26: Leicestershire population projections by age band (in 1,000s) - 2018 to 2043	62
Table 27: Estimated projected population growth Projected population (in 1000s).....	63
Table 28: Estimated pharmacies needed to maintain 2.1 pharmacies and GP dispensing practices per 10,000 population.....	63
Table 29: Projections of older people, age 65 years and over, with long term conditions, 2020-2035 from POPPI.....	65

Table 30: Planned dwellings and estimated residents in Leicestershire to 2031.....	72
--	----

List of Figures

Figure 1: 2020 Population pyramid.....	22
Figure 2: English Indices of Multiple deprivation 2019 by national quintile for Leicestershire	24
Figure 3: Population by deprivation decile in Leicestershire, 2019'	25
Figure 4: Summary of the Leicestershire Joint Health and Wellbeing Strategy (2022-32) Priorities	31
Figure 5: Leicestershire pharmaceutical services, as of 31st March 2021	32
Figure 6: Leicestershire pharmacies by opening hour category.....	35
Figure 7: Leicestershire 100-hour pharmacies, 2020/21.....	36
Figure 8: Prescribing activity by BNF Chapter for Leicestershire 2018-20	38
Figure 9: Drive time to nearest pharmacy or dispensing GP practice location	39
Figure 10: Walking time to the nearest pharmacy or dispensing GP surgery	41
Figure 11: Public transport time to the nearest pharmacy on weekday mornings.....	43
Figure 12: English proficiency (the percentage of people that cannot speak English well or at all) in Leicestershire,2011 ¹⁰	50
Figure 13: Second most prevalent language spoken in Middle Super Output Areas in Leicestershire ¹⁰	51
Figure 14: Dispensing GP practices	53
Figure 15: Urban and Rural areas, Leicestershire	54
Figure 16: Leicestershire neighbouring local authorities.....	56
Figure 17: Planned housing developments and pharmacy locations in Blaby and Oadby & Wigston to 2031	67
Figure 18: Planned housing developments and pharmacy locations in Charnwood and North-West Leicestershire to 2031-1	68
Figure 19: Planned housing developments and pharmacy locations in Charnwood and North-West Leicestershire to 2031-2	68
Figure 20: Planned housing developments and pharmacy locations in Harborough to 2031	69
Figure 21: Planned housing developments and pharmacy locations in Hinckley and Bosworth to 2031	70
Figure 22: Planned housing developments and pharmacy locations in Melton to 2031.....	71

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 regulations 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.

The Covid-19 pandemic and other recently added services has changed the way community pharmacies are perceived and relied upon. Pharmacies remained open during the height of the pandemic, enabling patients to access clinical expertise without an appointment. The PNA seeks to build upon this enhanced reputation and role.

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. Community pharmacies may be approached to provide these services or invited to express interest/tender for the opportunity to provide them.

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.¹

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 would not be required to complete the Community Pharmacy Patient Questionnaire for 2021/2022.²

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	Description ³
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. ⁴
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 ten 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	Description³
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)	<p>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.</p>
Seasonal Influenza (flu) Vaccination	<p>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.</p>
Hepatitis C Testing Service	<p>From September 2020 Hepatitis C testing became available as an advanced service from pharmacies who offer this service. This service was 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 tested positive were referred for further confirmatory testing and treatment.</p>
Hypertension Case-Finding Service	<p>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.</p>
Pandemic Delivery Service	<p>Originally offered to clinically extremely vulnerable people shielding due to the Covid-19 pandemic before being offered to people who had 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></p>
Smoking Cessation Service (CSC)	<p>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 is presented.</p>

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. Some pharmacies can opt into some of these services, but for

others activity is controlled by the commissioners (e.g., palliative care.) The services currently available in Leicestershire 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 since January 2021 due to a manufacturer recall.</i>
Extended Care Services – a range of services including tier 1, 2 and 3	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.¹ 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 1 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 was subject to a 60-day statutory consultation period running from June to August 2022. A consultation also took place with local pharmaceutical professionals and service users 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 were contacted and asked to participate in the consultation. In addition, the consultation was distributed and promoted to other groups likely to be interested. The results are set out later in this report.

HEALTH NEEDS OF THE POPULATION OF LEICESTERSHIRE

6. Population of Leicestershire

Leicestershire's Joint Strategic Needs Assessment (JSNA) Demography Report was published in 2021.⁵ In 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 2022-2032⁶ 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.

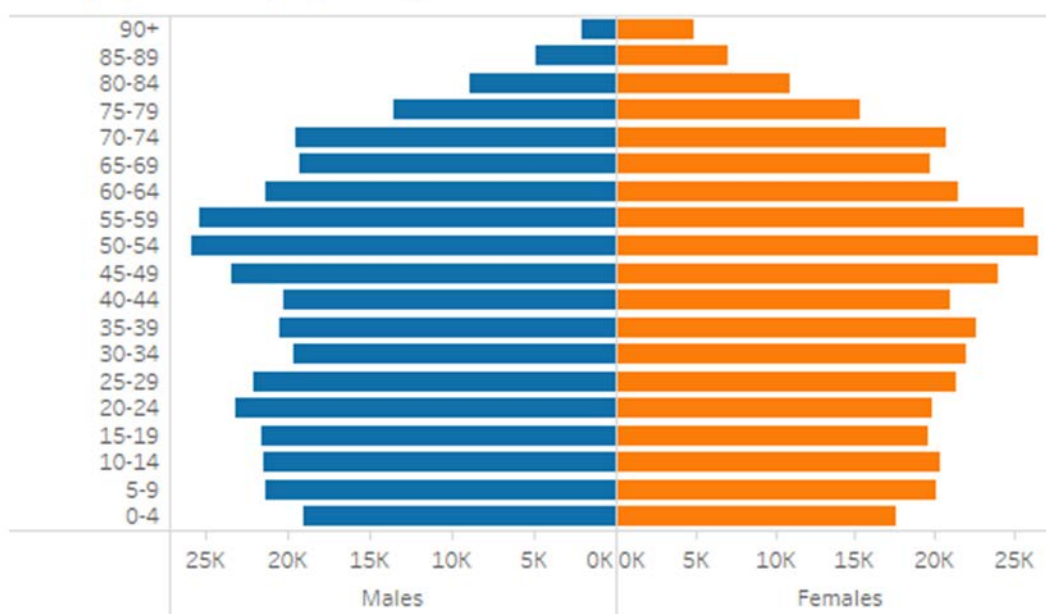
These reports are all available from <http://www.lsr-online.org/health-and-wellbeing-leicestershire3.html>

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%).⁷

Figure 1: 2020 Population pyramid⁷

2020 population by age and gender



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

Table 4: 2020 Population estimates for Leicestershire⁷

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

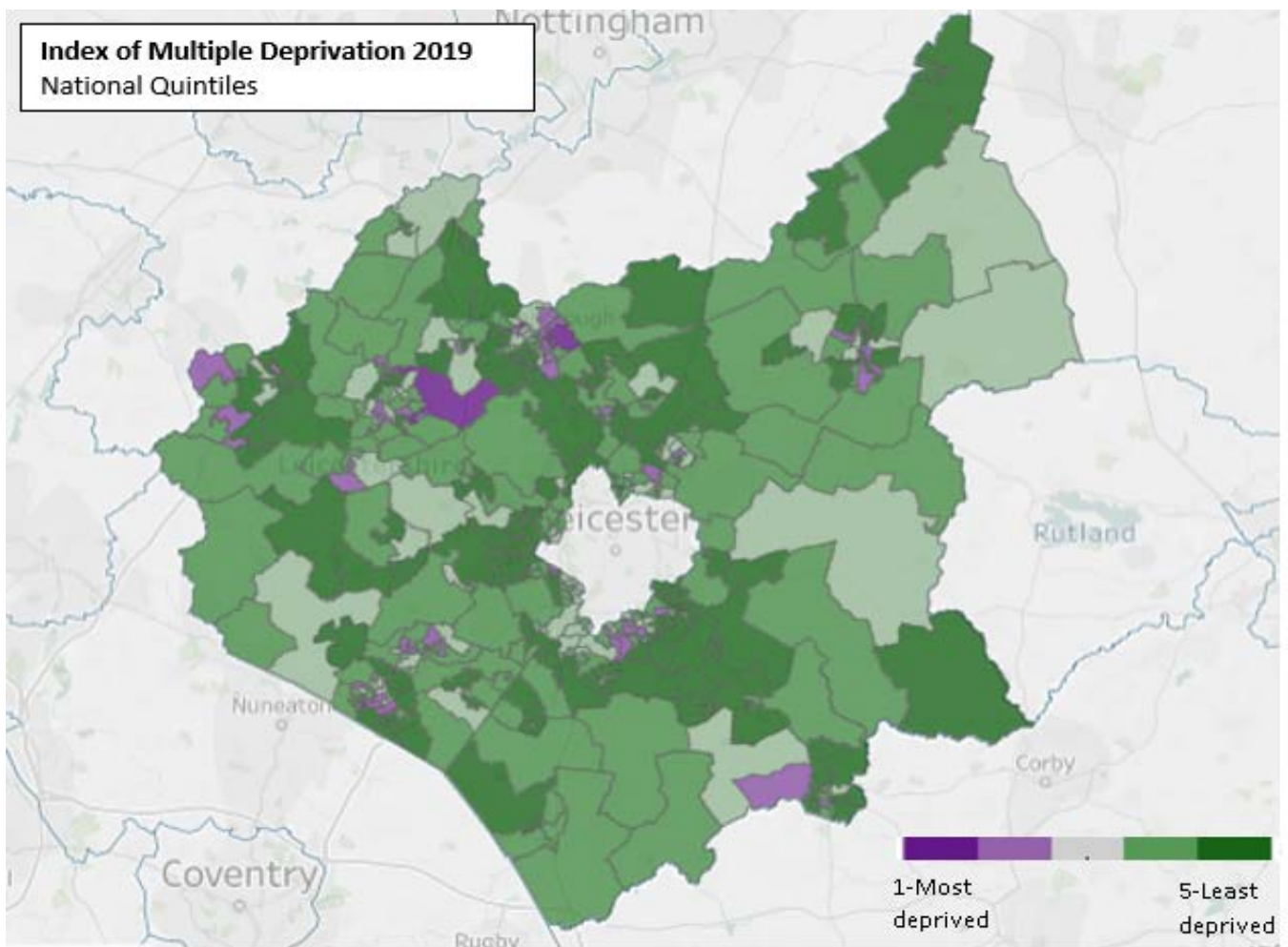
The wider determinants of health are described and measured within the English Indices of Deprivation.⁸ These are a group of measures which gauge different aspects of deprivation. Deprivation is a general lack of resources and opportunities, which includes financial poverty and a range of other aspects 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.⁸

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 Leicestershire⁸

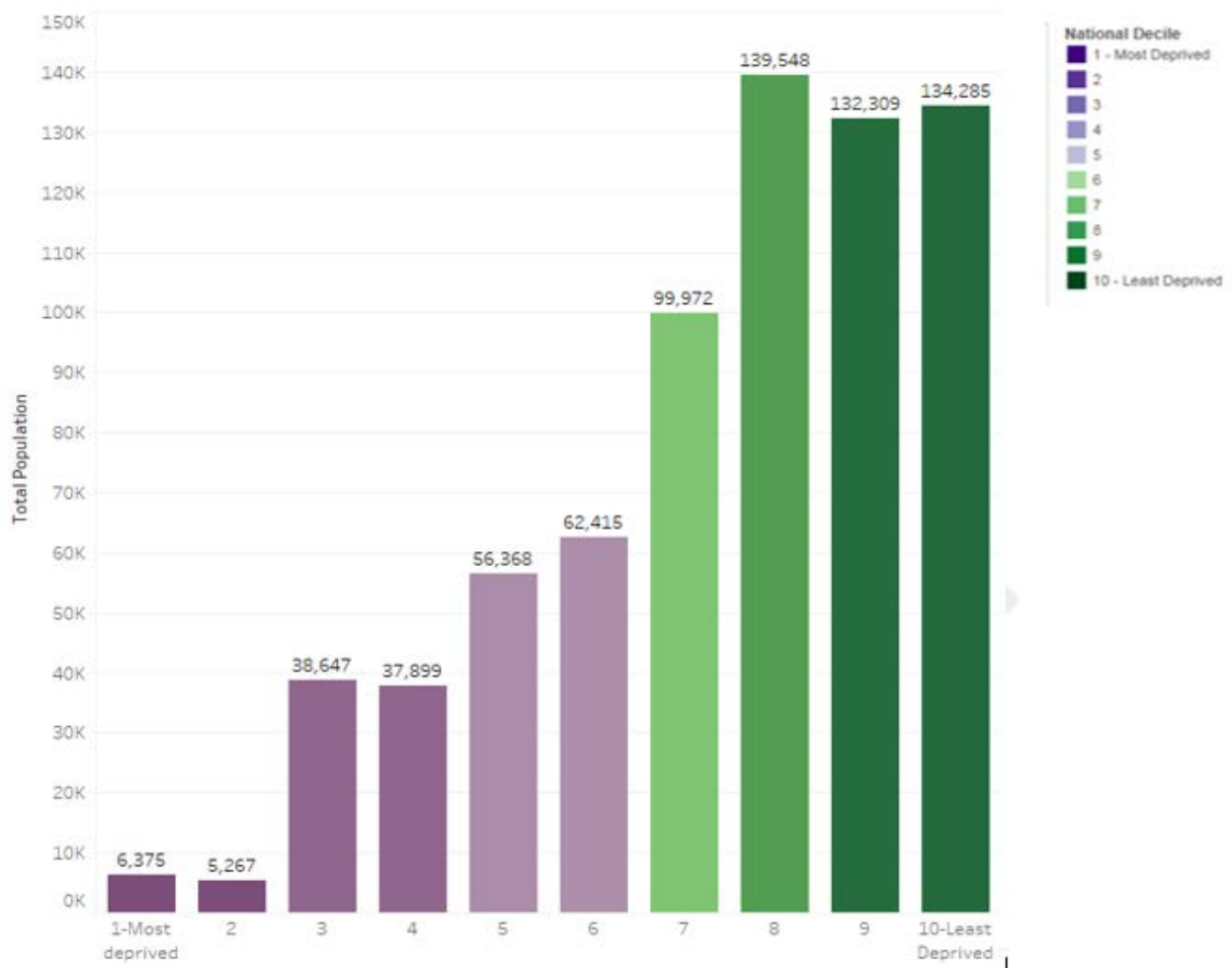


Source: *Indices of Deprivation 2019, MHCLG, 2019.*

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, 2019^{7,8}



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%.⁹

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%.⁹

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.¹⁰ 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.¹⁰

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.

Table 5: Health Profile Summary¹⁰

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.¹⁰

















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.¹⁰

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:¹⁰

- 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 Leicestershire¹⁰

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.¹¹ The burden of disease statistics for the population of Leicestershire is summarised in Table 7. The full results for Leicestershire and the districts are available in Appendix C.

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 nationally.

Table 7: Burden of disease in the population of Leicestershire¹¹

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

8. Leicestershire's Health and Wellbeing Priorities

The Leicestershire Joint Health and Wellbeing Strategy (2022-32) was published in 2022.⁶ The Strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment.⁵ 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



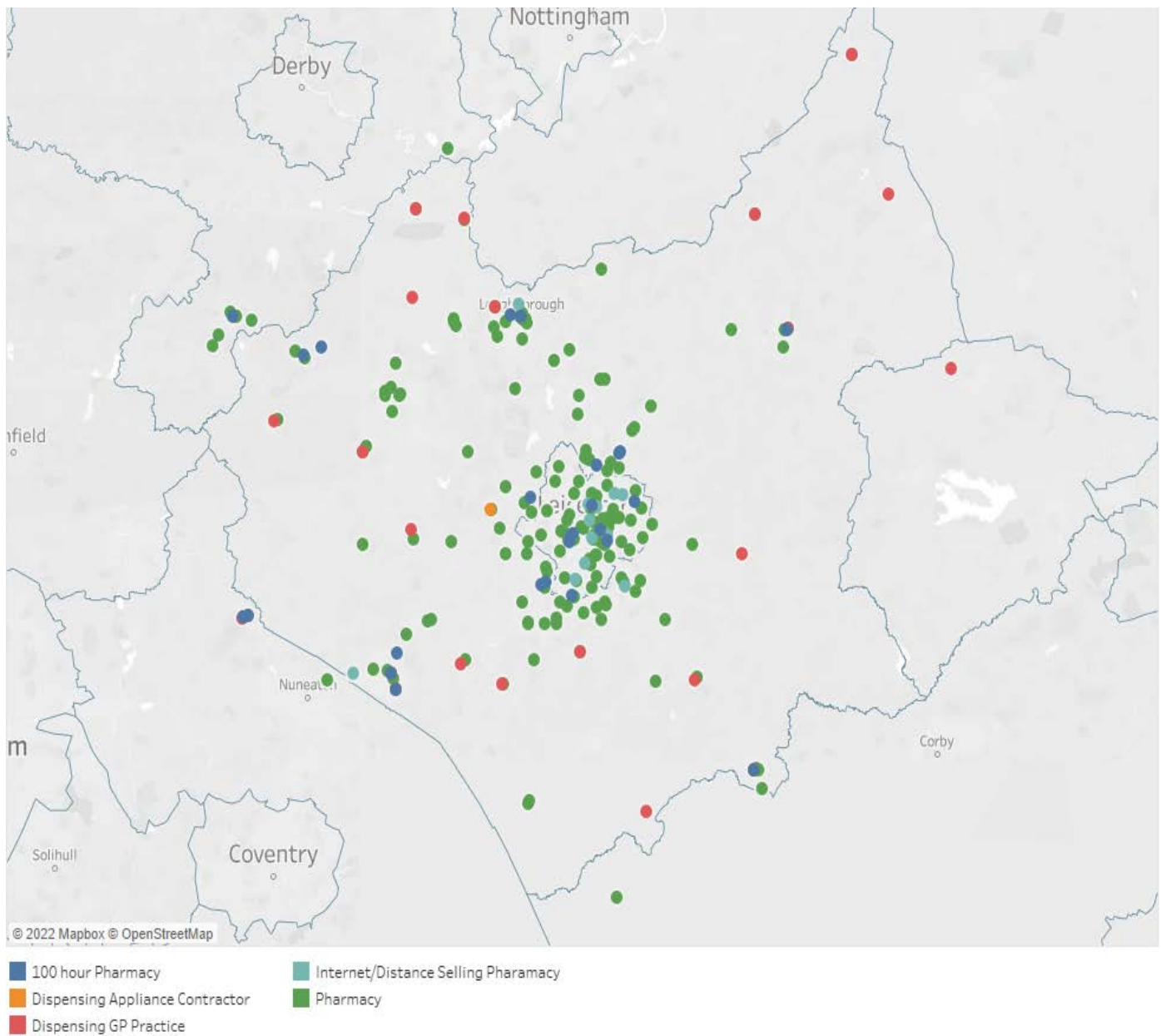
Leicestershire Joint Health and Wellbeing strategy 2022-32

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	Mid-2020 population estimate			2021 census ¹²		
			Population	Pharmacies per 10,000	Pharmacies and Dispensing GPs per 10,000 Population	Population	Pharmacies per 10,000	Pharmacies and Dispensing GPs per 10,000 Population
Blaby	22	2	101,950	2.2	2.4	102,900	2.1	2.3
Charnwood	42	1	188,416	2.2	2.3	183,900	2.3	2.3
Harborough	13	5	95,537	1.4	1.9	97,600	1.3	1.8
Hinckley and Bosworth	19	3	113,666	1.7	1.9	113,600	1.7	1.9
Melton	9	3	51,394	1.8	2.3	51,800	1.7	2.3
North West Leicestershire	16	4	104,809	1.5	1.9	104,700	1.5	1.9
Oadby and Wigston	11	0	57,313	1.9	1.9	57,700	1.9	1.9
Leicestershire	132	18	713,085	1.9	2.1	712,300	1.9	2.1

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

Overall, Leicestershire has 1.9 pharmacies per 10,000 population when using the mid-2020 population estimates and the latest census figures. In 2020/21 there were 11,636 pharmacies in England.³ With a population of 56,550,138 people in 2020,⁷ 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 c1.4 pharmacies per 10,000 in Harborough to c2.2 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.¹³ 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 c1.9 per 10,000 population to c2.4 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.

Using the 2021 census populations the pattern of coverage is broadly the same. With the same number of pharmacies and pharmacies and dispensers per population for Leicestershire overall. Blaby and Harborough have a slightly lower rate of pharmacies and dispensers per population when using the census population due to experiencing some overall growth in population levels.

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 contracts in another local authority.³

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 and 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.³

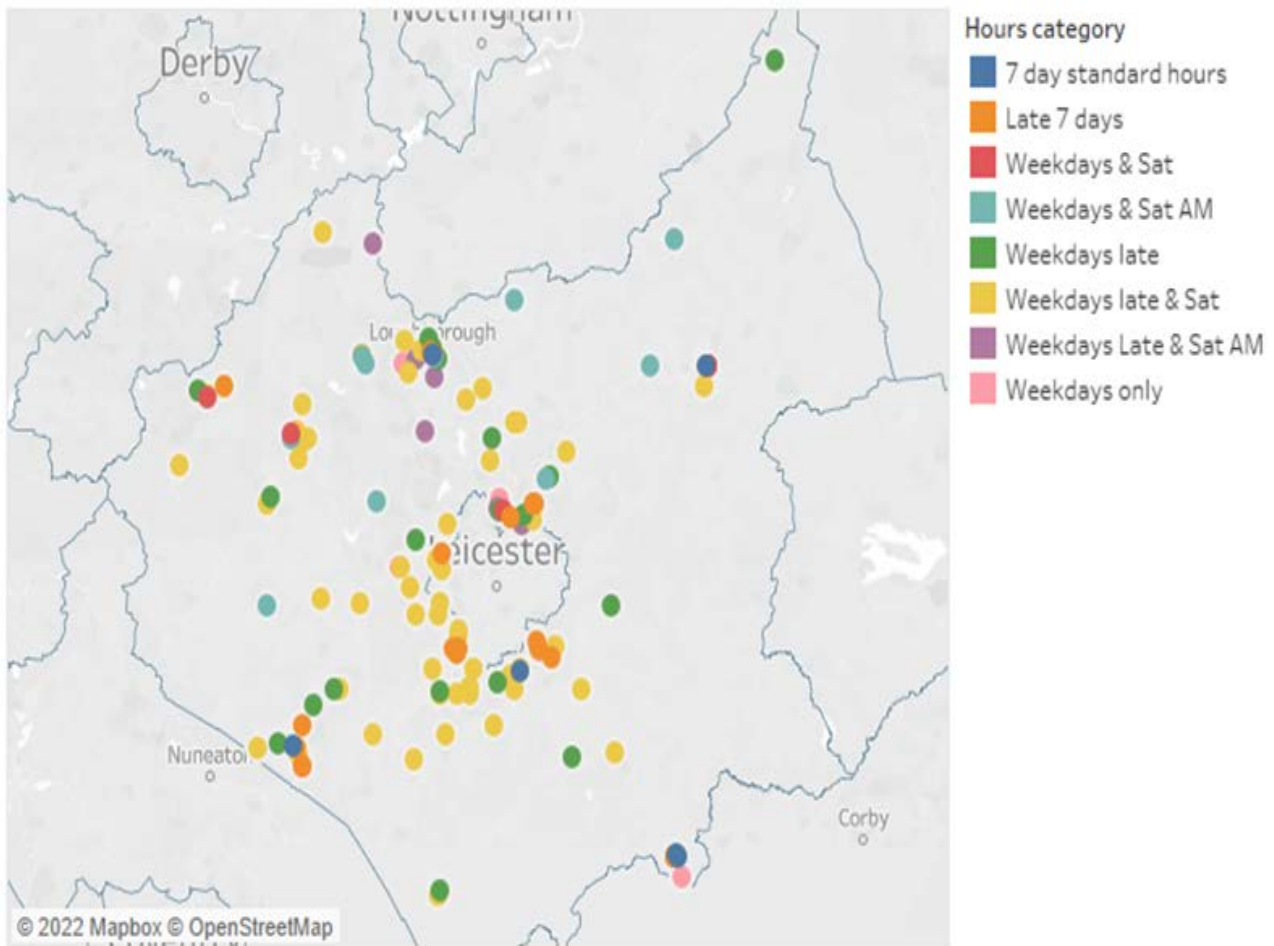
10. Services Available in Leicestershire

10.1. Essential Services³

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 hours³

Pharmacies have core contractual hours of 40 per week and these are agreed with NHS England and 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 Category³**Table 9: Leicestershire Pharmacies by Opening Hour Category, 2020/21³**

	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

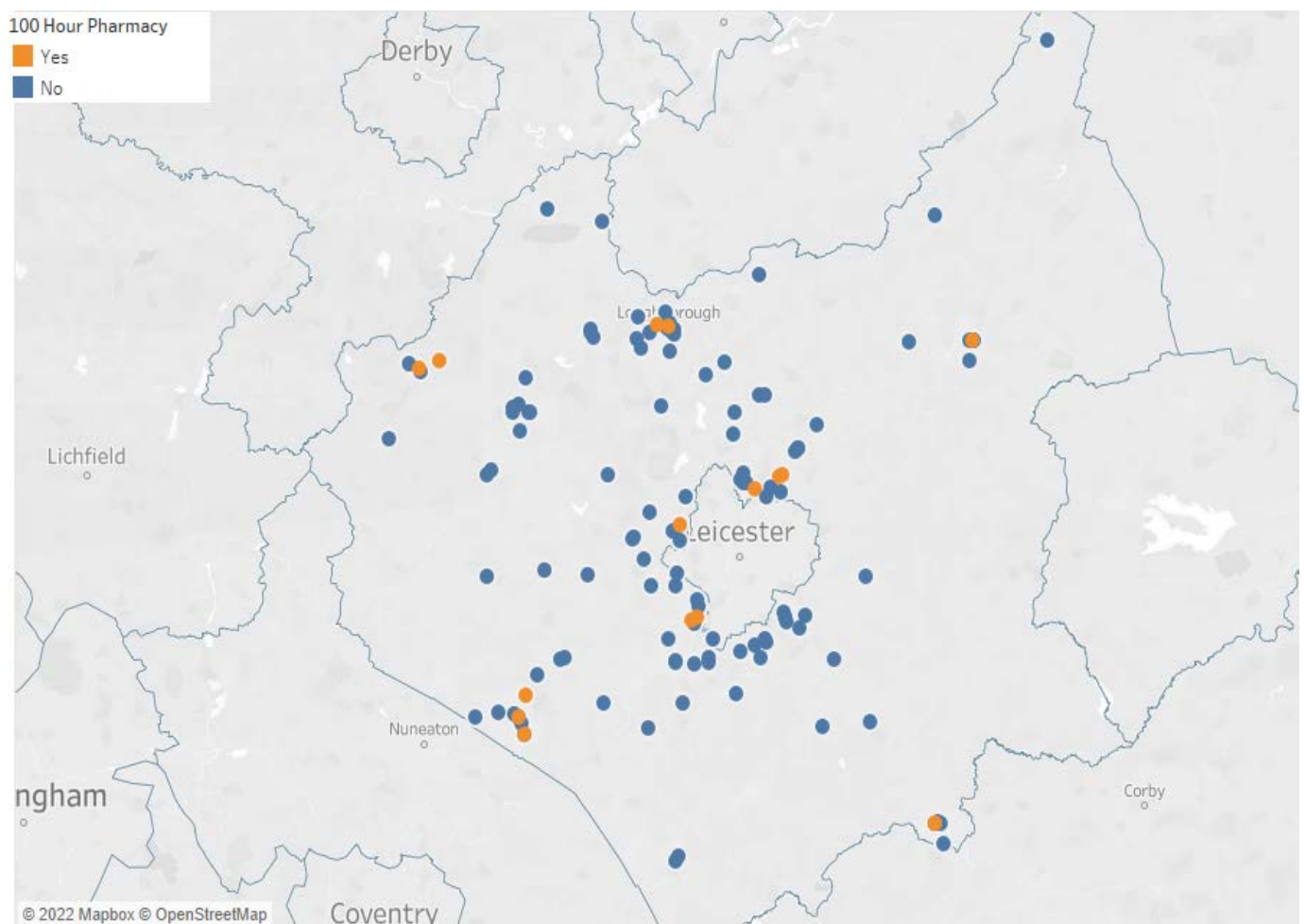
Source: NHS England & NHS Improvement, Pharmaceutical Dataset, Sept 2021

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, 2020/21³



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

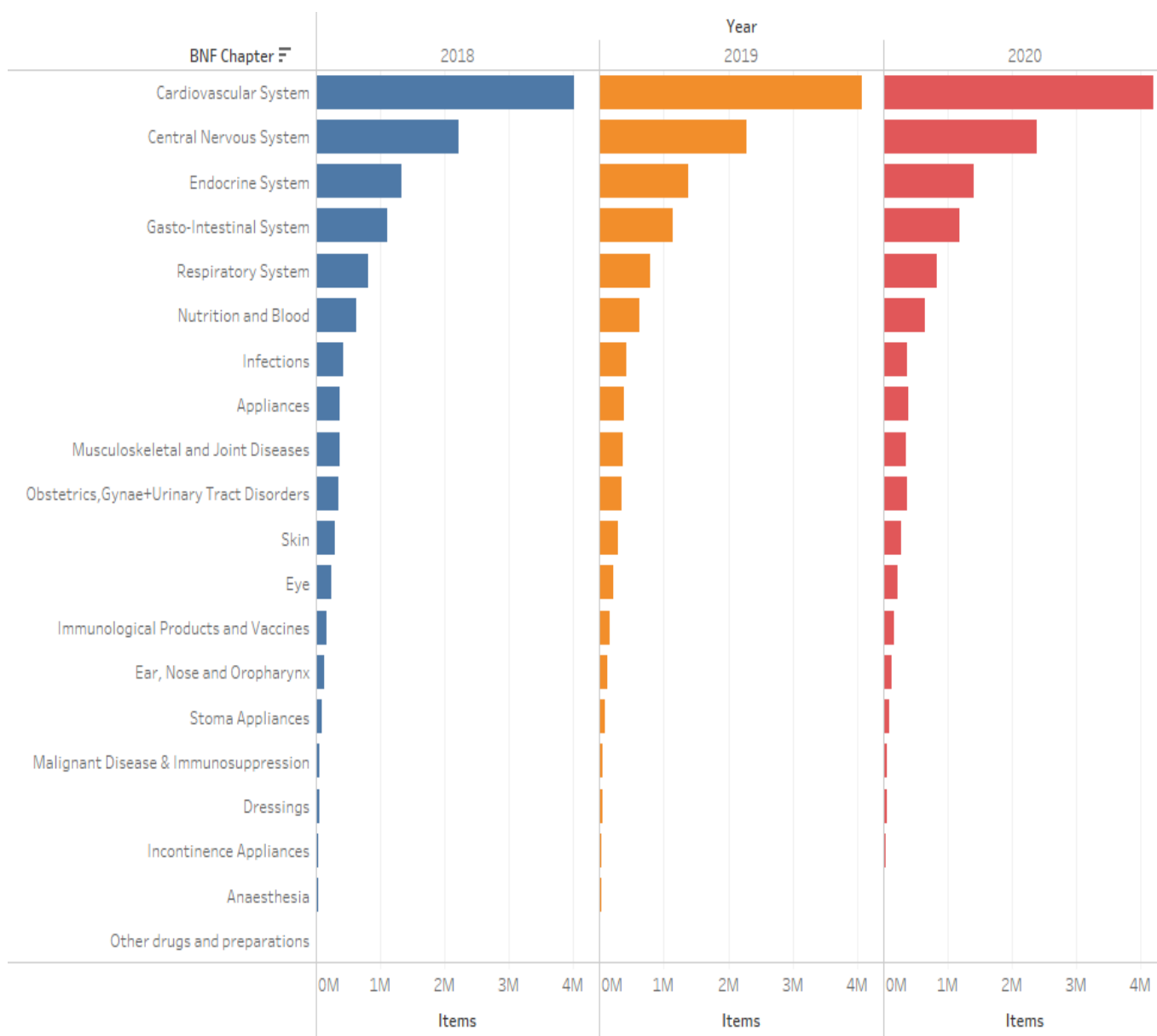
10.1.2. Prescribing Activity

GP practices in Leicestershire prescribed over 13.1 million items in 2020. This is over 18 items per head of the registered population, including repeat prescriptions. 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.¹⁴

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

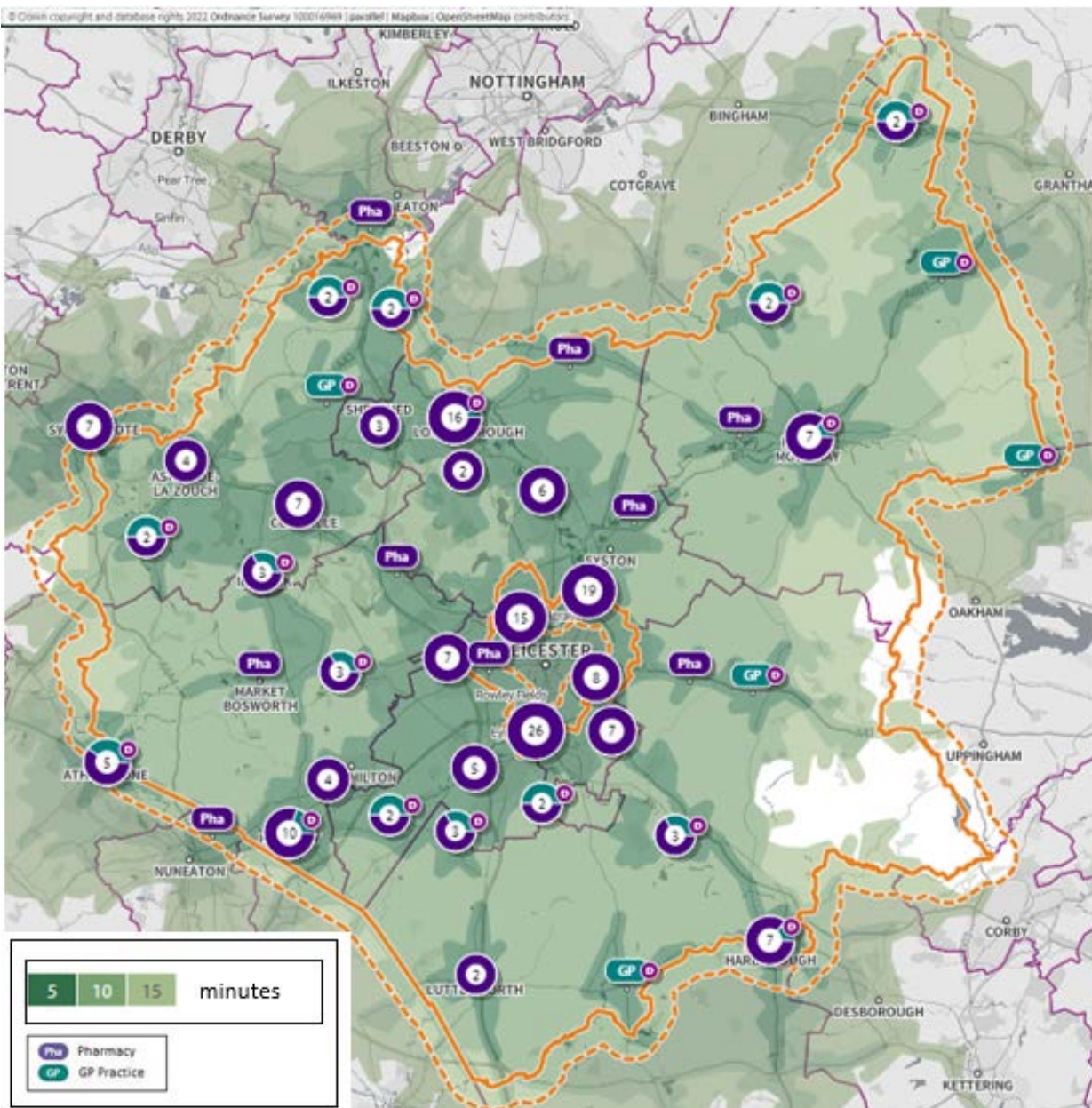
Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool¹⁵ it is possible to analyse how long it takes to walk or drive from any Lower Super Output Area (LSOA) to the nearest pharmacy or dispensing GP practice location. Pharmacies and dispensing GPs 1.5km outside of the Leicestershire 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. It is important to note that not everyone will access their nearest pharmacy and may choose to access a pharmacy outside their local area.

Overall, 91.4% of the Leicestershire population live within a five-minute drive time of a pharmacy or dispensing GP practice and 0.3% of the population (2,432 people) live outside of the 15-minute drive time boundary.

All the population outside the 15 minutes' drive time live in the district of Harborough with 2.5% of Harborough's population living more than 15 minutes' drive from a pharmacy or dispensing GP. In contrast, the whole population of Oadby and Wigston live within a 5-minute drive of a pharmacy or dispensing GP practice.

Figure 9: Drive time to nearest pharmacy or dispensing GP practice location



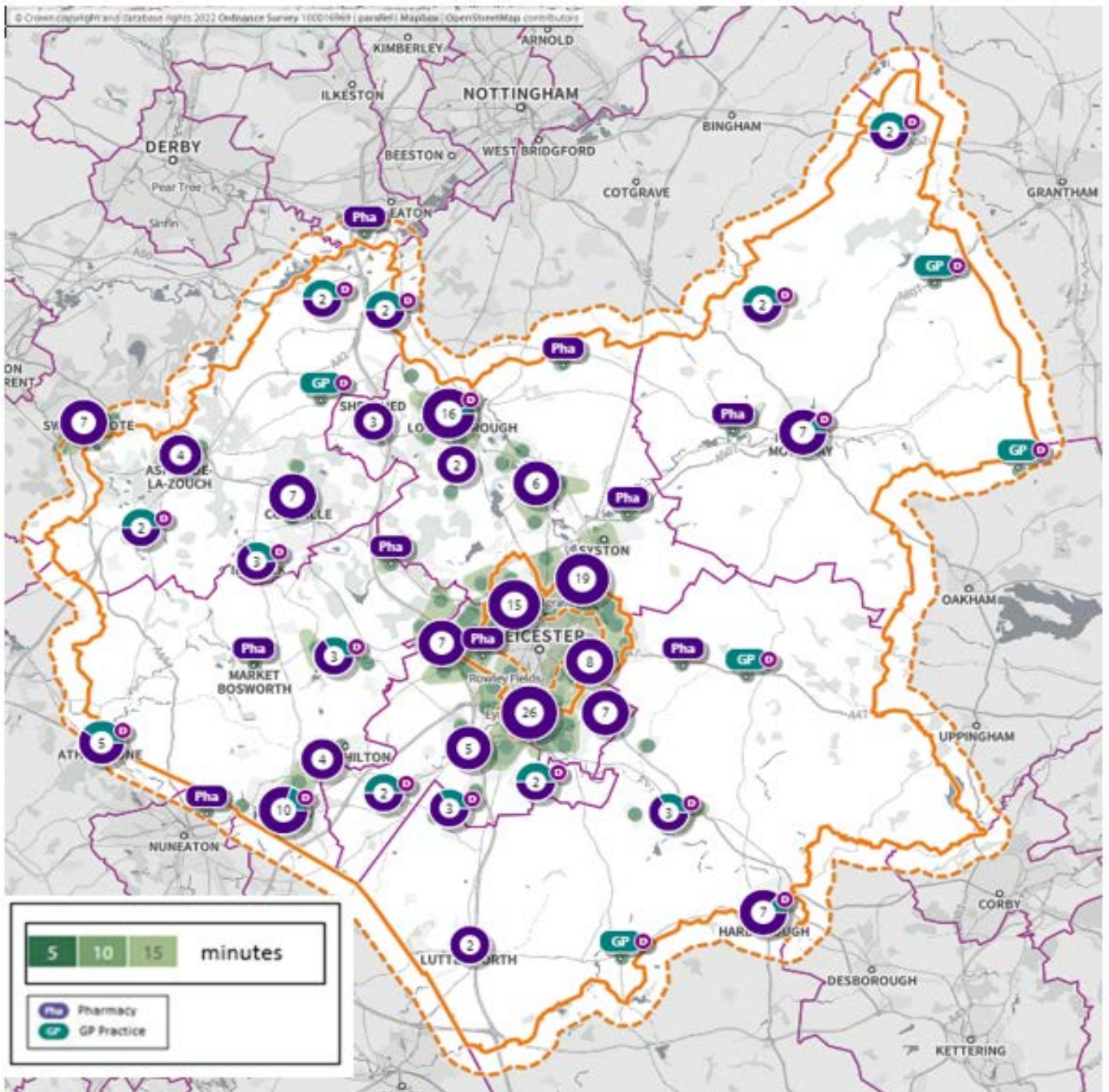
Source: Strategic Health Asset Planning and Evaluation, 2022.

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.

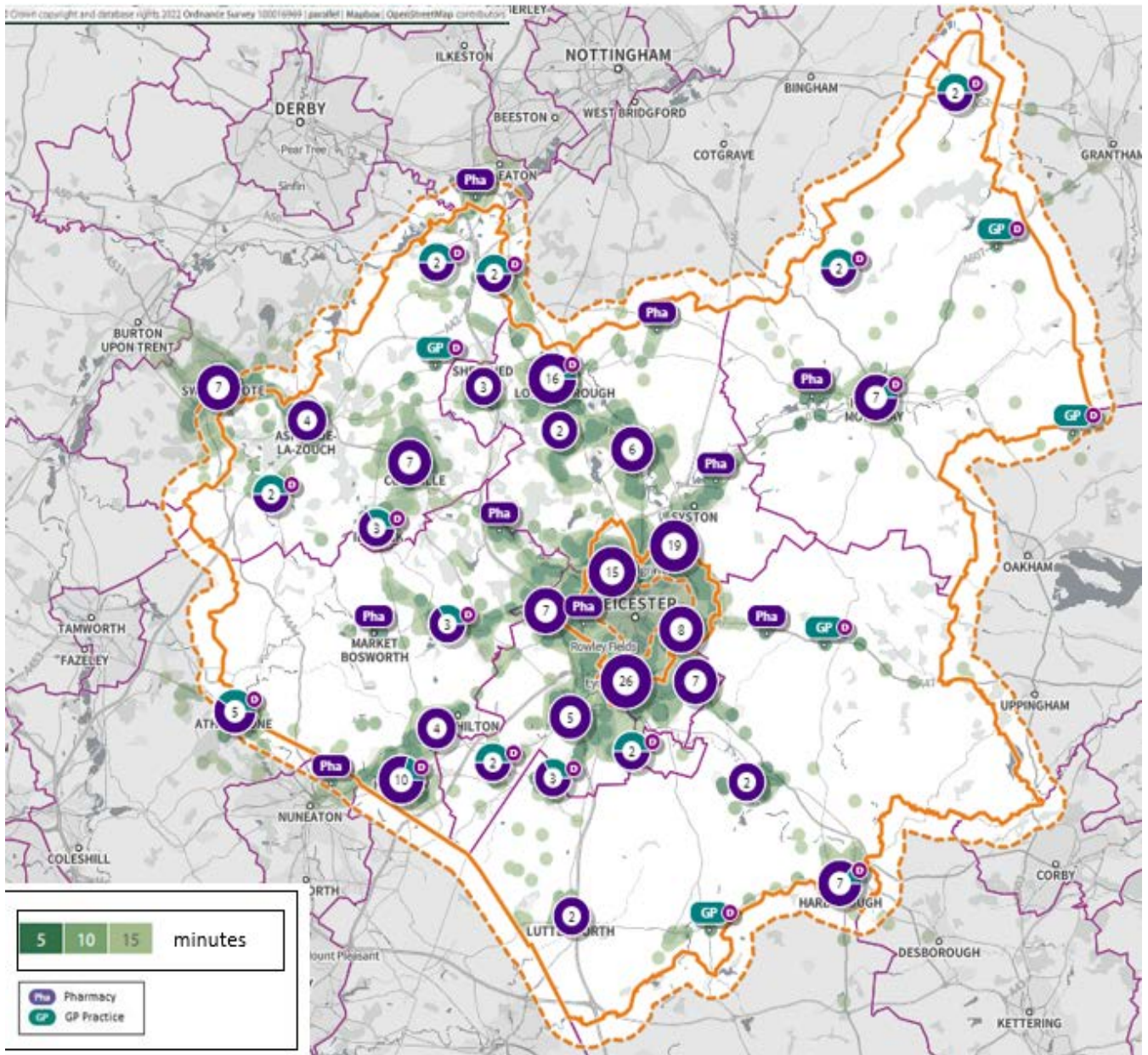
10.1.4. Public Transport

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 tool¹⁶ 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.
- 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 (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.¹⁷ 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 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

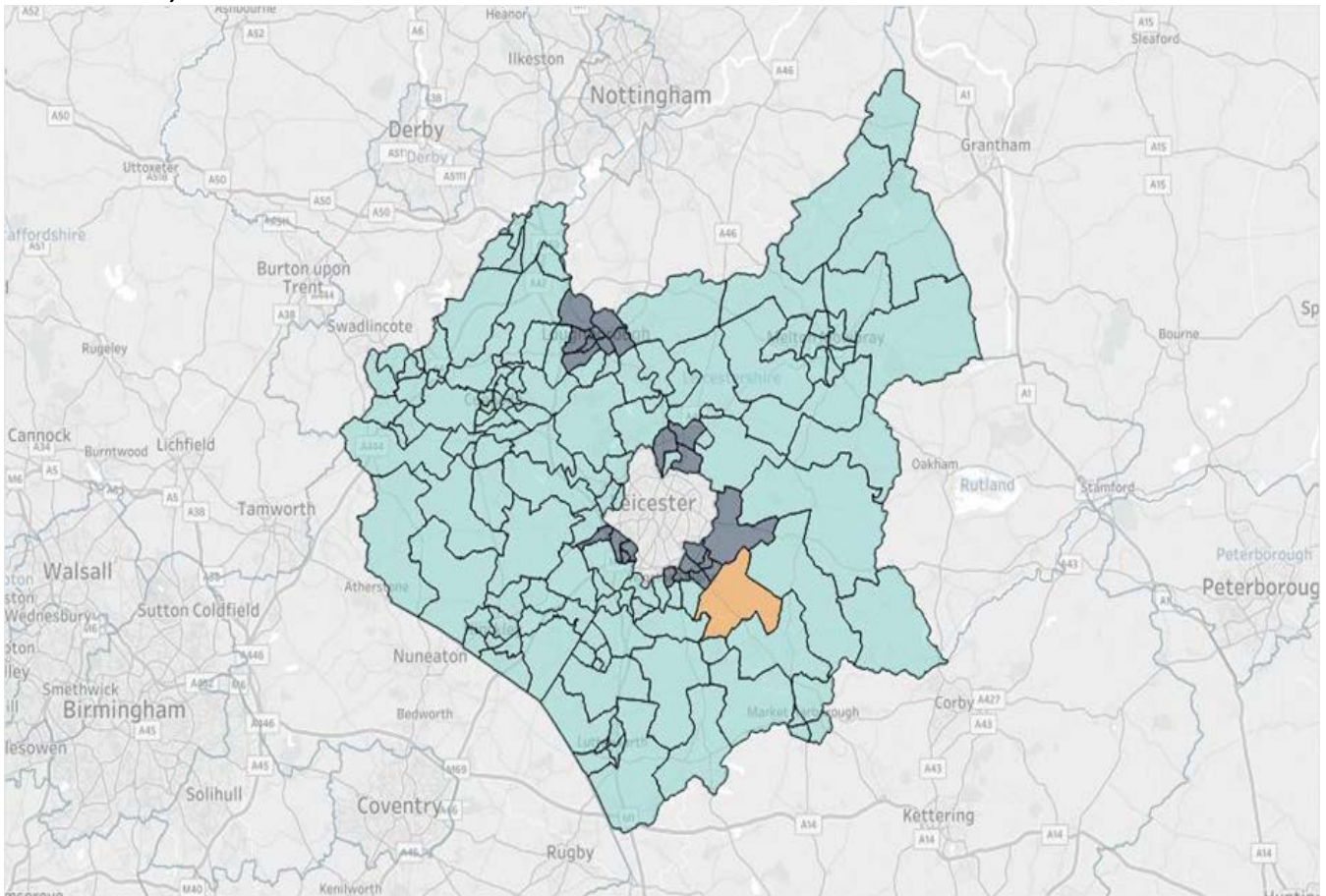
	Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Rural town and fringe	77809	59.4%	41776	31.9%	9308	7.1%	2174	1.7%
Rural village and dispersed	3270	3.8%	11453	13.2%	23659	27.4%	48119	55.6%
Urban city and town	244450	49.3%	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.⁹ 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 a number of 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, 2011⁹



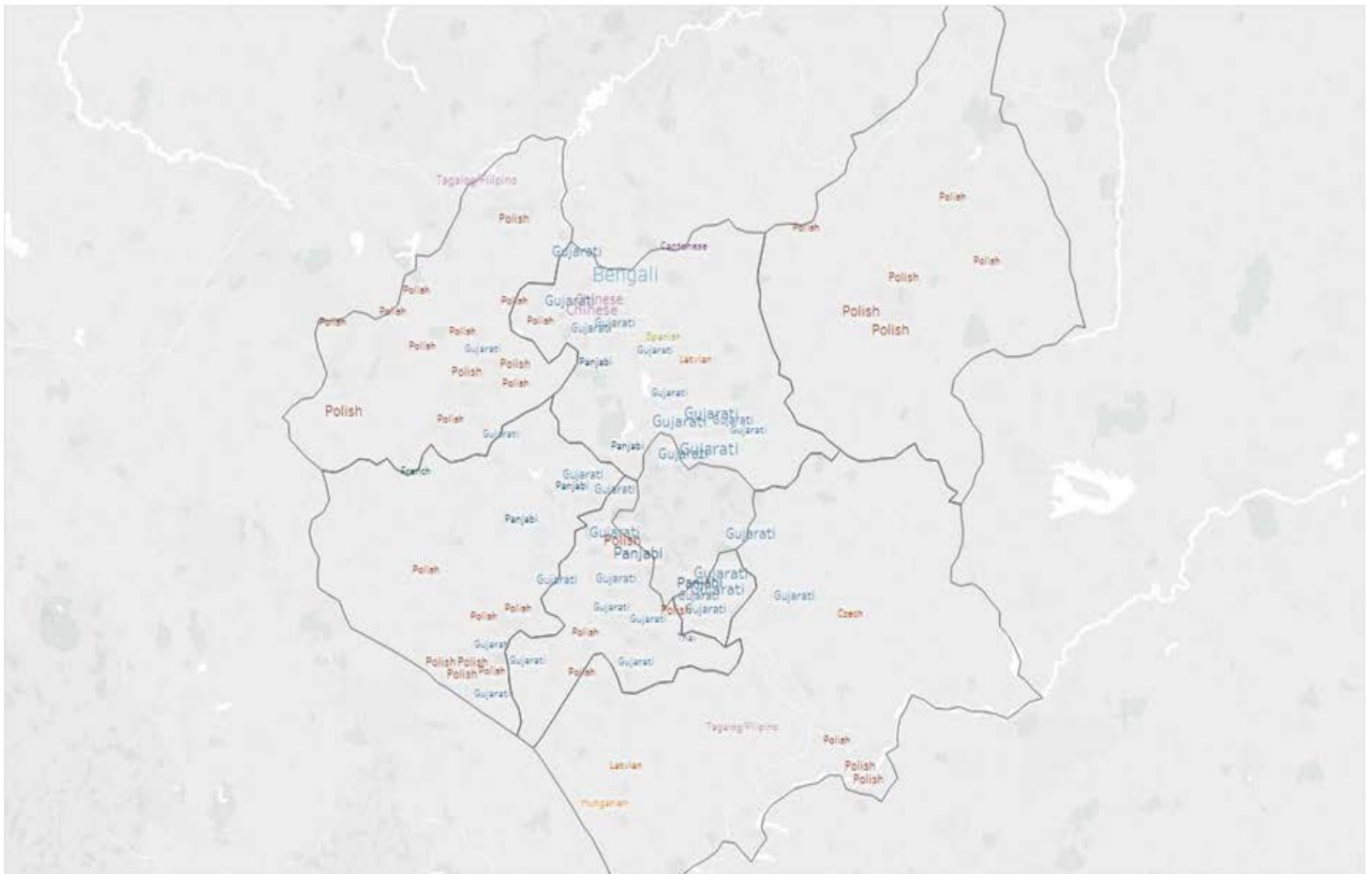
Key

- 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 Leicestershire⁹



Source: 2011 Census, ONS, 2012.

In the PNA engagement activity (described in the PNA Professional Results below) responders reported that 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, twelve 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.

There are however solutions such as language services available to address gaps where there could be challenges accessing services due to language issues. It should also be noted the Pharmacy professional survey was not completed by every pharmacy in the county and all questions were optional.

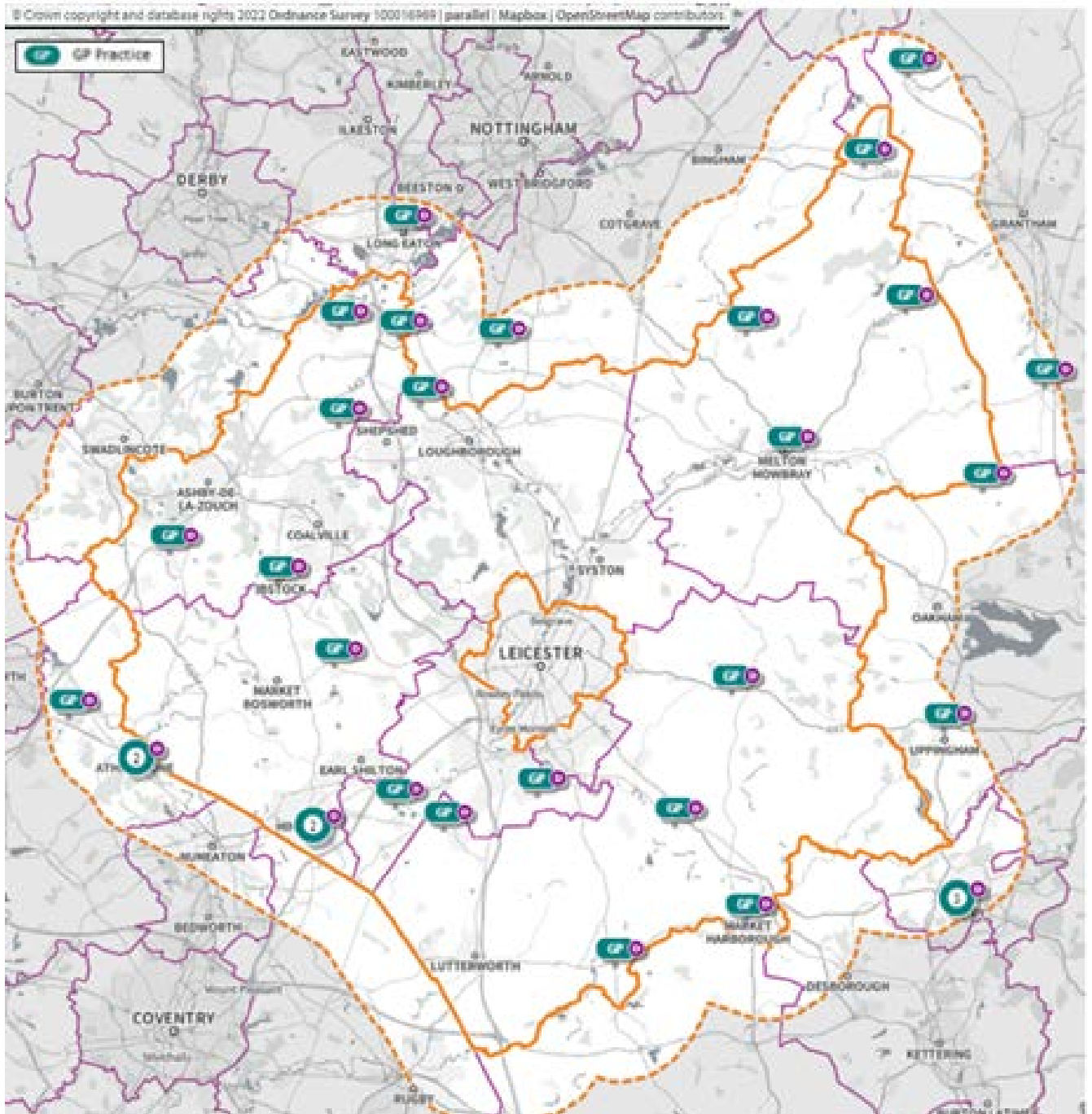
10.1.9. GP Dispensing

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'.¹

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.

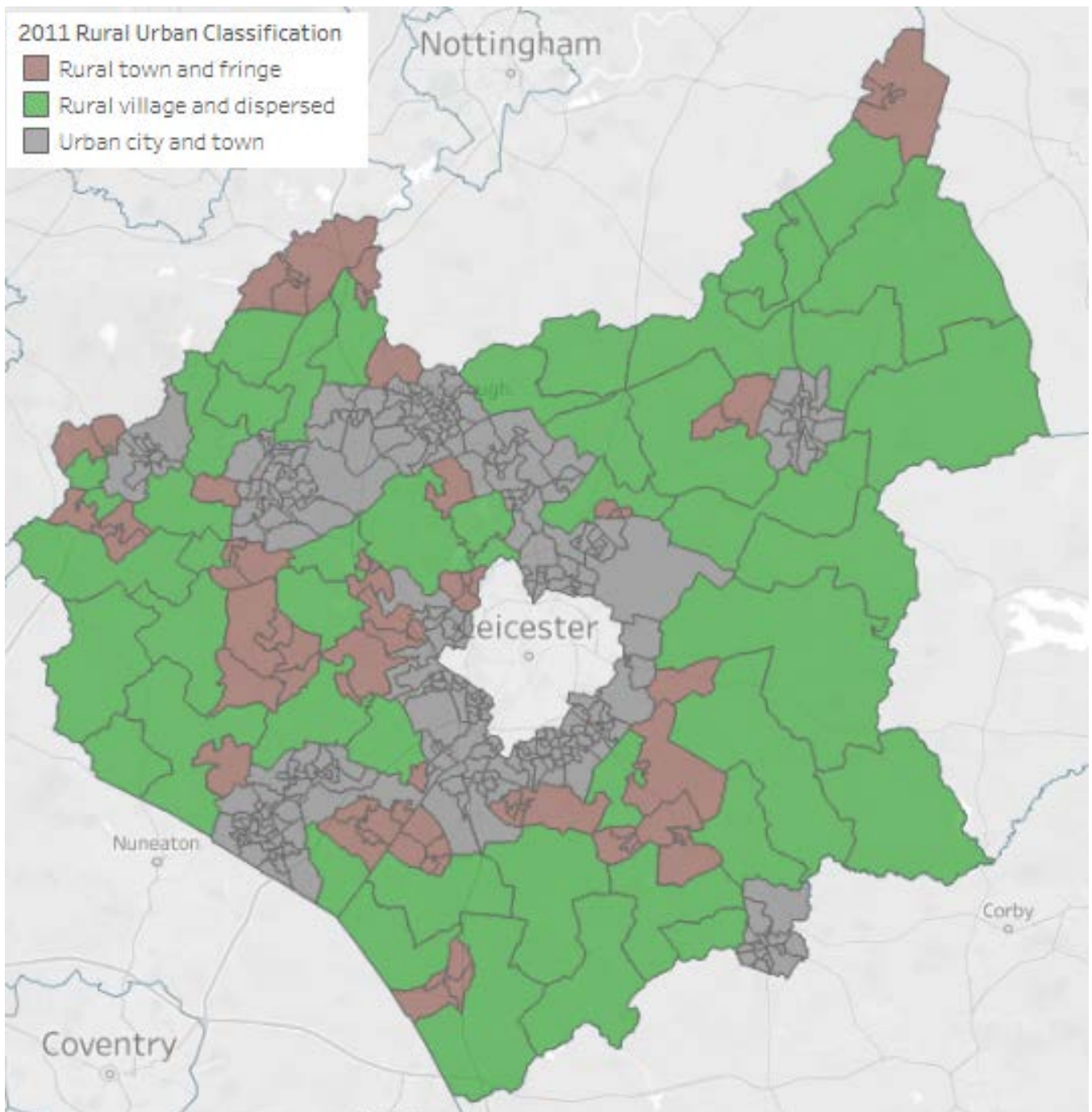
The dispensing GP surgeries are spread across the localities and whilst a patient may live over a 15-minute walk or 20-minute drive time to their nearest pharmacy or dispensing GP surgery, there is a strong correlation between the walk time analysis and the rural area designation. Designated patients 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 border 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 not all these are not yet available, but they will be included in the final version of the PNA when received.

Derbyshire & Derby - Derbyshire borders North-West Leicestershire district. The draft 2022 Derbyshire and Derby PNA concludes that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB area. It has highlighted the need to consider community pharmacy as an asset in the evolving local health and care system whilst acknowledging the current economic crisis may affect pharmacy provision negatively.

Leicester City – Leicester City is surrounded by the districts of Charnwood, Blaby, Harborough and Oadby and Wigston. Leicester City pharmacy provision is of particular importance given the interdependence of city and county, close borders and combined functional economic area, with many travelling into the city for work and leisure and able to make use of City pharmacy provision. The City PNA concludes that, overall, there is adequate provision of pharmacy services for the population of Leicester. The PNA suggests amongst other things that levels of take up of advanced and locally commissioned services be assessed with follow up of low or high performers in order to share best practice and that cross city and county border provision be kept under review to ensure uniform access and quality of service.

Lincolnshire – Lincolnshire has a border with Melton district. The draft 2022 Lincolnshire PNA concludes that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB areas. The importance of continued provision from Stamford for residents in the east of Leicestershire around Melton district and supporting information will be stressed in response.

Nottinghamshire - Nottinghamshire borders the districts of Charnwood, Melton and North-West Leicestershire. Nottinghamshire PNA results TBC.

North Northamptonshire -North Northamptonshire shares a border with Harborough district. The 2021 North Northamptonshire PNA concluded that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB area. It was highlighted the need to continue reviewing this provision particularly in relation to redistribution of pharmacies to ensure clustering of locations does not result in geographic gaps of pharmacy provision.

Rutland – Rutland borders Melton and Harborough districts. The draft 2022 Rutland PNA concludes

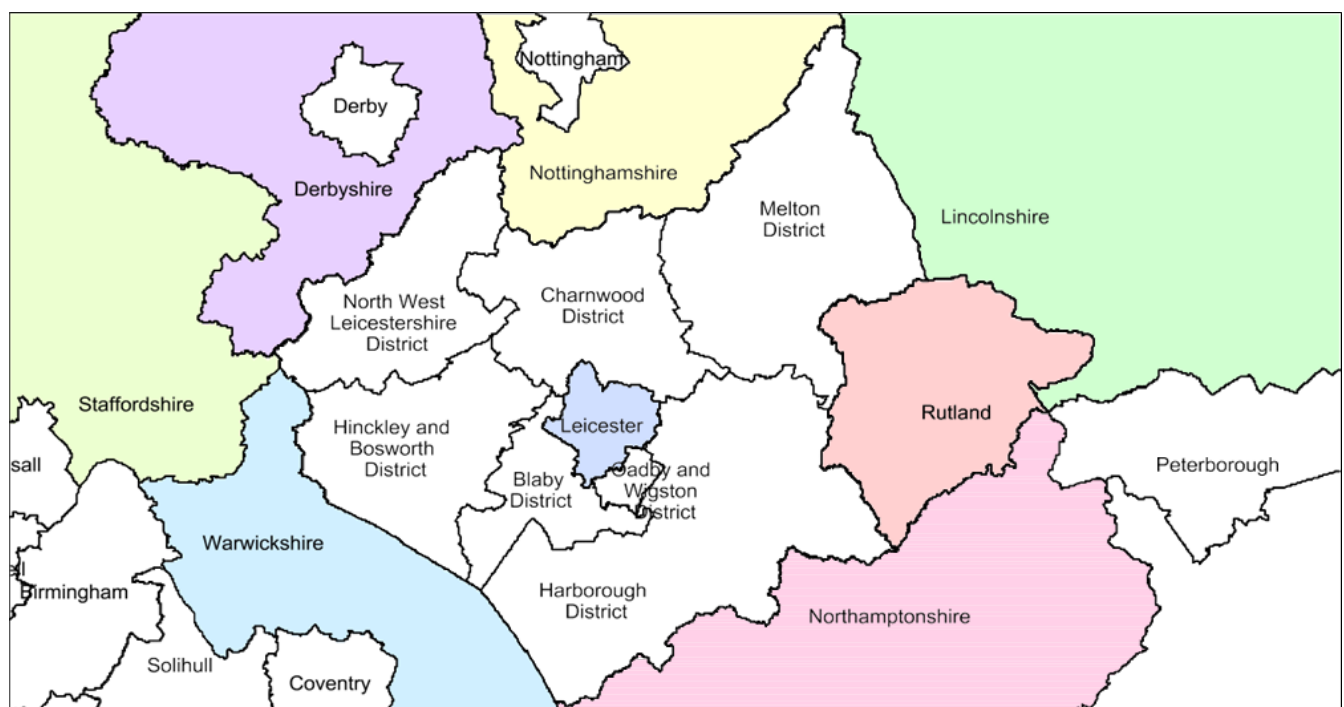
that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB area. But it is noted continued community, voluntary and public transport provision are important to ensure access remains. Rutland residents are likely to travel out of their area for pharmacy services and as such may use Leicestershire Pharmacies.

Staffordshire - Staffordshire has a short border with North-West Leicestershire district. The draft 2022 Staffordshire PNA identifies a gap in pharmacy provision in Staffordshire on Sunday evenings, however it is noted that demand at this time is likely to be low and alternative provision via out of hours services should be available.

Warwickshire & Coventry - Warwickshire shares a border with the districts of Hinckley & Bosworth, Harborough and North-West Leicestershire. The 2022 Warwickshire and Coventry PNA concludes that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB areas. It was discussed that integrating Pharmacy services in the wider Integrated care system and pathways could help in addressing local priorities and combating health inequalities.

West Northamptonshire -West Northamptonshire shares a border with Harborough district. West Northamptonshire PNA results TBC.

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** – *service now ceased*.
- Hepatitis C Testing Service.
- Hypertension case finding service - **no activity data available**.
- Pandemic delivery service - **no activity data available** – *service ceased March 2022*.
- Smoking Cessation Service (SCS) - **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 though LLR has 14 providers signed up to this advanced service to date. In addition to community pharmacy provision, three distance selling/internet pharmacies are located in Leicestershire, one of these offers a new medicine service. Stoma customisation is also delivered by an LLR Dispensing Appliance Contractor.

Full details of the advanced services on offer in Leicestershire are included in Appendix D.

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. A questionnaire is completed by the pharmacy contractor before a visit and then the commissioner will complete the questionnaire upon completion of a monitoring visit. 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 Urinary Tract Infection (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 Services 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. The Leicestershire CCGs also commissioned COVID vaccinations through community Pharmacies, unfortunately no data on this service is available.

Full details of the Community Based Services available in Leicestershire are available in Appendix E.

11. Stakeholder Views

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

Appendix F - Professionals Pharmacy Questionnaire with Results

Appendix G - Public Pharmacy Questionnaire with Results

11.1. Leicestershire PNA Pharmacy Professionals Survey - Responses Summary

91 responses were received 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 ranged from 2 to 150 (average 23). 100% have a closed consultation area on the premises and 91% 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 63% use **relief** pharmacists, with recruitment difficulties experienced particularly in community pharmacist, dispenser and medicines counter assistant roles. Though 69% felt able to maintain the current level of services with 18% disagreeing.

55% of respondents intended to provide the appliance use review service, with 88% 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 a **stop smoking service** as an LA commissioned service but 69% would be willing to do so with training and/or facilities. 6 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 26% planning to expand online services.

Over 80% of respondents indicated that the **number of pharmacies** and the **location** within a 3-mile radius are 'excellent' or 'good' and just under 15% indicated that they were 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

346 responses were received with around a third from Leicester and the other two thirds from Leicestershire and Rutland.

In relation to Leicestershire over half **use a car** (55%) to attend their pharmacy with 83% having **less than 15 minutes** travel time, whilst 44% walk. Responses highlight varied frequency of use from a few times per month (21%), once a month (35%) to every 2-3 months (24%). 82% use services during 9am to 6pm weekdays. 72% agree that opening hours meet their needs with 17% disagreeing. 93% 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 (71%)**. 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.

36% indicated that they had **caring responsibilities** and comments highlighted 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.

9% had had delivery by post or pharmacy (and most of these respondents agreed that their pharmacy provides a good service), whilst 91% collected. The majority indicated that they were not likely to use **postal (74%) 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 PharmOutcomes¹⁸ 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 has and still is growing and by 2043 the total population is predicted to reach 860,618 people, a total population growth of 23.3% compared with 2018.¹⁹ 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:¹⁹

- 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 26: Leicestershire population projections by age band (in 1,000s) - 2018 to 2043¹⁹

	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 27: Estimated projected population growth Projected population (in 1000s)¹⁹

	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 28 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 28: 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

The above table is intended to purely show the expected level of population (per 10,000) against the national average per pharmacy. It should not be used to imply that there will be any actual reduction or increase in pharmacies in any particular area.

The national rate of 2.1 pharmacies per 10,000 pop is an average and not a target and the pharmacy coverage available for the Leicestershire population is generally 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 consider 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 - Harborough, Hinckley and Bosworth and North-West 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. Whilst there is overall sufficient provision for the Blaby District taken as whole, the sizeable new housing development around New Lubbethorpe also needs to be kept under review. The site is due a total of 4,250 dwellings with a current completion estimate of 2035. 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. Long Term Conditions

The unprecedented increase in the older population will lead to increases in the number of people living with long-term conditions. The Projecting Older People Population Information System (POPPI) provides estimates and projections of the number of people that are likely to be affected by long term conditions both now and in the future in Leicestershire.²⁰

Table 29 shows the number of people in Leicestershire predicted to be living with various long-term conditions. The increase that is proposed in most long-term conditions by POPPI is higher than the overall population growth. Between 2020 and 2035 there will be an additional 13,625 older people living with a limiting long-term illness (36.6% increase). The most significant predicted growth is older adults living with dementia where there will be an estimated additional 4,941 people, an increase of 48.4%.

Table 29: Projections of older people, age 65 years and over, with long term conditions, 2020-2035 from POPPI

	2020	2025	2030	2035	% Change 2020-2035
Older adults with a limiting long-term illness	37,274	41,833	46,635	50,899	36.6%
Older adults with BMI of 30 or above	44,775	49,013	54,973	60,257	34.6%
Older adults predicted to have Type 1 or Type 2 diabetes	18,408	20,214	22,664	24,846	35.0%
Older adults predicted to have depression	12,641	13,934	15,646	17,106	35.3%
Older adults predicted to have dementia	10,203	11,599	13,344	15,144	48.4%
Older adults predicted to have cardiovascular disease	46,845	52,412	58,617	64,220	37.1%
Older adults predicted to have a longstanding health condition caused by bronchitis and emphysema	2,499	2,760	3,093	3,387	35.5%

Source: Projecting Older Peoples Populations Information, (POPPI), 2022

13.3. Future Housing – Potential Locations

A new Housing and Economic Needs Assessment was completed in 2022 for the Member Advisory Group coordinating production of Leicester and Leicestershire’s Strategic Growth Plan. As part of the Strategic Plan process the review has identified a Minimum Local Housing Need (per annum) in table 29a below. This is derived from the standard method calculation (March 2022) as set out in Planning Practice Guidance.

Table 29a

Authority	Local Housing Need
Leicester	2,464
Blaby	341
Charnwood	1,111
Harborough	534
Hinckley and Bosworth	472
Melton	231
NW Leicestershire	372
Oadby and Wigston	188
L&L Total	5,713

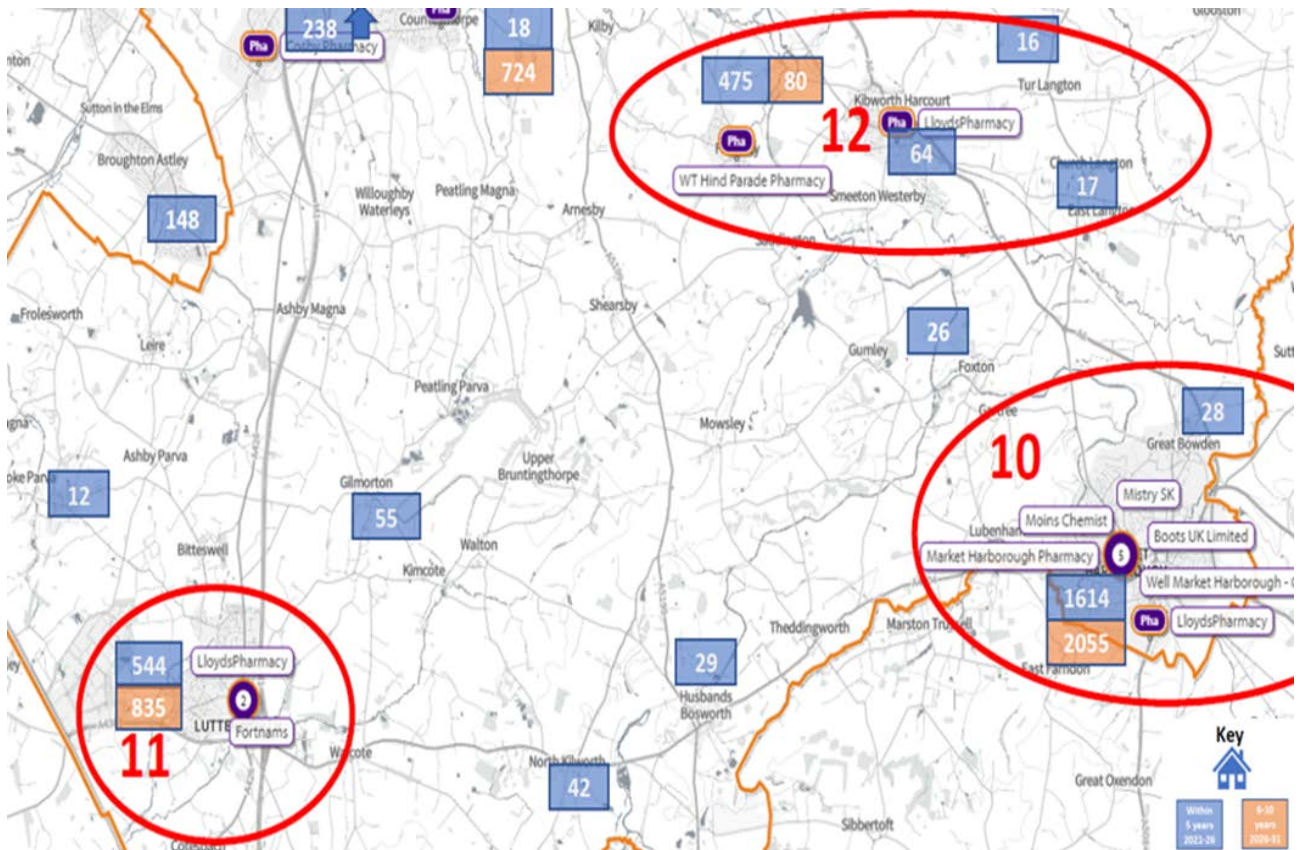
The table has the caveat that there is an identified unmet need in Leicester City and therefore the authorities in the Leicester and Leicestershire Housing Market Area (HMA) are working together to address the unmet need and agree an alternative distribution of housing provision.

Previous work has also been carried out to assess likely growth areas using district planning based plans and assessments (*sources set out in maps below*). These have been used in the NHS as part of the process of assessing possible growth and service development sites. Using this work, 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 would 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 needs to 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 Table 30.

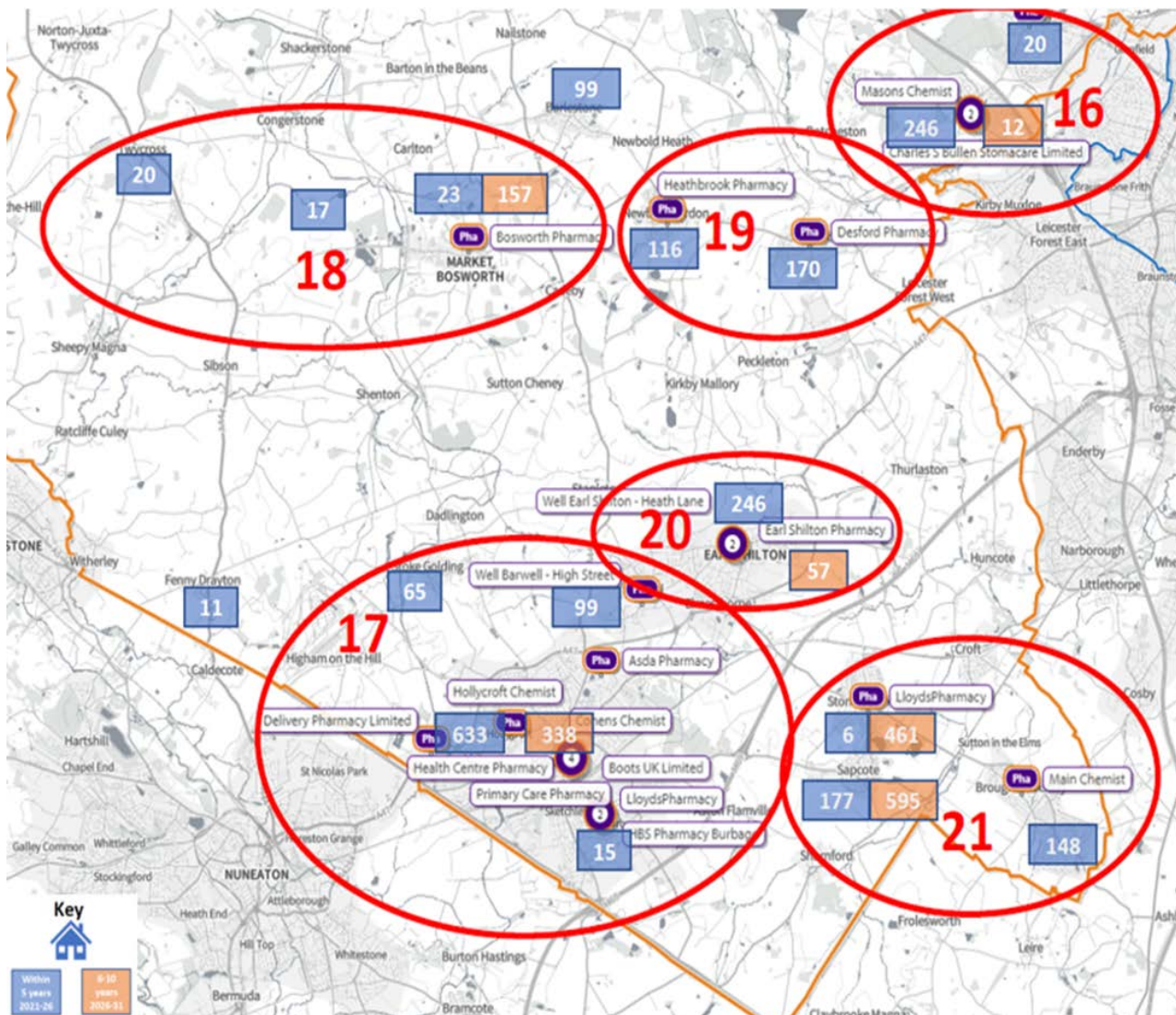
These are subject to change and need to be kept under regular monitoring and review. There may be some changes in forecast housing numbers as local plans develop and as a result of national planning guidance updates and the work of the local MAG Planning group. So, impact on actual pharmacy services and access will need to be kept under review and also considered as part of Health Impact Assessment for particular developments.

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



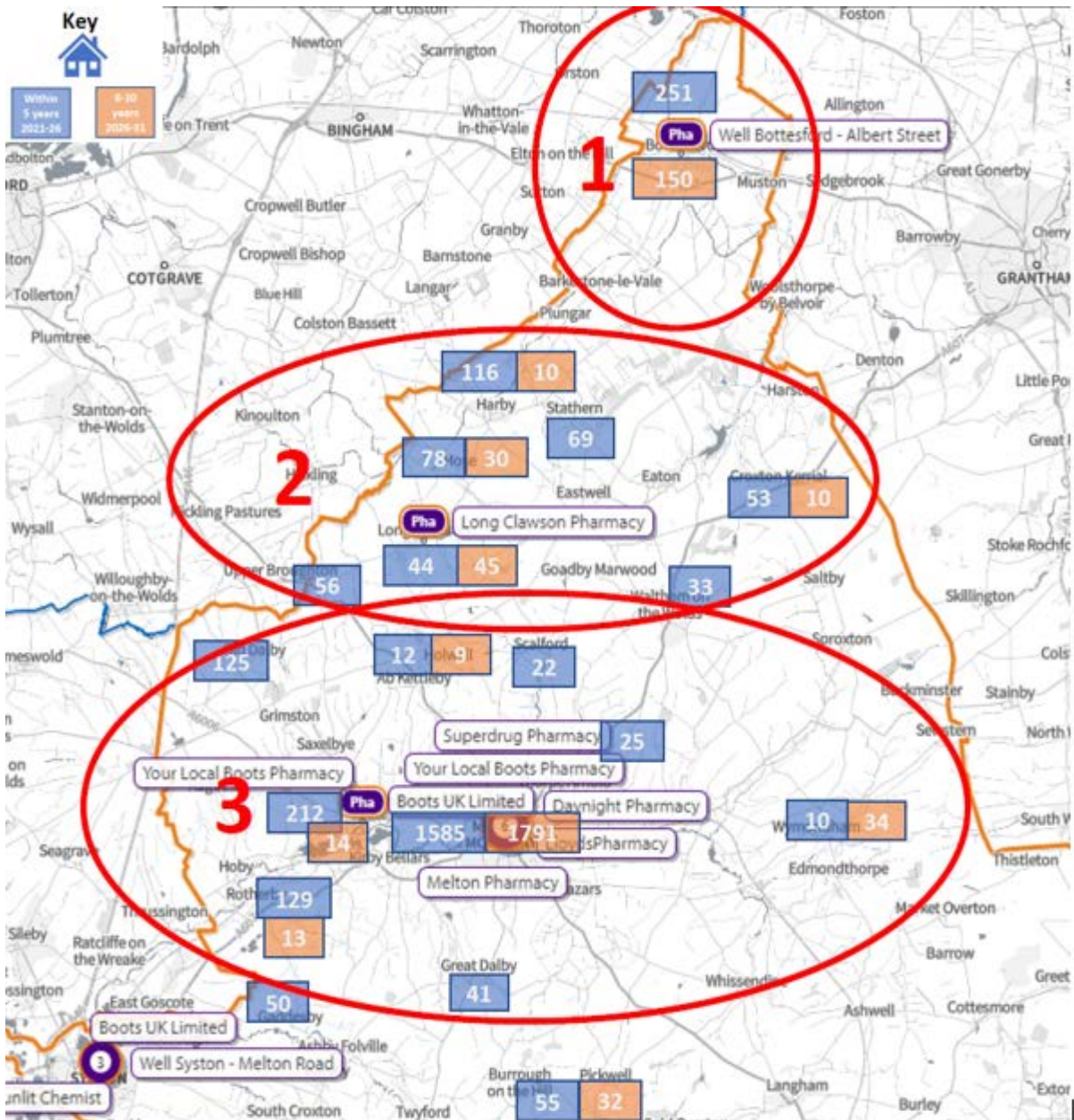
Source: Harborough District Council 5-year Housing Land Supply September 2021, Strategic Health Asset Planning and Evaluation, 2022.

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.

Table 30: Planned dwellings and estimated residents in Leicestershire to 2031

	Completion expected between 2021-26		Completion expected between 2026-31	
	Number of dwellings	Estimated residents	Number 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

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. Whilst there is overall sufficient provision for the Blaby District taken as whole, the sizeable new housing development around New Lubbethorpe also needs to be kept under review. The site is due a total of 4,250 dwellings with a current completion estimate of 2035.

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 took place between June 2022 and August 2022. In addition, detailed comments were made by members of the Reference Group on the draft PNA 2022. The statutory consultation question is included as Appendix H. Feedback and results from the Statutory Consultation are summarised below.

LLR Integrated Care System Response – the LLR ICS response confirmed that the draft assessment has been reviewed and the ICS is supportive of the conclusions and recommendations reached. The response notes that community pharmacy provision is integral to healthcare provision to Leicestershire residents, and that accessibility, from both a geographical and opening hours perspective, throughout the week, are encouraging. Equally noting that overall, the pharmacies are meeting the current needs of the Leicestershire population for essential and advanced services.

Health Inequalities – the response also notes that health inequalities and inequities exist within pockets of the county. Partners in community pharmacy are embedded within communities, they are accessible without appointment, have unique insights into residents' health and their teams can converse in a multitude of languages to meet the individual needs of our residents. This is a unique combination of assets that we must look to harness if we are to make demonstrable progress in reducing health inequalities. Our local approach to the Core20PLUS5 must include community pharmacy who are often at the heart of the most deprived 20% of the national population, including those within Leicestershire, most notably Charnwood, Hinckley and Bosworth and North-West Leicestershire.

Community pharmacy is integral to our primary care offer to residents. We must continue to fully utilise the expertise, experience and availability of community pharmacists, and their teams, to ensure patients can access the right level of care from the right setting at the right time. We must harness this opportunity not only to continue to drive uptake of flu and COVID-19 vaccinations but also to promote healthy literacy, self-care and prevention. Equally complemented by a continued and appropriate uptake and coverage of advanced services dependent upon place or neighbourhood-based need.

We note that significant parts of the Leicestershire County border on ***neighbouring systems*** and pharmacy provision. It will be important that we stay abreast of any developments or changes in neighbouring provision that may impact upon local pharmacy services. We also note the substantial ***housing growth*** expected across the county, it will be vitally important we work with partners to continually assess the impact of this new housing and population growth to ensure pharmacy provision remains able to meet the current, and future, needs of our residents.

A key driver for the establishment of ***primary care*** networks (PCNs) is to empower and enable all parts of primary care to work together to improve their populations' health and wellbeing. Community pharmacy are an essential partner in this ambition, and we will look to continue to develop and nurture collaborative working relationships between all sectors of primary care for the betterment of our residents.

*The Community Pharmacist Consultation Service (CPCS) is one such example where we look to support 100% coverage across the county and a continued increase in activity. Community pharmacy is also integral to our systems clinical service delivery model. The Discharge Medicines Service (DMS) has the evidence and ability to reduce readmissions and occupied bed days, we will continue to **promote uptake** and an increase in activity. Equally the hypertension case finding service is crucial to ensure we increase our prevalence and ensure patients begin to receive timely and appropriate treatment minimising risk of further complications in the future.*

*We also note that healthcare and how healthcare is accessed is changing. Ever more **digital solutions** are at the forefront, be it through the ordering of repeat prescriptions via the NHS app, the electronic prescription service (EPS), electronic repeat dispensing (eRD) or accessing advice and guidance through NHS111. We recognise that benefits of digital solutions and approaches can only be realised if we make progress on **digital literacy** which can be a challenge for some residents of the county. We hope that we can work with and harness the accessibility and availability of community pharmacy to continue to support our residents become more fluent in digital and realise the benefits that technology can bring to healthcare. We fully support the need for full access (including read-write access) to **summary care records** in order to further develop the clinical services within community pharmacy.*

*Community pharmacies in Leicestershire are integral partners to achieving our priorities, through pharmacy commissioned services such as the urgent supply of **palliative care medicines** service. This service endeavours to ensure there is appropriate access to a range of palliative care drugs in accessible locations particularly in the out of hours period, and when treatment is needed urgently. We note the need for a **review of coverage** of this service to ensure it can meet current and future needs. This service does uniquely demonstrate the value of our community pharmacy partners and we commit to **continue to explore and champion how community pharmacy can support the system** to and reach our ambitions and realise our priorities.*

*Finally, it is important to acknowledge the **integral role that community pharmacies in Leicestershire played during the COVID-19 pandemic**. Throughout the pandemic our partners in community pharmacy remained accessible, available and ensured our patients continued to have timely access to their medicines and healthcare advice and guidance. Community pharmacy then played a key role in the testing and vaccination rollout. The NHS continues to experience **significant levels of pressure**, it is important that we, as a system, continue to leverage the strengths of community pharmacy to support our residents through an expected challenging winter.*

Local Pharmaceutical Committee Response - the local pharmaceutical committee commented that they feel that assessing pharmacy numbers/growth using 2.1 per 10,000 population as any sort of target would not be helpful and could create anomalies. Given the overall funding situation then pharmacies, to survive, will likely need to be busier and accommodate more population. With technological advances, changes in patient access, hub and spoke type models using a population growth model based on 2.1 per 10,000 population could render some existing pharmacies seemingly unviable. In fact, it was felt that the number of 2.1 per 10,000 was too high to start with in terms of pharmacy viability.

With regard to palliative care medicine supply it was felt that this warranted some improvement and attention and that commissioners should extend the opportunity for more pharmacies to engage in providing this service.

They also point out that the pandemic has changed the way that community pharmacy is perceived and relied upon. The only healthcare profession that remained open during the height of the pandemic, enabling patients to access clinical expertise without an appointment. The LPC highlight the immense **pressures today with community pharmacy workforce** shortages due to leakage from the sector into GP practices and PCN roles. A national issue, not just a LLR issue. Furthermore, there are other pressures with uncertainty over future funding arrangements.

UHL Trust Pharmacy – generally agreed with the draft PNA and that it reflected the needs of the population and did not identify that there were other gaps. Agreed with the recommendations in the PNA. Commented on being supportive of a continued increase in the activity and volumes being delivered through the providers of advanced services, particularly supporting an increase in DMS activity and expansion of the Community Pharmacy Consultation Services and general expansion of the clinical role of Community Pharmacy as an important means of avoiding readmission and ensuring good uptake of out of hospital services. Emphasises the need for full access to summary care records in order to further develop the clinical services within community pharmacy.

PNA Survey Responses - a number of responses were also received to the statutory survey on the contents of the PNA. These came broadly from a mix of the public, pharmacists, pharmacy company, and NHS Trust staff.

79% agreed that the PNA clearly explained its purpose with no-one disagreeing. 64% agreed the PNA reflected current provision with just 2 people disagreeing. It was suggested tier 1 and 2 services should be more explicitly referenced in the PNA.

It was generally felt that the needs of the population had been adequately reflected, with 2 respondents disagreeing.

57% agreed with the recommendations in the draft PNA with 36% neither agreeing or disagreeing. 85% agreed that the findings of the PNA analysis were important.

The majority didn't think anything else needed to be included in the PNA with just 2 suggesting additions, on population growth, service quality and full access to summary care records.

A range of other comments were picked up from the survey including the need for efficient supply and distribution to pharmacies, drugs sometimes not being available/complete, pharmacies being under delivery pressure and this sometimes impacting on quality, the potential needs for extra pharmacy provision for the New Lubbethorpe area moving forwards, concentration of pharmacies in Market Harborough, and positively noting the widespread delivery of advanced services. Stronger commissioning infrastructure and more diversity of supply was suggested. How the increasing housing numbers would be kept under review was also questioned.

IPMO Plan

During the statutory consultation the Reference Group also noted the development of the new Integrated Pharmacy and Medicines Optimisation (IPMO) Plan and supporting work streams.

Pharmacy and medicines optimisation is a key focus for the Leicester, Leicestershire and Rutland (LLR) ICS and is being integrated into the developing ICS framework. There has been the establishment of the Integrated Medicines Optimisation Design Group (IMODG) as one of nine key design groups within the system, responsible for developing and delivering the system operational plan. The plan sets out the ambition for pharmacy and medicines optimisation and has been developed by the IMODG with wider system support and engagement. This is the first iteration, and it is recognised that further work is required to engage outside of the design group and further develop and refine the plan, including agreeing appropriate timescales and outcome measures.

The broad priority areas identified are those supported by the IMODG sub-groups, namely **pharmacy workforce; antimicrobials; polypharmacy; opiates and ensuring medicines value**. In addition, there are established areas of focus e.g., medicines safety, respiratory prescribing, and support to care homes that are outlined in the plan but sit outside the sub-group structure. The **pharmacy workforce theme** is using funding secured by Health Education England to establish pharmacy faculties in each ICB and a **national pharmacy workforce plan** has also been requested by the Department of Health.

Gap Analysis

14.1. 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 and the New Lubbethorpe area 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 as well as New Lubbethorpe.

14.2. Advanced Services

Across Leicestershire, the delivery of advanced services is at a higher percentage than the England average, with 94.0% of pharmacies providing the 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 many community pharmacists in LLR. Pharmacies are however able to signpost patients to the appliance contractors and other contractors who provide these services.

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.

14.3. 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 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 ageing 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.

15. Recommendations

15.1. 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 Sundays.
- 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.
- Take forward the improvement actions and workstreams in the IPMO plan including to help tackle workforce pressures.
- Assess levels of uptake of advanced and community-based services and follow-up low or high performers in order to share best practice.

16. 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. The role of the IPMO Plan and associated workstreams to support a variety of improvements and help tackle pressures is noted and important.

Community pharmacies are the easiest healthcare workers for members of the public to access, and they are highly valued by their customers. Pharmacy teams provided one of the few easily accessible healthcare services to the population during the Covid-19 pandemic and were widely recognised for their role in supporting residents and communities, including with tests, vaccinations and home deliveries.

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

AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CPCS	Community Pharmacist Consultation Service
DHU	Derbyshire Health United
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GP	General Practitioner
HWB	Health and Wellbeing Board
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
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
OHID	Office for Health improvement and Disparities
ONS	Office of National Statistics
OOH	Out of Hours
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
QOF	Quality Outcomes Framework
SCR	Summary Care Record
SCS	Smoking Cessation Service
UTI	Urinary Tract Infection

If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

ਜੇ ਆਪ ਆ ਮਾਫ਼ਿਤੀ ਆਪਨੀ ਆਖਾਮਾਂ ਸਮਝਵਾਮਾਂ ਥੀੜੀ ਮਦਦ ਈਝਤਾਂ ਡੋ ਨੋ 0116 305 6803 ਨੰਬਰ ਪਰ ਫ਼ੀਨ ਕਰਥੋ ਅਨੇ ਅਮੇ ਆਪਨੇ ਮਦਦ ਕਰਵਾ ਆਵਥਾ ਕਰੀਥੁ.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ 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।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔ 0116 305 6803

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci pomożemy.

Business Intelligence Service
Strategy and Business Intelligence Branch

Chief Executive's Department
Leicestershire County Council
County Hall
Glenfield
Leicester
LE3 8RA

ri@leics.gov.uk

www.lsr-online.org

References

¹ General Pharmaceutical Council. Standards (2022)

at: <https://www.pharmacyregulation.org/standards>

² Pharmaceutical Services Negotiating Committee. Community Pharmacy Patient Questionnaire (2018) at: <http://psnc.org.uk/wp-content/uploads/2013/07/cppq2020annex20a.pdf>

³ Pharmaceutical Services Negotiating Committee (2022). Services and Commissioning. Available at: <https://psnc.org.uk/services-commissioning/essential-services/>

⁴ NHS Employers. Clinical governance requirements for community pharmacy - NHS Employers. (2011). at <http://www.nhsemployers.org/case-studies-and-resources/2011/11/clinical-governance-requirements-for-community-pharmacy>

⁵ Leicestershire County Council. *Leicestershire Joint Strategic Needs Assessment 2018-2021*. (2018). at <https://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

⁶ Leicestershire County Council. *Leicestershire's Joint Health and Wellbeing Strategy 202-25*. at <http://www.healthandcareleicestershire.co.uk/health-and-wellbeing-board/>

⁷ Mid-2020 population estimate Office for statistics 2021 at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2020>

⁸ Ministry of Housing, Communities and Local Government. English indices of deprivation 2019. www.gov.uk (2019). at <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁹ Office for National Statistics (C) Crown Copyright. 2011 Census data. at < <https://www.ons.gov.uk/census/2011census>> and 2021 - <https://www.ons.gov.uk/census>

¹⁰ Office for Health Improvement & Disparities (2022). Public Health Outcomes Framework. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

¹¹ NHS Digital. Quality and Outcomes Framework. (2021). at <
<http://content.digital.nhs.uk/gof>>

¹² Office for National Statistics (C) Crown Copyright. 2021 Census data. at
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationandmigration/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

¹³ NHS Business Services Authority. Dispensing Practices Name and Address. at
https://www.report.ppa.org.uk/ActProd1/getfolderitems.do;jsessionid=E2D7290A9F47897FA63758_22F9BB4D88

¹⁵ NHS Strategic Health Asset Planning and Evaluation and Public Health England. Strategic Health Asset Planning and Evaluation Place Tool. (2021). at
<https://shapeatlas.net/place>

¹⁷ Department for Environment, Food & Rural Affairs. 2011 Rural Urban Classification. (2013). at <https://www.gov.uk/government/collections/rural-urban-classification>

¹⁸ Pharmaceutical Services Negotiating Committee. PharmOutcomes. (January 2018). at <http://psnc.org.uk/services-commissioning/pharmoutcomes/>

¹⁹ Population Projections Unit; Office for National Statistics. 2018-based Subnational Population Projections for Local Authorities in England. (2020). at
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationandmigration/bulletins/populationprojectionsforlocalauthoritiesinenglandz1>

²⁰ Institute of Public Care, Oxford Brookes University & Extra Care Charitable Trusts. Projecting Older People Population Information System. (2022). at
<http://www.poppi.org.uk/>

This page is intentionally left blank