



LEICESTERSHIRE HEALTH AND WELLBEING BOARD
25th SEPTEMBER 2025

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PHARMACEUTICAL NEEDS ASSESSMENT 2025 – FINAL DRAFT

Purpose of Report

1. The purpose of this report is to inform the Board of the outcome of the statutory consultation on the draft Pharmaceutical Needs Assessment (PNA) 2025 and to seek approval of the final PNA for submission and publication.

Recommendations

2. It is recommended that the Health and Wellbeing Board:
 - notes the report, outcome of the statutory consultation and amendments made to the draft PNA as a result; and
 - approves the final attached Leicestershire PNA to be submitted and published.

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 2025. At its meeting on 26 September 2024, 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 29 May 2025 the Board considered the draft PNA for 2025 which had been produced based on a range of data analysis, alongside the input of a Stakeholder Reference Group and considered the results of the consultation exercises with pharmacists and the general public which had also informed the draft.
5. The Board approved the draft PNA for statutory consultation with a range of partners, in accordance with the PNA guidance.

6. 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/ukxi/2013/349/contents>

Background

7. 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 pharmacy 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 by pharmacists and dispensing doctors to merge, close or provide a new pharmacy. Since 1 April 2023, NHS England has delegated the commissioning of pharmaceutical services to the Integrated Care Boards (ICBs). However, in 2025 NHS England still has a statutory duty to make arrangements for pharmaceutical services that meet the needs of the population.
8. The last PNA for Leicestershire was produced in 2022 and can be accessed at: <https://www.lsr-online.org/2022-pna>
9. The PNA is a statutory document that is used 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.
10. In October 2021, the Department of Health and Social Care published a pharmaceutical needs assessment information pack for Health and Wellbeing Boards to support in developing and updating of PNAs. The latest update of the Guidance can be accessed via the following link:
<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>
11. A PNA Reference Group was established to oversee the 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, LLR ICB and voluntary sector organisations (Healthwatch). Although there is a common approach, there are separate PNAs for Leicester, Leicestershire and Rutland, to assure separate determination of need in the three areas.

12. 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 the LLR ICB, NHS England, the Leicestershire Pharmaceutical Committee, and others.

Content

13. The regulations and guidance documents, referenced above, provide the basis for the PNA content. The production of the 2025 report used the national guidance (information pack) published by the Department of Health and Social Care in 2021.

Progress to Date

14. The PNA Reference Group considered pre-consultation drafts of the Leicestershire and Rutland PNAs at its meeting on 30 April 2025 and the Board approved the draft on the 29th of May 2025. 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 the available data, and the headline results from the initial phase of survey form local pharmacies and the general public.

Consultation

15. The draft PNA was subject to a 60-day statutory consultation period through June and July of 2025. 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 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;
 - any neighbouring Health and Wellbeing Board (HWB).

In addition, the Health and Wellbeing Board is free to consult with other organisations and/or members of the public; this includes ICBs as the delegated commissioner of services.

16. The PNA consultation period ran from 9th June until 10th August 2025. All statutory consultees were notified and asked to submit views as part of the consultation during this period. A questionnaire was also developed to gain feedback on the draft PNA 2025 for Leicestershire. Additional action was taken to promote the consultation through engagement with key organisations and professional networks.
17. A number of responses were made on the draft PNA questionnaire for Leicestershire. Official responses were also made in writing by the LLR Integrated Care Board. The results of public and pharmacy consultation exercises have been incorporated into the final draft.
18. The final **pharmacy professional survey** (42 pharmacies responded) results show that:
 - 17% of pharmacies felt they could not maintain the current level of service (due limited funding, staffing levels and/or high running costs);
 - about a half of pharmacies relied on locum or relief pharmacists and a quarter to a third reporting difficulties recruiting staff into different professional roles;
 - only a quarter of pharmacies offered independent private prescribing, 10% independent NHS prescribing, but 85% intended to change their independent prescribing practice;
 - all pharmacies had at least one consultation area and a third of pharmacies planned to increase consultations in the next 12 months;
 - pharmacies were keen to provide additional services, quoting lack of funding, complicated tendering, digital access and staffing issues as the main barriers;
 - a number of respondents expressed concerns around commercial competition and/or lack of follow-up care for patients resulting from expansion of on-line ordering or internet pharmacies, however, the positive impact of easier access was also noted, as was the need for better regulation of these services.
19. The analysis of qualitative responses to **pharmacy public survey** (739 respondents), confirmed the general preference for brick-and-mortar pharmacies and good level of satisfaction with pharmacy services and opening times, although there were concerns about reduced hours and Saturday closures. Respondents who were carers were very appreciative of pharmacy staff adapting to their specific needs, and with the quality of advice given.
 Suggestions for improvement included:
 - more convenient opening times on weekdays (earlier in the morning and/or later in the evening);
 - improved access to minor ailment service, repeat prescriptions and medication delivery;
 - ensuring continuing availability of medicines;
 - improving parking in proximity to pharmacies, particularly for those with physical needs, and;
 - access facilities for people with disabilities.

20. The **statutory consultation** survey yielded 22 responses to the online survey for Leicestershire and a written response from the LLR ICB. 70% of respondents were pharmacists or appliance contractors, with responses from two neighbouring HWB areas, district councils, Healthwatch, local NHS trust and a member of the public.
21. There was a general agreement on the clarity of the PNA, its comprehensive nature, and it being a thorough assessment of the current pharmacy provision in Leicestershire. It was felt that population needs were adequately covered in the report, and the respondents valued the focus on disparities in service provision and growing service demand in the future.
22. Suggestions for **future assessments** included a focus on future staffing and resilience risks, re-consideration of services rationalised into one location (e.g. palliative care service), ensuring access to pharmacies in new housing developments and clear communication to the public around the services available to them through community pharmacy.
23. None of the respondents disagreed with the **conclusions and recommendations** of the report. The respondents valued the focus on the equality of local provision, flagging the importance of continued monitoring, particularly in relation to future planned housing and population growth. The majority of respondents agreed that the PNA has given enough information to help plan future services and support pharmacies and dispensing appliance contractors (DACs), although it was suggested that more detail on forward planning for growth, pharmacy workforce considerations, challenges faced by DACs and future needs for these services would enhance the PNA process in the future. Suggested opportunities for refinement and reinforcement in future assessments included:
 - strengthening future-focused analysis,
 - improving stakeholder engagement and
 - embedding enhanced service evaluation into the report.
24. The **response from the LLR Integrated Care Board** (attached) advocates the inclusion of community pharmacies in the local Core20PLUS5 strategies and broader health equity initiatives. The five priority areas emphasised by the LLR ICB include:
 - service integration and expansion through primary care networks and neighbourhood health delivery models,
 - innovative service delivery to relieve pressure on other services,
 - digital enablement, including digital integration of community pharmacies into the healthcare system,
 - supporting the promotion of public health and
 - regular review of ongoing housing development and population growth to ensure effective planning for growth.

Changes and Additions Made to the Draft PNA

25. The Reference Group have considered the results from the Statutory Consultation and consultation with the public and pharmacists and a number of extra points and amendments have been incorporated into the final PNA. These include: -
- Updated demographic forecasts based on the recent census, though this does not vary significantly from the population projections previously included.
 - Information on current housing growth targets and areas of future development.
 - Final analysis of the public and pharmacy surveys, including a thematic summary of open-ended questions and comments.
 - Results of the statutory consultation with stakeholders.
 - Information from neighbouring areas' PNAs.
 - 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

26. The PNA concludes that there is good **provision of community pharmaceutical services** across the county of Leicestershire to meet the health needs of the population. The services are distributed across the localities, with good levels of access by residents to pharmacies in Leicestershire or, where available, across the County border.
27. It specifically makes **statements** about the essential, advanced, enhanced, locally commissioned and other types of services, including the NHS, affecting pharmacy provision in the county.
28. However, the **projected population increases** and housing growth in Leicestershire may lead to the need for more pharmacy provision and it is vital that local access to these services is monitored to ensure the expected level of provision throughout the three-year life cycle of this PNA.
29. The **changing role** of community pharmacies in future healthcare, particularly their integration with primary care offer, requires effective neighbourhood working arrangements and robust quality monitoring.
30. Some services, such as palliative care supply, are provided by few or single pharmacies in LLR, which raises questions about equity of access, particularly for patients living in remote areas.
31. The **PNA public engagement** process highlighted a need to review some accessibility issues, particularly parking spaces outside pharmacies.

32. While only a small minority of survey respondents used public transport to travel to their pharmacy, public, community and voluntary transport options should be kept under review.
33. The public feedback indicated a strong preference for bricks-and-mortar pharmacies, however, the trends in the use of online and delivery services should be monitored, and such services enhanced where possible.
34. The users are aware of many additional services provided by pharmacies, however, there is a need to enhance their awareness of health promotion (e.g. exercise or healthy weight advice). Pharmacies will be vital in the **promotion of public health**, whether through healthy lifestyles advice or early preventative action. This will, in time, cut down the number of GP or urgent care engagements and unnecessary admissions to hospital.

Recommendations from the PNA

35. With the focus on improvement and equity of pharmaceutical service provision in Leicestershire, the 2025 PNA recommends the following:
 - Ensure **effective planning for growth**, by continued monitoring of coverage, particularly in areas of faster population growth and new housing developments, such as Charnwood, Melton and North West Leicestershire.
 - Support **pharmaceutical services integration** with wider health systems, through innovative service delivery and digital enablement, to relieve pressure on other systems, including general practice and urgent care. This includes involving pharmacy services in primary care networks and neighbourhood health delivery models locally and ensuring strategic engagement of pharmacy staff.
 - Strengthen the role of pharmacies in supporting **promotion of public health**. This includes increasing awareness of services aiming at health promotion and lifestyle management, through local and/or national campaigns.
 - Further consideration of possible actions to improve **evening and weekend access**, particularly in districts with a high working-age population.
 - Ensure maintenance and improvements in access to H. pylori testing and palliative care services.
 - Ensure services continue to reach out to **vulnerable and hard-to-reach populations**, including rural residents, carers, and those with mobility limitations.

- To ensure equity of provision, **periodical updates** be made to the Health and Wellbeing Board by pharmacy commissioners (ICB/NHSE/LCC as appropriate), including the following aspects:
 - the impact of any service changes (closures, consolidations or openings of pharmacies as well as regulatory changes, e.g. affecting the opening hours),
 - potential impact of policy and funding changes on pharmacy provision,
 - the location and opening times of community pharmacies in areas of fast population growth,
 - trends in uptake of advanced and locally commissioned services, particularly Pharmacy First, contraception and hypertension case-finding services,
 - any difficulties experienced by pharmacies, e.g. recruitment issues, problems with access to medicines,
 - any changes in the availability of public, community and voluntary transport provision to pharmacy and GP dispensing locations.
- The HWB should also be updated on progress with any relevant local **campaigns to enhance the promotion of public health and health management**, particularly those to increase the role of pharmacies in preventing ill-health, supporting the wellbeing of the population and providing clinical care for patients.

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

Appendices

- Appendix A: Final 2025 Leicestershire Pharmaceutical Needs Assessment
- Appendix B: NHS LLR ICB Statutory Consultation Response
- Appendix C: Supporting Appendices to the Final 2025 PNA Available here
<https://www.lsr-online.org/pna-for-2025>

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Relevant Impact Assessments

Equality and Human Rights Implications

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

Partnership Working and associated issues

37. 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

38. 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.

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