



# Leicestershire Pharmaceutical Needs Assessment 2025



**Public Health Intelligence**

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# Foreword and Executive Summary

## 1. Introduction and Purpose

The Leicestershire Pharmaceutical Needs Assessment (PNA) 2025 is a statutory document produced by the Leicestershire Health and Wellbeing Board (HWB) under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Under these regulations, every HWB is required to produce a PNA in a three-year cycle. The last PNA was published in 2022.

The purpose of the assessment is to gauge whether the provision of pharmaceutical services meets the health needs of the local population and identify any gaps in service delivery. It provides a framework for NHS England, Integrated Care Boards (ICBs), and other local commissioners when planning or responding to applications for new or altered pharmacy services, such as relocations or mergers.

This executive summary offers an overview of key findings, future challenges, and strategic recommendations drawn from the assessment.

## 2. Demographics and Health Needs

Leicestershire comprises seven district council areas — Blaby, Charnwood, Harborough, Hinckley and Bosworth, Melton, North West Leicestershire, and Oadby and Wigston—with a total estimated population of 720,000 in 2023. **Population growth** is expected to continue, with an estimated 6.5% increase in population by 2035. The population of North West Leicestershire is projected to be the fourth fastest growing population in England in the decade between 2022 and 2032<sup>1</sup>, with a 16% projected growth. The proportion of people aged 65 and over will rise by 25%, accounting for nearly a quarter of the total population. The ageing demographic and new housing developments are expected to place increasing demand on pharmaceutical services in certain areas. On average, more than 5.4 thousand more houses are planned to be built per annum over the next three years.

Leicestershire has relatively good overall **health outcomes** compared with England, including higher life expectancy and lower levels of smoking and obesity. However, significant variations exist, with higher deprivation levels in pockets of urban areas; more limited access to transport and fewer local health services in rural areas of the County and a growing burden of chronic disease - projections indicate that over 50% of people aged 65+ will experience two or more long-term conditions by 2033.

Health improvement priorities in Leicestershire include cardiovascular health, respiratory illness, cancer, and diabetes—conditions closely linked to medication use and pharmaceutical

care.

### 3. Pharmaceutical Service Provision

In September 2024 there were 133 community pharmacies located in Leicestershire, 1 dispensing appliance contractor (DAC) and 16 dispensing General Practices. All pharmacies deliver essential services as part of the NHS Community Pharmacy Contractual Framework. Most pharmacies are open six days a week, with around 10% open after 7pm on weekdays. A small number of community pharmacies operate on Sundays.

The geographic distribution of pharmacies ensures that 98% of residents live within a 10-minute drive of a pharmacy or dispensing practice. However, 28% of Leicestershire residents need more than 15 minutes' walk, and 11% more than 15 minutes public transport journey to reach a pharmacy. For those living in rural areas, these proportions are much higher (89% for walking and 62% for public transport, respectively). No access inequalities due to age or deprivation were detected. Urban districts such as Blaby and Oadby and Wigston have high walkability access, while rural parts of Harborough and Melton show more challenges in walk and public transport coverage, especially for older adults.

All pharmacies provide **essential services**, mandatory under NHS Community Pharmacy Contractual Framework (CPCF), including medicines and appliance dispensing, repeat dispensing, disposal of unwanted medicines, discharge medicine service, promoting healthy lifestyles, clinical governance, signposting and support for self care.

A numbers of **enhanced and advanced services** such as Pharmacy First service, appliance use review, hypertension case-finding, flu vaccination, new medicines, pharmacy contraception, smoking cessation service or stoma appliance customisation, are commissioned under CPCF arrangements.

**Locally commissioned services** are available through a mix of locally commissioned and nationally funded contracts. These services include services for people with drug addictions (via Turning Point), urgent supply and home delivery of palliative care and specialised medicines and, until recently, emergency hormonal contraception. Their availability varies by district and could be further aligned with local population needs.

There has been a significant increase in the demand and **use of clinical services** provided by community pharmacies in Leicestershire. Claims for **Pharmacy First** service increased almost two-fold between their introduction in January 2024 and the first quarter of 2025, across all clinical pathways. This service is widely available across local pharmacies. There was also a steady increase in blood pressure checks hypertension case-finding, new medicines service and pharmacy contraception service.

## 4. Public and Stakeholder Feedback

Of the 739 Leicestershire residents responded to the **pharmacy public survey**, the majority (86%) thought that pharmacy services were good, with only 8% dissatisfied with services. There was a clear preference for brick-and-mortar pharmacies and GP dispensaries (94% of respondents), and only 4% routinely used delivery services. The highest **rates of satisfaction** were with GP dispensaries (90%) and community pharmacies (81%), with 64% satisfaction rate for online pharmacies. The availability of medication at a pharmacy was very important, as were quality of service, followed by availability of private areas. Respondents valued ease of access, supportive staff, and flexibility of services and expressed their preference for bricks-and-mortar pharmacies over online options. Evening and weekend access was highlighted as a limitation, particularly for working individuals. Carers and those with mobility issues emphasised the importance of home delivery and parking.

Almost half (48%) of respondents accessed pharmacies car, 46% were walking, 3% had their medicines delivered and only 1% were using public transport. In 98% the drive time was less than 30 minutes (in 80% less than 15 minutes). Most of respondents (89%) used pharmacies on the weekdays, with 80% of respondents stating that **pharmacy opening hours** met their need. 98% of respondents found it easy to find a pharmacy; easiest during a weekday (98%), but difficult after 6 pm on a weekday and on Bank Holidays. There was a generally good level of satisfaction with opening hours in Leicestershire, although some respondents were concerned with the reduced opening hours and Saturday closures.

While there was a good awareness of additional services provided by pharmacies, such as minor ailment advice, disposal of unused medicines service, flu vaccinations or BP checks, less than 15% were aware of weight management, physical exercise or healthy eating advice.

In the **pharmacy professional survey**, 69% of Leicestershire pharmacies felt able to maintain the current **level of service**, with 17% stating they did not (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. 91% either planned to maintain or expand the levels of service with only one pharmacy planning to reduce the level of operation. Nine out of ten of all respondents judged the **local pharmaceutical provision** as good or very good.

Only a quarter of pharmacies offered **independent** private **prescribing**, and 10% independent NHS prescribing, with 85% intended to change their independent prescribing practice, whether expanding or reducing. 60% of pharmacies dispensed appliances and 93% offered delivery services, the majority (83 %) planning to expand their online and/or delivery services.

In terms of **facilities**, all pharmacies had at least one had one consultation area (31% had two or more), 98% had wheelchair access, 75% handwashing facilities 24% had toilet facilities for those attending the consultation. 32% of pharmacies planned to increase consultations in the next 12 months. Most of pharmacies (64%) used a **language service**, such as Google Translate, or patients were served by a member of staff who could speak that language (41%).

In general, pharmacies were keen to provide **additional services** such as private prescribing, aesthetics, patient discharge services, prescribing for H. Pylori, travel clinics, weight management or ear wax removal. Lack of funding, complicated tendering, digital access issues and staffing were quoted as barriers to providing such services.

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.

Through the **statutory PNA consultation** process (June/July 2025) professional stakeholders yielded 22 responses to the online survey for Leicestershire and a written response from the Leicester, Leicestershire and Rutland Integrated Care Board. Statutory consultees included pharmacists or appliance contractors, neighbouring HWB areas, district councils, Healthwatch, local NHS trust and a member of the public. There was a general agreement on the clarity of the PNA, its comprehensive nature, and 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.

None of the respondents disagreed with the **conclusions and recommendations** of the report, valuing its focus on the equality of local provision, and flagging the importance of continued monitoring, particularly in relation to future planned housing and population growth. 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, as well as attention to staffing and resilience risks, re-consideration of services rationalised into one location (e.g. palliative care service). The importance of ensuring access to pharmacies in new **housing developments** and clear communication to the public around the services available to them through community pharmacy were also highlighted.

The response from the **LLR Integrated Care Board** advocated 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.

## 5. Service Gaps and Future Considerations

While the assessment finds no current gaps in essential pharmaceutical provision, it highlights several issues to be taken into account in future service planning:

- **Population growth:** significant housing developments in many areas (mainly Charnwood, Melton and North West Leicestershire) will require monitoring to ensure service capacity keeps pace with the housing growth and associated demands as they are built.
- **Access in rural areas:** residents in Harborough and Melton face longer journey times and more difficult access to enhanced services.
- **Workforce and sustainability:** the pharmacy sector is facing workforce challenges that could affect future service continuity that need monitoring and addressing through the NHS workforce strategy.
- **Digital Services:** there are opportunities locally to expand digital prescription management and remote support, but this must be inclusive of digitally excluded populations.
- **Equity of Access:** analysis shows some disparities in walk and bus access by age, deprivation, and rurality, indicating the need for tailored solutions in disadvantaged communities. Some services, such as palliative care medicines supply and home delivery, are provided by few or single pharmacies in LLR, which raises questions about equity of access, particularly for patients living in remote areas.

## 7. Conclusions

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. The assessment specifically concludes that:

- there are no identified significant gaps in provision of NHS Essential Services to meet the current and future (next three years) needs of the population, including provision during working and non-working hours,
- there are no identified gaps in the provision of Advanced or Enhanced Services at present or in the future (next three years) that would secure improvements or better access to services in Leicestershire, and
- no gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in the future (next three years) to meet the needs of the County's population.

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.

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.

The PNA public engagement process highlighted a need to review some **accessibility** issues, particularly parking spaces outside pharmacies. 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.

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.

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. The Leicestershire Health and Wellbeing Board concludes that pharmaceutical services are currently generally well-placed to meet the health needs of residents. With strong geographical coverage, high satisfaction levels, and a wide and expanded range of services, pharmacies remain a very valued and accessible health resource.

Local demographic trends, workforce constraints, and varied access across geography and population groups necessitates **continued proactive monitoring and planning**. By continuing to invest in pharmacy services and supporting their integration into the local primary care offer,



Leicestershire can ensure pharmaceutical provision remains equitable, resilient, and person-centred over the coming years.

## 6. Recommendations

Based on the assessment, the following recommendations are made to sustain and improve pharmaceutical access:

1. Maintain the current pharmacy provision in areas where demand is being met including more online access and home delivery services.
2. Continue to monitor population growth and housing plans in population growth zones and report on development progress and any associated pharmacy access issues.
3. Consider any options to improve evening and weekend access, particularly in districts with a high working-age population.
4. Continue to promote equity of access and look to ensure services reach vulnerable and hard-to-reach populations, including rural residents, carers, and those with mobility limitations.
5. Support the integration of pharmacies into wider health systems as appropriate, through an 'integrated primary care offer'.
6. Expand awareness of pharmacy delivered services among the public through better signage, promotion, and digital platforms.
7. In addition to the above recommendations, ensure period updates by the commissioner (ICB/NHSE/LCC as appropriate) to the Board on:
  - The impact of policy and funding changes on pharmacy provision
  - Regulatory changes impacting pharmacy provision – e.g. the new application route to redistribute core contractual hours
  - Significant changes to location and opening times of community pharmacies
  - Coverage and uptake of advanced and locally commissioned services (such as Pharmacy First)
  - Any continued recruitment issues experienced by pharmacies

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# 1. Introduction

## 1.1. Background

The purpose of the Pharmaceutical Needs Assessment (PNA) is to identify the pharmaceutical services currently available and assess the need for these services in the future. It is a crucial part of the market entry system and supports commissioning decisions based on patient needs.

All Health and Wellbeing Boards (HWBs) must prepare PNAs to national comparable standards every three years, with the ability to issue supplementary statements in response to any interim changes relevant to the granting of applications. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

PNAs aim to inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for the local population, within available resources, 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.

This edition of the Leicestershire PNA reviews pharmacy coverage (excluding internet pharmacies) and dispensing GPs in relation to the health needs of the people of Leicestershire. This includes 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 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. Both HWBs and Local Pharmaceutical Committees (LPCs) were issued with appropriate national guidance on how to prepare and use PNAs in their localities.

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 are held by NHS England and NHS Improvement. This is commonly known as the NHS “market entry” system.

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 2022 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. This PNA replaces the 2022 document.

The national guidance recommends basing recommendations on service data for the latest available financial year, which would mean the services that were provided on the 31st of March 2024. However, the fast-moving changes in provision in more recent months, particularly for clinical services, dictated a further analysis of services and trends in their provision up to the end of December 2024, with clear indication where data are of a provisional nature.

## 1.2. Purpose of the PNA

The Pharmaceutical Needs Assessment 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. It informs local commissioning decisions by NHS England, Integrated Care Boards and local authorities by identifying which pharmaceutical services should be commissioned within available resources, and their location.

PNA must be 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. It should also examine population demographics and available services in neighbouring areas that may affect local service need.

A key role of a PNA is to identify gaps in pharmaceutical service provision and inform decision making in response to applications made to NHS England by organisations to provide a new pharmacy.

National regulations require that a number of statements are contained within a PNA:

1. 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.
2. 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.
3. 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.

4. 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.
5. Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Information that will be included or considered within the PNA includes:

- 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.

A number of added services have changed the way community pharmacies are perceived and relied upon. Pharmacies remained open during the height of the COVID-19 pandemic, enabling patients to access clinical expertise without an appointment. The more recent years have seen **a fast development of clinical services provided by local pharmacies**. This PNA seeks to build on the new emerging role of pharmacies in the local community.

## 2. Local Health Priorities

### 2.1. National Context

**NHS Long Term Plan (LTP)**<sup>2</sup> was published in January 2019 to set out the priorities for healthcare for the next ten years. It includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. It acknowledges the essential role of pharmacists in delivering care in the community, uniquely placed to support urgent care and promote patient self-care and self-management. It envisages the creation of fully integrated community-based healthcare with developing truly multi-disciplinary teams. It also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as NHS Health Checks.

**Core20PLUS**<sup>3</sup> aims to support the reduction of health inequalities nationally and locally (at ICS level), concentrating on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation (IMD) and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access (PLUS). It focuses on five clinical priority areas – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding.

The drive to modernise the NHS (the **Ten Year Health Plan**<sup>4</sup>) is to be based on three shifts - moving care from hospitals to communities, making better use of technology and focussing on preventing sickness.

### 2.2. Local Priorities

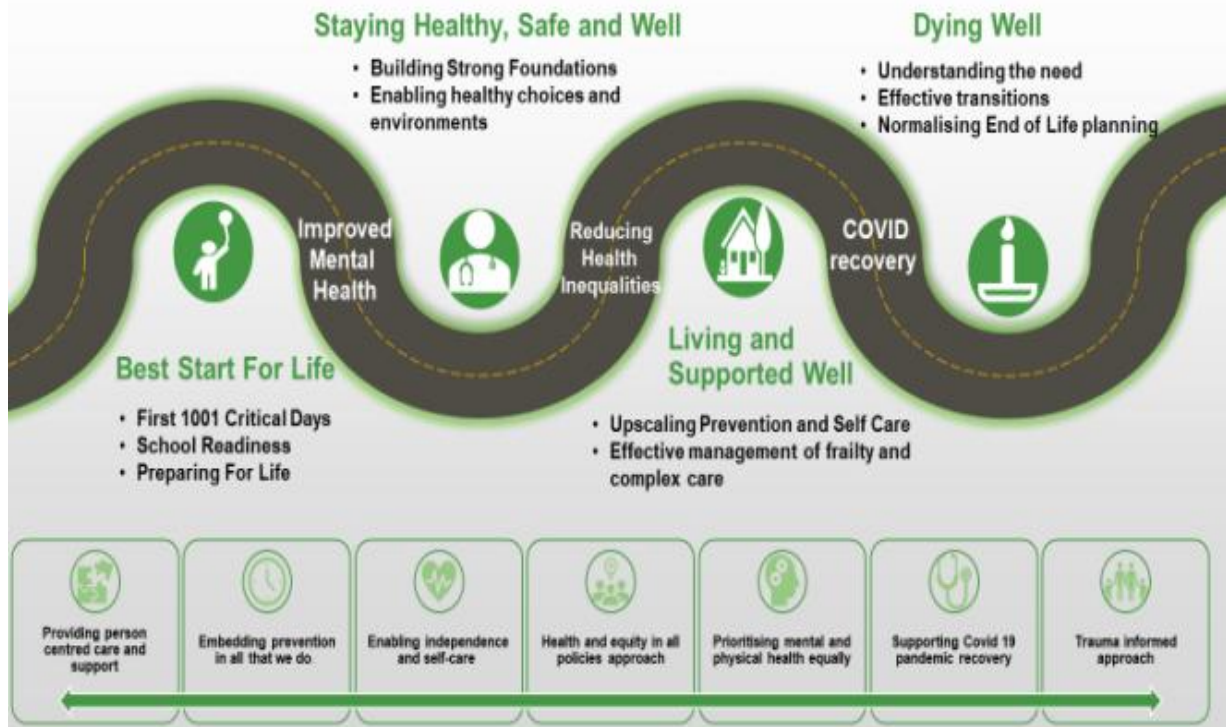
The Leicestershire **Joint Health and Wellbeing Strategy (2022-32)** was published in 2022. The Strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment.

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 (Figure 1).

Figure 1 Leicestershire Health and Wellbeing Strategy priorities for 2022-32

# Joint Health and Wellbeing Strategy

*'Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives'*



The **'One LLR' Our Primary Care Strategy 2022-2025**<sup>5</sup> set out a vision for primary care across LLR, building on existing local health and wellbeing strategies and place led plans. It acknowledged the importance of including urgent care, pharmacy, dentistry, and optometry services, not just general practice, to ensure better care continuity. It highlights the focus on achieving both nationally mandated deliverables and local primary care delivery priorities for LLR. Some of important goals in the contexts of pharmaceutical services include:

- Developing an integrated, multi-disciplinary model of care focused on prevention, self-care, and shared health outcomes.
- Implementing new care models for vulnerable and long-term conditions patients.
- Building services tailored to local neighbourhoods.
- Improving communication and engagement to encourage people to seek help when needed.
- Empowering people to manage their own health and support prevention and self-care.
- Providing care in appropriate locations, at the right time, and in the right way.
- Offering local primary care facilities with integrated teams and a range of services.

The vision takes into account the national context, ongoing initiatives and system challenges

across the NHS, as well as changing models of care (such as access to pharmacies through CPCS). It includes evolution of primary care to include wider care services, such as urgent care, pharmacy, dentistry and optometry.

It is based around three person-centred themes – (1) population, health quality, prevention, (2) joining up, and (3) access to care closer to home. Key priorities for delivery, in the pharmacy context, include the redesign of care pathways (to include CPCS, now Pharmacy First service), as well as easy and equitable access to a range of services and support. These will be enabled through better workforce development, estates and infrastructure, technology and innovation, governance and leadership, communications and engagement, and finance and contracting. Integration of pharmaceutical services into wider primary care lies at the heart of this Strategy.

Integration of community pharmacies into the front-line primary care service is one of the main priorities in the **Medicines Optimisation Partnership Operational Plan for 2025/26**. Expanding the range of services provided by pharmacies aims to reduce the demand on primary and secondary services. This could be achieved through growth of both self-referrals and referrals from GP practices into community pharmacy enhanced services. The key pharmacy integration programmes include:

- Pharmacy First service
- Community Pharmacy Blood Pressure Service
- Community Pharmacy Contraception Service (initiation and continuation of combined oral contraception)
- Independent prescribing pathway (IPP) - using prescribing pharmacists based in a community pharmacy to manage acute conditions, unavailable medicines and perform asthma reviews and medicines optimisation.
- Referrals for NHS Trusts
- Piloting of appointment booking system for Pharmacy First referrals from GP practices

## 3. Pharmaceutical Services and Pharmacy Contractors

### 3.1. Services

#### 3.1.1. The Pharmacy Contract

Under the Community Pharmacy Contractual Framework (CPCF) there are three tiers of community pharmacy services (the 'pharmacy contract'):

1. **Essential services** – core services that all pharmacies must provide, including dispensing (and repeat dispensing) of medicines and appliances, disposal of unwanted medicines, promotion of healthy lifestyles, signposting or support for self-care. The Discharge Medicines Service (DMS) is one of the essential services since 2021.
2. **Advanced services** – these are optional services that pharmacies may choose to provide under contract, examples include appliance use reviews (AUR), flu vaccinations, hypertension case-finding, Pharmacy First, pharmacy contraception service (PCS) or smoking cessation services (SCS).
3. **Enhanced services** – the third tier of pharmacy contract includes services which can be designed nationally (National Enhanced Service or NES) or locally (Local Enhanced Service or LES). The former is nationally specified and commissioned by NHS England, while the latter is designed locally, with input from the Local Pharmaceutical Committee. NES does allow for some flexibility in the local commissioning of the service, but conditions are standardised nationally.

#### 3.1.2. Locally Commissioned Services

In addition to the three tiers of services described above, pharmacies can be commissioned locally, usually by the NHS or local authority, to provide services tailored to meet the specific needs of the local population. Examples include emergency hormonal contraception (EHC), needle and syringe exchange, supervised administration of methadone and other opioid substitutes or the take home naloxone programme.

Alongside services commissioned by the NHS and other public bodies they may also provide **private services** – services not commissioned by public bodies, e.g., travel health advice.

Further details of the current pharmacy services, including pharmacy contract tiers and locally commissioned services, are given in the Section **Error! Reference source not found.**, page 46.

There are four types of community pharmacy contractors:

1. **Community Pharmacies** – standard contract, those on a **pharmaceutical list** – healthcare professionals working for themselves or employees. They practice in

pharmacy (the field of health sciences focusing on safe and effective medicines use).

2. **Dispensing Appliance Contractors (DAC's)** – only dispense prescriptions for appliances, not medicines. Contracted to the NHS, these businesses dispense appliances listed in the Drug Tariff against prescriptions issued by GPs and specialist nurse prescribers. DACs operate nationally and supply the appliances directly to patient's homes. They provide essential services (dispensing, repeat dispensing, home delivery, urgent supply without prescription and signposting (product supply) and may opt to provide advanced services such as stoma customisation or appliance use review (AUR).
3. **Dispensing GPs** – GP practices can dispense medicines to patients who live more than 1.6 km away from a pharmacy (further details in 'Error! Reference source not found.').
4. **Local Pharmaceutical Service (LPS) contract** – allows NHS England to commission community pharmaceutical services tailored for the local needs. It provides more flexibility within the locally negotiated contract for a narrower or wider set of services, according to local requirements.
5. **Distance Selling Pharmacies (DSPs)** are able to provide the full range of essential, advanced and enhanced services to the population, without face-to-face contact. A DSP receives prescriptions either via the electronic prescription service or through the post, dispenses them at the pharmacy and then either delivers them to the patient or arranges for them to be delivered using a courier. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling pharmacies (DSPs) in addition to the regulations governing all pharmacies. Thus, DSPs must provide Essential Services to anyone, anywhere in England, when requested to do so. They may choose to provide Advanced or Enhanced 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. Since October 2026, DSPs may choose, but are not required, to install a consultation room at their pharmacy to allow the provision of Enhanced and Advanced Services on the premises. However, they must ensure that there are arrangements in place at the pharmacy which enable staff and patients to communicate confidentially remotely, by telephone or another live audio link, and a live video link. DSPs must have a website for patients and the public accessing their services to use, with an interactive page that is clearly promoted when they first access the website, and with a reasonable range of up-to-date materials that promote healthy lifestyles, by addressing a reasonable range of health issues.

## 3.2. Services Excluded from this PNA

The PNA is set out by regulation to cover the services described in Section 2 above.

Other providers of pharmaceutical services in Leicestershire, not included in this report, are prison pharmacies and hospital pharmacies.

### 3.2.1. Prison Pharmacy

In Leicestershire, pharmaceutical services are provided in HMP Gartree, a category B men's prison located in Market Harborough. 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.

### 3.2.2. Hospital Pharmacy

Around 20% of pharmacists work in hospitals and play an essential role in patient care. In Leicestershire, patients access acute care from a range of hospital providers (University Hospitals of Leicester NHS Trust, Community hospitals in Coalville, Hinckley, Loughborough, Lutterworth, Melton and Market Harborough and out of county providers). Whilst in hospital, patients' medicines are dispensed and managed by hospital pharmacists. A hospital pharmacy is a specialized pharmacy department, which prepares, compounds, stocks, and dispenses inpatient medications, often including specialized and investigational drugs not found in community pharmacies.

## 4. Process of Developing the PNA

The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Leicestershire every three years, this edition's completion date being the 1 October 2025.

The Board has tasked the Leicester, Leicestershire and Rutland (LLR) PNA Reference Group to oversee and develop the draft 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 the local NHS (LLR Integrated Care Board), HealthWatch, East Midlands Primary Care Team, LLR Local Medical Committee, Voluntary Action LeicesterShire, Leicestershire Equalities Challenge Group, as well LLR County and District Councils. 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 2025. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following:

- Local Pharmaceutical Committee
- Local Medical Committee
- Integrated Care Board (LLR ICB)
- persons on the pharmaceutical lists and any dispensing doctors list for its area
- All LPS chemist in its area with whom 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
- NHS trust or NHS foundation trust in its area
- 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.

Furthermore, through two surveys taking place through February, March and early April 2025, a consultation took place with local pharmaceutical professionals and service users to gather evidence to support the PNA.



## 5. Health Needs of the Leicestershire Population

Although the most pertinent information to the PNA is included in this chapter, there are additional reports available to further enrich the evidence base for the health and wellbeing of the population, including Leicestershire's Joint Strategic Needs Assessment (JSNA) for 2022-2025, the Leicestershire Joint Health and Wellbeing Strategy 2022-2032<sup>7</sup>, the Public Health Outcomes Framework (PHOF) report published for Leicestershire County Council<sup>8</sup>, district profiles<sup>9</sup> and the Director of Public Health's Annual Reports.

These reports can be found here: <https://www.lsr-online.org/health-and-wellbeing-leicestershire3>

### 5.1. Population

The latest (2023) population estimates show that, compared to England and the East Midlands Region, Leicestershire has a higher percentage of people aged 65 years or more (Table 1). In Leicestershire, 21% of the population is aged 65 or over, compared to 18.7% across England. The ratio of those over 65 to the 16-64 age group is 34.1, compared to 29.7 for England ('old age dependency ratio' or OADR<sup>1</sup>). With changing patterns of retirement age OADR is becoming less useful as an economic measure but is serving here as a broad indicator of population age structure.

*Table 1. Broad age group population comparison between Leicestershire, East Midlands and England (mid-2023 population estimates, ONS 2024)*

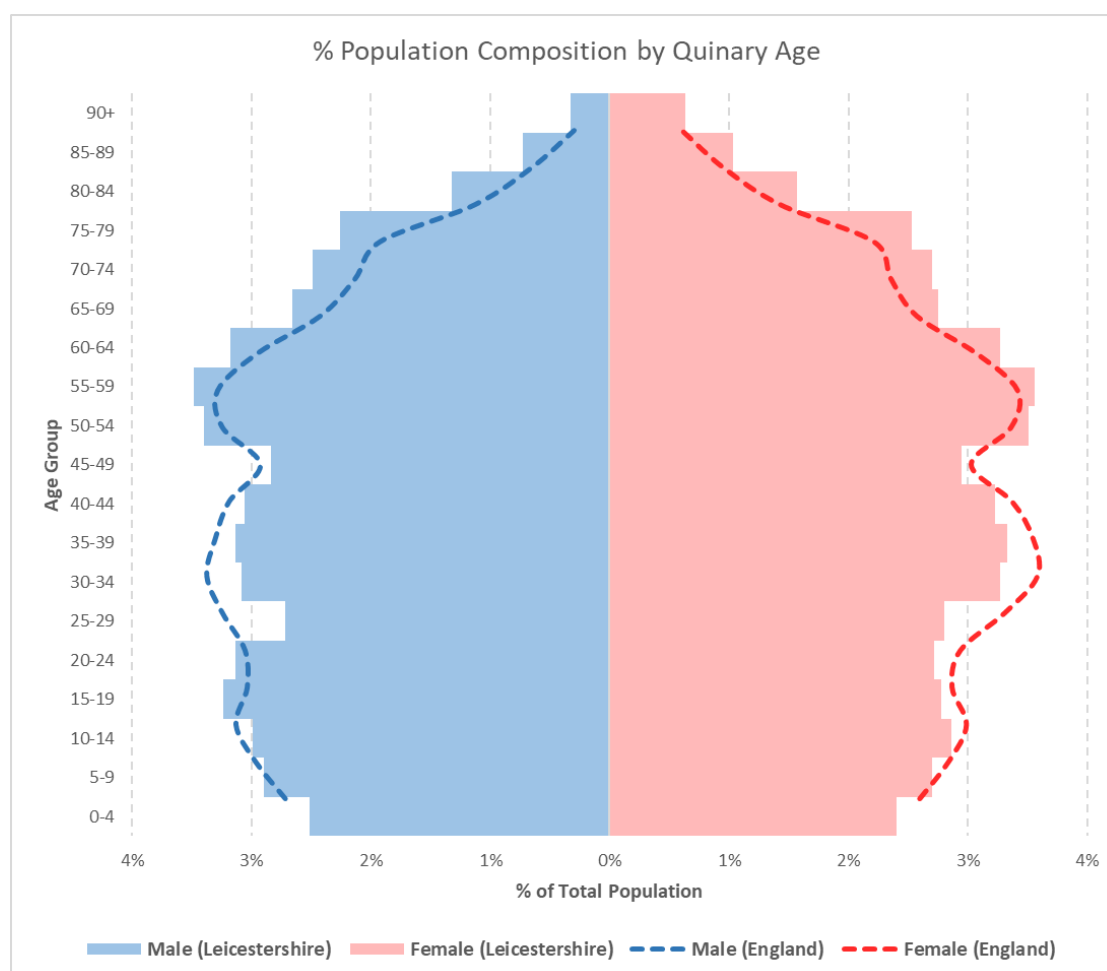
Area	0-15		16-64		65-79		80+		Total	OADR
	No*	%	No*	%	No*	%	No*	%		
England	10,648	18.5%	36,259	62.9%	7,860	13.6%	2,923	5.1%	57,690	29.7
East Midlands	901	18.1%	3,103	62.2%	727	14.6%	260	5.2%	4,991	31.8
Blaby	19.8	18.8%	63.7	60.5%	15.8	15.0%	5.9	5.6%	105	34.1
Charnwood	31.4	16.7%	120.7	64.2%	26.3	14.0%	9.6	5.1%	188	29.8
Harborough	18.0	17.5%	61.8	60.2%	16.6	16.2%	6.3	6.1%	103	37.0
Hinckley & Bosworth	19.9	17.3%	68.9	60.0%	19.3	16.8%	6.8	5.9%	115	37.9
Melton	9.0	16.9%	31.4	58.9%	9.6	18.0%	3.3	6.2%	53	41.0
North West Leicestershire	19.5	17.7%	68.8	62.3%	16.7	15.2%	5.3	4.8%	110	32.1
Oadby and Wigston	11.1	18.7%	36.1	60.5%	8.6	14.4%	3.8	6.4%	60	34.4
<b>Leicestershire</b>	<b>128.7</b>	<b>16.4%</b>	<b>460.0</b>	<b>62.7%</b>	<b>113.0</b>	<b>15.4%</b>	<b>41.0</b>	<b>5.6%</b>	<b>734</b>	<b>34.1</b>

\* In thousands

<sup>1</sup> Number of individuals aged 65 and over per 100 people of working age

Leicestershire has proportionately more residents in older age groups, when compared to England. Conversely, there are less children and younger adults (Figure 2).

*Figure 2. Age structure of the Leicestershire population - mid-2023 estimates*



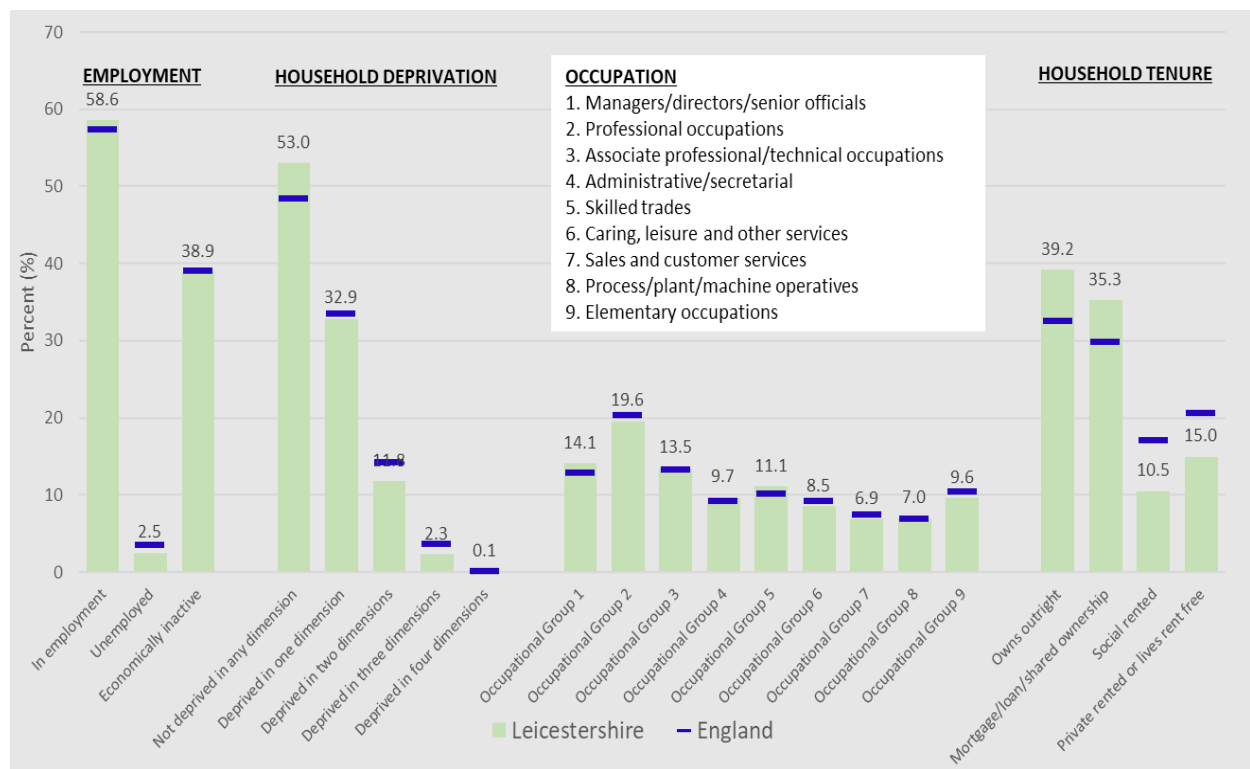
Source: Office for National Statistics 2024

## 5.2. Socio-Economic Deprivation

### 5.2.1. Census 2021

The broad socio-economic profile of the Leicestershire population, based on Census 2021, shows a higher proportion of households as not deprived in any dimension (53% vs 48% nationally), and less of those deprived in two or more dimensions. Also, a higher proportion of the Leicestershire population owned their homes outright or through mortgage or loan, with lower than national average rates of social or private renting (household tenure). Other indicators show broadly similar patterns to the national average (Figure 3).

Figure 3 Summary of socio-economic indicators from Census 2021



Source: Office for National Statistics 2023

### 5.2.2. Index of Multiple Deprivation

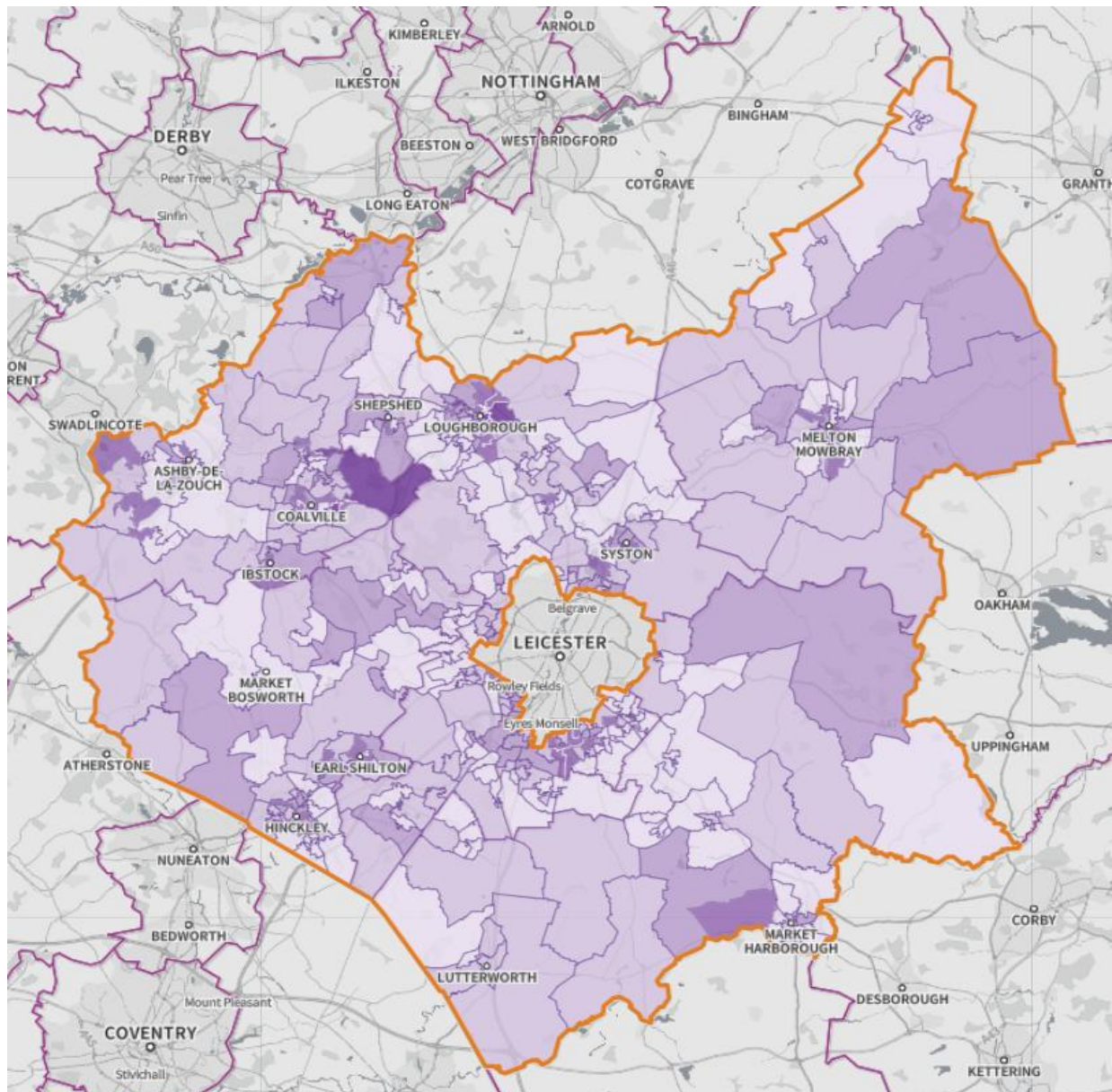
The indices of deprivation use several measures in each of seven “domains”:

- 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
- Living environment deprivation.

The average levels of deprivation across Leicestershire measured by the Indices of Multiple Deprivation (IoD)<sup>10</sup> are not high when compared to the national figures, but there are pockets of deprivation across the county particularly in North West Leicestershire and Charnwood. Although a useful measure at a larger scale, IoD is known to be biased towards urban deprivation. As a large proportion of Leicestershire is rural in character, it has specific issues expressed better through the Barriers to Housing and Services domain of the IoD. Within this domain predominantly rural areas show significant problems rooted in poor access to housing

and services. Overall, the socio-economic deprivation is relatively low in Leicestershire, with pockets of deprivation in North West Leicestershire (3.5% of LSOAs classified within worst national decile) and Charnwood (2% of LSOAs highly disadvantaged); 7 of the Leicestershire LSOAs are in the worst national quintile (Figure 4).

*Figure 4 IMD 2019 by national quintile*



- 33.26 to 92.73: 7 areas
- 21.56 to 33.25: 44 areas
- 14.25 to 21.55: 67 areas
- 8.63 to 14.24: 131 areas
- 0.54 to 8.62: 147 areas

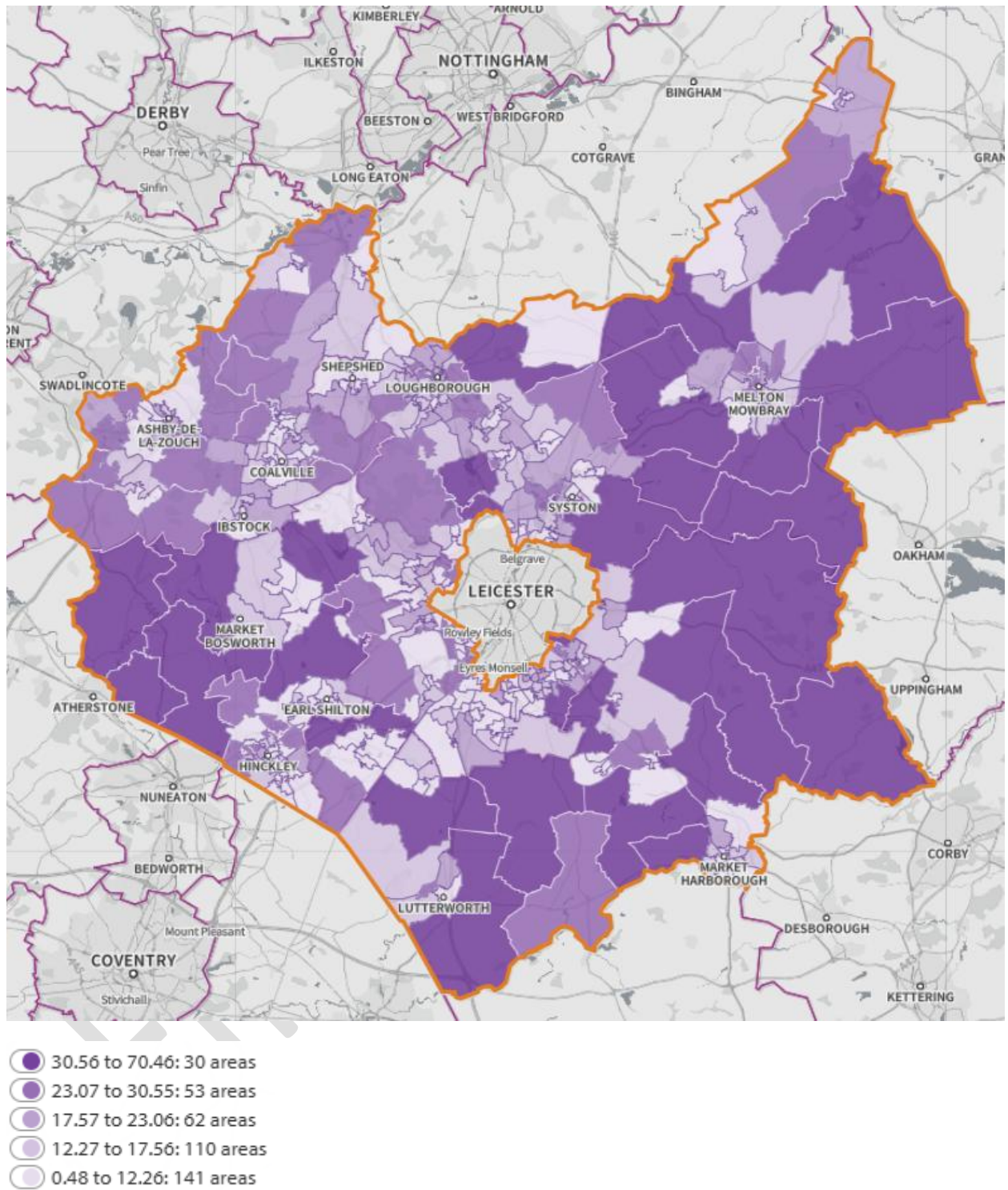
In summary:

- 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.

However, consistent with their rural character, many areas in Leicestershire have problems with housing and access to services (Figure 5). Within Melton, 20% of all LSOAs fall within the worst national decile for this domain, 17% of Harborough LSOAs and 6% of those within Hinckley and Bosworth District.



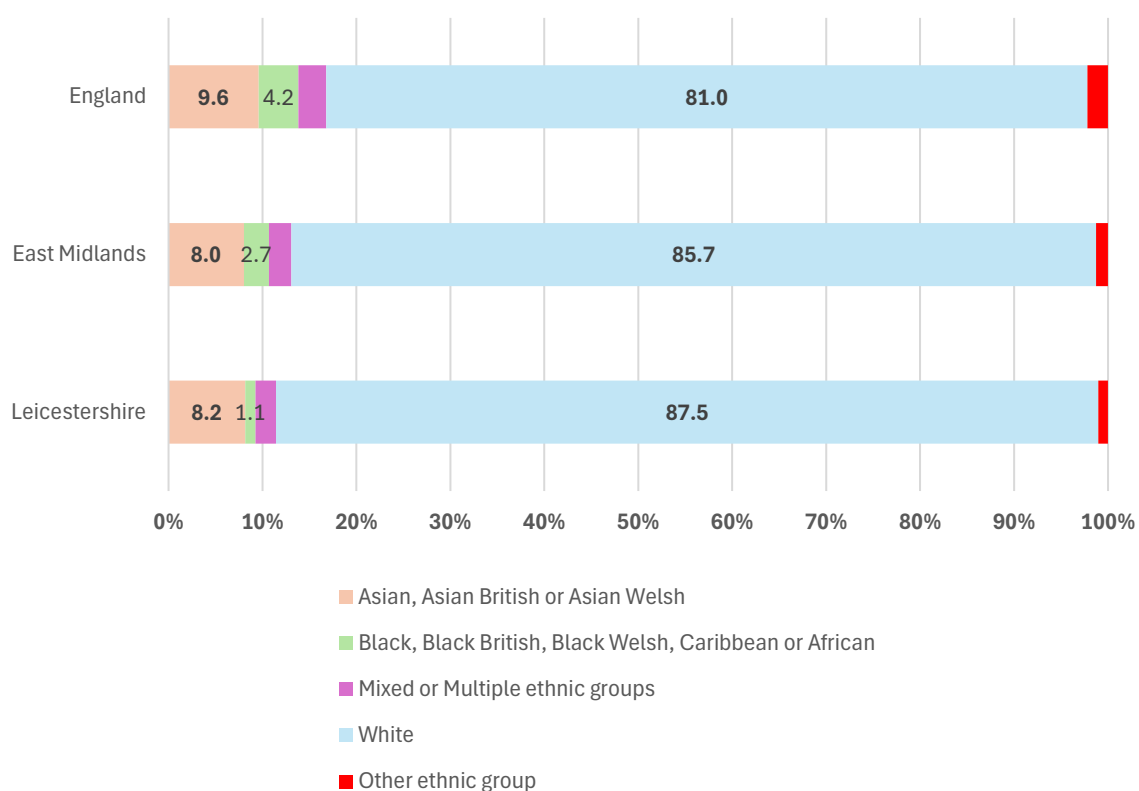
Figure 5 IMD 2019 - Barriers to Housing and Services domain only, by national quintile



### 5.3. Ethnicity

In 2021, the largest proportion (87.5%, N=632,426) of the Leicestershire population was of a white<sup>2</sup> ethnic background which is significantly more than the average for England (81%) (Figure 6). The total number in other ethnic groups was 88,938, with the proportion of Asian<sup>3</sup> population (8.2%), followed by mixed groups (2.2%), black<sup>4</sup> (1.1%) and other population groups (1%). In the decade since 2011 the size of the ethnic minority population of Leicestershire has increased from 55,722 to 88,938 (a 60% rise).

Figure 6 Ethnicity of Leicestershire population (Census 2021)



Source: NOMIS, Census 2021

The picture varies across Leicestershire districts with the lowest ethnic minority proportion in Melton (3.1%) and highest in Oadby and Wigston (36.6%) (Table 2).

<sup>2</sup> Includes the following categories – white English/Welsh/Scottish/Northern Irish/British, Irish and other white

<sup>3</sup> Includes Asian or Asian British groups – Bangladeshi, Chinese, Indian, Pakistani or other

<sup>4</sup> Includes black and black British, African, Caribbean and other black groups

Table 2 Ethnicity of Leicestershire districts' populations (Census 2021)

	Asian	Black	Mixed or Multiple	White	Other
Blaby	8.3	1.5	2.7	86.2	1.3
Charnwood	12.4	1.5	2.5	82.3	1.2
Harborough	5.4	0.7	2.1	91.0	0.8
Hinckley and Bosworth	2.8	0.6	1.8	94.3	0.6
Melton	1.2	0.4	1.3	96.9	0.3
North West Leicestershire	1.5	0.6	1.5	95.9	0.5
Oadby and Wigston	27.9	2.2	3.2	63.4	3.3
<b>Leicestershire</b>	<b>8.2</b>	<b>1.1</b>	<b>2.2</b>	<b>87.5</b>	<b>1.0</b>
<b>England</b>	<b>9.6</b>	<b>4.2</b>	<b>3.0</b>	<b>81.0</b>	<b>2.2</b>

Source: ONS 2025

## 5.4. Rurality

According to data from Census 2021, the majority (67.4%) of Leicestershire population lived in areas classified as urban (60% 'nearer to a major town or city' and 8% 'further from a major town or city'). Less than a third (32%) resided in areas classified as 'rural', with only 0.5% living in areas defines as 'larger' and 'further away from a town or city' (all in the district of Melton). Of the remainder, 20% lived in 'larger rural, near a main town or city', and 10% in 'smaller rural, near a main town or city'. This means that only about 2% of Leicestershire population are in areas classified as 'rural' and are 'further from a major town or city', according to the most recent area classification (Figure 7).

Figure 8 is a map of the rural-urban LSOA<sup>5</sup> classification, showing a relatively large proportion of the District of Melton, as well as parts of Harborough, within the 'larger rural, further away from a main town or city'.

<sup>5</sup> Lower Super Output Area



Figure 7 Population of Leicestershire and constituent Districts, by rural-urban classification 2021.

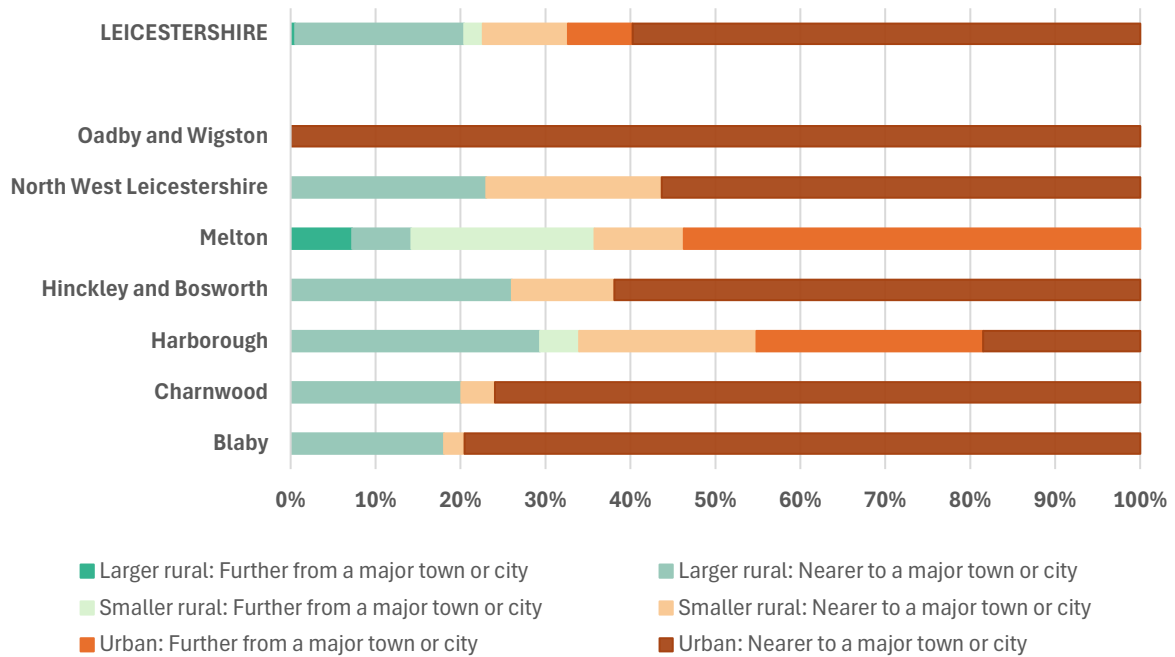
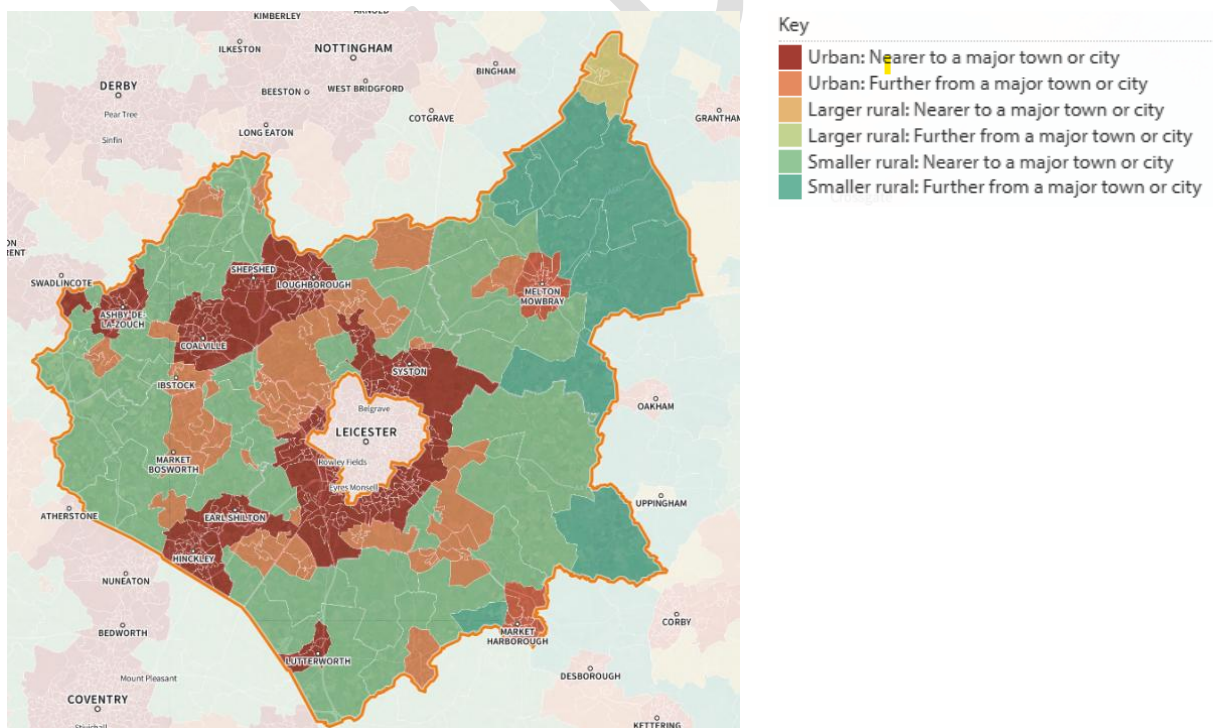


Figure 8. Census 2021-based rural-urban classification for Leicestershire



Source: ONS 2025

A detailed report on the demography of Leicestershire population can be found here:

<https://www.lsr-online.org/uploads/demography-2024.pdf?v=1727078295>

## 5.5. Current Health Needs

### 5.5.1. Health Profiles

As part of the Public Health Outcomes Framework, health profiles are updated on a quarterly basis by the Office for Health Improvement and Disparities (OHID) and provide a useful summary of the health needs of the local population<sup>11</sup>. The health profiles for Leicestershire and the constituent districts are included in the Appendix. The key findings are summarised in this section (Table 3).

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 16.8% children live in relatively low-income families (between 11.6% in Harborough and 18.4% in Oadby and Wigston).

For **children and young people** there are a couple of areas for improvement. A higher than average proportion of women (by 2%) smoke at the time of delivery in Charnwood, Hinckley and Bosworth and North West Leicestershire, although the average for Leicestershire is not significantly higher than the national rate. Leicestershire also has lower rates of first breast feeding (by 5%), with four of out seven districts with significantly low rates.

Leicestershire has higher rates of **adult overweight and obesity** (66% vs 64% nationally), which are relatively high in North West Leicestershire (over 71%) and Melton (just under 70%).

Among the indicators of **disease and poor health** of note are significantly lower than average rates of early cancer diagnosis in Charnwood (8% below the national average) and Oadby and Wigston (11% below the national average). The rates of admission for intentional self-harm are higher than the national average in all but one district (Oadby and Wigston). In addition, the rate of alcohol-related admissions is higher than expected in North West Leicestershire (by 20%).

*Table 3 Health Profile Summary for Leicestershire and constituent Districts. Source: Office for Health Improvement and Disparities 2025*

	England	Leicestershire	Blaby	Charnwood	Harborough	Hinckley & Bosworth	Melton	NW Leicestershire	Oadby & Wigston
<b>Our Communities</b>									
1 Deprivation score (IMD 2019)	21.7	12.3	10.6	13.2	8.0	13.5	12.5	14.6	13.0
2 Children in relative low-income families (under 16s)	19.8	16.8	15.8	18.1	11.6	17.7	18.1	17.7	18.4
3 Homelessness: households owed a duty under the HRA	12.4	6.8	9.6	*	6.3	9.4	14.6	7.0	11.7
4 Average Attainment 8 score	46.2	46.3	44.9	47.7	48.6	46.6	47.4	41.4	48.2
5 Violent crime*	34.3	17.1	15.5	14.7	15.0	22.5	16.2	20.7	17.7
6 Percentage of people in employment	75.7	81.5	84.7	81.0	78.9	82.6	74.4	83.1	83.3
<b>Children and Young People</b>									
7 Smoking status at time of delivery	7.4	8.0	6.8	9.1	6.7	9.4	6.4	9.4	6.4
8 Baby's first feed breastmilk	71.9	66.5	69.4	66.0	70.6	64.3	65.3	61.4	70.5
9 Year 6 prevalence of obesity (including severe obesity)	22.1	18.6	18.9	18.3	15.8	17.8	19.0	20.7	20.7
10 Admission episodes for alcohol-specific conditions (<18s)	26.0	13.0	*	9.6	17.0	15.0	*	15.9	*
11 Under 18s conception rate / 1,000	13.1	10.7	11.0	9.6	5.2	14.0	10.7	15.5	9.0
<b>Adults and Lifestyle</b>									
12 Smoking Prevalence in adults (aged 18+) - current smokers	11.6	9.5	11.2	6.2	9.9	8.9	9.6	9.9	17.4
13 Percentage of physically active adults	67.1	70.1	66.1	74.0	67.9	75.4	64.8	71.4	59.6
14 Overweight (including obesity) prevalence in adults	64.0	65.9	66.5	61.5	60.7	66.8	69.8	71.2	65.3
<b>Disease and Poor Health</b>									
15 Percentage of cancers diagnosed at stages 1 and 2	54.4	52.6	54.3	46.7	57.3	55.2	59.0	52.5	43.5
16 Emergency Hospital Admissions for Intentional Self-Harm	126	169	167	183	162	174	194	169	122
17 Admission episodes for alcohol-related conditions	475	467	437	468	453	419	509	568	423
18 QOF diabetes registration (%)	7.7	7.8	*	*	*	*	*	*	*
19 TB incidence (three year average)	7.6	4.1	5.5	5.2	2.7	2.4	3.9	2.2	8.7
20 New STI diagnoses (exc. Chlamydia < 25) per 100,000	520	304	317	357	290	259	238	304	291
21 Hip fractures in people aged 65 and over	558	566	530	536	531	643	585	539	619
<b>Life Expectancy and Mortality</b>									
22 Life expectancy at birth (male)	79.3	80.4	80.8	79.4	81.0	80.5	80.0	81.0	80.7
23 Life expectancy at birth (female)	83.2	83.7	84.2	84.2	84.0	83.0	83.2	83.0	84.0
24 Infant mortality rate	3.9	3.2	3.8	3.8	1.9	3.2	4.5	2.0	3.2
25 KSI casualties on England's roads	91.9	54.8	*	*	*	*	*	*	*
26 Suicide rate	10.7	10.3	9.9	10.0	12.1	10.0	13.5	9.1	9.0
27 Smoking attributable mortality	202	172	*	*	*	*	*	*	*
28 Under 75 mortality from cardiovascular disease	77.4	65.6	58.6	60.4	67.9	65.8	64.6	78.2	65.7
29 Under 75 mortality from cancer	121	110	93	115	116	122	89	120	97
30 Winter mortality index	8.1	8.6	10.8	9.0	7.0	15.8	-1.0	4.0	9.8
Significantly better than national average									
Not significantly different									

Significantly worse than national average

Not RAG-rated

HRA = Homelessness Reduction Act

IMD = Index of Multiple Deprivation

\* Hospital admissions for violence (inc. sexual violence)

KSI = Killed and seriously injured

### 5.5.2. Lifestyle Factors

Table 4 presents selected indicators from the health improvement domain of the Public Health Outcomes Framework published for local authorities<sup>12</sup>.

As mentioned in the section above ('Health Profiles'), adult obesity in Leicestershire is significantly higher than the national average – in 2022/23 it was just under 66% against 64% in England.

Smoking and alcohol-related indicators are not significantly different to the national average, albeit the rates in 2022/23 were somewhat lower in Leicestershire.

Although the prevalence of overweight and obesity in children is significantly lower than the national rate, both at reception year and year 6 (by around 3%), year 6 prevalence is showing an upward trend in Leicestershire.

Both the happiness and anxiety scores in Leicestershire are similar to the national average.

Table 4 Lifestyle Statistics for Leicestershire

Indicator	Time Period	Leicestershire		England	
Smoking Prevalence in adults (18+) – current smokers (APS) (2020 definition)	2023	9.5%	→	11.6%	→
Admission episodes for alcohol-related conditions (Narrow): (Persons) / 100,000	2022/23	467	→	475	→
Overweight (including obesity) prevalence in adults (18+)	2022/23	65.9%	-	64.0%	-
Reception: Prevalence of overweight (including obesity)	2023/24	19.9%	→	22.1%	↓
Year 6: Prevalence of overweight (including obesity)	2023/24	32.5%	↑	35.8%	→
Percentage of physically inactive adults (19+)	2019/20	18.9%	-	22.6%	-
Self-reported wellbeing – people with a low happiness score	2022/23	8.8%	-	8.9%	-
Self-reported wellbeing – people with a high anxiety score	2022/23	23.6%	-	23.3%	-

Source: Office for Health Improvement and Disparities: Public health profiles. © Crown copyright 2025  
<https://fingertips.phe.org.uk/>

#### Recent Trend:

- ↑ increasing (getting worse)
- ↓ decreasing (getting better)
- no significant change
- cannot be calculated

#### Local Rate:

- Statistically significantly better than national average
- Statistically similar to the national average
- Statistically significantly worse than national average

### 5.5.3. Life Expectancy

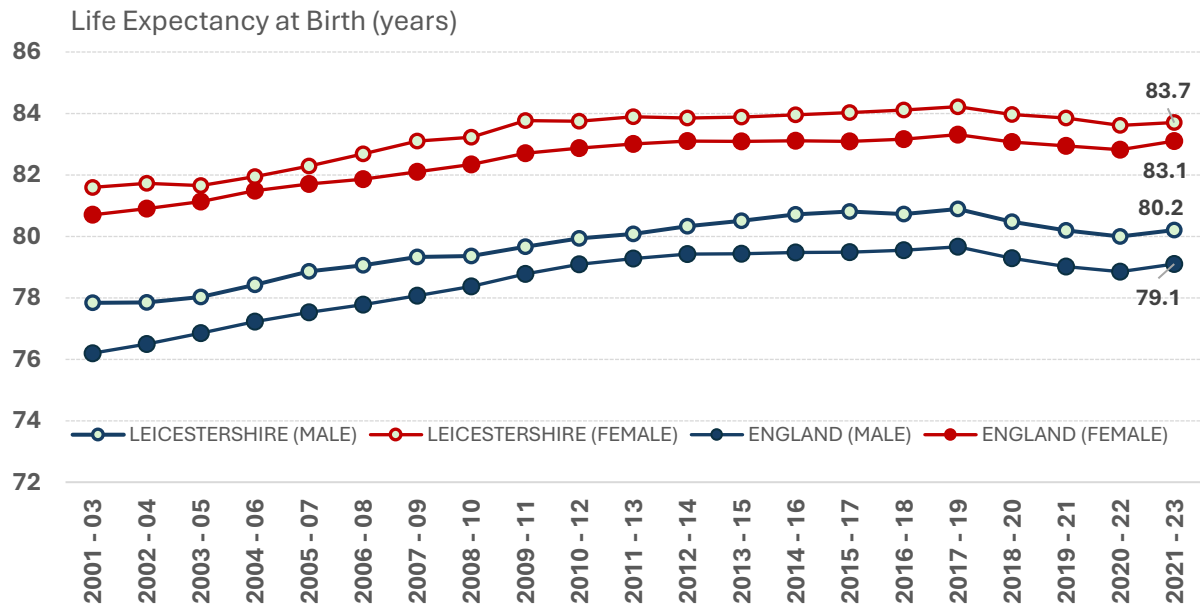
Based on mortality experienced by Leicestershire residents in the years 2021 to 2023, the local life expectancy for males is estimated at 80.2 years and for females at 83.7 years. Both estimates are significantly higher than the national figures of 79.1 and 83.1 years.

However, across England as well as in Leicestershire, life expectancy has been falling between 2017-19 and 2020-22, caused by a sharp increase in mortality (resulting in fall of life expectancy) in 2020, due to the COVID-19 pandemic (Figure 9).

It is also of note that the healthy life expectancy for Leicestershire residents is estimated at only 62.7 years for males and 62.6 years for females (statistically similar to the national average). Thus, men are estimated to have more than 16 years and women 21 years of ill-health in later

life.

Figure 9 Trends in Life Expectancy



Source: Office for Health Improvement and Disparities: Public health profiles. © Crown copyright 2025 <https://fingertips.phe.org.uk/>

#### 5.5.4. Burden of Disease

Details of conditions on the Quality and Outcomes Framework register are given in Table 5 below.

- Hypertension, highest prevalence on Leicestershire registers - increased by 13,132 registered patients - from 15.2% in 2020/21 to 16.3% (N= 123,098) and significantly higher than England average.
- Diabetes, the second most prevalent condition (N=47,902) – from 7% to 7.7% for the population aged 17 years and above.
- Asthma, the third most prevalent condition (N= 50,041) – increased from 6.7% to 7.0% (by 4,503 cases).

Among the measured risk factors, the prevalence of smoking has shown an encouraging downward trend and was significantly lower than the national average. The prevalence of obesity was also lower, although the recent trends are not available for this indicator.

Note that none of these rates are age adjusted so may be misleading.

Table 5 Burden of disease - Quality and Outcomes registers for 2023/24 (Source: OHID 2025)

QOF Register	England (%)	Leicestershire (%)	Trend
Hypertension	14.8	16.3	↑
Smoking prevalence in adults - current smokers	14.7	12.6	↓
Obesity (new definition)	12.8	11.8	*
Diabetes	7.7	7.7	↑
Asthma	6.5	7.0	*
Chronic Kidney Disease	4.4	4.6	↑
Coronary Heart Disease	3.0	2.9	→
Atrial fibrillation	2.2	2.5	↑
Stroke	1.9	1.9	↑
COPD	1.9	1.7	↓
Heart Failure	1.1	1.4	↑
Depression (new diagnosis)	1.5	1.3	↓
Osteoporosis	1.1	1.1	↑
Rheumatoid Arthritis	0.8	0.9	↑
Mental Health	1.0	0.8	↑
Learning disability	0.6	0.4	→

\* cannot be calculated

↑ recent trend increasing

↓ recent trend decreasing

→ no significant change

significantly higher than national average

significantly lower than national average

## 5.6. Projected Health Needs

### 5.6.1. Population Projections

The most recent national and sub-national population projections are based on 2022 estimates published by the ONS, which in turn are based on Census 2021 population figures. According to the published projections, the population of England is expected to rise by 6.4% in the decade between 2022 and 2032. Two of Leicestershire districts are in the top ten local authorities in terms of population growth – North West Leicestershire’s population is projected to rise by nearly 16% (4th highest nationally) and Harborough by over 14% (9th highest). None of the Leicestershire districts are expected to show a fall in population (NB there are only six such local authorities in England); the lowest growth is projected for Melton (5.2%) – the only local district with projected growth below the national average of 6.4%<sup>13</sup>.

Looking at the decade between **2025 and 2035** (Table 6), the population of Leicestershire is projected to increase by 8.5% to 814.1 thousand in the next decade, an increase of 63.7 thousand. This increase is almost twice as high as the average for England (4.5%). For specific

age groups:

- The highest change is expected in the oldest population group (80 and above), accounting for nearly 11,700 (56% increase) additional elderly people. This is above the projected average for England of 46.2% growth.
- Nationally, the projected reduction in the numbers of children (under the age of 16) is almost 8%, however, the fall in Leicestershire is projected to be just 2.2% (by less than 2,900).
- The projected growth for other age groups in Leicestershire is also higher than the national average, with the exception of people aged 65 to 84 (15.8% vs 16.3% nationally).

*Table 6. Leicestershire population projections for 2025-2035, net and % population change*

Age group	2022	2025	2027	2029	2031	2033	2035	Local Growth*		England*
								# (000s)	%	%
00-15	127.0	128.9	128.4	127.8	127.4	126.6	126.0	-2.9	-2.2%	-7.9%
16-24	76.2	80.3	83.2	85.4	86.9	87.5	87.4	7.1	8.8%	3.0%
25-44	175.9	187.3	191.5	195.6	198.6	201.2	203.1	15.8	8.5%	4.8%
45-64	192.2	193.8	194.7	195.4	197.3	200.0	203.9	10.1	5.2%	1.8%
65-84	132.0	139.3	145.5	150.1	155.0	157.6	161.3	21.9	15.8%	16.3%
85+	19.5	20.8	21.5	24.1	26.3	30.2	32.4	11.7	56.1%	46.2%
<b>Total</b>	<b>722.9</b>	<b>750.4</b>	<b>764.8</b>	<b>778.5</b>	<b>791.4</b>	<b>803.1</b>	<b>814.1</b>	<b>63.7</b>	<b>8.5%</b>	<b>4.5%</b>

\* Projected population change between 2025 and 2035

Source: Office for National Statistics 2025

For Leicestershire districts, the highest population growth between 2025 and 2035, is expected in North West Leicestershire (by 13.9%) and Harborough (by 12.8%); lowest in Oadby and Wigston (4.1%) (Table 7). Looking at the broad age groups:

- Harborough is predicted to experience the highest population growth for the over 65s (28% vs national 20.3%), with lowest growth of the number of older people in Oadby and Wigston (11.7%).
- The highest growth in working age group (16-64) is predicted in North West Leicestershire (12.4%) and Harborough (9.7%), while a small fall is predicted in Melton (-0.1%).
- The number of children (<16 years of age) is predicted to fall in all districts, with the exception of North West Leicestershire and Harborough (6.2% and 3.4% growth, respectively).



*Table 7 Projected population change in Leicestershire districts, by age group, between 2025 and 2035.*

	<16		16-64		>65s		All ages	
	# (000s)	%	# (000s)	%	# (000s)	%	# (000s)	%
Blaby	-0.8	-3.9%	5.2	8.0%	3.9	17.1%	8.3	7.7%
Charnwood	-1.4	-4.4%	7.3	5.9%	7.7	20.5%	13.7	7.1%
Harborough	0.6	3.4%	6.1	9.7%	6.7	28.0%	13.5	12.8%
Hinckley & Bosworth	-1.0	-5.2%	4.0	5.6%	4.6	17.0%	7.5	6.4%
Melton	-0.8	-9.6%	0.0	-0.1%	3.5	25.9%	2.6	4.9%
NW Leicestershire	1.2	6.2%	8.7	12.4%	5.8	25.3%	15.7	13.9%
Oadby & Wigston	-0.7	-6.8%	1.7	4.8%	1.5	11.7%	2.5	4.1%
<b>Leicestershire</b>	<b>-2.9</b>	<b>-2.2%</b>	<b>33.0</b>	<b>7.2%</b>	<b>33.6</b>	<b>21.0%</b>	<b>63.7</b>	<b>8.5%</b>

Source: Office for National Statistics 2025

It is important to stress that, while the projections provide a good common framework for local planning, they are based on a number of necessary assumptions on future fertility, mortality and migration (internal, cross-border and international). They do not take into account housing or economic development in the area, or any policy which has not had effect on population trends<sup>14</sup>.

### 5.6.2. Long Term Conditions

In the next decade (from 2025 to 2035) the number of older people with limiting long term illness is predicted to increase by almost a quarter (23.5%, over 18 thousand) (Table 8). This forecast includes nearly a 9.2 thousand increase on those whose day-to-day activities could be severely limited.

The highest increase is predicted for North-West Leicestershire (28.3%), the lowest for Oadby and Wigston (13.9%).

The forecasts are strongly linked to older population projections (ONS 2018-based) – the variation is thus linked to the age structure of the district population.

*Table 8 Future impact of chronic illness - Leicestershire population aged 65 and over with a limiting long term illness whose day-to-day activities are limited (a little or a lot)*

	Limited a little			Limited a lot			Total		
	2025	2035	change (%)	2025	2035	change (%)	2025	2035	change (%)
Blaby	5,895	7,022	19.1	5,119	6,329	23.6	11,014	13,351	21.2
Charnwood	9,708	11,820	21.8	8,011	10,058	25.6	17,719	21,878	23.5
Harborough	5,888	7,329	24.5	4,494	5,828	29.7	10,382	13,157	26.7
Hinckley and Bosworth	7,245	8,713	20.3	6,289	7,923	26.0	13,534	16,636	22.9
Melton	3,396	4,260	25.4	2,620	3,389	29.4	6,016	7,649	27.1
North West Leicestershire	6,309	8,001	26.8	6,165	7,998	29.7	12,474	15,999	28.3
Oadby and Wigston	3,351	3,779	12.8	2,957	3,407	15.2	6,308	7,186	13.9
Leicestershire	41,833	50,899	21.7	35,708	44,877	25.7	77,541	95,776	23.5

Figures may not sum due to rounding.

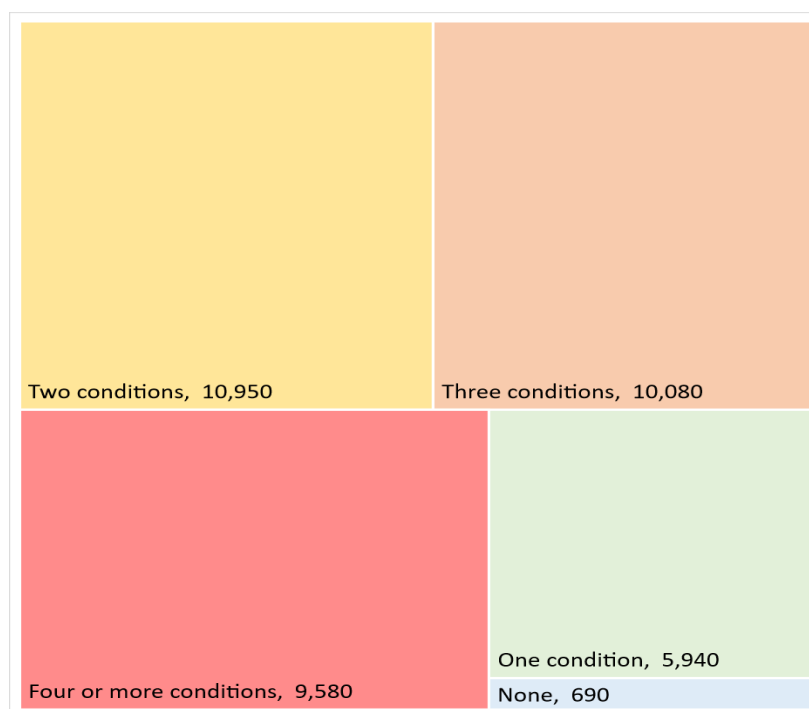
Source: POPPI 2024

At a national level, the population projections and current morbidity trends point toward a significant rise in the numbers of people with several chronic conditions (both mental and physical) in the near future<sup>15</sup>. In addition to the overall population increase over the next ten years, statistical models based on national surveys<sup>16</sup> allow for approximate projections of morbidity and multi-morbidity for Leicestershire.

According to the ONS 2018 population projections, the local population aged 65 and above is likely to increase between 2023 and 2033 by at least 37 thousand. It is estimated that the vast majority (82% or 30.3 thousand) will have at least two chronic conditions, with more than a quarter (26%, nearly 9.6 thousand) projected to suffer from four or more chronic diseases (Figure 10).

In addition to the older population increase, these models predict the percentage rise in the prevalence of specific chronic conditions. For Leicestershire, it is estimated that, by 2033, there could be an additional 27 thousand residents (aged 65 and over) suffering from arthritis, 22 thousand with hypertension, 15 thousand additional cases of cancer, 14 thousand with respiratory conditions and 11 thousand with diabetes.

*Figure 10 Projected increase in morbidity and multi-morbidity for the Leicestershire population aged 65 and above in the decade between 2023 and 2033.*



### 5.6.3. Housing Needs

In 2018 Leicester City Council, Leicestershire County Council, the seven local borough and district authorities and the former Leicester and Leicestershire Enterprise Partnership (LLEP) agreed a non-statutory Strategic Growth Plan, putting forward the proposals for future development, including housing provision, needed to support population change, meet housing needs and support economic growth until 2050.

In 2022 a Housing and Economic Needs Assessment (HENA) and Housing Distribution Paper was published. This took account of changing market dynamics and the declared unmet housing need in Leicester City of 1,169 dwellings per annum within Leicester and Leicestershire. This unmet need to the year 2036 was redistributed within the Housing Market Area (comprising Leicester City and the 7 district and borough councils) and saw a 30% increase in the minimum number of houses that would need to be delivered in Leicestershire.

In December 2024, Government published a new National Planning Policy Framework and a new Standard Method for calculating housing need, which was then further revised in March 2025. This reduced the minimum housing need in Leicester City by 884 dwellings per annum, whilst the overall Housing Market Area total increased by 122 dwellings per annum (2%).

Table 9: Local Housing Need and proposed redistributed housing provision

	Local Housing Need (dwellings per annum) (2022-Standard Method)*	2022 Proposed redistributed housing provision (dwellings per annum)*	Local Housing Need (dwellings per annum) (2025 Standard Method)**
Blaby	341	687	534
Charnwood	1,111	1,189	982
Harborough	534	657	723
Hinckley & Bosworth	472	659	659
Melton	231	300	363
North West Leicestershire	372	686	610
Oadby & Wigston	188	240	384
<b>Leicestershire Total</b>	<b>3,249</b>	<b>4,418</b>	<b>4,333</b>
Leicester	2,464	1,295	1,580
<b>Leicester and Leicestershire Total</b>	<b>5,713</b>	<b>5,713</b>	<b>5,835</b>

\*Source: Leicester & Leicestershire Housing & Economic Needs Assessment Housing Distribution Paper (June 2022)

\*\*Source: MHCLG, Standard Method calculation (March 2025)

The updated National Planning Policy Framework in December 2024 gave provision for transitional periods to the new Standard Method, meaning that some of the authorities across Leicester and Leicestershire are still working to the redistributed housing figures outlined in 2022 Housing Distribution Paper, whilst some will be required to use the new 2025 Standard Method figures as a starting point.

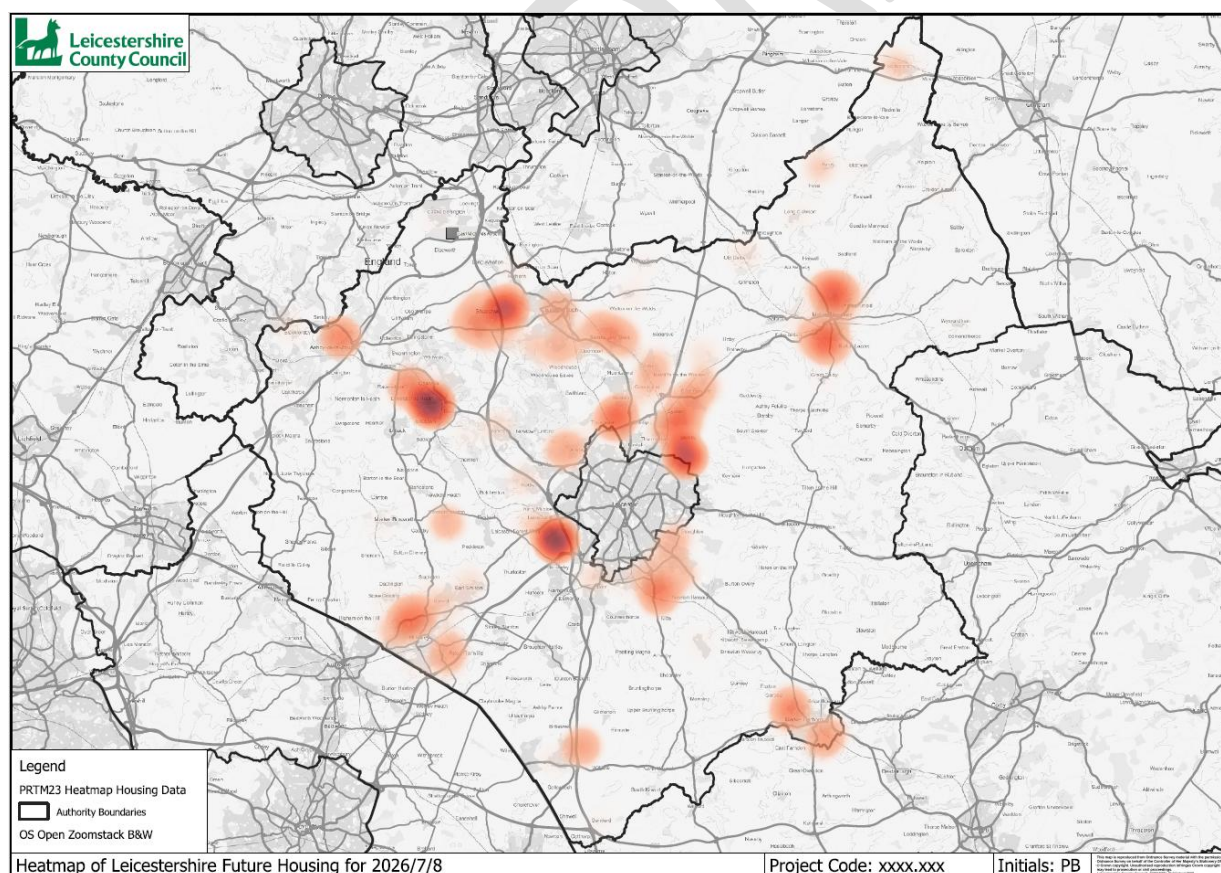
Table 10 shows the indicative planned housing growth in Leicestershire districts over the three years to the end of March 2029. Figure 11 shows a map of the main areas being developed for housing over that same period.

*Table 10: Indicative planned housing delivery in Leicestershire districts for 2026/7-2028/9 (figures rounded to the closest 5)*

District	Average number of dwellings planned to be completed per annum (2026/27-2028/29)
Blaby	415
Charnwood	2,060
Harborough	560
Hinckley and Bosworth	595
Melton	725
North West Leicestershire	720
Oadby and Wigston	340
<b>Totals</b>	<b>5,415</b>

*Source: Figures derived from respective planning portal data and are indicative*

*Figure 11: Map of indicative planned housing delivery in Leicestershire districts for 2026/27-2028/29*



The areas with highest numbers of houses planned for Charnwood (on average 2,060 per year), followed by Melton (725 per year) and North West Leicestershire (720 per year).

In Charnwood, the main development areas include three Sustainable Urban Extensions; Garendon Park (West of Loughborough), Thorpebury (North East of Leicester) and Broadnook Garden Village (North of Birstall Direction of Growth). Melton Borough will see expansion of Melton Mowbray through its North and South Sustainable Neighbourhoods whilst in North West Leicestershire, development is concentrated in the Coalville urban area, including the build out of Hugglescote Grange and Swinfen Vale (South East Coalville). In Harborough district, development will focus around Market Harborough whilst in Hinckley & Bosworth, developments include the Land North of Normandy Way in Hinckley. Also of note is the continued development of New Lubbesthorpe in Blaby and the build out the 'Wigston Direction for Growth' in the designated area south-east of Wigston.

Although the new housing developments are likely to provide for the future local population growth, estimated by the ONS, additional migration needs to be monitored. It is essential that new housing developments take into account the availability of local pharmaceutical services.

## 5.7. Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework (CPCF) is the agreement between NHS England and pharmacy contractors in England that governs the services provided by community pharmacies and how they are funded. The CPCF sets out the services that need to be provided, how quality is assured and other expectations, such as safety<sup>17</sup>.

From the 1<sup>st</sup> of April 2023, Integrated Care Boards have been responsible for the commissioning of Pharmaceutical Services, while NHS England has the responsibility to identify national priorities, setting outcomes and negotiating national contractual frameworks, such as the CPCF.

Many services provided by community pharmacists are commissioned locally according to the needs of the area. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including LLR ICB and NHS England Midlands.

All contracted pharmacies need a responsible pharmacist on site at all times. Their role includes securing the safe and effective running of the pharmacy (including during absences); it doesn't have to be the owner of the pharmacy.

## 5.8. Prescribing Activity

There were over 14.79 million items prescribed in 2023/24 in Leicestershire which is substantially higher than 13.19 million in 2020. This figure represents 20 items per head of population in 2023/24. The lowest rate was in Oadby and Wigston (17.7) and highest in Hinckley and Bosworth (24.2) (Table 11).

*Table 11 Rate of prescribing (total items prescribed in 2023/24) in Leicestershire*

District	Items prescribed	Registered population (2024)	Rate (items per head of population)
Blaby	1,947,962	101,841	19.1
Charnwood	3,710,785	202,240	18.3
Harborough	2,092,345	96,828	21.6
Hinckley and Bosworth	2,742,914	113,509	24.2
Melton	893,299	47,778	18.7
North West Leicestershire	2,231,763	109,274	20.4
Oadby and Wigston	1,173,672	66,361	17.7
<b>LEICESTERSHIRE</b>	<b>14,793,340</b>	<b>737,831</b>	<b>20.0</b>

*Source: NHS Business Services Authority. English Prescribing Dataset (EPD) 2024*

Almost a third of all prescribed items (32.1%, over 4.76 million) were for cardiovascular conditions, followed by 18% (2.67 million) for central nervous system and 11.4% for endocrine conditions (Table 12).



Table 12 Items prescribed in Leicestershire in 2023/24, by BNF chapter

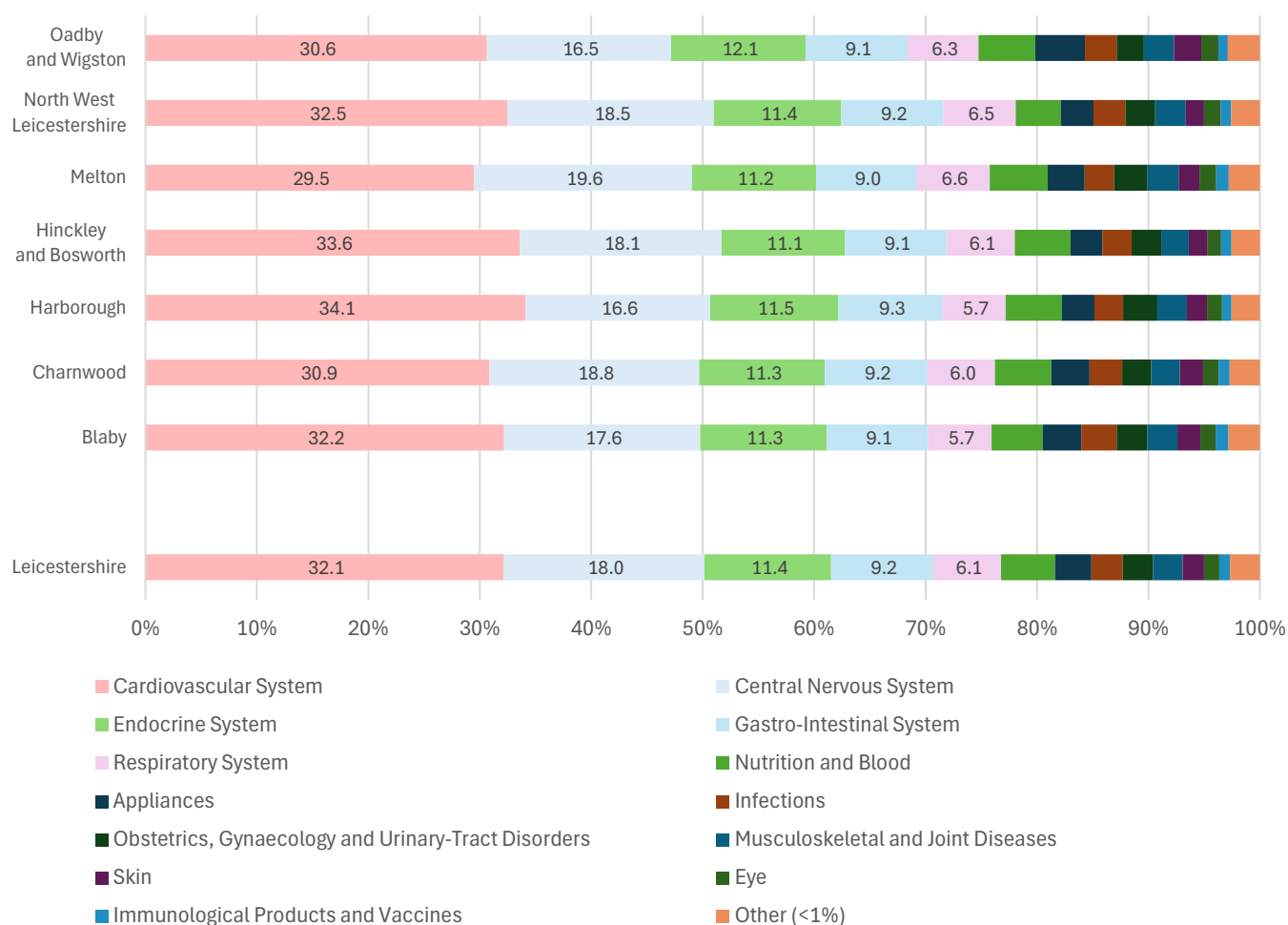
BNF Chapter	Items Prescribed	% of Total
Cardiovascular System	4,755,509	32.1
Central Nervous System	2,665,584	18.0
Endocrine System	1,679,700	11.4
Gastro-Intestinal System	1,357,353	9.2
Respiratory System	900,976	6.1
Nutrition and Blood	717,099	4.8
Appliances	481,200	3.3
Infections	418,126	2.8
Obstetrics, Gynaecology and Urinary-Tract Disorders	400,869	2.7
Musculoskeletal and Joint Diseases	390,189	2.6
Skin	282,492	1.9
Eye	205,081	1.4
Immunological Products and Vaccines	142,427	1.0
Ear, Nose and Oropharynx	133,364	0.9
Stoma Appliances	102,409	0.7
Malignant Disease and Immunosuppression	58,602	0.4
Dressings	35,064	0.2
Incontinence Appliances	33,137	0.2
Anaesthesia	28,940	0.2
Other Drugs and Preparations	5,218	0.0
<b>LEICESTERSHIRE Total</b>	<b>14,793,340</b>	<b>100.0</b>

Source: NHS Business Services Authority. English Prescribing Dataset (EPD) 2024

Similar prescribing patterns were observed in Leicestershire districts (Figure 12); the proportionately lowest CVS prescribing was in Melton (less than 30%) and highest in Harborough (34.1%). CNS highest in Melton (19.6%) and lowest in Oadby and Wigston (16.5%) – again this may be age related.



Figure 12 Prescribing patterns across Leicestershire districts in 2023/24



Source: NHS Business Services Authority. English Prescribing Dataset (EPD) 2024

## 5.9. Access to Pharmacies

In addition to local pharmacies described in this section, Leicestershire residents have access to all 4,096 Distance Selling Pharmacies (DSPs) across England. DSPs were described in the section 4, page 22.

### 5.9.1. Location

In September 2024 there were 133 community pharmacies located in Leicestershire, 1 DAC and 16 dispensing General Practices<sup>7</sup>. Their locations are presented on Figure 13. The highest

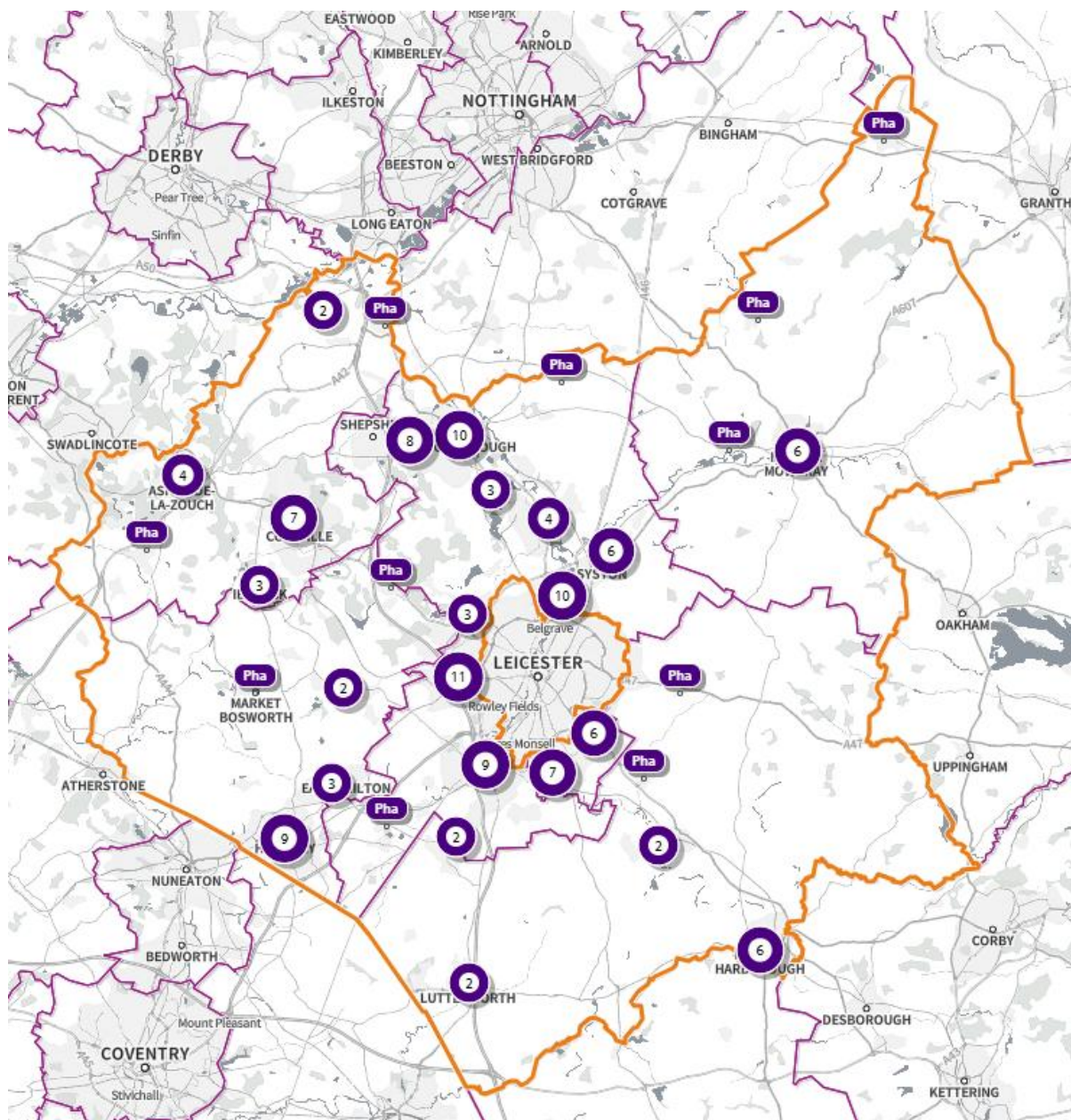
<sup>6</sup> In 2023/4, source: NHSBCS - General Pharmaceutical Services - 2015/16 to 2023/24 - Number of Pharmacies by attribute

<sup>7</sup> This has risen to 20 in March 2025 (SHAPE 2025)

number is in Charnwood (N=43), lowest in Melton (N=9) – see Table 13 in the section below, which discusses the population coverage for Leicestershire and its districts.

There were also five *distance selling pharmacies* (DSP) in Leicestershire in September 2024, 3 in Charnwood, one in Hinckley and Bosworth and one in Oadby and Wigston.

Figure 13 Location of pharmacies in Leicestershire



Source: NHSBSA Consolidated Pharmaceutical List 2024/25Q2 and SHAPE

### 5.9.2. GP Dispensing

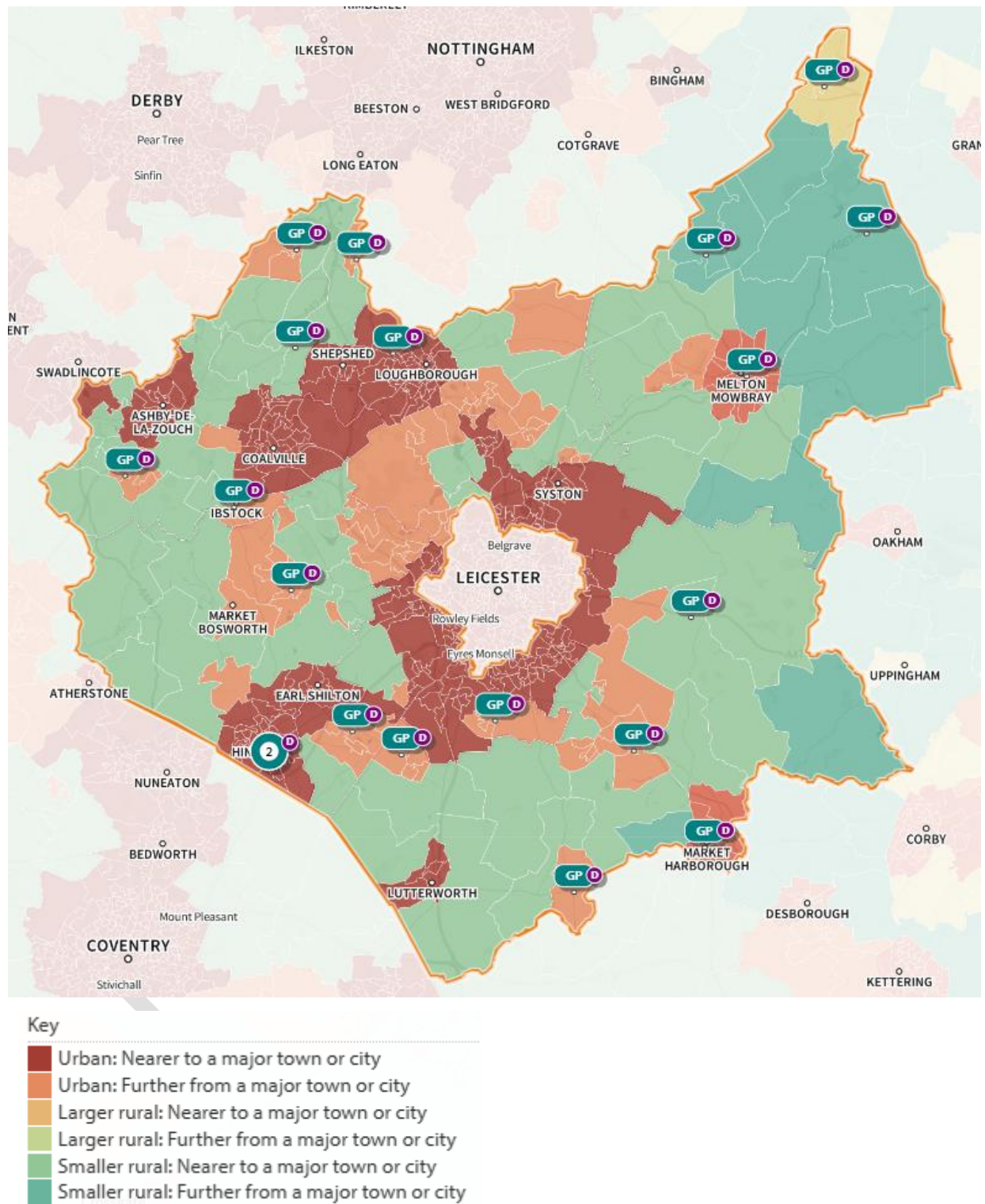
A Dispensing Doctor is a GP Practice which can dispense medicines to certain patients under specific criteria - the patient must live more than a 1.6 km (1 mile) from a retail pharmacy, or the area must be designated as a 'reserved location'. Additionally, the dispensing practice must be situated in an approved location. The patient must be on the dispensing doctor's dispensing list.

The purpose of GP dispensing is to help with access to full pharmaceutical services for patients living in rural areas.

Currently (March 2025), there are 20 dispensing GP practices within Leicestershire borders (Figure 14 shows their location relative to the rurality of the area in 2021). This total includes 5 in Harborough, 5 in North West Leicestershire, 4 in Melton, 3 in Hinckley and Bosworth, 2 in Blaby and one in Charnwood. Most of those GP practices are located within rural areas of the County.

Within a 5 km buffer from the County boundary there are further 12 dispensing GP practices – including 3 from the eastern border of the district Melton, 4 close to the border of Harborough, 3 Hinckley and Bosworth and 2 close to North West Leicestershire and Charnwood.

Figure 14 Dispensing GP practices located in Leicestershire and urban-rural classification (2021)



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2025



### 5.9.3. Population Coverage

In England in 2023/4 there were 12,009 community pharmacies which indicates, on average 2.1 pharmacies per 10,000 population (57,690,300 population estimate in 2023).

Across Leicestershire, the rate varies between 1.3 in Harborough and 2.3 in Charnwood, with the county average of 1.8 per 10,000 population (Table 13). The overall rate is slightly lower than 1.9/10,000 calculated for the previous PNA (2022). Adding the number of GP practices providing dispensing services, gives a rate of 2.0 per 10,000 population across Leicestershire, with lowest rate of 1.8 (Harborough, Hinckley and Bosworth, and North-West Leicestershire) and highest in Blaby (2.2).

*Table 13 Community pharmacies in Leicestershire with population rate*

District	Community Pharmacies	Dispensing GP Practices*	Population**	Pharmacies per 10,000	Pharmacies and Dispensing GPs per 10,000
Blaby	21	2	105,278	2.0	2.2
Charnwood	43	1	188,010	2.3	2.3
Harborough	13	5	102,581	1.3	1.8
Hinckley and Bosworth	18	3	114,970	1.6	1.8
Melton	9	2	53,237	1.7	2.1
North West Leicestershire	17	3	110,316	1.5	1.8
Oadby and Wigston	12	0	59,623	2.0	2.0
<b>Leicestershire</b>	<b>133</b>	<b>16</b>	<b>734,015</b>	<b>1.8</b>	<b>2.0</b>

\* NHS Digital, NHS Payments to General Practices 2022/23

\*\*ONS Mid-2023 Population Estimate

### 5.9.4. Opening Times

Pharmacy opening hours are part of pharmacies' terms of service. Most pharmacies must open for 40 core contractual hours

NHS England is responsible for administering opening hours for pharmacies, this is handled locally by ICBs (delegated responsibility). A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB<sup>18</sup>.

The **weekly opening hours** of Leicestershire community pharmacies are summarised in Table 14. All of the districts have at least one 100-hour pharmacy; number varies between one in Oadby and Wigston, and Melton and five in Charnwood. Except for one contractor in Charnwood all are open for at least 40 hours per week.

During the week, 28% of community pharmacies open before 9 am and 81% close at 6 pm or later.

Of those, 17 are providing services on **weekday evenings** (Monday to Friday, after 7 pm), 97 are open on **Saturdays** and 21 on **Sundays**. 17 practices are open after 7pm on Saturdays and 2 on Sunday night (Table 15).

*Table 14 Weekly opening hours for Leicestershire community pharmacies*

District	Less than 40 hours	40-71 hours	72-100 hours	Total
Blaby		18	3	21
Charnwood	1	37	5	43
Harborough		11	2	13
Hinkley and Bosworth		16	2	18
Melton		8	1	9
North West Leicestershire		15	2	17
Oadby and Wigston		11	1	12
<b>Leicestershire</b>	<b>1</b>	<b>117</b>	<b>16</b>	<b>133</b>

Source: NHSBSA Consolidated Pharmaceutical List – 2024/25Q2

*Table 15 Evening and weekend opening times of Leicestershire pharmacies*

District	Weekday Evening	Saturday	Sunday	Saturday Night	Sunday Night
Blaby	3	18	3	3	1
Charnwood	5	26	5	5	0
Harborough	2	9	5	2	0
Hinkley and Bosworth	3	13	3	3	1
Melton	1	8	1	1	0
North West Leicestershire	2	14	1	2	0
Oadby and Wigston	1	9	3	1	0
<b>Leicestershire</b>	<b>17</b>	<b>97</b>	<b>21</b>	<b>17</b>	<b>2</b>

Source: NHSBSA Consolidated Pharmaceutical List – 2024/25Q2

### 5.9.5. Drive and Walk Time Analysis

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool, 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 1.6km outside of the Leicestershire boundary have been included in this analysis. It is important to note that not everyone will access their nearest pharmacy and may choose to access a

pharmacy outside their local area.

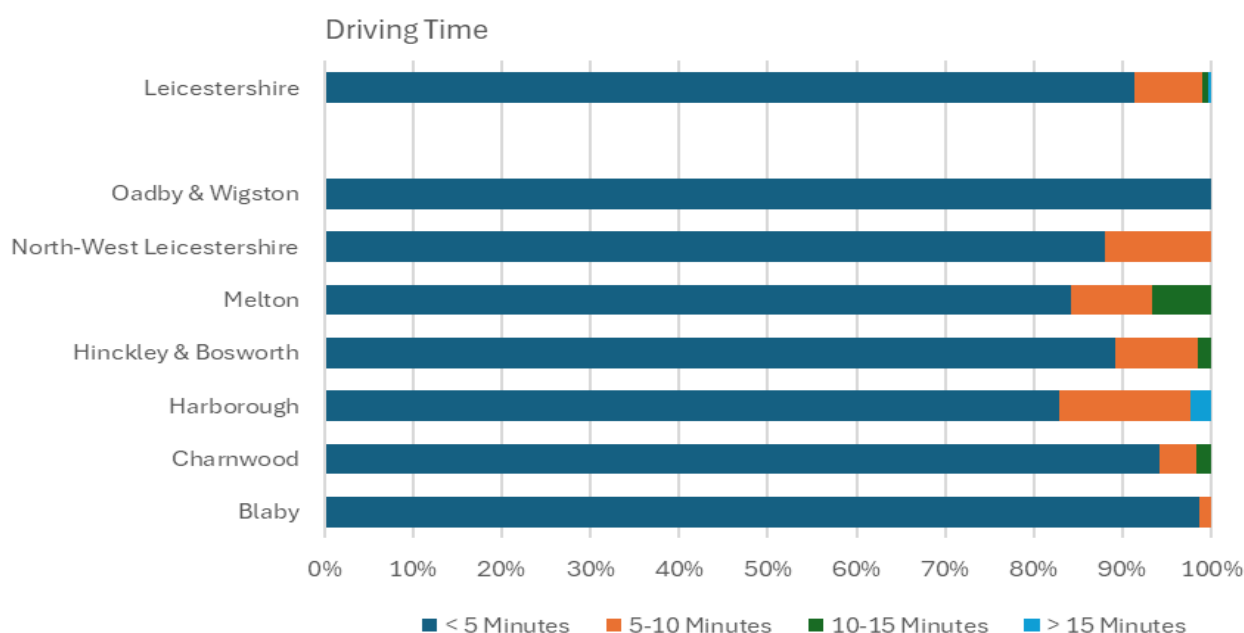
The main report presents the main results of the analysis, the detailed tables are included for reference in the **Appendix** (<https://www.lsr-online.org/pna-for-2025>). Please refer to those for the actual population numbers rather than the proportion presented here.

### Drive Times

Overall, 91.3% of the Leicestershire population live within a five-minute drive time of a pharmacy or dispensing GP practice and 0.3% of the population (2,421 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 2.4% 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 15).

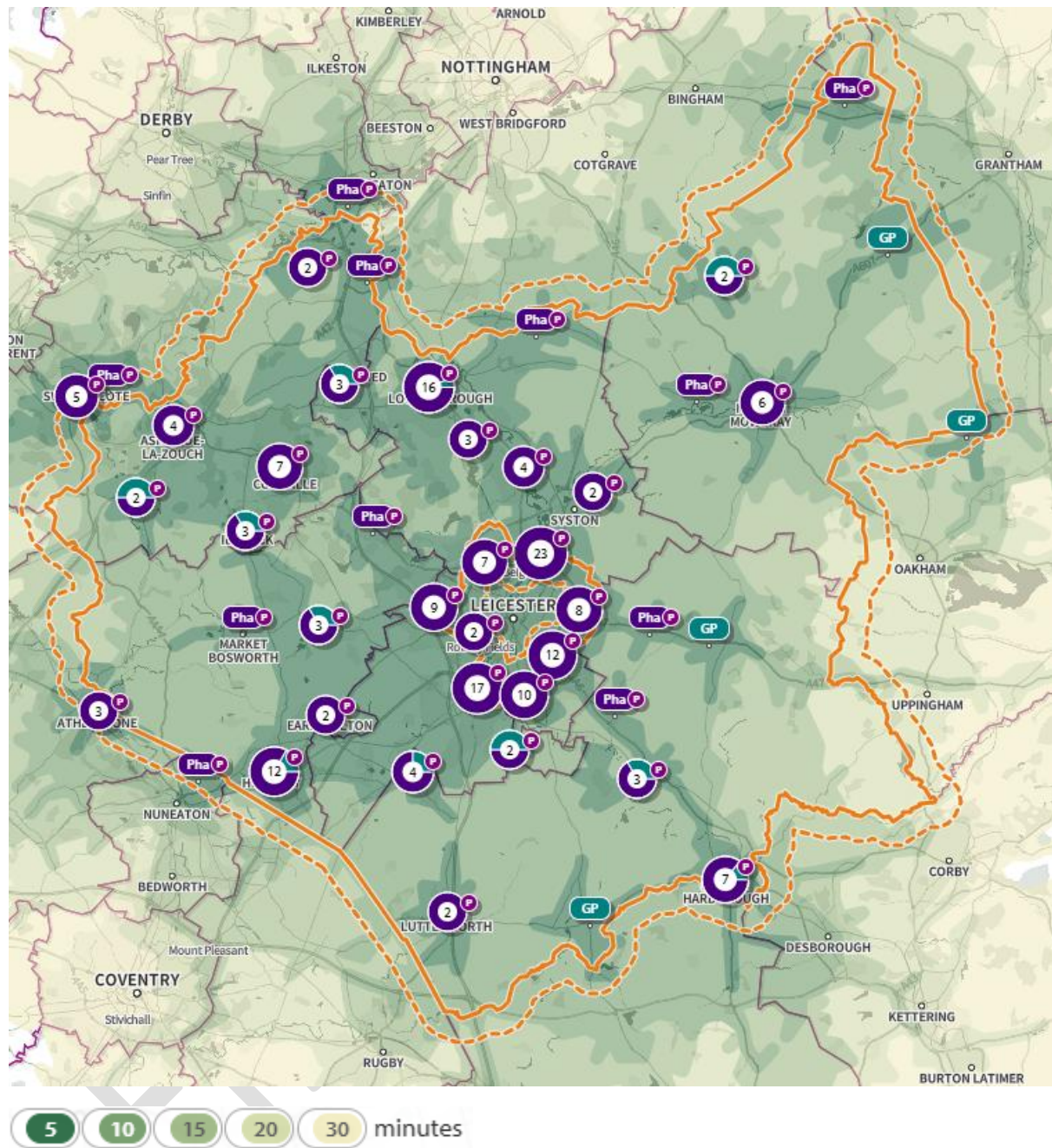
*Figure 15 Population proportion by drive-time to the nearest pharmacy or dispensing GP*



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

The drive-time map for Leicestershire pharmacies is shown in Figure 16.

Figure 16 Drive time to nearest pharmacy (Pha) or a dispensing general practice (GP) in Leicestershire



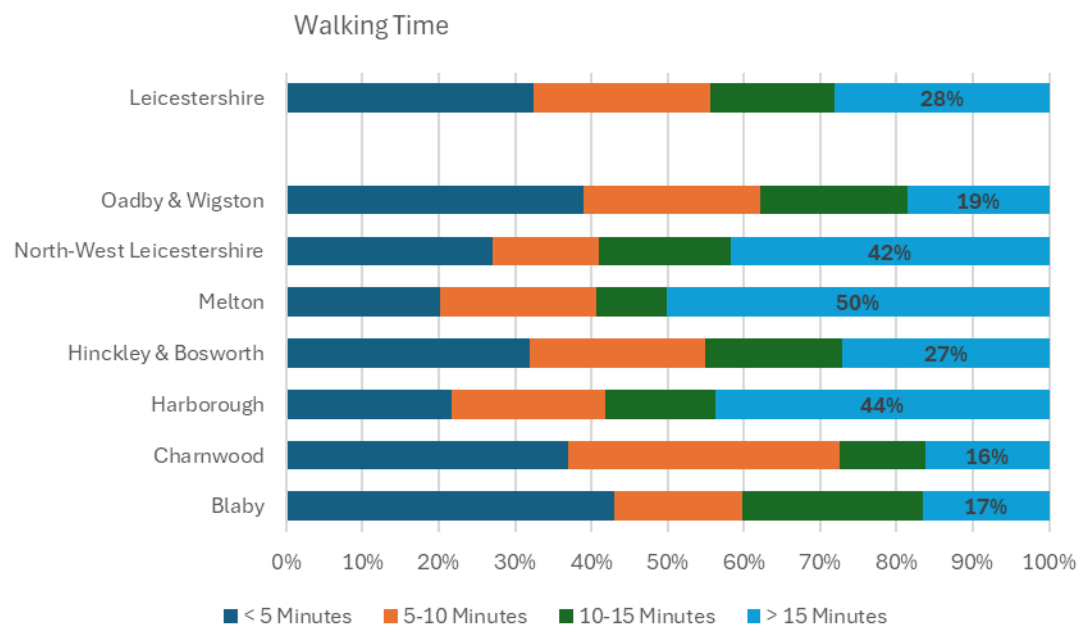
Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

### Walk Times

Overall, just under a third (32.4%) of the county's population live within a 5-minute walk from a pharmacy, 55.6% live within a 10-minute walk, over 70% (71.9%) live within a 15-minute walk, and over a quarter (28.1%) live more than a 15-minute walk away. In particular, just over half of Melton's population (50.2%) live more than a 15-minute walk away (Figure 17).



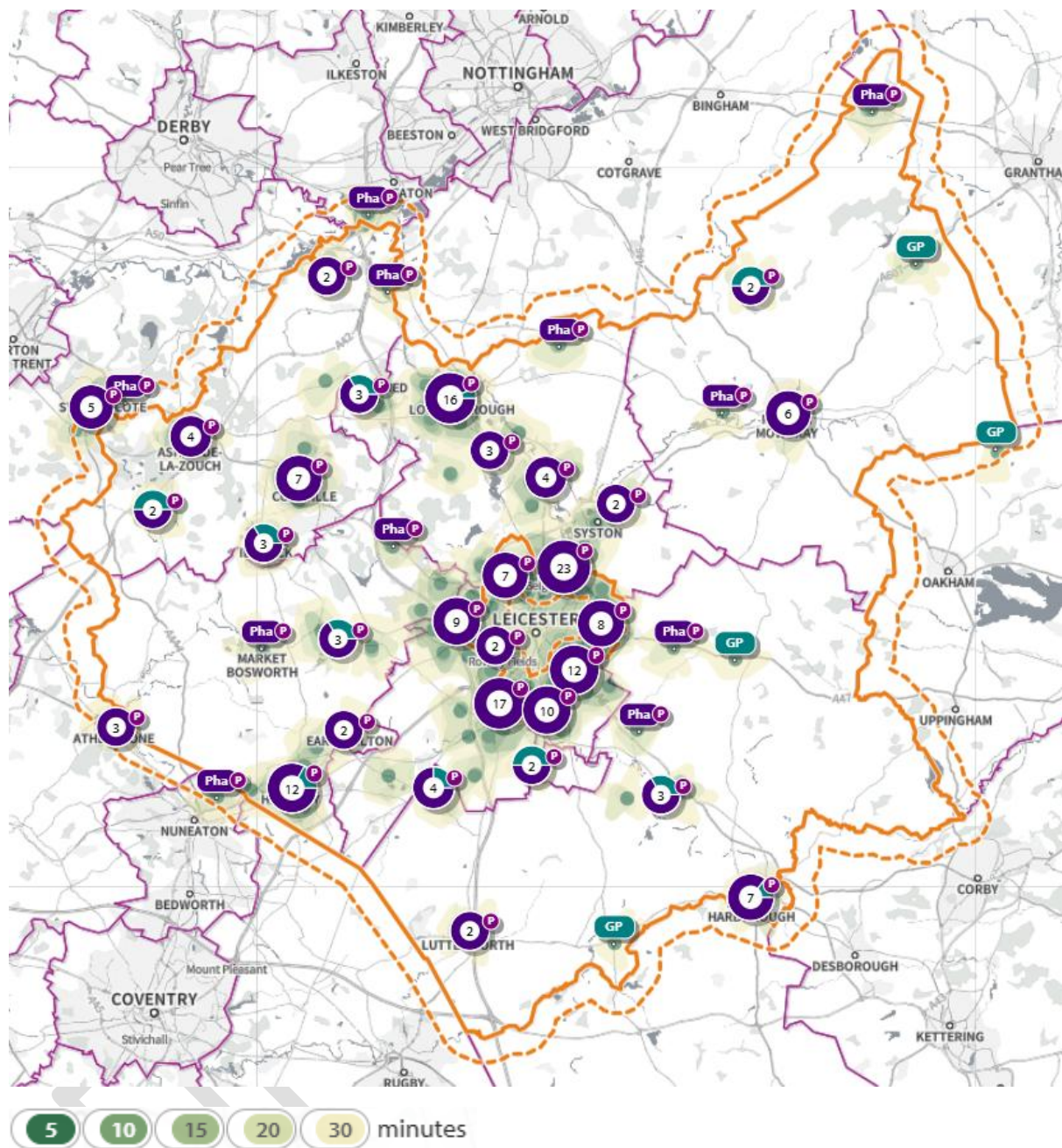
Figure 17 Walking time to a pharmacy by district



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Figure 18 shows a map of walk time to the nearest pharmacy or dispensing GP.

Figure 18 Walking time to the nearest pharmacy (Pha) or a dispensing GP practice (GP)



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

### Public Transport

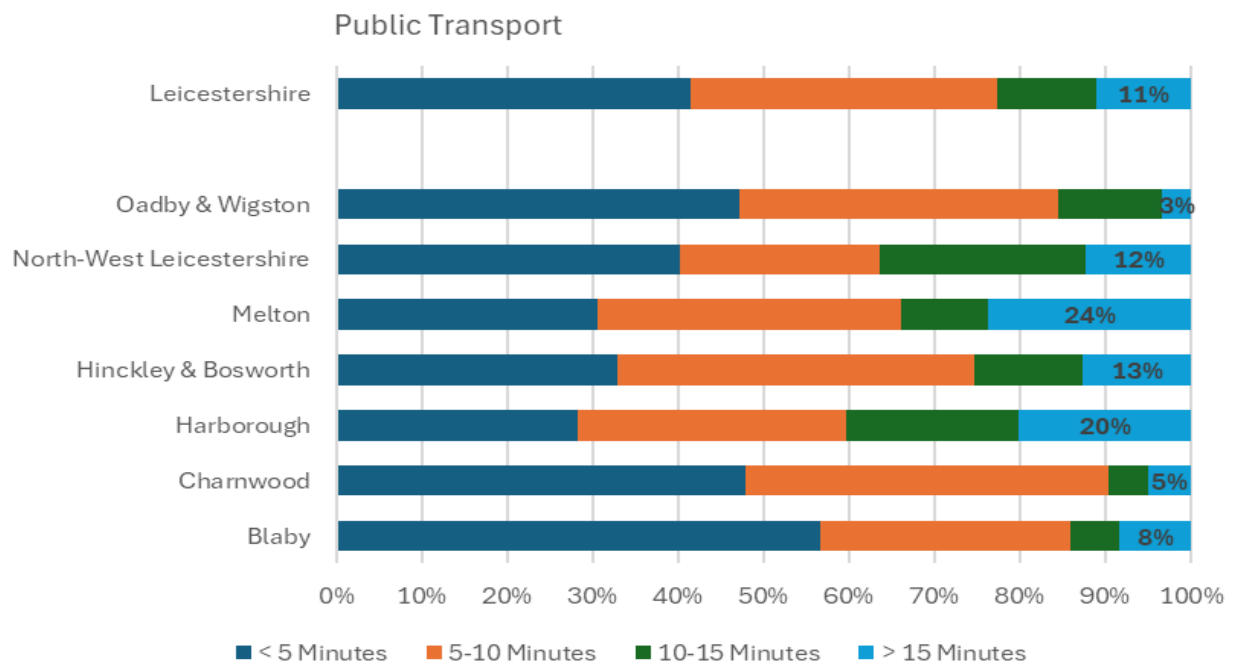
There is a range of public transport services available across the county. These can be viewed at the Leicestershire County Council website: <https://www.leicestershire.gov.uk/roads-and-travel/buses-and-public-transport>.

Overall, only 11.1% of the county's population live more than 15-minutes by public transport from a pharmacy or dispensing GP practice on a weekday morning, 88.9% live within a 15-

minute journey, 77.3% live within 10 minutes and 41.5% live within a 5-minute journey time (Figure 19).

Weekend and afternoon public transport services will present a different percentage of the population within these journey times.

*Figure 19 Public transport time by district*

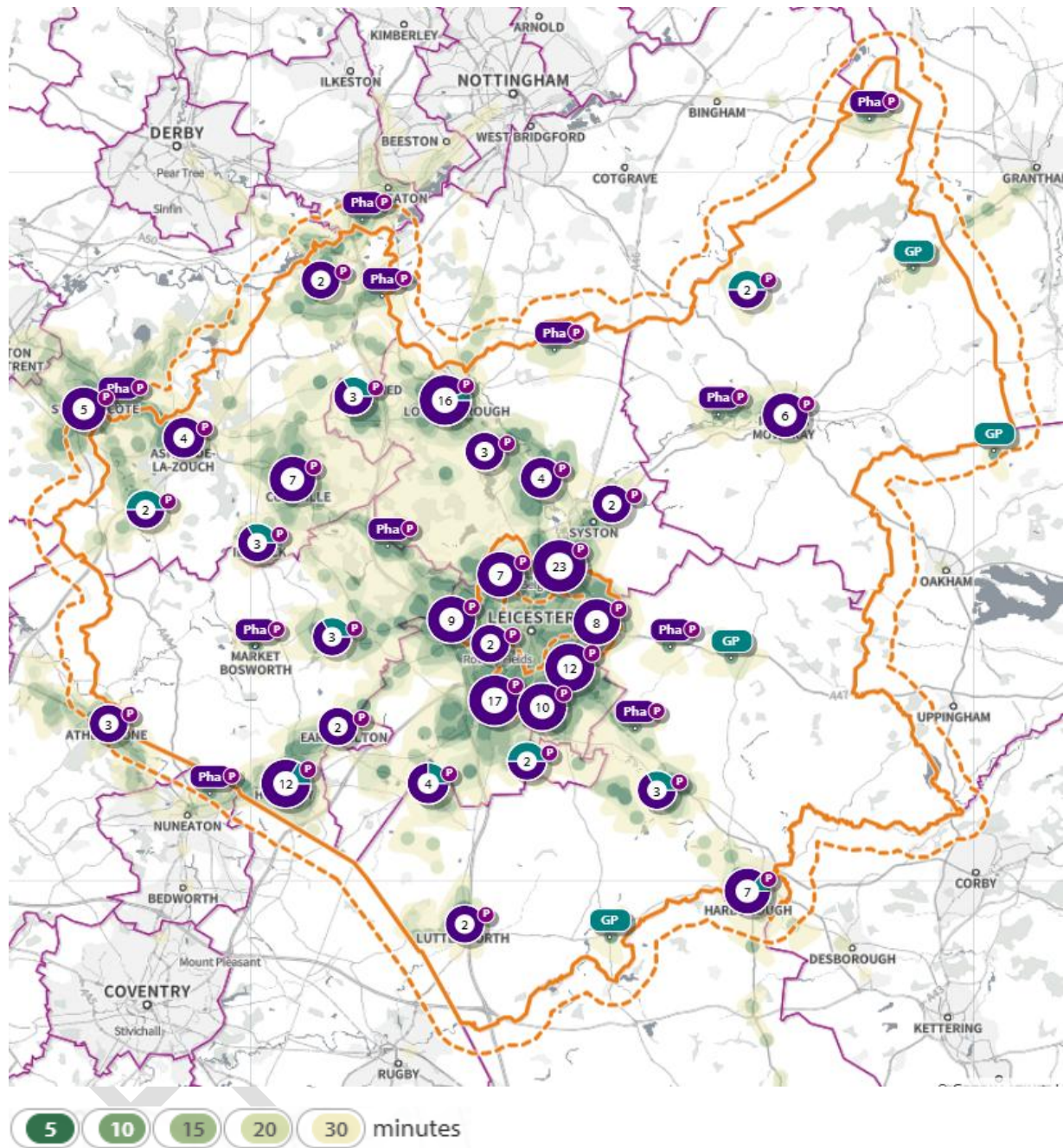


Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

Figure 20 contains a map of travel time by public transport.



Figure 20 Public transport time to the nearest pharmacy (Pha) or a dispensing general practice (GP) on weekday morning



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

#### 5.9.6. Equality of Access

This section of the report looks at the relationship between drive, walk and public transport times and aspects of the population across Leicestershire, namely age, deprivation, and rurality, in order to detect potential inequalities of access. Overall, there were **no substantial inequalities between the groups** – a summary of findings is presented below, with some

additional details in the Appendix.

## Age

There were no significant differentials in **drive times** between the age groups, with only 0.3% - 0.4% requiring more than 15 minutes’ drive to the nearest pharmacy or dispensing GP.

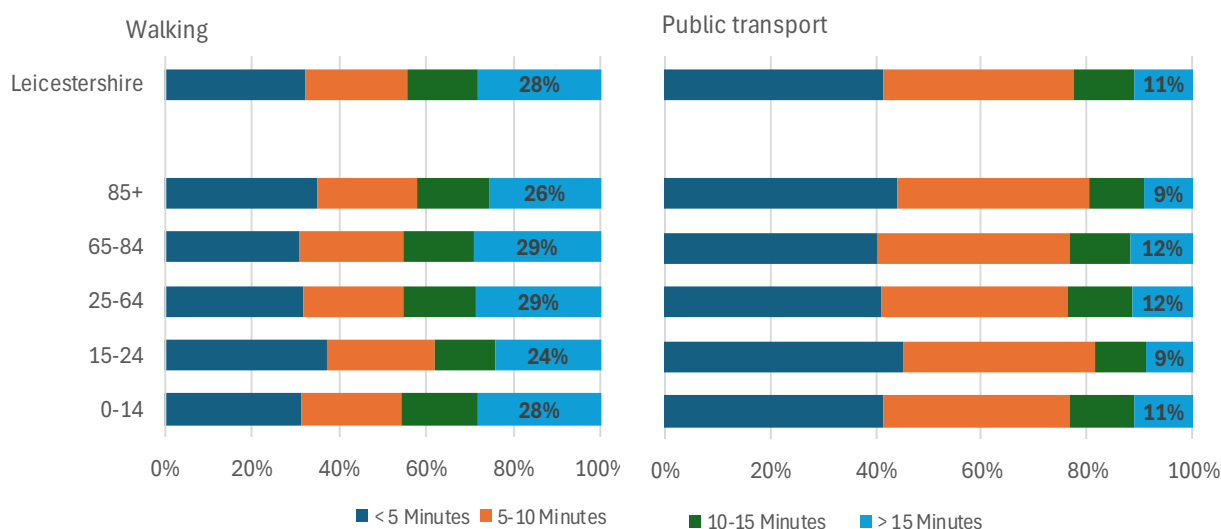
Walking and public transport access is shown in Figure 21.

Over half (61.9%) of the population aged 15-24 live within a 10-minute **walk** from their nearest pharmacy or dispensing GP practice, compared with 54.9% of the population aged 65-84 years.

Although over a quarter (28.1%) of Leicestershire’s population live more than a 15-minute walk from a pharmacy or dispensing GP practice, this proportion is slightly higher for 65–84-year-olds (29.2%).

Under half of the population (41.5%) live less than 5 minutes by **public transport** on weekday mornings from a pharmacy or dispensing GP practice. This proportion is somewhat higher for 15–24-year-olds (45.1%).

Figure 21 Equality of access by age - walking and public transport



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

## Deprivation

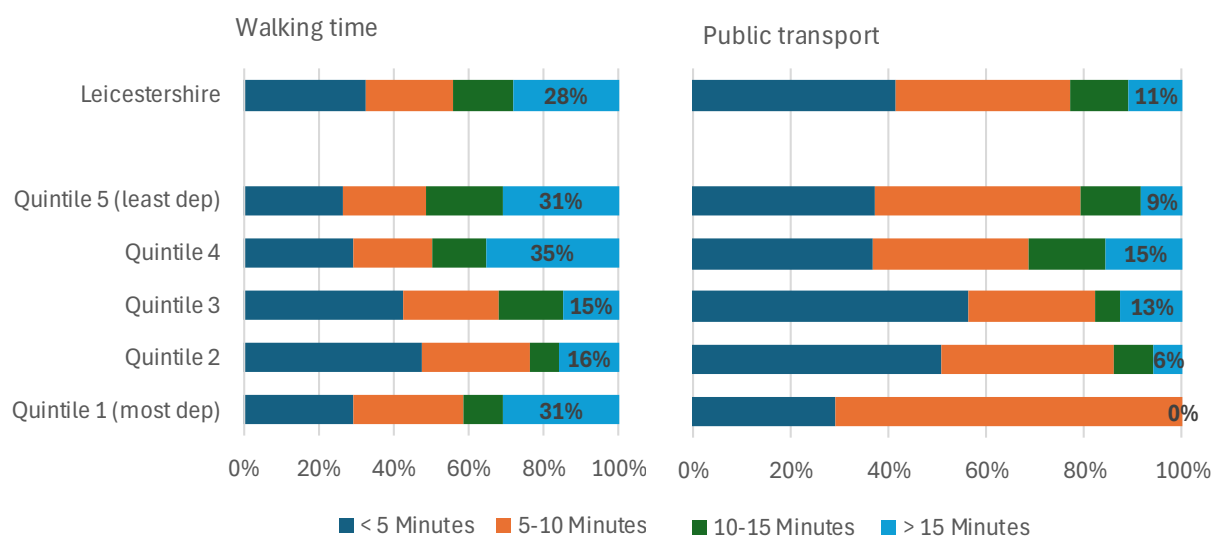
There were no significant differentials in drive times between the deprivation groups, with only 0.9% of population (N=2,421) in the least deprived quintile requiring more than 15 minutes’

drive to the nearest pharmacy or dispensing GP. Across all deprivation quintiles, 99-100% of the population can access pharmaceutical services within 10 minutes' drive.

With regards to walk time and public transport access (Figure 22):

- 30.6% 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.

Figure 22 Equality of access by deprivation - walking and public transport



Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

### Rurality

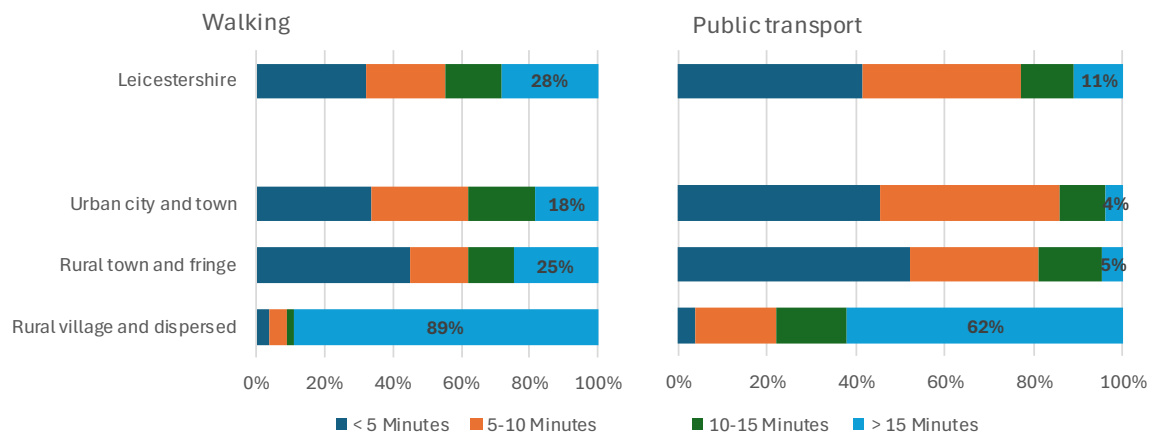
100% of those living in 'urban city and town' and 'rural town and fringe' areas in Leicestershire are within a 10-minute drive of a pharmacy or dispensing GP practice.

With regards to walk time and public transport access (Figure 23):

- 2.7% of those living in 'rural village and dispersed' areas are more than a 15-minute drive from a pharmacy or dispensing GP practice.
- 89.1% 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.
- 62.2% of those in 'rural village and dispersed' areas in Leicestershire are more than a 15-minute public transport journey on a weekday morning from a pharmacy or

dispensing GP practice.

*Figure 23 Equality of access by rural/urban classification – walk and public transport times*

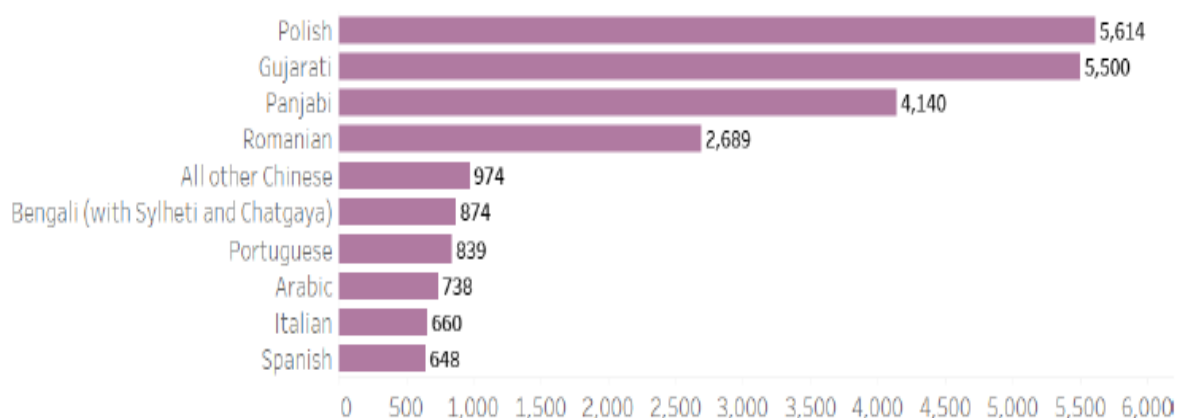


Source: Strategic Health Asset Planning and Evaluation (SHAPE) 2024

## Language

In 2021(Census 2021), the main second language spoken in Leicestershire was Polish (5.6 thousand residents), followed by Gujarati (5.5 thousand) and Panjabi (4.1 thousand) (Figure 24).

*Figure 24 Main language of non-English speaking population of Leicestershire*



Source: ONS Census 2021

The highest proportion of non-English speakers was in Oadby and Wigston (10.1% of

population) where Panjabi and Gujarati were the second and the third main spoken languages.

There was also a relatively high proportion of non-English speakers in Charnwood (6.7%) and Blaby (5.3%). In these two districts Gujarati and Polish, and Panjabi and Polish were most common second and third languages (Table 16).

In the remaining districts, less than 3% of the population were non-English speakers.

*Table 16 Second and third languages spoken in Leicestershire districts (Census 2021)*

District	English (%)*	2nd Main Language (%)		3rd Main Language (%)	
Blaby	94.70%	Panjabi	1.09%	Polish	0.93%
Charnwood	93.30%	Gujarati	1.65%	Polish	0.73%
Harborough	97.20%	Gujarati	0.38%	Panjabi	0.35%
Hinckley & Bosworth	97.20%	Polish	0.75%	Romanian	0.36%
Melton	97.10%	Polish	1.51%	Romanian	0.16%
North West Leicestershire	97.00%	Polish	1.16%	Romanian	0.43%
Oadby & Wigston	89.90%	Panjabi	3.00%	Gujarati	2.27%

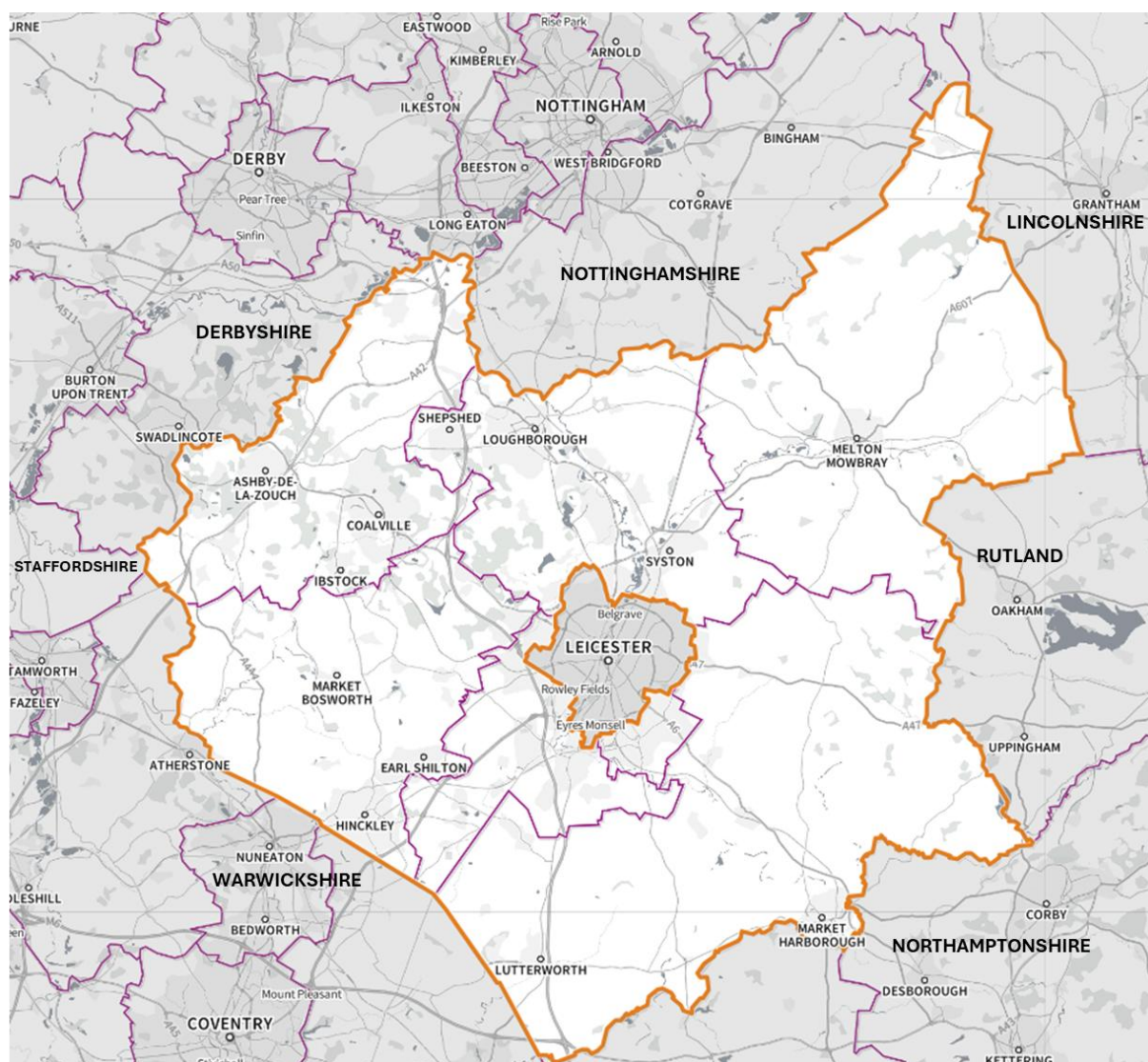
\* Proportion of population with English as main language

### 5.9.7. Cross Border Provision

The population of Leicestershire can access any pharmacy services, whether from community or distance selling provider. The choice can be dictated by proximity to the place of work rather than residence, thus it is important to take into account cross-border provision. Leicestershire borders with a number of health areas, including Leicester, Rutland, Lincolnshire, Northamptonshire, Warwickshire, Derbyshire and Nottinghamshire (Figure 25).



Figure 25 Neighbouring local authorities



### Leicester

Leicester borders with the four of Leicestershire districts - Blaby, Oadby and Wigston, Harborough and Charnwood. There are significant population flows between Leicestershire and Leicester City (e.g. work or education) with many county residents accessing services in the city and vice-versa. The draft 2025 PNA for Leicester states that no significant gaps in pharmaceutical services were detected, with higher rates of provision per head of population than England's average. However, some of the city areas have fewer pharmacies (North West and West localities) and projected pharmacy closures could have further impact on accessibility of pharmacy services. Thus, continuous engagement and joint planning (LLR-wide) are needed to ensure equity of pharmaceutical service provision.

### *Rutland*

Leicestershire districts of Harborough and Melton border with Rutland and both Counties are within the same ICB location, with Leicester City. Rutland residents are likely to use Leicestershire pharmacies, while a relatively small area in the east of Leicestershire may access pharmacies located in Rutland. The three pharmacies in Oakham are within easy reach from the southern parts of Melton district, and two Uppingham pharmacies can provide services for the eastern parts of the district of Harborough.

The draft 2025 PNA for Rutland states that no gaps in pharmaceutical services were detected, although continuous engagement is needed to maintain accessibility in rural areas of the County.

### *Lincolnshire*

Lincolnshire borders with Melton District. The north-east areas of the district, particularly those close to the border, have 10+ pharmacies in Grantham within 10km of the district's border, Grantham being shorter distance than Melton Mowbray town itself.

The draft 2025 Lincolnshire PNA<sup>19</sup> states that the existing evidence does not identify any gaps in the provision of necessary services through community pharmacies and there is no current or future need for improved access to necessary services within existing community pharmacies in any District of Lincolnshire.

### *Northamptonshire*

Northamptonshire borders with the Harborough district. Pharmacies in Corby (14+) are relatively easy access for the residents of Harborough district (within 7 km of the district's border).

Two draft PNAs for Northamptonshire:

- North Northamptonshire – no current gaps in the provision of necessary pharmaceutical services have been identified, however, better access would be secured by their provision in East Northamptonshire on Sunday, and the future population growth (particularly among the elderly) needs to be kept under review<sup>20</sup>.
- West Northamptonshire – the current provision of pharmaceutical services across West Northants is deemed sufficient for the needs of the population within the lifetime of the PNA. In addition, the Health and Wellbeing Board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the pharmaceutical needs assessment<sup>21</sup>.

### *Warwickshire and Coventry*

Warwickshire borders with North West Leicestershire, Hinckley and Bosworth, Blaby, and Harborough districts.

There are several locations within Warwickshire which could potentially service Leicestershire residents, all within 8 km from Leicestershire borders, including Rugby (11 pharmacies), Nuneaton, Atherstone or Tamworth.

The draft 2025 PNA for Warwickshire and Coventry concluded that there were no gaps in pharmaceutical provision and sufficient provision of advanced pharmaceutical services within Warwickshire or Coventry<sup>22</sup>.

### *Staffordshire*

Staffordshire has a relatively short border with North West Leicestershire. The draft of Staffordshire PNA for 2025 states that the provision across the County is generally matched to needs, although there are some gaps in service, for example smoking cessation is available in a lower percentage of pharmacies than other services and there is no needle exchange service in community pharmacies in South Staffordshire, although there will be access in neighbouring areas. There is also no palliative care service in community pharmacies in Newcastle-under-Lyme and there are no NHS Health Checks in community pharmacies in East Staffordshire, Lichfield, Staffordshire Moorlands or Tamworth<sup>23</sup>.

### *Derbyshire and Derby*

Derbyshire borders with North West Leicestershire, and there are several locations with pharmacies within relatively easy reach for its residents (within 8 km from the district border) – includes Swadlincote (six pharmacies), Burton-on-Trent (nine) and potentially parts of the city of Derby (14 pharmacies within 8 km radius).

The consultation PNA draft for Derbyshire and Derby states that the current provision of community pharmaceutical services adequately meets the pharmaceutical need in the Derby HWB area and in the Derbyshire HWB area. Whilst pharmaceutical need is adequately met, it is recognised that for some populations and for those living in some areas – notably, some deprived areas of Chesterfield without access to a car and South Derbyshire as a whole – may face challenges in accessing pharmacy services<sup>24</sup>.

### *Nottinghamshire*

Nottinghamshire borders with North West Leicestershire, Charnwood and Melton. Leicestershire residents can access a numbers of pharmacies in locations adjacent to Nottingham, such as Long Eaton (nine pharmacies) or Stapleford.

The draft Nottinghamshire PNA 2025 concludes that there are no identified gaps in provision of

NHS Necessary Services to meet current and future needs of the population. This includes provision during working and non-working hours. Similarly, no gaps in the provision of Advanced or Enhanced Services are reported that would secure improvements or better access to services in Nottinghamshire<sup>25</sup>.

## 5.10. Essential Services

Essential services are mandatory; they are required of all community pharmacies within the NHS Community Pharmacy Contractual Framework (CPCF)<sup>26</sup>.

Core Functions encompass the fundamental tasks of a pharmacy, including:

1. **Dispensing medicines and medical 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.
2. **Repeat dispensing**, including electronic repeat dispensing (**eRD**) - 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.
3. **Discharge Medicines Service (DMS)** - 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.
4. **Disposal of unwanted medicines** - acceptance of unwanted medicines by someone living at home, in a children's home or in a residential care home which require safe disposal.
5. **Promoting healthy lifestyles** - provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to have, or be at risk of, certain conditions, e.g. diabetes or coronary heart disease; and participating in health campaigns where requested.
6. **Clinical governance** - pharmacies must have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services (use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction).
7. **Support for self-care** - provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

8. **Signposting to other services** - 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.

### 5.10.1. Discharge Medicines Service (DMS)

DMS became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021 (2020/21 Q4).

This service was introduced 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.

There has been a significant rise in the number of claims for this service in Leicestershire between 2021/22 and 2023/24 - activity more than doubled overall (a 132% increase), and about three-fold in Blaby, and Oadby and Wigston (Table 17). Although the data are only for half of 2024/25, it appears that activity has risen even further in the current financial year.

*Table 17 Discharge Medicine Service claims in Leicestershire (complete and incomplete).*

	2021/22	2022/23	2023/24	2024/25 (Q1-2)	Change*
Blaby	285	340	853	791	199%
Charnwood	403	501	1033	971	156%
Harborough	87	95	225	264	159%
Hinckley & Bosworth	310	264	540	491	74%
Melton	128	129	186	171	45%
NW Leicestershire	346	382	721	638	108%
Oadby & Wigston	66	100	214	217	224%
<b>Leicestershire</b>	<b>1,625</b>	<b>1,811</b>	<b>3,772</b>	<b>3,543</b>	<b>132%</b>

\* between 2021/22 and 2023/24

### 5.11. Enhanced Services

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the **National Enhanced Service** (NES). Under this type of service, NHS England commissions an Enhanced



Service that is nationally specified. There is currently one NES commissioned; this is the COVID-19 Vaccination Service.

### 5.11.1.COVID-19 Vaccination Service

The vaccination service was first commissioned as a Local Enhanced Service (LES) by NHS England regional teams in consultation with Local Pharmaceutical Committees. In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES), which is nationally specified. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

Between 1st of April 2023 and 31st of March 2024, 98,380 vaccinations were given by 47 participating Leicestershire pharmacies (Table 18). The vaccinations were assigned to localities by postcode of pharmacy location, which may not reflect the population coverage, particularly for pharmacies close to district boundaries.

*Table 18 COVID-19 vaccinations in 2023/24 – pharmacies located in Leicestershire*

	Pharmacies	Vaccinations
Blaby	10	10,117
Charnwood	11	33,225
Harborough	6	15,897
Hinckley and Bosworth	9	18,220
Melton	3	9,009
North West Leicestershire	4	8,669
Oadby and Wigston	4	3,243
<b>LEICESTERSHIRE</b>	<b>47</b>	<b>98,380</b>

Source: NHS England

Phase 5 of the vaccination service, the Autumn 2022, Spring 2023, Autumn/Winter 2023/24 and Spring 2024 booster programmes were all commissioned as a NES.

For the **2025 Spring and Summer vaccination campaign** – 78 Leicestershire pharmacies are reported as ‘active’<sup>8</sup> – 13 out of 21 total in Blaby, 25/43 in Charnwood, 9/13 in Harborough, 13/18 in Hinckley and Bosworth, 4/9 in Melton 6/16 in North West Leicestershire and 8/12 in Oadby and Wigston. The cohorts for the spring 2025 programme cover adults aged 75 years and over, residents in a care home for older adults, and individuals aged 6 months and over who are immunosuppressed.

<sup>8</sup> Source: SHAPE 2025

## 5.12. Advanced Services

Advanced services are optional, pharmacies can choose to offer these services, provided they meet specific requirements. They are also specialized, requiring additional training or resources for pharmacists, and can include:

- Appliance use reviews
- Flu vaccinations
- Hypertension case-finding - identification and management of high blood pressure.
- New Medicine Service - supporting patients newly prescribed a medicine.
- Lateral Flow Device Service - testing for certain illnesses.
- Pharmacy Contraception Service (PCS) - provides contraception advice and service.
- Pharmacy First Services
- Smoking Cessation Service (SCS): Helps patients quit smoking.
- Community Pharmacist Consultation Service (CPCS): Allows referrals from other parts of the health system for urgent care needs.

There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

The current list includes<sup>27</sup> appliance use reviews (AUR), flu vaccination, hypertension case-finding, new medicine (NMS), lateral flow device (LFD), pharmacy contraception (PCS), pharmacy first (PF), smoking cessation (SCS) and stoma customisation services.

A number of services have been discontinued; however, data are included here for clarity where historical trends are presented.

Data presented are from the **Clinical Services Statistics (Community Pharmacy England)** - <https://cpe.org.uk/funding-and-reimbursement/nhs-statistics/clinical-services-statistics/>.

This site provides quarterly statistics for clinical services provided by community pharmacies in England from April 2021 onwards (available up to September 2024, at the time of writing). For the purpose of this report, data were aggregated and analysed at county and district levels.

In addition, where available, these are for the last Q3 of 2024/5 (October-December 2024) from local sources. At the time of writing, local data are **provisional** but is generally regarded as a minimum (likely to rise by another 10% when figures are finalised).

### 5.12.1. Access to Advanced Services

Of the 131 Leicestershire pharmacies, most signed up for blood pressure checks, eight out of

ten for contraception services (same for the LFD service), while only a third signed up for smoking cessation services (Table 19).

*Table 19 Providers signed up to services in September 2024*

	All	BP Checks		SCS		PCS		LFD	
	Num	Num	%	Num	%	Num	%	Num	%
Blaby	21	21	100%	9	43%	18	86%	16	76%
Charnwood	43	39	91%	13	30%	35	81%	36	84%
Harborough	13	13	100%	7	54%	12	92%	11	85%
Hinckley & Bosworth	18	18	100%	6	33%	15	83%	18	100%
Melton	9	8	89%	1	11%	7	78%	6	67%
NW Leicestershire	16	16	100%	3	19%	13	81%	11	69%
Oadby & Wigston	11	11	100%	3	27%	10	91%	11	100%
<b>LEICESTERSHIRE</b>	<b>131</b>	<b>126</b>	<b>96%</b>	<b>42</b>	<b>32%</b>	<b>110</b>	<b>84%</b>	<b>109</b>	<b>83%</b>

SCS = Smoking Cessation Service

PCS = Pharmacy Contraception Service

LFD = Lateral Flow Device Service

### *Appliance Use Reviews (AUR)*

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, if appropriate, they can be provided by telephone or video consultation.

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; identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient; advising the patient on the safe and appropriate storage of the appliance; and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

There are no data on AURs since 2020/21 either at the premises or in the patient's home.

### *Flu Vaccination Service*

The aim of the seasonal influenza vaccination programme is to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus. Each year from the autumn through to March, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

Community pharmacy has been providing flu vaccinations under a nationally commissioned



service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. Pharmacy owners are encouraged to proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.

Table 20 presents the numbers of flu vaccinations for the recent quarters.

*Table 20 Flu vaccination claims in Leicestershire (none prior to 2023/4)*

	2023/24				2024/25		2023/4 Total
	Q1	Q2	Q3	Q4	Q1	Q2	
Blaby	-	2,600	5,265	41	-	2	7,906
Charnwood	-	5,914	12,306	171	-	12	18,391
Harborough	-	3,003	6,774	168	-	0	9,945
Hinckley & Bosworth	-	2,263	4,596	38	-	2	6,897
Melton	-	1,053	2,010	28	-	0	3,091
NW Leicestershire	-	2,644	4,508	47	-	1	7,199
Oadby & Wigston	-	1,362	2,950	49	-	0	4,361
<b>Leicestershire</b>		<b>18,839</b>	<b>38,409</b>	<b>542</b>		<b>17</b>	<b>57,790</b>

### *Hypertension Case-Finding Service*

The service, also referred to as NHS Blood Pressure Check Service (BPCS), was commissioned as an Advanced Service from 1st October 2021. The aim of the service is to prevent cardiovascular disease (CVD) and related mortality, as well as positively impact health inequalities in the population. CVD is a key driver of health inequalities, accounting for around 25% of the life expectancy gap (27% in men and 24% in women) between rich and poor populations in England.

The service aims to:

- Identify people aged 40 years or older, or at the discretion of pharmacy staff, people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm the diagnosis and for appropriate management
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements (ABPM). These requests can be in relation to people either with or without a diagnosis of hypertension; and
- Provide another opportunity to promote healthy behaviours to patients.

In Leicestershire, there has been a steady increase in BP checks – from under 17 thousand in 2022/23 to over 31 thousand in 2023/24. Given only three quarters of data for 2024/25, the forecast could be over 44 thousand for the current year (Table 21). In March 2025, 125 pharmacies were signed up to provide this service.

*Table 21 Hypertension case finding service through clinic BP checks and ambulatory blood pressure monitoring (ABPM) in Leicestershire*

Clinic BP Checks	2021/22	2022/23	2023/24	2024/25			Change**
				Q1	Q2	Q3*	
Blaby	3,076	5,227	6,277	1,624	1,807	2,005	39%
Charnwood	764	4,075	8,556	3,115	3,232	3,008	206%
Harborough	149	1,909	4,941	1,536	1,427	1,787	232%
Hinckley & Bosworth	404	1,559	2,124	638	925	408	69%
Melton	71	949	1,782	861	984	1,264	337%
NW Leicestershire	225	1,206	3,957	1,582	1,255	986	323%
Oadby & Wigston	153	1,305	2,342	1,211	1,208	1,094	259%
<b>Leicestershire</b>	<b>4,842</b>	<b>16,230</b>	<b>29,979</b>	<b>10,567</b>	<b>10,838</b>	<b>10,552</b>	<b>163%</b>

ABPM	2021/22	2022/23	2023/24	2024/25			Change**
				Q1	Q2	Q3*	
Blaby	36	255	389	98	129	139	91%
Charnwood	22	122	146	72	95	152	249%
Harborough	17	10	145	24	55	45	1,553%
Hinckley & Bosworth	9	81	104	49	55	40	137%
Melton	2	9	47	27	48	23	1,352%
NW Leicestershire	25	146	283	117	118	93	200%
Oadby & Wigston	1	20	81	41	50	52	853%
<b>Leicestershire</b>	<b>112</b>	<b>643</b>	<b>1,195</b>	<b>428</b>	<b>550</b>	<b>544</b>	<b>216%</b>

\* provisional local data

\*\*average quarterly number in 2024/25 vs average quarterly in 2022/23

### *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.

Sub-optimal medicines' use can lead to inadequate management of long-term conditions and non-adherence to appropriately prescribed medicines is a global health problem of major

relevance to the NHS. Pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition.

The service is usually delivered in three stages, starting with patient engagement (new medicine dispensed as usual, with the provision of advice about its use, and the patient offered the opportunity to use the NMS), intervention (advice and assessment of adherence, and any other support required) and follow up – using an interview schedule.

In Leicestershire the volume of the service has almost doubled between 2021/22 and 2023/24, from 29.7 thousand claims to over 59 thousand. Given the numbers recorded in the first two quarters of the current financial year, the trend is likely to increase further. The biggest relative increase was in Harborough (more than three-fold) and North-West Leicestershire (three-fold) (Table 22).

*Table 22 New Medicines Service in Leicestershire*

	2021/22	2022/23	2023/24	2024/25 (Q1-2)	Change*
Blaby	4,943	6,194	9,756	5,783	97%
Charnwood	8,502	10,441	14,300	9,085	68%
Harborough	2,238	3,749	7,432	5,038	232%
Hinckley & Bosworth	5,762	6,572	8,324	5,113	44%
Melton	1,805	2,345	3,173	2,084	76%
NW Leicestershire	3,763	7,466	11,197	6,438	198%
Oadby & Wigston	2,615	3,653	4,884	3,613	87%
<b>Leicestershire</b>	<b>29,628</b>	<b>40,420</b>	<b>59,066</b>	<b>37,154</b>	<b>99%</b>

\* percentage change between 2021/22 and 2023/24

### *Lateral Flow Device (LFD) Service*

The Lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced Service from 6th November 2023.

In March 2024 it was announced that the service would continue to be commissioned in 2024/25 and that additional patient groups became eligible to access the service, with further updates in May 2024<sup>28</sup>.

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. The LFD service was introduced to provide eligible patients with access to LFD tests. If a patient tests positive, they are advised to call their general practice, NHS 111 or hospital specialist as soon as possible.

A similar service was previously commissioned, which was known as the **COVID-19 Lateral Flow Device Distribution Service** (publicly known as Pharmacy Collect). However, that service was decommissioned on 31st March 2022.

In Leicestershire, 83% of providers sign up to this service, with almost 2.4 thousand claims between July and September 2024 (approximately 800 per month) (Table 23).

*Table 23 Lateral Flow Device Services in Leicestershire – quarterly claim totals*

	2023-24		2024-25	
	Q3	Q4	Q1	Q2
Blaby	-	482	544	692
Charnwood	-	564	675	445
Harborough	-	169	158	209
Hinckley & Bosworth	-	86	107	82
Melton	-	272	504	422
NW Leicestershire	-	56	91	487
Oadby & Wigston	-	36	35	42
<b>Leicestershire</b>	-	<b>1,665</b>	<b>2,114</b>	<b>2,379</b>

### *Pharmacy Contraception Service (PCS)*

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC.

The service also provides an opportunity for signposting service users into local sexual health services in line with NICE guideline NG 10229.

A majority (84%) of local contractors signed up to the PCS service (Table 19) and about 700 of claims are submitted monthly (Table 24), with increasing rates of services across all districts.

Table 24 Pharmacy Contraception Services (PCS) in Leicestershire

	2023-24		2024-25			Change**
	Q3	Q4	Q1	Q2	Q3*	
Blaby	-	104	296	359	436	4.2
Charnwood	-	243	298	287	432	1.8
Harborough	-	15	107	148	212	14.1
Hinckley & Bosworth	-	135	204	317	382	2.8
Melton	-	20	52	85	101	5.1
NW Leicestershire	-	262	455	484	486	1.9
Oadby & Wigston	-	35	56	81	131	3.7
<b>Leicestershire</b>	-	<b>814</b>	<b>1,468</b>	<b>1,761</b>	<b>2,180</b>	<b>2.7</b>

\* local data (provisional)

\*\*Q3 2024/25 vs Q4 2023/24

### Pharmacy First Service

The NHS Pharmacy First Service incorporates the previous Community Pharmacist Consultation Service and builds on it to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. It enables the management of common infections by community pharmacies through offering self-care, safety-netting advice, and supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions.

Pharmacy First Service commenced on **31st January 2024**. It was announced as part of an agreement setting out how the £645 million investment pledged within the Delivery Plan for recovering access to primary care would be used to support community pharmacy services.

The Advanced Service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

- Sinusitis (12 years and over)
- Sore throat (5 years and over)
- Acute otitis media (1-17 years)
- Infected insect bite (1 year and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)
- Uncomplicated UTI (women 16-64 years)

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the **Community Pharmacist Consultation Service**, i.e. **minor illness consultations** with a pharmacist and the **supply of urgent medicines** (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense.

Currently, all pharmacists providing the service must use the PGDs and clinical protocol.

*Table 25 Pharmacy First Services in Leicestershire - total number of claims*

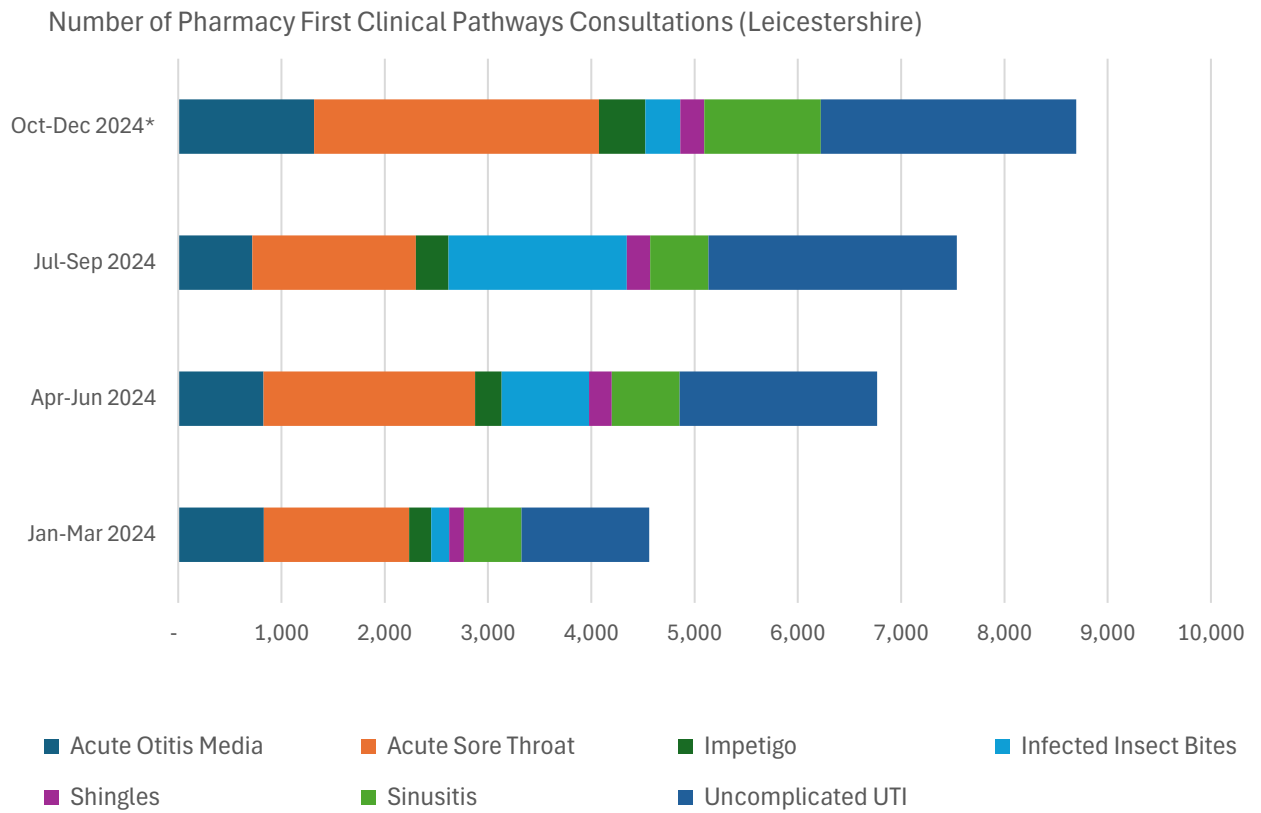
PF Total	2023-24		2024-25			Change**
	Q3	Q4	Q1	Q2	Q3*	
Blaby	-	1,242	1,710	1,692	1,932	1.6
Charnwood	-	705	1,354	1,553	1,982	2.8
Harborough	-	932	1,318	1,441	1,486	1.6
Hinckley & Bosworth	-	588	803	1,001	1,197	2.0
Melton	-	192	252	293	264	1.4
NW Leicestershire	-	628	831	991	1,086	1.7
Oadby & Wigston	-	273	499	569	750	2.7
<b>Leicestershire</b>	-	<b>4,560</b>	<b>6,767</b>	<b>7,540</b>	<b>8,697</b>	<b>1.9</b>

\* local data (provisional)

\*\*Q3 2024/25 vs Q4 2023/24

Figure 26 below shows quarterly patterns by condition – there is an overall increase in consultations with some understandable seasonal fluctuations.

Figure 26 PF consultations in Leicestershire by condition



\* local data (provisional)



Table 26 Pharmacy First - minor illness consultations in Leicestershire

Minor Illness	2023-24		2024-25			Change**
	Q3	Q4	Q1	Q2	Q3*	
Blaby	-	1,500	2,241	1,387	1,881	1.3
Charnwood	-	732	741	480	802	1.1
Harborough	-	302	283	223	152	0.5
Hinckley & Bosworth	-	534	434	280	387	0.7
Melton	-	224	271	147	213	1.0
NW Leicestershire	-	475	674	512	533	1.1
Oadby & Wigston	-	409	440	361	791	1.9
<b>Leicestershire</b>	-	<b>4,176</b>	<b>5,084</b>	<b>3,390</b>	<b>4,759</b>	<b>1.1</b>

\* local data (provisional)

\*\*Q3 2024/25 vs Q4 2023/24

Table 27 Pharmacy First – supply of urgent medicines and appliances in Leicestershire

Urgent medical	2023-24		2024-25			Change**
	Q3	Q4	Q1	Q2	Q3*	
Blaby	-	213	337	340	485	2.3
Charnwood	-	406	697	781	905	2.2
Harborough	-	238	350	482	441	1.9
Hinckley & Bosworth	-	145	297	325	357	2.5
Melton	-	75	132	173	197	2.6
NW Leicestershire	-	147	218	233	273	1.9
Oadby & Wigston	-	203	377	378	315	1.6
<b>Leicestershire</b>	-	<b>1,427</b>	<b>2,408</b>	<b>2,712</b>	<b>2,973</b>	<b>2.1</b>

\* local data (provisional)

\*\*Q3 2024/25 vs Q4 2023/24

Almost all pharmacies in Leicestershire provide this service - In January 2025, only two pharmacies in Leicestershire were listed as not providing Pharmacy First (one in North West Leicestershire and one in Charnwood)<sup>9</sup>.

### Smoking Cessation Service (SCS)

In 2020/21 a Pharmacy Integration Fund pilot on smoking cessation began to test a new model

<sup>9</sup> Source: SHAPE April 2025

of working in which community pharmacies managed the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital.

The early findings from the pilot indicated that a consistent, national offer could be achieved through community pharmacy, and that it could create the capacity needed to enable NHS trusts to transfer patients for smoking cessation support into the community. The SCS was therefore added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of Year 3 (2021/22) of the five-year CPCF deal.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. The service can only be provided by a pharmacist or a pharmacy technician.

The numbers recorded for this service in Leicestershire are low - 2 in 2022/23, 41 in 2023/24 and 38 in 2024/25 (first two quarters only).

### *Stoma Customisation (SAC)*

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

The rates of SAC services have been reducing across Leicestershire, from 131 in 2021/22 to 49 in 2023/24. In the first half of 2024/25 there were just 19 SAC consultations reported (Table 28).

Table 28 Stoma Appliance Customisation services in Leicestershire - annual

	2021/22	2022/23	2023/24	2024/25 (Q1-2)
Blaby	24	18	4	-
Charnwood	58	48	38	19
Harborough	13	10	3	-
Hinckley & Bosworth	8	1	-	-
Melton	6	6	1	-
NW Leicestershire	12	6	1	-
Oadby & Wigston	10	9	2	-
<b>Leicestershire</b>	<b>131</b>	<b>98</b>	<b>49</b>	<b>19</b>

### 5.12.2. Discontinued/decommissioned Services

#### *C-19 Lateral Flow Distribution Service*

This service was decommissioned on 31st March 2022

#### *Community Pharmacist Consultation Service (CPCS)*

Introduced in November 2020 this service replaced the NHS Urgent Medicine Supply service pilot. General practices and NHS 111 could refer patients for minor illness consultation at pharmacies offering CPCS. Pharmacy First replaced this service on 31st January 2024 therefore the data for this service goes up to this point.

The historical volume of the service in Leicestershire is presented below as comparison to the new Pharmacy First Service. The rates were rising steadily between 2021/2 and 2023/24. In 2023/24 there were over 23.9 thousand consultations in Leicestershire (plus 4.5 thousand PF consultations); this is comparable to 14.2 thousand PF consultations in the first half of 2024/25 (Table 29).

Table 29 Historical trends in CPCS in Leicestershire

CPSC	2021/22	2022/23	2023/24
Blaby	3,834	5,970	8,946
Charnwood	1,801	2,885	3,808
Harborough	872	987	1,810
Hinckley & Bosworth	1,483	2,039	2,365
Melton	723	1,223	1,148
NW Leicestershire	1,519	4,333	3,749
Oadby & Wigston	1,160	1,306	2,088
<b>Leicestershire</b>	<b>11,392</b>	<b>18,743</b>	<b>23,914</b>

### *Hepatitis C Testing Service*

This service was decommissioned on 31st March 2023.

There were no data recorded for Leicestershire for this service since 2021/22.

### *Pandemic Delivery Service*

This service was decommissioned on 31st March 2022.

## 5.13. Quality Assurance

In England, the quality of community pharmacies is assured through the Pharmacy Quality Scheme (PQS) and the Community Pharmacy Assurance Framework (CPAF), which form parts of the Community Pharmacy Contractual Framework (CPCF) and are designed to reward pharmacies that deliver quality criteria in clinical effectiveness, patient safety and patient experience.

The Pharmacy Quality Scheme (PQS) supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors who deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience<sup>30</sup>. NHS England, in collaboration with internal and external stakeholders, develops the PQS annually, with the most recent document replacing guidance issued for all previous schemes.

At the time of writing, the latest edition available is that for 2023/24, with 2024/25 still under negotiation. It consists of one gateway criterion and three quality domains. Each domain within the PQS has a designated maximum number of points. The gateway criterion is at least 15 New Medicine Service (NMS) consultations, there are also two quality criteria for the medicines' safety and optimisation domain, five for respiratory domain, and one for the prevention domain.

NHS England's regional teams use the **Community Pharmacy Assurance Framework (CPAF)** to monitor community pharmacy owners' compliance with the terms of the Community Pharmacy Contractual Framework (CPCF). They have the responsibility for monitoring the provision of Essential and Advanced services. Arrangements for monitoring locally commissioned services may be set out in local contracts or Service Level Agreements.

As a result of NHS regulations introduced at the end of 2020, contractors must complete the screening questionnaire within the required time period each year and, if required, the full CPAF questionnaire.

### 5.14. Locally Commissioned Services (LCS)

These include additional services that are commissioned locally, usually by the NHS or local authority, to meet the specific health needs of local 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)
- Take Home Naloxone Programme
- H. Pylori C13 Urea Breath Test Service – Leicester only
- Urgent Supply and Home Delivery of Palliative Care and Specialised Medicines

The numbers of pharmacies signed up to provide LCS in 2024/25 are given in Table 30.

*Table 30 Number of pharmacies providing locally commissioned services in 2024/25*

District	Take Home Naloxone	Needle Exchange	Supervised Consumption	EHC
Blaby	-	3	10	4
Charnwood	2	4	21	7
Harborough	-	3	6	2
Hinckley and Bosworth	1	4	13	5
Melton	-	3	7	0
North-West Leicestershire	1	4	14	6
Oadby and Wigston	-	2	8	4
<b>LEICESTERSHIRE</b>	<b>4</b>	<b>23</b>	<b>79</b>	<b>28</b>

Source: Turning Point 2025

### 5.14.1. Emergency Hormonal Contraception (EHC)

Although currently commissioned by the local authority (Leicestershire County Council), from October 2025, EHC is expected to be added to the advanced, nationally commissioned, Pharmacy Contraception Service (PCS) (See 5.12, page 71).

The service is for the provision of free Emergency Hormonal Contraception (EHC) to women in the community pharmacy setting. This is combined with sexual health advice aiming to:

- improve access to emergency contraception, safer sex and sexual health advice,
- reduce the number of unintended pregnancies in the client group by use of EHC.
- refer all clients accessing this service into mainstream contraceptive services for ongoing contraceptive needs.
- increase the knowledge of risks associated with sexually transmitted infections (STIs).
- refer clients at risk of STIs to an appropriate service; and
- increase knowledge, especially among young people, of the availability of EHC from the community pharmacy setting.

Services include the provision of levonorgestrel ('Levonelle'/'Ella') or ulipristal acetate (UPA), under a patient group direction (PGD), and consultation with a client. UPA can be effective up to 120 hours after unprotected sexual intercourse, while levonorgestrel up to 96 hours, although 17-96 hours use is off label (UPA preferred in such cases).

Time trends in **UPA supply** by Leicestershire pharmacies is shown in Table 31. The total annual numbers thus reduced slightly from around 700 in 2022/22 and 2022/23, to 631 in 2023/24. The 2024/25 data cover only the first three quarters of the current year, the total for the full year is estimated at approximately 615 (total for Leicestershire), expected to be even lower than in previous year.

Numbers for **levonorgestrel supply** have been reducing substantially, from 193 in 2020/21 to 54 in 2023/24 and an estimated total 50 for the whole of 2024/25 (Table 32).

Numbers of **consultations** also seem to be reducing - after relatively low numbers for 2020/21 (COVID-19 pandemic), from 873 consultation in 2021/22 down to estimated 670 for 2024/25 (Table 33).



Table 31 Time trends in pharmacy emergency UPA supply in Leicestershire

	2020/21	2021/22	2022/23	2023/24	2024/25*
Blaby	55	57	40	18	18
Charnwood	141	339	465	440	260
Harborough	39	19	0	1	0
Hinckley and Bosworth	53	56	54	60	55
Melton	1	0	0	0	0
North-West Leicestershire	66	67	44	63	49
Oadby and Wigston	69	157	104	49	49
<b>Leicestershire</b>	<b>424</b>	<b>695</b>	<b>707</b>	<b>631</b>	<b>431</b>

\* April to December 2024 only

Source: Leicestershire County Council (Pharmoutcomes), 2025

Table 32 Time trends in pharmacy emergency levonorgestrel supply in Leicestershire

	2020/21	2021/22	2022/23	2023/24	2024/25*
Blaby	37	17	4	6	10
Charnwood	60	93	13	5	1
Harborough	9	2	2	2	0
Hinckley and Bosworth	17	8	3	10	9
Melton	1	0	0	0	0
North-West Leicestershire	21	21	12	11	4
Oadby and Wigston	49	27	32	20	11
<b>Leicestershire</b>	<b>194</b>	<b>168</b>	<b>66</b>	<b>54</b>	<b>35</b>

\* April to December 2024 only

Source: Leicestershire County Council (Pharmoutcomes), 2025

Table 33 Time trends in pharmacy EHC client consultations in Leicestershire

	2020/21	2021/22	2022/23	2023/24	2024/25
Blaby	92	74	44	24	28
Charnwood	204	438	484	447	261
Harborough	49	21	2	3	0
Hinckley and Bosworth	70	67	57	71	66
Melton	2	0	0	0	0
North-West Leicestershire	88	88	57	74	53
Oadby and Wigston	119	185	137	70	61
<b>Leicestershire</b>	<b>624</b>	<b>873</b>	<b>781</b>	<b>689</b>	<b>469</b>

\* April to December 2024 only

Source: Leicestershire County Council (Pharmoutcomes), 2025

### Age and ethnicity

For the whole period (April 2020-December 2024), the majority of activity (88%) involved women over the age of 18, 9% (N=333) for those aged 16 to 17, and 3% (N=123) for those aged less than 16. Data are not presented for individual years, as numbers become small for some age groups. The highest proportion of under 16s was in Harborough (Figure 27). The highest rates for 18-20s were in Charnwood (most likely high numbers of university-age population).

For the same period, 72.6% (N=2,735) of patients were of white ethnicity, 12.5% were Asian or Asian British (N=469), 6% Black or Black British (N=225) and 3.2% of mixed ethnicity (N=121 (Figure 28).

Figure 27 Emergency hormonal contraception - age (April 2020-December 2024)

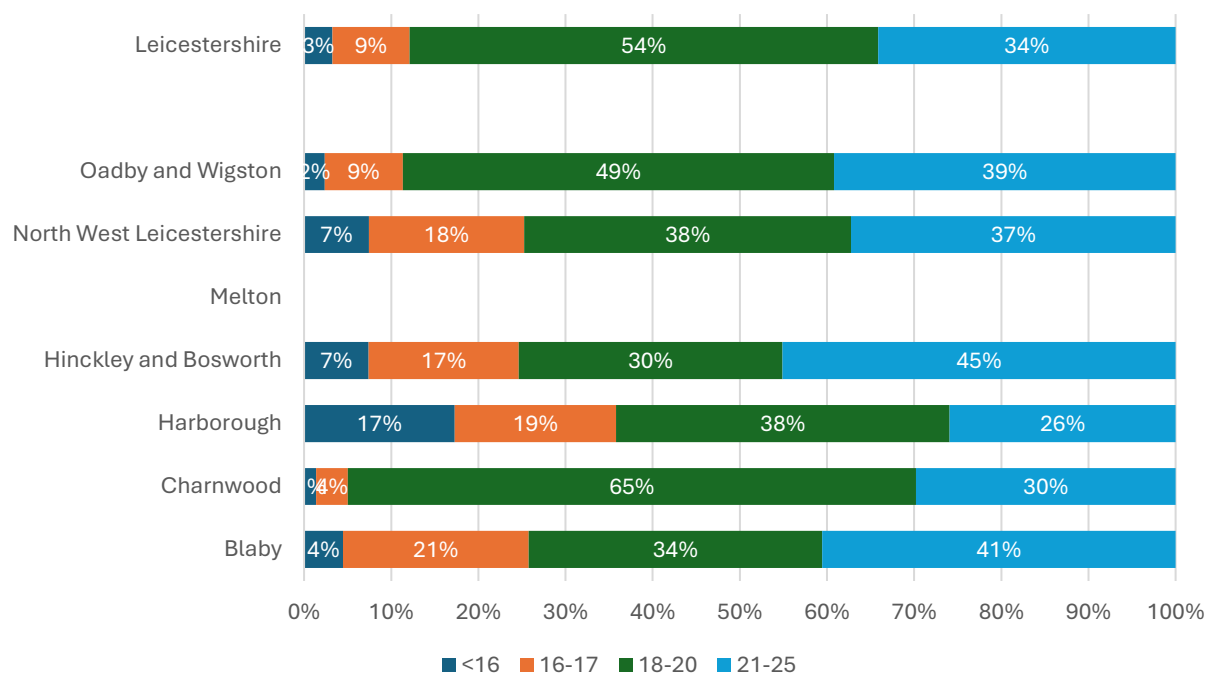
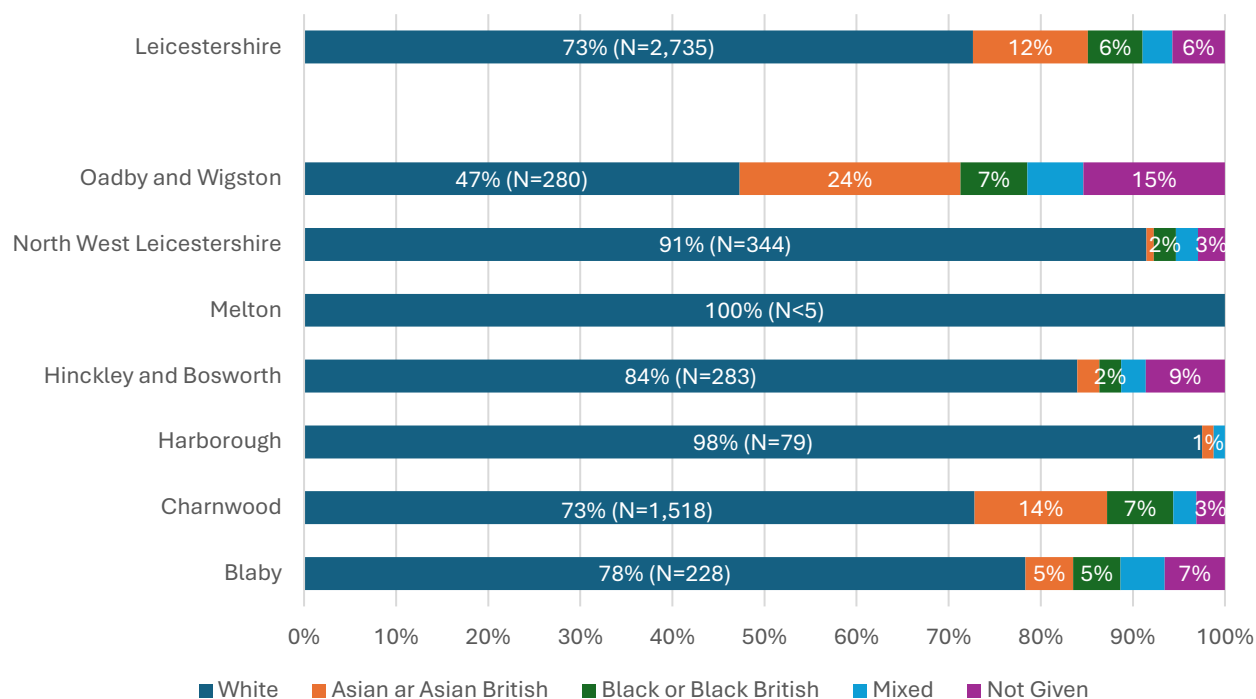


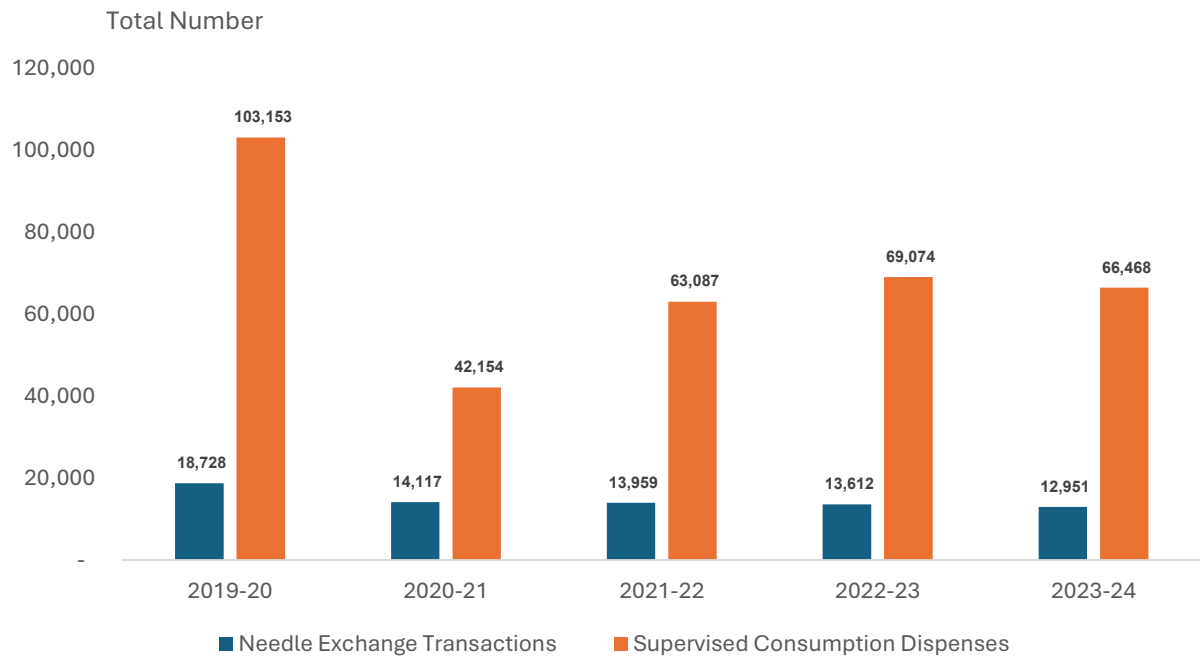
Figure 28 Emergency hormonal contraception - ethnicity (April 2020-December 2024)



From October 2025, with the new CPCF, Emergency Hormonal Contraception will be added to the Pharmacy Contraception Service (See 5.12, page 71).

### 5.14.2. Needle Exchange and Supervised Consumption

*Figure 29 Overall trends in needle exchange and supervised consumption in Leicestershire*



Source: Turning Point 2025

#### *Supervised administration of methadone and other substitutes*

There has been a reduction from over 103 thousand supervised consumption dispenses in 2019/20 to just under 66.5 thousand in 2023/24 across Leicestershire, with similar annual pattern across the districts (Table 34 and Figure 29).

*Table 34 Supervised consumption dispenses 2019/20 to 2023/24 by district*

District	2019-20	2020-21	2021-22	2022-23	2023-24
Blaby	7,892	3,437	5,787	6,024	6,057
Charnwood	37,787	18,707	27,259	30,153	28,435
Harborough	14,574	2,797	3,987	6,015	5,672
Hinckley and Bosworth	14,351	7,215	9,071	6,477	6,857
Melton	6,658	4,808	4,771	4,578	3,788
North-West Leicestershire	15,785	4,526	10,126	12,386	12,106
Oadby and Wigston	6,106	664	2,086	3,441	3,553
<b>Leicestershire</b>	<b>103,153</b>	<b>42,154</b>	<b>63,087</b>	<b>69,074</b>	<b>66,468</b>

Source: Turning Point 2025

### *Needle and syringe exchange for people with drug addictions*

As for supervised consumption, there has been a reduction from over 18.7 thousand needle exchanges in 2019/20 to just under 13 thousand in 2023/24 across Leicestershire (Table 35 and Figure 29).

*Table 35 Trends in needle exchange provision in Leicestershire districts*

District	2019-20	2020-21	2021-22	2022-23	2023-24
Blaby	1,534	1,290	963	1,026	1,361
Charnwood	7,007	5,282	4,655	4,769	4,554
Harborough	1,818	967	1,258	1,318	851
Hinckley and Bosworth	1,938	1,101	1,635	1,625	1,435
Melton	5,494	4,833	4,917	4,279	4,019
North-West Leicestershire	622	482	463	538	685
Oadby and Wigston	315	162	68	57	46
<b>Leicestershire</b>	<b>18,728</b>	<b>14,117</b>	<b>13,959</b>	<b>13,612</b>	<b>12,951</b>

Source: Turning Point 2025

### 5.14.3. Take Home Naloxone Programme

Naloxone is a medicine which reverses the effects of opioid drugs like heroin and methadone (opioid antagonist). It is a first aid emergency medicine, available in the UK as an injection and as a nasal spray. In the UK, naloxone can be supplied without prescription by certain groups including pharmacy teams who provide opioid substitution therapy (e.g. methadone) or needle

exchange. The law doesn't specify who it can be supplied to; guidance suggests supply should include people who use drugs, family, friends and carers of people who use drugs, hostel staff and outreach workers. Naloxone can currently be administered by anyone in an emergency but can only legally be supplied without prescription by a drug and alcohol treatment service to a person to take home for future use.

Across England in 2023, a total of 2,551 drug-poisoning deaths involved opiates; this was 13% higher than in 2022. Nationally, the age-standardised rate of deaths involving an opiate has risen more than five-fold, from 8.4 per million population in 1993 to 43.8 in 2023.

In 2023/24, Leicestershire pharmacies dispensed naloxone 147 times (including 131 through Charnwood and 14 through North-West Leicestershire pharmacies), and 75 times between April and December 2025. Thus, figures for the current financial appear to be lower (predicted 115 for the full 2024/25, assuming 35% for the last quarter, as in 2023/24).

Four pharmacies provide this service – 2 in Charnwood, one in NWL and one in Hinckley and Bosworth.

#### 5.14.4.H. Pylori Breath Test

Is currently provided by a number of LIPCO (Leicestershire Independent Pharmacy Company) pharmacies in the Leicester area only. Service is only commissioned for Leicester residents.

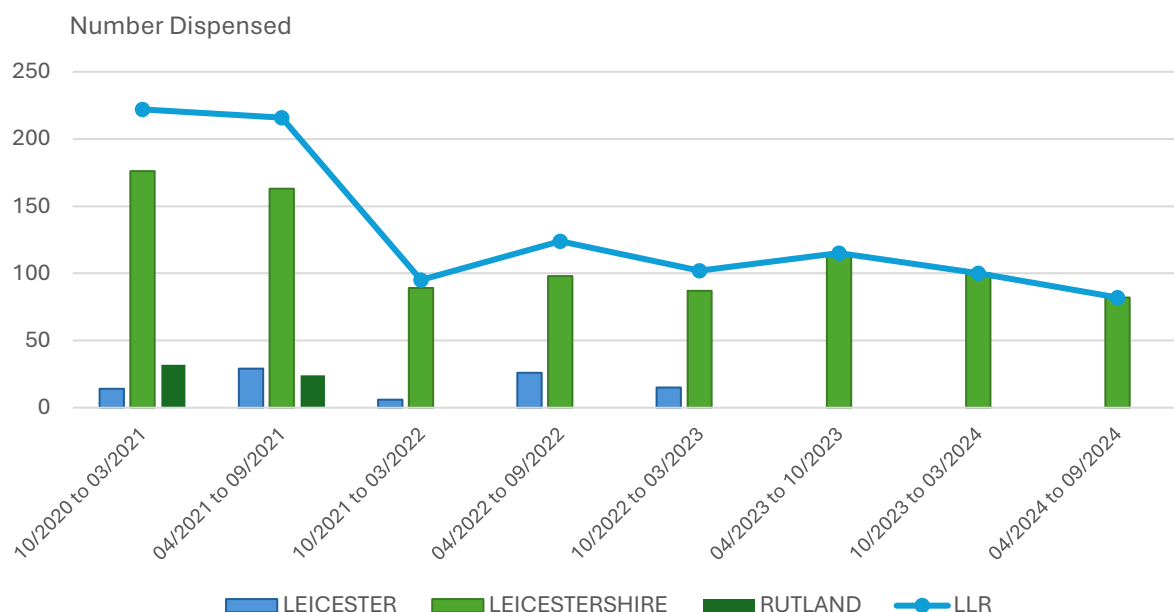
#### 5.14.5.Palliative Care – Urgent Supply and Home Delivery

The service ensures rapid access to specified palliative pathway medicines, such as pain relief or antibiotics (oral and injection), for the LLR population. It includes delivery to the patient's address within three hours of receiving the prescription by the pharmacy, between 7 am and 11 pm Monday to Friday.

Between October 2020 and September 2024, 11 Leicestershire pharmacies held stock for the urgent supply and home delivery of palliative care and specialised medicines service (rising to 12 for a number of months). Trends in the number of dispensed items, at half-yearly intervals for all LLR pharmacies (classified by pharmacy location) is shown on Figure 30. It shows a fall in dispensed items from about 37 per month up to October 2021 (possibly reflecting COVID 19 restrictions) to a more stable average of 17 per month from October 2021. The majority of medicines were dispensed by Leicestershire pharmacies in that period.



Figure 30 Past trends in palliative care dispensing activity across LLR pharmacies (October 2020 to September 2024)



Source: LLR ICB Medicines Optimisation 2025

The service was recommissioned in 2024, as a pilot for 2 years, and as result from October 2024 only one pharmacy in Leicester (**Omcare Late Night Pharmacy**) provides this service for all residents of Leicester, Leicestershire and Rutland. Omcare Pharmacy is open from 7am to 10pm Mon-Fri, and 7am to 8pm Sat, and 1am-7pm on Sunday. From data available, there were 58 deliveries of urgent end of life medications between 1<sup>st</sup> October - 17<sup>th</sup> March to Leicestershire residents.

### 5.15. Digital Developments

**PharmOutcomes**<sup>31</sup> is a web-based platform used by community pharmacies to record and manage patient services. It helps track service effectiveness, streamline management, and facilitates analysis for both local and national level reporting<sup>32</sup>. It allows pharmacies to document and manage various services like flu vaccinations, consultations, and hospital discharge referrals. It has a role in service design and customisation, audit and management, EMOP (Electronic Medicines Optimisation Pathway) support, invoicing, data analysis and report, as well as evidence gathering on community pharmacy services.

Since 2016, community pharmacies are able to access an electronic **Summary Care Record (SCR)**<sup>33</sup> for patients. SCR is a national database that holds electronic records of important patient information such as current medication, allergies and details of any previous bad reactions to medicines, created from GP medical records. It can be seen and used by authorised

staff involved in the patient's direct care, such as accident and emergency services, 111, ambulance, community care, GPs, hospital services, primary care, substance misuse, maternity and other direct care providers. Its aim is to make care safer, reduce the risk of prescribing errors and help to avoid delays to urgent care.

The **Electronic Prescription Service (EPS)**<sup>34</sup> allows prescribers to send prescriptions electronically to a dispenser, such as a pharmacy, nominated by the patient. This makes the prescribing and dispensing process more efficient and convenient for patients and healthcare workers. EPS is already widely used in primary care with over 95% of all prescriptions now being produced electronically. It is widely used in primary care, but its capability has been expanded to secondary and community care, including acute, community hospital trusts, and mental health trust.

**Digital Leicestershire**<sup>35</sup> is a programme led by Leicestershire County Council, is improving Leicestershire's digital connectivity and ensure easier access to public services, particularly in rural locations. Under the Government's £5bn Project Gigabit aimed at delivering gigabit-capable broadband to hard-to-reach communities, Leicestershire initiative was the first in the country to be rolled out. By March 2024, it connected 43 public sector sites (schools, libraries, waste sites and depots) with gigabit-capable broadband, improving digital inclusion across the County.

### 5.16. CPCF Arrangements for 2024/25 and 2025/26

The new funding and other arrangements for community pharmacies were agreed in March 2025, giving community pharmacy a largest uplift in funding across the whole of NHS (a 30% when compared to 2023/24)<sup>36</sup>. The settlement recognises the key role of the community pharmacies in future health care, securing further funds for continuation of Pharmacy First and other Primary Care Recovery Plan services.

Upcoming changes include the addition of antidepressants to the New Medicine Service (NMS) and Emergency Hormonal Contraception (EHC, currently commissioned locally) to the nationally commissioned Contraception Service (planned for October 2025).

It also includes some regulatory changes such as more scope to amend core opening hours, stopping NMS subcontracting, maximum of four health campaigns (incl. two from ICB) or DSPs no longer being able to provide Advanced or Enhanced services on their premises. The Pharmacy Quality Scheme (PQS) is to be smaller than usual in 2025/26, including elements from previous schemes to support embedding of quality improvements.

## 6. Stakeholder Views

### 6.1. PNA Pharmacy Professional Survey

This section summarises the results of the PNA Professional Survey which was run between 3<sup>rd</sup> of February to 11<sup>th</sup> of August 2025. The full results are available in the APPENDIX.

A total of **42 Leicestershire pharmacies** responded to the survey, 95% (N=40) of responding pharmacies were community pharmacies, and two were DSPs. The majority of those who responded (80%), get more than five thousand enquiries per year.

Most of pharmacies (69%, N=29) of respondents said they felt able to maintain the **current level of service**, with 17% (N=7) stating they did not. Respondents in the latter group most commonly quoted limited funding, problems with ensuring appropriate level of staffing and high running costs as primary reasons for their response (*“There is a lot of pressure on pharmacies to provide services for limited funding. Funding for the services is not sustainable”*).

Almost a third (29%, N=12) of respondents stated that they planned to **expand their business**, while 62% (N=26) planned to continue the same level of service. Only one stated that they were planning to reduce the level of operation. Commonly quoted areas for expansion included both private and NHS services, opening new consultation rooms, investing in new staff or providing additional services to Care and Nursing Homes.

Judging the general **pharmaceutical services’ provision** within 3-mile radius, nine out of ten respondents thought it was good or very good in terms of location, number of pharmacies and range of services provided.

69% (N=29) of pharmacies had one **consultation** area, while 31% had two or more, the majority having wheelchair access (98%) and handwashing facilities(75%) in the room or close by; however, only a quarter (24%) had toilet facilities for those attending the consultation. On average, pharmacies gave 29 consultations per week (range: 1-80). Almost a third (32%) of pharmacies planned to increase consultations in the next 12 months.

Of the **facilities** available to help people access services, most pharmacies (91%) provided large-print labels/leaflets, 57% had wheelchair ramp access, 48% hearing loop and 43 %provided dementia-friendly space. However, only less than a quarter had automatic door assistance, small proportion having a bell at the front door (17%) or a disabled toilet facility (7%). Two pharmacies stated they had none of these facilities. Just a quarter (24%) of pharmacies were entitled to Pharmacy Access Scheme payments.

In about half of pharmacies (57%) Gujarati and/or Punjabi were spoken, while in 43% Urdu. Polish was spoken in 10% of pharmacies. Most of pharmacies (64%) used a **language** service, such as Google Translate, or patients were served by a member of staff who could speak that

language (41%).

Over a half (56%) of pharmacies relied on locum pharmacists, relief pharmacist (49%) and 5% on other locum pharmacy staff. About a third of those who felt this was applicable to them experienced **difficulties recruiting** community pharmacists, with about a quarter having difficulty recruiting pharmacy technicians, counter assistants or dispensers. One in five experienced difficulty recruiting into apprenticeship in any pharmacy role, and 5% into delivery driver positions.

Less than a quarter (24%) of pharmacies offered independent private prescribing, such as private PGD services, and 10% independent NHS prescribing. A large proportion of pharmacies (85%) intended to change their **independent prescribing** practice, whether expanding or reducing.

Less than a third (N=12, 29%) felt that that there were services, they currently did not provide, that would benefit the local population, including prescribing for H. Pylori, travel clinic, ear wax removal or weight management. Lack of funding, complicated tendering, digital access issues and staffing were quoted as barriers to providing such services.

60% (N=25) of respondents said their pharmacy dispensed appliances, the majority providing all appliances listed in the drug tariff.

A majority (93%, N=39) of pharmacies offered delivery services (free of charge in 97% of these pharmacies). Less than a half (43%, N=18) of pharmacies noticed an increase in demand for online services and 51% (N=21) for delivery services. Most pharmacies looked into expanding their **online and/or delivery services**, with only 17% planning no such expansion.

There were mixed responses to the question on the potential impact of online ordering and internet-based pharmacies on local pharmacy provision, including negative impact through commercial competition and/or lack of follow-up care of many patients, and positive impact through giving patients more options and easier access. The respondent highlighted the need to better regulate these services and reviewing business rates, to ensure a level playing field.

In general, the pharmacies were keen to provide additional services such as private prescribing, aesthetics, patient discharge services, travel clinics, weight management or ear wax removal. One of the comments called for pharmacist clinical discretion over treatment.

## 6.2. PNA Pharmacy Public Survey

This section summarises results of the PNA Public Survey which was run between 3<sup>rd</sup> of February to 30<sup>th</sup> of April 2025. The detailed results available in the **APPENDIX (Section 6: Pharmaceutical Needs Assessment Public Survey 2025 – LLR Combined Results)**.

A total of **739 Leicestershire residents** responded to the survey, 74% (N=547) were Charnwood residents, 11% from North West Leicestershire (N=79), with other districts contributing to a much lesser degree. This raises questions about representativeness across Leicestershire districts. Over a half (53%) of respondents were 65 or above, 38% were 45-64 and 8% 25-44; the majority (63%) women; 95% declared themselves to be white, 4% Asian or Asian British.

Overall, 86% agreed, whether 'very' or 'fairly' that their pharmacy provided a **good service**, with 8% disagreeing. 85% agreed that advice received was clear, with 4% disagreeing.

The majority of respondents (90%) were getting their medication directly from a pharmacy, with 4% using GP dispensaries and 4% delivery. The majority of Leicestershire respondents (98%) were usually using Leicestershire pharmacies, with only 2% usually using pharmacies located in Leicester.

Almost a half (48%) of respondents used a car as a **means of transport** (including 41% as drivers); and 46% were walking. Only 1% of respondents were using public transport to get to the pharmacy; remaining 3% had their medicines usually delivered home. In the majority of cases (98%) the travel involved less than 30 minutes, including 80% less than 15 minutes. Only 1% of respondents travelled for more than 30 minutes to get to a pharmacy. The majority of those who have their medicines delivered, this is by necessity (e.g. disability) rather than choice/convenience.

Where applicable, the rates of satisfaction with **advice about taking medicines** (percentage of those reporting being very/fairly satisfied) were as follows – 81% for pharmacies, 90% for GP dispensing and 64% for online pharmacies. Conversely, 7% were dissatisfied (very/fairly) with pharmacies, 4% with GP dispensing and 15% with online pharmacies.

The majority (89%) of respondents use pharmacies on the weekdays (9am-6pm), 6% on Saturdays and 4% on weekdays evening. Overall, 80% agreed (strongly/tend to) that **opening hours** met their need, with 2% stating that their needs were not met. The majority of respondents (98%) reported that it was easy (very/fairly) for them to find a pharmacy. None of respondents found it very difficult. It was easiest to find a pharmacy during a weekday (98%), relatively easy (55%) at weekend, but difficult (58%) after 6 pm on a weekday and on Bank Holidays (72% found it very or fairly difficult). The main themes for responses to open questions about pharmacy opening times were that more convenient opening times on weekdays would be useful, but it was generally appreciated that pharmacies generally opened on Saturdays. There was a generally good level of satisfaction with opening hours in Leicestershire, although some respondents were concerned with the reduced opening hours ('late opening – earlier closing') and Saturday closures, resulting in difficulties in collecting medications.

In the future, the majority of respondents (97%) plan to visit a pharmacy in person and 90% stated that they are not likely to ask for a prescription by post. Furthermore, 80% stated they



are not likely to use online services and 76% perceived home delivery services as not important.

For the majority (92%) the availability of medication at a pharmacy was very important, as were quality of service (90%) and availability of private areas (83%). Only 1% thought that availability of information in other languages was important.

With regards to **additional services** provided by pharmacies, 84% of respondents were aware that pharmacies provide minor ailment advice, 70% of disposal of unused medicines service, 69% flu vaccinations and 68% BP checks, for example. Respondents mentioned using pharmacies for flu/COVID vaccinations, blood pressure monitoring, medication checks and general health advice. However, only 12% were aware of weight management, 13% physical exercise and 16% of healthy eating advice (e.g. *"Didn't know about the services until this survey."*). Leicestershire respondents expressed additional need for minor health support, repeat prescription service and medication delivery.

The survey aimed to assess the needs of some groups, such as carers, those caring for a terminally ill relative or friend, and people with additional physical or communication needs. Although the results are based on a relatively lower number (in Leicestershire there were 71 respondents caring for a terminally ill person and 206 carers in general), 68% (140/206) of **carers** stated that their pharmacy always met their needs, with further 23% (48/206) stating that their needs were met sometimes. There was a general recognition of staff efforts to adapt carer needs or medication issues and supportive interactions with staff (e.g. *"Staff offer advice and help when something isn't available."*), however some respondents noted gaps in stock of medicines. Those with additional **physical access needs** (N=59 in Leicestershire) noted problems with parking and proximity to a pharmacy as main issues, while those with **communication needs** (N=10 in Leicestershire), hearing impairment was the main problem (e.g. *"Difficult for deaf people to use pharmacy independently."*).

In summary, there is a good level of satisfaction with the services provided by local pharmacies, with respondents preferring to use local (Leicestershire) 'brick-and-mortar' pharmacies in person and not planning to use online/distance options in the near future. The most important aspect seems to be the quality of the service and the availability of the medication. Pharmacies are harder to find after hours on weekday and on Bank Holidays. While residents are aware of additional clinical services provided by pharmacies, they are less aware of public health, and lifestyle advice.

### 6.3. Responses to Statutory Consultation

The majority of **Leicestershire responses** were official (N=15, 65%), with the remainder personal or professional views (N=6).

The majority (N=16<sup>10</sup>, 70%) of respondents were pharmacists or appliance contractors, other responses included two from the neighbouring HWB areas (Nottinghamshire and Leicester), two from Leicestershire district councils, there were also responses from the ICB, Healthwatch, local NHS trust and a member of the public.

All respondents to the online survey (N=22) agreed that the **purpose of the PNA** was clearly explained (N=10, 46% agreed strongly), finding the document self-explanatory, detailed and comprehensive, and giving emphasis on important aspects such as health inequalities and the evolving nature of community pharmacy services. 91% of respondents (N=20/22) thought that the report adequately reflected the **current community pharmacy provision** in Leicestershire, stating that the document provided a thorough assessment of current service provision. One of the respondents suggested some examination of the provision of disabled parking in the vicinity of pharmacies. None of the respondents suggested any additional services not highlighted in the report.

96% of respondents viewed the coverage of the **population needs** as adequately covered in the report (32% agreed strongly, 64% tended to agree with one response neutral). The respondents valued the focus in the report on disparities in service provision and on future housing developments and growing service demand in the future. The low response to the professional services was noted, but the extended engagement was appreciated by one of the respondents.

Although the majority of respondents did not find any **gaps or issues not mentioned** in the report (N=19, 86% answered 'No' or 'Don't know'), suggestions included more 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. Other suggestions included looking at differences in services' uptake locally and out-of-area, as well as on future impact of population growth on service demand.

None of the respondents disagreed with the **conclusions and recommendations** of the report – 29% (N=6) agreed strongly, 57% (N=12) tended to agree and 14% neither agreed nor disagreed. Respondents stated that the assessment seems to have been “conducted thoroughly”, and the recommendations are “practical and forward-thinking”. The respondents valued the focus on the equality of local provision, flagging the importance of monitoring, particularly considering population growth. Some opportunities for refinement and reinforcement include strengthening future-focused analysis, improving stakeholder engagement and embedding enhanced service evaluation into the report.

The response from LLR Integrated Health Board strongly advocated the inclusion of community pharmacy in local Core20PLUS5 strategies and broader health equity initiatives. The five priority

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<sup>10</sup> Three were under 'other' category

areas emphasised by the LLR ICB included:

- **Service integration and expansion**, through primary care networks and neighbourhood health delivery models, to actively support prevention, early intervention and chronic disease management.
- Further support to **innovative service delivery** to relieve pressure on other services, such as GP and urgent care. This includes increasing availability of independent prescribing in community pharmacy.
- **Digital enablement**, including digital integration of community pharmacies into the healthcare system.
- Strengthening of pharmacies' role in supporting the **promotion of public health**.
- Regular review of ongoing housing development and population growth to ensure **effective planning for growth**.

The majority of respondents (N=18, 86%) agreed that the PNA has given **enough information to help plan future services and support pharmacies** and 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.

Two of the respondents (9%) had suggestions for **additional inclusions in the PNA** in the future, including more detailed analysis of parking availability, and ensuring better representation of all districts in the public survey (strong response from two districts but not from others).

## 7. Gaps in Current Provision

This section discusses potential gaps in current provision of pharmaceutical services in Leicestershire identified in this review of the PNA.

Gaps can be looked at from a number of perspectives<sup>37</sup> - geographically (whether residents have sufficient access to a pharmacy driving, walking or by public transport – location and spread of premises), whether there are geographical gaps in provision of specific services and whether there are accessibility issues resulting from gaps in pharmacy opening times.

### 7.1. Location of Premises

The geographical analysis of travel time to pharmacies in Leicestershire indicates just two areas in the East of Harborough and Melton districts where travel time to a Leicestershire or

borderline pharmacy is over 20 minutes (Figure 16, page 56), however, these areas are within a relatively short drive from Oakham and Uppingham with a number of pharmacies there. Furthermore, these areas are very sparsely populated – only in Harborough there is a small proportion of population with more than 15 min drive to a pharmacy (Figure 15, page 55).

In conclusion, there is generally very good access to community pharmacies across all Leicestershire Districts.

## 7.2. Opening Times

During weekdays there is a good coverage of services with eight out of ten pharmacies open till 6 pm or later and over a quarter (28%) open before 9 am. The access is more restricted at weekends, particularly on Sunday night (only two pharmacies open, one in Blaby and one in Hinckley and Bosworth).

## 7.3. Equality of Access

The analysis of equality of access to pharmaceutical services in Leicestershire has found no disparities by age or deprivation, however, those living in rural settings have much longer travel times, particularly when using public transport or walking to a pharmacy.

## 7.4. Services

### 7.4.1. Essential Services

Combining all three providers of essential pharmaceutical services (community pharmacies, distance selling pharmacies and dispensing GPs), the residents of Leicestershire have similar **levels of access** (2.0 providers per 10,000 population) to the England average of 2.1 of community pharmacies per 10,000 population (par 5.9.2, page 51). Both dispensing GPs and distance selling pharmacies are important providers of essential services for the rural population of Leicestershire. It is important to note that this is very broad indicator of access and it needs to be treated with great caution.

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

Although 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 and no gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access, housing and population growth need to be kept under review with a focus on Harborough, Hinckley and Bosworth and North West Leicestershire.

#### 7.4.2. Advanced and Enhanced Services

The analysis shows no significant gaps in the provision of advanced or enhanced services in Leicestershire, with a majority of community pharmacies signed up to provide these services. An exception is the Smoking Cessation Service (SCS) with about a third of pharmacies signed up (lowest - 11% in Melton).

#### 7.4.3. Locally Commissioned Services

The analysis shows no significant gaps in the provision of locally commissioned services in Leicestershire. From October 2025 EHC (Emergency Hormonal Contraception) will be commissioned nationally together with the Advanced Pharmacy Contraception Service.

Two services where access by Leicestershire residents could be an issue are - H. Pylori Breath Test Service which is only available in Leicester (for Leicester residents) and the Urgent Supply and Home Delivery Service for palliative care which is currently provided by only one pharmacy (based in Leicester) across the whole of LLR.

## 8. Conclusions

The LLR PNA Reference Group agreed on the following conclusions of this PNA, providing a continuous level of funding and reflecting future population changes.

Currently, there is a good provision of a variety of 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.

However, the projected population increases and housing growth in Leicestershire may lead to the need for more pharmacy provision and it is vital that access is monitored to ensure the expected level of provision throughout the three-year life cycle of this PNA.

The key role of community pharmacies in future healthcare, particularly their contribution to the integrated local primary care offer, will require effective neighbourhood working arrangements. This is directed by both national and local priorities (see Section 2, page 18).

Some services, such as palliative care supply (see section 5.14.5), are provided by few or single pharmacies, which raises questions about equity of access, particularly for patients living in remote areas. Although there is no clear indication that population is underserved, the professional engagement process suggested the need to review the rationale behind centralising such services.

The PNA public engagement process also highlighted a need to review some accessibility issues, particularly parking space outside pharmacies (see 6.2). While only a small minority of survey respondents used public transport to travel to their pharmacy, public, community and voluntary transport options should also be kept under review, as the need for public transport may change over time.

While the public feedback indicated a strong preference for brick-and-mortar pharmacies, the trends in the use of online and delivery services should be monitored, and such services enhanced where possible.

Most of users are aware of the 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. In September 2023, the Nuffield Trust and King's Fund published a research report outlining the possible future of community pharmacy<sup>38</sup>, predicting that community pharmacy teams will be an integral part of a local integrated primary care offer, allowing people access to care in their own neighbourhoods and supporting people with ongoing care needs in addition to preventive and acute care through

taking a co-ordinated and active role in the work of PCNs. Areas for engagement include:

- Preventing ill health and supporting wellbeing, with a particular focus on reducing health inequalities. This can be achieved through public health interventions such as smoking cessation advice, weight management and alcohol advice, targeted health checks and screening offering joined-up women's health services, evidence-based advice on vitamin supplements, and playing an increasing role in providing opportunities for early detection.
- Providing clinical care for patients through Pharmacy First service, prescribing medications to treat these when clinically appropriate, supporting the identification and management of some common long-term conditions such as asthma and diabetes, disease monitoring and optimising the use of medicines and devices, case-finding, initial prescription and titration for hypertension, plus ongoing management of hypertension.
- Supporting people to access and to live well with their medicines and treatments, including new and advanced therapies whenever they emerge, through medicines optimisation services, wider use of pharmacogenetics and greater personalisation of medications, providing in-reach services to settings such as care homes to support providers in optimising medicines management.

The increasing role of community pharmacy in the integrated primary care was recognised in the recent CPCF settlement for 2024/25 and 2025/26 described in more detail in 5.16, page 94.



## 8.1. Statements of the PNA

The PNA is required to state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

The regulations require the following statements<sup>37</sup>:

- the pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services
- the pharmaceutical services that have been identified as services that are not provided but which the 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 – *i.e. gaps in the provision of necessary services*
- the 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 – *i.e. other, already existing, relevant services, advanced, enhanced or locally commissioned*
- 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 *i.e. other, potential services, that would secure improvements in access*
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service

For the purposes of this PNA, pharmaceutical services are classified into Essential, Advanced, Enhanced and Locally Commissioned (LCS) Services, in line with the CPCS classification used by the local services and commissioners.

### 8.1.1. Provision of Essential Services

There is a sufficient provision of essential pharmaceutical services for the population of Leicestershire.

### 8.1.2. Gaps in Provision of Essential Services

No gaps were identified in the provision of Essential Services during normal working hours or outside working hours across Leicestershire to meet the needs of the population currently or in the next three years (lifetime of this PNA) across Leicestershire.

Recommendation – continuing to review implementation of housing developments and needs arising therefrom.

### 8.1.3. Other Services

#### *Advanced Services*

According to the information available, there are no gaps in the provision of Advanced Services at present or within the next three years that would secure improvements or better access to services in Leicestershire.

#### *Enhanced Services*

According to the information available, there are no gaps in the provision of Enhanced Services at present or within the next three years that would secure improvements or better access to services in Leicestershire.

#### *Locally Commissioned Services*

According to the information available, there are no gaps in the provision of Locally Commissioned Services at present or within the next three years that would secure improvements or better access to services in Leicestershire.

### 8.1.4. Gaps in Other Services

According to the information available and the results of the engagement process (public and professional pharmacy survey as well as a statutory consultation), the PNA concludes that there are no gaps in other services that could affect pharmacy service provision in Leicestershire.

## 9. Recommendations

Based on the results of this Pharmaceutical Needs Assessment, a number of recommendations to maintain a good level of pharmaceutical service provision while enhancing equity and promotion of these services in health and healthcare management for the local population are suggested. They include:

- Ensure **effective planning for growth**, including maintenance of current pharmacy provision in areas where demand is being met and reviewing **coverage in areas of faster population growth**, particularly housing developments, with close monitoring of population growth and housing plans in population growth zones. The areas with highest numbers of houses planned for the next three years are Charnwood, Melton and North West Leicestershire. Also to ensure maintenance and improvements in access to the two services mentioned at 7.4.3 above (H. pylori testing and palliative care).
- Consideration of any actions needed to **improve evening and weekend access**,

particularly in districts with a high working-age population.

- Ensuring services continue to reach out to **vulnerable and hard-to-reach populations**, including rural residents, carers, and those with mobility limitations.
- Supporting the **integration of pharmacies into wider health systems**, particularly the integrated primary care offer. Services such as Pharmacy First have a significant potential for enhancing clinical care and public health locally. This includes continuing **support to innovative service delivery** to relieve pressure on other systems, including general practice and urgent care.
- Strengthening 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.
- To ensure equity of provision, in the face of ongoing changes in pharmaceutical services and increasing use and demand for clinical services, **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 **closures, consolidations or openings** of community pharmacies affecting Leicestershire population
  - The potential impact of **policy and funding changes** on pharmacy provision
  - **Regulatory changes** impacting pharmacy provision – e.g. the new application route to redistribute core contractual hours
  - **Location and opening times** of community pharmacies in areas of fast population growth
  - Uptake of **advanced and locally commissioned services**, such as Pharmacy First, contraception and hypertension case-finding services, considering cross-border provision, particularly in areas of higher need/demand
  - Any **difficulties** experienced by pharmacies, such as recruitment issues, use of private consultation rooms or timely access to some medicines and their potential impact on services
  - Any issues identified in the availability of public, community and voluntary **transport provision** to pharmacy and GP dispensing locations

Action it is also recommended to increase the use of pharmacy services in **promoting health and health management**. ICB/NHSE/LCC (as appropriate) should periodically update the Leicestershire Health and Wellbeing Board on the following:

- Progress with any relevant local **campaigns**, particularly jointly defined and/or run by

NHSE, ICB and LA Public Health.

- Any **strategic developments** ensuring increasing the role of pharmacies in preventing ill-health, supporting the wellbeing of the population and providing clinical care for patients.
- Progress in **integrating and expanding** pharmacy services through primary care networks and neighbourhood health delivery models, locally and ensuring strategic engagement of pharmacy staff.

FINAL DRAFT

## Glossary of Terms

AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contractual Framework
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
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LCC	Leicestershire County Council
LCS	Locally Commissioned Services
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 for National Statistics
OOH	Out of Hours
PGD	Patient Group Direction
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
UPA	Ulipristal acetate
UTI	Urinary Tract Infection

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