LEICESTER CITY
HEALTH AND WELLBEING BOARD

Date: THURSDAY, 25 SEPTEMBER 2025

Time: 9:30 am

Location:
MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.



For Monitoring Officer

NOTE:

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MEMBERS OF THE BOARD

Councillors:

Councillor Vi Dempster, Assistant City Mayor, Health, Culture, Libraries and Community Centres (Chair)

Councillor Elaine Pantling, Assistant City Mayor, Education

Councillor Geoff Whittle, Assistant City Mayor, Environment and Transport

2 Vacancies

City Council Officers:

Rob Howard, Director Public Health

Laurence Jones, Strategic Director of Social Care and Education

Dr Katherine Packham, Public Health Consultant

1 Vacancy

NHS Representatives:

Caroline Trevithick, Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board

Rachna Vyas, Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board

Helen Mather, Associate Director of Elective Care, Cancer and Diagnostics, Leicester, Leicestershire and Rutland Integrated Care Board

Dr Avi Prasad, Place Board Clinical Lead, Integrated Care Board

Dr Ruw Abeyratne, Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust

Jean Knight, Deputy Chief Executive, Leicestershire Partnership NHS Trust
Pauline Tagg, Interim Chair, Leicester, Leicestershire and Rutland Integrated Care System

Healthwatch / Other Representatives:

Benjamin Bee, Area Manager Community Risk, Leicestershire Fire and Rescue Service

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Kevin Allen-Khimani, Chief Executive, Voluntary Action Leicester

Rupert Matthews, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Kevin Routledge, Strategic Sports Alliance Group

Sue Tilley, Head of Leicester, Leicestershire Enterprise Partnership

Barney Thorne, Mental Health Manager, Local Policing Directorate, Leicestershire Police

Professor Bertha Ochieng – Integrated Health and Social Care, De Montfort University

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Katie Jordan, Senior Governance Services Officer, Katie.Jordan@leicester.gov.uk.

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PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

3. MINUTES OF THE PREVIOUS MEETING **Appendix A (Pages 1 - 20)**

The Minutes of the previous meeting of the Board held on 5th June 2025 are attached and the Board is asked to confirm them as a correct record.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

5. CENTRE PROJECT **Appendix B (Pages 21 - 34)**

The board will be updated on the positive work that takes place by the Centre Project.

6. PHARMACEUTICAL NEEDS ASSESSMENT **Appendix C (Pages 35 - 276)**

The Board will be updated on the results of consultation and approval prior to publication.

7. HEALTHY WEIGHT DECLARATION **Appendix D (Pages 277 - 284)**

The Board will receive an update on the Healthy Weight Declaration.

8. JOY PLATFORM OVERVIEW AND VETTING PROCESS UPDATE **Appendix E (Pages 285 - 290)**

The Board to receive an overview of the Joy Platform.

9. UPDATE FROM THE INTEGRATED HEALTH AND CARE GROUP **Appendix F (Pages 291 - 340)**

A standing item around activity at the Leicester Integrated Health and Care Group.

10. DPH ANNUAL REPORT **Appendix G (Pages 341 - 384)**

The Director of Public Health will present their Annual Report.

11. ICB UPDATE **Appendix H (Pages 385 - 398)**

The Board will receive an update on the current position of the Integrated Care Board.

12. LEICESTER NEIGHBOURHOODS

The Integrated Care Board will update the board on the proposed footprints of the City Neighbourhoods.

13. HEALTH WATCH ANNUAL REPORT **Appendix I (Pages 399 - 424)**

Healthwatch Leicester will update the Board on their annual report.

14. DATES OF FUTURE MEETINGS

To note that meetings have been arranged for the following dates in 2025/2026 which were submitted to the Annual Council in May 2025. Please add these dates to your diaries. Diary appointments will be sent to Board Members.

Thursday 4 December 2025 – 9.30am
Thursday 5 March 2026 – 9.30am

Meetings of the Board are scheduled to be held in Meeting Rooms G01 and 2 at City Hall unless stated otherwise on the agenda for the meeting.

15. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 5 JUNE 2025 at 9:30 am

Present:

Councillor Dempster (Chair)	–	Assistant City Mayor, Health, Culture, Libraries and Community Safety, Leicester City Council.
Councillor Elaine Pantling	–	Assistant City Mayor, Education, Leicester City Council.
Councillor Geoff Whittle	–	Assistant City Mayor, Environment & Transport, Leicester City Council.
Rob Howard	–	Director of Public Health, Leicester City Council.
Laurence Jones	–	Strategic Director of Social Care and Education, Leicester City Council.
Dr Katherine Packham	–	Public Health Consultant, Leicester City Council.
Caroline Trevithick	–	Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board.
Rachna Vyas	–	Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board.
Helen Mather	–	Head of Childrens and Young People and Leicester Place Lead.
Dr Avi Prasad	–	Place Board Clinical Lead, Integrated Care Board.
Dr Ruw Abeyratne	–	Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust.
Jean Knight	–	Deputy Chief Executive, Leicestershire Partnership Trust.
Paula Clark	–	Interim Chair, Leicester, Leicestershire and Rutland Integrated Care System.
Benjamin Bee	–	Area Manager Community Risk, Leicestershire Fire and Rescue Service
Harsha Kotecha	–	Chair, Healthwatch Advisory Board, Leicester and Leicestershire.
Kevin Allen-Khimani	–	Chief Executive, Voluntary Action Leicester.
Rupert Matthews	–	Leicestershire and Rutland Police and Crime Commissioner.

Kevin Routledge	–	Strategic Sports Alliance Group.
Phoebe Dawson	–	Director, Leicester, Leicestershire Enterprise Partnership.
Barney Thorne	–	Mental Health Manager, Leicestershire Police.
Professor Bertha Ochieng	–	Integrated Health and Social Care, De Montfort University.

In Attendance

Sharon Mann	–	Public Health, Leicester City Council.
Katie Jordan and Kirsty Wootton		Governance Services, Leicester City Council

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122. APOLOGIES FOR ABSENCE

Apologies for absence were received from the following:
Dr Avi Prasad, Place Lead, Leicester, Leicestershire and Rutland Integrated Care Board
Benjamin Bee, Area Manager Community Risk, Leicestershire Fire and Rescue Service
Jean Knight, Deputy Chief Executive, LPT
Kevin Routledge, Strategic Sports Alliance Group
Rachna Vyas, Deputy Chief Executive & Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board

123. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business to be discussed at the meeting. No such declarations were received.

124. MEMBERSHIP OF THE BOARD

The membership for 2025-26 was noted and was approved at Full Council.

125. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 6th March 2025 be confirmed as a correct record.

126. QUESTIONS FROM MEMBERS OF THE PUBLIC

It was noted that none had been received.

127. BETTER CARE PLAN 25/26

The Chair agreed to combine items 6 and 10 of the agenda together.
The Director of Adult Social Care and Safeguarding presented the items.
It was noted that:

- The governance for the Better Care fund was managed through the Integrated Care Group for Leicester City and there was not a distinct Better Care Group that meets monthly to manage the operational detail, support the planning process, ensured that the fund is delivered in line with the national conditions and achieves the right outcomes for the people of the Leicester.

- The Better Care fund for 2025-2026 had received approval from the national team as a plan. The Quarter 3 template had also been submitted to the national team and had been accepted.

AGREED:

That the board notes and approves the Better Care Plan 2025/26 and the Better Care Fund Quarter 3 Template 2025/26

128. HEALTH INEQUALITIES USING SOCIAL PRESCRIBING

The Digital and Transformation Lead for Primary Care presented the report, it was noted that:

- There was two key projects underway, the first being "3 Conversations" part of the approach to population health management was working with ICB, Midlands and Lancs partners, and clinicians within the organisation to get their insights in to the people in the area and develop a model.

- A lot of data was used to support and identify different themes across the Primary Care Network (PCN) and some tailored interventions were developed to address the at risk population in the area.

- A cohort of patients were identified that were not engaging with the general practice services for health needs and were often presenting in crisis at out of hours services.

- The process of contacting a patient was reviewed and a particular theme was identified where 2 forms of contact were made to try and engage a patient and get them back on track. Due to pressures and resources in PCN these patients were not followed up with after the second form of contact was attempted.

- Reports from the emergency department and Police Protection

Notifications (PPNs) were used to identify high-contact individuals not accessing support and showed significant health concerns, this led to the clinical directors to assess this across the whole primary care network and review who they were trying to engage.

- When the 3 Conversations training was delivered, this cohort of patients were looked at to be supported and engage with their health needs.
- The population chosen for the project were registered across 3 practices based in Saffron and Eyres Monsell, individuals over 18 years old and had received a PPN with mental health issues raised in the last 6 months.

The "3 Conversations" Approach:

- Conversation 1: Understanding what matters to the individual and connecting them to local resources to live independently.
- Conversation 2: Supporting people in crisis.
- Conversation 3: Helping individuals build a good life and take responsibility for their health and wellbeing.
- Conversations were made with individuals from SystmOne via GP Surgeries and recording all notes on the progress and type of contact made.
- Due to the number of non-engagements an initial letter was produced. It was found that the reading age in the area meant that sometimes the letters were not understood. So it was broken down into tailored engagement methods included letters adapted for local reading age, with short sentences, limited information visuals and the key message being to get in touch.
- No timescale was decided for how long they would try to contact the patient, rather as much time that the patient needed to get on their journey.
- Contact was recorded on a templated entry, to capture the different support that was being provided.
- Check ins were taking place with Leicester City Councils Adult Social Care and usage of their Liquid Logic System to assess notes and understand what other workers were involved in their care to avoid duplication and manage timely communication between organisations.
- Local team huddle meetings were held once per week to discuss strength and progress updates, risks and ending involvement with patients.
- Local teams also met on the ground regularly with VCSEs to explain what the service provision was in case they identified patients that

could be suitable for support.

- Increased support was offered during a period of crisis and there were instances of this. Rather than connecting with the crisis team, it was decided to work with them and try and support them to avoid getting to conversation 2.
- The overall aim of working in this method was to prevent people requiring conversation 3 and to avoid them needing the longer term commissioning services.
- Average of 6 community engagements needed to establish connection.
- Templated data entry introduced to capture support offered and improve consistency.
- 12.43
- Over 7 months, project contacted individuals across a 12-month cycle.
- 23% engaged but did not take up the offer.
- 9% attempted engagement but dropped off.
- 15 individuals not suitable, 9 declined, 1 deceased.
- Only 1% moved into Primary Care Networks.
- Weekly drop-in held at Pork Pie Library to offer a safe space for community discussions.
- Common themes: debt (23%), substance misuse (5%), social isolation (23%), therapy needs (29%), employment/education support (15%).
- Challenges were present and they included:
- The time between a patient receiving a PPN and the information being shared by the police to the practices varied due to resources. It was never managed to address the governance issue with police.
- Record keeping on multiple systems. Using the patient record and governance and safeguarding involved in what was shared on the patient record. Moved to sharing patient information on record.
- Practice engagement practices did not have the time to process and refer the correct patients to the team. This was addressed by providing additional support through a flow chart and MDT
- Patient lack of engagement: 2 letters were created, door knocking and hand delivering them in attempt to make contact. On average it took 6 attempts to engage with the patients.

- A team from Public Health led a project focused on patients aged 18–64 with five or more comorbidities, living within a Primary Care Network (PCN).
- The project aimed to understand the challenges faced by this group and explore how to improve access to services, uptake of support, and self-management to enhance quality of life and life expectancy.
- The approach began with contacting 60 patients, which was later expanded based on interest and engagement.
- Focus groups and one-to-one discussions were held to explore lived experience, barriers to access, and existing service gaps.
- Patients co-produced interventions and provided insight into barriers related to physical health, daily living, social isolation, special educational needs, technology use, personal resilience, routines, and stigma.
- Voluntary and community sector organisations (VCSE) were involved to help shape the questions used in discussions and to observe and understand patient needs in greater depth.
- It was found that many patients were unaware of the available support, including care navigators, GP practice services, health and wellbeing coaches, and social prescribing options.
- Signposting patients to appropriate activities for working-age adults proved challenging in some local areas due to limited options.
- Medication use emerged as a key theme, particularly regarding non-medical alternatives, side effect monitoring, and understanding how to use medication properly.
- A notable example of good practice was identified at Saffron Health, where a dedicated phone access system was in place for digitally excluded patients to request prescriptions, fit notes, smear tests, health checks and other requirements.
- The system supported patients in identifying whether their issue was urgent, whether they could see a pharmacist or social prescriber instead of a GP, and helped navigate available options.
- Social prescribing was being used to support this cohort, including the development of a revised leaflet explaining Structured Medication Reviews (SMRs) in more accessible language.
- Patients were also signposted to videos and websites via QR codes, with support from social prescribers to assist those with limited digital literacy.
- Community pharmacists played a key role in continuing support, and

group sessions remained part of the broader health inequalities strategy.

In discussions with Members, the following was noted:

- Members highlighted that a number of pilot schemes had been trialled prior to wider rollout, and all PCNs had been offered support and training. It was noted that while over 1,300 VCSE organisations were listed in the database, more referrals could be made. Due to oversubscription, decisions had to be made to reallocate resources.

- It was suggested that conversations about service access and navigation were wide-ranging, and work was ongoing to ensure a consistent platform such as the Joy App was accessible and fit for purpose.

- A chatbot had also been introduced on the website to direct users to relevant organisations and services, particularly those supporting refugee communities. However, efforts were still needed to bring more organisations onto the platform.

- The persistence in connecting with vulnerable individuals was praised. It was acknowledged that face-to-face communication yielded stronger engagement, and there was hope that this work would continue beyond the initial pilot. Questions were raised about sustainability and the next steps for ensuring long-term impact.

- The importance of learning from experiences during the COVID-19 pandemic was emphasised, including proactive outreach and door-knocking campaigns. Members stressed the need to direct resources where health inequalities were greatest and to provide evidence that the work delivered value for money.

- There was support for capturing both qualitative and quantitative data to demonstrate the economic and social value of the work. It was noted that some reports had not been published, and there was a risk that if projects stalled, priorities would shift before they were completed.

- Opportunities for collaboration on evaluation were welcomed, with suggestions to align with existing projects in acute settings and to submit work for national recognition as a gold standard approach to integrated care and neighbourhood working.

- Members noted the strength of the project as an example of true neighbourhood-level collaboration, incorporating data, governance, and a range of system partners. It was felt that more could be done to enable access to this data, especially for frontline services like the police.

- It was recommended that evaluation should be embedded from the outset of any PCN-funded project, with a suggested 10% of the budget allocated for this purpose. The importance of drawing on collective

expertise across the system was noted.

- Proportionate universalism was raised as a key principle ensuring services were available to all, but with additional support targeted where needs were greatest. Members encouraged linking available funding, such as CAPE, to support these efforts at a PCN level.
- Challenges with staff recruitment and retention were discussed, particularly around staff trained under local authority terms not wanting to transfer to NHS roles due to concerns over pensions and banding.
- Data sharing and the lack of integrated record-keeping systems were identified as ongoing barriers. Members questioned what could be done to improve access to shared care records.
- The importance of standardisation was highlighted, to ensure data from projects could feed into the LLR Shared Care Record. An IT process was underway to improve visibility via the system's viewer.
- Members asked who would be responsible for taking this work forward, and what role the Board would play in enabling continued progress.
- It was suggested that neighbourhood-level governance structures were key to driving the work forward. The proposal was made to take the findings to the neighbourhood group meeting at the end of the month for further discussion.

AGREED:

1. The board notes the report.
2. The Chair to send a letter to the Neighbourhood Board outlining the work to date.
3. A follow up report to return to the board in 6 months' time.

129. NURSING CARE STANDARDS

UHL Quality Care Standards submitted a report to highlight the current position of actions being taken to continuously improve the position. It was noted that:

- A new quality assurance framework was being rolled out across the whole organisation to understand the areas requiring support where the standards fell below the expected target. New tools were developed to ensure recording and visibility foe patients cared for in temporary escalation spaces (TES), during times of escalation across the system. This includes care for patients receiving care on ambulances, awaiting transfer into the Emergency Department.
- It was explained that rising pressures in emergency care formed the

context for understanding the challenges in maintaining quality standards.

- Data showed that emergency department (ED) attendances continued to increase, with no signs of reduction. As a result, performance against the national four-hour standard had been impacted.
- UHL was operating at approximately 60% compliance with the four-hour standard, compared to a national average of around 100 trusts, placing the trust below expected performance levels.
- The ED was becoming increasingly busy, with delays in patient transfers contributing to ambulance handover challenges. Approximately 30% of ambulance arrivals were experiencing extended waiting times outside the department.
- In response, the Trust had expanded urgent treatment capacity, increased alternative pathways, and made changes to the ED footprint.
- It was noted that a requirement to respond to ambulance releases within 45 minutes had added pressure to maintain rapid patient flow, further compounding complexity.
- Hospital-acquired pressure ulcers had previously placed UHL as an outlier nationally. While new equipment and beds had been introduced, early rollout lacked sufficient staff training. Improvements had since been made, although further work remained.
- Specialist services, which had been paused during the COVID-19 pandemic, had now returned to ward settings to support care. It was also highlighted that some patients arrived with pre-existing pressure ulcers, which were not always recorded in time due to early system constraints.
- 85% of patients were now being seen within the agreed timeframe, which had positively impacted pressure rates.
- Falls in hospital remained a key challenge, particularly among patients with dementia or delirium. The unfamiliar hospital environment increased risk, and additional specialist care was being introduced.
- A business case had been approved for sensor mats that alert staff when patients attempt to move, aiming to reduce the incidence of falls.
- The Trust was using a quality platform called MEG to monitor nursing metrics, including screening and care planning. Some red and amber ratings were noted, indicating areas for improvement. Nursing assessments were expected to be completed within six hours.

- A quality improvement framework known as the LEAF (Leicestershire Excellence Assurance Framework) had been introduced in the previous year. This tool assessed ward performance based on 12 standards covering quality, safety, efficiency, patient and staff experience, with measurable metrics.

LEAF is structured around 5 key pillars:

- Quality & Safety
- Efficiency
- Patient Experience
- Staff Experience
- Improving

- These pillars are further defined by 12 standards and underpinned by 69 measurable metrics
- LEAF had been rolled out across all adult inpatient areas and was due to be extended to specialist areas in the coming months.
- Early findings from LEAF indicated that efficiency was the category requiring the most improvement.
- A new metric was being used to monitor care in Temporary Escalation Spaces (TES), such as ‘corridor care’, to evaluate how these settings affected patient experience and quality.
- While the majority of indicators in TES settings were rated green, suggesting patients continued to receive appropriate medical and nursing care, red indicators remained around dignity due to the nature of the environment. It was acknowledged that dignity screens were used, but the patient experience was not equivalent to a ward setting.
- The Trust confirmed this work formed part of a continuous improvement plan, with a forward focus in LEAF Phase 2.

LEAF - Phase 2:

Phase 2 of LEAF implementation will focus on specialist areas

Scoping sessions will be set up with representatives from the Emergency Department and Critical Care to agree on the specific metrics to be included in their LEAF dashboards

Quality Improvement:

Continued focus on embedding LEAF principles and driving quality improvement across all areas.

Harm Reduction:

Ongoing work to address key areas identified in the Temporary Escalations Audits and other harm reduction initiatives.

In discussions with Members, it was noted that:

- It was confirmed that the LEAF framework would eventually be rolled out to paediatrics.
- Significant variability in ambulance waits was highlighted. Trusts with better performance typically had improved patient flow due to stronger internal systems and greater capacity.
- While UHL had previously increased NHS England had introduced new standards for ambulance handovers, prompting further work in this area. However, the underlying issue remained a lack of physical space, resulting in some patients being placed in corridors a situation no one supported. Capacity, this only led to short-term improvements, as it did not address flow through the wider hospital. Sustained improvements had not been achieved.
- Corridor care was described as a compromise on patient dignity and staff wellbeing, though sometimes necessary to release ambulances and save lives. The system was acknowledged as fundamentally broken.
- Concerns were raised about the UK's performance compared to other European healthcare systems, where such issues were reportedly less severe.
- The issue of hospital falls was discussed. Reduced movement was linked to a decline in postural stability, and deconditioning was recognised as a contributing factor. A direct correlation between falls and hospital-acquired pressure ulcers was noted.
- Members expressed appreciation for the openness of the report and acknowledged the difficulty of the issues discussed.
- Corridor care was recognised as harmful for both patients and staff, with questions raised about what plans were in place to reduce its occurrence. Staff morale and patient experience were understood to be

closely connected.

- It was reported that corridor boarding often took place during the day when patients were known to be awaiting discharge. At night, this practice was distressing for staff, despite the support put in place by senior nurses and matrons.
- Trigger points for initiating corridor care were monitored to ensure it remained a temporary escalation measure and did not become routine practice.
- Members emphasised the exceptional demand on Leicester's ED, which served a highly deprived, elderly, and frail population. Demand in Leicester was noted as higher than in many other areas.
- It was stressed that the fundamentals of care should not rest solely with nurses, and that a whole-system cultural approach was required to reduce corridor care and manage demand.
- There was concern about how frequently corridor care occurred. It was acknowledged that medicine used it more than other specialties, particularly at weekends and during winter pressures. Although not a daily occurrence, it happened regularly more than was considered acceptable.
- Patients were provided with letters informing them that corridor care might occur. However, there were concerns that vulnerable individuals had less choice and were more likely to be treated in such environments.
- Historically, UHL had taken a strong stance against corridor care, including designing the new ED without corridors to avoid the practice. However, current pressures had resulted in its reintroduction, primarily on ward areas.
- Surgical wards experienced less pressure, though demand remained high at peak times. Corridor care was described as a frequent, though not daily, occurrence.
- A number of plans were underway to improve the situation. Some were long-term, including prevention strategies, while others were more immediate, such as opening a new facility for patients who no longer required medical therapy.
- Alternative pathways were being explored to reduce ED demand, and plans were in place to expand urgent response capacity and build a larger facility at LRI by next winter.

- There was an interest in improving care for older people and preventing unnecessary hospital admissions. While many projects were underway, their impact would take time to materialise.
- It was clarified that patients were not simply placed in corridors at UHL. Instead, temporary boarding occurred in ward areas while waiting for space to become available, with clinical oversight in place.
- Members expressed strong support for collaborative working and emphasised the need not to make assumptions based solely on data. It was noted that high ED attendance was not always linked to deprivation, and that children aged 0–5 had the highest attendance rates.
- Deeper data analysis was being undertaken to understand which populations were attending ED and why. A report on this analysis was due to go to the Trust Board in August and could also be shared with the Commission.
- It was noted that many patients attended ED without requiring any intervention, which distorted the picture and highlighted the need for better-targeted support and alternative services.
- Members stressed that resolving this required joint working across acute, secondary, and community services. Many individuals presented to ED due to a lack of available alternatives.
- The importance of community-level support was highlighted. Preventing ED attendance often involved addressing basic needs, which were not always health related.
- It was also noted that while population health data was generally strong for adults, it was less reliable for children. High levels of attendance among young children were often linked to a lack of support for young parents, especially those without extended family.

AGREED:

1. Members note the report.
2. An item on deprivation to come to a future board meeting.

130. PHARMACEUTICAL NEEDS ASSESSMENT

Public Health submitted a report on the Pharmaceutical Needs Assessment 2025 for a approval to proceed to statutory consultation. It was noted that:

- Health and Wellbeing boards have a statutory duty to complete a Pharmaceutical Needs Assessment (PNA) every 3 years to assess

current and future pharmaceutical services within their area. It is used to inform planning and commissioning of pharmacy services and to inform decision making in response to applications made to provide a new pharmacy.

Legislation specifies that the document must include:

- A statement of necessary services to meet current needs.
- Services required to meet future demand or current needs not currently provided.
- Recommendations to secure improvements or better access, now and in the future.
- Additional contextual and supporting information.

- Slides accompanying the report provided further detail on the required content and methodology.
- There was a noted higher concentration of pharmacies in certain areas of the city.
- Leicester currently had 83 pharmacies, equating to approximately 2.2 pharmacies per 10,000 residents.
- All pharmacies were required to open for a minimum of 40 hours per week, with five pharmacies open for 100 hours.
- While all pharmacies offered essential services, there was variation in the provision of advanced services, which could require patients to travel further for specific support.
- The analysis included a pharmacy in Evington that had since closed, as the closure occurred after the data collection period.
- Recommendations considered equity of access and explored how to encourage pharmacies to open in areas with lower provision.
- Digital literacy and its impact on service access was also highlighted, alongside the role of pharmacies in broader commissioning strategies.
- It was proposed that any new policy or funding changes be reviewed and reported to the Health and Wellbeing Board (HWB), with an annual update to be provided.
- The statutory consultation period would run for 60 days, and subject to approval, the final version would be signed off and published in October.

In discussions with Members, the following was noted:

- It was noted that the consultation should consider both city and county perspectives, reflecting the needs of individual communities and the

pharmacies that serve them.

- Members highlighted the importance of exploring different consultation models beyond reliance on surveys, suggesting task groups and varied engagement methods to ensure wider participation and ensure the assessment was fit for purpose.
- The importance of ensuring accessibility was emphasised, particularly in addressing why some individuals attend A&E despite pharmacies being well-placed to provide support.
- Gaps in provision across the city were acknowledged, and collaborative work with NHS England and other partners was underway to address them.
- It was noted that a significant proportion of ICB costs related to prescribing, and questions were raised around opportunities to tackle medication waste and improve compliance, including clarity on where responsibility for this lay.
- Members commented that all pharmacies offered a medicine return service, which could help reduce waste if better utilised.
- The link between social prescribing and medication use was discussed. It was suggested that supporting people to understand why they were taking certain medications could improve compliance and reduce unnecessary prescriptions.
- Concerns were raised about medication non-compliance, particularly among elderly patients. Improving understanding of the benefits of medication could help reduce A&E attendance and support better daily living.
- Positive experiences were shared regarding pharmacist-led medication use reviews, which often provided more time and clarity for patients than GP consultations.
- Concerns around medication waste had received less attention recently, despite previous focus. Issues such as automatic ordering by pharmacists and lack of patient involvement especially post-pandemic were highlighted as contributing factors.
- There was interest in potential further investigation into repeat prescribing systems and waste management.
- Concerns were raised about the withdrawal of dosette box provision for frail elderly people when changing pharmacies. It was suggested that such support should be reinstated in community settings, given its value

in supporting medication adherence.

- Serious concern was expressed over the finding that only one pharmacy in the city provided palliative care support, despite this service being offered more broadly across LLR. This was considered a significant gap in provision.

AGREED:

1. That members note the report and approve the PNA for the 60 day statutory consultation.
2. Members will receive an update via email on palliative care support in the city.
3. Members will receive an update via email on dosette box use by pharmacies.

131. BETTER CARE FUND

This item is minuted under item 6.

132. GAMBLING HARMS NEEDS ASSESSMENT

Katherine McVicar, Public Health, Leicester City Council submitted a report on the Gambling Harms Needs Assessment. They were joined by Annie Ashton, a Leicester Resident who had been campaigning for stricter gambling regulations following the death of her husband Luke Ashton.

The Chair welcomed Annie and noted the importance and value of having individuals share personal stories with an academic board.

It was noted that:

- Annie shared that she had lost her husband, Luke, to gambling-related suicide in 2021 in Leicester.
- The gambling operator had been listed as an interested party and appeared on the death certificate.
- Following the inquest, gambling had been included in the local suicide prevention strategy a historic step given the complexity of suicide.
- Annie had since been involved in work relating to gambling harm prevention, including contributions to changes in clinical codes of practice.
- Katherine thanked Annie for attending and for highlighting the real harms of gambling.
- An overview of previous work completed around 18 months earlier was presented, this had not previously been shared with the Health and

Wellbeing Board.

- It was noted that 54% of the population had gambled at least once a year, around 40% excluding the lottery.
- Problem gambling had affected approximately 0.4% of the population, with 0.3% at risk and 7% indirectly affected.
- When applied to Leicester's population, this equated to roughly 1,500 cases of gambling harm, 14,000 problem gamblers, and 26,000 indirectly affected individuals.
- Gambling had been linked to numerous harms including debt, poor mental health, and suicide.
- Leicester had a higher than average population of young people, people from deprived backgrounds, and ethnic minorities all factors increasing vulnerability to gambling harm.
- Gamble Aware data had illustrated the demographics engaging with support services, which had aligned with comparator areas despite small numbers.
- A map had shown the accessibility of gambling premises, which were more concentrated in the city centre and deprived areas.
- Leicester had been identified as one of the highest areas for problem gambling but with low levels of support service uptake.
- Three support services were currently available, including one NHS service accepting referrals across the East Midlands.

Recommendations from the needs assessment included:

- Developing a local strategy to address gambling harms through collaboration.
- Improving data collection and screening for those at risk.
- Increasing training, signposting, and public education especially targeting children and families.
- Influencing advertising and licensing regulations to protect the public.
- The work was in its early stages and stakeholders were being engaged.
- Support from the Health and Wellbeing Board was requested to take the work forward.

It discussions with Members, the following was noted:

- Members stated that Annie's contribution had a strong impact and thanked her for attending.
- Annie highlighted that 44% of people were in a high-risk gambling category and criticised the limited scope of Gamble Aware, noting it was funded by the gambling industry. She cited more recent Gambling Commission analysis suggesting the problem was far greater.
- Members noted they had attended an online webinar with Leicestershire County Council, Public Health and offered to deliver a similar session for City groups to support affected individuals.
- Annie's work was praised and raised concerns about the prevalence of gambling harms in non-white communities. She referenced research from the Shama Women's Centre, noting that while women may not

typically gamble, their families were heavily impacted. It was emphasised the need for more awareness raising in healthcare.

- Annie referenced NICE guidelines, stressing that GPs and other professionals should ask about gambling and ensure it is recorded in patient notes. She explained that proper coding could lead to appropriate treatment, preventative action, and future funding opportunities.
- Officers confirmed ongoing collaboration with the Shama Women's Centre and highlighted work being done with LPT and the ICB. She invited representation from UHL to join this work.
- Gambling was described as a national crisis, criticising the industry's narrative that gambling is an individual issue, a strategy that was borrowed from the tobacco industry. It was urged that the local strategy needed to reframe the issue, tackle exposure, and address the manipulative tactics used by the industry.
- Annie highlighted Brent Council's six-point plan and praised Sheffield for successfully rejecting a bid for a new gambling centre. She described slot machines as the "crack cocaine" of gambling and urged more councils to act together using Brent's model.
- The Director of Public Health confirmed that the Board had received Annie's letter and wanted it to go through the appropriate political process for full support and further consideration.
- It was asked why support services were underused despite the clear need. It was acknowledged the complexity of gambling harm and explained that the strategy included a recommendation to gather more local lived experience to understand the barriers to accessing support.
- Members agreed that the issue was not confined to Leicester, as online access had made gambling a widespread concern. They reiterated that gambling should not be framed as a personal failing but as a public health issue, especially given that 85% of industry profits came from addiction.
- Concern was raised about the accessibility of gambling and noted that communities who hadn't previously felt targeted were now being drawn in. Members were committed to taking away the importance of proper coding in GP practices and the need to rely less on industry generated statistics.
- Annie reiterated the importance of accurate medical coding to ensure the right treatment pathways and noted that gambling harm was often hidden behind other diagnoses like depression or alcoholism.
- Members described gambling as an addiction that brought misery to families. They supported the development of a strategy and expressed eagerness to help drive it forward.
- A pragmatic concern from acute care was raised, stating that while clear pathways existed for alcohol and drug dependency, there was little clarity on where to refer patients with gambling issues.
- UHL needed to reflect on its own coding practices and the kinds of questions being asked, stressing the importance of neighbourhood-level integrated work.
- Annie shared that during her research, two people had attempted

suicide and their care teams did not know where to refer them. She confirmed the existence of the NHS Gambling Clinic for the East Midlands.

- Annie clarified that if someone disclosed gambling issues to their GP, it needed to be recorded specifically in the medical notes not hidden under general issues like debt or alcohol so that referrals could be made and information captured for inquests if necessary.
- Members agreed, saying that proper coding would allow issues to be flagged and that it was essential to support both professionals and patients in making this process meaningful.

AGREED:

1. It was agreed to send a letter to UHL, LPT and GP practices to highlight the need for consistent coding of gambling harms.
2. The ICB agreed to take leadership on the issue and use the neighbourhood board structure to feedback progress.
3. Webinars were to be developed to help healthcare professionals understand NICE guidance on gambling harm, the importance of coding, and available referral pathways.
4. The issue of referral pathways and coding forward with the East Midlands Chief for further action.
5. To gather more information from the Shama Women's Centre report to better understand the community impact and barriers to accessing support.
6. An update to be brought to the September meeting and Annie to be invited.
7. The draft strategy to come to the board once ready.

133. DATES OF FUTURE MEETINGS

The dates of future meetings were noted by board members.

134. ANY OTHER URGENT BUSINESS

The Chair noted that many organisations had failed to send a representative or apologies despite the statutory status of the Health and Wellbeing Board. Attendance was now a consistent concern.

The meeting was declared closed at 12.28.

Reducing isolation, promoting wellbeing

Established in 1996 in response to a local community survey by Central Baptist Church, Charles Street

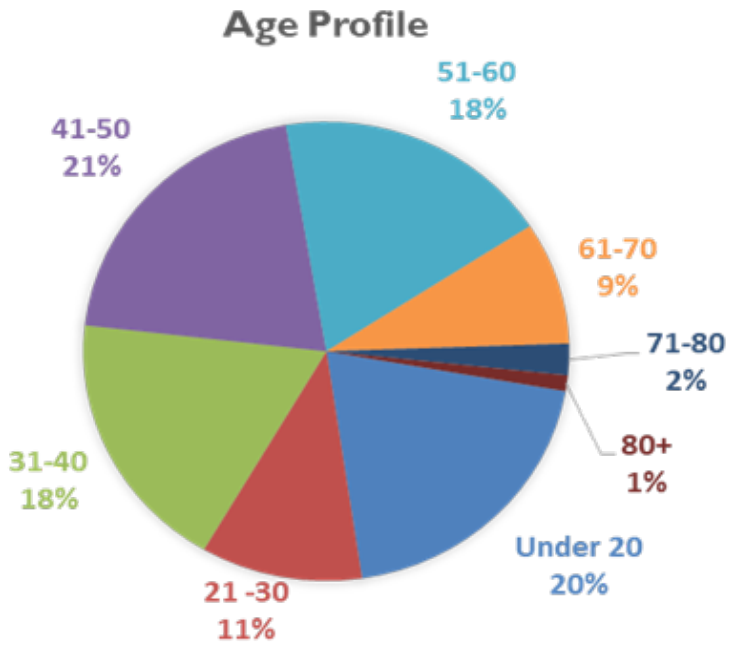
Aims

- To provide or assist in the provision, in the interest of social welfare, of holistic services which will promote social inclusion and enhance the quality of life for men, women and young people with the object of promoting health and wellbeing
- To serve people who are vulnerable, refugees, asylum seekers, those affected by, or are at risk of, homelessness, loneliness and social isolation, those with learning difficulties, mental health problems, and those affected by drug and alcohol misuse
- To deliver client-centred services which are responsive to the changing needs of those we serve, whilst demonstrating Christian love through our thoughts and action
- To provide access to support, befriending and signposting to improve access to services and advice

People we support

~1,100 individuals ~12,000 visits

Male 78% Female 22%





Day Centre (Warm Space)

- An open-access, warm & welcoming space for people facing loneliness in the city
- 763 individuals came to the day centre
- 6,972 times to keep warm, meet other people and have something to eat and drink
- Social activities: quizzes, bingo, music, art and craft, drama etc.
- Physical activities: table tennis, pool, walking, crazy golf, keep fit sessions.
- Social eating: sharing free food and drink (6,972 meals, over 19,000 hot drinks)
- Emotional support: someone to talk to

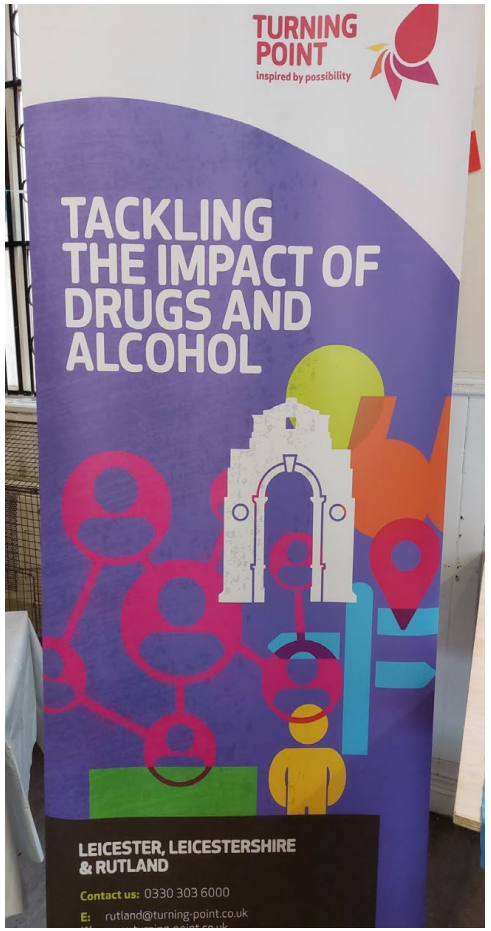
Support Work - Day Centre - Health and Wellbeing

Health in the know information awareness	Minor ailments, Access to GP services, Wound care, Vaccine awareness
Access to NHS Services	Drop-in sessions for eye (glasses), hearing, blood pressure, diabetes hepatitis, teeth and smiles checks
Making NHS Appointments	With GP, Dentist, Hospital, NHS 111
Alcohol Awareness Week	Education on responsible drinking and health impacts (mocktail making)
Cancer Awareness	Breast, cervical and prostate cancer awareness
Mental Health Awareness Week	Focus on mental health support and services
1:1 Mental Health Support	Personalised support for mental wellbeing
Physical Health	Exercise classes, boxercise
Creative Sessions	Art Club, Creative Writing, Emotional Writing, Drama Club
Cooking Sessions (50 sessions)	Classes to promote healthy eating
Emotional Support	Drop-in sessions for emotional assistance
Look Good, Feel Good Events (4)	Free haircuts, pampering, manicures, clothing

Day Centre – Health and Wellbeing









Support work/information and signposting

	Support/service provided	Attendees
External agencies	Appointments hosted at the Centre Project	97
	Adult Education slow cooker session (7), Live Well Leicester (3)	10
Bus pass applications		37
Debt/money management	help with budgeting and managing debts	97
Digital support	access Wi-Fi, email accounts, scanning documents	232
Energy issues	fuel top-up vouchers, warm home discounts, meter readings	66
Homelessness	preventing evictions and accessing emergency accommodation	60
Housing issues	dealing with complaints, repairs, finding suitable place to live	217
Optical checks/new glasses		44
Signposting & referrals to other agencies	e.g. Adult Social Care, emergency food	194
Small grant applications	for household items e.g. cooker, fridge, washing machine	9
Telephone Access	to reach other services e.g. Housing options, DWP	1,247
Welfare benefits	application, dealing with sanctions, late payments	95

Support work – Community and Social Activities

Activities and sessions	Participants
Free Hot Meal – 3 days a week	6,972
Summer barbeque	74
Trips – Skegness and Nottingham Christmas Market	21
Christmas Buffet Meal	74
Bingo sessions	117
Meaningful activities e.g. cooking, art & craft sessions	642
Keep Fit & Mental Health	104
Mental Health 1:1 Sessions	81
Look Good, Feel Good	143
Free Haircuts	93
Mini Golf Sessions	72
Socialising/Peer Interaction, games & activities	2,571

Food Bank - Monday mornings

- Partnership with **Leicester South Foodbank Reaching People (Trussell Trust),** plus fresh fruit and vegetables and other donations
- 3,730 food parcels to people in crisis last year (3001 adults + 729 families with children)
- ~70% of all phone calls to the charity enquiring about accessing the foodbank
- Reasons for coming:

benefit delays or sanctions	debt	long-term unemployment
chronic health conditions	changes in work hours	rising essential costs
homelessness	insecure housing	loss of support from friends or family
release from prison		

Freedom Youth Club

Tuesday and Friday evenings, 5.00 – 8.00 p.m.

- prevents isolation and boredom and sustain social networks for young refugees, unaccompanied asylum-seeking young people and new arrivals
- Supported 235 young people (35% ↑)
- 20 countries/nationalities represented.
- Attendances increased by 142% to 4,573
- Average of 40 young people per session.



- Supported by Leicester City Council Youth Service, Police and Crime Commissioners and Violence Reduction Network

Our Partnerships

- Central Baptist Church, provision of church building for all our activities.
- Reaching People – brings together frontline delivery partners from the Voluntary and Community Sector in Leicester, Leicestershire, and Rutland
- Helping Hands – provided debt, welfare and housing related support
- Leicester Royal Infirmary
- Leicester South Foodbank (Trussell Trust) for provision of food parcels for the Foodbank.
- Juniper Training – placements – 5
- Leicester College - work experience and placement opportunities – 7
- Leicester Medical School – Project LIGHT Special Study Skills Module placements - 12
- De Montfort University - placement opportunities BA (Hons) Youth Work and Community Development degree course - 2
- Leicestershire Police Force – PC and PCO team visits
- Violence Reduction Network
- Zinthiya Trust – support with our energy support project
- Afro-Caribbean Centre – hosted Iftar meals

Case Study

- A young male presented at the Centre Project in March 2025
- he had been given notice via Serco that he had received refugee status
- Centre Project supported him to make a homeless declaration
- successfully moved into a studio flat by provided by L.C.C.
- Since then, we have supported him to
    - Register with local GP services
    - Register for universal credit setup
    - Access to Emergency Foodbank while awaiting his first benefit payment
    - Maintain housing payments to prevent homelessness
    - Support to set up household bills
    - Apply for a travel document
    - Register for ESOL classes
    - Free hot meals
    - Social network at our Day Centre to make new friends

Our Sponsors (2023-24)

• Central Baptist Church	£ 6,105
• Community Matters Fund	£ 8,300
• DMU Community Challenge Fund	£ 2,000
• Henry Smith Charity	£ 6,000
• LCC – Homelessness Grant	£24,500
• LCC Youth Services	£10,000
• LLR Integrated Care Board (ICB)	£45,901
• National Lottery Community Fund	£50,278
• Police & Crime Commissioner for Leicestershire	£10,000
• Reaching People	£22,000
• The Headley Foundation	£ 1,000



Questions

Appendix C

Pharmaceutical Needs Assessment 2025

Name of body/Committee/Commission: Leicester City Health and Wellbeing Board

Decision to be taken by:

Decision to be taken on/Date of meeting: 25 September 2025

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: All
- Report author: Helen Reeve
- Author contact details: Helen.Reeve@leicester.gov.uk
- Report version number: v.01

1. Summary

1.1. Health and Wellbeing boards have a statutory duty to complete a Pharmaceutical Needs Assessment (PNA) every 3 years to assess current and future pharmaceutical services within their area. It is used to inform planning and commissioning of pharmacy services and to inform decision making in response to applications made to provide a new pharmacy.

1.2. The draft PNA was presented to the Health and Wellbeing Board in June 2025 prior to a statutory consultation period. Comments from the consultation have been reviewed and incorporated into this final version for approval as a final document.

1.3. This PNA has reviewed pharmacy coverage in relation to the population health needs of the people of Leicester City. This has involved looking at the existing services, their locations, the range of services they are providing and the views of the people who are using them. The PNA refers to the services that were provided on the 31st March 2024. Pharmacy First data is provided to December 2024.

1.4. **Pharmacy Services:** The PNA analysis focusses on the services that are currently provided in pharmacies and not those that have been decommissioned since the last PNA in 2022. All pharmacies are required to dispense medicines as part of their essential services contract with NHS-England. In addition, they may be accredited to provide advanced services or locally commissioned services to provide for the needs of the local population. Pharmacy services are classed as:

- **Essential services:** required in all pharmacies and includes
- **Advanced services:** optional nationally commissioned services.
- **Locally commissioned services:** optional locally commissioned services
- **National Enhanced Services:** nationally specified services with agreement of standard conditions nationally while allowing the flexibility for local decisions to commission the service to meet local population needs, including Covid Vaccination Service

Prison or hospital pharmacies are excluded from the scope of the PNA.

1.5. **Health needs in Leicester:** Leicester is a city characterised by rich diversity and has a relatively young population. It also experiences high levels of deprivation and poorer health outcomes than nationally. The demography and population health of Leicester and six locality areas have been considered with regard to needs and access to pharmaceutical services. Within the scope of this document, the PNA concludes that community based pharmacies are meeting the current needs of residents in Leicester City for essential and advanced services where they are offered.

1.5 **Location and access to pharmacies:** There are 83 pharmacies in Leicester (March 2024), equivalent to 2.2 pharmacies per 10,000 population (2.1 in England). All Leicester pharmacies are open for at least 40 hours per week, and 5 are open for 100 hours. The majority of 100-hour pharmacies are located in the West and Central locality areas of Leicester, with another one in the East. Opening times are generally from 7am to 9pm Monday to Saturday, with some opening for fewer hours on Sunday.

There are more pharmacies concentrated in the Central and North locality areas of the city, and fewer in the East, West and North West of the city. Travel time analysis indicates that generally nearest pharmacies can be reached within 15 minutes of walking. There are a few areas of the city where walk times may be more than 15 minutes but these are accessible by car or public transport within 15 minutes. Leicester residents can also make use of several pharmacies just into Leicestershire; 10 pharmacies within 0.5km and 14 between 0.5 and 1km of the city boundary.

4.1 **Population growth**: Office for National Statistics population projections estimate an increase of 1,200 between 2025 and 2030, giving an overall total population of 393,300. This includes an increase of around 4,500 people aged 65 and over. With the current number of pharmacies, this will offer a rate of 2.1 pharmacies per 10,000 population.

4.2 **Summary of gaps in service**:

- Overall, 83 pharmacies in Leicester provide a rate of 2.2 pharmacies per 10,000 population (2.1 in England) although it is acknowledged that pharmacies are not evenly distributed throughout the city, with more pharmacies in the North and Central localities and fewer in the West locality

- Most residents can access their nearest pharmacy within 15 minutes either walking or by public transport and all within a 5-minute drive. Some residents in the west of the city in Braunstone, Western Park, to the north of New Parks and a couple of small enclaves around South Knighton have walk-times over 15 minutes.

- All Leicester pharmacies are open for at least 40 hours per week; around 40% (33) are open up to 50 hours per week and Leicester has 5 pharmacies classified as 100-hour pharmacies. The 100-hour pharmacies are located in the West (2 pharmacies), Central (2), and East (1) locality areas of the city. There is lower provision for extended opening hours in the North West of Leicester, however there is one 100-hour county pharmacy within 1km of the City border towards the north west of the city

- Essential services: Provision is considered to be adequate as all pharmacies must provide these. Some residents may have further to travel where pharmacies are more sparsely distributed and opening hours are shorter (particularly in the north west of Leicester)

- The majority of pharmacies provide the advanced services of Community Pharmacist Consultation Service, Flu Vaccination Service and New

Medicines Services. Few pharmacies offer Stoma Appliance Customisation and smoking cessation service

4.3 **Conclusions and Recommendations:**

The PNA concludes that overall provision is adequate for the population of Leicester. However, there are differences in local provision of services across the city and it may be that residents in some areas will need to travel a little further to access a particular service or access a pharmacy out of normal working hours.

Locally commissioned services are offered to meet health needs of the local population and can be particularly effective in reaching under-served populations without an appointment.

The following recommendations have been proposed to address equity of service:

- Work with NHS-England/ICB to review areas where there are fewer pharmacies, fewer services provided and lower opening hours to see how pharmacies can be incentivised to open new premises and improve equity of service. This is with particular reference to areas identified with lower provision in the North West and West localities.

- Monitor current and future plans of housing development within City to ensure future increases in demand are met with adequate provision.

- Review cross-city and county-border service provision to ensure uniformity of access and quality of service

- Work closely with Integrated Care Board and Primary Care Networks to tackle inequities in service uptake through digital literacy.

- Work with pharmacies and Local Pharmaceutical Committee to examine how equity issues can be addressed further. Eg a review of service quality and uptake, including consideration of cultural and equalities needs

- Work closely with Integrated Care Board and Primary Care Networks to tackle inequities in digital literacy

- Work with ICB and Public Health to explore any additional services pharmacies could offer to meet health needs in the local population.

- Encourage pharmacies to offer discretionary services in relation to local need.

Recommendations for the promotion of health and healthcare management:

- Ensure that the promotion of healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones

- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the Integrated Care System - particularly in relation to providing services which deflect work out of primary care general practice.

- Collate information on all the services (including those directly commissioned by pharmacies) provided in Leicester as this will help to develop a better understanding of the wide range of services offered across the city

- Assess levels of uptake of advanced and locally commissioned services and follow-up low or high performers in order to share best practice.

- Keep under review the appropriateness of monitoring and quality visits to pharmacies, in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and to promote service improvement

- Explore additional services that could be provided in pharmacies to relieve pressure on GP Practice (for example NHS Health Check Service, Hypertension case-finding)

- Improve communication and promotion of current and new services available to the public at their local pharmacy (eg through posters within the pharmacy premises, website)

- It is noted that not all pharmacies providing supervised consumption or needle exchange are offering naloxone. This is an area to be followed up with the provider

- Consider how community pharmacy services can be integrated within neighbourhood models and approaches to improving healthcare for local populations

- Consider the opportunities offered by Independent Prescribing Pharmacies (IPP) to play an increasing role in delivering clinical services in primary care.

Annual review of policy and pharmacy services:

- Review evidence of impact of policy and funding changes on services annually and report any findings to the Health and Wellbeing Board with appropriate advice

- Provide an annual report to the Health and Wellbeing Board, on the impact of pharmacy services introduced since the review period assessed within the PNA (ie post April 2025)

2. Recommended actions/decision

- Approve the final PNA for publishing by 1st October

3. Scrutiny / stakeholder engagement

Governance

3.1 As many of the relationships required for the PNA are Leicester, Leicestershire and Rutland (LLR) wide – involving representation from NHS England, the Leicestershire Pharmaceutical Committee, Local Professional Network for Pharmacists and the Leicester, Leicestershire and Rutland Local Medical Committee - a PNA Reference Group was established. This Reference Group has supported PNA work across the three Health and Wellbeing Boards, identifying any economies of scale that can be delivered through joint work and ensure that there is an effective process for consultation on each of the PNAs for Leicester, Leicestershire and Rutland.

3.2 The principal resourcing for the development of the Leicester City PNA was provided by the Leicester Public Health Intelligence Team, with information and advice provided through the PNA Reference Group by NHS England, the LPC, ICB and others.

3.3 The draft PNA has been reviewed by the following:

- DMT: 16 April 2025
- LMB: 29 April 2025
- LLR PNA Reference Group: 30 April 2025
- HWB Board: 05 June 2025

Consultation

3.4 To gather additional intelligence for the PNA, two surveys ran throughout the spring:

i. Public survey asking service users for their views on the current pharmaceutical provision in their local area. *The results of this are included in appendix 2.*

ii. Survey for Pharmacies/pharmaceutical professionals to complete to collect information on pharmaceutical services they currently provide or may provide in the future, access facilities and languages spoken at the premises. *The results of this are included in appendix 3.*

3.5 The PNA is also subject to a 60-day statutory consultation period which ran during June and July 2025. This was sent to the organisations below as required by Regulation 8 of the Pharmaceutical Services Regulations:

- the Local Pharmaceutical Committee
- the Local Medical Committee

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

3.6 The consultation was also be promoted through internal networks and communications. The response from the ICB has been included in the main document and as appendix 4.

4. Background and options with supporting evidence

Purpose

4.1 The draft PNA was approved by the HWBB in June 2025 for statutory consultation by the requisite organisations. Following the 60-day consultation period, responses have been reviewed and included in the final document. The purpose of this report is to present the final Pharmaceutical Needs Assessment (PNA) to approve for publication by 1st October 2025.

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

4.3 The purpose of the PNA is to:

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

4.4 The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Leicester City and publish it by 1st October 2025.

4.5 The PNA has been prepared according to:

- the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (amended) which sets out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development: https://www.legislation.gov.uk/uksi/2013/349/contents

- the Department of Health and Social Care PNA information pack for local authority health and wellbeing boards to support in the developing and updating of PNAs: https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

5. Detailed report

The full report is attached as *Appendix 0 PNA 2025 Final HWBB 25092025.pdf*

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

There are no financial implications in the production of the PNA

6.2 Legal implications

Commercial Legal

Legal implications and requirements have been identified throughout the body of this report. Other salient considerations are the Health and Social Care Act 2012 which established Health and Wellbeing Boards and transferred responsibility to develop and update Pharmaceutical Needs Assessments ('PNAs').

The NHS Act 2006 (as amended) sets out the requirements for Health and Wellbeing Boards to develop and update PNAs. The relevant law is:

- Section 128A of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires Health and Wellbeing Boards to assess the need for pharmaceutical services in its area and to publish a statement of its assessment.

- The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that must be contained within a Pharmaceutical Needs Assessment and outlines the process that must be followed in its development.

There is no right of appeal against the findings or conclusions within a Pharmaceutical Needs Assessment. Health and Wellbeing Boards (the local authority) therefore face the risk of a judicial review should they fail to develop a Pharmaceutical Needs Assessment that complies with the minimum requirements for such documents as set out in the 2013 Regulations, or should they fail to follow due process in developing their Pharmaceutical Needs Assessment, e.g. by failing to consult properly or take into consideration the results of the consultation exercise undertaken, or fail to publish by the required deadlines.[1]

[1] *Source: Pharmaceutical needs assessments: Information pack for local authority health and wellbeing boards (publishing.service.gov.uk)*

Name: Mannah Begum, Principal Lawyer, Commercial Legal Team
Date: 14 May 2025

6.3 Equalities implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

This report presents the draft Pharmaceutical Needs Assessment (PNA) for comment prior to a statutory public consultation. The statutory duty to complete a PNA provides a crucial mechanism for Health and Wellbeing Boards to actively identify and address inequalities in pharmaceutical service provision. Findings can be used to inform decisions about the location of pharmacies, the types of services offered, and how these services are delivered to best meet the needs of all communities. Having reliable data helps to ensure that all residents across all protected characteristics regardless of their cultural or ethnic background, have equitable access to high-quality, culturally competent pharmaceutical care that meets their specific needs.

The assessment can highlight specific needs and barriers faced by different groups, enabling the Health and Wellbeing Board to make informed decisions about the planning and commissioning of pharmacy services.

An EIA is currently underway and will use information collected from the pharmacy surveys to inform any potential gaps in services or access barriers.

It is important that consultation is accessible.

Equalities Officer, Surinder Singh, Ext 37 4148

6.4 Climate Emergency implications

Access to a local Pharmacy will be a factor in people's decisions about how to travel, and the resulting carbon emissions. Where there are gaps in Pharmacy provision as identified in the report, people may be more inclined to make car or taxi journeys to access services rather than walking, cycling or using public transport. Wherever gaps in provision can be addressed, including the need to serve new residential developments as the city expands, this should help reduce emissions.

Duncan Bell, Change Manager (Climate Emergency). Ext. 37 2249
19th May 2025

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

7. Background information and other papers:

8. Summary of appendices:

Appendix 0 PNA 2025 Final HWBB 25092025.pdf

Appendix 1 Pharmacy opening times.pdf

Appendix 2 PNA 2025 LLR Public Survey Report.pdf

Appendix 3 PNA 2025 Leicester Pharmacy Survey Report.pdf

Appendix 4 PNA 2025 Leicester City response from ICB.pdf

Appendix 5 PNA 2025 Leicester Equality Impact Assessment.pdf

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

This is not a private report

10. Is this a "key decision"? If so, why?

Approval of the final PNA is a key decision as required to comply with the regulations for Health and Wellbeing Boards to produce a PNA and meet the publication date of 1st October 2025

Leicester Pharmaceutical Needs Assessment 2025

September 2025

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1 Executive Summary

1.1 Introduction and background

'Pharmaceutical' refers to the need for medicines or other health services including prevention and whether this is met by the arrangements with community pharmacies in Leicester.

The purpose of the Pharmaceutical Needs Assessment (PNA) is to:

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

The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs[1]

The report identifies whether there are any unmet pharmaceutical needs or gaps in service provision and produces recommendations to strengthen service provision.

This PNA has reviewed pharmacy coverage in relation to the population health needs of the people of Leicester City. This has involved looking at the existing services, their locations, the range of services they are providing and the views of the people who are using them. The PNA refers to the services that were provided on the 31st March 2024 where available.

The PNA analysis focusses on the services that are currently provided in pharmacies and not those that have been decommissioned since the last PNA.

Within the scope of this document, the PNA concludes that community-based pharmacies are meeting the current needs of residents in Leicester City for essential and advanced services where they are offered.

1.2 Community Pharmacy Services

The PNA must relate to all pharmaceutical services provided and assess the following:
the demography of its area and needs of different localities whether there is sufficient choice of pharmaceutical services within its area the pharmaceutical services provided by surrounding areas that may affect need within the area future pharmaceutical needs of the population

[1] National Health Service. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. (2013). at http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf

The assessment covers:

Essential services: required in all pharmacies and includes
Dispensing and repeat dispensing
Promotion of healthy lifestyles
Disposal of unwanted medicines
Signposting advice, treatment or support that the pharmacy cannot provide
Support for self-care
Clinical governance
Discharge medicines service (when a person is discharged from hospital)
Healthy Living Pharmacies (from 2021)

Advanced services: optional nationally commissioned services. As at March 2024, these include
Appliance Use Review (AUR)
Community Pharmacist Consultation Service, extended to include Pharmacy First Service
Flu Vaccination Service
Hypertension Case-Finding Service
New Medicine Service (NMS)
Stoma Appliance Customisation (SAC)
Smoking Cessation Service (Commissioned as an advanced service from 10th March 2022)
Pharmacy Contraception Service (PCS)
Pharmacy First Service
* *Hepatitis C Testing Service was decommissioned 31st March 2022*

For more information visit: Advanced Services: PSNC Main site.

Locally commissioned services: optional locally commissioned services including
Emergency Hormonal Contraception (EHC)
Needle Exchange Service
Supervised Consumption Service
Naloxone Service
H. Pylori C13 Urea Breath Test Service
Palliative Care Service
C Card Service

National Enhanced Services: nationally specified services with agreement of standard conditions nationally while allowing the flexibility for local decisions to commission the service to meet local population needs, including Covid Vaccination Service

Pharmacies may also choose to provide additional services on a voluntary basis that are of direct benefit to the patient. These include services such as prescription collection and delivery, monitored dosage system, over-the-counter medicines and many others.

This PNA has reviewed community pharmacy need and provision for the population of Leicester city as of 31st March 2024. Prison or hospital pharmacies are excluded from the

scope of the PNA. The PNA also considers future pharmaceutical provision. It presents an analysis of actual or potential gaps in service and recommendations for improvement.

1.3 Health Needs in Leicester

Leicester is a city characterised by rich diversity, with a younger population than England and over half of its residents from an ethnic group other than White British at the time of the 2021 census. Additionally, it experiences high levels of deprivation with around 35% of its 379,780 residents living in the 20% most deprived areas in the country. Health needs within the city are not evenly distributed, with the worst outcomes often concentrated in the most deprived areas. Life expectancy for men and women in Leicester is significantly lower than the England average.

1.4 Location and access to pharmacies

There are 83 pharmacies in Leicester (March 2024), equivalent to 2.2 pharmacies per 10,000 population (2.1 in England). All Leicester pharmacies are open for at least 40 hours per week, and 5 are open for 100 hours. Opening times are generally from 9am to 6pm Monday to Saturday, with some opening for fewer hours on Sunday. The majority of 100-hour pharmacies are located in the west and central locality areas of Leicester, with another one in the East.

There are more pharmacies concentrated in the Central and North areas of the city, and fewer in the West and North West of the city. Travel time analysis indicates that generally nearest pharmacies can be reached within 15 minutes of walking. There are a few areas of the city where walk times may be longer than 15 minutes but these should be accessible by car or public transport within 15 minutes. Leicester residents can also make use of several pharmacies just into Leicestershire; 10 pharmacies within 0.5km and 14 between 0.5 and 1km of the city boundary.

1.5 Pharmaceutical service provision

All pharmacies are required to dispense medicines as part of their essential services contract with NHS England. In addition, they may be accredited to provide advanced services or locally commissioned services to provide for the needs of the local population.

Service provision is considered across Leicester by six locality areas. These have been defined by, and are consistent with, those used in the Health and Wellbeing Survey 2024. It is acknowledged that not everyone will choose their nearest pharmacy, however, by providing rates for smaller locality areas this helps to show variation in provision of services for local populations across the city.

1.6 Projected future needs

ONS population projections suggests that between 2025 and 2030, the population of Leicester is predicted to grow by around 1,200 to give a total population of around 393,300. Projections indicate that Leicester will have an increase of around 4,500 people aged 65 and over to 51,900, which represents an increase in the proportion of the population aged 65 and over from 12% in 2025 to 13% in 2028.

With the current provision of 83 pharmacies in Leicester, this would offer a rate of 2.1 pharmacies per 10,000 population in 2043. The current rate in Leicester is 2.2, and nationally 2.1 per 10,000 population. This considers only the numbers of pharmacies, it

does not take into account variation in opening hours and services provided.

1.7 Consultation

There is a statutory requirement for each Health and Wellbeing Board to consult with a number of bodies about the contents of the pharmaceutical needs assessment for a minimum of 60 days. The consultation period is scheduled for June and July 2025. The responses of this can be located in section 9.1.

1.8 Analysis of gaps in service

Pharmacies and local populations: As of 31st March 2024, Leicester has 83 pharmacies located across the City, including 6 distance selling pharmacies. Overall Leicester has more pharmacies per head of the population than England (2.2 vs 2.1 pharmacies per 10,000 population).

Pharmacies are not evenly distributed throughout the city. There are more pharmacies in the North and Central locality areas, with several closely located in Belgrave (around Belgrave Road) and another cluster around Spinney Hills towards Stoneygate. In the west of the city the pharmacies are more widely spread, although there are a number along the Narborough Road area in the West End.

Access and travel times:
Analysis of access and travel times suggests most residents will be able to access their nearest pharmacy within 15 minutes by walking, car or public transport. Travel times by car and public transport will be subject to traffic variations during the day. Residents may have to travel further to reach a pharmacy outside of normal opening hours.

Opening hours:
All Leicester pharmacies are open for at least 40 hours per week; around 40% (33) are open up to 50 hours per week and Leicester has 5 pharmacies classified as 100-hour pharmacies. The 100-hour pharmacies are located in the west (2 pharmacies), central (2), and East (1) locality areas of the city. There is lower provision for extended opening hours in the North West of Leicester, however there is one 100-hour county pharmacy within 1km of the City border towards the North West of the city.

Essential Services:
It is concluded that there is adequate provision for the population of Leicester since essential services are provided by all pharmacies. Some residents may have further to travel where pharmacies are more sparsely distributed and opening hours are shorter (particularly in the North West of Leicester).

Advanced Services:

The majority of pharmacies provide the advanced services Community Pharmacist Consultation Service, Flu Vaccination Service and New Medicines Services. Few pharmacies offer Stoma Appliance Customisation and smoking cessation services. No

activity was reported for the Appliance Use Review (AUR) in the data from NHS England.

Locally Commissioned Services:

Locally Commissioned Services are services commissioned by Local Authorities and Integrated Care Boards (ICBs) which can be tailored towards the health needs of the local population. Pharmacies can be particularly effective in providing services to under-served populations as they offer a walk-in service and do not require an appointment. (Patients may be asked to return at a specified time during busy periods or for specific services). They also offer valuable advice and support for people in making lifestyle choices and in managing their own health conditions.

Where data is available, the PNA presents maps showing the location of pharmacies providing each service by the six locality areas across the city. In order to provide an indication of variation across the city, rates are provided per 10,000 population within the locality area. It is recognised however, that residents will not always choose the pharmacy located nearest to them.

1.9 Conclusions and recommendations

This PNA has reviewed the provision of pharmaceutical services as of March 2024 (where available and concludes that overall provision is adequate for the population of Leicester. There are differences in local provision of services across the city and it may be that residents in some areas have to travel a little further to access a particular service or out of normal working hours.

The majority of pharmacies are accredited to carry out the advanced services of Community Pharmacist Consultation Service, Flu Vaccination Service and New Medicines Services (NMS).

Community based pharmacies offer a range of locally commissioned services to the local population that can be tailored by commissioners to meet specific local healthcare needs. Pharmacies can provide a valuable service to patients, particularly underserved populations who can take advantage of a drop-in service at a time more convenient to themselves without the need for an appointment. It may also be more appealing to use a less formal environment within a pharmacy compared with the GP surgery.

Equity of service:

It is recommended that NHS England (and where relevant Leicester City Council and Leicester, Leicestershire and Rutland Integrated Care Board) should:

- Work with NHS-England/ICB to review areas where there are fewer pharmacies, fewer services provided and lower opening hours to see how pharmacies can be incentivised to open new premises and improve equity of service. This is with particular reference to areas identified with lower provision in the North West and West localities.

- Monitor current and future plans of housing development within City to ensure future increases in demand are met with adequate provision.

- Review cross-city and county-border service provision to ensure uniformity of access and quality of service

- Work closely with Integrated Care Board and Primary Care Networks to tackle inequities in service uptake through digital literacy.

- Work with pharmacies and Local Pharmaceutical Committee to examine how equity issues can be addressed further. Eg a review of service quality and uptake, including consideration of cultural and equalities needs

- Work closely with Integrated Care Board and Primary Care Networks to tackle inequities in digital literacy

- Work with ICB and Public Health to explore any additional services pharmacies could offer to meet health needs in the local population.

    - It is noted that not all pharmacies providing supervised consumption or needle exchange are offering naloxone. This is an area to be followed up with the provider.

- Encourage pharmacies to offer discretionary services in relation to local need.

Promotion of health and healthcare management:

It is recommended that NHS England (and where relevant Leicester City Council and Leicester, Leicestershire and Rutland Integrated Care Board) should:

- Ensure that the requirement for promotion of healthy lifestyles campaigns through pharmacies (Public Health) is fulfilled so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.

- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the Integrated Care System - particularly in relation to providing services which deflect work out of primary care general practice

- Collate information on all the services (including those directly commissioned by pharmacies) provided in Leicester as this will help to develop a better understanding of the wide range of services offered across the city

- Assess levels of uptake of advanced and locally commissioned services and follow-up low or high performers in order to share best practice.

- Keep under review the appropriateness of monitoring and quality visits to pharmacies, in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and to promote service improvement

- Explore additional services that could be provided in pharmacies to relieve pressure on GP Practice (for example NHS Health Check Service, Hypertension case-finding)
- Improve communication and promotion of current and new services available to the public at their local pharmacy (eg through posters within the pharmacy premises, website)
- It is noted that not all pharmacies providing supervised consumption or needle exchange are offering naloxone. This is an area to be followed up with the provider
- Consider how community pharmacy services can be integrated within neighbourhood models and approaches to improving healthcare for local populations
- Consider the opportunities offered by Independent Prescribing Pharmacies (IPP) to play an increasing role in delivering clinical services in primary care

Annual Review of pharmacy policy and services:

It is recommended that NHS England (and where relevant Leicester City Council and Leicester, Leicestershire and Rutland Integrated Care Board) should:

- Review evidence of impact of policy and funding changes on services annually and report any findings to the Health and Wellbeing Board with appropriate advice
- Provide an annual report to the Health and Wellbeing Board, on the impact of pharmacy services introduced since the review period assessed within the PNA (ie post April 2025)

2. Background and Introduction

The Pharmaceutical Needs Assessment (PNA) is a statutory document that reviews the pharmaceutical services provided within an area in relation to the needs of the local population. The PNA is updated every 3 years, this report presents the fifth PNA for Leicester City and will be published in October 2025 to replace the previous PNA published in 2022.

2.1 Purpose of the PNA

'Pharmaceutical' refers to the need for medicines or other health services including prevention and whether this is met by the arrangements with community pharmacies in Leicester.

The PNA is the key local tool for understanding the provision of local pharmaceutical services in an area, identifying any gaps in services and assessing future need. It is primarily used by NHS-England when making decisions on applications to open new pharmacies. If a pharmacist, dispenser of appliances or a GP wants to provide NHS pharmaceutical services, they are required under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) regulations to apply to NHS England to be included on a pharmaceutical list. They must prove they are able to meet a pharmaceutical need as set out in the relevant PNA. This is known as the NHS "market entry" system.

Additionally, Local Authorities and Leicester, Leicestershire and Rutland Integrated Care Board may consider the PNA when commissioning or reviewing a service to meet local health needs and priorities. NHS England is the principal body responsible for managing the main contract with community pharmacies.

2.2 Legislative background

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBBs). From 1 April 2013, Health and Wellbeing Boards (HWBBs) became responsible for publishing and updating PNAs.

The regulations[2] require that a series of statements be contained in the PNA. In summary, the regulations require a series of statements of:

1. the pharmaceutical services that the Health and Wellbeing Board has identified as services that are necessary to meet the need for pharmaceutical services

2. 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

[2] Pharmaceutical Needs Assessments – information pack for local authority health and wellbeing boards, October 2021. Department of Health & Social Care. Available at: https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service

3. 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

4. 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

Other information to be included or taken into account:

- 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
- the provision of pharmaceutical services in neighbouring Health and Wellbeing Board areas

Regulation 8 requires each HWBB *must* also consult the following bodies for its area about the contents of the assessment.

- the local pharmaceutical committee,

- the local medical committee,

- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the Health and Wellbeing Board,

- dispensing doctors included in the dispensing doctor list for the area of the Health and Wellbeing board, if any,

- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the Health and Wellbeing Board's area,

- Healthwatch, and any other patient, consumer, or community group in the area which the Health and Wellbeing Board believes has an interest in the provision of

pharmaceutical services,

- any NHS trust or NHS foundation trust in the Health and Wellbeing Board's area,
- NHS England, and
- any neighbouring Health and Wellbeing Board

These bodies must be consulted at least once and for a period of 60 days.

2.3 Process followed in the development of the PNA

The PNA has been developed for the Health and Wellbeing Board in accordance with the NHS regulations[2]

As many of the relationships required for the PNA are Leicester, Leicestershire and Rutland (LLR) wide, a PNA Reference group was established to oversee and develop the PNA with representation from NHS England, the Leicestershire Pharmaceutical Committee and the Local Professional Network for Pharmacists.

The PNA process consisted of the following three key stages:

- Review of the current provision of pharmaceutical services in Leicester
- Assessment of the need for pharmaceutical services in the local population
- A consultation period to gather feedback from the public and other stakeholders

To gather additional intelligence for the PNA, two surveys have been run; one survey to ask service users for their views on the current pharmaceutical provision and the second to ask pharmaceutical professionals to provide further data including facilities within the pharmacy, accessibility adaptations and languages spoken by pharmacy staff.

The PNA was also subject to a 60-day statutory consultation period running in June and July 2025.

**Note: The PNA includes assessment of pharmaceutical services during the period April 2023 to 31st March 2024.*

3. Pharmacy Policy

Pharmacies deliver personalised patient care through health professionals with expertise in the use of medicines and promotion of their safe and effective use[3]. Pharmacists and their teams can improve patient care and reduce health inequalities through:

- personalised pharmaceutical services
- expanding access and choice
- more help with medicines
- reducing inappropriate hospital admissions
- supporting patients as they move between hospital and the community
- supporting healthy living and better care
- improving communications and relationships
- facilitating personalised care for people with long-term conditions
- a trusted, convenient first port of call for episodic healthcare advice and treatment

3.1 The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 set the legal framework for the commissioning of pharmaceutical services in England by Integrated Care Boards.[4] They set out:

- the requirements for the publication of pharmaceutical needs assessments by health and wellbeing board
- the maintenance of lists of contractors who provide pharmaceutical services or local pharmaceutical services (LPS) name pharmacies, dispensing appliance contractors and dispensing doctors
- How applications for inclusion in pharmaceutical lists, maintained by ICBs and published by NHS England are made and determined
- Specific matters relating to the provision of services in rural areas
- The terms of service for those contractors who provide pharmaceutical services
- Other miscellaneous provisions

The 2013 regulations have been amended several times since they came into force on 1st April 2013. The latest set of amendments are contained with the NHS Pharmaceutical and Local Pharmaceutical Services Amendment Regulations 2023.[4]

The amendments within the 2023 regulations cover the following areas.

[3] Pharmacy White Paper, *Pharmacy in England – Building on strengths and delivering the Future,* April 2008

[4] NHS England » Guidance on the NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023

- The ability for integrated care boards (ICBs) to remove the “100-hours condition”
- The ability for pharmacy contractors to apply to reduce the core opening hours of their 100-hour pharmacy to between 72 and 100 hours where certain requirements are met.
- Other changes around opening hours of pharmacy premises
- Changes around applications and length of work history required
- Changes around notification processes and notice periods required to change opening hours
- Amendments to the requirements on pharmacy contractors where there is a temporary suspension in the provision of pharmaceutical services at their pharmacy premises because of illness or another reason beyond the control of the contractor.
- The ability for ICBs to put in place a local hours plan where they are satisfied that people in a particular area are experiencing, or are likely to experience, significant difficulty in accessing pharmaceutical services on a temporary basis for an identified period of time.

3.2 The Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework 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 Community Pharmacy Contractual Framework for 2019/20 to 2023/24 was published in 2019[5] setting out how community pharmacy will support the delivery of the NHS Long Term Plan through Primary Care Networks (PCN) as groups of general practices typically covering 30,000-50,000 patients. PCNs work to build on existing primary care services and develop more integrated health and social care services in response to the needs of the patients they serve.

The key elements of the Community Pharmacy development plan include the introduction of pharmaceutical services in response to urgent care, prevention and medicines optimsation and safety.

- **Urgent Care:**
  - Introduction of the Community Pharmacist Consultation Service which will take referrals to community pharmacies for services cush as NHS 111 to relieve pressures on the wider NHS.
  - Palliative care service pilots

- **Prevention:**
  - All pharmacies are required to be accredited Level 1 Healthy Living Pharmacies (April 2020). This requires all community pharmacies to have trained health champions in place to deliver interventions on key issues such as smoking, weight management, providing wellbeing and self-care advice and signposting to other

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

relevant services
    - Extend the reach of annual health campaigns and align these with PCN campaigns
    - Hepatitis C testing service in pharmacies for any patients using needle and syringe programmes
    - Pilot for case finding undiagnosed cardiovascular disease
    - Pilot for stop smoking referrals from secondary care
    - Pilots for point of care testing in community pharmacy to support efforts to tackle antimicrobial resistance
    - Implementation of recommendations from the vaccination and immunisation review
    - Routine monitoring of patients including oral contraception supplied by electronic repeat dispensing
    - Complementing PCN service specifications eg early cancer diagnosis and tackling health inequalities

    .
- **Medicines Optimisation and Safety**
    - Phasing out of Medicines Use Reviews and replacing with Structured Medication Reviews
    - Introduction of a medicines reconciliation service as part of a transfer of care around medicine service
    - Piloting a service to improve access palliative care medicines.

- **Pharmacy Quality Scheme**

    - NHS mail rollout for the exchange of confidential patient information

    - Access to the NHS Summary Care Record

    - Improved community pharmacy profiles for the NHS 111 Directory of Services to facilitate referral

    - Improved pharmacy profiles on NHS.UK (previously NHS Choices) with opening times, facilities and service information

    - Other benefits include Dementia Friends, child oral health support, Healthy Living Pharmacies and referral of high-risk asthma patients to their GP

    - Complementary activity to the GP contract's Quality and Outcomes Framework quality improvement around an audit of lithium safety and advice on pregnancy prevention for women taking valproate

    - Discussion with patients who have diabetes to check they have had their annual foot and eye checks

3.3 Future pharmacy contractual framework

The Department of Health and Social Care (DHSC) has entered into consultation with Community Pharmacy England (CPE) regarding the 2024 to 2025 and 2025 to 2026 funding

contractual framework.

Moving the focus of care from hospitals into the community is one of the 3 core shifts outlined in the 10 Year Health Plan, which will be published later this year. The government has previously outlined its ambition to make better use of pharmacists' skills and training to deliver more services for patients within their local communities.

In March 2025, funding and other arrangements for community pharmacies for 2024/25 and 2025/26 have been finalised, with the Government giving a commitment to work towards a sustainable and operation model for community pharmacies in recognition of the key role they will play in future healthcare. The settlement includes baseline annual funding for 2025/26 and further funding for the continuation of Pharmacy First and other Primary Care Recovery Plan services. Looking ahead, antidepressants will be added to the New Medicine Service and Emergency Hormonal Contraception with be added to the Contraception service from October[6].

3.4 National Priorities

3.4.1 The NHS Long Term Plan

The NHS Long Term Plan[7] published in January 2019 set out the priorities for healthcare over the next 10 years to make sure everyone gets the best start in life, receives world-class care for major health problems and is supported in ageing well.

It aims to do this by:

- giving people more control over their own health and the care they receive, encourage more collaboration between GPs and community services and partners as Integrated Care Systems.
- preventing illness and tackling health inequalities by tackling significant causes of ill health through stop smoking, overcoming drinking problems and avoiding Type 2 diabetes.
- continued training and recruitment of the NHS workforce
- making better use of data and digital technology
- effective investment for more efficient services

It acknowledges the essential role of pharmacists in delivering care in the community, supporting urgent care and promoting patient self-care and self-management. It also identifies community pharmacists in the process of improving effectiveness of services such as NHS Health Checks.

[6] CPCF arrangements for 2024/25 and 2025/26
[7] NHS Long Term Plan 2019

3.4.2 Core20Plus5

Core20Plus5[8] is a national NHS England approach to inform action to reduce health care inequalities at both nation and system level. Core 20 refers to the most deprived 20% of the national population identified by the Index of Multiple Deprivation.[9] 'Plus' populations are locally defined populations identified for additional support and include groups such as ethnic minority populations and those with multiple long-term health conditions. The '5' refers to five clinical areas of focus for accelerated improvement and are defined nationally:

1. Maternity
2. Severe Mental Illness
3. Chronic respiratory disease
4. Early cancer diagnosis
5. Hypertension case-finding and optimal lipid management

3.4.3 Medicines Optimisation Partnership Operation Plan 2025/26

Medicines optimisation is a key element of the NHS Long Term Plan and The Medicines Optimisation opportunities guidance for 2025/26[10] sets out the national priorities to improve patient outcomes in 2025/26 to:

- Reduce the time people wait for elective care
- Improve A&E waiting times and ambulance response times
- Improve patients' access to general practice and urgent dental care
- Improve patient flow through mental health crisis and acute pathways and improve access to children and young people's mental health services

Integration of community pharmacies into front-line primary care service is one of the main priorities of the Medicines Optimisation Partnership Operational Plan for 2025/26. Expanding on the range of services provided by pharmacies aims to reduce the demand on primary and secondary care services, through growth of 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

[8] Core20Plus5
[9] English Indices of deprivation 2019
[10] Medicines Optimisation Partnership Operation Plan 2025/26

- Independent prescribing pathway (IPP) using prescribing pharmacies based in a community pharmacy to manage acute conditions, unavailable medicines and perform asthma reviews and medicines optimisation

- Discharge Medicines Service

- Piloting of appointment booking system for Pharmacy First referrals from GP Practices

3.5 Local Priorities

3.5.1 Integrated Care Systems

Integrated Care Systems (ICSs) were established on 1st July 2022 and are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people who live and work in their area[11]. They bring together systems to support integration and develop a plan to address the systems' health, public health and social care needs through joint place-based working between NHS, local government, community health services and other partners in the voluntary and community sector. ICSs were recommended to have stronger responsibilities for commissioning primary medical, dental, ophthalmology and pharmaceutical services.

The purpose of ICSs is to bring partner organisations together to support the NHS Long Term Plan to:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

Collaboration through ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible

From 1st July 2022, Leicester, Leicestershire and Rutland was designated as an Integrated Care System (ICS). In 2023 the ICB published its five-year plan 2023/24 – 2027/28[12] which sets out how they will improve care and outcomes for patients, reduce the equity gap across LLR and become financially sustainable. The emphasis within this plan is on partnership, integration and continuous improvement.

[11] https://www.kingsfund.org.uk/audio-video/integrated-care-systems-health-and-care-act

[12] LLR ICB Five Year Plan 2023/24 - 2027/28

The document sets out nine areas of work which will be the focus over the lifespan of the plan they are as follows:

- Prevention
- Keeping people well
- Accessing the right care
- Integrated teams
- Elective care
- Learning Disability and Autism
- Mental Health
- Children and Young People
- Women's Health

More information around the ICB 5-year plan can be found at on their website https://leicesterleicestershireandrutland.icb.nhs.uk/

3.5.2 Health and Wellbeing Strategy

Leicester's Health and Wellbeing Strategy[13] sets out 5 key strategic priorities which will be used to inform yearly operational and commissioning plans:

- Healthy places – to make Leicester the healthiest possible environment in which to live and work
- Healthy minds – to promote positive mental health within Leicester across the life course
- Healthy start – to give Leicester's children the best start in life
- Healthy lives – to encourage people to make sustainable and healthy lifestyle choices
- Healthy ageing – to enable Leicester's residents to age comfortably and confidently

The strategy also includes the Core 20 Plus 5 approach to reduce health inequalities for people living in the 20% most deprived areas, which includes specific targets within Maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

[13] Leicester Health, Care and Wellbeing Strategy 2022-2027

4. Pharmaceutical Services and Pharmacy Contracts

All national NHS pharmaceutical service providers must comply with the contractual framework that was first introduced in April 2005. The national framework is set out below and can be found in greater detail on the Pharmaceutical Services Negotiating Committee (PSNC) website: http://psnc.org.uk/contract-it/the-pharmacy-contract/

The contractual framework is made up of three different service types:

- *Essential* services – which must be provided by all contractors - that is, all community pharmacy services nationwide
- *Advanced* services – nationally defined services that can be provided by contractors subject to accreditation requirements
- *Locally commissioned* services – services commissioned locally by Clinical Commissioning Groups, Local Authorities and NHS England (Enhanced Services) in response to the needs of the local population.

Quality assurance:

NHS England (NHSE&I) regional teams monitor the provision of Essential and Advanced Services and the pharmacy contractors' compliance within the terms of the Community Pharmacy Contractual Framework (CPAF).

Each year, every pharmacy contractor must complete the screening questionnaire within a required time period, and if required, the full CPAF questionnaire.

The General Pharmaceutical Council carry out inspections in all registered pharmacy premises to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of pharmacy services[14].

The Pharmacy Quality Scheme[15] forms part of the Community Pharmacy Contractual Framework. It supports delivery of the NHS Long Term Plan and is designed to reward community pharmacies for delivering quality criteria within clinical effectiveness, patient safety and patient experience.

Pharmacy Quality Schemes (PQS) are developed annually and pharmacies can receive funding based on the number of points they have achieved within the quality domains.

[14] https://www.pharmacyregulation.org/standards
[15] https://www.england.nhs.uk/long-read/pharmacy-quality-scheme-guidance-2023-24/

4.1 Types of service

4.1.1 Essential services

The essential services which **must** be provided by all contractors are briefly described in table 1 below.

Table 1: Essential pharmacy services

Essential Service	Description
Dispensing Medicines and Appliances	The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable their safe and effective use by patients and carers. Records are kept of all medicines dispensed, significant advice provided, referrals and interventions made.
Repeat Dispensing	At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines. Under the repeat dispensing service, pharmacy teams will: • Dispense repeat prescriptions issued by a GP • Ensure that each repeat supply is required • Seek to ascertain that there is no reason why the patient should be referred back to their GP. The majority of repeat dispensing is now carried out via the Electronic Prescription Services (EPS) and is termed electronic Repeat Dispensing (eRD).
Disposal of unwanted medicines	Pharmacies accept unwanted medicines from individuals for safe disposal.
Discharge Medicines Service (DMS)	The DMS became a new essential service in February 2021. The service aims to reduce the risk of avoidable medication related harm when a person is discharged from hospital. Patients are digitally referred to their pharmacy after discharge from hospital, at which point the pharmacist reviews the referral information and any prescription changes since before the patient was admitted to hospital. The pharmacist then discusses these changes with the patient and/or their carer, checks their understanding of what medicines they should now be taking/using and provides any other relevant advice to support medicine use.
Promotion of healthy lifestyles (Public Health)	Each financial year pharmacies are required to participate in up to six health campaigns at the request of NHS England. This involves opportunistic one to one advice on healthy lifestyle topics such as stopping smoking, flu vaccination and increasing physical activity.

Signposting	Where pharmacies cannot provide help, they will refer patients to other healthcare professionals, care providers or other sources of help such as local or national patient support groups.
Support for self-care	Pharmacy staff can provide advice and support to patients to enable them to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness but also support for people with long term conditions.
Clinical governance	Pharmacies must have a system of clinical governance to support the provision of excellent care. Requirements include: • Provision of a practice leaflet for patients • Use of standard operating procedures • Patient safety incidence reporting to the National Reporting and Learning Service (NRLS) • Conducting clinical audits and patient satisfaction surveys, having complaints and whistle-blowing policies • Acting upon drug alerts and product recalls to minimize patient harm • Cleanliness and infection control measures
Healthy Living Pharmacies (HLP)	Pharmacies are commissioned to reduce health inequalities within the local community by delivering high quality health and well- being services, promoting health and providing proactive health advice to customers. There are three levels of service delivery within the HLP framework; promotion, prevention and protection. Healthy Living Pharmacies (HLP) have a health and wellbeing ethos, where everyone in the team works together to proactively engage their customers in health promotion activities through advice on smoking cessation and obesity/healthy weight. They need a health promotion zone in the pharmacy and at least one full-time equivalent health champion, who has qualified for a Royal Society for Public Health (RSPH) level 2 award in understanding health improvement. Pharmacy contractors must ensure that they are compliant with the HLP requirements from 1st January 2021, however the Distance Selling Pharmacy (DSP) website requirements do not have to be complied with until 1st April 2021.

Further information is available via: http://psnc.org.uk/

4.1.2 Advanced Services

There are nine nationally commissioned advanced services within the NHS Community Pharmacy Contractual Framework as shown in table 2 below. Community pharmacies can choose to provide any of these listed services following appropriate training and or accreditation by NHS England.

Table 2: Advanced pharmacy services

Service	Description
New Medicine Service (NMS)	This service is designed to support patients' understanding of a newly prescribed medicine for a long-term condition with the aim of improving medicine adherence. The pharmacist will provide advice and information on the new medicine and how to use it when it is first dispensed. The second stage is a follow up call/meeting in around 2 weeks to discuss how the patient has been getting on with the new medicine. A final consultation around 21-28 days from starting the new medicine discusses any further issues or concerns that may require referral to the GP. From October 2025, the service will be expanded to include antidepressants.
Appliance Use Review (AUR)	This service can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use 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.
Pharmacy First Service	The Pharmacy First service, which commenced on 31st January 2024, is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that community pharmacies provide to the public every day and in establishing and funding community pharmacy as the first port of call for healthcare advice. The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): • Sinusitis (aged 12 and over) • Sore throat (aged 5 and over)

	• Acute otitis media (aged 1-17 years) • Infected insect bite (aged 1 and over) • Impetigo (aged 1 and over) • Shingles (aged 18 and over) • Uncomplicated UTI (women aged 16-64 years)
Stoma Appliance Customisation (SAC)	The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure the proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. If the pharmacist is unable to provide the prescribed service, they should either refer the patient to another pharmacy or provide the patient with the contact details of at least two pharmacies or providers that are able to supply the service.
Seasonal Influenza (Flu) Vaccination Service	Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015 to support GP services in increasing vaccination rates. Each year from September 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. The accessibility of pharmacies has proved popular with patients seeking vaccinations.
Lateral Flow Device Service (LFD)	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. The LFD service was introduced to provide eligible patients with access to LFD tests. In March 2024, additional patient groups became eligible to access the service.
Pharmacy Contraception Service (PCS)	The Pharmacy Contraception Service (PCS), which as commissioned by the NHS as an Advanced service. The PCS started on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service included both initiation and on-going supply of OC.
Hypertension Case-Finding Service	Also known as the NHS Blood Pressure Check Service, from 1st October 2021 pharmacies provide blood pressure testing to those aged over 40 to identify those with high blood pressure. Where clinically indicated, pharmacies offer 24-hour ambulatory blood pressure monitoring (ABPM), the results of which are shared with the patient's GP to inform a potential diagnosis of hypertension.

Smoking Cessation Service	Commissioned as an advanced service from 10th March 2022, this service enables NHS trusts to refer patients to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required, with the aim of creating additional capacity in the smoking cessation pathway.

For more information visit: Advanced Services: PSNC Main site.

4.1.3 Locally commissioned services

In addition to the services listed above, pharmacies can also offer services commissioned by local health commissioning organisations, Integrated Care Boards and Local Authorities to meet the health needs of their local populations. Pharmacies can choose whether to provide these services.

Table 3 lists the current locally commissioned services across Leicester.

Table 3: Locally commissioned pharmacy services as at 31st March 2024

Service	Description
Emergency Hormonal Contraception (EHC)	Some pharmacies are commissioned to provide a free service to women up to 25 years of age following unprotected sexual intercourse to prevent unintended pregnancies. Pharmacies offering this service are required to undertake specific training and maintain a prescribed number of consultations per year.
C-Card Service	Some pharmacies provide a free and confidential sexual health service available to young people. The scheme was originally offered to people aged under 25 years but since removing the age limit, increasing numbers of over 25s are using the scheme. It is a plastic registration card that enables quick and easy access to free condoms. The service also offers information and advice about sexual health and relationships.
Child influenza vaccination service	The children's influenza service is normally administered in schools, however, where children are unable to have this done at school, they can receive the Fluenz/nasal flu vaccine at a local pharmacy providing this service. The purpose of the service is to ensure that patients and their parents have convenient access to the Fluenz/nasal flu vaccine.

Needle exchange	Pharmacies are commissioned to provide intravenous drug users with sterile injecting equipment in order to reduce the transmission of blood borne infections such as hepatitis and HIV.
Supervised consumption	Pharmacies are commissioned to provide registered drug addicts regular monitored doses of an opiate substitute to support them becoming progressively drug free.
Take home naloxone service	Take home naloxone provision is available to all presenting adults (aged 18 and over) who attend for either needle exchange services or supervised consumption of their opiate substitute medication. Naloxone can help prevent drug-related deaths to individuals at risk of overdosing.
Palliative Care	Pharmacies are commissioned to provide patients in the last phase of their lives (and their representatives) with access to palliative care medicines. Pharmacies accredited for this service are trained in the use of palliative care medicines and can provide advice to carers and other healthcare professionals.

4.1.4 National Enhanced Service (NES)

Table 4: National Enhanced Services

Service	Description
Covid Vaccination Service	In December 2020, the NHS commenced its Covid-19 vaccination programme. Since the start of the Covid-19 pandemic, over 1,500 community pharmacy sites have been vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside vaccination centres, hospitals and Primary Care Network (PCN) sites. From December 2021, provisions were made within the NHS (pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced Service, the NES. Under this type of service, NHS England commissions an Enhanced service that 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. From autumn 2022, the Covid-19 Vaccination Service will be commissioned as a National Enhanced Service (NES).

From May 2025, RSV and Pertussis vaccination will also be included as enhanced services. Further information on National Enhanced Services can be found at National Enhanced Services - Community

Pharmacy England.

4.2 The wider role of community pharmacies: non-contracted services

In addition to the above essential, advanced and locally commissioned services, all of which are commissioned by the NHS or the local authority, pharmacies also provide other significant services directly to their customers on their own account. These services are not commissioned by the ICB or Local Authority and instead are a direct arrangement between the pharmacy and patients. These can be viewed as adding to the convenience, compliance and safety of medicine collection and use.

These additional services provided by pharmacies include services such as delivery service of prescriptions, monitored dosage system (dosette box), contraception, nicotine replacement, childhood vaccinations, travel vaccinations and medication, other vaccinations, weight loss, services for conditions such as chlamydia, cholesterol, diabetes, gonorrhoea, erectile dysfunction, H-Pylori, hair loss, hay-fever)

4.3 Community Pharmacy IT

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

Pharmacies are now able to access an electronic National Care Records Service (NCRS) which provides a summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record with the patient's consent. Access to patient summary care records was rolled out to pharmacies from March 2016 and helps support safer patient care and treatment.

There are also a number of apps that patients can use for ordering NHS repeat prescriptions and booking appointments.

A web-based system called PharmOutcomes[16] collates information on pharmacy services. Local and national analysis and reporting of PharmOutcomes helps to improve the evidence base for more effective community pharmacy services.

4.4 Pharmacy Contracts

4.4.1 Types of Pharmacy contracts

There are four types of pharmacy contractors:

Standard contract

Healthcare professionals working in pharmacies that are held on a pharmaceutical list.

[16] http://psnc.org.uk/services-commissioning/pharmoutcomes/

Appliance contractor

An appliance contractor provides services to people who need appliances such as stoma and incontinence care aids, trusses, hosiery, surgical stockings and dressings. Appliance contractors do not supply drugs. There are no appliance contractors in Leicester.

Dispensing Practices

GP Practices are allowed to dispense medicines and appliances to patients who live in an NHS England determined controlled locality (Rural Area) and live more than a mile from a community pharmacy. Patients may choose to receive this service and request to be considered as a dispensing patient by the GP practice. There are no dispensing practices in Leicester.

Distance selling pharmacies

Distance selling pharmacies (eg internet pharmacies) are able to provide the full range of essential, advanced and enhanced services to the population without face-to-face contact. Distance selling pharmacies receive prescriptions electronically or via post, dispense them at the pharmacy and then deliver or arrange to courier to the patient. They must provide essential services to anyone, anywhere in England where requested to do so. They may choose to provide advanced and enhanced services as long as no essential service element of the service is provided to persons present at the premises.

4.4.2 Local Pharmaceutical Service Scheme

This scheme provides pharmacy contractors on the list at 1st September 2016 and are located more than 1 mile from the nearest pharmacy with a guaranteed minimum income where their dispensing volume falls below a defined threshold. The purpose of the scheme is to secure provision in an area where it would not otherwise be viable. Local Pharmaceutical Service contracts are kept under review with regard to pharmacy provision for the local population.

4.4.3 Pharmacy Access Scheme

The revised Pharmacy Access Scheme started from January 2022 and supports patient access to isolated, eligible pharmacies. This scheme does not replace the Local Pharmaceutical Service scheme. There are additional eligibility criteria for this scheme which includes pharmacies in very deprived areas (top 20% of the Index of Multiple Deprivation) that are more than 0.8 of a mile from the next nearest pharmacy.

The objective of the 2022 PhAS is to create a scheme that is more targeted and representative of the current pharmacy market and that better targets support to pharmacies that are deemed essential for local provision of physical NHS pharmaceutical services. Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focussed on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy. Distance-selling pharmacies (DSPs), dispensing appliance contractors, local pharmaceutical services (LPS) contractors, and dispensing doctors remain ineligible for the scheme.

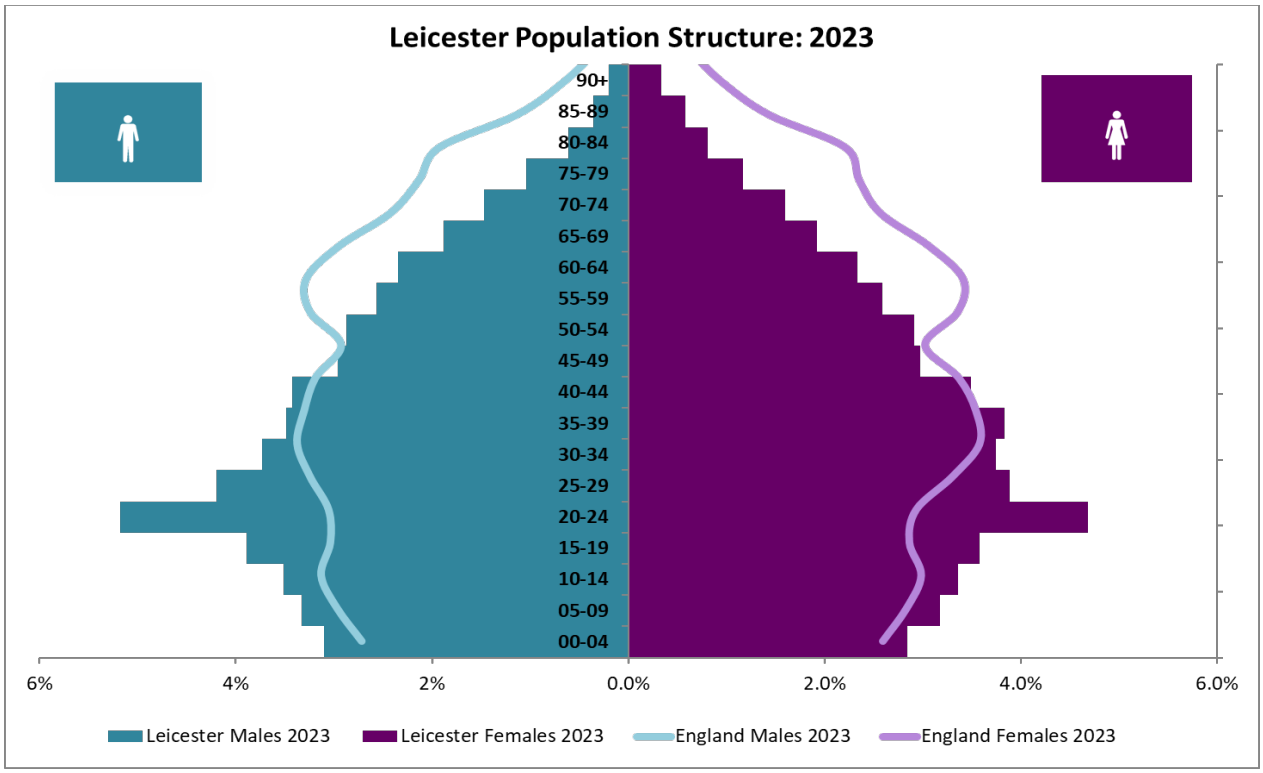
5. Health Needs in Leicester

5.1 Demographic profile

5.1.1 Age profile

Leicester is the largest city in the East Midlands, with a population of around 379,780 (2023)[17]. As shown by figure 1, Leicester's population is relatively young compared with England; 17.9% of Leicester's population are aged 20-29 years old (compared with 12.5% in England), and 12% of the population are aged over 65 (compared with 18.7% in England). The larger proportion of younger people in Leicester reflects the student population attending Leicester's two universities and migration into the city from outside of the UK.

Figure 1: 2023 Leicester population pyramid



Data: Mid-2023 population estimates, ONS

5.1.2 Diversity[18]

Leicester is home to a diverse range of faiths and communities. The following diversity data for Leicester is based at the time of the 2021 census. Leicester residents come from over 50 countries, and around a third of Leicester residents were born outside of the UK[18]. A third of the population (33%) define themselves as White British, and 7.7% from other White ethnic groups. Over half of Leicester's residents classify themselves as belonging to an ethnic group that is not White. Leicester has one of the country's largest Asian communities

[17] ONS Mid-year population estimates, 2023
[18] Office for National Statistics, Census 2021

(43.4% of the population), with 34.3% of all residents defining themselves as of Indian heritage. At 5.8%, Leicester's African community is a notably larger proportion of the population than that for England (2.6%).

Leicester's Black, Minority Ethnic (BME) population is generally younger than the white population and there are relatively fewer elderly people in black and minority ethnic groups.

5.1.3 Language[18]

Being a very diverse city, there are a number of languages spoken throughout Leicester. Overall, English is the main language spoken by 70% of residents. A further 21% of residents can speak English well or very well and 9% cannot speak English or cannot speak English well. These include South Asian residents living in the east of Leicester (Belgrave, Spinney Hills, Highfields, Crown Hills), and some Eastern European residents in the West (Newfoundpool, West End, Westcotes).

South Asian languages are spoken by 19% of Leicester's residents. Gujurati is the second most common language spoken in Leicester (12.6%), followed by Panjabi (2.6%), Polish (2.2%) and Romanian (1.2%).

5.1.4 Religion[18]

The main religions reported in Leicester residents are Christian (25%), Muslim (24%), no religion (23%) and Hindu (18%).

Areas of the city where Muslim is identified as the main religion include St Matthews, Crown Hills, Highfields and Stoneygate.

5.1.5 Carers[18]

Over 90% of Leicester residents provide no unpaid care. Of those providing unpaid care, 5.2% provide up to 19 hours per week, 1.7% provide 20-49 hours and 2.4% over 50 hours of unpaid care per week.

Weekly care hours are similar for men (17.4%) and women (18.5%) in Leicester. More care is provided in the older age groups, with a quarter of 50-64 and over 65-year-olds providing some unpaid care per week.

5.1.6 Sexual orientation[18]

The 2021 Census asked a question around sexual orientation. This was not answered by around 12% of respondents. Of those providing a response, 96.2% of adults identified as straight or heterosexual, and 3.8% as Lesbian, Gay, Bisexual or Other.

5.2 Wider determinants

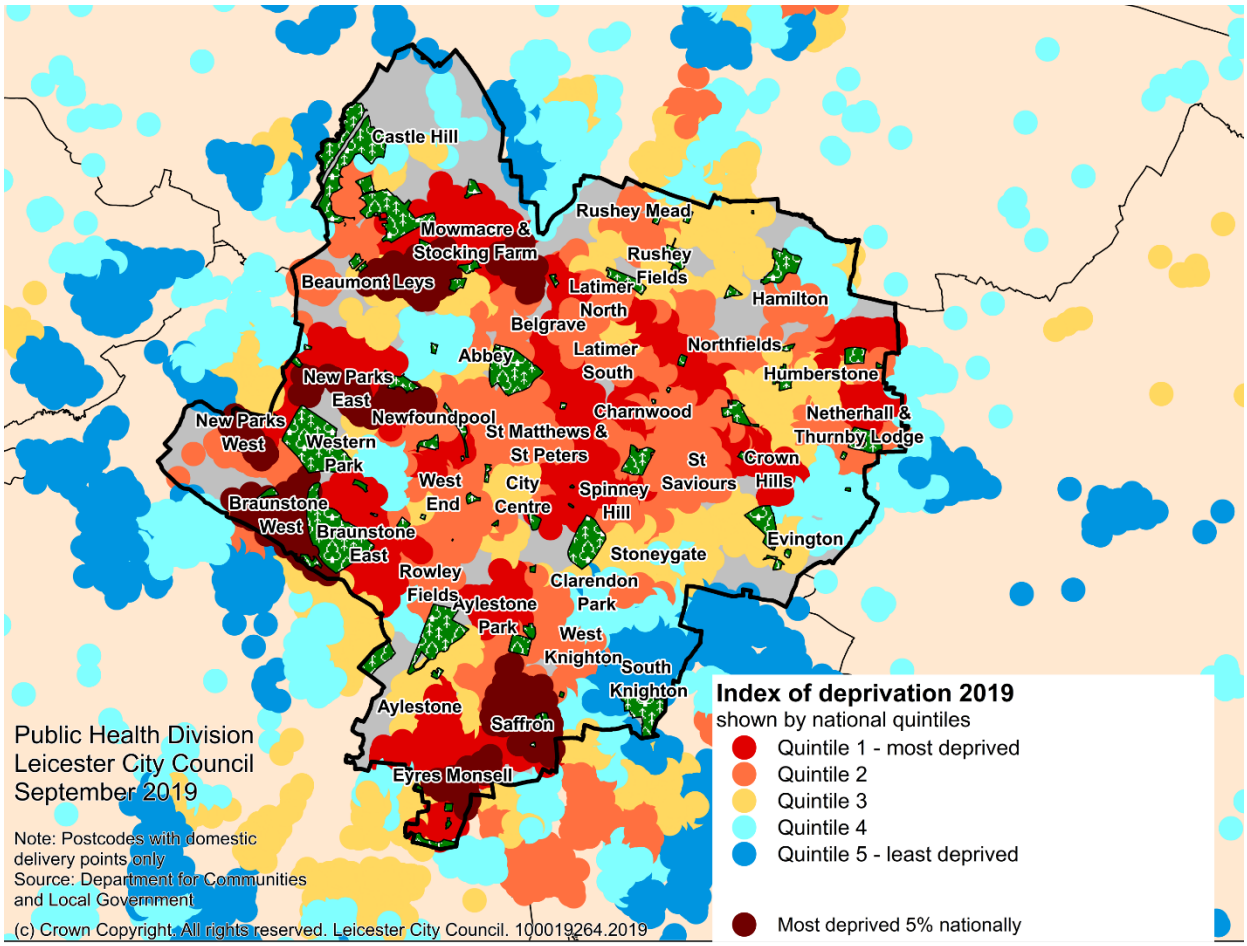
5.2.1 Deprivation

The English indices of deprivation 2019[9] use separate measures, across 7 domains of deprivation, to calculate the Index of Multiple Deprivation 2019 (IMD 2019). This is an overall measure of multiple deprivation experienced by people living in an area. The seven domains of which the measures cover are income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services, crime, and living environment deprivation.[19] The data is often presented in 'deciles' or 'quintiles' of deprivation. Areas of Leicester which fall into quintile 1 are the most deprived fifth (20%) of areas in England through to those which fall into quintile 5 which are the least deprived fifth (20%) of areas in England. Similarly, areas in decile 1 are the most deprived 10% of neighborhoods nationally through to those in decile 10 which are the least deprived 10% of neighborhoods nationally.

Leicester has a high level of deprivation compared to the country as a whole and is ranked 32nd most deprived out of 317 lower-tier local authority areas. Thirty-five percent of Leicester's population live in the 20% most deprived areas in England, and a further 38% live in the 20-40% most deprived areas. Only 2% of the Leicester population live in the 20% least deprived areas. Figure 2 shows deprivation in Leicester by Lower Super Output Area (LSOA).

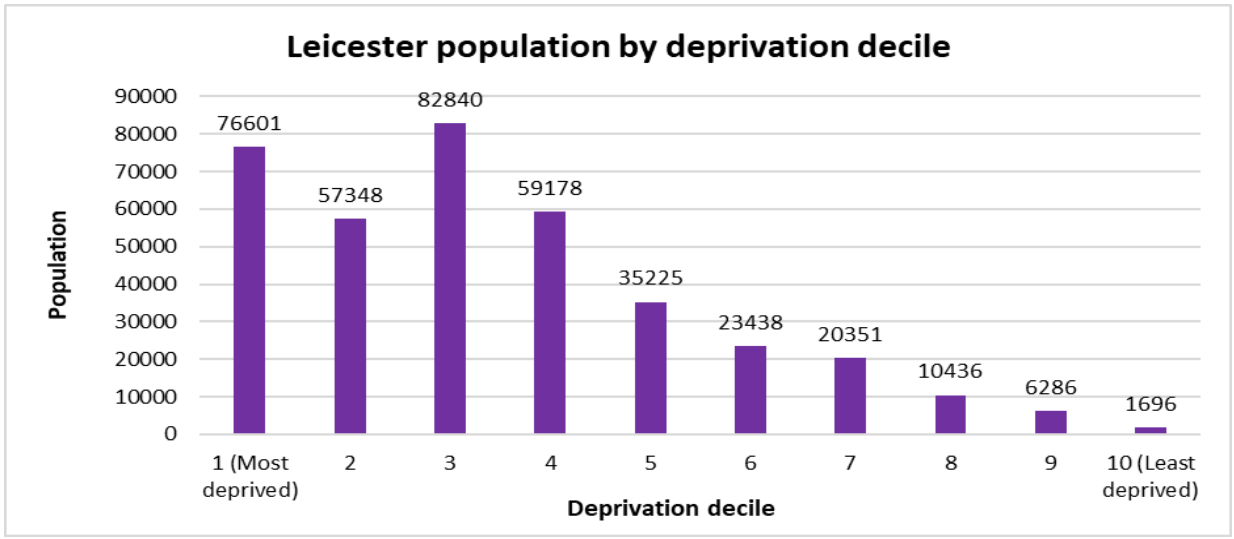
[19] The English indices of deprivation 2019 (Technical report), Ministry of Housing, Communities & Local Government, Gov.UK, English Indices of Deprivation 2019: technical report (publishing.service.gov.uk)

Figure 2: Deprivation in Leicester by lower super output area



Data: Index of multiple deprivation 2019

Figure 3: Population by deprivation decile in Leicester City

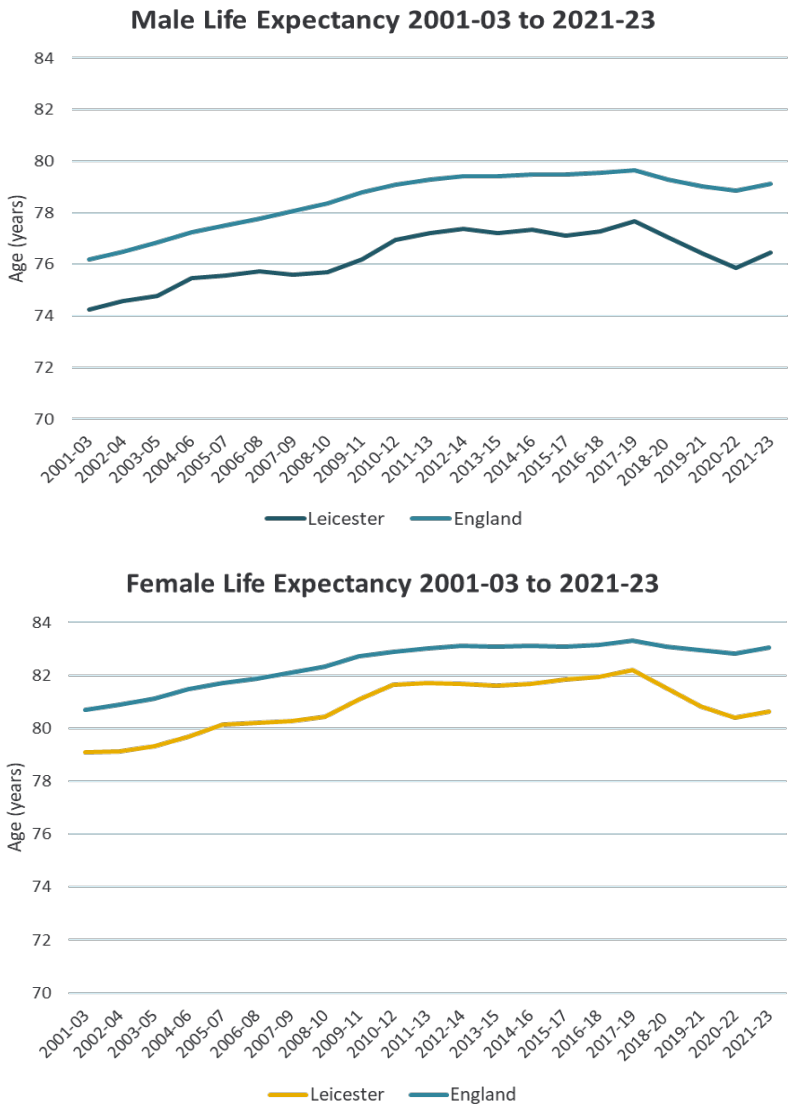


Data: Indices of Deprivation 2019, Mid-2022 population estimates, ONS

5.2.2 Life expectancy

As shown in figure 4, life expectancy[20] at birth in Leicester is significantly lower (worse) than the England average for both males and females and has been since 2001. In 2021-23 life expectancy for males in Leicester (76.5 years) is around 2.7 years lower than England (79.2 years), and for females in Leicester (80.6 years) it is around 2.4 years lower than England (83.0 years). Cardiovascular diseases are the largest contributor to the adverse life expectancy gap between Leicester and England, accounting for 20% of the life expectancy gap in males and 28% in females.[21]

Figure 4: Life expectancy at birth (1 year range) for Leicester and England over the period 2001 to 2023



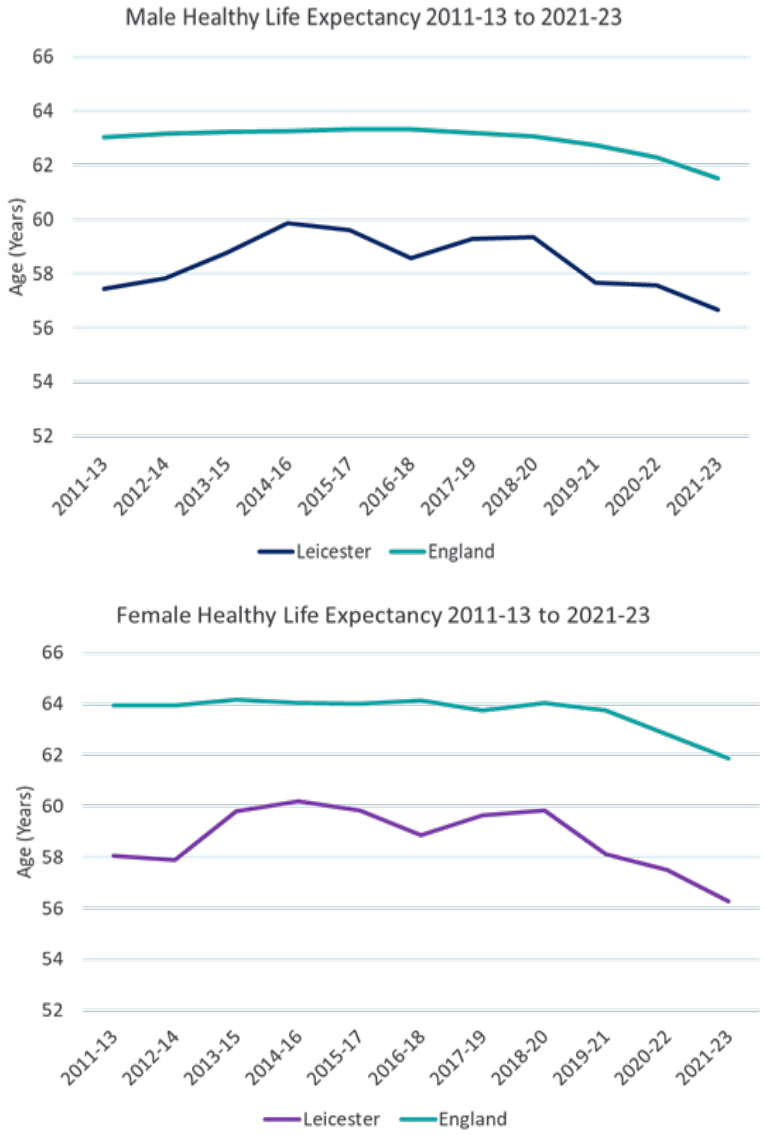
Data: Fingertips, Office for Health Improvement & Disparities, 2025

[20] Average life expectancy at birth is widely used as a proxy indicator for the overall health of the population; it estimates how long a newborn child would be expected to live if the current age-specific mortality rates remain constant. However, it does not forecast how long babies born today will actually be expected to survive, as age-specific mortality rates are unlikely to remain constant for an extended length of time.

[21] Public Health England, Segment Tool, Breakdown of the life expectancy gap between Leicester as a whole and England as a whole by cause of death, 2020/21, https://analytics.phe.gov.uk/apps/segment-tool/

As shown by figure 5, Leicester has consistently shown significantly lower healthy life expectancy at birth than England for both males and females. Leicester males can expect to live 56.7 years in good health compared to 61.5 years for males in England. Females in Leicester live around 56.3 years in good health (2021-2023) compared with 61.9 years in good health for females in England.

Figure 5: Healthy life expectancy at birth for Leicester and England over the period 2011 to 2023



Data: Fingertips, Office for Health Improvement & Disparities, 2025

5.3 Long Term Conditions

People in Leicester suffer from a number of long-term conditions, as shown in table 5 below. Based on GP registers in Leicester City, the largest recorded prevalence is for cardiovascular diseases including hypertension, Coronary Heart Diseases (CHD), and heart failure. Leicester also has a significantly higher than average percentage of people diagnosed with diabetes (20.5% in over 40-year-olds), mainly in Leicester's South Asian population. The prevalence of people experiencing Mental Health conditions in Leicester (1%) is similar to the England average (0.9%). Overall, Leicester has a lower prevalence of cancer and Chronic Kidney Disease (CKD) which may also be related to the diverse ethnicity found in Leicester's residents.

Since the last PNA, Leicester has seen an increase in the prevalence of diabetes (0.5% increase), hypertension (increase of 0.5%), all cancers (0.1% increase), heart failure (increase of 0.5%), asthma (0.03% increase). For these diseases in England, the prevalence has increased by 0.4% for diabetes, 0.7% for hypertension, 0.2% for all cancers, 0.1% for heart failure, 0.01% for asthma and decreased by 0.03% for mental health.

Table 5: Percentage of patients registered at GP practices in Leicester diagnosed with long term conditions

	Long term condition	Leicester Register	Leicester Prevalence	England Prevalence
Cardiovascular disease	Hypertension (40+ yrs)	56,560	31.4	29.7
	CHD (65+ yrs)	9,885	19.3	16.7
	Stroke / TIA (65+ yrs)	5,489	10.7	10.5
	Heart failure (65+ yrs)	4,139	8.1	6.0
High dependency	Diabetes Mellitus (40+ yrs)	36,939	20.5	12.5
	Cancer (all ages)	7,856	1.7	3.6
	Chronic Kidney Disease (18+ yrs)	11,405	3.2	4.4
Respiratory diseases	Asthma (6+ yrs)	21,700	5.1	6.5
	COPD (40+ yrs)	5,581	3.1	3.7
Mental Health	Mental Health (all ages)	4,642	1.0	1.0
	Dementia (65+ yrs)	2,418	4.7	4.3

Data: Quality Outcomes Framework, 2023/24

Significantly higher than England

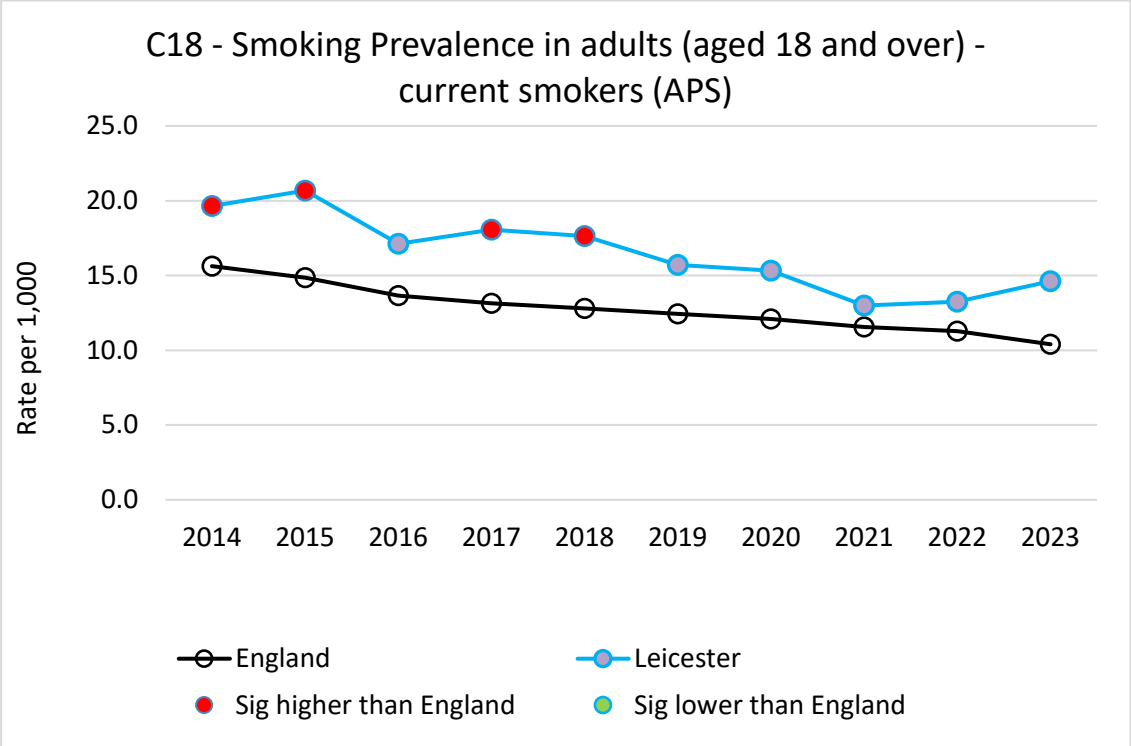
Significantly lower than England

5.4 Lifestyles

5.4.1 Smoking

Smoking is a major risk factor for many diseases including lung cancer, Chronic Obstructive Pulmonary Disease and heart disease. It is a modifiable risk behaviour and effective tobacco control measures can reduce the prevalence of smoking in the population.

Figure 6: Smoking prevalence in adults (18+)



Data: Fingertips, Office for Health Improvement & Disparities, 2025

Smoking prevalence in Leicester has reduced over the past 10 years from around 20% of adults smoking to less than 15%. Those working in routine and manual occupations have a higher smoking prevalence (16.5% in 2023). Smoking in pregnancy in Leicester has reduced over the past 10 years from being significantly higher than England to similar levels (7.4% in 2023).[22]

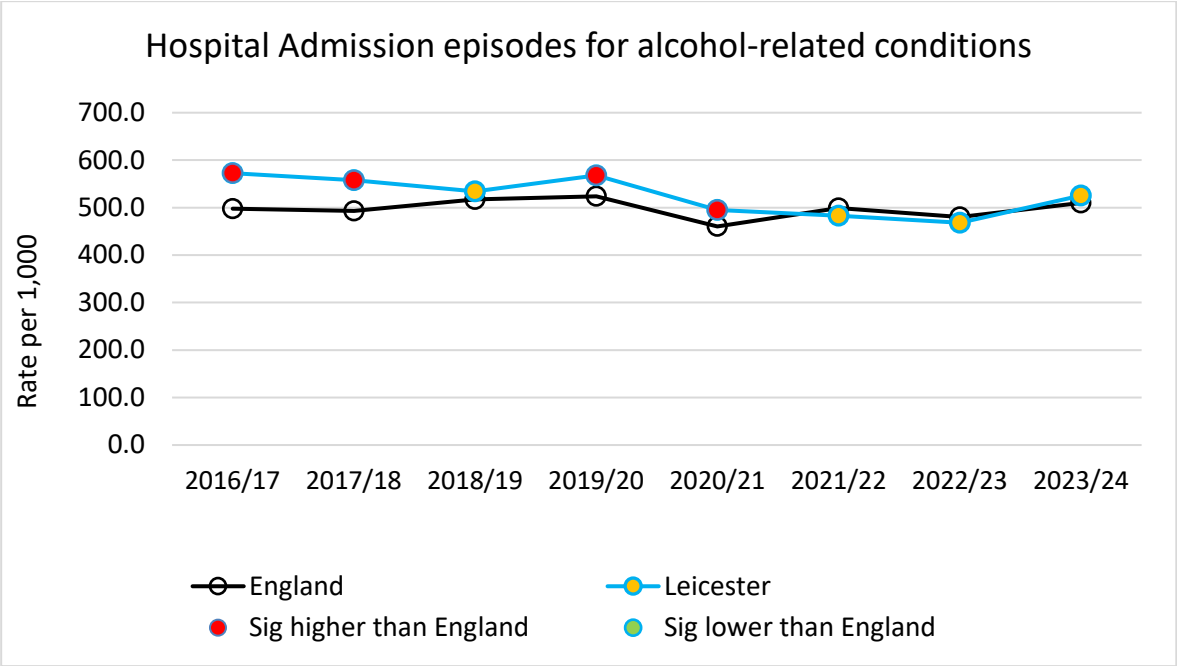
5.4.2 Alcohol consumption

Excessive alcohol consumption can increase the risk of liver disease, heart disease, certain cancers and mental health issues. It also weakens the immune system and can lead to accidents and injuries.

Leicester's health and wellbeing survey in 2024, found over half of Leicester residents abstain from alcohol and 9% of men and 5% of women binge drink. However, hospital admissions for alcohol consumption are significantly higher in Leicester than in England (2,076 per 100,000) than England (612 per 100,00) with around 645 admissions in 20203/24.

[22] Leicester Health & Wellbeing Survey, 2024. https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/data-reports-and-strategies/leicester-health-and-wellbeing-surveys/

Figure 7: Hospital admission episodes for alcohol-specific conditions



Data: Fingertips, Office for Health Improvement & Disparities, 2025

Liver disease is one of the top causes of alcohol-related deaths and much of it is preventable. In 2023, significantly more Leicester residents died from liver disease (20 per 100,000) compared to England (15 per 100,000).

5.4.3 Physical activity

As well as the benefit of healthier and happier lives, physical activity can reduce your risk of major illnesses such as coronary heart disease, stroke, type 2 diabetes and cancer.

Around 60% of Leicester adults are physically active (carrying out over 150 minutes of physical activity per week) and 28% of Leicester adults are physically inactive (less than 30 minutes of physical activity per week)[23Error! Bookmark not defined.].

5.4.4 Overweight and obesity

In the UK it is estimates that 1 in every 4 adults and 1 in every 5 children aged 10 to 11 are living with obesity. Health risks of obesity include type 2 diabetes, coronary heart disease and stroke and some types of cancer. It can also affect your quality of life and contribute to mental health problems such as depression and self-esteem.

In Leicester, around 63% of adults are overweight or obese, which is similar to England (64%). In children (10-11 years), 40% of children are overweight (including living with obesity), 26% are living with obesity, significantly higher than in England[23].

[23] Dept Health and Social Care: Fingertips Public health profiles

5.4.5 Diabetes

Diabetes can lead to long-term complications such as heart disease and stroke, kidney disease, nerve, eye and foot damage.

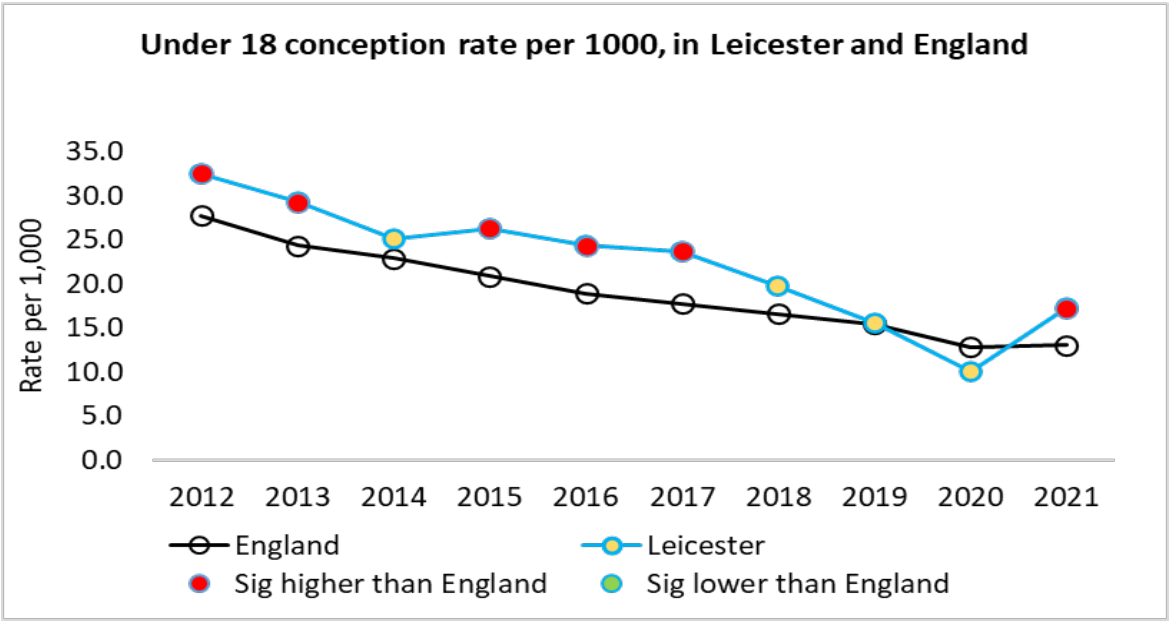
Diabetes prevalence is significantly higher in Leicester adults (10%)[23] and onset of diabetes is more prevalent and at a younger age in South Asian population.

5.4.6 Teenage conceptions

Evidence shows that teenage pregnancies (under 18 years) are associated with higher risks of poor health outcomes for both mother and baby. Babies born to teenage mothers have 60% higher rates of infant mortality, are less likely to be breastfed, and have an increased risk of low birthweight, affecting long-term health.

Around 43% of teenage conceptions in Leicester result in abortions[23]. Over the past decade, Leicester has seen a significant decline in teenage conception and provision of emergency hormonal contraception and condoms (C-card scheme) at pharmacies may have contributed towards this.

Figure 8: Under 18 conception rate per 1000, in Leicester and England, 2012-2021



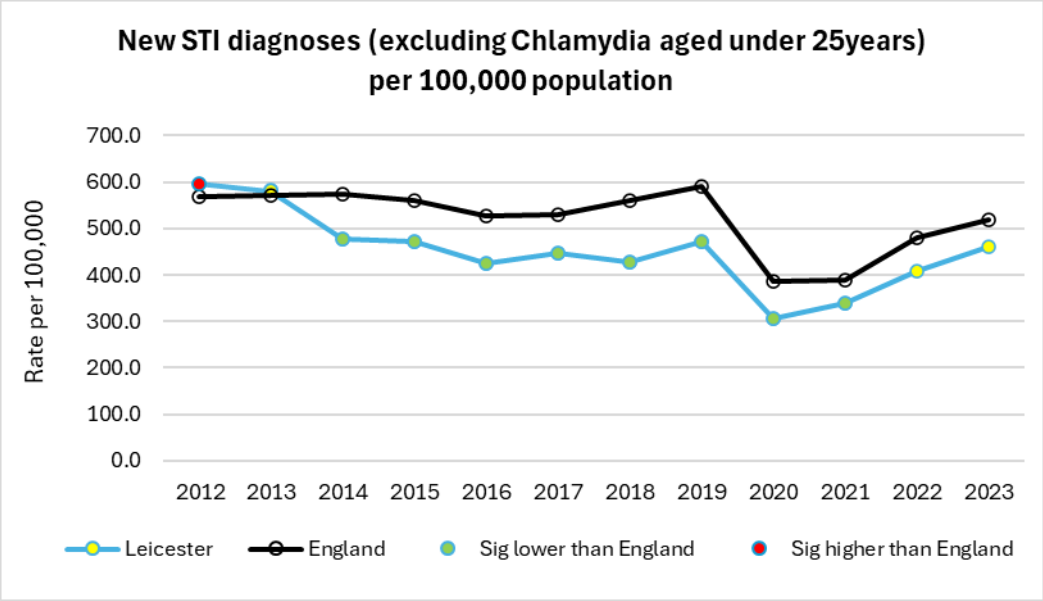
Data: Fingertips, Office for Health Improvement & Disparities, 2025

5.4.7 Sexual health

Sexually transmitted infections (STIs) are infections that are primarily spread through sexual contact. They can be caused by bacteria, viruses, or parasites, and include diseases like chlamydia, gonorrhoea, syphilis, and HIV. The rates of STIs can vary widely depending on factors such as sexual behaviour, access to healthcare, education, and prevention efforts.

Leicester generally shows lower rates of new STI diagnoses (excluding chlamydia for those under 25) per 100,000 people compared to England. There was a fall over the pandemic years and rates have increased to similar levels in Leicester and England.

Figure 9: New STI diagnoses (excluding chlamydia for those under 25) per 100,000 people: Leicester compared to England, 2012-2021



Data: Fingertips, Office for Health Improvement & Disparities, 2025

Pharmacies can provide services including sexually transmitted infection prevention and screening and treatment.

5.4.8 Substance use

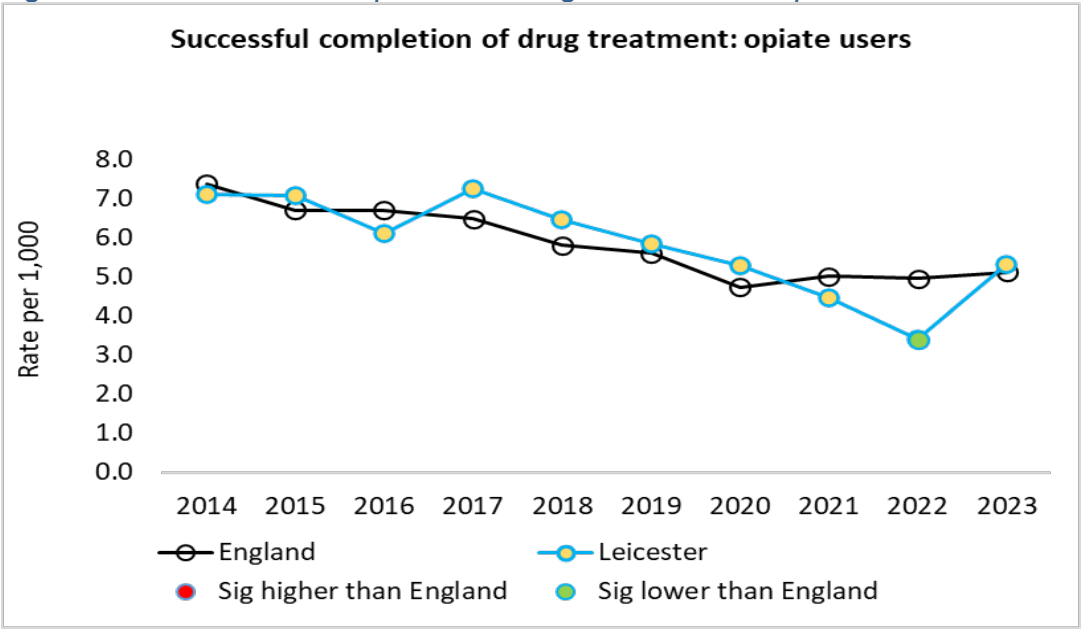
Harmful drug use includes the use of illegal drugs such as Class A drugs, volatile substances such as gas, over the counter (OTC) and prescribed drugs, such as opiate based pain killers and tranquillizers, along with emerging substances and 'New Psychoactive Substances' (NPS) such as synthetic cannabinoids.

In Leicester there were an estimated 2,706 opiate and/or crack cocaine users (OCUs) aged between 15-64 years old in 2019/20 respectively (11.3 per 1,000 population). This is significantly higher than the estimated prevalence in East Midlands and England overall (8.0 and 9.5 per 1,000 population respectively).

5.4.9 Successful completion of treatment

As shown in the figure below, the proportion of adult opiate users in Leicester who successfully completed drug treatment has declined over time, similar to nationally.

Figure 10: Successful completion of drug treatment for opiate users



Data: Fingertips, Office for Health Improvement & Disparities, 2025

Pharmacies can support substance misuse through needle exchange, naloxone and supervised consumption services.

5.4.10 Vaccinations

On average, flu kills around 11,000 people (nationally) and hospitalises thousands more; People are still getting ill with COVID-19, and this is expected to increase in the winter months. People who get flu and COVID-19 at the same time, are more likely to be seriously ill particularly those who are already vulnerable. Getting vaccinated against both flu and COVID-19 will provide protection for you and those around you from both these serious illnesses; this will also help to reduce the strain on our health and social care services in what is likely to be a very busy winter period.

Flu vaccine uptake in Leicester is significantly lower than the national average for England across all age groups. In the 2–3-year age group, Leicester's uptake is 33.4%, which is significantly lower than England's 44.4%. For children aged 4-11 years, Leicester has an uptake rate of 31.4%, significantly lower than the 55.1% seen across England. Among adults aged 6 months to 64 years, Leicester's uptake is 36.6%, well below England's 41.4%. The most concerning gap is observed in the 65+ age group, where Leicester's uptake is 69.2%, significantly lower than England's 77.8%[23].

Table 6: Leicester Flu Vaccine Uptake (%) comparing with England

Age	Time period	England	Leicester
2-3 yrs	2023/24	44.4	33.4
4-11 yrs	2023	55.1	31.4
6 months-64 yrs	2023/24	41.4	36.6
65+ yrs	2023/24	77.8	69.2

Significantly higher than England
Significantly lower than England

Data: Fingertips, Office for Health Improvement & Disparities, 2025

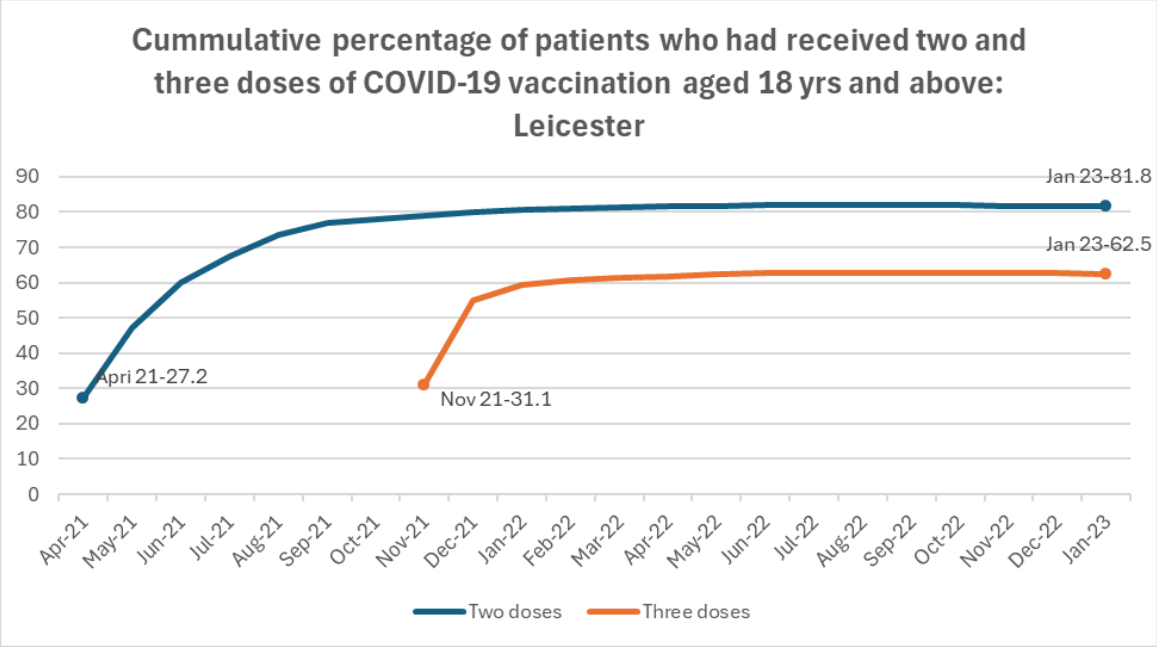
COVID 19 vaccination uptake in Leicester

Covid-19 had a higher impact on the residents of Leicester than many other areas in the UK. The Covid-19 vaccine can help protect against serious illness and is usually offered in the Spring and Autumn to offer extra protection for more vulnerable groups.

COVID-19 vaccination uptake in Leicester demonstrated steady growth for both two and three doses. For the two-dose vaccination, uptake started at 27.2% in April 2021, increased quickly over the summer months and stabilising at around 80%.

In comparison, the third-dose vaccination uptake began later in November 2021 at 31%, rising sharply and stabilising at 62.5% by January 2023.

Figure 11: Two and three doses of COVID 19 vaccination uptake percentage in Leicester aged 18 years and above, April 2021-January 2023



Data: Coronavirus and vaccination rates in people aged 18 years and over by socio-demographic characteristic, region and local authority, England - Office for National Statistics

From 2023, Covid-19 vaccination has been delivered through Spring and Autumn booster campaigns that focus on the population aged 65+ years and priority groups. Data from the Autumn 2023/24 and 2024/25 campaigns show that in Leicester:

- The percentage of 65+ population having their autumn booster was about 49.7% in the 2023/24 campaign, and this has fallen to 35.2% in the 2024/25 campaign.
- Leicester performs worse than the national average and many of our comparators.
- There are significant differences across the city by geography, deprivation and ethnic group.

Pharmacies can support delivery of Covid-19 vaccinations, which may occur alongside the

seasonal flu vaccination programme for those residents who are eligible.

5.5 Health and lifestyle summary for Leicester

Deprivation contributes to poor health outcomes for many residents and overall health in Leicester is generally poorer than nationally. Key health issues for Leicester residents are summarised in table 7 below:

Table 7: Health and lifestyle profile summary for Leicester City

Health and lifestyle profile	Indicator	Time period	Leicester	England
Overarching Indicators	Life expectancy at birth (Male, 1 year range)	2023	77.1	79.3
	Life expectancy at birth (Female, 1 year range)	2023	81.1	83.2
	Healthy life expectancy at birth (Male)	2021 - 23	56.7	61.5
	Healthy life expectancy at birth (Female)	2021 - 23	56.3	61.9
Wider determinants of health	Children in relative low income families (under 16s)	2022/23	40.6	19.8
	Violent crime - hospital admissions for violence (including sexual violence) (per 100,000 population)	2021/22-2023/24	28.8	34.2
	Homelessness: households owed a duty under the Homelessness Reduction Act (per 1,000 population)	2023/24	21.6	13.4
Health improvement	Under 18s conception rate (per 1,000	2021	17.3	13.1
	Obesity in early pregnancy	2023/24	26.3	26.2
	Smoking in early pregnancy	2023/24	13.1	13.6
	Smoking status at time of delivery	2023/24	7.4	7.4
	Reception prevalence of overweight (including obesity)	2023/24	19.3	22.1
	Year 6 prevalence of overweight (including obesity)	2023/24	39.1	35.8
	Emergency Hospital Admissions for Intentional Self-Harm	2023/24	176.0	117.0
	Percentage of physically active adults	2022/23	60.3	67.1
	Percentage of physically inactive adults	2022/23	27.8	22.6
	Smoking Prevalence in adults (aged 18 and over) - current smokers (APS)	2023	14.6	11.6
	Estimated diabetes diagnosis rate	2018	83.0	78.0
	Admission episodes for alcohol-related conditions (Narrow): New method (Persons)	2023/24	521.0	504.0
	Self reported wellbeing: people with a high anxiety score	2022/23	21.0	23.3
Health protection	Population vaccination coverage: Flu (at risk individuals)	2023/24	36.6	41.4
	Population vaccination coverage: Flu (aged 65 and over)	2023/24	69.2	77.8
Healthcare and premature mortality	Infant mortality rate (per 1000)	2021-23	7.7	4.1
	Under 75 mortality rate from causes considered preventable (1 year range) (per 100,000)	2023	182.3	153
	Under 75 mortality rate from cardiovascular disease (1 year range) (per 100,000)	2023	105.7	77.4
	Under 75 mortality rate from cancer (1 year range) (per 100,000)	2023	128.8	120.8
	Under 75 mortality rate from respiratory disease (1 year range) (per 100,000)	2023	38.3	33.7
	Premature mortality in adults with severe mental illness (SMI) (per 100,000)	2021-23	174.2	110.8
	Suicide rate (per 100,000)	2021-23	11.1	10.7
	Hip fractures in people aged 65 and over (per 100,000)	2023-24	549	547
	Winter mortality index	Aug 2021 - Jul 2022	3.0	8.1

Recent trend key:

—	Could not be calculated
↓	Decreasing & getting better
↑	Increasing & getting worse
→	No significant change
↓	Decreasing & getting worse
↑	Increasing & getting better

Significance rating key (compared to benchmark):

Significantly worse
Not significantly differen
Significantly better

Source: Public Health Outcomes Framework, Fingertips, Office for Health Improvement & Disparities, 2025

5.6 Local health needs

For the purposes of this PNA, Leicester City has been divided into smaller areas. These have been defined by, and are consistent with, those used in the Leicester Health and Wellbeing Survey. The Middle Super Output Areas (MSOAs) within the City have been grouped into six locality areas (Central, East, North, North West, South and West Leicester).

5.6.1 Leicester locality area demographics

The demographics of each of the six locality areas in Leicester City have been summarised in the tables below.

Table 8: Demographic summary of the six locality areas of Leicester City

		Central	East	North	North West	South	West	Leicester City
	Number of MSOAs	7	6	7	5	6	7	38
	ONS-Mid-2023 population estimate	79610	56126	71965	51926	50201	63571	373399
Age profile	% Under 19	25.8%	28.5%	25.5%	28.4%	27.1%	27.1%	26.9%
	% 20-29	27.7%	12.3%	14.5%	14.7%	14.4%	19.1%	17.8%
	% 30-49	24.7%	28.0%	28.4%	30.1%	26.8%	27.9%	27.5%
	% 50-64	12.9%	16.7%	17.7%	16.1%	17.6%	15.2%	15.9%
	% 65+	8.9%	14.5%	13.9%	10.7%	14.1%	10.7%	12.0%
Ethnicity	BAME/Not White British	79.7%	72.9%	90.5%	57.5%	38.8%	47.4%	66.8%
	White British	20.3%	27.1%	9.5%	42.5%	61.2%	52.6%	33.2%
	of BAME % Asian	54.7%	55.7%	78.9%	24.3%	15.6%	14.7%	43.7%
IMD 2019 Quintile	% in most deprived 20%	26.8%	26.1%	29.1%	39.5%	48.5%	50.6%	35.9%
	% in 20-40% most deprived areas	41.1%	31.3%	55.0%	34.9%	19.8%	37.8%	38.0%
	% in 40-60% most deprived areas	20.8%	25.9%	15.9%	15.6%	10.1%	4.6%	15.7%
	% in 60-80% most deprived areas	8.9%	16.7%	0.0%	10.0%	9.3%	7.0%	8.2%
	% in least deprived 20%	2.3%	0.0%	0.0%	0.0%	12.2%	0.0%	2.1%

Sources: ONS population estimates, Census 2021, Communities and local Government English Indices of deprivation 2019

Table 9: Protected characteristics of Leicester city population

	Protected Characteristics	Central	East	North	North West	South	West	Leicester city
Launguage proficiency	Main Language English	67.0%	75.3%	48.2%	74.1%	87.2%	77.3%	70.0%
	Speaks English well or very well	23.0%	18.2%	31.5%	20.6%	10.1%	18.0%	21.0%
	Cannot speak English well/Cannot speak English	10.1%	6.5%	20.4%	5.3%	2.7%	4.7%	9.0%
Disability	Day-to-day activities limited a little and limited a lot	13.6%	15.3%	13.0%	15.6%	18.5%	17.3%	15.5%
One person household Proportion	One person in household: aged 66 and over	7.2%	10.9%	9.9%	8.0%	11.1%	9.4%	9.3%
Marital status	Married or in a registered civil partnership	38.2%	51.5%	57.3%	40.7%	38.0%	33.4%	43.4%
	Never married and never registered a civil partnership	52.1%	33.3%	30.2%	44.2%	45.7%	51.7%	43.1%
	Divorced, Separated, widowed surviving civil partnership partner	9.8%	15.2%	12.6%	15.2%	16.3%	14.8%	13.5%

Significantly higher than Leicester

Significantly lower than Leicester

Sources: ONS population estimates, Census 2021, Communities and local Government English Indices of deprivation 2019

Central:

- MSOAs: St Matthews & Highfields North, Crown Hills, Highfields South, Stoneygate North, Clarendon Park & Stoneygate South, Leicester City South and Leicester City Centre
- Leicester City locality area with the highest proportion of 20–29-year-olds (27.7%), significantly higher proportion than Leicester (17.8%) - reflects the student population attending Leicester's two universities in the centre of the City
- Second highest proportion of BAME residents (79.7%) of the city's locality areas
- Two thirds (67%) of individuals have English as their main language is English which is similar to Leicester overall (70%). 10% cannot speak English or cannot speak English well.
- Lowest proportion of individuals who were divorced, separated, and widowed surviving civil partnership partner (9.8%)

East:

- MSOAs: Humberstone and Hamilton South, Hamilton North, Colchester Road, North Evington & Rowlatts Hill, Evington and Thurnby Lodge
- Significantly higher proportion of the population aged 65+ (14.5%) compared to Leicester (12%)
- Lowest proportion of 20–29-year-olds (12.3%) compared to all other locality areas
- Lowest proportion of residents living in the 20% most deprived areas in England (26.1%) compared to the other locality areas in Leicester
- Significantly higher proportion of individuals main language is English (75.3%)

compared to Leicester city (70.0%). Only 6.5% cannot speak English or cannot speak English well
- Significantly highest proportion of individuals who were married or registered in a civil partnership (51.5%) compared to Leicester city (43.4%)

North:

- MSOAs: Rushey Mead North, Rushey Mead South, Belgrave North West, Belgrave North East, Belgrave South, Northfields & Merrydale and Spinney Hill Road
- Significantly higher proportion of the population aged 65+ (13.9%) compared to Leicester (12%)
- Highest proportion of residents classified as BAME (90.5%) and Asian (78.9%) when compared to other locality areas in Leicester and significantly higher proportions than for Leicester overall (66.8% and 43.4% respectively)
- Entire population lives in the 0-60% most deprived areas in England
- Significantly lowest proportion of individuals whose main language is English (48.2%) and high proportion of individuals who cannot speak English well/ cannot speak English (20.4%) compared to Leicester city and other locality areas
- Significantly low proportion of persons with disability (13%) compared with Leicester overall (15.5%)
- Significantly high proportion of one person households aged 66 and over (9.9%) compared to Leicester overall (9.3%)
- Significantly highest proportion of individuals who were married or registered in a civil partnership (57.3%) compared to Leicester city (43.4%) and lowest proportion never married and never registered in a civil partnership (30.2%) compared to Leicester and other locality areas

North West:

- MSOAs: Beaumont Park, Stocking Farm & Mowmacre, Bradgate Heights & Beaumont Leys, Abbey Park and Newfoundpool
- Significantly higher proportion of the population classify themselves as part of a White British (42.5%) than in Leicester's population overall (33.2%)
- Significantly higher proportion of the population living in the 20% most deprived areas (39.5%) when compared to Leicester City as a whole (35.9%)
- Significantly higher proportion of residents speaking English as their main language (74.1% vs 70.0% in Leicester City)
- Higher proportion of people with a disability (16.1%)
- Significantly high proportion of individuals who were never married and never registered in a civil partnership (44.2%), and divorced, separated, and widowed surviving civil partnership partner (15.2%)

South:

- MSOAs: Aylestone North & Saffron Fields, Knighton, Aylestone South, Saffron Lane, Eyres Monsell, West Knighton
- Significantly higher proportion of the population aged 65+ (14.1%) than Leicester City overall (12%)

- Significantly higher proportion of the population classify themselves as White British (61.2%) compared to Leicester (33.2%), this is the highest proportion of all of the Leicester locality areas
- Highest proportion of residents living in the 20% most deprived areas (48.5%) in England compared to other locality areas in Leicester
- Highest proportion of residents living in the 20% least deprived areas (12.2%) in England compared to the other locality areas in Leicester
- Highest proportion of residents whose main language is English (87.2%) compared to Leicester city overall and other locality areas. Only 2.7% cannot speak English or speak English well.
- Significantly high proportion of disability (19%), one person households over 66 years (11.1%), and %divorced, separated, and widowed surviving civil partnership partner (16.3%) compared to Leicester city overall and highest of the other locality areas

West:

- MSOAs: New Parks & Stokeswood, Dane Hills & Western Park, West End & Westcotes, Braunstone Park West, Braunstone Park East, Rowley Fields & Faircharm, Kirby Frith
- Significantly higher proportion of 20-29 (19.1%) and a lower proportion of 65+ year olds (10.7%) than Leicester (17.8% and 12%)
- Significantly higher proportion of residents classified as White British (52.6%) than Leicester (33.2%)
- Significantly highest proportion of population living in the 20% (50.6%) most deprived areas compared to Leicester as a whole (35.9%) and the locality area in Leicester with the highest proportion of its population living in the 0-20% and 20-40% most deprived areas (88%)
- Significantly higher proportion of residents (77.3%) who speak English as their main language compared to Leicester city (70.0%)
- Significantly higher proportion of persons with disability limiting activities a little or a lot (17.6%)
- Lower proportion of married or in a registered civil partnership (33.4%) and higher proportion of never married and never registered a civil partnership (51.7%), divorced, separated, and widowed surviving civil partnership partner (14.8%)

5.6.2 Locality area health and lifestyle characteristics:

The health and lifestyle characteristics of each of the six locality areas in Leicester City has been summarised below.

Table 10: Health and lifestyle summary of the six locality areas of Leicester City

		Central	East	North	North West	South	West	Leicester City
Life expectency at birth	Males	76.5%	76.4%	77.7%	75.6%	76.8%	74.8%	76.4%
	Females	80.7%	81.0%	82.3%	79.6%	81.3%	78.8%	80.7%
Long term conditions	CHD (65+ yrs)	24.7%	17.4%	19.6%	18.6%	17.8%	17.7%	19.3%
	Hypertension (40+ yrs)	28.8%	31.6%	33.8%	31.8%	30.8%	30.2%	31.4%
	Stroke / TIA (65+ yrs)	11.7%	10.8%	9.4%	11.2%	11.1%	11.0%	10.7%
	Asthma (6+ yrs)	4.1%	5.9%	4.8%	5.5%	6.6%	5.6%	5.1%
	COPD (40+ yrs)	1.7%	3.2%	1.6%	4.1%	4.9%	4.9%	3.1%
	Cancer (all ages)	1.0%	2.3%	1.5%	2.0%	2.5%	2.2%	1.7%
	Diabetes Mellitus (40+ yrs)	22.1%	18.9%	27.0%	18.0%	15.6%	15.5%	20.5%
	Mental Health (all ages)	0.9%	1.1%	1.0%	1.0	1.3%	1.0%	1.0%
	Dementia (65+ yrs)	4.6%	5.7%	4.3%	4.9%	5.0%	3.9%	4.7%
Lifestyle	Smoking Prevalence	12.4%	15.1%	8.5%	22.9%	19.5%	23.9%	16.3%
	Alcohol (increasing or higher risk levels)	10.2%	7.5%	4.7%	29.5%	15.5%	20.6%	13.6%
	Physical activity (less than 150 min/week)	61.8%	59.3%	75.4%	69.3%	66.1%	72.8%	67.6%
	People with one or more physical or mental long term condition	17.8%	25.2%	20.2%	26.2%	26.8%	25.3%	22.3%
	Carer prevalence	8%	15%	9%	17%	9%	11%	11%

Significantly higher than Leicester

Significantly lower than Leicester

Data: ONS deaths 2019-2023, ONS mid-year population estimates 2019-2023, Quality Outcomes Framework 2023/24, Leicester Health and Wellbeing Survey 2024

Central:

- Similar male and female life expectancy compared to Leicester City (Central: 76.5 years and 80.7, Leicester: 76.4 and 80.7 years)
- Significantly higher prevalence of CHD in over 65s
- Significantly lower prevalence of hypertension, asthma, COPD, and cancer than Leicester City
- Significantly lower prevalence of individuals who physically active less than 150 minutes per week (61.8%)
- Significantly lower proportion of individuals with one or more physical or mental long-term condition (17.8%) compared to Leicester overall and other locality areas
- Significantly lower proportion of individuals providing care for anyone with long-term, physical or mental health conditions or illnesses, or problems related to old age (8.3% compared to Leicester 11.1%)

East:

- Similar life expectancy to Leicester overall
- Significantly higher prevalence of dementia, asthma, and cancer than Leicester City
- Significantly lower prevalence of CHD and diabetes than Leicester overall
- Prevalence of providing unpaid care is higher (15%) compared to Leicester overall (11%) and second highest among the locality areas
- Significantly lower proportion with increasing alcohol risk and carrying out less than

150 minutes of physical activity per week

North:

- Highest male life expectancy (77.7years) and female life expectancy (82.3) across the six locality areas of Leicester and significantly higher value than for Leicester City overall (76.4 years and 80.7 respectively)
- Significantly higher prevalence of hypertension (33.8%) and diabetes (27.0%) compared to Leicester city overall and the highest of the other locality areas
- Significantly lower prevalence of increasing or higher alcohol risk levels (4.7%) and smoking (8.5%) compared to Leicester city overall and lower than the other locality areas
- Significantly highest percentage of people reporting less than the recommended 150 minutes of physical activity per week (75.4%) compared with (67.6%) in Leicester overall.

North West:

- Significantly higher prevalence of asthma, COPD, and cancer compared to Leicester
- Significantly higher proportion of smoking prevalence (22.9%) compared to Leicester city overall (16.3%) and second highest among the locality areas
- Significantly highest prevalence of increasing or higher alcohol risk levels (29.5%) compared to Leicester city overall and highest among the other locality areas
- North West shows the highest carer prevalence (17%) compared to Leicester city (11%) and other locality areas

South:

- Significantly higher prevalence of asthma, COPD, cancer and mental health conditions than Leicester
- Significantly lower prevalence of CHD and Diabetes than Leicester over
- Significantly similar proportion of increasing or higher alcohol risk levels (15.5%) compared to Leicester city overall

West:

- Life expectancy at birth for both males (74.8 years) and females (78.8 years) is significantly lower than in Leicester (76.4 and 80.7 years respectively)
- Prevalence of asthma, COPD, and cancer is significantly higher than Leicester and the prevalence of CHD, hypertension, diabetes and dementia, is significantly lower than Leicester
- Significantly higher prevalence of smoking (23.9%) compared to Leicester and highest among the locality areas
- Significantly higher increasing or higher alcohol risk prevalence (20.6%) than Leicester (16.3% and 13.6% respectively)
- Significantly higher proportion carrying out less than 150 minutes of physical activity per week (72.8%) than Leicester overall (67.6%)

More information on health in Leicester and health priorities can be found in:

Leicester Joint Strategic Needs Assessments: Joint Strategic Needs Assessment (leicester.gov.uk)

Health profiles: Public health profiles - OHID (phe.org.uk)

***Local health information*:** http://www.localhealth.org.uk

6. Location and access to community Pharmacies in Leicester

Leicester has 83 community pharmacies (as of 31 March 2024) and 51 GP Surgeries (and 18 branch surgeries). Leicester has an overall rate of 2.2 community pharmacies per 10,000 population, higher than the England rate of 2.1[24]. The number of pharmacies has decreased by three since 2022, Leicester has witnessed an increase in population of around 11,000 from 368,922[25] to 379,780[26]. All Leicester pharmacies are open for at least 40 hours and 5 are open for 100 hours. Of Leicester's 83 pharmacies, 6 are distance selling pharmacies, there are no Local Pharmaceutical Service pharmacies and one pharmacy is eligible for the Pharmacy Access Scheme. There are no dispensing GP Practices in Leicester and no appliance contractors.

Pharmaceutical Needs Assessments do not cover prison pharmacy services, as found in HM Prison Leicester, Welford Road, nor hospital pharmacy services, as found in University Hospitals of Leicester NHS Trust.

6.1 Pharmacies do not serve a defined population

It is important to keep in mind, as this PNA considers the location of, and access to, community pharmacies, that pharmacies do not have a designated service area and customers, patients or the public are free to choose which pharmacy to use. This report considers provision of pharmaceutical services across Leicester city and within 1.5km of the City boundary. These pharmacies are an essential part of the picture of provision for people living in the wider urban area of Leicester who will routinely travel to pharmacies which, depending on where they live, are outside or within the city boundary, as is convenient to them.

This report considers variation in pharmacy provision across the six locality areas (Central, East, North, North West, South and West Leicester) based on the community pharmacies located within these localities and provides rates based on the populations.

[24] General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA
[25] Office for National Statistics, mid-year population estimates 2020
[26] Population estimates for England and Wales - Office for National Statistics

This PNA considers access and use of pharmacies on the basis that people will generally use a pharmacy near to their home, but it should be clear that there is no requirement on them to do so and similarly no power for NHS England, or any other commissioner, to direct the geographical location of existing pharmacies within Leicester (or anywhere else).

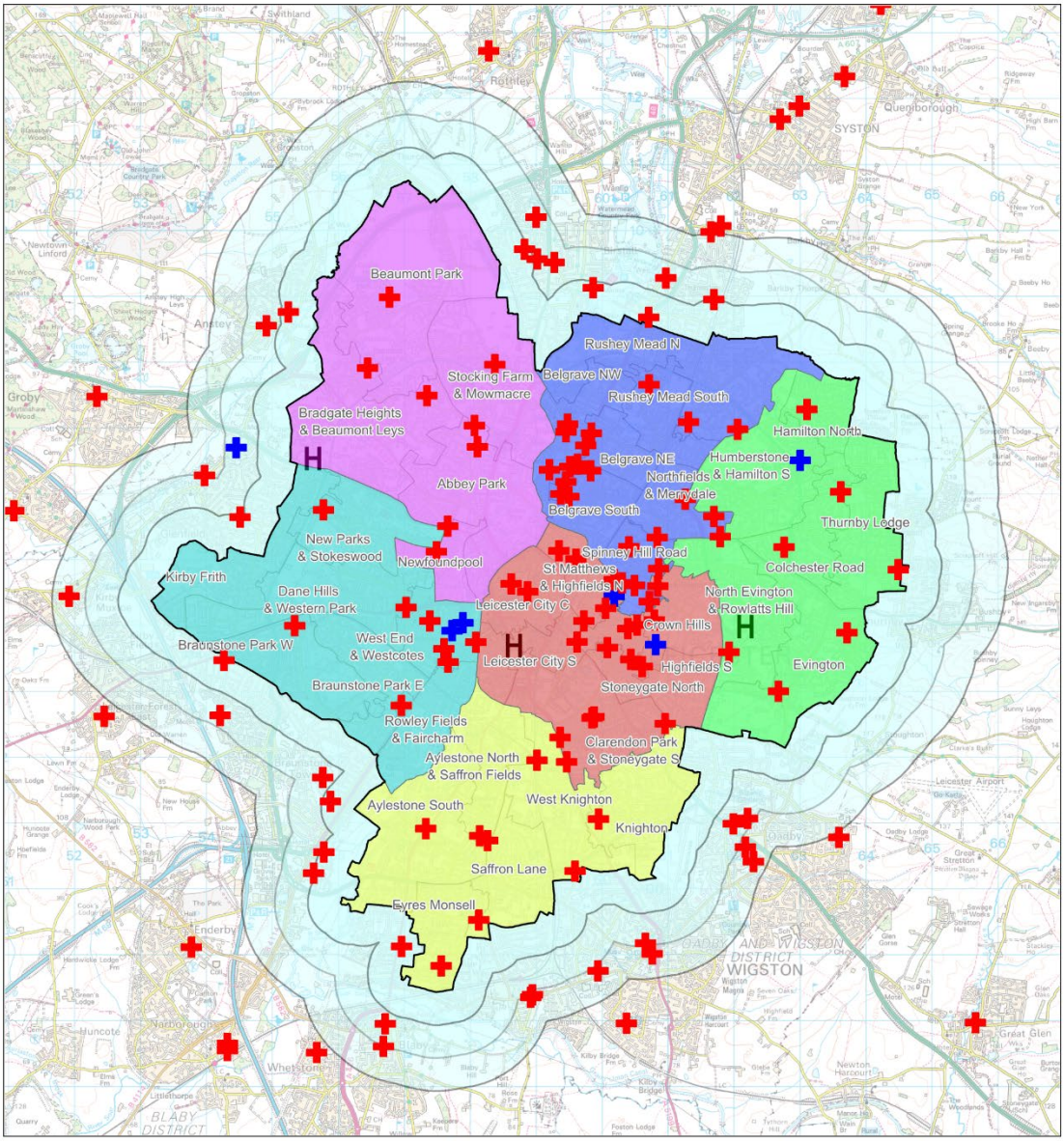
6.2 Location and access to pharmacies

6.2.1 Distribution of community pharmacies

Figure 12, below, shows that, in addition to the pharmacies located within the city boundary, there are 10 pharmacies within 0.5 km, a further 12 between 0.5 and 1km and 12 between 1km and 1.5km of the Leicester boundary. These pharmacies are an essential part of the picture of provision for people living in Leicester, particularly on the outskirts of the city who may travel to pharmacies outside of the city boundary.

Leicestershire County Council has pointed out that as Leicester borders with four of Leicestershire's districts (Blaby, Oadby and Wigston, Harborough and Charnwood), there are significant population flows between Leicestershire and Leicester City (e.g. for 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.

Figure 12: Pharmacies in and around Leicester City



Pharmacies in Leicester and surrounding areas by standard and extended (100 hours) opening hours 2024

Pharmacy opening hours
- Standard hours 78 pharmacies
- 100 hours 5 pharmacies and 1 within 1.5km of Leicester City boundary
- H University Hospitals of Leicester

HWB Areas
- Central
- East
- North
- North West
- South
- West

Leicester City boundary
- 0.5km boundaries

Public Health Team
Leicester City Council
Produced March 2025

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Data: NHS Business Services Authority Statistics

Table 11 below shows the location and types of pharmacies by locality area in Leicester.

The highest rates of pharmacies are found in the North and Central localities of the city. There is at least one 100-hour pharmacy located in three of the locality areas, the exceptions are the North, the North West and the South of the city. There are internet/distance selling pharmacies in the Central, North, North West and South locality areas of the city. It should also be noted that the rate in North West locality of 1.5 per 10,000 population and South locality 1.7 per 10,000 population are significantly lower than both the Leicester overall rate and the England rate.

Table 11: Pharmacy types, GP Practices and pharmacies per 10,000 population in Leicester by locality area, 2023/24

Locality	Total number of practices	100 hours pharmacies	Distance selling pharmacies	Rate per 10,000 population
Central	21	2	2	2.6
South	13	0	1	2.6
West	11	2	0	1.7
East	11	1	0	2.0
North	19	0	2	2.6
North West	8	0	1	1.5
Leicester City	83	5	6	2.2

Data: NHS Business Services Authority Statistics, ONS 2022 mid-year population estimates

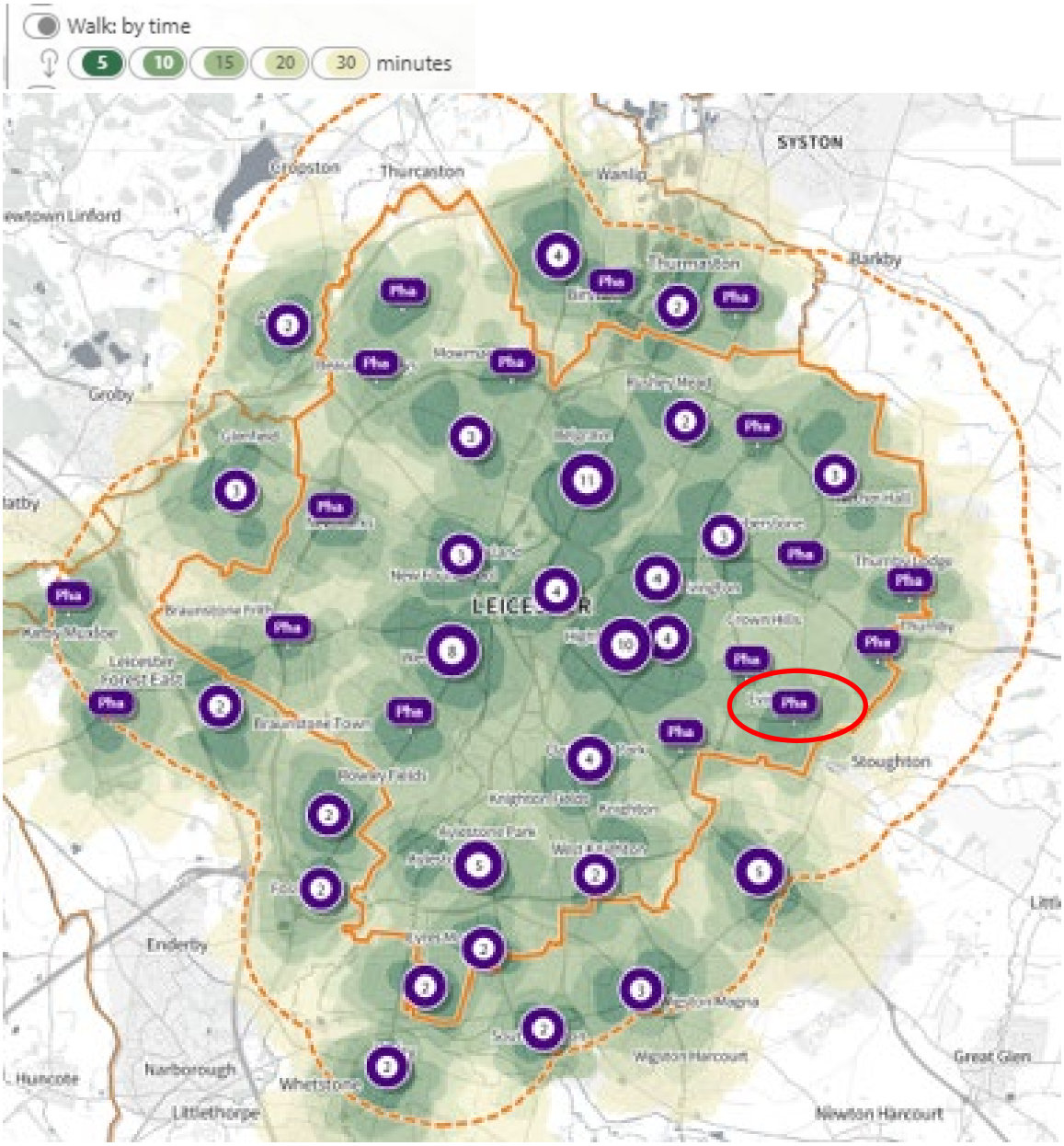
6.2.2 Walk-times to Pharmacies

The map below (figure 13) shows pharmacies accessible within 5-minute walking times.

All Leicester residents can walk to their nearest pharmacy within 20 minutes

- 98% of residents can walk to their nearest pharmacy within 15 minutes
- 87% of residents can walk to their nearest pharmacy within 10 minutes
- 57% of residents can walk to their nearest pharmacy within 5 minutes

Figure 13: Walk times to pharmacies in Leicester in September 2024



Source: Strategic Health Asset Planning and Evaluation tool: https://shapeatlas.net/

There are a few areas of Leicester indicated as being above a 15-minute walk-time from a pharmacy. These are in the West of the city in Braunstone, Western Park, to the North of New Parks and a couple of small enclaves around South Knighton.

Note: Since the time of writing a pharmacy in Evington has closed down (Autumn 2024) See red circle on map above for exact location. This closure will increase walking time to their nearest pharmacy for some residents to around 30 minutes.

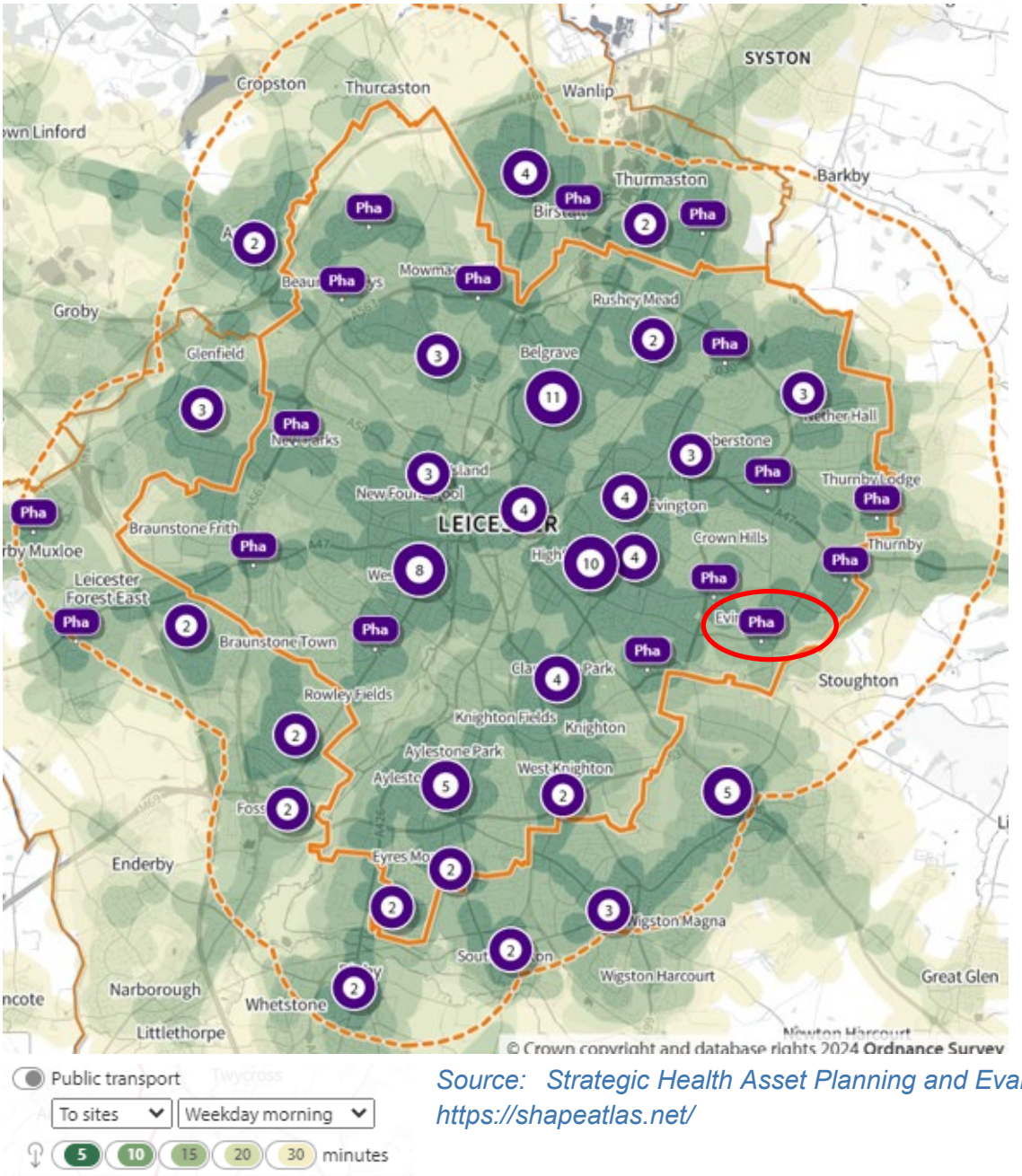
6.2.3 Public transport travel times to pharmacies

The following map (figure 14) shows travel times by public transport to pharmacies, based on travel times on a weekday morning. Based on this map, the proportion of Leicester residents able to reach their nearest pharmacy by public transport:

- all residents can reach a pharmacy within 15 minutes
- 98% of residents can reach a pharmacy within 10 minutes
- 73% can reach a pharmacy within 5 minutes

Note the recent closure of the pharmacy in Evington doesn't significantly increase residents' ability to reach a pharmacy on public transport.

Figure 14: Public transport travel times to pharmacies in Leicester in September 2024



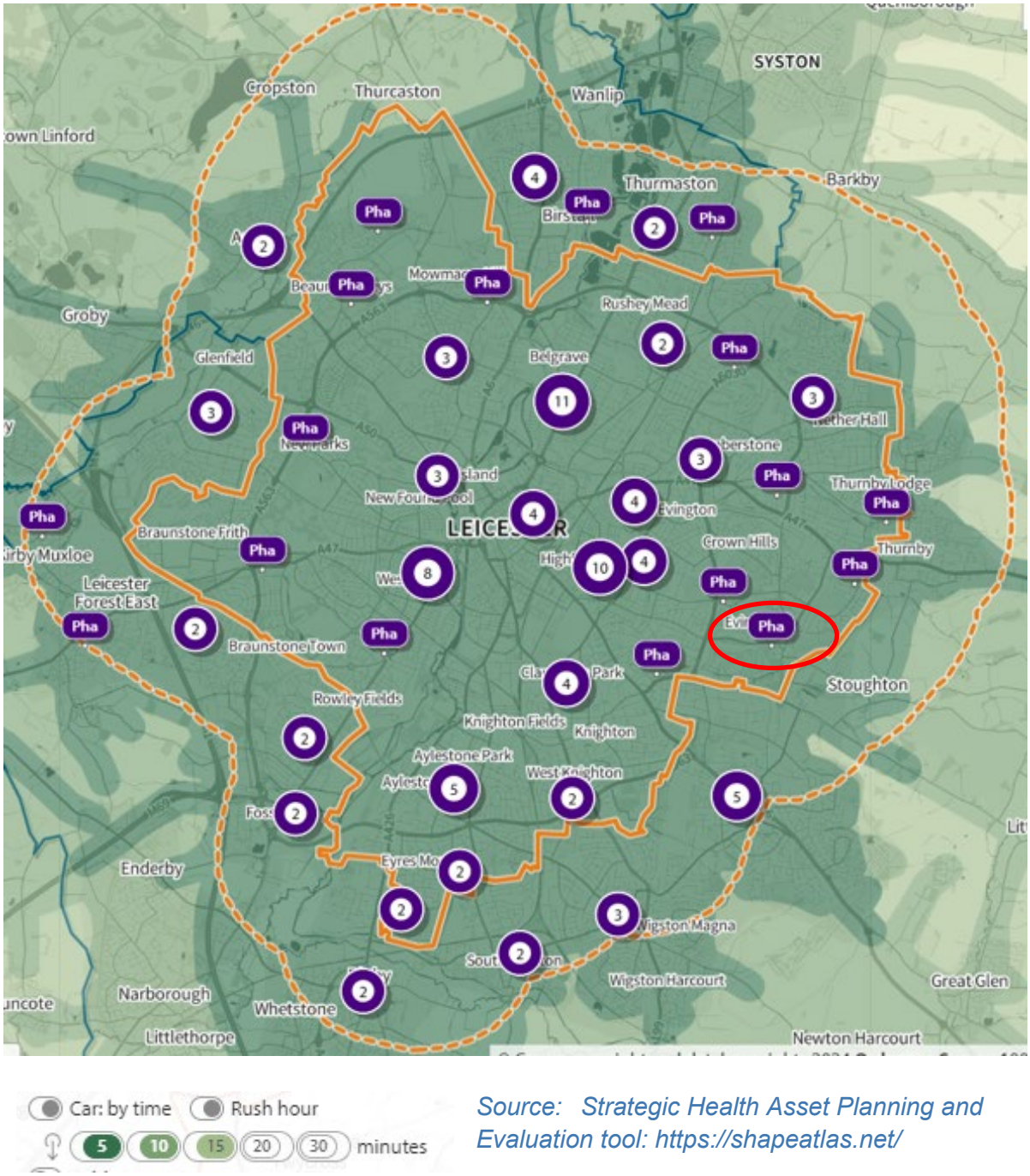
Source: Strategic Health Asset Planning and Evaluation tool: https://shapeatlas.net/

6.2.4 Drive times to Pharmacies

Figure 15 shows that all of Leicester's population can drive to their nearest pharmacy within 5 minutes.

However, it should be noted that the percentage of the Leicester population who do not own a car is significantly higher than the average for England (33% v 24%: Census 2021) and there is considerable variation across the city.

Figure 15: Drive times to pharmacies in Leicester in September 2024



Source: Strategic Health Asset Planning and Evaluation tool: https://shapeatlas.net/

Note: the recent closure of the pharmacy in Evington doesn't significantly increase residents' ability to drive to a pharmacy nearby.

6.3 Pharmacy opening times

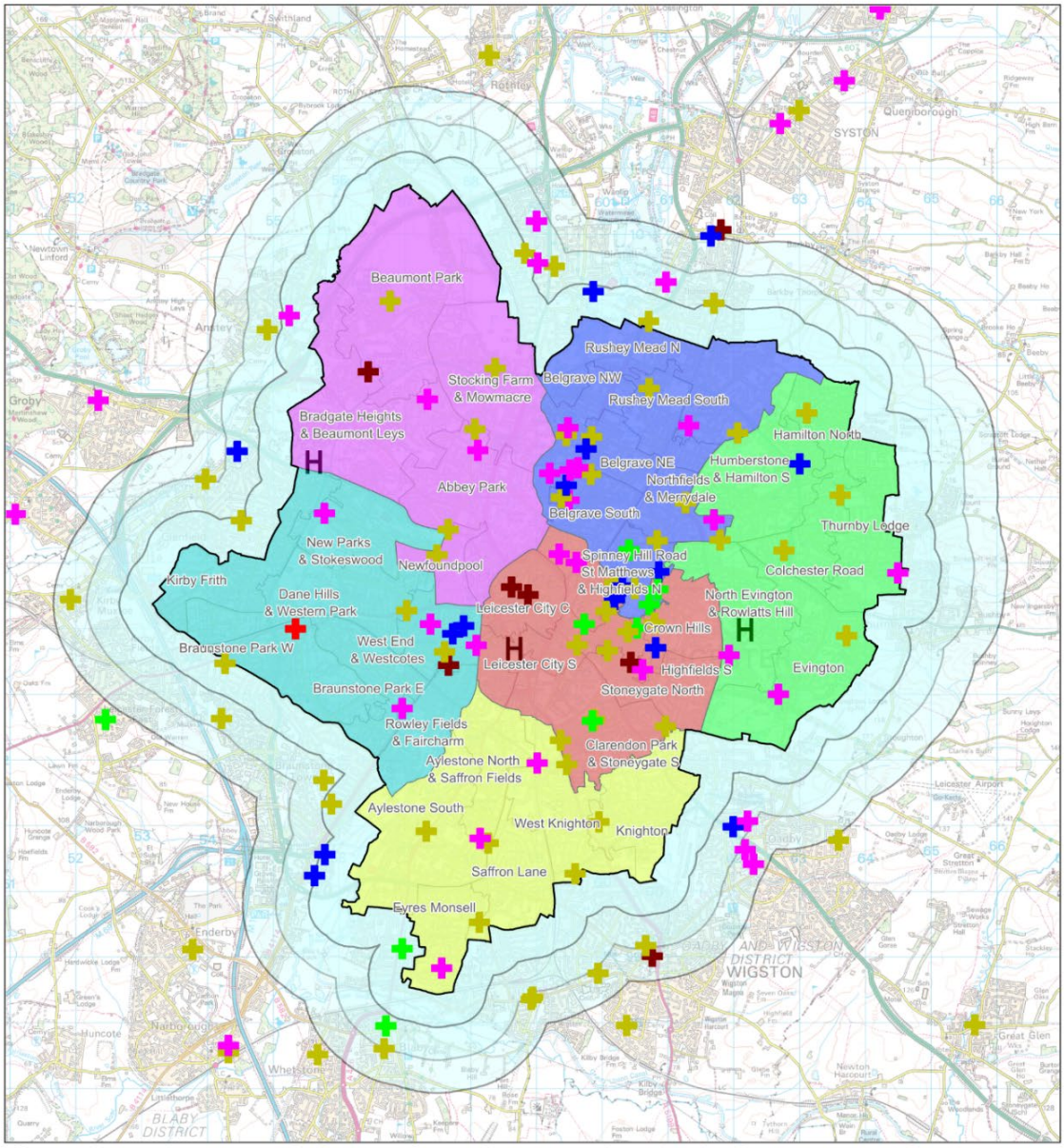
All pharmacies are required to open for 40 hours per week and these are referred to as core opening hours. Pharmacies can choose to open for longer than 40 hours per week and these additional hours are referred to as supplementary opening hours. Since August 2012, some pharmacy contractors have applied to open with a different number of core opening hours in order to meet a need, provide improvements or better access.

Some contractors applied to open as 100-hour pharmacies, which means they open for 100 core hours per week, 52 weeks of the year (with the exception of bank or public holidays).

The map below (figure 16) shows pharmacies in Leicester and surrounding areas, categorised by the number of days pharmacies are open and by standard or extended hours.

Note: Pharmacies have been categorised as open 'late' where they open after 18:30 on weekdays

Figure 16: Pharmacies in Leicester and surrounding area by opening hours



Data: NHS Business Services Authority Statistics, GP Practice data

As shown in table 12 below:

- North west locality has the least number of pharmacies and the lowest number of opening hours per week.
- The Central and North locality areas have the highest number of pharmacies and highest total weekly open-hours (over 900 open hours per week each).
- Across the city 18% (15) of pharmacies are open 7 days a week (including standard and late opening hours).
- 70% (58) of pharmacies are open weekdays and at least some time on Saturday (weekdays and sat and weekdays and sat am).
- All locality areas have at least three pharmacies open Saturday morning.
- Services are more restricted on Sundays.
- 30% (25) of pharmacies are open only on weekdays.

Table 12: Pharmacy opening days by locality area, 2023/24

Locality area	Weekdays after 18:30, Sat, Sun	Weekdays std hours, Sat, Sun	Weekdays std hours and Sat	Weekdays after 18:30 and Sat	Weekdays after 18:30	Weekdays std hours	Leicester City total	Leicester distance selling	Weekly hours open	Population	Rate per 10,000 population
Central	3	3	8	4	0	3	21	2	1094	79,610	2.6
East	2	0	5	1	0	3	11	0	563	56,126	2.0
North	2	0	9	1	0	7	19	2	949	71,965	2.6
North West	0	1	5	0	0	2	8	1	381	51,926	1.5
South	1	0	7	0	0	5	13	1	574	50,201	2.6
West	2	1	3	0	1	4	11	0	611	63,571	1.7
Leicester City Total	**10**	**5**	**37**	**6**	**1**	**24**	**83**	**6**	**4171**	**373,399**	**2.2**

Distance from Leicester City boundary	Weekdays after 18:30, Sat, Sun	Weekdays std hours, Sat, Sun	Weekdays std hours and Sat	Weekdays after 18:30 and Sat	Weekdays after 18:30	Weekdays std hours	Total within 1.5km of Leicester boundary
0.0 - 0.5km	2	0	6	1	0	1	10
0.5 - 1.0km	3	0	6	1	0	4	14
1.0 - 1.5km	0	2	5	0	0	2	9
Total within 1.5km of Leicester boundary	**5**	**2**	**17**	**2**	**0**	**7**	**33**

Data: NHS Business Services Authority Statistics, ONS 2022 mid-year population estimates

Note: The closure of the pharmacy in Evington reduces the number of weekly hours open to 523 as the pharmacy was a 40-hour pharmacy open weekdays and reduces the rate of pharmacies to 1.8 per 10,000 population.

The opening hours of individual pharmacies by locality areas are given in Appendix 1.

6.4 Accessibility of services

Within the pharmacy questionnaire, pharmacies were asked which facilities they have to help people access services. The results showed that just over a quarter (29%) of pharmacies have wheelchair ramp access, with 59% having large print labels/leaflets, 47% having dementia-friendly space and 18% having automatic door assistance. Other accessibility facilities were also provided across the 17 pharmacies which responded, such as a disabled toilet facility (18%) and bell at the front door (35%).

6.5 Conclusions

This section has described the types and locations of community pharmacies in Leicester. It should be noted that this PNA does not include pharmacy services not open to the general public, that is prison and hospital pharmacy services.

Overall, there is good provision of pharmacies in Leicester City. Leicester has 83 community pharmacies (as of 31st March 2024) - a rate of 2.2 community pharmacies per 10,000 population which is higher than the average for England, 2.1 pharmacies per 10,000 population.[27],[28] However, we have identified that there are some fewer pharmacies within North West and West localities in terms on number of pharmacies per 10,000 population and in terms of opening hours per week. Whilst there are pharmacies in the neighbouring localities (North and Central) and just across the border into Leicestershire, these may incur longer travel times.

It should also be noted that the closure of a pharmacy located in East locality (Evington) may have an impact on provision going forward. The services that were provided by the pharmacy in Evington have been addressed in the relevant services sections.

Community pharmacies do not serve defined populations or geographical areas. This PNA considers access and use of pharmacies on the basis that people will generally use a pharmacy near to their home, GP surgery or workplace.

Generally, almost everyone in Leicester is able to access a pharmacy by walking, public transport or private car within what can be considered a reasonable time. A distance within 1km or 20 minutes walk-time, 15-minute public transport journey or 5-minute drive are considered to be reasonable access times and distances to a community pharmacy. Some residents in the West of the city in Braunstone, Western Park, to the north of New Parks and a couple of small enclaves round South Knighton have walk-times over 15 minutes.

It is evident that there is clustering of pharmacy locations not necessarily related to underlying health need but rather to historical and commercial decisions made over a number of years, or decades. More pharmacies are concentrated in the North central and east central areas of the city with fewer in the West and outer areas of the city.

All pharmacies in the city are open for at least 40 hours and 5 are open for 100 hours. A number of pharmacies open for longer than their contracted hours.

[27] NHS Business Service Authority. General Pharmaceutical Services in England: General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA

[28] ONS mid-year 2023 population estimates

There are ten pharmacies within 0.5 km, a further 14 between 0.5 and 1km and nine between 1km and 1.5km of the Leicester boundary. These pharmacies are an essential part of the picture of provision for people living in Leicester, particularly toward the outskirts of the city.

Further details of the services provided by community pharmacies and their delivery are considered in the next chapter.

7. Current Pharmacy Service Provision

This section provides information regarding the delivery of essential, advanced and locally commissioned services by pharmacies in Leicester. All pharmacies provide essential services, most provide advanced services and pharmacies can choose which, if any, locally commissioned services they wish to offer.

7.1 Essential Services

Essential services are described in section 4.1.1 and constitute the following:

- Dispensing and repeat dispensing of medicines
- Dispensing appliances
- Repeat dispensing
- Clinical governance
- Promotion of healthy lifestyles (Public Health)
- Discharge medicines service
- Disposal of unwanted medicines
- Signposting
- Support for self-care
- Healthy Living Pharmacies (2021)

7.1.1. Dispensing and repeat dispensing

During 2023/24 the total prescribing costs for Leicester City ICB were over £61,650,000 (see table 13 below). The top three causes for prescriptions were the endocrine system, central nervous system disorders, and cardiovascular diseases. These accounted for more than half of the total cost of prescriptions. Prescribed items are associated with the GP practice of the patient rather than the patient's residence, so it is not possible to show the data by area of residence.

Table 13: Prescription items and associated costs, Leicester City ICB, 2023/24

Description	Total items	Total costs
Endocrine System	1,044,888	14,441,007
Central Nervous System	1,282,886	8,649,769
Cardiovascular System	2,225,087	8,455,665
Respiratory System	451,284	5,973,103
Nutrition and Blood	419,607	5,948,782
Appliances	353,329	3,997,182
Gastro-Intestinal System	644,609	3,659,462
Stoma Appliances	38,756	2,107,634
Skin	191,069	1,791,580
Infections	198,426	1,075,034
Obstetrics, Gynaecology and Urinary-Tract Disorders	150,971	1,037,057
Eye	100,259	979,742
Musculoskeletal and Joint Diseases	191,161	668,672
Immunological Products and Vaccines	53,888	652,243
Malignant Disease and Immunosuppression	20,390	620,031
Dressings	17,048	608,670
Ear, Nose and Oropharynx	65,198	416,835
Incontinence Appliances	12,302	287,698
Anaesthesia	11,491	248,959
Other Drugs and Preparations	4,332	39,757
Total	**7,476,981**	**61,658,883**

Data: OpenPrescribing.net

7.2 Advanced Services

Community pharmacies can choose to provide a range of advanced services as long as they meet the requirements set out in the Secretary of State Directions.

There are 8 advanced services:[29]

- Appliance Use Review (AUR)
- Community Pharmacist Consultation Service, extended to include Pharmacy First Service
- Flu Vaccination Service
- Hypertension Case-Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service (Commissioned as an advanced service from 10th March 2022)
- Pharmacy Contraception Service (PCS)

[29] Advanced Services : PSNC Main site

Where available, data on the provision of these advanced services in Leicester has been provided in the sections below.

Table 14: Advanced Service Provision in Leicester Pharmacies – Number of pharmacies providing each advanced service, as at March 2024

Locality	Number of pharmacies	New medicine Service (NMS) activity	Appliance Use Reviews (AUR) activity	Stoma Customisation (SAC) activity	Community Pharmacy Consultation Service (CPCS) activity	Pharmacy Contraception Service (PCS)	Seasonal Influenza Vaccination activity	Hypertension case finding service	Smoking cessation
Central	21	20	0	1	20	6	17	15	0
East	11	11	0	0	9	4	10	11	0
North	19	18	0	0	16	4	17	13	1
North West	8	7	0	0	6	2	6	7	0
South	13	13	0	1	11	8	12	10	0
West	11	11	0	1	9	5	10	9	1
Leicester City	83	80	0	3	71	29	72	65	2
Distance from Leicester boundary	**Number of pharmacies**	**New medicine Service (NMS) activity**	**Appliance Use Reviews (AUR) activity**	**Stoma Customisation (SAC) activity**	**Community Pharmacy Consultation Service (CPCS) activity**	**Pharmacy Contraception Service (PCS)**	**Seasonal Influenza Vaccination activity**	**Hypertension case finding service**	**Smoking cessation**
0km to 0.5km	10	10	0	0	9	3	6	9	0
0.5km to 1.0km	14	14	0	0	12	5	11	12	2
1.0km to 1.5km	9	8	0	0	7	2	8	9	0
Within 1.5km of Leicester	33	32	0	0	28	10	25	30	2

Source: NHS Business Services Authority 2024

7.2.1 New Medicines Service

The New Medicines Service (NMS) is available for people with the conditions below who have been newly prescribed a listed medicine:

- Asthma and COPD
- Diabetes (Type 2)
- Antiplatelet / anticoagulant therapy
- Hypertension
- High cholesterol
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence or retention
- Heart failure, coronary heart disease, atrial fibrillation or heart attack
- Stroke or transient ischaemic attack (TIA)

Pharmacists can intervene and provide support and advice to patients managing a long-term condition, making sure patients understand how the medication should be taken, thus improving their self-management of the condition.

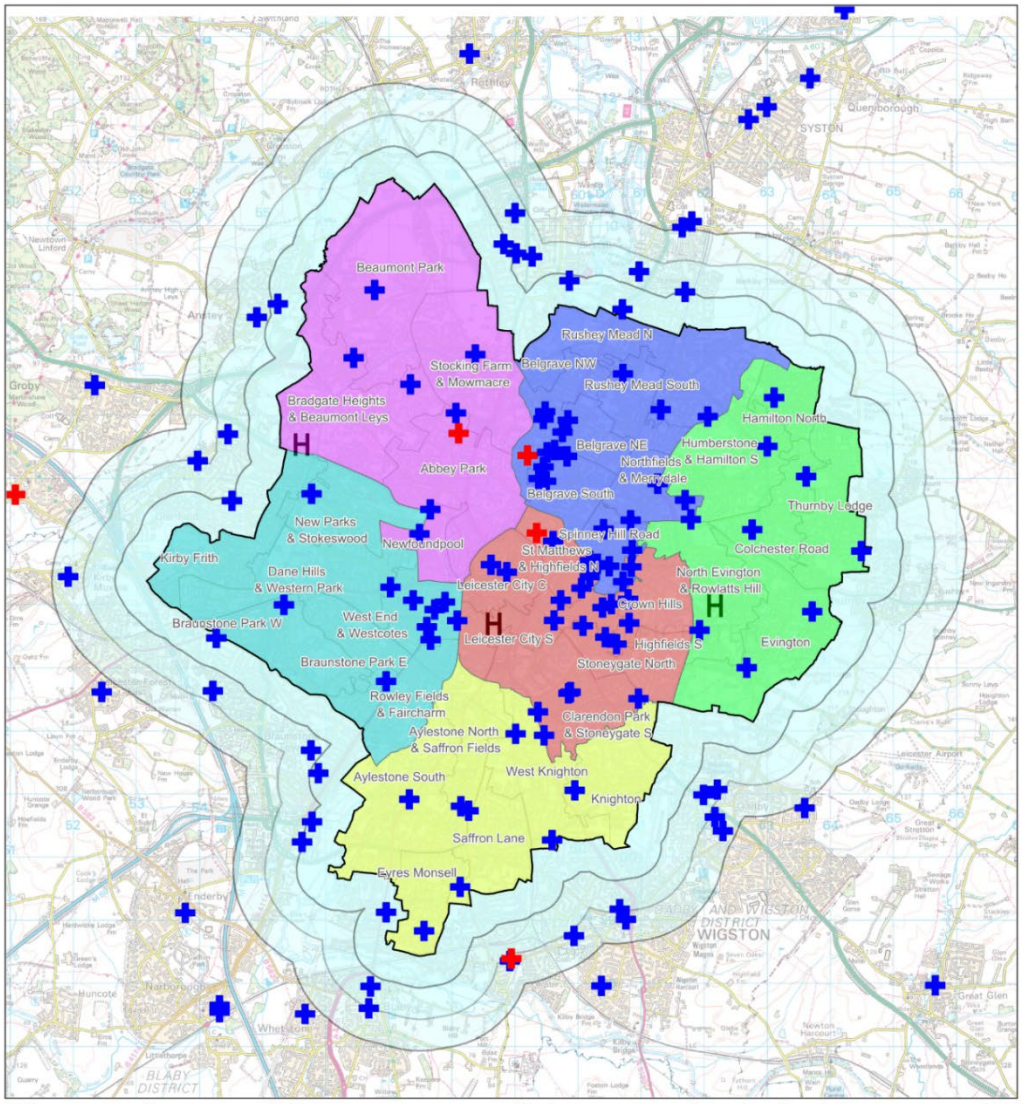
Over 37,000 NMS reviews were carried out by 80 pharmacies during 2023/24. This

represents 99 NMS per 1,000 population, with the lowest rate in the East of the city and the highest rate in the North areas of the city (see figure 17).

The number of NMS reviews carried out by any accredited pharmacy in Leicester ranged from 12 to 2,372 in 2023/24, with most pharmacies carrying out over 100 reviews.

A total of 90 reviews were carried out by the now closed pharmacy in Evington. This service is also offered in neighbouring pharmacies within the locality.

Figure 17: Pharmacies providing New Medicines Services 2023/24



Data: NHS Business Services Authority Statistics

7.2.2 Stoma Appliance Customisation

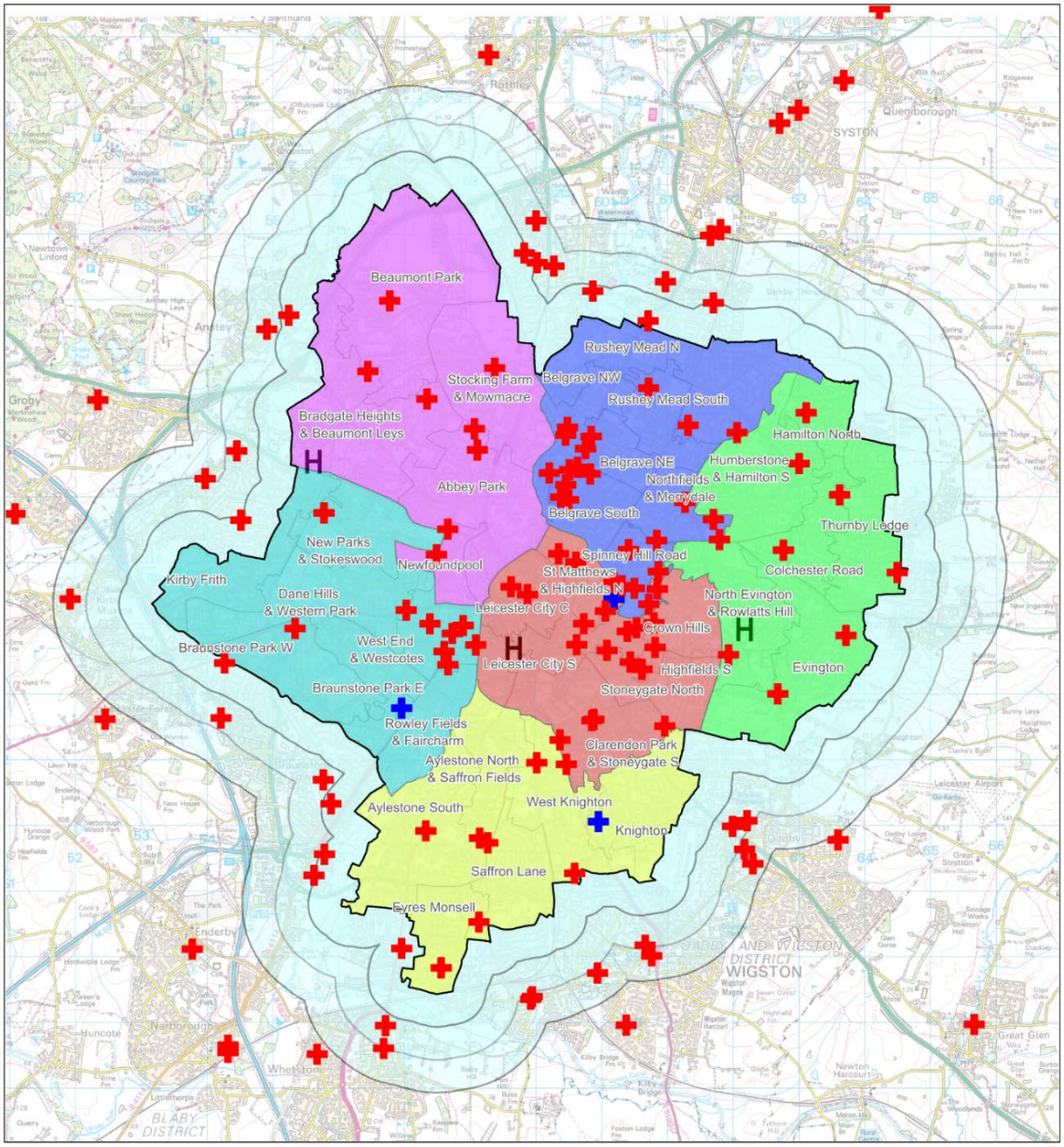
This service ensures comfortable fitting of the stoma appliance (based on the patient's measurements or a template) and proper use of the appliance to improve patient comfort, the duration of usage and level of waste.

As shown in figure 18, Stoma Appliance Customisation (SAC) was provided at 3 out of 83 (3.6%) pharmacies in Leicester in 2023/24. The percentage of pharmacies providing SAC in Leicester in 2023/24 is lower than the national average of 4.1% of community pharmacies and appliance contractors providing SAC services in 2023/24[30]. The SAC service usually involves delivery to the patient's home and is also available from other providers.

Note: The now closed pharmacy in Evington did not provide any SAC in 2023/24 so the closure won't further impact local residents who require this service.

[30] General Pharmaceutical Services Report, England 2015/16 to 2023/24: General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA

Figure 18: Pharmacies providing Stoma Appliance Customisation 2023/24



Data: NHS Business Services Authority Statistics

7.2.3 Appliance Use Reviews

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance'.

The service allows 1 AUR per 1,000 prescriptions. There was no AUR activity reported for pharmacies in Leicester in 2023/24, with no recorded activity for this service in Leicester since 2018/19. Nationally, 0.04% of community pharmacies and appliance contractors provided AUR services in 2023/24[31].

7.2.4 Community Pharmacist Consultation Service

The Community Pharmacist Consultation Service (CPCS) launched on 29th October 2019 as an advanced service. This service replaced the NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilots and connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. Since 1st November 2020 general practices, NHS 111, Integrated Urgent Care Clinical Assessment Services and in some cases the 999 service have been able to refer patients for a minor illness consultation via CPCS.[32] The aim is that the CPCS will relieve pressure on the wider NHS by connecting patients with community pharmacy. This service has now been added to with Pharmacy first Service providing care for 7 common minor conditions (see section 7.2.5 below).

As shown in table 15, in 2023/24 over 17,500 community pharmacist consultations were provided through 71 pharmacies in Leicester, a rate of 1.9 pharmacies providing consultations per 10,000 population. 86% of pharmacies in Leicester were providing the community pharmacist consultation service in 2023/24. Leicester witnessed an increase in the number of consultations provided in 2021/22 to 2023/24 (the date of the previous PNA) with 6,780 and over 17,500 consultations provided across the city respectively.

Central Leicester had the highest rate of pharmacies providing the community pharmacist consultation service per 10,000 population in 2023/24 with a rate of 2.5 per 10,000 population, whilst West Leicester had the lowest rate (1.4 per 10,000 population) (see figure 19).

[31] General Pharmaceutical Services in England, 2015/16 to 2023/24 General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA

[32] Pharmaceutical Services Negotiating Committee, Community Pharmacist Consultation Service (CPCS) Community Pharmacist Consultation Service (CPCS) : PSNC Main site

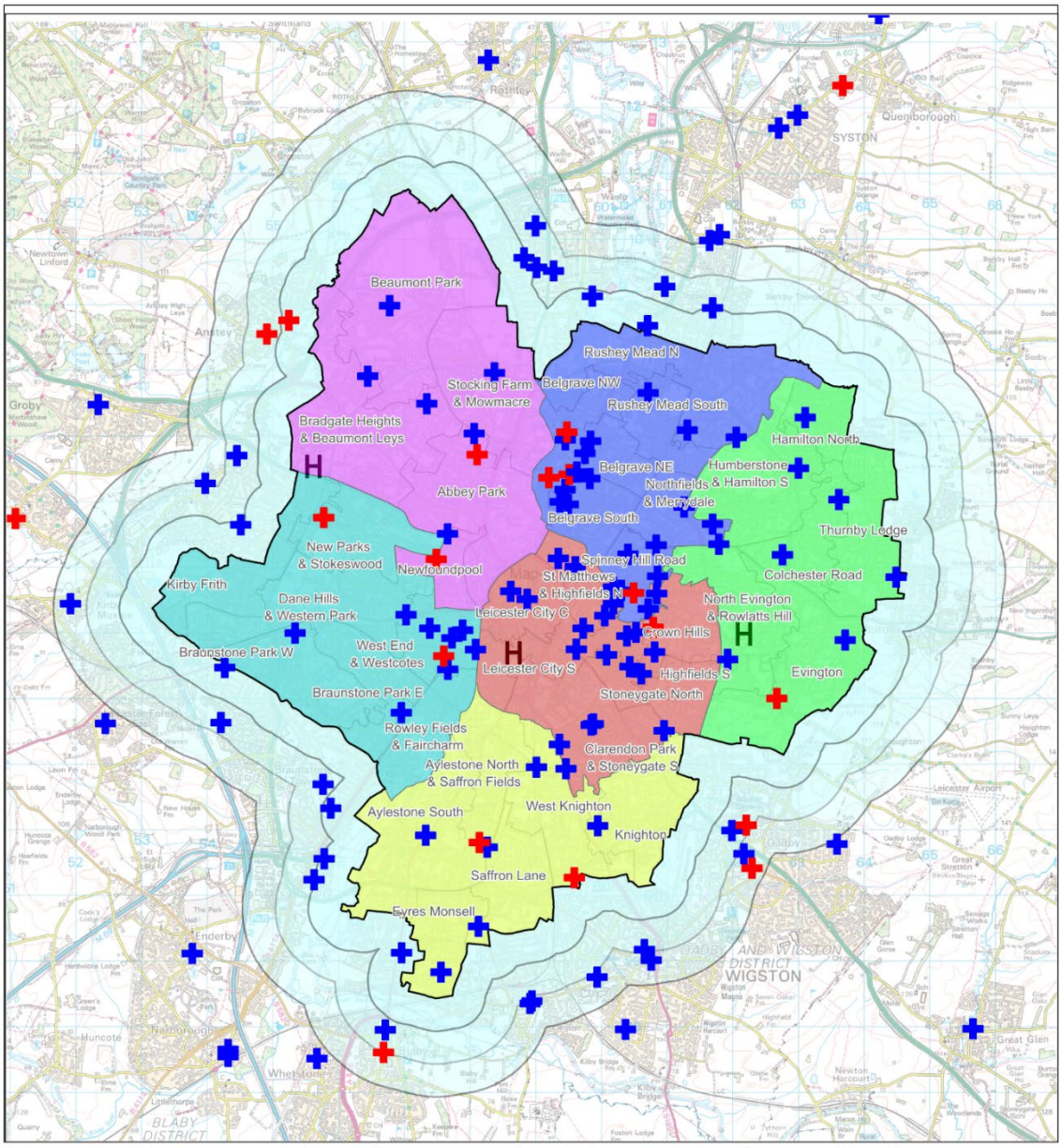
Table 15: Provision of CPCS in Leicester pharmacies, 2023/24

Locality	Number of pharmacies providing CPCS	Number of consultations provided	Population MYE 2022	Pharmacies providing CPCS per 10,000 population
Central	20	3,139	79,610	2.5
East	9	2,197	56,126	1.6
North	16	4,251	71,965	2.2
North West	6	1,094	51,926	1.2
South	11	3,468	50,201	2.2
West	9	3,367	63,571	1.4
Leicester City	71	17,516	373,399	1.9
Distance from Leicester boundary	Number of pharmacies	Number of consultations provided		
0km to 0.5km	9	4,357		
0.5km to 1.0km	12	5,587		
1.0km to 1.5km	7	3,375		
Within 1.5km of Leicester	28	13,319		

Data: NHS Business Services Authority Statistics

Note: The now closed pharmacy in Evington did not provide any CPCS consultations in 2023/24 so the closure won't further impact local residents who require this service.

Figure 19: Pharmacies providing Community Pharmacist Consultation Services 2023/24



Data: NHS Business Services Authority Statistics

7.2.5 Pharmacy First

The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply.

The new Pharmacy First service, which launched on 31 January 2024, adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways[33].

In May 2023, NHS England and the Department of Health and Social Care announced a Delivery plan for recovering access to primary care. Part of the plan includes enabling patients to get certain prescription medications directly from a pharmacy, without a GP appointment.

This new service is expected to free up GP appointments for patients who need them most and will give people quicker and more convenient access to safe and high-quality healthcare. It includes the supply of appropriate medicines for 7 common conditions aiming to address health issues before they get worse. The 7 conditions are shown in table 16.

Table 16: Conditions included within Pharmacy first

Clinical pathway	Age range for eligibility
Acute otitis media*	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

Currently, NHS patients in England must visit their GP to access prescription only medication, meaning repeated GP visits and delays in treatment. Community pharmacies offer a more convenient way to access healthcare that includes support with healthy eating, exercise, stopping smoking, monitoring your blood pressure, contraception, flu and covid vaccinations.

Table 17 below shows the number of consultations for the 7 conditions in all Leicester City pharmacies for 2024 by month. Numbers of consultations have generally increased since over the year from around 1,500 in the first few months to 2,500 per month in the autumn months.

[33] NHS England » Pharmacy First

Table 17: Pharmacy first consultations by condition in Leicester in 2024

Condition	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Consultations - AcuteOtitisMedia	0	229	192	178	215	149	187	136	135	296	324	351	2392
Consultations - AcuteSoreThroat	0	655	686	657	781	560	581	451	616	1030	1040	1131	8188
Consultations - Impetigo	0	57	46	40	45	42	34	48	50	80	85	67	594
Consultations - InfectedInsectBites	0	60	51	43	159	208	301	403	213	161	62	36	1697
Consultations - Shingles	0	33	28	29	42	34	25	36	26	28	35	24	340
Consultations - Sinusitis	0	146	132	157	130	107	115	112	116	225	227	293	1760
Consultations - UncomplicatedUTI	0	417	387	422	510	403	497	537	558	657	592	620	5600
Total conditions	**0**	**1597**	**1522**	**1526**	**1882**	**1503**	**1740**	**1723**	**1714**	**2477**	**2365**	**2522**	**20571**

Data: NHS Business Services Authority Statistics, March 2025

As well as consultations for 7 conditions, pharmacy first also provides consultations for urgent medicine and first minor illness referrals. Table 18 below shows this breakdown by month for 2024.

Table 18: Pharmacy First Consultations, January-December 2024

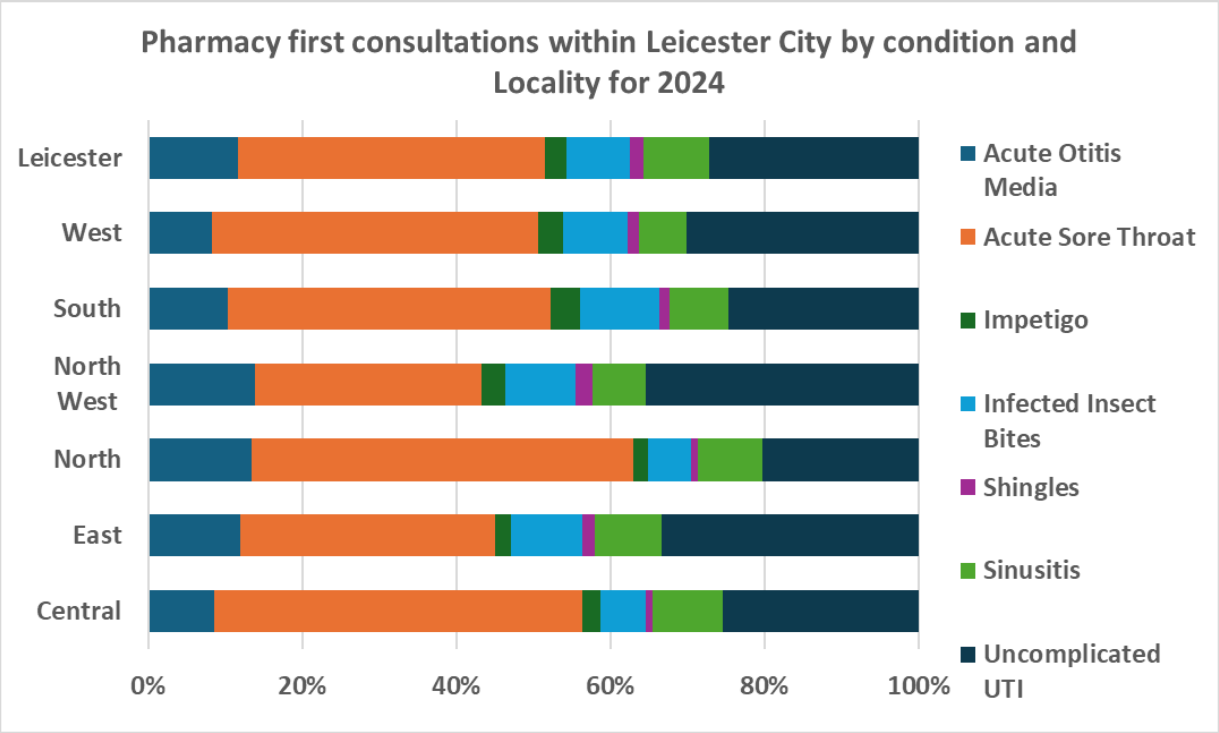
Consultation type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Consultations - Urgent Medicine Supply	0	778	844	807	988	813	854	1052	956	950	1021	1065	10128
Consultations - First Minor Illness Referral	0	2880	2528	2498	2541	2710	2193	1629	1575	2392	2820	2387	26153
Total medicine and first referral	**0**	**3658**	**3372**	**3305**	**3529**	**3523**	**3047**	**2681**	**2531**	**3342**	**3841**	**3452**	**36281**

Data: NHS Business Services Authority Statistics, March 2025

Figure 20 below shows the number of consultations for the 7 conditions in Leicester City pharmacies by condition and locality 2024. In most localities the condition accounting for the most consultations is acute sore throat. The exceptions being East locality which has an equal amount for acute sore throat and uncomplicated UTI and North West locality which has a higher proportion of uncomplicated UTI.

Note: The now closed pharmacy in Evington provided only 7 consultations in 2023/24. It is expected that the service will increase in the coming months, so some residents in Evington will have further to travel to benefit from the pharmacy first service.

Figure 20: Pharmacy first consultations in Leicester, by conditions and locality, 2024



Data: NHS Business Services Authority Statistics, March 2025

Table 19 below shows the number of consultations for the 7 conditions in pharmacies within 1.5km of Leicester City boundaries 2024.

Table 19: Number of Pharmacy first consultations at pharmacies within 1.5km of Leicester City boundaries by condition, 2024

Condition	0.0 - 0.5km	0.5 - 1.0km	1.0 - 1.5km	Total within 1.5km
Acute Otitis Media	238	551	232	1021
Acute Sore Throat	747	1391	536	2674
Impetigo	57	139	65	261
Infected Insect Bites	188	321	244	753
Shingles	46	88	48	182
Sinusitis	209	351	212	772
Uncomplicated UTI	522	1264	496	2282
All conditions	**2007**	**4105**	**1833**	**7945**

Data: NHS Business Services Authority Statistics March 2025

From 31st March 2025, all pharmacy owners providing Pharmacy First, will also have to provide the Pharmacy Contraception Service and Hypertension Case-finding Service to continue to receive the monthly fixed payments for those pharmacies meeting the minimum activity thresholds for Pharmacy First.

As of January 2025, all but 5 pharmacies in Leicester are providing the Pharmacy First Service.

7.2.6 Flu vaccination Service

The flu vaccination service runs each year alongside the GP service, aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

In 2023/24, over 21,700 flu vaccinations were provided through 72 pharmacies in Leicester, a rate of 1.9 pharmacies providing flu vaccinations per 10,000 population aged 18+ (see table 20). This has decreased compared to the 2021/22 data included in the previous version of this document where Leicester City had a rate of 2.6 pharmacies providing flu vaccination services per 10,000 population aged 18+. 86.7% of pharmacies in Leicester were providing flu vaccinations in 2023/24 compared to 76.4% of community pharmacies nationally.

Pharmacies in the North locality (2.4 per 10,000 population aged 18+) and South locality (2.4) of Leicester have the highest rates of pharmacies providing flu vaccinations per 10,000 population 18+, with North West locality (1.2) having the lowest rate (see table 20 and figure 21).

Table 20: Provision of flu vaccinations in Leicester pharmacies, September 2023 – March 2024

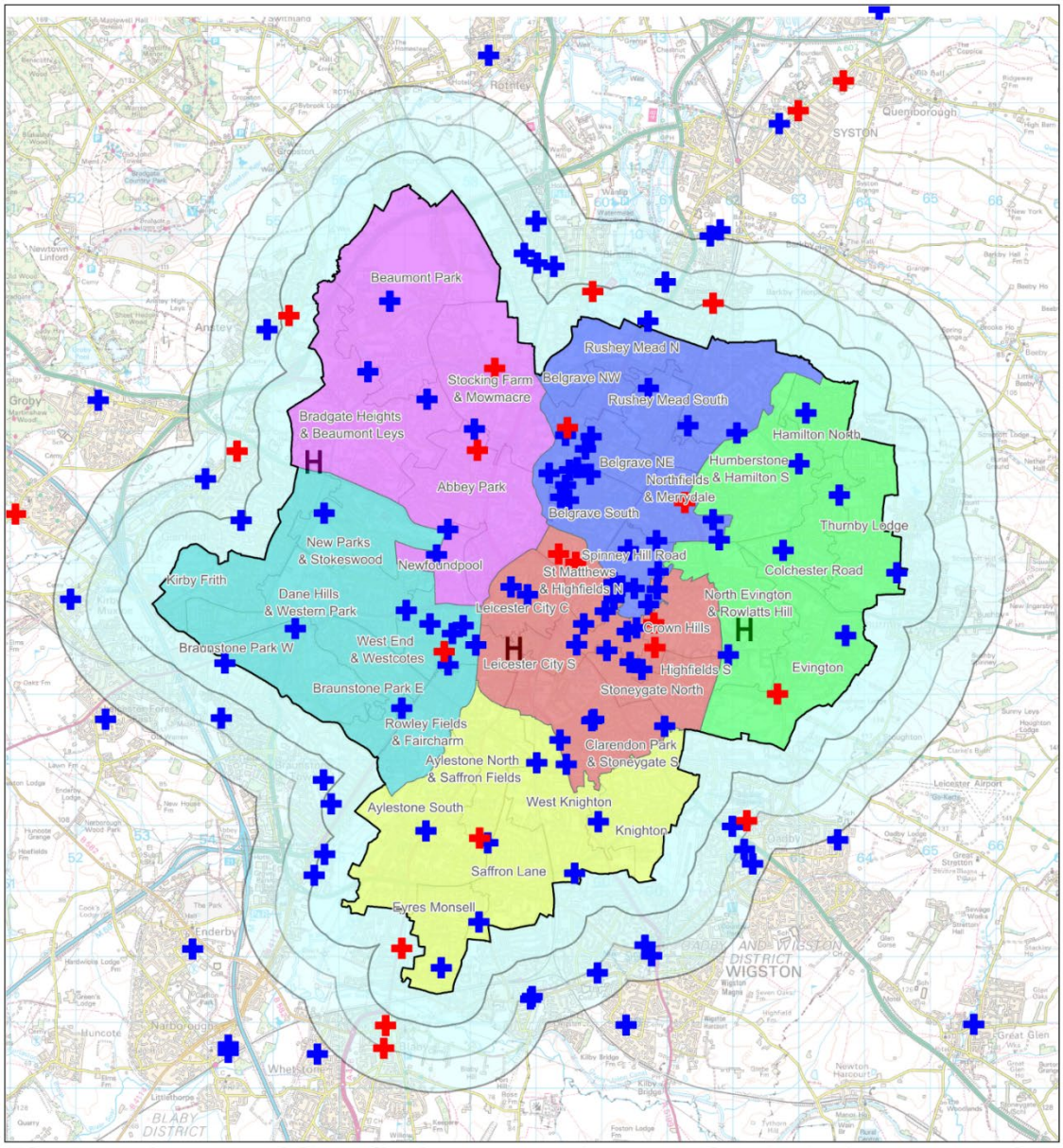
Locality	Number of pharmacies providing flu vaccince	Number of consultations provided	Population MYE 2022	Pharmacies providing flu vaccine per 10,000 population
Central	17	4,015	79,610	2.1
East	10	3,280	56,126	1.8
North	17	6,060	71,965	2.4
North West	6	1,791	51,926	1.2
South	12	5,020	50,201	2.4
West	10	1,593	63,571	1.6
Leicester City	72	21,759	373,399	1.9
Distance from Leicester boundary	Number of pharmacies	Number of consultations provided		
0km to 0.5km	6	1,545		
0.5km to 1.0km	11	4,935		
1.0km to 1.5km	8	3,888		
Within 1.5km of Leicester	25	10,368		

**Note: Submissions are accepted from contractors up to six months after the dispensing month and accredited to the dispensing month. Therefore, historical data on this report may well change.*

Data: NHS Business Services Authority 2024, ONS mid-2022 population estimates

Note: The now closed pharmacy in Evington did not provide any flu vaccinations in 2023/24 so the closure won't further impact local residents who require this service.

Figure 21: Pharmacies accredited for flu vaccinations in Leicester, 2023/24



Pharmacies providing flu immunsation service in Leicester and surrounding areas 2024

Data: NHS Business Services Authority 2024, ONS mid-2020 population estimates

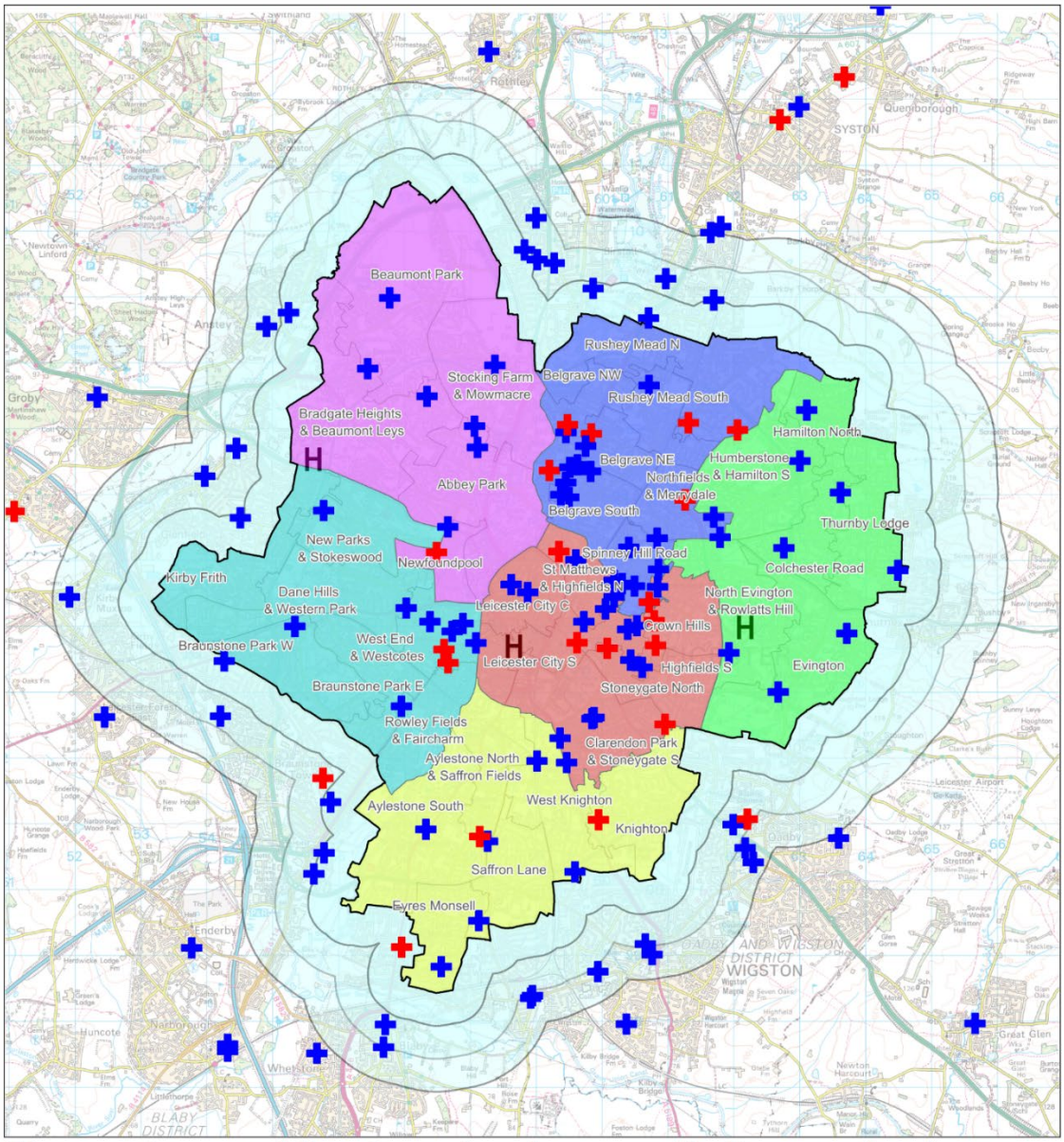
7.2.7 Hypertension Case-Finding Service

The Hypertension Case-Finding Service, also known as the NHS Blood Pressure Check Service, was commissioned as an advanced service from 1st October 2021. The service aims to identify people with high blood pressure aged 40 years or older (who have not previously had a diagnosis of hypertension) and refer them to general practice to confirm the diagnosis and for appropriate management of the condition. At the request of a general practice the service undertakes ad hoc clinic and ambulatory blood pressure measurements.

As shown in figure 22, 65 pharmacies (78%) in Leicester were providing activity for Hypertension Case-Finding Service as of March 2024. There were more pharmacies providing this service in the Central and North locality areas of the city, with 15 and 13 pharmacies providing this service in these areas respectively. The other four locality areas in Leicester each had between 7-11 pharmacies providing this service. There were 30 pharmacies within 1.5km of the Leicester city boundary providing this service.

Note: The now closed pharmacy in Evington only provided 4 hypertension case finding consultations in 2023/24 so the closure won't significantly impact residents who require this service.

Figure 22: Pharmacies accredited for Hypertension Case-Finding Service in Leicester, 2023/24



Data: NHS Business Services Authority Statistics

7.2.8 Smoking Cessation Services

This service is for patients who have been referred by a participating hospital or started a stop smoking programme in hospital and not completed this before discharge.

The Smoking Cessation service is one in which pharmacies provide one-to-one support and advice to people who want to give up smoking. The service aims to:

- Improve access to and choice of stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids.
- Reduce smoking related illnesses and deaths by helping people to give up smoking.
- Improve the health of the population by reducing exposure to passive smoke.
- Help service users access additional treatment by offering referral to specialist services where appropriate.

In 2023/24, the smoking cessation services was taken up 9 times within 2 pharmacies in Leicester. A further 28 consultations were provided by pharmacies within 1.5km of the Leicester City boundary.

Note: The now closed pharmacy in Evington did not provide any smoking cessation consultations in 2023/24 so the closure won't further impact residents.

7.2.9 Pharmacy Contraception Services (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 give people the option of being able to have a confidential consultation with a community pharmacist to request a prescription of the contraceptive pill for the first time directly from their pharmacist, rather than from their GP or sexual health clinic.
As shown in table 21, there were over 900 consultations for contraception services in pharmacies in Leicester in 2023/24. The highest uptake of the service is in the West locality of the city, with over 680 transactions during the 12-month period. The lowest uptake is in the North of the city where there were 12 transactions for the same period. Of these consultations, 155 in Leicester City were initial consultations with the most being in the West of the city (n=125).

Table 21: Provision of contraception services in Leicester pharmacies, 2023/24

Locality	Number of pharmacies providing PCS	Number of initial consultations	Number of consultaions provided	Population MYE 2022	Pharmacies providing PCS per 10,000 population
Central	6	10	76	79,610	0.8
East	4	9	75	56,126	0.7
North	4	2	12	71,965	0.6
North West	2	3	22	51,926	0.4
South	7	6	76	50,201	1.4
West	4	125	686	63,571	0.6
Leicester City	27	155	947	373,399	0.7

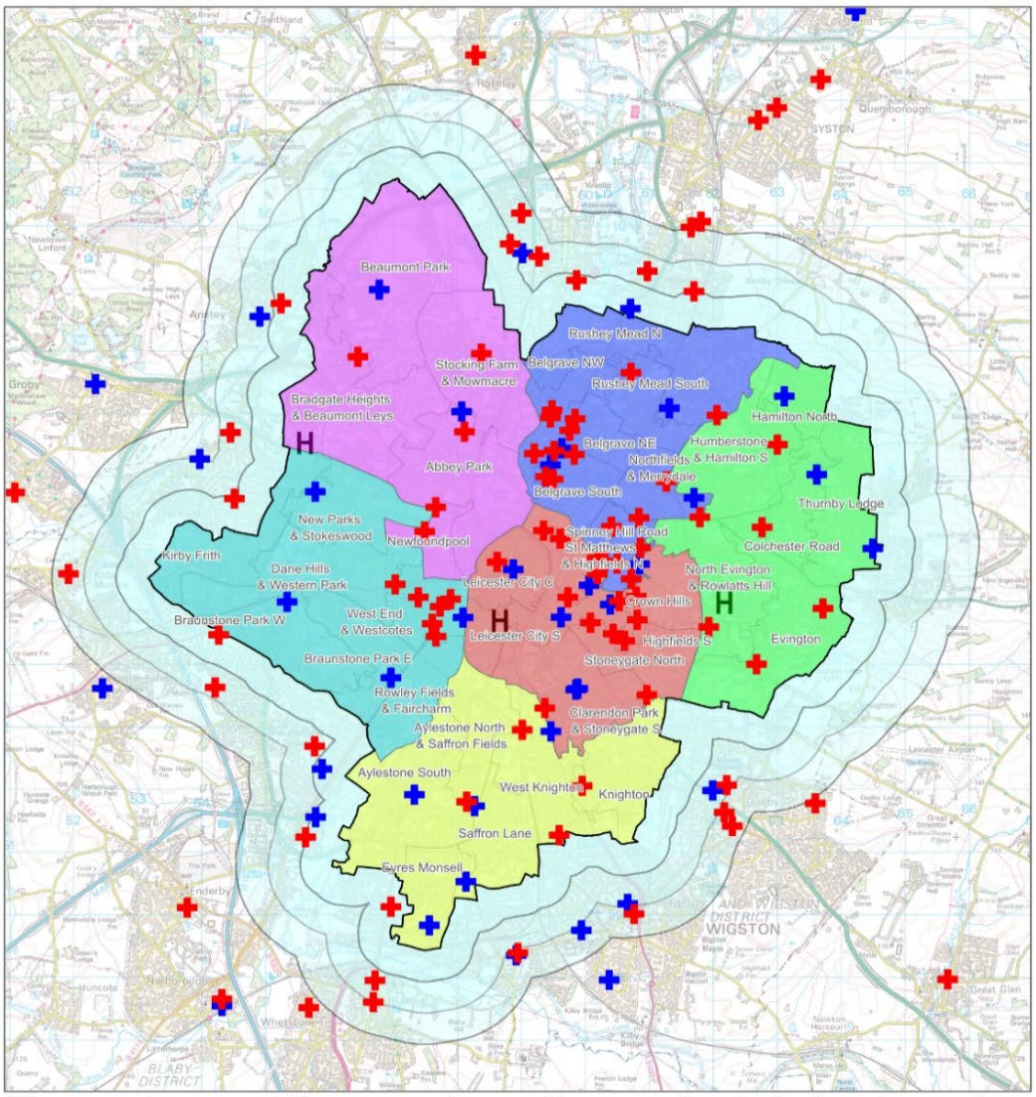
Distance from Leicester boundary	Number of pharmacies	Number of initial consultations	Number of consultaions provided
0km to 0.5km	3	3	45
0.5km to 1.0km	5	4	87
1.0km to 1.5km	2	7	30
Within 1.5km of Leicester	10	14	162

Data: NHS Business Services Authority 2024, ONS mid-2022 population estimates

Note: The now closed pharmacy in Evington did not provide any contraception consultations in 2023/24 so the closure won't further impact residents who require this service.

As shown in figure 23, the locality areas in Leicester with the highest number of pharmacies where contraception services were provided in 2023/24 were the Central and South. Almost three quarters (72%, 686 of 947) of consultations were provided through pharmacies in the West of the city. There were at least 2 pharmacies in each locality providing contraception services in Leicester and there are a further 10 pharmacies within 1.5km of the City boundary.

Figure 23: Pharmacies accredited for Contraception services in and around Leicester 2023/24



Pharmacies providing a contraception service in Leicester and surrounding areas 2024

Data: NHS Business Services Authority 2024, ONS mid-2020 population estimates

7.3 Locally Commissioned Services

These are services commissioned locally from community pharmacies to meet the needs of the population. Locally commissioned community pharmacy services can be contracted via a range of routes and commissioners including local authorities, Integrated care boards (ICBs) and local NHS England teams. Further details of locally commissioned services are available on: Services and Commissioning : PSNC Main site.

The following locally commissioned services are available across Leicester:

- Emergency Hormonal Contraception (EHC)
- Needle Exchange Service
- Supervised Consumption Service
- Naloxone Service
- H. Pylori C13 Urea Breath Test Service
- Palliative Care Service

Where available, data on the provision of locally commissioned services in Leicester has been provided below.

7.3.1 Emergency Hormonal Contraception (EHC)

There are two types of emergency contraception:

i. The insertion of an intrauterine device up to 5 days after unprotected sexual intercourse. This can only be provided by a trained clinician and is available at GPs and the Integrated Sexual Health Service.

ii. The provision of the oral emergency hormonal contraception pill. You need to take the emergency contraceptive pill within 3 days (Levonelle) or 5 days (ellaOne) of unprotected sex for it to be effective. Both are available from most GPs, the city's Integrated Sexual Health Service (including online), over the counter at most pharmacies (which must be paid for) and as a free scheme for Levonelle for under 25s at community pharmacies commissioned by Leicester City Council.

The aim of the service commissioned from community pharmacists is to reduce unintended pregnancy and improve sexual health through the provision of emergency hormonal contraception (Levonelle) to women under 24 along with advice and information relating to contraception, pregnancy testing sites and local sexual health services.

EHC was provided by 9 pharmacies in 2023/24. As shown in table 22 below, EHC has not been provided by pharmacies in the East or North West localities of Leicester in 2023/24. As shown in table 22, the locality areas in Leicester with the highest number of pharmacies providing EHC in 2023/24 were Central and West, with four pharmacies in both providing EHC. Over half (58%, 1133 of 2065) of consultations were provided

through city centre pharmacies. It is probable that young women prefer to access this service in the city centre where there is potentially a greater level of anonymity available.

Two community pharmacies accounted for around 70% of all EHC consultations in 2023/24:

- Riverside pharmacy in West locality (785 consultations, 38%)
- Boots Chemist in Highcross (638 consultations, 31%)

The service was also provided by 6 pharmacies located within 1.5km of Leicester City boundaries.

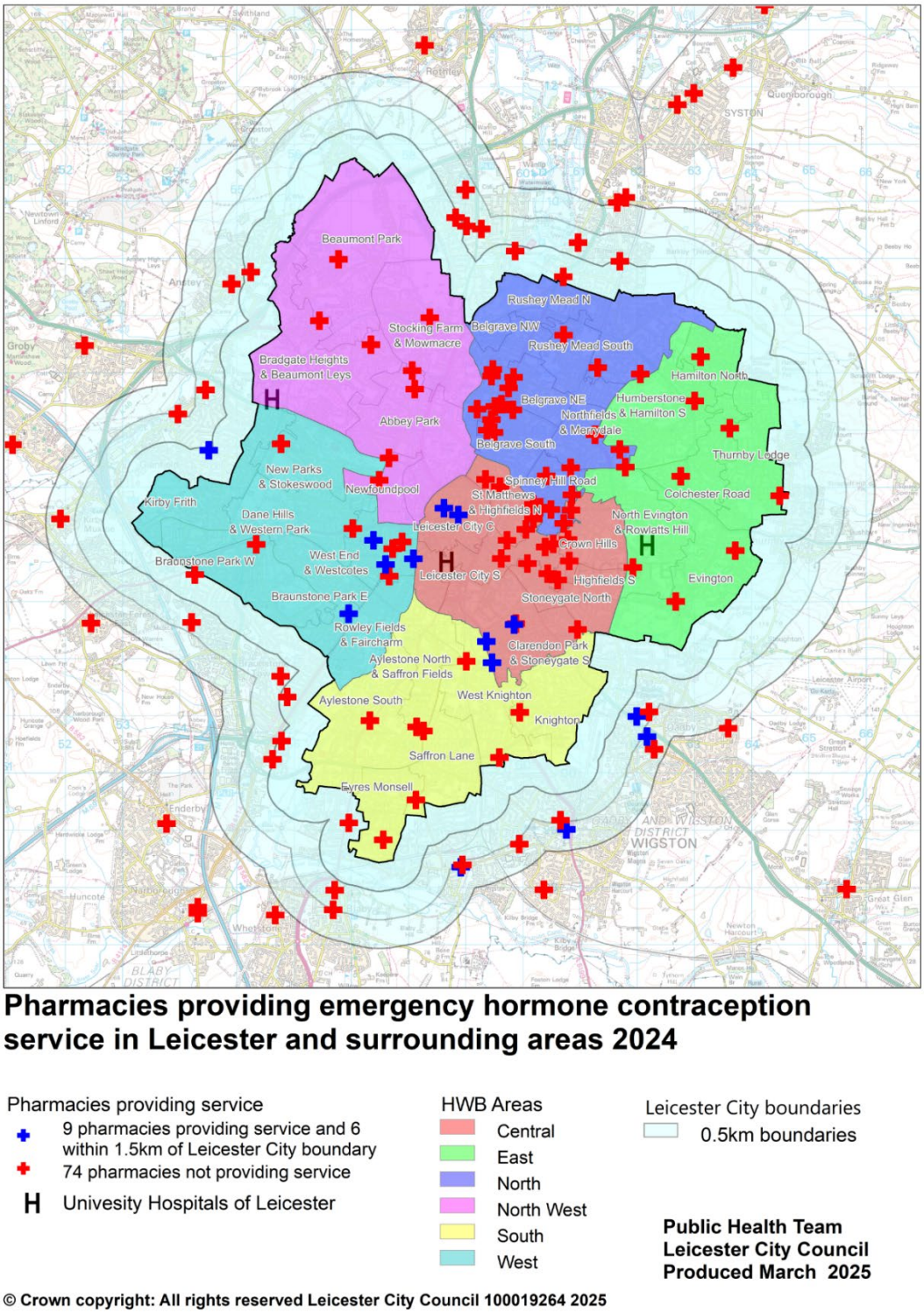
Table 22: Provision of Emergency Hormonal Contraception in Leicester pharmacies, 2023/24

HWB area	Number pharmacies offering service	Total Consultations	EllaOne Supply	Levonorgestrel Supply	Levonorgestrel Supply (2nd dose)	Medicine supply	Medicine Supply (2nd dose)	Total
Central	4	499	36	85	16	363	134	1133
South	1	33				33	8	74
West	4	402	189	107	51	95	14	858
East	0	0	0	0	0	0	0	0
North	0	0	0	0	0	0	0	0
North West	0	0	0	0	0	0	0	0
Leicester City	**9**	**934**	**225**	**192**	**67**	**491**	**156**	**2065**
Distance from Leicester boundary	**Number pharmacies offering service**	**Total Consultations**	**EllaOne Supply**	**Levonorgestrel Supply**	**Levonorgestrel Supply (2nd dose)**	**Medicine supply**	**Medicine Supply (2nd dose)**	**Total**
0-0.5km	1	185	0	64	0	121	0	370
0.5-1.0km	1	268	0	28	0	235	0	531
1.0-1.5km	4	119	0	25	0	94	0	238
Total within 1.5km	6	572	0	117	0	450	0	1139

Data: Pharm Outcomes and Pinnacle Health

Note: The now closed pharmacy in Evington did not provide any EHC in 2023/24 so the closure won't further impact residents who require this service.

Figure 24: Pharmacies accredited for Emergency Hormonal Contraception in and around Leicester 2023/24



Data: Pharm Outcomes

It should also be noted that emergency hormonal contraception (EHC) will be made available free of charge from community pharmacies in England, under an expansion to the Pharmacy Contraception Service. The EHC initiative will be launched in October of

this year, as part of the new Community Pharmacy Contractual Framework for 2024/25 and 2025/26. Full details are not currently known at the time of writing this document however some further information can be located at Community Pharmacy England.[34]

7.3.2 C-Card Service

Some pharmacies provide a free and confidential sexual health service available to young people. The scheme was originally offered to people aged under 25 years but since removing the age limit, increasing numbers of over 25s are using the scheme. It is a plastic registration card that enables quick and easy access to free condoms. The service also offers information and advice about sexual health and relationships.

The C-card scheme is available across the city in local access points in schools, colleges, pharmacies and a range of other local services. As shown below in table 23 and figure 25, in Leicester, 20 pharmacies are signed up to deliver the C-Card scheme. Each locality area in Leicester had at least one pharmacy providing this service in 2023/24. The Central (7) and West (5) localities of the city had a higher number of pharmacies providing this service than other locality areas. Training and condom packs are supplied to participating community pharmacies by the Integrated Sexual Health Service.

In addition to pharmacies, there are other providers of the C-Card service. These include school nurses, GP practices, education institutions and CYP services. Throughout Leicester the service is provided by a further 43 locations. Table 23 shows a breakdown of these within the localities.

Table 23: Location of C-Card Service provision by locality area in Leicester, 2023/24

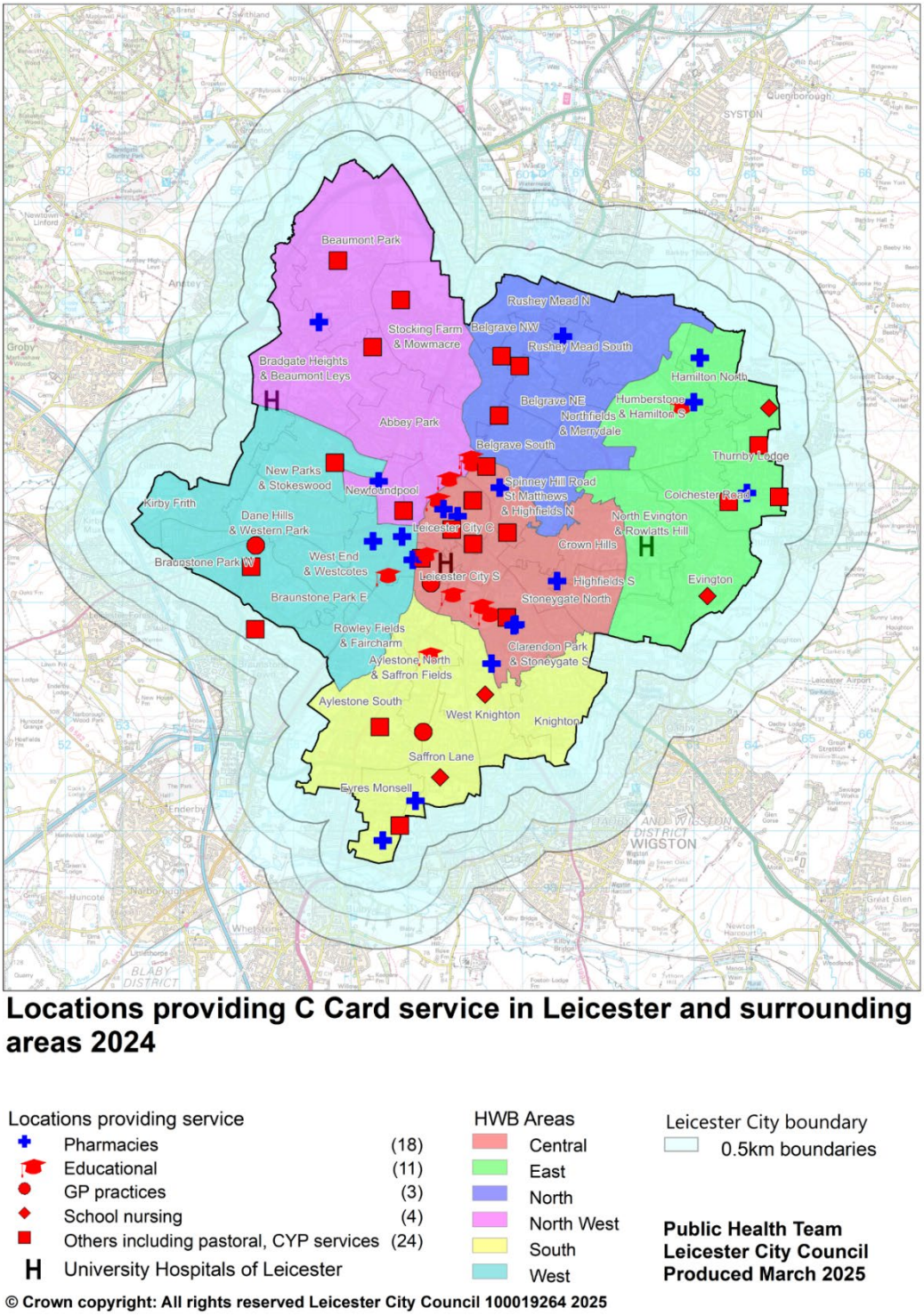
Locality	Pharmacy	Education institution	GP/NHS	School nurses	Other	Total
Central	7	6	3	0	6	22
East	3	1	1	2	3	10
North	1	0	0	0	3	4
North West	2	2	1	0	3	8
South	2	1	1	2	2	8
West	5	1	1	0	4	11
Total	**20**	**11**	**7**	**4**	**21**	**63**

Data: Midlands Partnership NHS Foundation Trust

Note: The now closed pharmacy in Evington did not provide C-Card service in 2023/24 so the closure won't further impact residents who require this service.

[34] We're all community pharmacy

Figure 25: Locations of C-Card service provision by locality area in Leicester, 2023/24



Data: Midlands Partnership NHS Foundation Trust

7.3.3 H. pylori breath test service

Helicobacter pylori (H. Pylori) is a type of bacteria that infects your stomach. It can damage the tissue in your stomach and the first part of your small intestine (the duodenum). This can cause pain and inflammation. In some cases, it can also cause painful sores called peptic

ulcers in your upper digestive tract. H. Pylori is common. Many people have it. Most people who have it won't get ulcers or show any symptoms. But it is a main cause of ulcers and can also lead to stomach cancer.

An H. Pylori breath test is the most common test for H. pylori. It measures the amount of carbon dioxide in your breath after you drink a special solution containing urea. H. pylori bacteria break down urea into carbon dioxide. Excess carbon dioxide in your breath is a sign of an H. pylori infection.

Table 24 shows north locality (5) and central locality have the most pharmacies providing H. Pylori breath test service. North West locality does not have any pharmacy providing the service. This service is only provided by LIPCO group pharmacies within Leicester City.

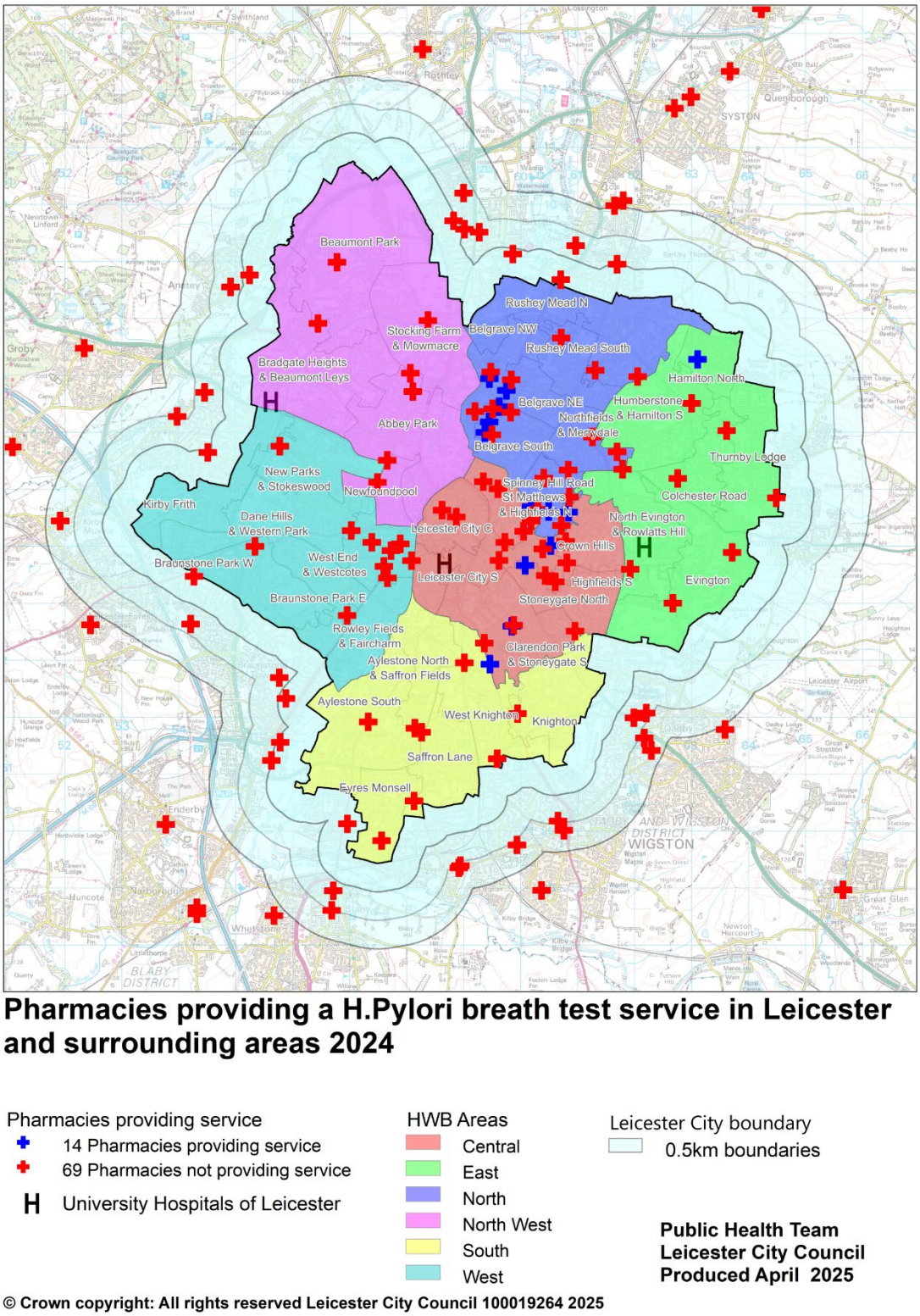
Table 24: H. Pylori breath test Service provision by locality area in Leicester, 2023/24

Locality	Number of pharmacies providing H.Pylori	Number of consultations provided	Population MYE 2022	Pharmacies providing H.Pylori per 10,000 population
Central	4	523	79,610	0.5
East	3	256	56,126	0.5
North	5	219	71,965	0.7
North West	0	0	51,926	0.0
South	1	18	50,201	0.2
West	1	75	63,571	0.2
Leicester City	14	1091	373,399	0.4

Data: LIPCO Healthcare.

Note: The now closed pharmacy in Evington did not provide any H. Pylori tests in 2023/24 so the closure won't further impact residents who require this service.

Figure 26: Pharmacy H. pylori breath test provision by locality area in Leicester, 2023/24



Data: Midlands Partnership NHS Foundation Trust

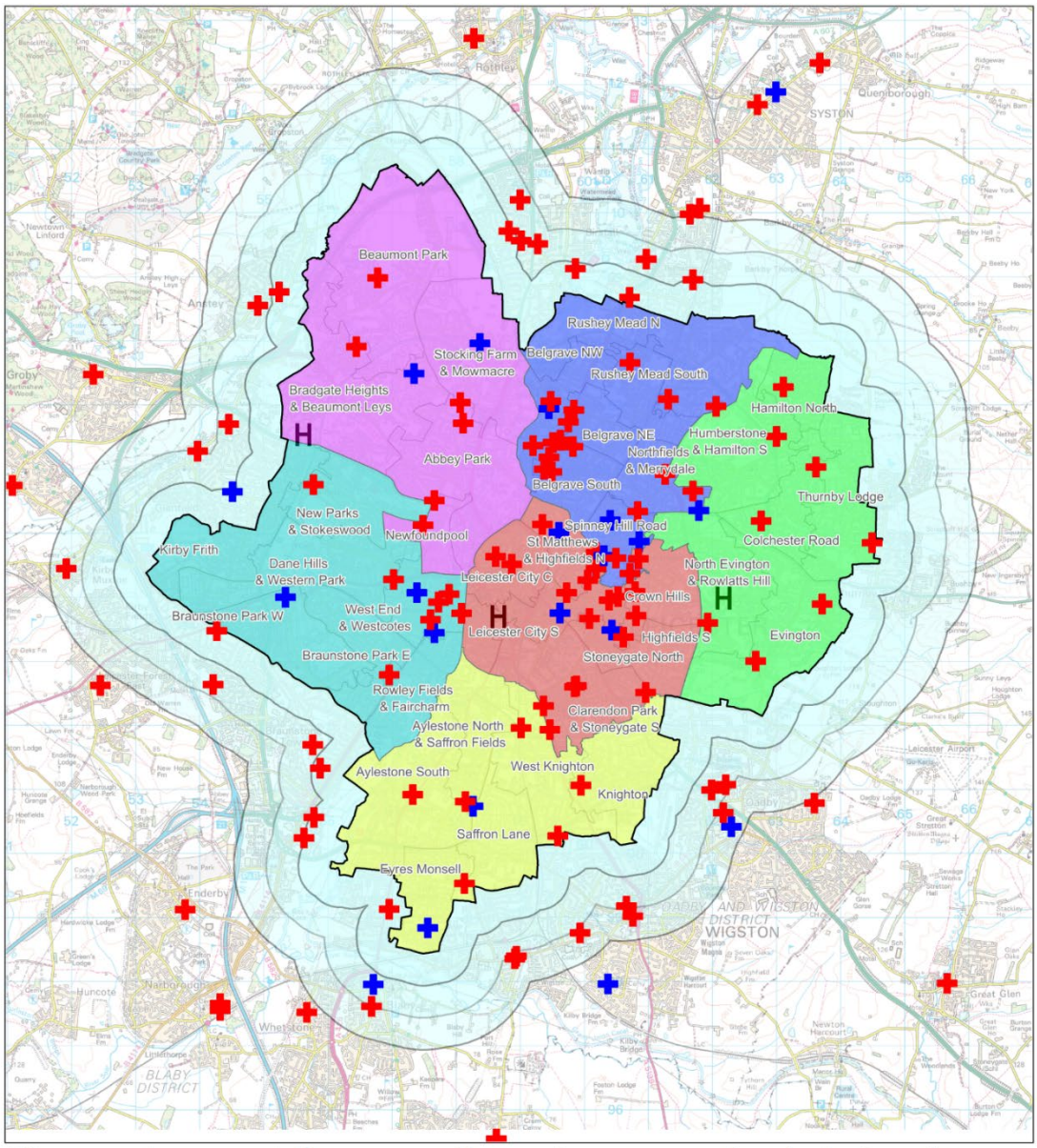
7.3.4 Substance Misuse: Needle Exchange

There are three services commissioned for the management of substance misuse; needle exchange, take home naloxone and supervised consumption.

Pharmacy needle exchanges aim to reduce the rate of sharing and other high-risk injecting behaviours by providing sterile injecting equipment and other support, as well as ensuring the safe disposal of used injecting equipment. Pharmacy needle exchange facilities are available to all adult injectors who are using drugs illicitly.

As of 2023/24 needle exchange services are offered at 18 pharmacies across the city and 3 within 1.5km of the boundary, as seen in the map below (figure 25).

Figure 27: Pharmacies accredited for Needle exchange services in Leicester in 2023/24



Pharmacies providing a needle exchange service in Leicester and surrounding areas 2024

Pharmacies providing service
- 18 providing service and 3 more within 1.5km of Leicester Boundary
- 65 not providing service
- H University Hospitals of Leicester

HWB Areas
- Central
- East
- North
- North West
- South
- West

Leicester City Boundary
- 0.5km boundaries

Public Health Team
Leicester City Council
Produced March 2025

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Data: Turning Point Substance Use service

Needle exchange services are offered at hubs and pharmacies in Leicester, pharmacy needle exchange services account for 87% of transactions in the city. Table 25 below shows the uptake of needle exchange services in pharmacies during April 2023-March 2024.

As shown in table 25, there were over 12,200 transactions for needle exchange services in pharmacies in Leicester in 2023/24. The highest uptake of the service is in the Central locality of the city, with over 7,150 transactions during the 12-month period. The lowest uptake is in the East of the city where there were 33 transactions for the same period.

Table 25: Pharmacy needle exchange service transactions by locality area in Leicester April 2023- March 2024)

Locality area	**Number of pharmacies**	**Number of transactions**
Central	4	7,206
East	1	33
North	3	486
North West	2	861
South	4	1099
West	4	2524
Leicester total	**18**	**12,209**
Distance from Leicester boundary	**Number of pharmacies**	**Number of transactions**
0.0 - 0.5km	1	1,135
0.5 - 1.0km	1	226
1.0 - 1.5km	1	0
Total within 1.5km Leicester	**3**	**1,361**

Data: Turning Point Substance Use Service

Note: The now closed pharmacy in Evington did not provide needle exchange service in 2023/24 so the closure won't further impact residents who require this service.

7.3.5 Substance Misuse: Supervised Methadone Consumption

Supervised consumption services are for drug users and aim to ensure compliance with the agreed treatment plan by;

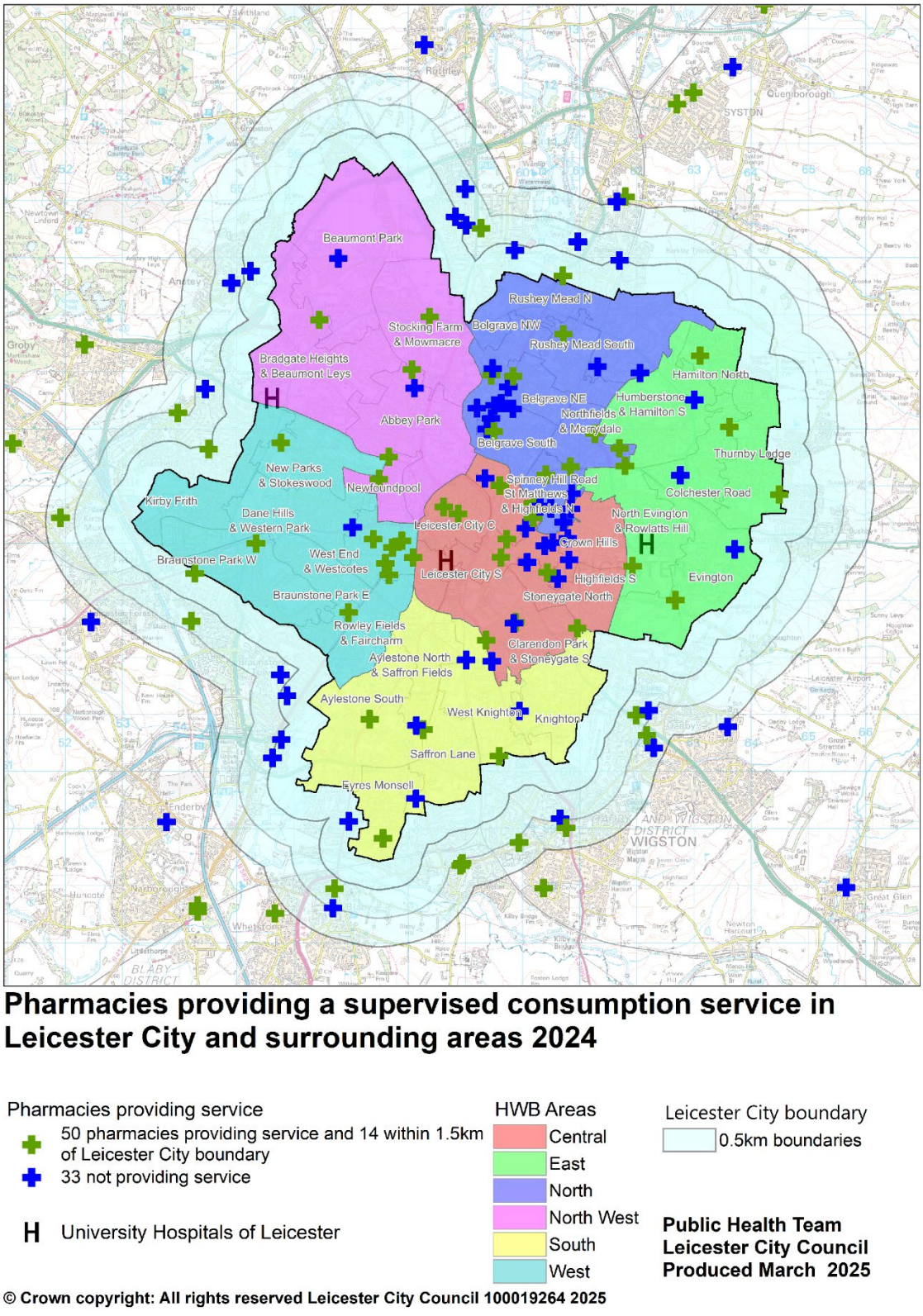
- Dispensing prescribed medication in specified instalments
- Ensuring each supervised dose is correctly administered to the patient for whom it was intended (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed)
- Liaising with the prescriber, named key worker and others directly involved in the care of the patient (where the patient has given written permission)
- Monitoring the patient's response to prescribed treatment; for example, if there are signs of overdose, especially at times when doses are changed, during titration of doses, if the patient appears intoxicated or when the patient has missed doses. The pharmacist may, if necessary, withhold treatment if this is in

the interest of patient safety, liaising with the prescriber or named key worker as appropriate

- Improving retention in drug treatment
- To reduce the risk to local communities of:
    - Overuse or underuse of medicines
    - Diversion of prescribed medicines onto the illicit drugs market
    - Accidental exposure to the dispensed medicines

As of 2023/24 supervised consumption services are offered at 50 pharmacies across the city and 14 within 1.5km of the boundary, as shown in the map below (figure 28)

Figure 28: Pharmacies accredited for Supervised consumption services in Leicester in 2023/24



Pharmacies providing a supervised consumption service in Leicester City and surrounding areas 2024

Data: Turning Point Substance Use Service

Table 26 below shows the uptake of supervised consumption services during April 2023-March 2024 in Leicester. There were over 82,150 dispenses within the service across pharmacies in the city. The highest uptake of the service is in the Central locality, with over 33,000 dispenses here during the 12-month period. The lowest uptake is in the East

of the city where there were just over 3,650 dispenses within the same time period. All locality areas of the city are represented by at least five pharmacies offering the supervised consumption service.

Note: The now closed pharmacy in Evington provided a total of 75 consultations in 2023/24. There is further provision of supervised consumption within the East locality, however this may mean residents having to travel further.

Table 26: Supervised consumption service dispenses by locality area (April 2023 –March 2024)

Locality area	Number of pharmacies	Number of transactions
Central	11	33,085
East	6	3,673
North	10	9,449
North West	6	11,167
South	8	7,686
West	9	17,109
Leicester total	**50**	**82,169**
Distance from Leicester boundary	**Number of pharmacies**	**Number of transactions**
0.0 - 0.5km	4	4,262
0.5 - 1.0km	4	2,211
1.0 - 1.5km	6	3,513
Total within 1.5km Leicester	**14**	**9,986**

Data: Turning Point Substance Use Service

7.3.6 Substance misuse: Take home Naloxone Service

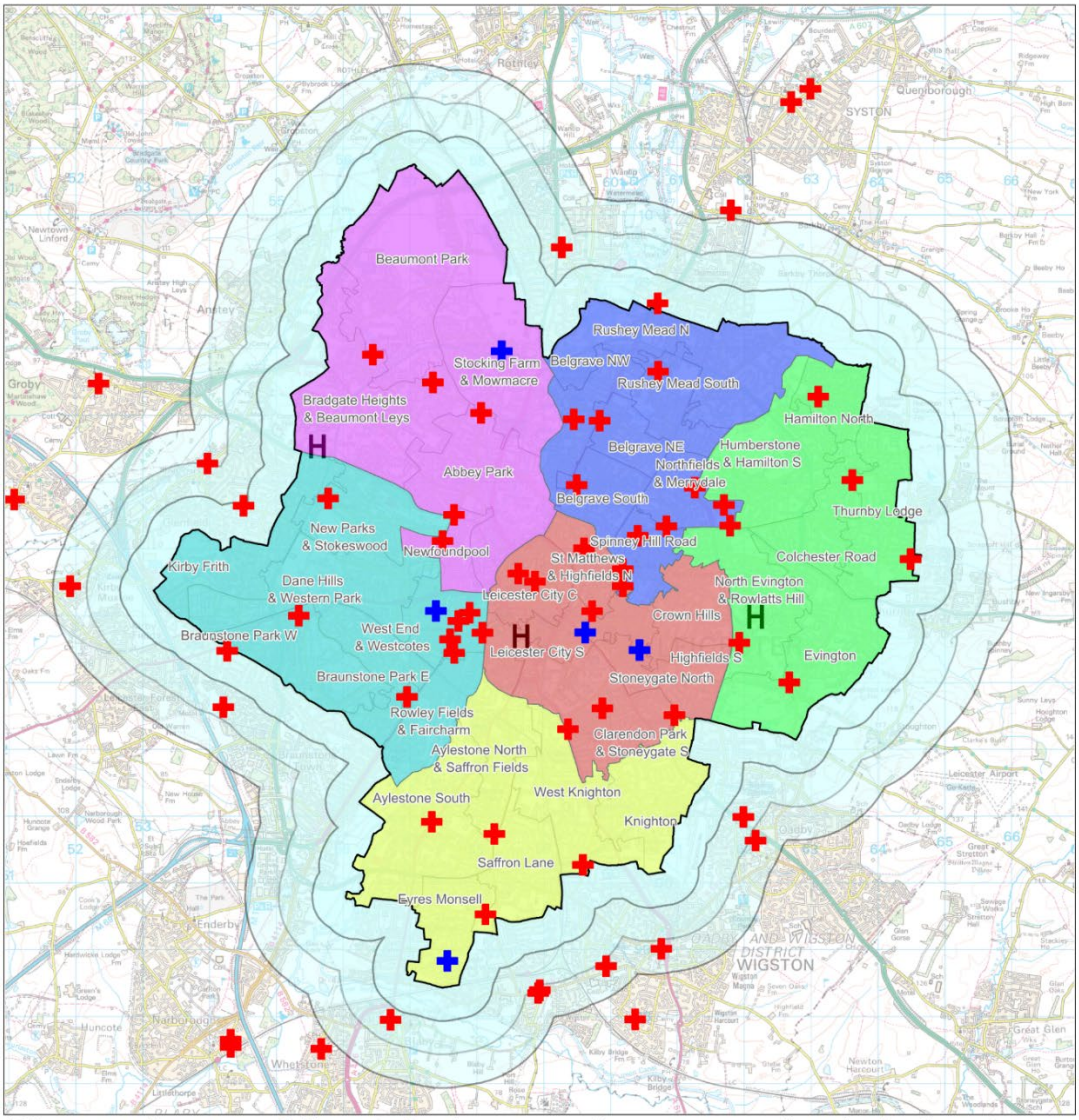
Naloxone is the emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine and fentanyl). The main life-threatening effect of heroin and other opiates is to slow down and stop breathing. Naloxone blocks this effect and reverses the breathing difficulties. Naloxone is a prescription-only medicine, so pharmacies cannot sell it over the counter, but drug services can supply it without a prescription and anyone can use it to save a life in an emergency[35].

There were five community pharmacies providing take home naloxone services in 2023/24 in Leicester City, of which two were in the central locality area and one in each of the South, North West and West locality areas (table 28). There were no other community pharmacies providing naloxone services within 1.5km of the Leicester boundary.

It is noted that those pharmacies offering needle exchange or supervised consumption should also be offering naloxone and this is an area for further work.

[35] Widening the availability of naloxone - GOV.UK

Figure 29: Pharmacies accredited for take home naloxone services in Leicester in 2023/24



Data: Turning Point Substance Use Service

Table 27: Take home Naloxone service dispenses by locality area (April 2023 –March 2024)

Locality	Number of pharmacies providing naloxone service	Number of consultations provided	Population MYE 2022	Pharmacies providing naloxone service per 10,000 population
Central	2	245	79,610	0.3
East	0	0	56,126	0.0
North	0	0	71,965	0.0
North West	1	12	51,926	0.2
South	1	11	50,201	0.2
West	1	7	63,571	0.2
Leicester City	5	275	373,399	0.1
Distance from Leicester boundary	**Number of pharmacies**	**Number of consultations provided**		
0km to 0.5km	0	0		
0.5km to 1.0km	0	0		
1.0km to 1.5km	0	0		
Within 1.5km of Leicester	0	0		

Data: Turning Point Substance Use Service

Note: The now closed pharmacy in Evington did not provide any naloxone service in 2023/24 so the closure won't further impact local residents who require this service.

7.3.7 Palliative Care

The demand for palliative care drugs can be urgent and/or unpredictable. Although all pharmacies can be expected to meet the needs of their population with regard to routine supply of palliative care drugs, in some cases treatment needs to be accessed quickly and from a wider range of drugs than may be routinely stocked. A number of the drugs used in palliative care are rarely used in other circumstances and are therefore often not widely available in community pharmacies. The palliative care service ensures there is appropriate access to a range of palliative care drugs in accessible locations particularly in the out of hours period, and when treatment is needed urgently.

Selected pharmacies hold a stock of an agreed range of drugs used in palliative care. The pharmacist will provide information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

There were five community pharmacies commissioned for the urgent supply of palliative care and specialised medicines in 2020/21 in Leicester City, of which two were in the Central locality area and one in each of the North, North West and West locality areas. Since October 2024 this service was provided by only 1 pharmacy for all of LLR, this pharmacy (Omcare Late Night Pharmacy) is located in Leicester City within North locality.

Between October 2024 and March 17th 2025 a total of 77 end of life care medications had

been delivered to patients within Leicester City.

7.4 Local Enhanced Service and National Enhanced Service (NES)

7.4.1 Covid Vaccination Service

In December 2020, the NHS commenced its Covid-19 vaccination programme. Since the start of the Covid-19 pandemic, over 1,500 community pharmacy sites have been vaccinating patients and health and care workers under a Local Enhanced Service against coronavirus alongside vaccination centres, hospitals and Primary Care Network (PCN) sites. Table 28 and figure 30 show that 27 pharmacies provided this service across Leicester in 2023/24. Each locality area within Leicester had at least two pharmacies providing this service. The locality area with the largest number of pharmacies providing this service, with seven pharmacies providing this service, was the South of Leicester. In 2023/24, a further 12 pharmacies provided this service within 1.5km of the Leicester city boundary.

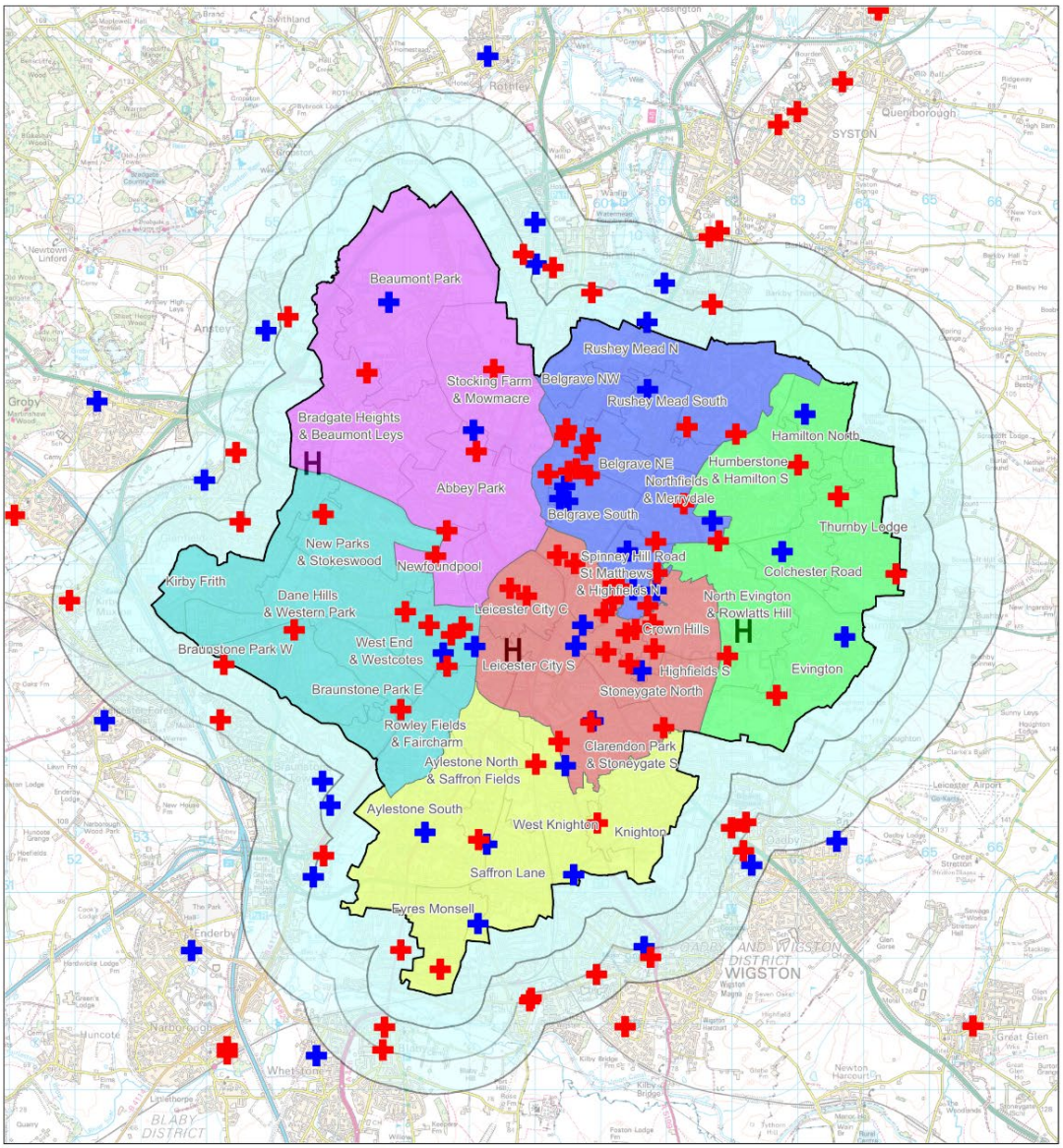
Table 28: Covid-19 Vaccination Service Provision by locality area (2023/24)

Locality	Number of pharmacies providing covid 19 vaccince	Number of consultations provided	Population MYE 2022	Pharmacies providing Covid 19 vaccine per 10,000 population
Central	4	1,513	79,610	0.5
East	5	6,343	56,126	0.9
North	6	11,208	71,965	0.8
North West	3	1,717	51,926	0.6
South	7	8,114	50,201	1.4
West	2	2,152	63,571	0.3
Leicester City	27	31,047	373,399	0.7
Distance from Leicester boundary	Number of pharmacies	Number of consultations provided		
0km to 0.5km	2	745		
0.5km to 1.0km	8	6,893		
1.0km to 1.5km	2	976		
Within 1.5km of Leicester	12	8,614		

Source: NHS England

Note: The now closed pharmacy in Evington did not provide any Covid-19 vaccinations in 2023/24 so the closure won't further impact local residents who require this service.

Figure 30: Pharmacies accredited for Covid-19 Vaccination Service, 2023/24



Source: NHS England

7.5 Conclusion

This section has described the elements of the Community Pharmacy Contractual Framework and provided information on the essential, advanced and locally commissioned services required or offered for delivery by community pharmacies.

Essential services are required as part of the NHS Community Pharmacy Contractual Framework and must be provided by community pharmacies working to this contract. The advanced services are defined in the NHS community pharmacy contractual framework, but pharmacies can choose to provide any of these services following appropriate training and or accreditation. Both types of services are overseen by NHS England.

The advanced services Community Pharmacist Consultation Service, Flu Vaccination service and New Medicines Services are provided by the majority of pharmacies. Only three pharmacies offer Stoma Appliance Customisation in Leicester with no service provided in out of city pharmacies within 1.5km, and there was no activity reported for Appliance Use Reviews or Hepatitis C Testing Service in Leicester or within 1.5km of the city boundaries..

Locally commissioned services have a more variable uptake by pharmacies and therefore the availability of these services varies across Leicester. For example, EHC is provided in four pharmacies in the Central and West locality areas of Leicester compared to no pharmacies in the North, North West and East of the city.

A number of factors influence the extent to which services are taken up for delivery by pharmacies. These include the need and availability of additional training required for staff, the assessment of the likely extent of take up of services by customers, practicalities such as the availability of facilities, referrals from GPs where these are necessary, and whether the payment provided by the commissioner is sufficient to cover costs.

Take up can also be inhibited by consumer behaviour. For example, around 70% of the take up of emergency hormonal contraception (including consultations, levonelle and levonelle 2nd dose) is in busy, more central and West pharmacies reflecting a likely preference by young women for a degree of anonymity less likely to be available in neighbourhood pharmacy locations closer to home.

The locally commissioned services provided are not necessarily the same in Leicester as in adjacent areas of the Leicestershire County. Some services are available from county pharmacies and not from Leicester pharmacies, and vice versa.

Pharmacies also provide from their own resources other significant free services directly to their patients. These are not commissioned by NHS England, LLR ICB or the Local Authority and instead are a direct arrangement between the pharmacy and patients. These services include the collection of prescriptions, and in most pharmacies the delivery of medicines, and the mainly free availability of monitored dosage systems. Such services are viewed as adding to the convenience, compliance and safety of medicine collection and use. Some pharmacies also provide blood pressure measurement, educational sessions on self-care and making use of health services.

Since the addition of the Pharmacy First service in January 2024 there has been an increase in the overall number of consultations for the 7 minor illnesses from around 1,600 in January to 2,500 in December 2024. The number of consultations is expected to increase further as more pharmacies implement the service and there is greater awareness within the public.

8. Projected future needs

8.1 Population growth

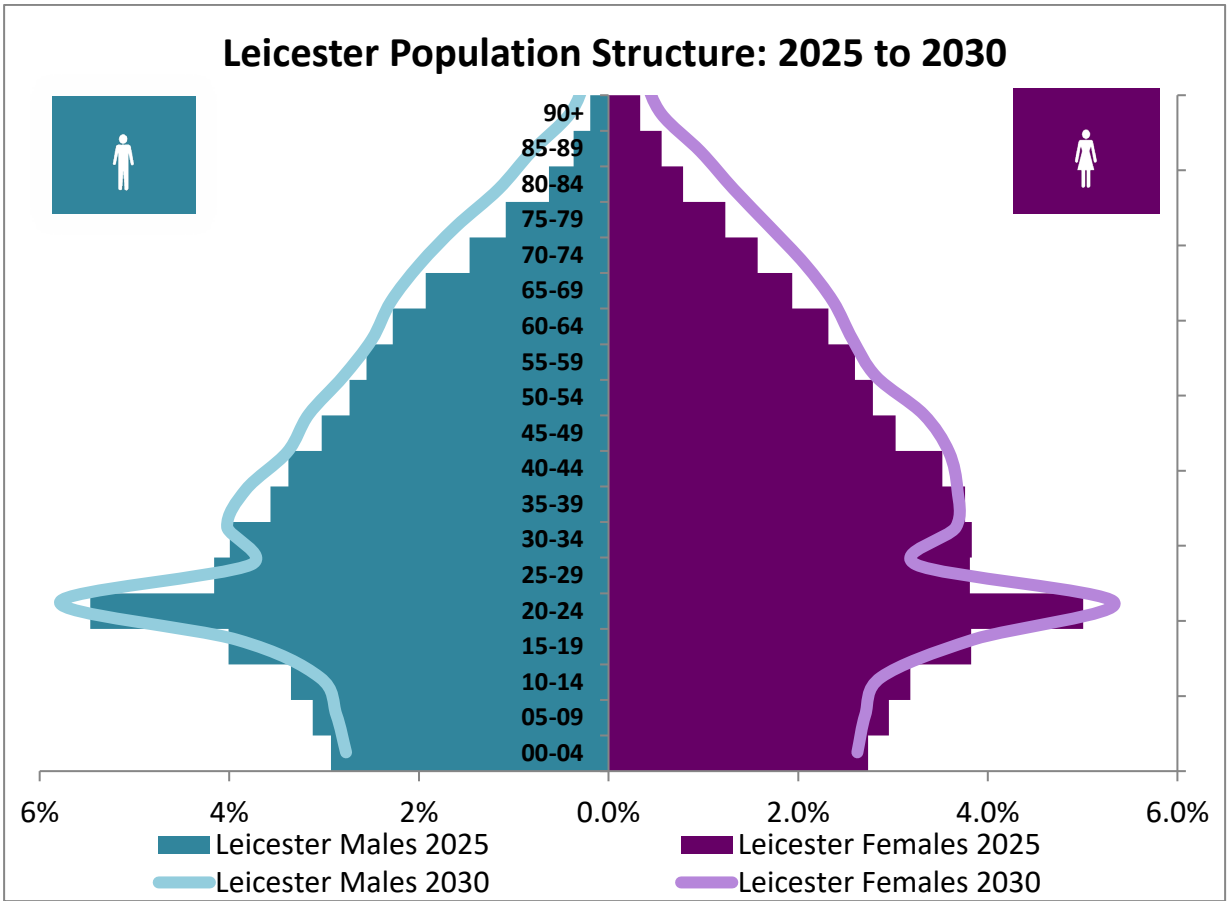
The Office for National Statistics (ONS) provide population projections based on births, deaths and assumptions of migration. The most recent projections for Local Authorities were based on 2022 mid-year population estimates, with annual projections to 2047.

The 2023 population estimates for Leicester are 383,125. The population projections estimate a total population of 392,115 in 2025, and 393,287 in 2030 (an increase of around 1,200).

Figure 31 below shows the largest percentage increases are in the over 65s. Projections indicate that Leicester will have an increase of around 4,500 people aged 65 and over, from 47,400 to 51,900, which represents an increase in the proportion of the population aged 65 and over from 12% in 2023 to 13% in 2030.

With the current provision of 83 pharmacies in Leicester, this would offer a rate of 2.1 pharmacies per 10,000 population in 2028. The current rate in Leicester is 2.2, and nationally 2.1 per 10,000 population based on the numbers of pharmacies alone; it does not take into account variation in opening hours and services provided.

Figure 31: Leicester population structure 2025 to 2030



Data: ONS Population Projections – 2022

8.2 Growth in number of people with long term conditions

With these projected increases of around 4,500 in the older population, there will be increases in the numbers with long term health conditions. Table 30 below shows the increases in numbers aged 65 and over, based on the current prevalence of these conditions[36].

Whilst the current number of pharmacies will provide a rate of 2.2 per 10,000 based on population projections, the increase in the population size and number likely to have long term conditions will put additional pressure on pharmacies.

[36] Projecting Older People Population Information system (POPPI, 2025). http://www.poppi.org.uk/

Table 29: Estimates of numbers aged 18-64 in Leicester with longstanding health conditions, 2025-2030

Long term health condition	18-64	2025	2030
Learning disability - baseline	0.4%	1,016	1,123
Learning disability - moderate or severe	0.6%	1,458	1,476
Impaired mobility	4.5%	11,577	11,757
Personal care - need help with at least one activity	3.3%	8,399	8,517
Hearing impairment	7.9%	20,407	20,691
Mental health problems: depression anxiety of OCD	18.9%	48,518	48,945
Mental health problems: Early onset dementia	0.0%	84	86
Diabetes	3.7%	9,582	9,724
Total population	**100.0%**	**257,100**	**259,800**

Data: Projecting Adult Needs and Service Information (PANSI, 2025)

The number of 18-64 year olds with a long standing health condition is predicted to grow by around 2,700 between 2025 and 2030.

Table 30: Estimates of numbers of over 65 year olds in Leicester with longstanding health conditions, 2025-2030

Long term health condition	65+	2025	2030
Learning disability - baseline	2.1%	990	1,081
Learning disability - moderate or severe	0.3%	136	148
Impaired mobility	17.4%	8,235	9,052
Personal care - need help with at least one activity	25.9%	12,255	13,547
Hearing impairment	58.4%	27,697	30,658
Mental health problems: dementia	6.5%	3,077	3,413
Diabetes	15.1%	7,168	7,871
CVD	31.5%	14,920	16,386
Total population	**100.0%**	**47,400**	**51,800**

Data: Projecting Older People Population Information System (POPPI, 2025)

8.3 Housing need and housing growth

The 2006 Leicester Local Plan covered the period 1996-2016 and made provision for 19,592 homes, 31% of which had to be allocated on green field land due to development constraints. The vast majority of these allocations have now been implemented or are committed to development.

The Strategic Growth Plan approved in 2018 provided a sub-regional development strategy to 2050. The purpose of this was that the council would seek to deal with around two thirds of its housing needs through the Local Plan and the remaining third would be distributed as unmet need across the county.

The Last Housing Needs Assessment of September 2022[37]., found almost 18,000 affordable houses are required in the city 2036. The city council declared a Housing Crisis in November 2024

The new city Local Plan covers the period 2020-2036[38] and addresses the local housing need for 39,424 homes (2,464 per year over the period). About 21,000 homes will be delivered over the plan period within the city's boundaries. The remainder of around 18,000 homes which cannot be delivered in the boundary due to development capacity, could be accommodated within the city's constrained boundaries will depend on agreement with the Leicestershire district Councils.

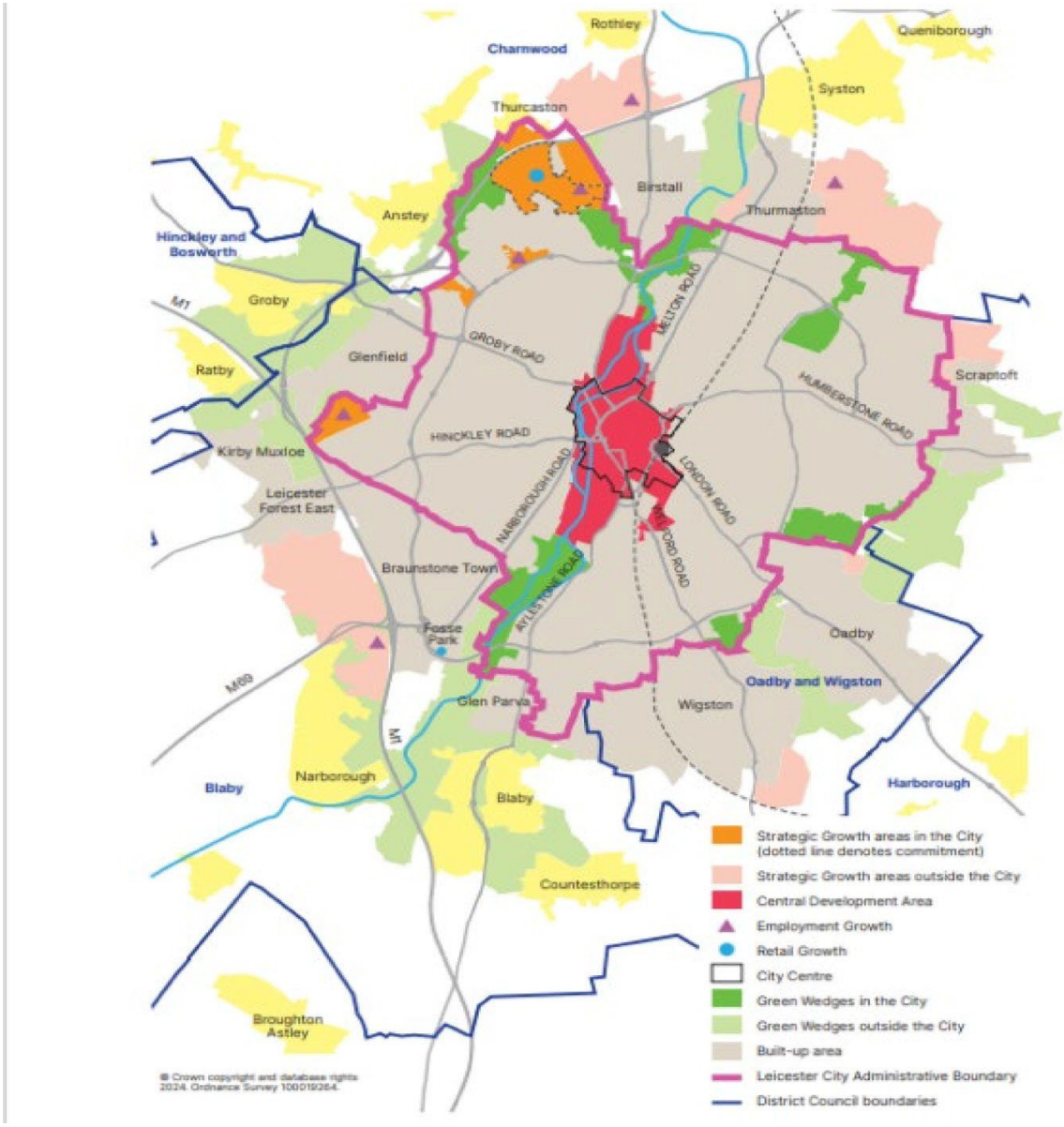
For the 2023 Local Plan, 29% of development allocations are on green field sites such as Green Wedge, former allotment sites, public parks and open spaces.

The map below from the Local Plan shows existing development of built-up area in light brown (within the city boundary) and pink where it extends beyond the boundary. Sites that are already approved or committed urban extension sites on the edge of the city are shown in orange. These areas within the city boundary include the north area of the Beaumont Park in the North of the city and Kirby Frith in the west.

In terms of pharmacy provision, there is a pharmacy located in Beaumont Park and one within around 1km of Kirby Frith in the County.

[37] Leicester City Local Housing Needs Assessment Update Addendum 2022
[38] Draft City of Leicester Local Plan

Figure 32: Map of growth areas in Leicester



Data: Local Government Re-organisation proposal March 2025

Proposed options for meeting housing need in the city include

- Prioritisation of new housing development on the brownfield sites in the central development area and attracting more people to live in the city centre
- Delivery of housing sites within the city as part of the Local Plan or that have current planning consents, including completion of the development at Ashton Green
- Development of new strategic locations for housing including former Western Park Golf Course, east of Ashton Green, Land north of the A46 bypass and land west of Anstey Lane.
- Re-modelling and improvement of sites in existing residential areas to increase housing supply and create more balanced communities
- Work with Council Districts to agree the distribution of housing need that cannot be met within the city

Table 31: Previous Housing Supply for Leicester City

Year	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35	35/36	Total
Total Supply	**2200**	**2389**	**1798**	**1660**	**1294**	**1339**	**1438**	**1331**	**1382**	**1317**	**1295**	**1160**	**18603**

Source: Leicester City Council, Planning, Development and Transportation

The table below shows the estimated number of homes both committed and allocated for 2024/25 to 2027/28 by ward. Nearly 3,000 homes are projected in Castle ward, with around 750 in Abbey, nearly 500 in Beaumont leys.

Table 32: Projected homes by ward, 2024/25 to 2027/28

Ward	2024/25	2025/26	2026/27	2027/28	Total
Castle	803	897	809	445	2954
Abbey	148	337	164	109	758
Beaumont Leys	160	82	29	211	482
Saffron	107	103	43	0	253
Rushey Mead	78	50	27	0	155
Westcotes	94	15	0	25	134
Evington	0	53	50	9	112
Braunstone Park & Rowley Fields	67	26	0	0	93
Stoneygate	69	21	2	0	92
Belgrave	16	66	0	0	82
Eyres Monsell	0	35	45	0	80
Knighton	0	17	12	30	59
Fosse	40	11	0	0	51
Troon	30	19	0	0	49
Aylestone	40	1	0	0	41
Western	5	35	0	0	40
North Evington	23	2	0	0	25
Spinney Hills	5	0	0	16	21
Humberstone & Hamilton	0	3	2	0	5
Thurncourt	0	1	0	0	1
Grand Total	1685	1774	1183	845	5487

Data: Leicester City Council new housing trajectory 2024

9. Consultation

9.1 Statutory 60-day consultation:

There is a statutory requirement for each Health and Wellbeing Board to consult a defined number of bodies about the contents of the pharmaceutical needs assessment for a minimum of 60 days. The consultation took place during June, July and was closed on 8th August 2025. Throughout the process key stakeholders including ICB colleagues, Pharmaceutical Organisations, Healthwatch and other consultees were members of the PNA Reference group and have been consulted and helped to steer and review the report.

As part of the statutory Consultation of the PNA, the ICB provided a response given below stating “we are broadly supportive of the draft’s conclusions and recommendations”.

“Service Integration and Expansion: We strongly endorse the need for greater integration of community pharmacy within primary care networks (PCNs) and the emerging neighbourhood health delivery models and plans to support prevention, early intervention and chronic disease management.

Innovation: We need to further support innovative service delivery through the community pharmacy network and the PNA needs to reflect this ambition. Consideration should be given to additional services that relieve pressures on other services wider than just GP Practices, for example, urgent and emergency care services. This includes maximising opportunities presented by increasing availability of independent prescribers in community pharmacy.

Digital Enablement: As healthcare becomes increasingly digital, we support the recommendation to tackle inequities in digital literacy, but to do this, commissioners need to ensure that community pharmacies are digitally integrated to work seamlessly with partners, and service design should include community pharmacy digital integration from the outset.

Promotion of Public Health: We commend the recognition of pharmacies role in supporting public health, and where possible would like to see these sustained and strengthened. These services directly support the Health and Wellbeing Partnership’s life course priorities but coverage and quality need regular review.

Planning for growth: With ongoing housing development and population growth, it is vital that pharmacy provision is regularly reviewed to ensure it meets evolving community needs and we support the recommendation for an annual report of pharmacy services”.

Collaborative working: We look forward to working collaboratively with patients, Leicester City Council, NHS partners and the Local Pharmaceutical Committee (LPC) to ensure that community pharmacy continues to evolve and thrive as a key component of our healthcare system”.

9.2 Pharmacy questionnaire for local professionals:

In addition to the statutory consultation, a questionnaire was circulated to all community pharmacies in Leicester, to gain a better understanding of how they serve the local population.

Twenty six (31%) out of 83 pharmacies in Leicester City have responded to the pharmacy contractor questionnaire. A summary of responses is given below. A more detailed summary of responses can be found in Appendix 3.

- 63% of pharmacies reported receiving between 1,001 and 25,000 over the counter enquiries per year.
- Pharmacies see an average of 27 consultations (range from 0 to 100 consultations) in the consultation room in an average week.
- 88% of respondents have a closed consultation area on the premises
- Just over a quarter (27%) of pharmacies have wheelchair ramp access, with 58% having large print labels/leaflets, 35% having dementia-friendly space and 19% having automatic door assistance. Other accessibility facilities were also provided across the 26 pharmacies, such as a disabled toilet facility (12%) and bell at the front door (27%).
- In addition to English, the most commonly reported languages spoken by pharmacy staff were Gujarati (86%), Urdu (64%) and Punjabi (46%). Other languages reported were 23% of respondents reported Arabic, 14% Bengali (or Sylheti or Chatgaya) (12%), 9% Portuguese, while Tamil, French and Chinese and Polish were spoken (5%) as languages spoken by pharmacy staff.
- 85% of respondents to this question use locum pharmacists and 43% of respondents use relief pharmacists.
- 24% of respondents agreed/strongly agreed that they had experienced recruitment difficulties for the role of community pharmacist, with 34% of respondents not having experienced recruitment difficulties for pre-registration pharmacist roles and mixed experiences in the extent of difficulties in recruiting other roles.
- Most respondents would be willing to provide NHS England, ICB and local authority commissioned services, especially with training and/or facilities provided.
- For the next year, just over half (31%) of respondents plan to expand their business by offering more services and 29% plan to continue operating to the same level. More specifically, 35% plan to expand online pharmacy services in the next year, with 50% reporting they don't intend to expand these services.
- 62% of respondents report that the amount and location of pharmacies in a three-mile radius of their own pharmacy are 'excellent' or 'good' and 23% report as 'adequate'.
- Views on the range of services provided by pharmacies in a three-mile radius of their own pharmacy are slightly lower with 61% reporting 'excellent' or 'good', 19% reporting 'adequate' and no one reporting as 'poor'.
- Around half (53%) of respondents said that the increase of internet and distance

selling pharmacies will impact their business and some have concerns that some DSPs are operating in small geographic areas and may result in closure of brick and mortar pharmacies.

9.3 Pharmacy questionnaire for public:

A questionnaire was also circulated to the general public to review pharmacy provision in their area.

Over 1,200 people had responded to the survey throughout Leicester, Leicestershire and Rutland and generally around half were satisfied with the advice they receive at their pharmacy (although this was around 80% in Leicestershire). There was also high proportion of respondents who reported it easy to locate a pharmacy, most people (around 80%) visited pharmacies in person and most were unlikely to use online services.

In Leicester City there were 160 respondents who had completed the survey. A summary of the responses is given below.

- Most respondents (52%) were very satisfied with the advice they receive about taking their medicines from the pharmacy/chemist, with a further 25% of respondents fairly satisfied.
- Quality of service, location, availability of medication and private areas to speak were the most important pharmacy services to respondents whilst prescription collection from their GP practice and physical accessibility to a pharmacist were also noted as important.
- Eighty percent of respondents agreed that their pharmacy provides a good service (47% strongly agree and 33% tend to agree).
- Almost three quarters of respondents agreed that if they wanted to, they could speak to a pharmacist at their pharmacy without being overheard (46% strongly agreed and 23% tend to agree).
- Of those with access needs relating to a physical disability (13% of respondents), 40% reported that these were always met, 25% reported that they were sometimes met, with 35% reporting that their pharmacy never met these physical access needs.
- Of respondents who help an adult family member or friend to use pharmacy services, 57% reported that their pharmacy always meets their needs as a carer and 30% indicated that their pharmacy sometimes meets their needs as a carer.
- Eighty-six percent of respondents were most likely to get their prescription medicine from a pharmacy/chemist's shop, with 96% of these respondents reporting that their usual one is based in Leicester.
- Most respondents usually travel to the pharmacy by walking (60%) or car (driver) (24%) and for the majority of respondents travelling to their usual pharmacy takes less than 15 minutes (84%).
- Responses highlight varied frequency of use of a pharmacy for a health reason from a few times a month (22%), once a month (49%), every two to three months

(17%) to once or twice a year (10%).

- The majority of respondents (82%) most commonly use pharmacy services between 9am-6pm on weekdays, with 62% of respondents agreeing (29% strongly agree and 43% tend to agree) that the opening hours for pharmacy services meet their needs.
- When thinking about their usual pharmacy services, 76% of respondents found it easy to find an open pharmacy during the day, 30% found it easy (fairly or very) to find an open pharmacy in the evening (after 6pm) and 50% of respondents find it easy (fairly or very) to find an open pharmacy at the weekends.
- The majority of respondents (85%) were very likely to visit the pharmacy in person to access pharmacy services within the next three years but were not very likely or not at all likely to receive prescriptions by post (71%) or via online home delivery services (60%).

The full report is provided in Appendix 2.

10. Analysis of gaps in service

As of 31 March 2024, Leicester has 83 pharmacies located across the city, including 6 distance selling pharmacies, there are no local pharmaceutical services. In the last PNA published 2022 there were 9 distance selling pharmacies and one local pharmaceutical service.

Overall Leicester has more pharmacies per head of the population than England (2.2 vs 2.1 pharmacies per 10,000 population).

Pharmacies and local populations:

There are more pharmacies in Central (21) and the North (19) locality areas of the city, with several closely located in Belgrave (around Belgrave Road) and another cluster around Spinney Hills towards Stoneygate. In the west of the city the pharmacies are more widely spread, although there are a number along the Narborough Road area In the West End.

Using locality area populations, the rate of pharmacies per 10,000 population ranges from 1.5 in the North West of the city to 2.6 in the North, South and Central areas of the city. Locality area populations have been used to give a crude indication of the local population; however, it is recognised that some residents may be closer to a pharmacy in a different locality area. But, as explained in the main body of the text above, locality areas provide some way of talking about geographical differences in a situation where pharmacies do not serve defined populations and where locations of pharmacies are, in a large part, historically based. Additionally, the population rates do not consider the number of hours the pharmacies are open, the size of the pharmacy or the number of whole-time equivalent staff. Opening hours per week per 10,000 locality area population range from 73.3 in the North West to 137.4 in Central locality within the city.

Access and travel times:

Access and travel times to pharmacies in Leicester appear to be reasonable based on

travel time analysis. Leicester residents should be able to access their nearest pharmacy within a few minutes by car, although this may take longer at peak travel times. All residents will also be able to walk to their nearest pharmacy within 20 minutes, with 98% of residents able to walk to their nearest pharmacy within 15 minutes (this is an increase from 96% in the last PNA in 2022). It is difficult to show travel times by public transport as these will vary during the time of day and day of the week. However, based on a weekday morning, it shouldn't take more than 15 minutes to reach the nearest pharmacy. Travel analysis has only looked at travel times to a resident's nearest pharmacy and has not considered services offered or opening times. Residents may have to travel further for some services or to reach a pharmacy outside normal opening hours.

Opening hours:

All Leicester pharmacies are open for at least 40 hours per week. Around 40% (33) are open up to 50 hours per week and Leicester has 8 pharmacies classified as 100-hour pharmacies. With longer opening hours, pharmacies are able to offer more flexible access later in the evenings and on weekends. The 100-hour pharmacies are located in the West (3 pharmacies), Central (2), East (1), North (1) and South (1) locality areas of the city. There is lower provision for extended opening hours in the North West of Leicester, however, despite there being five 100-hour county pharmacies within 1km of the City border only 2 of these are close to the North (1) and the North West (1) of the city. The closure of a pharmacy within East locality in 2024 will also have an impact on provision for some services.

Essential services:

Essential services are provided by all pharmacies. All Leicester residents have access to a pharmacy within 20 minutes of their home, although some walk-times may be longer. There are fewer pharmacies in the North West of Leicester compared with the North and Central areas and opening times are generally shorter, however this does not imply inadequate provision.

Data regarding pharmacies providing a collection and delivery service shows that the vast majority do so, which to some extent may compensate, at least for patients with regular medicines, for there being smaller numbers of pharmacists in certain parts of the city.

Advanced services:

There are eight advanced services which pharmacies may be accredited to offer. These include New Medicines Services, Appliance Use Reviews (AURs), Community Pharmacist Consultation Service, Flu Vaccination Service, Pharmacy Contraception Service (PCS), Pharmacy First Service, Hypertension Case-Finding Service, Stoma Appliance Customisation (SAC) and more recently the Smoking Cessation Service.

The advanced services Community Pharmacist Consultation Service, Flu Vaccination service and New Medicines Services are provided by the majority of pharmacies. Few pharmacies offer Stoma Appliance Customisation. No activity was reported for the Appliance Use Review (AUR) and only 2 pharmacies reported providing smoking cessation.

Locally Commissioned Services:

Locally Commissioned services are services commissioned by Local Authorities and Integrated Care Boards (ICBs) which can be tailored towards the health needs of the local population. Pharmacies can be particularly effective in providing services to underserved populations as they offer a walk-in service and do not require an appointment. They also offer valuable advice and support for people in making lifestyle choices and in managing their own health conditions.

The number of pharmacies offering the services below is reported at March 2024 where available.

Emergency Hormonal Contraception:

The number of pharmacies offering this service has remained the same as in the last PNA in 2022. At the end of March 2024, 9 pharmacies were offering this service. The majority of uptake is through the city centre and pharmacies in the west of the city. Whilst this is an area with a high number of young people, it is also likely that many young people choose to use this service at a more anonymous pharmacy in town rather than one that is close to their home.

C-Card

The C-card scheme is available across the city in local access points in schools, colleges, pharmacies and a range of other local services. In Leicester, 20 pharmacies are signed up to deliver the scheme across the city, this is an increase compared to 18 in the last PNA in 2022. Training and condom packs are supplied to participating community pharmacies by the Integrated Sexual Health Service.

Needle exchange:

Needle exchange services were provided by 18 pharmacies in Leicester in 2023/24 an increase from 14 in the last PNA. In the twelve months from April 2023 to March 2024 over 12,200 transactions were reported. This service is part of a wider scheme in helping individuals to manage and recover from substance misuse. The highest uptake of this service was in the centre of the city, with over 7,200 transactions here during the twelve-month period.

Supervised consumption:

Supervised methadone consumption was provided by 43 pharmacies across Leicester in 2021/22 this number has increased to 47 in 2023/24. As with needle exchange, this is part of a wider scheme in substance misuse harm reduction and recovery.

Take Home Naloxone

Take home naloxone was provided by 5 pharmacies within Leicester City in 2023/24. There were no pharmacies providing this service in the East and North of the City. This is a new service and no previous data is available from the last PNA for comparison.

Palliative care:

Five pharmacies provided palliative care services in 2020/21 this is now being provided by one practice within Leicester City for all patients within LLR. This service enables access to palliative care medicines and advice for patients during the last phase of their life.

Palliative care should be targeted towards areas with high-risk population, hospital discharges and those with respiratory problems. A review of the uptake of this service would provide information into how well this service is being used and with an ageing population, the potential for greater demand in the future.

11. Conclusions and Recommendations

This assessment looks at current provision of pharmacy services and concludes that overall provision of essential and advanced pharmacy services is adequate for the population of Leicester. The quality of services is monitored via quality visits to pharmacies and these provide assurance of pharmaceutical services for individual premises.

This PNA has reviewed the location and access to pharmacies for the residents of Leicester as at the end of March 2024. There are differences in local provision of services across the city and it may be that residents in some areas have to travel a little further to access a particular service or out of normal working hours. We have identified that there are gaps in service provision within North West and West localities in terms on number of pharmacies per 10,000 population and in terms of opening hours per week.

The PNA has given information showing which pharmacies provide advanced and locally commissioned services in addition to their essential services as at the end of March 2024. This includes services commissioned by NHS England, the ICB or Leicester City Council. Pharmacies may also choose to provide additional services directly of benefit to patients on a 'voluntary' basis.

Community based services offer a range of locally commissioned services to the local population that can be tailored to meet specific local healthcare needs. The uptake of some of these services has been included to give an idea of numbers, however, data is not available for uptake of services provided directly by pharmacies (ie not commissioned by the NHS, Local Authority or LLR ICB), so the PNA cannot assess whether the services adequately meet the needs of the population.

Pharmacies can provide a valuable service to patients, particularly underserved populations who can take advantage of a drop-in service at a time more convenient to themselves without the need for an appointment. It may also be more appealing to use a less formal environment within a pharmacy compared with the GP surgery.

11.1 Regulatory statements

It is a legislative requirement that PNAs are developed in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.1 Regulation 4 Schedule 1 of the 2013 regulations set out the minimum information to be contained in a PNA. Detailed below are the seven statements included in schedule 1.

Statement 1: current provision of necessary services

A statement of the pharmaceutical services that the health and wellbeing board (HWBB) has identified as services that are provided:

- *in the area of the HWBB and which are necessary to meet the need for pharmaceutical services in its area; and*

- *outside the area of the HWBB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWBB has identified such services)*

There is currently sufficient provision of pharmacies in Leicester City delivering essential pharmaceutical services. Currently there are 83 pharmacies in Leicester serving a population of 379,780 residents, of which six are distance selling pharmacies and five are 100-hour pharmacies. This equates to a rate of 2.2 pharmacies per 10,000 residents (or one pharmacy per 4.545 residents) which is greater than the England rate of 2.1 (or one pharmacy per 4761 residents)

This PNA has also considered 33 pharmacies which lie within 1.5 km of the Leicester City boundary as an approximation of pharmacies that are located within an acceptable range of access by foot, public transport or by car. Of these 27 are community pharmacies, 5 are 100-hour pharmacies and 1 is a distance selling pharmacy. Pharmacies located across the city boundary to the North West and West are able to serve residents in these areas where there are fewer pharmacies. Services provided by these pharmacies within 1.5 km of the city boundary are also considered within the PNA.

Statement 2: gaps in provision of necessary services

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

- *need to be provided (whether or not they are located in the area of the HWBB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;*
- *will in specified future circumstances, need to be provided (whether or not they are located in the area of the HWBB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area*

No gaps in the provision of essential pharmaceutical services across Leicester were identified in this PNA.

The PNA has considered population growth based on population projections and provision of pharmacy services. It is not currently possible to assess any future need for pharmaceutical services in terms of additional housing planned by local areas.

Statement 3: current provision of other relevant services

A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are provided:

- *in the area of the HWBB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;*
- *outside the area of the HWBB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless*

have secured improvements, or better access, to pharmaceutical services in its area;

- *in or outside the area of the HWBB and, whilst not being services of the types described above, they nevertheless affect the assessment by the HWBB of the need for pharmaceutical services in its area*

An array of enhanced services are provided across Leicester and the PNA has considered services provided by pharmacies within 1.5km of the city boundary. Data on additional services provided by community pharmacies was sought via a pharmacy contractor questionnaire. There were 17 responses (out of 83, 21%) to this questionnaire. Knowledge of local services contracted directly by the pharmacies in Leicester is limited. It is recommended that the system collates information on all of the services provided by the pharmacies in Leicester as this will help to develop a better understanding of the wide range of services offered across the city. In turn this will enable the promotion of the services offered to local communities and inform plans to reduce health inequalities across the city.

Statement 4: improvements and better access, gaps in provision

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

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

The majority of pharmacies provide enhanced services to Leicester residents. The advanced services Community Pharmacist Consultation Service, Flu Vaccination service and New Medicines Services are provided by the majority of pharmacies. Few pharmacies offer Stoma Appliance Customisation and a few pharmacies reported Appliance Use Review in the pharmacy survey. The Pharmacy First service implemented in January 2024, shows consultations carried out over 12 months from January to December 2024 increased over the period and are expected to increase further as the service extends over more pharmacies within Leicester. This will improve access to advice and medicines for minor illness without the need for a GP appointment and direct some healthcare away from GP Practice.

In addition, future commissioning of services planned for Autumn 2025, including contraception services will lead to further health improvements in accessibility of services for residents.

Statement 5: other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, an ICB, an NHS trust or an NHS foundation trust to which the HWBB has had regard in its assessment, which affect:

- *the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or*
- *whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area*

As part of the PNA process, local authority commissioners, LLR ICB and local NHS England were consulted to produce an up-to-date list of additional pharmaceutical services provided across Leicester city.

Statement 6: how the assessment was carried out

An explanation of how the assessment has been carried out, and in particular:

- *how it has determined what are the localities in its area;*
- *how it has taken into account (where applicable)*
  - *the different needs of different localities in its area, and*
  - *the different needs of people in its area who share a protected characteristic; and*
- *a report on the consultation that it has undertaken.*

The scope of this PNA was to assess the pharmaceutical needs and service provision within Leicester city. The localities were selected as the Health and Wellbeing areas as used in the Health and Wellbeing Survey. These are groups of 3-4 middle super output areas and help to show variation across the city. An assessment of population health needs and pharmacy provision within these locality areas has been included in the PNA. Additionally, each pharmacy in Leicester was asked to complete a survey which included questions on facilities and aids that would assist individuals with a physical or mental disability in accessing the pharmacy premises and pharmacy services. A summary and results of 3 consultations (public consultation, pharmacy consultation and statutory 60-day consultation are included in the PNA.

Statement 7: map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWBB

A map is provided in chapter 6 (figure 12) which details the location of each pharmacy at a locality level and whether the pharmacy is a community pharmacy, distancing selling or 100-hour pharmacy.

11.2 Recommendations

Equity of service:
Leicester has a higher rate of pharmacies per 100,000 of population than is found in England overall. However, Leicester's pharmacies are not evenly distributed throughout the city. The reasons for this are historic and commercial. The result is that some areas of the city have clusters of pharmacies while in other areas coverage is more thinly spread, and, working on the basis that people generally prefer to go to a nearby pharmacy, patients have a greater or lesser degree of choice, depending on where they live in the city. Equity in a service context can be viewed through the lens of access - can people physically get to the service? Take up - are there cultural, language or attitudinal barriers that may deter use? Outcome - do customers get the service they need and feel satisfied with that service?

It is recommended that NHS England (and where relevant Leicester City Council and Leicester, Leicestershire and Rutland Integrated Care Board) should:

- Work with NHS-England to review areas where there are fewer pharmacies, fewer services provided and lower opening hours to see how pharmacies can be incentivised to open new premises and improve equity of service. This is with particular reference to areas identified with lower provision in the North West and West localities. With there already being a reduced provision for the current population, future housing developments which are planned in these areas will add further pressure. Furthermore, due to the closure of a pharmacy in 2024 in East locality (Evington) and there being no cross-border provision nearby, this is a further area for considering opening of a new pharmacy.
- Monitor current and future plans of housing development within City to ensure future increases in demand are met with adequate provision.
- Keep regular, annual of review cross-city and county-border service provision to ensure uniformity of access and quality of service. It is acknowledged that many pharmacies provide a home delivery service which could help negate some gaps in delivery of medication in the areas previously mentioned, however, this does not fulfil provision of all services offered within the premises.
- Work with pharmacies and Local Pharmaceutical Committee to examine how equity issues can be addressed further. A review of service quality and uptake, including consideration of cultural and equalities needs could provide insight into the effectiveness of these local services.
- Work closely with Integrated Care Board and Primary Care Networks address digital literacy to improve access to services for all residents
- Consider the additional pressure on pharmacies due to the national pharmaceutical workforce shortage and work with pharmacies to mitigate the impact on service provision
- Encourage pharmacies to offer discretionary services in relation to local need.

Promotion of health and healthcare management:

It is recommended that NHS England (and where relevant Leicester City Council and Leicester, Leicestershire and Rutland Integrated Care Board) should:

- Ensure that the promotion of healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled (see section 4.1.1). The Community Pharmacy Contract Framework for 2025/26 requires a maximum of 2 national health campaigns and 2 ICB selected campaigns in 2025/26. Whilst NHS England retains responsibility for this area of the pharmacy contract, Local Authority Public Health and Leicester, Leicestershire and Rutland Integrated Care Board should work together to define campaigns relevant to the health needs of local populations to provide advice and support in reducing unhealthy behaviours and adopting healthier ones and ensure these are carried out.

- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the Integrated Care System - particularly in relation to providing services which deflect work out of primary care general practice.

- Collate information on all the services (including those directly commissioned by pharmacies) provided in Leicester as this will help to develop a better understanding of the wide range of services offered across the city. In turn this will enable the promotion of the services offered to local communities and inform plans to reduce health inequalities across the city.

- Assess levels of uptake of advanced and locally commissioned services and follow-up low or high performers in order to share best practice.

- Keep under review the appropriateness of monitoring and quality visits to pharmacies, in addition to pharmacy self-assessment, to provide assurance of effectiveness and to promote service improvement.

- Communicate to pharmacies the importance of advertising which services are available at each location to promote and facilitate their use. Services provided by pharmacies can be found on individual pharmacy websites but advertising within the premises may encourage more take-up.

- Explore additional services that could be provided in pharmacies to relieve pressure on GP Practice (for example NHS Health Check Service, Hypertension case-finding)

- It is noted that not all pharmacies providing supervised consumption or needle exchange are offering naloxone. This is an area to be followed up with the provider.

- Consider how community pharmacy services can be integrated within neighbourhood models and approaches to improving healthcare. The ICB 5-year plan is looking to define system-wide workforce transformation and new ways of working through the development of new operating models and removal of potential

barriers including definition of the place and neighbourhood offers to ensure the right care is available in the right places[12]. Neighbourhood models can be tailored to meet local needs and health inequalities, working to improve outcomes for specific patient groups, providing evening and weekend access to care, including access to pharmacies through the Community Pharmacy Consultation Scheme.

- Consider the opportunities offered by Independent Prescribing Pharmacies (IPP) to play an increasing role in delivering clinical services in primary care. NHS-England and ICBs have developed the community Pharmacy Independent Prescribing Pathfinder Programme to enable a community pharmacist prescriber to support primary care and clinical services[39]. IPP should be focused and commissioned to meet local needs as (neighbourhood approach)

Implications of Community Pharmacies Policy

It is recommended that NHS England (and where relevant Leicester City Council and Leicester, Leicestershire and Rutland Integrated Care Board) should:

- Review evidence of impact of policy and funding changes on services annually and report any findings to the Health and Wellbeing Board with appropriate advice.

Annual review of recommendations

- Provide an annual report to the Health and Wellbeing Board, on the impact of pharmacy services introduced since the review period assessed within the PNA (ie post April 2025). This will include a review of the impact of the new services implemented in the Autumn of 2025 as part of the additional elements of the Community Pharmacy Contractual Framework.

[39] Community Pharmacy Independent Prescribing

GLOSSARY OF TERMS

AUR	Appliance Use Review
BME	Black and Minority Ethnic
CBS	Community Based Services
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contractual Framework
CVD	Cardiovascular Disease
EHC	Emergency Hormonal Contraception
EPACT	Electronic Prescribing Analysis and Costing
EPS	Electronic Prescription Service
GP	General Practitioner
GPhC	General Pharmaceutical Council
H. Pylori	Helicobacter Pylori
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing
HWBB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LCC	Leicester City Council
LLR	Leicester, Leicestershire and Rutland
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
MDS	Monitored Dosage System
MSOA	Middle Super Output Area
MUR	Medicines Use Review
NHS	National Health Service
NHSE	National Health Service England
NMS	New Medicines Service

NRT	Nicotine Replacement Therapy
ONS	Office for National Statistics
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
POPPI	Projecting Older People Population Information System
QOF	Quality Outcomes Framework
RSPH	Royal Society for Public Health
SAC	Stoma Appliance Customisation
SCR	Summary Care Record

Appendix 1. Current location and open times (accurate as of 1st August 2025)

ID	Area Name	Pharmacy Name	Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	Central	7 - 11 PHARMACY	84B BERNERS STREET, LE2 0FS	08:30-13:00, 14:00-21:00	08:30-13:00, 14:00-21:00	08:30-13:00, 14:00-21:00	08:30-13:00, 14:00-21:00	08:30-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	11:00-17:00
2	Central	BOOTS	30-36 GALLOWTREE GATE, LE1 1DD	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	08:30-18:00	11:00-17:00
3	Central	BOOTS	UNITS 38/39 HIGHCROSS, LE1 4FQ	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-17:00	11:00-17:00
4	Central	CITY PHARMACY LTD	110 LONDON ROAD, LE2 0QS	09:00-13:30, 14:30-17:30	09:00-13:30, 14:30-17:30	09:00-13:30, 14:30-17:30	09:00-13:30, 14:30-17:30	09:00-13:30, 14:30-17:30	09:00-13:00	CLOSED
5	Central	DAY-NIGHT PHARMACY	77-83 CHESTERFIELD ROAD, LE5 5LH	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-20:00	11:00-17:00
6	Central	EGGINTON STREET PHARMACY LIMITED	4 EGGINTON STREET, LE5 5BA	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:00	09:00-13:00	CLOSED
7	Central	EVEREST PHARMACY - LEICESTER	78 QUEENS ROAD, CLARENDON PARK, LE2 1TU	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED
8	Central	HEALTH SERVE PHARMACY	5 ST PETERS SHOPPING CTR, 104 MELBOURNE ROAD, LE2 0DS	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00	CLOSED
9	Central	HIGHEM PHARMACY	ST. PETER'S HEALTH CENTRE, SPARKENHOE STREET, LE2 0TA	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-13:00	CLOSED
10	Central	JHOOTS PHARMACY	44 MALABAR ROAD, LE1 2PD	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	CLOSED	CLOSED
11	Central	KNIGHTS DISPENSING CHEMIST	75 QUEENS ROAD, CLARENDON PARK, LE2 1TT	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-17:30	CLOSED
12	Central	MEDICINE BOX CHEMISTS	132 EVINGTON ROAD, LE2 1HL	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	10:00-12:30

ID	Area Name	Pharmacy Name	Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
13	Central	MOIN'S CHEMIST	137A EAST PARK ROAD, LE5 5AZ	09:00-13:00, 14:30-19:00	09:00-13:00, 14:30-19:00	09:00-13:00, 14:30-19:00	09:00-13:00, 14:30-19:00	09:00-13:00, 14:30-19:00	09:00-13:00	CLOSED
14	Central	PARKVIEW DISPENSING CHEMIST	276 EAST PARK ROAD, LE5 5FD	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-17:00	CLOSED
15	Central	PEARL CHEMIST	185-187 EVINGTON ROAD, LE2 1QN	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
16	Central	PHARMASON LTD	86 MANITOBA ROAD, LE1 2FT	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
17	Central	ST STEPHENS CHEMIST	35 ST. STEPHENS ROAD, LE2 1GH	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 15:00-18:00	09:00-13:00, 14:00-18:30	09:00-13:00	CLOSED
18	Central	VISION PHARMACY	272 WELFORD ROAD, LE2 6BD	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-13:00, 14:00-18:00	10:00-16:00	CLOSED
19	Central	VISION PHARMACY	2 HARTINGTON ROAD, LE2 0GL	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:30-13:00, 14:30-17:30	CLOSED
20	Central	VISIONARY MEDS	101D GWENDOLEN ROAD, LE5 5FL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
21	Central	YAKUB CHEMIST LIMITED	67 HARTINGTON ROAD, LE2 0GQ	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00 ,14:00-19:00	09:00-15:00	CLOSED
22	East	ASHA PHARMACY	3 THE PARKWAY, LEICESTER, LE5 2BB	09:15-13:00, 14:00-18:00	09:15-13:00, 14:00-18:00	09:15-13:00, 14:00-18:00	09:15-13:00, 14:00-18:00	09:15-13:00, 14:00-18:00	09:15-13:00, 14:00-17:00	CLOSED
23	East	ETHEL ROAD PHARMACY	174 ETHEL ROAD, EVINGTON, LE5 4WE	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	CLOSED	CLOSED
24	East	HAMILTON PHARMACY	UNIT 2,192 SANDHILLS AVE, HAMILTON, LE5 1QN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
25	East	MEDICARE PHARMACY	140 ST. SAVIOURS ROAD, LE5 3SG	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:30-13:00	CLOSED
26	East	R GLENTON & SON LTD	49 WELLAND VALE ROAD, EVINGTON, LE5 6PX	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED

ID	Area Name	Pharmacy Name	Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
27	East	TESCO INSTORE PHARMACY	MAIDENWELL AVENUE, HAMILTON, LE5 1BJ	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00
28	East	UNIPHARM CHEMISTS	83 NETHERHALL ROAD, LE5 1DR	09:00-13:00, 14:15-18:30	09:00-13:00, 14:15-18:30	09:00-13:00, 14:15-18:30	09:00-13:00, 14:15-17:00	09:00-13:00, 14:15-18:30	09:00-13:00	CLOSED
29	East	VISION PHARMACY	131 BRIDGE ROAD, LE5 3QN	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	10:00-18:00	11:00-17:00
30	East	VITALITY PHARMACY	158 EAST PARK ROAD, LE5 4QB	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	12:30-14:00	CLOSED
31	East	WELL PHARMACY	WILLOWBROOK MEDICAL CTR, 195 THURNCOURT ROAD, LE5 2NL	08:00-18:15	08:00-18:15	08:00-18:15	08:00-18:15	08:00-18:15	CLOSED	CLOSED
32	North	BELGRAVE PHARMACY	BELGRAVE HEALTH CENTRE, 52 BRANDON STREET, LE4 6AW	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	CLOSED	CLOSED
33	North	BOOTS	212 UPPINGHAM ROAD, LE5 0QG	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	09:00-17:00	CLOSED
34	North	BROTHERS PHARMACY	118 BELGRAVE ROAD, LE4 5AT	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	10:00-18:00	CLOSED
35	North	EVERGREEN HEALTHCARE LIMITED	UNIT 10, 111 ROSS WALK, LEICESTER BUSINESS CENTRE, LE4 5HH	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
36	North	FUSION PHARMACY	109 BARKBY ROAD, THURMASTON, LE4 9LG	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
37	North	HEALTHWAYS CHEMIST	155-157 LOUGHBOROUGH ROAD, LE4 5LR	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-15:00	09:00-13:00, 14:00-18:30	CLOSED	CLOSED
38	North	LEONARD SMITH	195 MELTON ROAD, LE4 6QT	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED

ID	Area Name	Pharmacy Name	Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
39	North	M.F. VAIYA - ALPHARM	224 LOUGHBOROUGH ROAD, LE4 5LG	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00	CLOSED
40	North	NIVA PHARMACY LIMITED	2 UPPINGHAM ROAD, LE5 0QD	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
41	North	OMCARE LATE NIGHT PHARMACY	UNIT 10 BELGRAVE COMM CTR, 160 BELGRAVE ROAD, LE4 5AU	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-20:00	07:00-19:00
42	North	PANCHOLI CHEMIST	11 LOUGHBOROUGH ROAD, LE4 5LJ	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-18:30	CLOSED	CLOSED
43	North	PICKFORDS PHARMACY	4 LOCKERBIE WALKRUSHEY MEAD, LE4 7ZX	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED
44	North	SAFFRON PHARMACY	HUMBERSTONE MEDICAL CTR, 150 WYCOMBE ROAD, LE5 0PR	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
45	North	SAFYS CHEMIST	139 MELTON ROAD, LE4 6QS	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-18:30	12:00-13:00
46	North	SAMAT CHEMIST	274 VICTORIA ROAD EAST, LE5 0LF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:00	CLOSED
47	North	SONI (LEICESTER) LTD	27 MELTON ROAD, LE4 6PN	09:00-18:15	09:00-18:15	09:00-18:15	09:00-16:45	09:00-18:15	CLOSED	CLOSED
48	North	UNIVERSAL DELIVERY PHARMACY	105 HARRISON ROAD, LE4 6JT	09:00-12:30, 14:00-18:30	09:00-12:30, 14:00-18:30	09:00-12:30, 14:00-18:30	09:00-12:30, 14:00-18:30	09:00-12:30, 14:00-18:30	09:00-13:00	CLOSED
49	North	VISION PHARMACY	1 SPINNEY HILL ROAD, LE5 3GH	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-14:00	CLOSED
50	North	YAKUB CHEMIST CARE HOME SERVICES	1 HIGH VIEW CLOSE, HAMILTON, LE4 9LJ	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-12:00	CLOSED
51	North West	ASTILL LODGE PHARMACY	234 ASTILL LODGE ROAD, ANSTEY HEIGHTS, LE4 1EF	09:00-18:15	09:00-18:15	09:00-18:15	09:00-13:00	09:00-18:15	09:00-12:30	CLOSED

ID	Area Name	Pharmacy Name	Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
52	North West	BLACKBIRD PHARMACY	8 BLACKBIRD ROAD, LE4 0FS	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30	CLOSED
53	North West	BOOTS	20-22 FLETCHER MALL, BEAUMONT LEYS, LE4 1DG	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-17:00	10:00-16:00
54	North West	BORDER DRIVE PHARMACY	15 BELGRAVE BOULEVARD, LE4 2JD	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-12:00	CLOSED
55	North West	MATTOCK PHARMACY	163 FOSSE ROAD NORTH, LE3 5EZ	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
56	North West	PEAK PHARMACY	UNIT 5 HOME FARM SHOP, STRASBOURG DRIVE, LE4 0RY	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-18:00	09:00-13:30,14:00-18:00	09:00-13:30, 14:00-18:00	CLOSED	CLOSED
57	North West	YOUR MEDICALS	2 STADIUM PLACE, LE4 0JS	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
58	North West	YOUR PHARMACY	19-21 NORWICH ROAD, LE4 0LR	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
59	South	AYLESTONE PHARMACY	755-757 AYLESTONE ROAD, AYLESTONE, LE2 8TG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
60	South	BROOKVALE PHARMACY LTD	15 MEADVALE ROAD, KNIGHTON, LE2 3WN	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-17:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-16:00	CLOSED
61	South	FUSION PHARMACY	UNIT 3, SWINFORD AVENUE, GLEN PARVA, LE2 9RW	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
62	South	HEALTHCARE CHEMIST	340 WELFORD ROAD, LE2 6EH	09:00-14:00, 15:00-18:00	09:00-14:00, 15:00-18:00	09:00-14:00, 15:00-18:00	09:00-14:00, 15:00-18:00	09:00-14:00, 15:00-18:00	09:00-13:00	CLOSED
63	South	HEALTHPHARM @ SAFFRON HEALTH	509 SAFFRON LANE, LE2 6UL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
64	South	INTERPHARM (LEICS) CHEMISTS	521 SAFFRON LANE, LE2 6UL	09:00-12:45, 13:45-18:30	09:00-12:45, 13:45-18:30	09:00-12:45, 13:45-18:30	09:00-12:45, 13:45-18:30	09:00-12:45, 13:45-18:30	CLOSED	CLOSED

ID	Area Name	Pharmacy Name	Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
65	South	MONSELL PHARMACY	184 STURDEE ROAD, LE2 9DB	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-12:00, 17:00-20:30	10:00-16:00
66	South	SAFFRON LANE PHARMACY	501 SAFFRON LANE, LE2 6UL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
67	South	SPIRIT PHARMACY LIMITED	SPIRIT HOUSE, SAFFRON WAY, LE2 6UP	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
68	South	STONEYCROFT CHEMIST	41 FRANCIS STREET, STONEYGATE, LE2 2BE	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
69	South	WELL PHARMACY	UNIT2 STURDEE ROAD, EYRES MONSELL, LE2 9DB	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-12:00	CLOSED
70	South	YOUR PHARMACY	90 SHAKERDALE ROAD, WEST KNIGHTON, LE2 6HS	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00,14:00-18:00	CLOSED	CLOSED
71	West	HOCKLEY FARM CHEMIST	39 HOCKLEY FARM ROAD, LE3 1HN	08:30-19:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED
72	West	MERRIDALE PHARMACY	MERRIDALE HEALTH CENTRE, 5 FULLHURST AVENUE, LE3 1BL	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	CLOSED	CLOSED
73	West	PATELS CHEMIST	115 NARBOROUGH ROAD, LE3 0PA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED
74	West	PEAK PHARMACY	WESTCOTES HEALTH CENTRE, FOSSE ROAD SOUTH, LE3 0LP	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
75	West	POLY PHARMACY	10 UPPERTON ROAD, LE3 0BG	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	10:00-13:00, 14:00-21:00	08:00-21:00
76	West	RIVERSIDE PHARMACY	UNIT C27 WESTERN BOULEVARD, LE2 7HN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

ID	Area Name	Pharmacy Name	Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
77	West	SHILCHEM PHARMACY	217 HINCKLEY ROAD, LE3 0TG	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-18:30	09:00-13:00, 14:30-17:30	CLOSED
78	West	ST STEPHENS CHEMIST	7 FOSSE ROAD SOUTH, LE3 0LP	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
79	West	TESCO INSTORE PHARMACY	NARBOROUGH RD RETAIL PARK, NARBOROUGH ROAD WEST, LE3 5LH	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00
80	West	VISION PHARMACY	51-53 NARBOROUGH ROAD, LE3 0LE	11:00-22:00	11:00-22:00	11:00-22:00	11:00-22:00	11:00-22:00	11:00-22:00	11:00-00:00
81	West	WELL	311 AIKMAN AVENUE, NEW PARKS ESTATE, LE3 9PW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

Pharmaceutical Needs Assessment
Public Survey 2025

Leicester, Leicestershire and Rutland Results

Introduction

This Appendix presents the data gathered through the LLR PNA Public Survey in February and March of 2025. For more in-depth narratives and interpretation please consult the appropriate sections of the main PNA 2025 Reports Leicester, Leicestershire or Rutland.

In the following pages, the results of the surveys are presented in the following way:

1. All responses to **closed questions** are summarised in tables – including numbers and proportions for individual areas (Leicester, Leicestershire or Rutland) as well as LLR totals.
2. Responses to the **open-ended questions** include, for each area
    a. a thematic summary (three most common themes),
    b. two illustrative answers verbatim and a
    c. thematic summary (where appropriate.
3. Summaries of responses appear in the original sequence of the questionnaire, grouped in themes, with the exception of the information on the survey respondents (see 'Population Profile of Respondents' section)

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1. Access to pharmacy, frequency of use, travel time

Table.7.Where.do.you.usually.get.your.prescription.medicine.from?

	Leicester		**Leicestershire**		**Rutland**		**LLR**	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
A delivery from your usual pharmacy	17	10.6%	30	4.1%	13	4.0%	60	4.9%
A dispensary in your GP practice	4	2.5%	29	3.9%	88	27.3%	121	9.9%
A pharmacy/chemist's shop	137	85.6%	667	90.3%	216	67.1%	1020	83.5%
An online dispensing pharmacy	1	0.6%	11	1.5%	3	0.9%	15	1.2%
Other	0	0.0%	2	0.3%	0	0.0%	2	0.2%
(blank)	1	0.6%	0	0.0%	2	0.6%	3	0.2%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.8..Where.is.your.usual.pharmacy.based.(delivery.or.shop)?

	Leicester		**Leicestershire**		**Rutland**		**LLR**	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Leicester City	148	92.5%	15	2.0%	0	0.0%	163	13.3%
Leicestershire	6	3.8%	672	90.9%	2	0.6%	680	55.7%
Rutland	0	0.0%	1	0.1%	222	68.9%	223	18.3%
(blank)	6	3.8%	51	6.9%	98	30.4%	155	12.7%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.9.Usual.mode.of.travel.to.the.pharmacy

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Walk	95	59.4%	343	46.4%	131	40.7%	569	46.6%
Car (driver)	38	23.8%	305	41.3%	151	46.9%	494	40.5%
Car (passenger)	3	1.9%	52	7.0%	29	9.0%	84	6.9%
Other (please specify)	7	4.4%	19	2.6%	5	1.6%	31	2.5%
I don't / someone goes for me	4	2.5%	11	1.5%	2	0.6%	17	1.4%
Bicycle	5	3.1%	1	0.1%	3	0.9%	9	0.7%
Public transport	4	2.5%	5	0.7%	0	0.0%	9	0.7%
Taxi	2	1.3%	1	0.1%	1	0.3%	4	0.3%
Wheelchair / mobility scooter	1	0.6%	2	0.3%	0	0.0%	3	0.2%
(blank)	1	0.6%	0	0.0%	0	0.0%	1	0.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

The additional responses specifying ‘other’ modes of travel (N=7) most commonly highlight **home delivery**.

Table.0..Travel.time.to.the.usual.pharmacy

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Less than 15 minutes	133	83.1%	589	79.7%	229	71.1%	951	77.9%
15 - 30 minutes	19	11.9%	130	17.6%	90	28.0%	239	19.6%
30 - 60 minutes	4	2.5%	4	0.5%	1	0.3%	9	0.7%
Over an hour	1	0.6%	1	0.1%	0	0.0%	2	0.2%
Unsure / I don't travel there	2	1.3%	15	2.0%	2	0.6%	19	1.6%
(blank)	1	0.6%	0	0.0%	0	0.0%	1	0.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.❶.Frequency.of.using.pharmacy.for.health.reasons

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
A few times a month	35	21.9%	153	20.7%	62	19.3%	250	20.5%
Once a month	79	49.4%	280	37.9%	178	55.3%	537	44.0%
Every two to three months	27	16.9%	182	24.6%	37	11.5%	246	20.1%
Once or twice a year	16	10.0%	88	11.9%	32	9.9%	136	11.1%
Not in the last 12 months	3	1.9%	34	4.6%	13	4.0%	50	4.1%
(blank)	0	0.0%	2	0.3%	0	0.0%	2	0.2%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

2. Delivery of medicines

Table.❷.Usual.mode.of.delivery.of.medicines.by.pharmacy

	Leicester		**Leicestershire**		**Rutland**		**LLR**	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Collection from pharmacy	137	85.6%	689	93.2%	296	91.9%	1122	91.9%
Delivered by pharmacy - free	21	13.1%	33	4.5%	16	5.0%	70	5.7%
Delivered by pharmacy - pay for delivery	0	0.0%	1	0.1%	0	0.0%	1	0.1%
Delivered by post	1	0.6%	10	1.4%	2	0.6%	13	1.1%
Other (please specify, including if you receive your medicines using multiple methods)	1	0.6%	2	0.3%	7	2.2%	10	0.8%
(blank)	0	0.0%	4	0.5%	1	0.3%	5	0.4%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

QUESTION: Can you tell us why you have your medicines delivered?

Of the 93 respondents who had their **medicines delivered by the pharmacy or by post**, 82 had given reasons why:

Leicester

Themes:

- Continued delivery service is important, especially when pharmacies are not nearby.
- Distance or time needed to walk to pharmacy is a barrier for some.
- Mobility challenges and personal risks (e.g., health or safety) affect ability to access services.

Leicestershire

Themes:

- Importance of convenience in receiving medications or prescriptions.
- Need for local collection options and proximity to a trusted pharmacy.
- Inability to drive or walk long distances—especially for older people or those with medical conditions.

Rutland

Themes:

- Convenience is the top priority.
- Responses highlight preferences for walking, driving, or delivery depending on mobility.
- Clear emphasis on flexible access, especially for rural residents.

Illustrative answers:

Leicester:

ƒI.am.disabled.and.cannot.always.walk.to.the.pharmacyƒ
ƒConvenienceƒ

Leicestershire

ƒAll.family.medication.is.requested.together.and.collected.at.the.same.timeƒ
ƒShielded.during.covid.7❺pandemic?.now.have.service.in.placeƒ

Rutland

ƒBecause.they.offer.the.serviceƒ

3. Satisfaction with services, pharmacy opening times

Table.❸.Level.of.satisfaction.with.advice.received.from.a.pharmacy-~~c~~hemist

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very satisfied	81	50.6%	435	58.9%	197	61.2%	713	58.4%
Fairly satisfied	39	24.4%	142	19.2%	35	10.9%	216	17.7%
Neither satisfied nor dissatisfied	13	8.1%	65	8.8%	23	7.1%	101	8.3%
Fairly dissatisfied	12	7.5%	34	4.6%	4	1.2%	50	4.1%
Very dissatisfied	5	3.1%	14	1.9%	3	0.9%	22	1.8%
Don't know / not applicable	7	4.4%	21	2.8%	12	3.7%	40	3.3%
(blank)	3	1.9%	28	3.8%	48	14.9%	79	6.5%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.❹.Level.of.satisfaction.with.advice.received.from.a.GP.dispensary

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very satisfied	27	16.9%	169	22.9%	86	26.7%	282	23.1%
Fairly satisfied	17	10.6%	58	7.8%	36	11.2%	111	9.1%
Neither satisfied nor dissatisfied	11	6.9%	19	2.6%	29	9.0%	59	4.8%
Fairly dissatisfied	6	3.8%	4	0.5%	6	1.9%	16	1.3%
Very dissatisfied	5	3.1%	4	0.5%	3	0.9%	12	1.0%
Don't know / not applicable	58	36.3%	183	24.8%	72	22.4%	313	25.6%
(blank)	36	22.5%	302	40.9%	90	28.0%	428	35.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.75.Level.of.satisfaction.with.an.online_only.pharmacy

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very satisfied	5	3.1%	28	3.8%	9	2.8%	42	3.4%
Fairly satisfied	3	1.9%	12	1.6%	5	1.6%	20	1.6%
Neither satisfied nor dissatisfied	4	2.5%	14	1.9%	5	1.6%	23	1.9%
Fairly dissatisfied	1	0.6%	1	0.1%	1	0.3%	3	0.2%
Very dissatisfied	2	1.3%	8	1.1%	1	0.3%	11	0.9%
Don't know / not applicable	102	63.8%	309	41.8%	147	45.7%	558	45.7%
(blank)	43	26.9%	367	49.7%	154	47.8%	564	46.2%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.76.When.do.you.most.commonly.use.pharmacy.services?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Between 9am-6pm on weekdays	131	81.9%	650	88.0%	295	91.6%	1076	88.1%
Saturday	17	10.6%	47	6.4%	9	2.8%	73	6.0%
After 6pm on weekdays	9	5.6%	30	4.1%	12	3.7%	51	4.2%
Before 9am on weekdays	2	1.3%	5	0.7%	3	0.9%	10	0.8%
Sunday	0	0.0%	1	0.1%	2	0.6%	3	0.2%
(blank)	1	0.6%	6	0.8%	1	0.3%	8	0.7%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.77.Do.you.agree.that.the.opening.times.of.pharmacy.services.meet.your.need?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Strongly agree	46	28.8%	312	42.2%	169	52.5%	527	43.2%
Tend to agree	69	43.1%	281	38.0%	108	33.5%	458	37.5%
Neither agree nor disagree	17	10.6%	77	10.4%	19	5.9%	113	9.3%
Tend to disagree	20	12.5%	46	6.2%	19	5.9%	85	7.0%
Strongly disagree	7	4.4%	18	2.4%	3	0.9%	28	2.3%
Don't know	0	0.0%	1	0.1%	3	0.9%	4	0.3%
(blank)	1	0.6%	4	0.5%	1	0.3%	6	0.5%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

QUESTION: Please explain your answer to whether pharmacy opening hours meet your needs

Leicester

Themes:

- Limited late opening – pharmacies are closed when people finish work.
- Work schedules make it hard to access during standard hours.
- General dissatisfaction with evening availability.

Illustrative responses:

- ƒOpen.at.times.when.I.am.at.workƒ
- ƒOpen.during.the.day.when.I.work¡.Closed.when.I.can.goƒ

Leicestershire

Themes:

- Pharmacies generally open on Saturdays, which is appreciated.

- Requests for later or more convenient weekday hours.
- Overall more positive tone than Leicester.

Illustrative responses:

- ƒUsually.open.on.a.Saturday.if.I.can"t.get.there.in.the.weekƒ
- ƒHours.are.usually.fine.but.would.prefer.it.to.be.open.later.sometimesƒ

Rutland

Themes:

- Many find existing hours suitable, especially retired people.
- Some request late evening or night access.
- Comments suggest a mix of satisfaction and rural limitations.

Illustrative responses:

- ƒAs.a.retired.person?normal.opening.hours.suit.meƒ
- ƒWould.like.it.open.later.in.the.evening.as.I.work.in.Leicesterƒ

Thematic Comparison (pharmacy opening hours)

Theme	**Leicester**	**Leicestershire**	**Rutland**
Difficulty accessing outside work	**Strong**	Moderate	Mild
Satisfaction with existing hours	Low	Mixed to positive	Generally high
Need for evening or late hours	**High**	Moderate	Present but less urgent
Mention of Saturday access	Rare	Frequent and valued	Occasional
Rural vs. urban access challenges	Urban-focused	Mixed	**Rural considerations**

In Leicester, there is a strong focus on difficulty with access outside working hours, with expressed need for evening and late hours opening. In Rutland, the main focus were rural considerations.

Table.78.How.hard.or.easy.is.to.find.open.pharmacy.during.the.day?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very easy	119	74.4%	558	75.5%	248	77.0%	925	75.8%
Fairly easy	28	17.5%	116	15.7%	47	14.6%	191	15.6%
Neither easy nor difficult	3	1.9%	13	1.8%	3	0.9%	19	1.6%
Fairly difficult	3	1.9%	2	0.3%	2	0.6%	7	0.6%
Very difficult	2	1.3%	0	0.0%	0	0.0%	2	0.2%
Don't know / not applicable	1	0.6%	3	0.4%	6	1.9%	10	0.8%
(blank)	4	2.5%	47	6.4%	16	5.0%	67	5.5%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.79..How.hard.or.easy.is.to.find.open.pharmacy.in.the.evening.(after.❷pm)?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very easy	11	6.9%	44	6.0%	78	24.2%	133	10.9%
Fairly easy	35	21.9%	93	12.6%	78	24.2%	206	16.9%
Neither easy nor difficult	19	11.9%	52	7.0%	27	8.4%	98	8.0%
Fairly difficult	33	20.6%	167	22.6%	35	10.9%	235	19.2%
Very difficult	32	20.0%	100	13.5%	20	6.2%	152	12.4%
Don't know / not applicable	23	14.4%	172	23.3%	50	15.5%	245	20.1%
(blank)	7	4.4%	111	15.0%	34	10.6%	152	12.4%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.70..How.hard.or.easy.is.to.find.open.pharmacy.at.weekends?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very easy	26	16.3%	121	16.4%	101	31.4%	248	20.3%
Fairly easy	51	31.9%	174	23.5%	83	25.8%	308	25.2%
Neither easy nor difficult	27	16.9%	64	8.7%	31	9.6%	122	10.0%
Fairly difficult	29	18.1%	121	16.4%	20	6.2%	170	13.9%
Very difficult	11	6.9%	61	8.3%	20	6.2%	92	7.5%
Don't know / not applicable	9	5.6%	87	11.8%	31	9.6%	127	10.4%
(blank)	7	4.4%	111	15.0%	36	11.2%	154	12.6%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.71..How.hard.or.easy.is.to.find.open.pharmacy.on.Bank.Holidays?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very easy	6	3.8%	19	2.6%	34	10.6%	59	4.8%
Fairly easy	19	11.9%	55	7.4%	40	12.4%	114	9.3%
Neither easy nor difficult	19	11.9%	38	5.1%	27	8.4%	84	6.9%
Fairly difficult	32	20.0%	122	16.5%	35	10.9%	189	15.5%
Very difficult	36	22.5%	166	22.5%	43	13.4%	245	20.1%
Don't know / not applicable	39	24.4%	226	30.6%	104	32.3%	369	30.2%
(blank)	9	5.6%	113	15.3%	39	12.1%	161	13.2%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.7❷.Opening.times.of.the.usual.pharmacy.changed.in.the.last.7❹months

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
No	76	47.5%	388	52.5%	171	53.1%	635	52.0%
Yes	25	15.6%	63	8.5%	20	6.2%	108	8.8%
Don't know	58	36.3%	257	34.8%	122	37.9%	437	35.8%
(blank)	1	0.6%	31	4.2%	9	2.8%	41	3.4%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

QUESTION: If you said 'Yes' to having been affected by changes to opening hours, please explain

Leicester

Themes:

- Closure on Saturdays or reduction in weekend hours.
- Impact of pharmacies in specific areas being shut or with reduced hours.
- Requests for more weekend access.

Illustrative responses:

- ƒPharmacy.on.Evington.Road.now.closed.on.Saturdaysƒ
- ƒUsed.to.be.open.on.weekends.- .now.shutƒ

Leicestershire

Themes:

- **Reduced opening hours**, particularly later starts and earlier closing.
- Weekend access affected – Saturday closures noted.
- Trouble collecting prescriptions due to shorter hours.

Illustrative responses:

- ƒOpening.hours.have.been.reduced.so.I.have.less.opportunity.to.collect.prescriptionsƒ
- ƒPharmacy.now.closes.earlier.than.beforeƒ

Rutland

Themes:

- **Shortened or reduced hours** are the dominant concern.
- Pharmacies no longer open as frequently as before.
- No diversity of reasons—consistent complaint about **reduced availability**.

Illustrative responses:

- ƒOpening.hours.reduced.since.the.pandemicƒ
- ƒPharmacy.no.longer.open.on.Saturday.afternoonsƒ

Thematic Comparison (changes in pharmacy opening hours)

Theme	**Leicester**	**Leicestershire**	**Rutland**
Saturday or weekend closures	**Strong focus**	Moderate	Present
General reduction in hours	Present	**Strong focus**	**Primary issue**
Local pharmacy closures	Specific examples	General concern	Few location-specific
Difficulty collecting prescriptions	Mentioned	**Common**	Rare

The reduction in pharmacy opening hours was of concern across all areas and was a primary issue in Rutland. In Leicester, there was a strong focus on Saturday or weekend closures. In Leicestershire, the changes were commonly resulting in difficulty collecting prescriptions, and both the closures and reduction in opening hours were of concern.

Table.7❸.To.what.extent.do.you.agree.or.disagree.with.the.statement.›my.pharmacy.provides.a.good.service›?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Strongly agree	75	46.9%	420	56.8%	212	65.8%	707	57.9%
Tend to agree	53	33.1%	195	26.4%	78	24.2%	326	26.7%
Neither agree nor disagree	14	8.8%	44	6.0%	15	4.7%	73	6.0%
Tend to disagree	6	3.8%	34	4.6%	8	2.5%	48	3.9%
Strongly disagree	8	5.0%	22	3.0%	3	0.9%	33	2.7%
Don't know / not applicable	4	2.5%	2	0.3%	2	0.6%	8	0.7%
(blank)	0	0.0%	22	3.0%	4	1.2%	26	2.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.7❹.To.what.extent.do.you.agree.or.disagree.with.the.statement›My.pharmacy.gives.me.clear.advice.on.how.medicines.should.be.taken"?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Strongly agree	70	43.8%	373	50.5%	172	53.4%	615	50.4%
Tend to agree	43	26.9%	206	27.9%	73	22.7%	322	26.4%
Neither agree nor disagree	25	15.6%	61	8.3%	33	10.2%	119	9.7%
Tend to disagree	10	6.3%	17	2.3%	13	4.0%	40	3.3%
Strongly disagree	4	2.5%	15	2.0%	3	0.9%	22	1.8%
Don't know / not applicable	7	4.4%	27	3.7%	10	3.1%	44	3.6%
(blank)	1	0.6%	40	5.4%	18	5.6%	59	4.8%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.7❽To.what.extent.do.you.agree.or.disagree.with.the.statement›I.can.speak.to.a.pharmacist.without.being.overheard"?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Strongly agree	72	45.0%	336	45.5%	156	48.4%	564	46.2%
Tend to agree	36	22.5%	153	20.7%	58	18.0%	247	20.2%
Neither agree nor disagree	10	6.3%	58	7.8%	31	9.6%	99	8.1%
Tend to disagree	17	10.6%	58	7.8%	22	6.8%	97	7.9%
Strongly disagree	12	7.5%	41	5.5%	14	4.3%	67	5.5%
Don't know / not applicable	11	6.9%	55	7.4%	28	8.7%	94	7.7%
(blank)	2	1.3%	38	5.1%	13	4.0%	53	4.3%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.86.To.what.extent.do.you.agree.or.disagree.with.the.statement›My.pharmacy.gives.me.clear.advice.on.how.to.manage.minor.ailments"?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Strongly agree	45	28.1%	232	31.4%	120	37.3%	397	32.5%
Tend to agree	46	28.8%	202	27.3%	57	17.7%	305	25.0%
Neither agree nor disagree	19	11.9%	77	10.4%	40	12.4%	136	11.1%
Tend to disagree	7	4.4%	22	3.0%	8	2.5%	37	3.0%
Strongly disagree	6	3.8%	14	1.9%	8	2.5%	28	2.3%
Don't know / not applicable	35	21.9%	142	19.2%	65	20.2%	242	19.8%
(blank)	2	1.3%	50	6.8%	24	7.5%	76	6.2%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.87.To.what.extent.do.you.agree.or.disagree.with.the.statement›My.pharmacy.gives.me.clear.advice.on.how.to.improve.my.lifestyle"?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Strongly agree	16	10.0%	56	7.6%	27	8.4%	99	8.1%
Tend to agree	16	10.0%	53	7.2%	17	5.3%	86	7.0%
Neither agree nor disagree	25	15.6%	154	20.8%	58	18.0%	237	19.4%
Tend to disagree	12	7.5%	33	4.5%	15	4.7%	60	4.9%
Strongly disagree	13	8.1%	35	4.7%	17	5.3%	65	5.3%
Don't know / not applicable	73	45.6%	332	44.9%	153	47.5%	558	45.7%
(blank)	5	3.1%	76	10.3%	35	10.9%	116	9.5%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.88.To.what.extent.do.you.agree.or.disagree.with.the.statement›My.pharmacy.gives.me.additional.help.with.prescribed.medicines.(e¡g¡.providing.aids.to.help.me.take.my.medicine)"?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Strongly agree	22	13.8%	102	13.8%	41	12.7%	165	13.5%
Tend to agree	25	15.6%	64	8.7%	21	6.5%	110	9.0%
Neither agree nor disagree	23	14.4%	107	14.5%	44	13.7%	174	14.3%
Tend to disagree	6	3.8%	30	4.1%	11	3.4%	47	3.8%
Strongly disagree	11	6.9%	22	3.0%	14	4.3%	47	3.8%
Don't know / not applicable	68	42.5%	343	46.4%	160	49.7%	571	46.8%
(blank)	5	3.1%	71	9.6%	31	9.6%	107	8.8%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

4. Future use and preferences – types of services and availability

Table.89..Likelihood.of.visiting.a.pharmacy.in.person.in.the.next.9.years

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very likely	132	82.5%	652	88.2%	285	88.5%	1069	87.6%
Fairly likely	16	10.0%	43	5.8%	24	7.5%	83	6.8%
Not very likely	6	3.8%	6	0.8%	3	0.9%	15	1.2%
Not at all likely	0	0.0%	5	0.7%	1	0.3%	6	0.5%
Don't know / not applicable	1	0.6%	7	0.9%	2	0.6%	10	0.8%
(blank)	5	3.1%	26	3.5%	7	2.2%	38	3.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.80.Likelihood.of.receiving.prescription.by.post.in.the.next.9.years

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very likely	4	2.5%	25	3.4%	7	2.2%	36	2.9%
Fairly likely	11	6.9%	22	3.0%	11	3.4%	44	3.6%
Not very likely	36	22.5%	185	25.0%	69	21.4%	290	23.8%
Not at all likely	62	38.8%	243	32.9%	121	37.6%	426	34.9%
Don't know / not applicable	24	15.0%	67	9.1%	31	9.6%	122	10.0%
(blank)	23	14.4%	197	26.7%	83	25.8%	303	24.8%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.8❶.Likelihood.of.using.online.services.(home.delivery).in.the.next.9.years

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very likely	20	12.5%	43	5.8%	17	5.3%	80	6.6%
Fairly likely	16	10.0%	59	8.0%	22	6.8%	97	7.9%
Not very likely	30	18.8%	166	22.5%	77	23.9%	273	22.4%
Not at all likely	55	34.4%	215	29.1%	97	30.1%	367	30.1%
Don't know / not applicable	22	13.8%	78	10.6%	32	9.9%	132	10.8%
(blank)	17	10.6%	178	24.1%	77	23.9%	272	22.3%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

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Table.8❷.Importance.of.home.delivery.services

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	35	21.9%	68	9.2%	32	9.9%	135	11.1%
Fairly important	21	13.1%	55	7.4%	25	7.8%	101	8.3%
Not very important	28	17.5%	209	28.3%	87	27.0%	324	26.5%
Not at all important	43	26.9%	176	23.8%	76	23.6%	295	24.2%
Don't know / not applicable	20	12.5%	99	13.4%	42	13.0%	161	13.2%
(blank)	13	8.1%	132	17.9%	60	18.6%	205	16.8%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.8❸Importance.of.prescription.collection.from.GP.practice

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	57	35.6%	220	29.8%	133	41.3%	410	33.6%
Fairly important	22	13.8%	104	14.1%	35	10.9%	161	13.2%
Not very important	30	18.8%	133	18.0%	43	13.4%	206	16.9%
Not at all important	23	14.4%	99	13.4%	34	10.6%	156	12.8%
Don't know / not applicable	19	11.9%	79	10.7%	36	11.2%	134	11.0%
(blank)	9	5.6%	104	14.1%	41	12.7%	154	12.6%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.8❹Importance.of.availability.of.medication

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	145	90.6%	621	84.0%	273	84.8%	1039	85.1%
Fairly important	10	6.3%	44	6.0%	14	4.3%	68	5.6%
Not very important	0	0.0%	2	0.3%	1	0.3%	3	0.2%
Not at all important	1	0.6%	1	0.1%	1	0.3%	3	0.2%
Don't know / not applicable	0	0.0%	4	0.5%	1	0.3%	5	0.4%
(blank)	4	2.5%	67	9.1%	32	9.9%	103	8.4%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.8❾.Importance.of.information.in.different.languages

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	15	9.4%	17	2.3%	3	0.9%	35	2.9%
Fairly important	13	8.1%	14	1.9%	8	2.5%	35	2.9%
Not at all important	63	39.4%	329	44.5%	165	51.2%	557	45.6%
Not very important	24	15.0%	86	11.6%	33	10.2%	143	11.7%
Don't know / not applicable	32	20.0%	149	20.2%	57	17.7%	238	19.5%
(blank)	13	8.1%	144	19.5%	56	17.4%	213	17.4%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.96.Importance.of.physical.accessibility

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	39	24.4%	144	19.5%	70	21.7%	253	20.7%
Fairly important	42	26.3%	162	21.9%	71	22.0%	275	22.5%
Not very important	19	11.9%	116	15.7%	54	16.8%	189	15.5%
Not at all important	30	18.8%	129	17.5%	56	17.4%	215	17.6%
Don't know / not applicable	19	11.9%	76	10.3%	26	8.1%	121	9.9%
(blank)	11	6.9%	112	15.2%	45	14.0%	168	13.8%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.97..Importance.of.location.of.pharmacy

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	116	72.5%	456	61.7%	211	65.5%	783	64.1%
Fairly important	35	21.9%	196	26.5%	76	23.6%	307	25.1%
Not very important	2	1.3%	9	1.2%	6	1.9%	17	1.4%
Not at all important	1	0.6%	8	1.1%	5	1.6%	14	1.1%
Don't know / not applicable	0	0.0%	5	0.7%	1	0.3%	6	0.5%
(blank)	6	3.8%	65	8.8%	23	7.1%	94	7.7%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.98.Importance.of.private.access.to.speak.to.a.pharmacist

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Don't know / not applicable	3	1.9%	22	3.0%	7	2.2%	32	2.6%
Fairly important	47	29.4%	243	32.9%	100	31.1%	390	31.9%
Not at all important	1	0.6%	23	3.1%	7	2.2%	31	2.5%
Not very important	14	8.8%	71	9.6%	32	9.9%	117	9.6%
Very important	86	53.8%	278	37.6%	144	44.7%	508	41.6%
(blank)	9	5.6%	102	13.8%	32	9.9%	143	11.7%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.99..Importance.of.quality.of.service

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	133	83.1%	600	81.2%	276	85.7%	1009	82.6%
Fairly important	20	12.5%	63	8.5%	22	6.8%	105	8.6%
Not very important	0	0.0%	2	0.3%	0	0.0%	2	0.2%
Don't know / not applicable	0	0.0%	1	0.1%	0	0.0%	1	0.1%
(blank)	7	4.4%	73	9.9%	24	7.5%	104	8.5%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

QUESTION: Please specify any other services you have used at a pharmacy

Leicester

Themes:

- Vaccinations – especially flu and COVID.
- Health checks such as blood pressure.
- Pharmacist advice on minor ailments or medication.

Illustrative responses:

- ƒBlood.pressure.checks.and.flu.jabƒ
- ƒAdvice.from.pharmacist.on.over_the_counter.medsƒ

Leicestershire

Themes:

- Flu/COVID vaccinations as the most commonly mentioned service.
- Blood pressure monitoring and medication checks.
- General health advice provided by the pharmacist.

Illustrative responses:

- ƒCOVID.booster.and.flu.jab.done.hereƒ
- ƒThey.monitor.my.blood.pressure.regularlyƒ

Rutland

Themes:

- Injections and vaccines feature prominently (flu, COVID).
- Advice and minor medical support from local pharmacists.
- Use of pharmacy as an alternative to GP for minor issues.

Illustrative responses:

- ƒFlu.jab.and.booster?much.easier.than.GPƒ
- ƒLocal.pharmacist.gave.advice.and.helped.with.medicationƒ

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Thematic Comparison (other services used)

Theme	**Leicester**	**Leicestershire**	**Rutland**
Flu/COVID vaccinations	**Very common**	**Very common**	**Very common**
Blood pressure / health checks	Frequent	Frequent	Less frequent
Pharmacist advice on medications	Common	Common	Common
Pharmacy as GP alternative	Some responses	Implied	**Clearly expressed**

Across all areas, community pharmacies are an important access point for vaccination, basic health checks, and advice. Rutland residents particularly appreciate pharmacies as an alternative to more distant GP services.

Table.90.Importance.of.availability.of.Pharmacy.First.service

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	77	48.1%	324	43.8%	148	46.0%	549	45.0%
Fairly important	40	25.0%	248	33.6%	93	28.9%	381	31.2%
Not very important	23	14.4%	70	9.5%	40	12.4%	133	10.9%
Not at all important	5	3.1%	20	2.7%	9	2.8%	34	2.8%
Don't know / not applicable	11	6.9%	43	5.8%	21	6.5%	75	6.1%
(blank)	4	2.5%	34	4.6%	11	3.4%	49	4.0%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.9❶.Importance.of.BP.check.service

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	58	36.3%	177	24.0%	86	26.7%	321	26.3%
Fairly important	34	21.3%	212	28.7%	80	24.8%	326	26.7%
Not very important	37	23.1%	156	21.1%	82	25.5%	275	22.5%
Not at all important	18	11.3%	75	10.1%	31	9.6%	124	10.2%
Don't know / not applicable	10	6.3%	54	7.3%	23	7.1%	87	7.1%
(blank)	3	1.9%	65	8.8%	20	6.2%	88	7.2%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.9❷Importance.of.contraceptive.services

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Very important	37	23.1%	76	10.3%	20	6.2%	133	10.9%
Fairly important	14	8.8%	41	5.5%	8	2.5%	63	5.2%
Not very important	22	13.8%	65	8.8%	12	3.7%	99	8.1%
Not at all important	43	26.9%	218	29.5%	120	37.3%	381	31.2%
Don't know / not applicable	39	24.4%	242	32.7%	129	40.1%	410	33.6%
(blank)	5	3.1%	97	13.1%	33	10.2%	135	11.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.9❷Which.of.the.services.that.you.are.aware.of.that.are.offered.by.your.usual.pharmacy?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Advice on minor ailments	135	84.4%	607	82.1%	254	78.9%	996	81.6%
Disposal of medicines you no longer need	115	71.9%	512	69.3%	241	74.8%	868	71.1%
Flu vaccination	114	71.3%	499	67.5%	246	76.4%	859	70.4%
Blood pressure checks	110	68.8%	488	66.0%	211	65.5%	809	66.3%
Advice on current health problems/ long-term conditions	101	63.1%	446	60.4%	195	60.6%	742	60.8%
Covid vaccination	91	56.9%	396	53.6%	210	65.2%	697	57.1%
Pharmacy First	68	42.5%	322	43.6%	159	49.4%	549	45.0%
Urgent supply of medicines if you run out	72	45.0%	258	34.9%	150	46.6%	480	39.3%
Advice on health services available elsewhere	58	36.3%	216	29.2%	98	30.4%	372	30.5%
Stop smoking service	59	36.9%	214	29.0%	76	23.6%	349	28.6%
Emergency contraception	72	45.0%	178	24.1%	72	22.4%	322	26.4%
Oral contraception	47	29.4%	128	17.3%	49	15.2%	224	18.3%
Healthy eating advice	35	21.9%	116	15.7%	39	12.1%	190	15.6%
Advice on physical exercise	30	18.8%	93	12.6%	38	11.8%	161	13.2%
Weight management	26	16.3%	84	11.4%	43	13.4%	153	12.5%
None of the above	7	4.4%	34	4.6%	18	5.6%	59	4.8%

QUESTION: Are there any other pharmacy services you think should be available?

Leicester

Themes:

- More vaccination services (e.g. travel vaccines).
- Greater awareness and access to advice and GP-alternative services.
- Improve communication from pharmacy staff on available services.

Illustrative responses:

- ƒMore.travel.vaccinations.should.be.available.hereƒ
- ƒWould.be.good.to.have.more.services.explained.by.staffƒ

Leicestershire

Themes:

- Lack of awareness of services already offered.
- Requests for medication delivery and repeat prescription services.
- Desire for general health checks and minor condition support.

Illustrative responses:

- ƒDidn"t.know.about.the.services.until.this.surveyƒ
- ƒWould.be.helpful.if.pharmacy.checked.prescriptions.and.sent.themƒ

Rutland

Themes:

- Interest in private services (blood tests, health screening).
- Request for minor health support and travel advice.
- Limited knowledge of current service offer.

Illustrative responses:

- ƒPharmacy.should.offer.private.blood.tests.or.minor.treatmentƒ
- ƒMore.advice.on.travel.medications.would.be.helpfulƒ

Thematic Comparison (requests for other services)

Theme	**Leicester**	**Leicestershire**	**Rutland**
Travel or additional vaccinations	**Frequently mentioned**	Rare	**Common**
Medication delivery / support	Rare	**Frequently requested**	Rare
Health checks / blood tests	Mentioned	Occasionally	**Strong demand**
Awareness of services	Moderate concern	**Common**	Common
Pharmacy as GP-alternative	Present	Implied	Present

Each county expresses a different emphasis—Leicester on vaccination access, Leicestershire on service awareness and delivery, and Rutland on expanded health and private services.

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5. Carers, people with disability or communication needs

Table.9❹Respondents.caring.for.terminally.ill.relative.or.friend.in.the.last.78.months

Residence of the cared-for relative or friend	Leicester		Leicestershire		Rutland		LLR	
	Number	%	Number	%	Number	%	Number	%
Leicester	14	73.7%	7	9.9%	0	0.0%	21	18.8%
Leicestershire	5	26.3%	63	88.7%	1	4.5%	69	61.6%
Rutland	0	0.0%	1	1.4%	21	95.5%	22	19.6%
Total	**19**	**100.0%**	**71**	**100.0%**	**22**	**100.0%**	**112**	**100.0%**

QUESTION: What was you experience with accessing medicines to help caring for terminally ill relative or friend?

Leicester

Themes:

- Mixed reviews – generally positive experiences noted.
- When problems are mentioned, they are often minor or relate to specific service delays.
- Overall sentiment is neutral to positive even among those reporting a problem.

Illustrative responses:

- ƒNo.real.problem.- .just.had.to.wait.a.bit.longer.onceƒ
- ƒGood.service.overall?.only.a.minor.issue.with.supplyƒ

Leicestershire

Themes:

- Difficulty obtaining prescriptions on time or specific medications being out of stock.
- Distance to pharmacy and need to drive cited as barriers.
- Some appreciation for service but frustration with GP–pharmacy coordination.

Illustrative responses:

- ƒDifficult.to.get.all.items?.had.to.go.back.several.times‚
- ƒHad.to.drive.86.minutes.for.an.item.that.wasn't.delivered‚

Rutland

Themes:

- Access problems tied to limited opening hours, especially at night.
- Rural access concerns – few pharmacy options and long travel times.
- Praise for staff even when access is difficult.

Illustrative responses:

- ƒGood.service?.but.not.open.when.needed.late.at.night‚
- ƒHad.trouble.accessing.medicine.for.husband.in.Oakham?.but.staff.were.fantastic‚

Thematic Comparison (access to medicines – terminal illness)

Theme	**Leicester**	**Leicestershire**	**Rutland**
Overall sentiment despite problems	**Mostly positive**	Mixed	**Often positive**
Access issues (hours or distance)	Rare	**Frequently mentioned**	**Common and specific**
Prescription or supply issues	Occasional	**Common**	Rare
Praise for pharmacy staff	Implied	Some	**Consistently highlighted**

In summary, Leicester respondents largely express satisfaction even when noting issues. Leicestershire residents face logistical challenges like item availability and travel. Rutland responses focus on rural access, but with high praise for the quality of care.

Table.9❾..Do.you.help.an.adult.family.member.or.friend.to.use.pharmacy

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Yes	57	35.6%	206	27.9%	87	27.0%	350	28.7%
No	103	64.4%	525	71.0%	232	72.0%	860	70.4%
(blank)	0	0.0%	8	1.1%	3	0.9%	11	0.9%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.0⓺..Does.your.pharmacy.meet.your.needs.as.a.carer?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Always	31	19.4%	140	18.9%	54	16.8%	225	18.4%
Sometimes	16	10.0%	48	6.5%	16	5.0%	80	6.6%
Never	7	4.4%	12	1.6%	11	3.4%	30	2.5%
(blank)	106	66.3%	539	72.9%	241	74.8%	886	72.6%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

QUESTION: Why do you say this? (relates to carer's needs)

Leicester

Themes:

- Helpful staff who try to meet needs despite challenges like limited hours or stock issues.
- Appreciation for delivery services and understanding of individual needs.
- Some mention difficulties with communication or inconsistent service.

Illustrative responses:

- ƒThe.pharmacy.always.delivers.my.mum"s.medication.and.are.very.helpfulƒ
- ƒSometimes.they.don"t.have.stock?but.staff.are.kind.and.try.to.explainƒ

Leicestershire

Themes:

- Supportive interactions – staff are often praised for their advice and delivery assistance.
- Recognition of staff efforts to adapt to carer needs or medication issues.
- Mixed views: a few respondents note gaps in stock or readiness but overall tone is positive.

Illustrative responses:

- ƒThey.always.help.me.as.a.carer.when.picking.up.medsƒ
- ƒStaff.offer.advice.and.help.when.something.isn"t.availableƒ

Rutland

Themes:

- Personalised service – pharmacists know regular users and tailor support.
- Strong emphasis on delivery services for those with mobility needs or carers.
- Advice and flexibility are highlighted as key strengths.

Illustrative responses:

- ƒThey.understand.what.I.need.and.always.help.arrange.deliveryƒ
- ƒThe.pharmacist.knows.my.situation.and.is.always.helpfulƒ

Thematic Comparison (carer's needs)

Theme	Leicester	Leicestershire	Rutland
Helpful, caring pharmacy staff	**Common**	**Common**	**Strong theme**
Delivery service as person-centred	Frequent	Frequent	**Consistently highlighted**
Support for carers	Mentioned	**Mentioned frequently**	**Frequently stated**
Stock/availability concerns	Present	Present	Rare
Individual recognition/personalisation	Implied	Occasionally noted	**Clearly stated**

All three areas value helpful staff and delivery services as markers of person-centred care. Rutland stands out for comments on personalised service, while Leicestershire and Leicester highlight carer support and sometimes face stock limitations.

Table.07..Respondents.with..access.needs.relating.to.a.physical.disability

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
No	140	87.5%	670	90.7%	281	87.3%	1091	89.4%
Yes	20	12.5%	64	8.7%	38	11.8%	122	10.0%
(blank)	0	0.0%	5	0.7%	3	0.9%	8	0.7%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.08..Does.your.pharmacy.meet.these.physical.access.needs?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Always	8	40.0%	33	55.9%	24	64.9%	65	56.0%
Sometimes	5	25.0%	21	35.6%	10	27.0%	36	31.0%
Never	7	35.0%	5	8.5%	3	8.1%	15	12.9%
Grand Total	**20**	**100.0%**	**59**	**100.0%**	**37**	**100.0%**	**116**	**100.0%**

QUESTION: Why do you say this? (relates to physical access needs)

Leicester

Themes:

- Major concern is lack of parking, especially for those with mobility issues.
- Difficulty with accessing the pharmacy entrance.
- Requests for disabled parking or closer drop-off points.

Illustrative responses:

- ƒNo.disabled.parking.near.the.pharmacy.- .have.to.park.far.awayƒ
- ƒAutomatic.door.doesn't.always.work?.hard.to.get.inƒ

Leicestershire

Themes:

- Delivery services needed due to limited mobility or lack of transport.
- Access barriers include steps, narrow doors, and insufficient parking.
- Helpful staff occasionally mentioned as mitigating these issues.

Illustrative responses:

- ƒI.have.prescriptions.delivered.because.I.can't.get.there.myselfƒ
- ƒThe.step.into.the.shop.is.hard.to.navigate.with.a.walkerƒ

Rutland

Themes:

- Heavy focus on parking and disabled access, especially in Oakham.
- Some say parking is available but not always usable (e.g. mornings, busy times).
- Consistent need for blue badge spaces near entrances.

Illustrative responses:

- ƒDisabled.spaces.are.usually.taken.- .can't.always.park.nearbyƒ
- ƒOakham.has.parking.but.it's.not.always.available.when.I.need.itƒ

Thematic Comparison (physical access needs)

Theme	**Leicester**	**Leicestershire**	**Rutland**
Parking access and proximity	**Frequent concern**	**Common**	**Primary issue**
Disabled access to entrance	Common	Frequent	Moderate
Reliance on delivery	Rare	**Common**	Rare
Mention of pharmacy staff support	Rare	Occasionally noted	Not present
Reference to local pharmacy layout	Rare	Mixed	**Focused on Oakham**

Across all counties, parking is a key barrier to independent pharmacy access, particularly for those with disabilities or mobility issues. Leicestershire respondents highlight delivery as a helpful adaptation. Rutland residents—especially in Oakham—stress the need for consistent access to parking spaces.

Table.09..Respondents.with.communications.needs

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Yes	4	2.5%	10	1.4%	3	0.9%	17	1.4%
No	156	97.5%	720	97.4%	317	98.4%	1193	97.7%
(blank)	0	0.0%	9	1.2%	2	0.6%	11	0.9%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.00.Does.your.pharmacy.meet.these.communication.needs?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Always	1	25.0%	3	30.0%	1	33.3%	5	29.4%
Never	1	25.0%	0	0.0%	1	33.3%	2	11.8%
Sometimes	2	50.0%	7	70.0%	1	33.3%	10	58.8%
Total	**4**	**100.0%**	**10**	**100.0%**	**3**	**100.0%**	**17**	**100.0%**

QUESTION: Why do you say this? (relates to communication needs)

Leicestershire

Themes:

- Hearing impairment is the central barrier.
- Communication challenges for those who are deaf or hard of hearing when using in-person services.
- No other themes identified, indicating a specific and consistent issue among respondents.

Illustrative responses:

- ƒI.am.deaf.and.find.it.difficult.to.understand.the.staffƒ
- ƒDifficult.for.deaf.people.to.use.pharmacy.independentlyƒ

Leicester & Rutland

No responses recorded from the counties.

Only Leicestershire provided responses, all pointing to access barriers related to hearing issues. This highlights a need for improved communication support, such as written instructions, visual displays, or staff training in basic sign language.

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6. Any other comments or suggestions

QUESTION: "Do you have any other comments or suggestions about pharmacy services in your area?"

Leicester

Themes:

- Requests for more accessible pharmacies, especially for medication collection.
- Frustrations around prescription readiness and stock availability.
- Suggestions for improved phone communication and service consistency.

Illustrative responses:

- ƒI.wish.I.could.ring.and.check.if.my.prescription.is.readyƒ
- ƒNeed.more.pharmacies.open.or.able.to.deliver.when.stock.is.lowƒ

Leicestershire

Themes:

- Positive views on staff helpfulness, but desire for expanded services.
- Suggestions for better stock management and shorter waits.
- Coordination between GPs and pharmacies seen as needing improvement.

Illustrative responses:

- ƒThe.staff.are.great?but.it.takes.days.to.collect.a.prescription.from.the.GPƒ
- ƒWould.like.to.see.better.medication.availabilityƒ

Rutland

Themes:

- Strong appreciation for existing service quality and staff.

- Clear requests for extended hours, particularly in rural or evening access.
- Focus on local delivery and convenience as key to rural pharmacy access.

Illustrative responses:

- ƒPharmacy.in.Rutland.is.excellent.but.should.open.later„
- ƒServices.are.good.but.would.be.even.better.with.longer.hours„

Thematic Comparison (further comments and suggestions)

Theme	**Leicester**	**Leicestershire**	**Rutland**
Prescription readiness & stock concerns	**Frequent**	**Common**	Rare
Appreciation for pharmacy staff	Implied	**Strong theme**	**Strong theme**
Coordination with GP	Mentioned	**Frequent concern**	Occasionally noted
Requests for extended hours	Occasionally mentioned	Occasionally mentioned	**Frequent**
Phone/communication issues	**Highlighted**	Rare	Rare

Leicester respondents want better prescription tracking and improved stock availability. Leicestershire residents appreciate staff but see opportunities for more efficient service and GP-pharmacy coordination. Rutland respondents are generally positive, but desire extended hours to support rural access needs.

7. Population Profile of the Respondents

This section summarises demographic information on people who responded to the PNA survey.

Table.01.Local.Authority.of.residence

	Number	%
Blaby District Council	21	1.7%
Charnwood Borough Council	547	44.8%
Harborough District Council	27	2.2%
Hinckley and Bosworth District Council	39	3.2%
Melton Borough Council	11	0.9%
North West Leicestershire District Council	79	6.5%
Oadby and Wigston District Council	15	1.2%
Leicester City Council	**160**	**13.1%**
Leicestershire Total	**739**	**60.5%**
Rutland County Council	**322**	**26.4%**
LLR Total	**1,221**	**100.0%**

Table.02Age.of.respondents

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
15-24	0	0.0%	8	1.1%	1	0.3%	9	0.7%
25-44	31	19.4%	59	8.0%	11	3.4%	101	8.3%
45-64	84	52.5%	274	37.1%	73	22.7%	431	35.3%
65-84	40	25.0%	366	49.5%	217	67.4%	623	51.0%
85 and over	2	1.3%	24	3.2%	17	5.3%	43	3.5%
(blank)	3	1.9%	8	1.1%	3	0.9%	14	1.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.03Gender.of.respondents

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Female	110	68.8%	462	62.5%	218	67.7%	790	64.7%
Male	48	30.0%	269	36.4%	100	31.1%	417	34.2%
I use another term	0	0.0%	0	0.0%	1	0.3%	1	0.1%
(blank)	2	1.3%	8	1.1%	3	0.9%	13	1.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.04.Ethnicity.of.respondents

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Asian or Asian British	37	23.1%	30	4.1%	0	0.0%	67	5.5%
Black or Black British	6	3.8%	1	0.1%	0	0.0%	7	0.6%
Mixed	6	3.8%	1	0.1%	1	0.3%	8	0.7%
Other ethnic group	4	2.5%	3	0.4%	1	0.3%	8	0.7%
White	103	64.4%	687	93.0%	317	98.4%	1107	90.7%
(blank)	4	2.5%	17	2.3%	3	0.9%	24	2.0%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.05.Religion.of.the.respondents

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Buddhist	2	1.3%	3	0.4%	0	0.0%	5	0.4%
Christian (all denominations)	36	22.5%	425	57.5%	213	66.1%	674	55.2%
Hindu	11	6.9%	15	2.0%	0	0.0%	26	2.1%
Jewish	0	0.0%	1	0.1%	0	0.0%	1	0.1%
Muslim	22	13.8%	5	0.7%	0	0.0%	27	2.2%
Sikh	4	2.5%	0	0.0%	0	0.0%	4	0.3%
Any other religion	7	4.4%	18	2.4%	3	0.9%	28	2.3%
No religion	73	45.6%	253	34.2%	98	30.4%	424	34.7%
(blank)	5	3.1%	19	2.6%	8	2.5%	32	2.6%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.16.Current.occupation.of.the.respondents

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Employee in full-time job (30 hours + per week)	68	42.5%	181	24.5%	39	12.1%	288	23.6%
Employee in part-time job (<30 hours per week)	21	13.1%	66	8.9%	24	7.5%	111	9.1%
Full-time education (school, college or university)	3	1.9%	3	0.4%	0	0.0%	6	0.5%
Looking after the home	3	1.9%	18	2.4%	5	1.6%	26	2.1%
Permanently sick / disabled	7	4.4%	12	1.6%	3	0.9%	22	1.8%
Self-employed full or part-time	9	5.6%	43	5.8%	14	4.3%	66	5.4%
Unemployed and available for work	6	3.8%	3	0.4%	0	0.0%	9	0.7%
Wholly retired from work	36	22.5%	378	51.2%	224	69.6%	638	52.3%
Doing something else	3	1.9%	10	1.4%	7	2.2%	20	1.6%
(blank)	4	2.5%	25	3.4%	6	1.9%	35	2.9%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.17.Highest.educational.level.of.the.respondents

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Professional, vocational or work-related qualifications	15	9.4%	142	19.2%	65	20.2%	222	18.2%
Higher degree (e.g. MSc, Phd etc)	34	21.3%	113	15.3%	34	10.6%	181	14.8%
First degree or PGCE (e.g. BA or BSc etc)	49	30.6%	148	20.0%	89	27.6%	286	23.4%
Diploma in higher education	16	10.0%	70	9.5%	25	7.8%	111	9.1%
A-levels or equivalent	8	5.0%	61	8.3%	38	11.8%	107	8.8%
GCSEs/O-levels or equivalent	23	14.4%	117	15.8%	45	14.0%	185	15.2%
No qualifications	5	3.1%	41	5.5%	15	4.7%	61	5.0%
Other	5	3.1%	14	1.9%	2	0.6%	21	1.7%
(blank)	5	3.1%	33	4.5%	9	2.8%	47	3.8%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.18.Sexual.orientation.of.the.respondents

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Bi	7	4.4%	16	2.2%	3	0.9%	26	2.1%
Gay or Lesbian	4	2.5%	10	1.4%	5	1.6%	19	1.6%
I use another term	3	1.9%	11	1.5%	5	1.6%	19	1.6%
Straight/ Heterosexual	134	83.8%	643	87.0%	287	89.1%	1064	87.1%
(blank)	12	7.5%	59	8.0%	22	6.8%	93	7.6%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.❶❾.Long.standing.disability.or.illness?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Yes	80	50.0%	294	39.8%	149	46.3%	523	42.8%
No	76	47.5%	432	58.5%	171	53.1%	679	55.6%
(blank)	4	2.5%	13	1.8%	2	0.6%	19	1.6%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.❶❿.Caring.for.person.over.the.age.of.7❹?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Yes	30	18.8%	99	13.4%	41	12.7%	170	13.9%
No	127	79.4%	623	84.3%	279	86.6%	1029	84.3%
(blank)	3	1.9%	17	2.3%	2	0.6%	22	1.8%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

Table.❶❶.Caring.for.person.aged.7❸.or.under?

	Leicester		Leicestershire		Rutland		LLR	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Yes	28	17.5%	73	9.9%	20	6.2%	121	9.9%
No	130	81.3%	656	88.8%	300	93.2%	1086	88.9%
(blank)	2	1.3%	10	1.4%	2	0.6%	14	1.1%
Total	**160**	**100.0%**	**739**	**100.0%**	**322**	**100.0%**	**1221**	**100.0%**

PNA Pharmacy Survey 2025

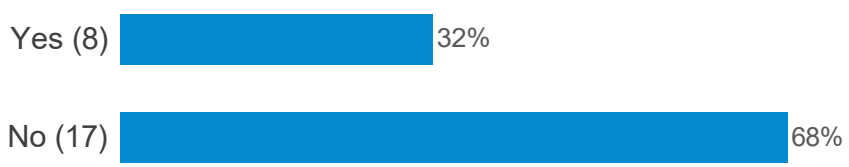
PNA Pharmacy Survey 2025

This report was generated on 11/08/25. Overall, 69 respondents completed this questionnaire. The report has been filtered to show the responses for pharmacies with Leicester City postcodes (26 respondents).

Q1a,Q1b,Q1c,Q1d (ODS Code, Contractor name, Trading name, pharmacy postcode)

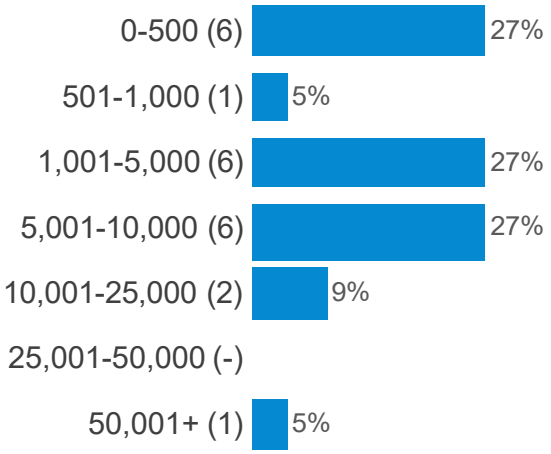
FH395	M Squared Pharma Ltd	Patels Chemist	LE3 0PA
FX150	PCT Healthcare Limited	Brennans Pharmacy	LE4 0RY
FXC00	PCT Healthcare Limited	Peak Pharmacy	LE3 0LP
FLW13	ZS PHARMA LIMITED	FUSION PHARMACY	LE4 9LG
FXH 79		Hockley Farrm Chemist	LE3 1HN
FLW13	ZS PHARMA LIMITED	FUSION PHARMACY	LE4 9LG
FXM17	PEN GARVA LTD	FUSION PHARMACY	LE2 9RW
FQK80	HAMILTON HEALTH LTD	HAMILTON PHARMACY	LE5 1QN
fc256		Astill lodge pharmacy	LE4 1EF
fxh 79		Hockley Farm Chemist	LE3 1HN
FXH79		HOCKLEY FARM CHEMIST	LE3 1HN
FV608	YAKUB CHEMIST LTD	YAKUB CHEMIST	LE2 0GQ
FVL18	YAKUB CHEMIST LTD	YAKUB CHEMIST CARE HOME SERVICES	LE4 9LJ
FF526	Health Serve Pharmacy Limited	Health Serve Pharmacy	LE2 0DS
FEC69	Spirit Pharmacy	Spirit Pharmacy Limited	LE2 6UP
fme83	Asha Pharmacy	Asha Pharmacy	LE5 2BB
FNC97		HEALTHWAYS CHEMIST	LE4 5LR
FEC69	Spirit Pharmacy LTD	Spirit Pharmacy	LE2 6UP
FVF39	MEDICOMP UK LIMITED	YOUR PHARMACY	LE2 6HS
fht89	Pharmasom ltd	Pharmason	LE1 2FT
FLW13	ZS PHARMA LIMITED	FUSION PHARMACY	LE4 9LG
FXM17	PEN GARVA LTD	FUSION PHARMACY	LE2 9RW
FAQ51	BESTWAY NATIONAL CHEMISTS LTD	WELL	LE2 9DB
FCV82	BESTWAY NATIONAL CHEMISTS LTD	WELL	LE2 1TU
FND47	BESTWAY NATIONAL CHEMISTS LTD	WELL	LE3 9PW
FDJ03	BESTWAY NATIONAL CHEMISTS LTD	WELL	LE5 2NL

Is this pharmacy a distance selling pharmacy?

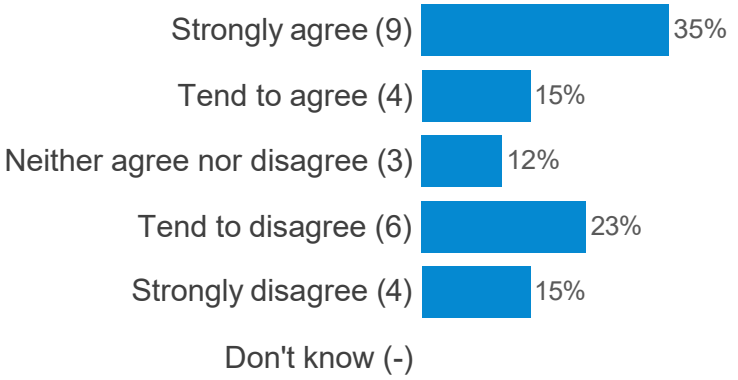


PNA Pharmacy Survey 2025

Approximately, how many over the counter enquiries does the pharmacy get per year?



To what extent do you agree or disagree that you feel able to maintain the current level of service your pharmacy provides?

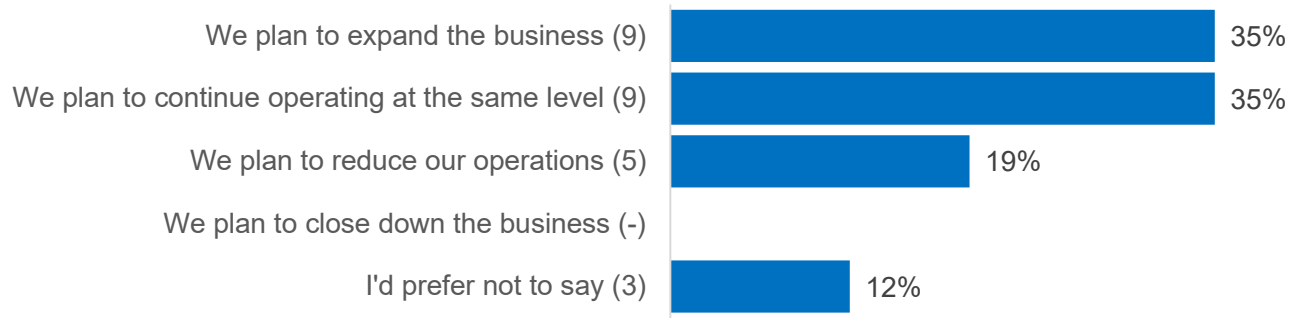


Why do you say this?

Responses included:

- A good team that provides the full range of NHS services and we are confident that we can manage the current level of service
- 1 pharmacy commented ‘Plenty of staff including 2 pharmacist and a Act, as well as trainees ensuring vacancies can be filled. Plenty of parking for people to come in from the surrounding area.
- Hub & spoke model for original pack dispensing via our Head Office
- Impact of increasing wage costs with insufficient funding increases leading to staff cuts
- Demands of additional services being brought into the pharmacy without sufficient remuneration
- Increasing healthcare services for the staff they can afford

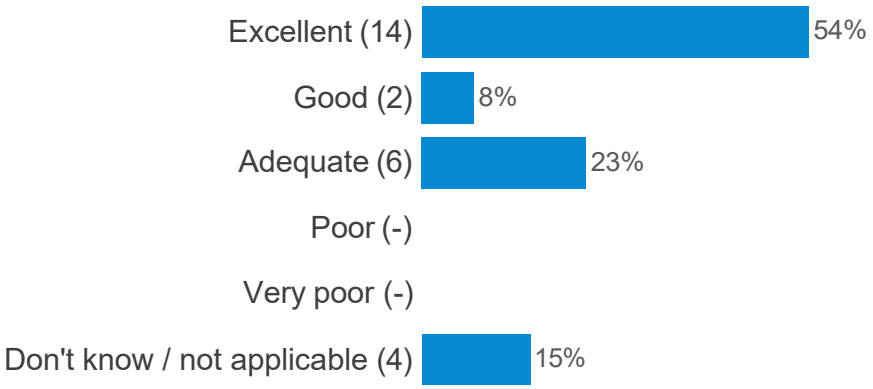
Which of the following statements best describes the plans for your pharmacy business for the next year?



How do you intend to expand/reduce the business?
Responses included:

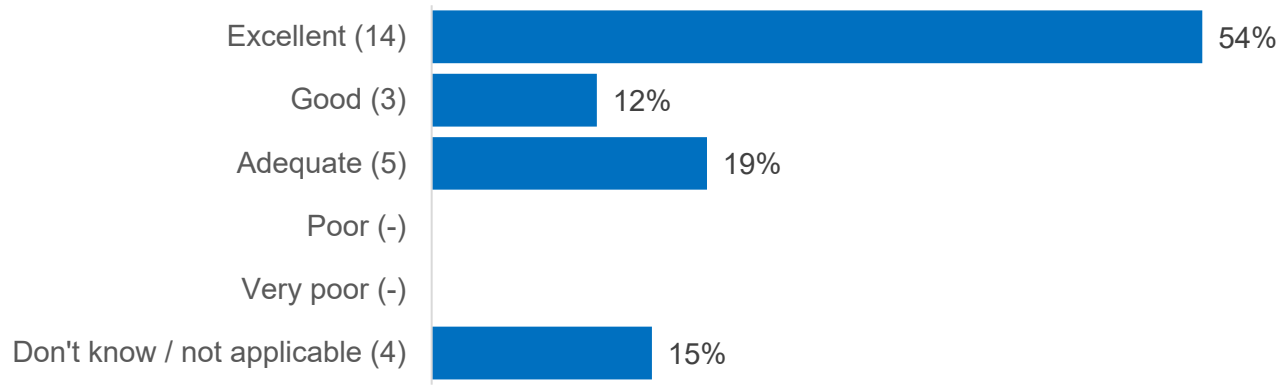
- Expanding private services and any new NHS services
- Increasing items, services and shop skews
- Building an additional consultation room to help generate extra income
- Onboarding a foundation trainee pharmacist to help with work flow and promote more of the Pharmacy First services
- Use of marketing and advertising, hoping to offer more services
- Expanding the service area and improving accessibility for patients who depend on home deliveries
- Reducing the team size
- Reducing compliance and dispensing and emergency deliveries
- Reducing the time with pharmacist and only allowing bookable time

How would you describe the current provision of pharmacies in a three-mile radius of your own pharmacy? (Amount of pharmacies)

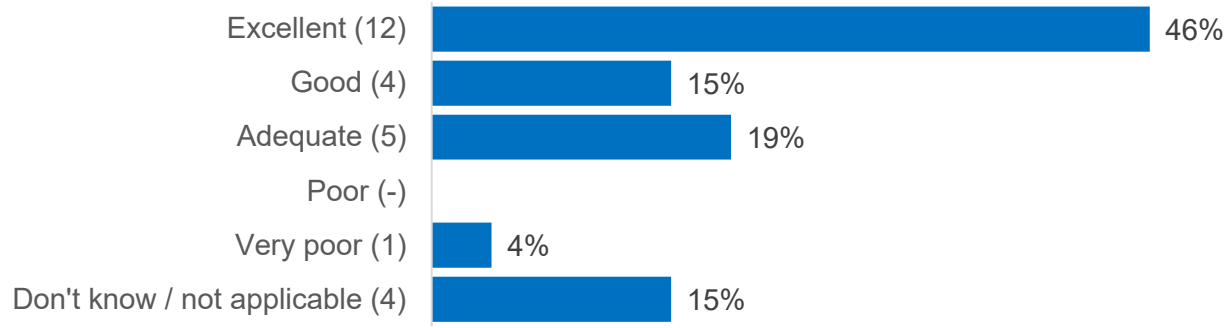


PNA Pharmacy Survey 2025

How would you describe the current provision of pharmacies in a three-mile radius of your own pharmacy? (Location of pharmacies)



How would you describe the current provision of pharmacies in a three-mile radius of your own pharmacy? (Range of services provided by pharmacies)



If 'Poor' or 'Very poor', why is this?

Responses included:

- Most pharmacies not offering free deliveries or compliance aids for elderly

How many consultation areas are there on the premises that are clearly designated, distinct from general public areas, and appropriate for confidential conversations?



PNA Pharmacy Survey 2025

Do the premises have the following? (A consultation area with wheelchair access)



Do the premises have the following? (A closed room consultation area)



Do the premises have the following? (Hand washing facilities within each consultation area)



Do the premises have the following? (Hand washing facilities close to each consultation area)



Do the premises have the following? (Toilet facilities for patients attending for consultation)



How many consultations do you see in the consultation area(s) in an average week?

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
21	568	27.05	30.22	0	100	100

Are you planning to increase the number of consultation areas in the next 12 months?

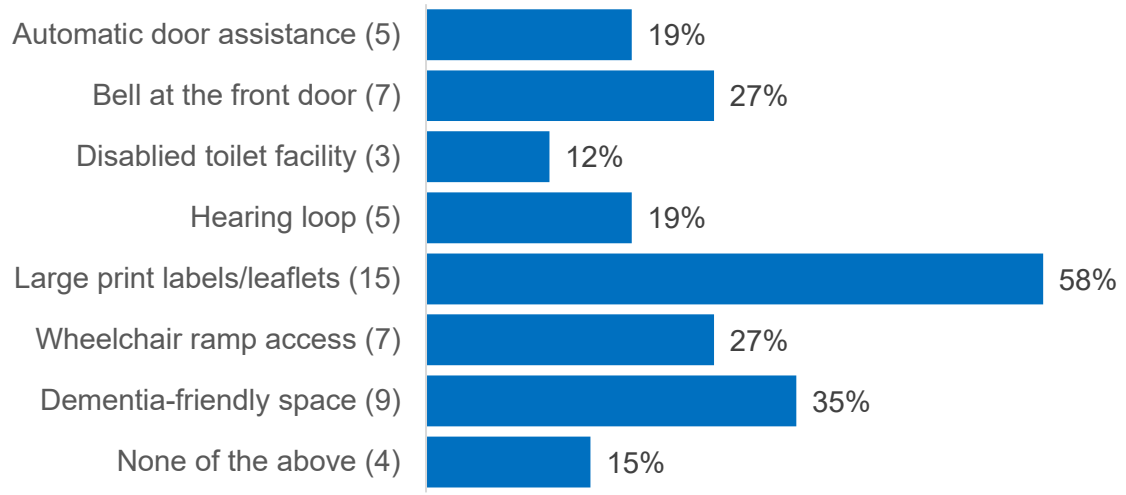


PNA Pharmacy Survey 2025

Are you planning to provide a consultation area within the next 12 months?



Which of the following facilities does the pharmacy have to help people access services? Please tick all that apply.



Please provide details of any other adaptations you make to help people access services, for example, support for people with physical disabilities, mental health conditions, sensory impairments or learning disabilities.

Responses included:

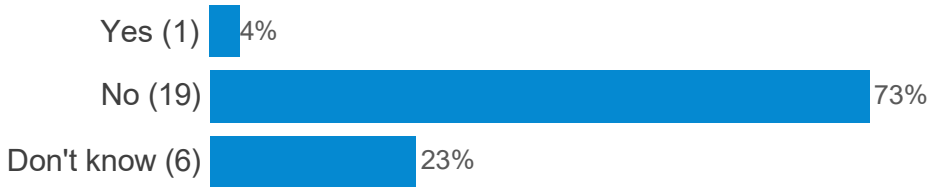
- Team is safeguarding trained
- Free disabled parking available in front of premises. Doors flush with street level. Spacious area so that carers can accompany patient into shop and consultation areas. Well signposted layout to ensure patients can navigate the space easily
- We can print large print materials for those with reading difficulties
- Large door access multi lingual staff. Well established staff who know the community

- As a Distance Selling Pharmacy, we provide various adaptations to ensure inclusive access for all patients. These include: • Free home delivery of medications, including to those with mobility issues or long-term health conditions. • Clear labelling and easy-open packaging for patients with visual or dexterity impairments. • Multilingual staff and translation support for patients who do not speak English fluently. • Telephone consultations for those who may struggle to access physical services, including individuals with mental health challenges or learning disabilities. • Priority services for vulnerable patients, including those discharged from hospital or with ongoing care needs. • Accessible communication methods (e.g., email, large print) based on patient preference

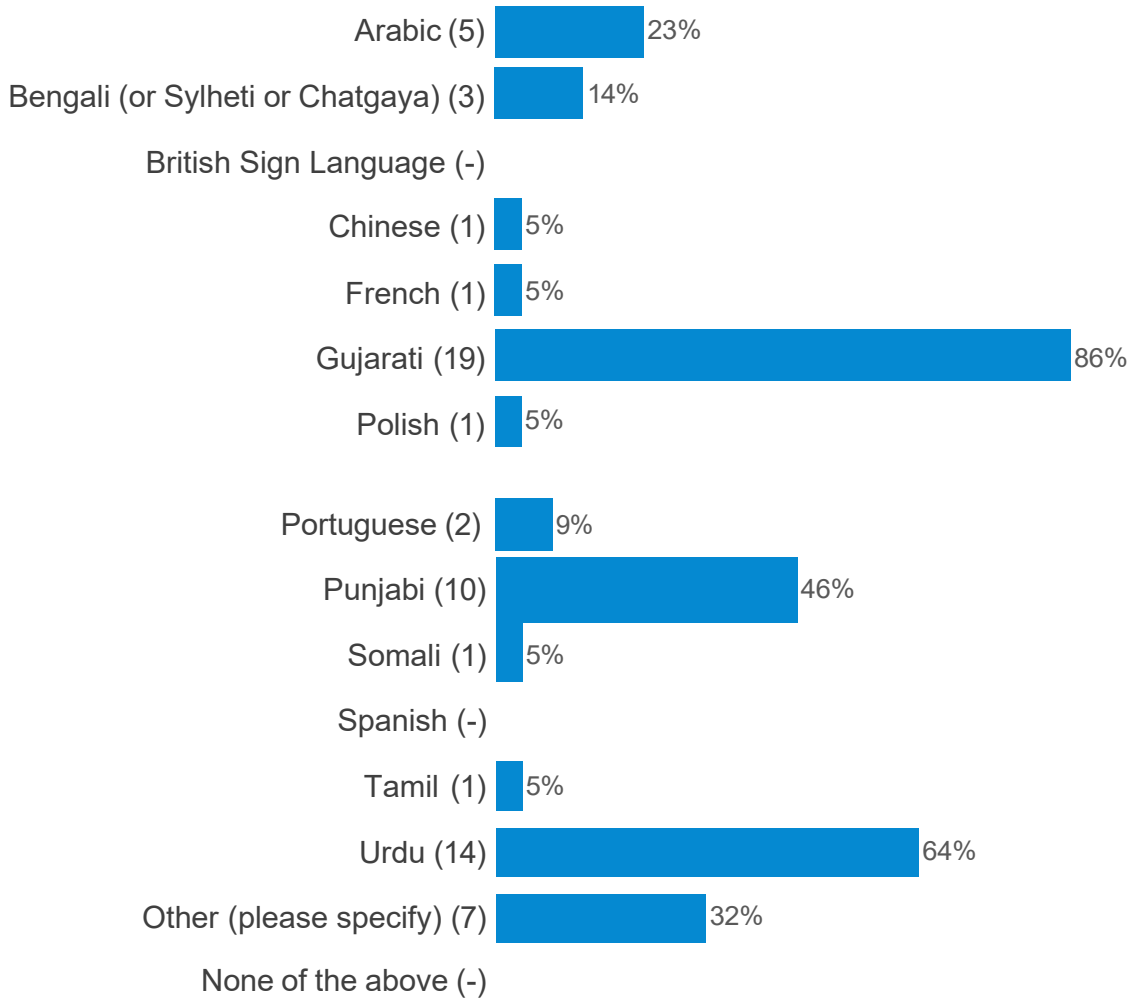
- Unable to make any other adaptations – currently looking to find another suitable location to relocate the pharmacy but lack of funds makes this restrictive

PNA Pharmacy Survey 2025

Is the pharmacy entitled to Pharmacy Access Scheme payments?



Which of the following languages are spoken by pharmacy staff (in addition to English)? Please tick all that apply.

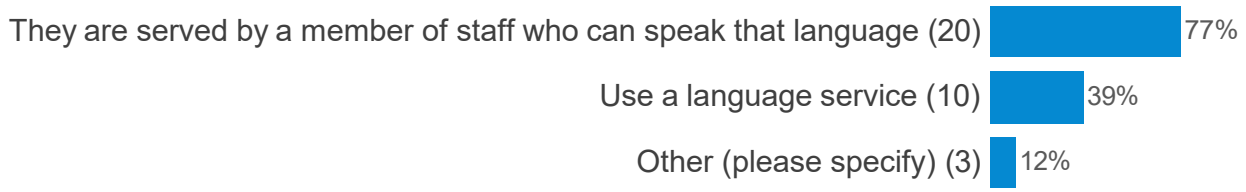


Please specify 'other'

Responses included:

- Hindi
- Kachi
- Swedish
- Dutch

If a patient who is unable to speak English attends the pharmacy, what is the usual course of action? Please tick all that apply.

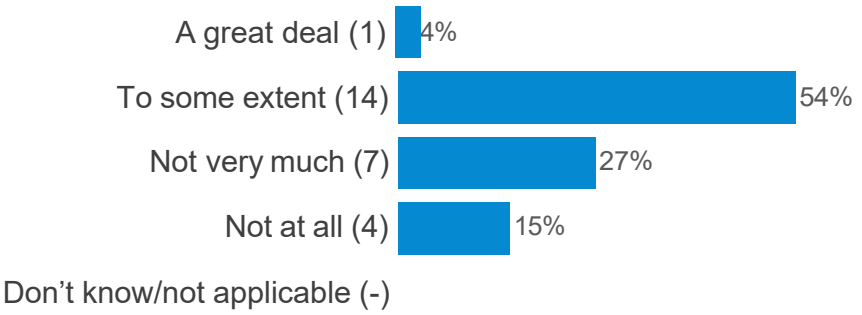


Please specify 'other'

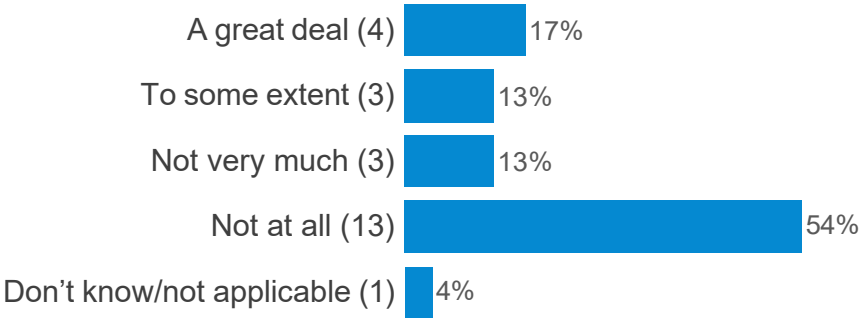
Responses included:

- Use of free translation services such as google translate
- Speaking to a family member

To what extent do you rely on the following? (Locum Pharmacists)

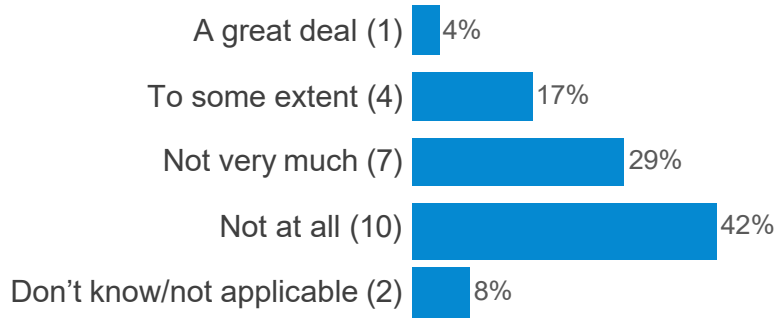


To what extent do you rely on the following? (Relief Pharmacists)

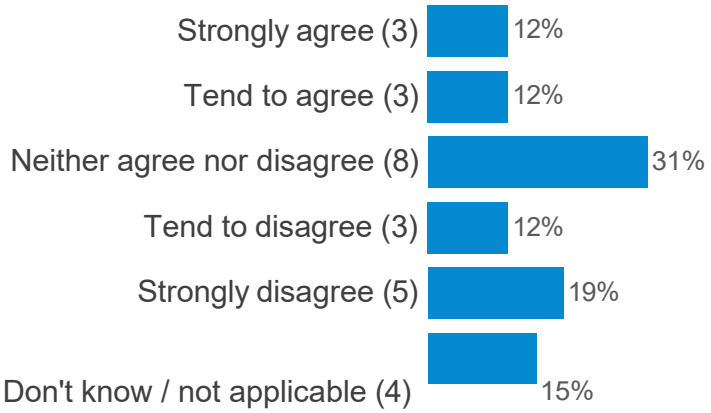


PNA Pharmacy Survey 2025

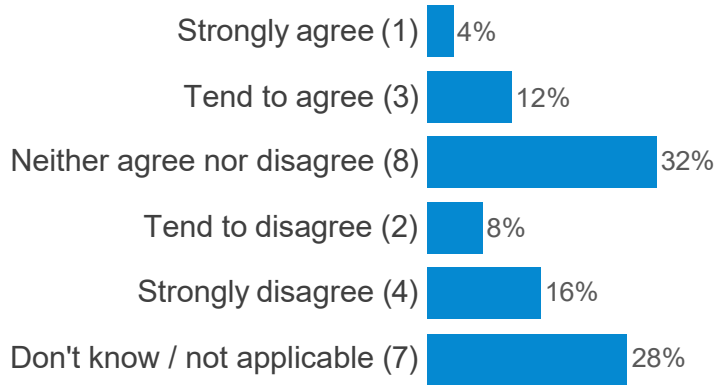
To what extent do you rely on the following? (Other locum pharmacy staff)



To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Community Pharmacist (MPharm))

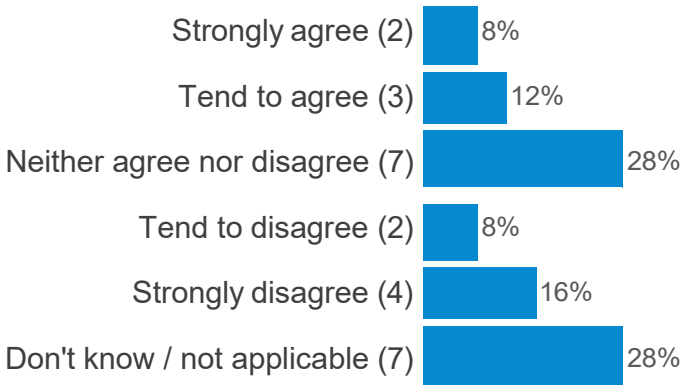


To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Community Pharmacist with clinical diploma)

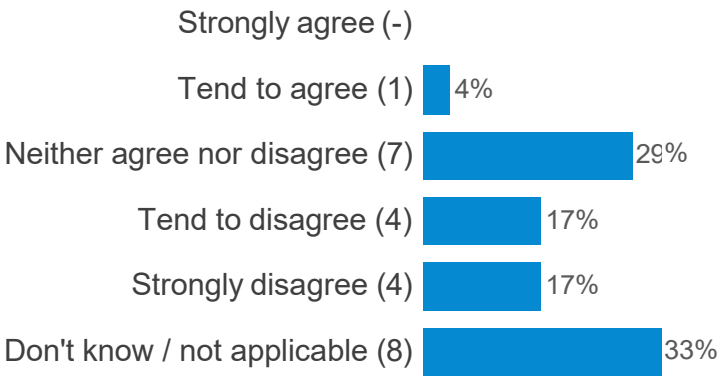


PNA Pharmacy Survey 2025

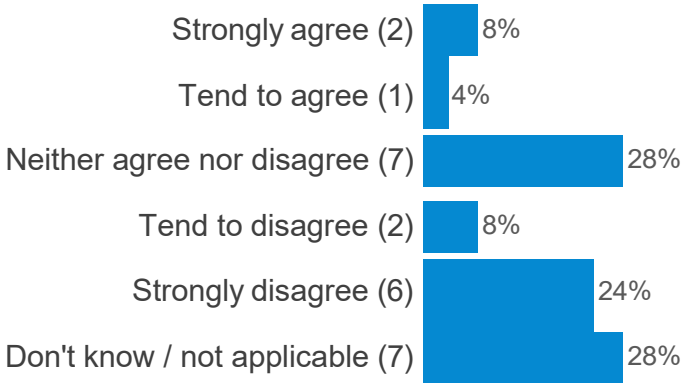
To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Independent Prescriber Pharmacist (IPPs))



To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Foundation Trainee Pharmacist)

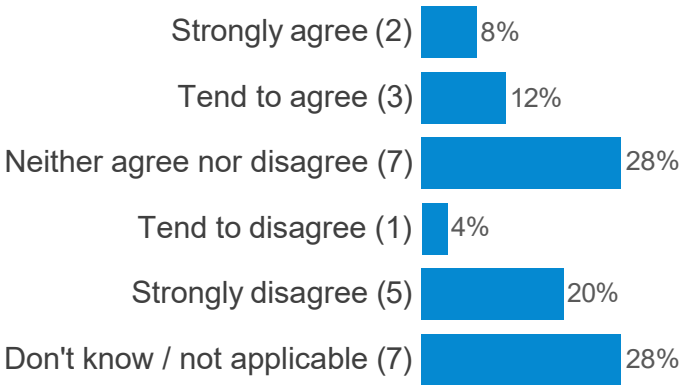


To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Apprenticeship in any pharmacy role)

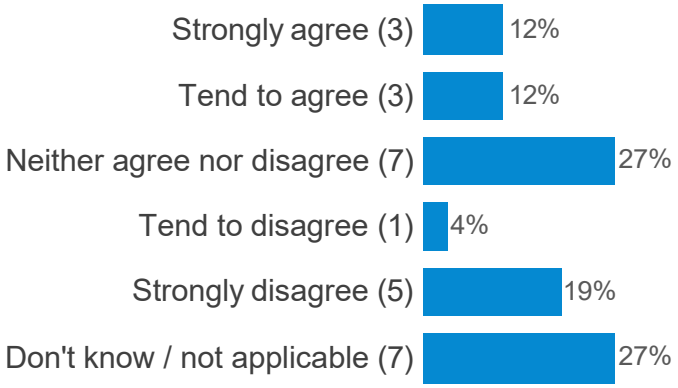


PNA Pharmacy Survey 2025

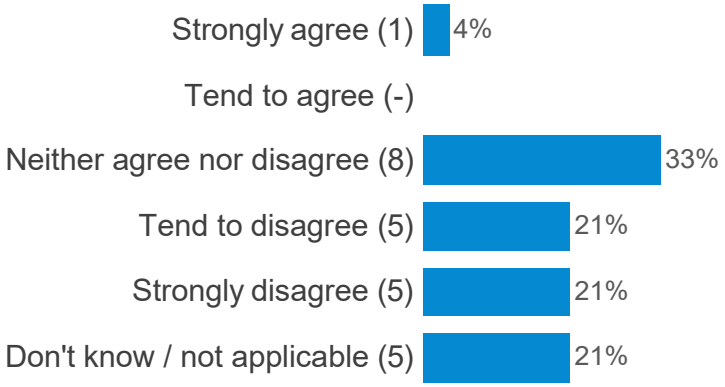
To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Accredited Pharmacy Technician)



To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Accuracy Checking Technician)

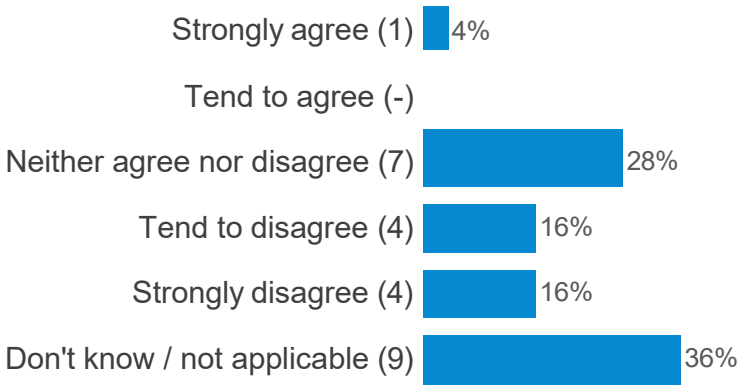


To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Dispenser)

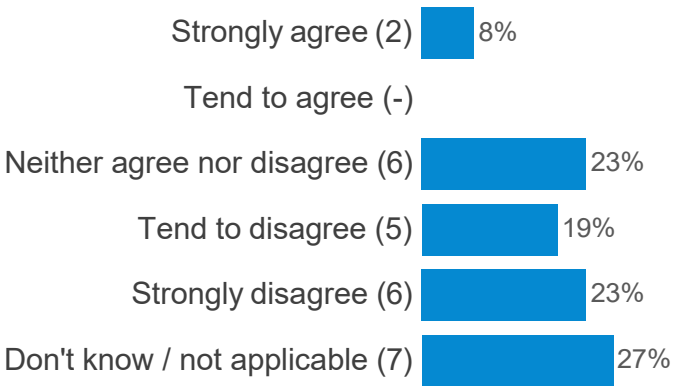


PNA Pharmacy Survey 2025

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Medicines Counter Assistant)



To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Delivery driver)



Do you currently offer the following independent prescribing services? (NHS)



Do you currently offer the following independent prescribing services? (Private)



Please provide details of these below.
Responses included:

- We provide a wide range of independent prescriber lead services
- Prescribing pharmacists provide a clinic on Fridays. The rest of the week GPDs are used to provide services
- We offer prescribing for minor ailments and travel vaccinations

Do you plan to alter your independent prescribing services in the future, either by expanding or reducing their scope or availability?



Please provide details of the intended changes below.
Responses included:

- Expanding
- Participating in the NHS IP prescribing opportunities
- Completing the Independent prescribing course
- Employing IPPs to provide private services
- Making changes according to the NHS guidelines on new graduates
- Intending to prescribe anti-wrinkle treatment in addition to any new NHS prescribing services

Are there any services not currently provided that you feel would benefit the local population?



Can you provide further details about what additional services are required and why?

Responses included:

- Pharmacist clinics for minor ailments
- Covid-19 vaccinations
- Shingles, HPV, Pneumococcal vaccinations
- Blood testing services, ear syringing
- More frequent deliveries, health checks, compliance and dispensing

Are there any barriers which are stopping you providing these services at the moment?

Responses included:

- No
- Not NHS-funded
- Cost, Cost of deliveries too high

Do you dispense appliances?



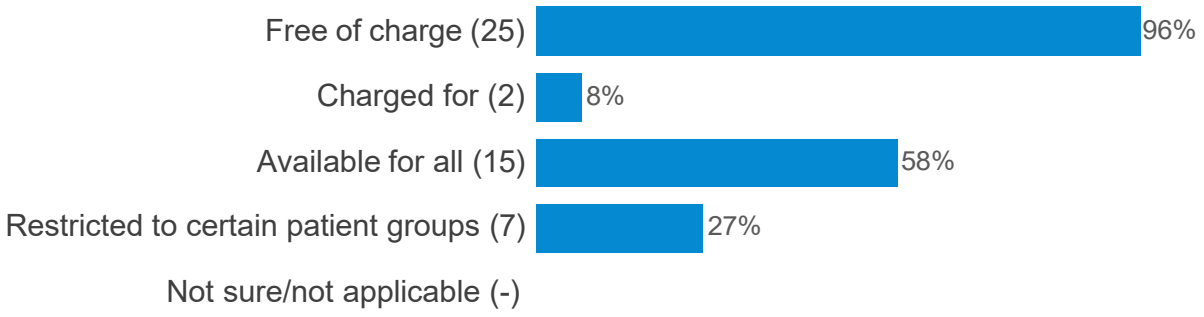
Which appliances do you dispense?
Responses included:

- All appliances
- Drug tariff appliances
- Catheters and leg bags (to care homes mainly)
- Stockings MTM, Truss fitting service, dressings
- Stoma bags, colostomy products
- Monitored Dosage System trays

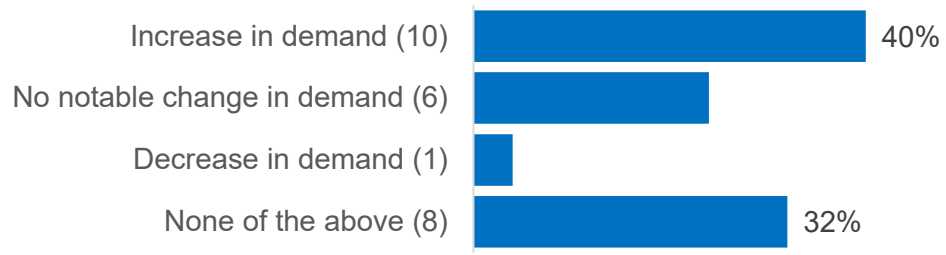
Do you offer a delivery service?



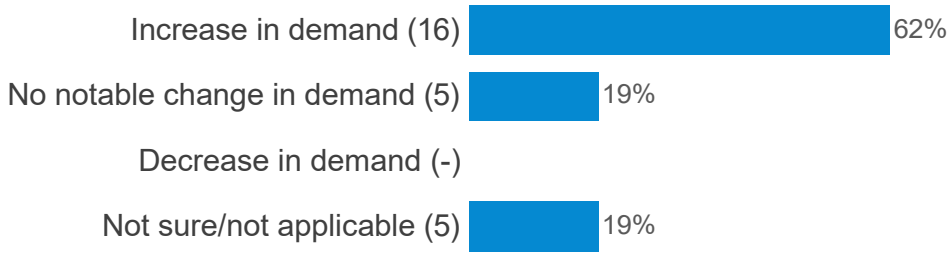
Which of the below are applicable to the delivery service that you offer? Please select all that apply.



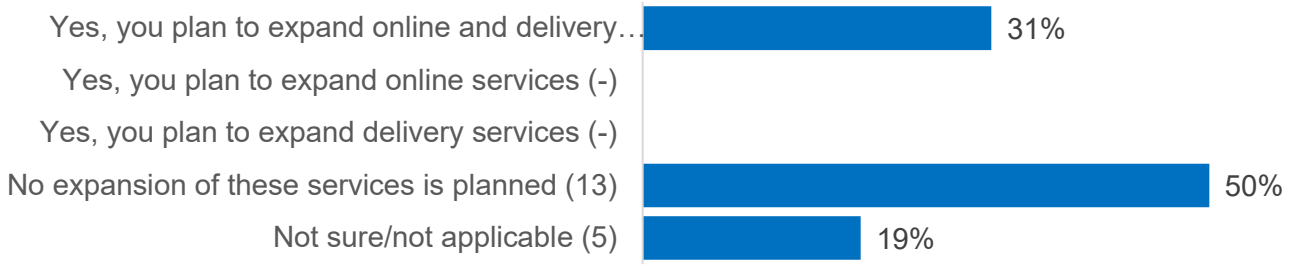
Within the last three years, have you witnessed a change in the demand for online or delivery services? (Online services)



Within the last three years, have you witnessed a change in the demand for online or delivery services? (Delivery services)



Do you plan to expand online and/or delivery services in the next year?



How, if at all, do you expect the impact of internet-based pharmacy services and online ordering will affect your pharmacy provision in the future?
Responses included:

- Negatively
- Slightly reduced demand for over the counter trade
- DSP will reduce footfall in the pharmacy

What changes, if any, would you like to see to accommodate the advance of online and digital services?

Responses include:

- No more internet pharmacies
- Restriction of online pharmacy service provision to help pharmacies deliver these services to the local population
- Easier integration with our services
- I'd like to see more Pharmacy services available that online pharmacies that can make use of. Too many services are only available for face to face consultations.

Are there any services you feel you could provide in the future but that you are not providing at the moment?

Responses included:

- We are providing all NHS advanced and enhanced services and we offer a wide range of self-funded services too
- NHS paid Monitored Dosage System (MDS) blister packs for patients post assessment requiring an MDS pack
- Weight loss
- Expanding vaccination services
- Flu vaccinations, Covid vaccinations, ACWY vaccinations,Yellow Fever vaccines, travel vaccines
- Pharmacy First
- Private clinics
- Smoking cessation, NHS contraception service

Are there any other comments you that you would like to make or changes that you think should be made to pharmacy services in Leicester, Leicestershire and/or Rutland?

Responses included:

- Restrictions should be in place on online pharmacies so that patients are able to use local brick and mortar pharmacies. This will ensure the survival of bricks and mortar pharmacies. We are under threat of NHS prescriptions being dispensed by online pharmacies, and the current level of NHS funding of advanced services is inadequate such that our business could not survive on that alone without the NHS prescription income. Therefore, by allowing online pharmacies to serve patients anywhere there is a risk of closure of bricks and mortar pharmacies. This would result in patients being unable to access face to face services that they need
- We would wish to see NHS pay for MDS support for patients who post assessment qualify for these
- Improved funding – pharmacies are struggling because there is no room for growth. Even sustainability has become a question as we cannot maintain the same workforce once wages increase in April
- Increase basic funding to maintain service levels
- More training workshops/sessions to go through new NHS contract, new NHS services and provide additional support to help pharmacies integrate these services in their pharmacy

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

From the office of: Prof Nil Sanganee, Chief Medical Officer, LLR ICB
Email: paul.gilbert7@nhs.net
Based At: County Hall, Leicester
Our Ref: Leicester City PNA 2025

4th August 2025

Rob Howard,
Director of Public Health,
Leicester City Council

Dear Rob,

Re: Consultation Response - Leicester Pharmaceutical Needs Assessment (PNA) 2025

Thank you for the opportunity to respond to the Leicester Pharmaceutical Needs Assessment (PNA) 2025 consultation. We welcome the continued commitment to assessing and improving pharmaceutical services across the city and we are broadly supportive of the draft's conclusions and recommendations.

Community pharmacy remains a cornerstone of healthcare provision for Leicester's residents. The accessibility of pharmacies—both geographically and in terms of opening hours—continues to be a strength, and we are pleased to note that no significant gaps in the provision of essential pharmaceutical services have been identified.

However, tackling the stark health inequalities across Leicester requires a proactive and integrated approach and community pharmacies are uniquely positioned to support this effort. Their presence in the most deprived areas, their ability to offer care without appointment, and their multilingual teams make them vital partners in tackling health inequities. We strongly advocate for their inclusion in local Core20PLUS5 strategies and broader health equity initiatives.

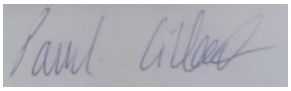
We also wish to emphasise the following priorities:

- **Service Integration and Expansion**: We strongly endorse the need for greater integration of community pharmacy within primary care networks (PCNs) and the emerging neighbourhood health delivery models and plans to support prevention, early intervention and chronic disease management. Services such as Pharmacy First, Community Pharmacy Contraception Service and the Hypertension Case Finding must be scaled and tailored to local needs. We fully support active collaborative working between community pharmacy teams and other health and care partners to maximise impact.
- **Innovation:** We need to further support innovative service delivery through the community pharmacy network and the PNA needs to reflect this ambition. Consideration should be given to additional services that relieve pressures on other services wider than just GP practices, for example urgent and emergency care services. This includes maximising the opportunities presented by increasing availability of independent prescribers in community pharmacy.

- **Digital Enablement**: As healthcare becomes increasingly digital, we support the recommendation to tackle inequities in digital literacy, but to do this, commissioners need to ensure that community pharmacies are digitally integrated to work seamlessly with partners, and service design should include community pharmacy digital integration from the outset.
- **Promotion of public health:** We commend the recognition of pharmacies role in supporting public health, and where possible would like to see these sustained and strengthened. These services directly support the Health and Wellbeing Partnership's life course priorities but coverage and quality need regular review.
- **Planning for Growth**: With ongoing housing development and population growth, it is vital that pharmacy provision is regularly reviewed to ensure it meets evolving community needs and we support the recommendation for an annual report of pharmacy services.

We look forward to working collaboratively with patients, Leicester City Council, NHS partners and the Local Pharmaceutical Committee (LPC) to ensure that community pharmacy continues to evolve and thrive as a key component of our healthcare system.

Yours sincerely



Paul Gilbert
Community Pharmacy Clinical Lead
NHS Leicester, Leicestershire and Rutland
Integrated Care Board (LLR ICB)



Prof Nil Sanganee
Chief Medical Officer
NHS Leicester, Leicestershire and Rutland
Integrated Care Board (LLR ICB)

Equality Impact Assessment (EIA) Tool:

Title of proposal	Leicester City Pharmaceutical Needs Assessment
Name of division/service	Public Health
Name of lead officer completing this assessment	Gary Forbes
Date EIA assessment commenced	01/05/2025
Date EIA assessment completed *(prior to decision being taken as the EIA may still be reviewed following a decision to monitor any changes)*	
Decision maker	Director
Date decision taken	

EIA sign off on completion:	**Signature**	**Date**
Lead officer	Gary Forbes	
Equalities officer (has been consulted)	Surinder Singh	10 June 2025
Divisional director		

Please ensure the following:

a) That the document is **understandable to a reader who has not read any other documents** and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy but must be complete and based in evidence.
b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.
d) That the equality impact assessment is started at an early stage in the decision-making process, so that it can be used to inform the consultation, engagement and the decision. It should not be a tick-box exercise. Equality impact assessment is an iterative process that should be revisited throughout the decision-making process. It can be used to assess several different options.
e) Decision makers must be aware of their duty to pay 'due regard' to the Public Sector Equality Duty (see below) and 'due regard' must be paid before and at the time a decision is taken. Please see the Brown Principles on the equality intranet pages, for information on how to undertake a lawful decision-making process, from an equalities perspective. Please append the draft EIA and the final EIA to papers for decision makers (including leadership team meetings, lead member briefings, scrutiny meetings and executive meetings) and draw out the key points for their consideration. The Equalities Team provide equalities comments on reports.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will the needs of those who are currently using the service continue to be met?

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

The PNA is a key document which is used by the local NHS England and NHS Improvement Area Team to assess applications for new, additional or relocated premises. It will also be used by NHS England and NHS Improvement to make decisions in the commissioning of NHS funded services that can be provided by local community pharmacies. Additionally, Local Authorities and Integrated Care Boards (ICBs) may use the PNA when commissioning services to meet local health needs and priorities.

This is the fifth PNA for Leicester (previously published in 2011, 2015, 2018 and 2022) and this draft PNA is required to be approved by the Leicester Health and Wellbeing Board by October 2025.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development. The regulations require that a series of statements be contained in the PNA. In summary, the regulations require a series of statements of:

- 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
- 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
- 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 services, either now or in the future
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service

Other information to be included or taken into account:

- 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
- the provision of pharmaceutical services in neighbouring Health and Wellbeing Board areas

Each HWB must also consult (for a minimum period of 60 days) with a number of statutory consultees including Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), any persons in the pharmaceutical lists and any dispensing doctors, any Local Pharmaceutical Service (LPS) in its area providing local services by arrangement with the NHS Commissioning Board, any Local

Healthwatch organisation, any other patient, consumer or community group with an interest in provision of pharmaceutical services in the area, NHS trust or NHS foundation trust, NHS Commissioning Board (e.g. NHS England) and any neighbouring Health and Wellbeing Board about the provision of pharmaceutical services within its area and the PNA draft.

This PNA concludes that there is adequate provision of pharmaceutical services for the population of Leicester overall. It has been noted that there are differences in local provision of services across the city and it may be that residents in some areas have to travel a little further to access a particular service or travel further out of normal working hours. This brief impact assessment aims to consider the equality issues that may be present, and address them where possible, however it should be noted that the PNA is a high level document and, as such, further work will need to be done, by all partners involved, to identify any equalities impacts as work progresses; for example as services are commissioned, procured, in the contract management of services and as operational decisions about service provision are made.

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

a. Eliminate unlawful discrimination, harassment and victimisation

- How does the proposal/service aim to remove barriers or disproportionate impacts for anyone with a particular protected characteristics compared with someone who does not share the same protected characteristics?
- Is this a relevant consideration? What issues could arise?

Pharmacies across Leicester City all aim to provide services which are accessible to all residents. For example, many pharmacies have staff who speak the languages of local residents and have facilities which are accessible for people who have a disability. Rather than uniform provision, the PNA guides commissioning decisions based on identified needs. This ensures that resources are allocated to address specific health inequalities, thereby promoting fair access for all.

b. Advance equality of opportunity between different groups

- Does the proposal/service advance equality of opportunity for people?
- Identify inequalities faced by those with specific protected characteristic(s).
- Is this a relevant consideration? What issues could arise?

Leicester's Joint Strategic Needs Assessment considers age, gender, ethnicity, religion and language across the city helps to indicate potential inequalities in access. The PNA considers the demographics of the population by local area (six locality areas: Central, East, North, North West, South and West Leicester) where data is available and relates this to local pharmaceutical service provision. Additionally, a consultation with the public and individual pharmacies provided an opportunity to feedback on the availability and accessibility of local pharmacy services.

Community pharmacies provide much more than a medicine dispensing services; they provide expertise in the use of medicines and promoting their safe and effective use. They can also provide a number of locally commissioned services, tailored to local population needs which include emergency hormonal contraception, C-Card (Condom provision and sexual health advice), needle exchange, supervised methadone consumption, naloxone service, H.Pylori screening service, palliative care and child influenza vaccination service. By offering more services in local communities closer to people's homes, pharmacists and their teams can improve patient care and reduce health inequalities through:

- personalised pharmaceutical services
- expanding access and choice
- more help with medicines
- reducing inappropriate hospital admissions
- supporting patients as they move between hospital and the community
- supporting healthy living and better care improving communications and relationships.

A recent addition launched in January 2024 is Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. It is expected that use of this service will increase over time and will reduce the pressure on GP practices by freeing up appointment times.

c. Foster good relations between different groups

- Does the service contribute to good relations or to broader community cohesion objectives?
- How does it achieve this aim?

- Is this a relevant consideration? What issues could arise?

Pharmacy services have a pivotal role in community cohesion. Community pharmacists are the most accessible health care professionals for the general public. Pharmacies can be particularly effective in providing services to more hard-to-reach groups as they offer a walk-in service and do not require an appointment. They also offer valuable advice and support for people in making lifestyle choices and in managing their own health conditions. The role of pharmacies in the delivery of the wider health agenda will be essential to supporting the health and care system going forwards.

The community pharmacist is a hub where we can develop not just the relationship between the GP and the pharmacist to make access easier through electronic prescribing and other innovations, they are also somewhere that residents can access a whole range of holistic services to improve their health through all of the services that are commissioned from them, be this through new medicine services, the health promotion campaigns or the services that are commissioned by LCC and the ICBs. They are a significant community asset.

Fostering good relations also involves promoting understanding between people who share a protected characteristic and others. By providing services which are accessible to all and meet the needs of the residents of Leicester, regardless of protected characteristic, the likelihood of perceptions of unfair treatment of certain groups, in comparison to other groups, is minimised. This helps support the basis for good relationships between groups of people who share a protected characteristic and those who do not.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include people who currently use the service and those who could benefit from, but do not currently access the service. Where possible include data to support this.

All residents of Leicester City are able to make use of community pharmacies. They can offer a more accessible environment for hard-to-reach groups who need health advice or treatment for minor illnesses and can be an alternative to making a GP appointment.

The PNA makes an assessment of the different services currently provided by pharmacies within the locality areas of Leicester. It also notes new services (Pharmacy First service for minor ailments) or expansions to services (such as contraception services), that are coming into effect form Autumn 2025. By making more services available to local residents, this can help deflect some of the work from GPs and offer services without the need for an appointment. Additionally, the ICB 5-year plan intends to move towards a neighbourhood approach which will further consider the needs of local population groups with a view to reducing health inequalities and improving health outcomes.

4. Information used to inform the equality impact assessment

- What **data, research, or trend analysis** have you used?
- Describe how you have got your information and what it tells you
- Are there any gaps or limitations in the information you currently hold, and how you have sought to address this? E.g. proxy data, national trends, equality monitoring etc.

The PNA has used a variety of data sources to review the different characteristics of Leicester residents, their health needs and outcomes which include the Census 2021 and health profiles (eg https://fingertips.phe.org.uk/) Additionally, consultations have been undertaken to collate public views of pharmacy services and information from pharmacies including accessibility facilities within premises and additional languages spoken by staff. The consultation was a survey and was advertised and promoted through Face newsletters in Leicester City Council, Community Development Team in local forums, and also posters with a QR codes for pharmacies to display. The survey was available to be completed from 3 February to 30 April 2025.

This PNA has used ONS population counts to provide population numbers by six locality areas within Leicester. This has been used to estimate the number of pharmacies available to residents within their local area and highlight potential differences in provision. Population characteristics of Leicester residents have been taken into account through the use of Census 2021, ONS Mid-2022 population estimates and Leicester Health and Wellbeing survey 2024 data. This has allowed consideration of different services that may be required in different local areas of Leicester:

- Broad age groups show that the East (14.5%), South (14.1%) and North (13.9%) of the city contain higher proportions of older people (65 years and over). A younger population is found in the east and north west locality areas (28.5% of east locality and 28.4% in north west area population are under 19).

- Leicester's population is made up of 41% White, (33% White British and 8% other White ethnic groups) and 43% of the population are Asian/Asian British (34% Indian, 9% other Asian groups). Ethnic groups vary across the city with the South (61.2%), West (52.6%) and North West (42.5%), locality areas of the city having higher proportions of residents classified as white British and the North (90.5%), Central (79.7%) and East (72.9%) locality areas having higher proportions of residents classified as BAME.

- Religion is diverse in Leicester with a quarter Christian (25%), 24% Muslim, 23% with no religion and 18% Hindu. Christian residents are more likely to live in the North and North West localities of Leicester (where 37% of residents are Christian) whilst residents with no religion are more likely to live in the South of the city (40% of residents here have no religion). There is a greater proportion of the population who identify as Muslim living in the centre of the city (45%) and a greater proportion of the population who identify as Hindu live in the North of the city (51%).

- There are over 100 languages spoken in Leicester. English is the main language spoken by 67% of Leicester's population, Gujarati is the language spoken most often by 13% of Leicester residents with Punjabi spoken most often by 4% of the population. Gujarati is spoken most widely in the North of the city (main language of 37% of population) followed by the Central locality (13%) and East (10%) of the city. Punjabi is spoken as the main language most in the East (4%) and North (4%) of the city. Urdu is spoken most widely as the most common language in the centre of the city (2%). Polish is spoken more widely in the North West and West of the city (the main language of 5% of each population).

- Around 12% report living in overcrowded households in Leicester. This rate is highest in the north (22%) and central localities (15%) of the city.

- Based on the 2021 census, provision of unpaid care is highest in the south locality area of Leicester where almost 9% of residents in each area provide some level of unpaid care. West Leicester has the highest percentage of residents (2.8%) providing over 50 hours of unpaid care per week

- At the time of the 2021 census, car ownership was lowest in the centre of the city where 43.0% of households did not have a car or van available to them. The east of the city had the highest proportion of car ownership and 22% of households not having a car or van available to them. Overall, 33.3% of Leicester residents did not have a car or van available to them.

- In Leicester, 73% of residents have some form of qualification or level of education, while over a quarter (27%) of Leicester residents are degree educated. 11% of Leicester residents are educated to GCSE level with 16% of residents achieving A Level or equivalent qualifications. Amongst those most likely to have no formal qualifications are those residing in the North of Leicester (East: 39%, Leicester overall: 27%).

- Data relating to sexual orientation was asked within the 2021 Census. This was not answered by around 12% of respondents. Of those providing a response, 96.2% of adults identified as straight or heterosexual, and 3.8% as Lesbian, Gay, Bisexual or Other

Consideration of differences in these characteristics will help pharmacies in planning how their services are delivered, and what services will be useful, with respect for people with different characteristics. Eg for those with a disability or different religious and cultural requirements.

Demographic or information relating to protected characteristics is not available for all services considered in the PNA. Age, sex and ethnicity data is collected for some services including sexual health services for under 25s (Emergency Hormonal Contraception, C-card condom service). This will be used by commissioners to assess equity of access and uptake across different groups within the city.

Census data will help to inform some of the different population characteristics in Leicester relating to the time of the 2021 Census, many of these will not be updated in any regular on-going basis. Office for National Statistics (ONS) provide population projections by 5 year age bands, which will assist in estimating changes in population number and structure over the next 10 years for service planning. ONS also provide regular basic migration counts of movement in and out of Local Authorities but this is not broken down into any detail.

Additionally, a public survey was carried out in Spring 2025 which collected some information on protected characteristics. This is reviewed later in the report.

5. Consultation

Have you undertaken consultation about the proposal with people who use the service or people affected, people who may potentially use the service and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs? How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

A public consultation was carried out in Spring 2025 to assess the views of Leicester residents accessing pharmaceutical services. The consultation was a survey and was advertised and promoted through Face newsletters in Leicester City Council, Community Development Team in local forums, and also posters with a QR codes for pharmacies to display. These are shown in section 6. There was also a Professional consultation which allowed Pharmacists to comment on the services they currently provide and any

additional services they would provide with the appropriate training this was also carried out in Spring 2025. Additionally, there will be a further, statutory 60-day consultation in June-July 2025. The results of these will be included in the final published report.

6. Potential Equality Impact

Based on your understanding of the service area, any specific evidence you may have on people who use the service and those who could potentially use the service and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts. This could include indirect impacts, as well as direct impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant groups that may be affected, along with the likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics

Impact of proposal:
Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal? This may also include **positive impacts** which support the aims of the Public Sector Equality Duty to advance equality of opportunity and foster good relations.

Risk of disproportionate negative impact:
How likely is it that people with this protected characteristic will be disproportionately negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?

Mitigating actions:
For disproportionate negative impacts on protected characteristic/s, what mitigating actions can be taken to reduce or remove the impact? You may also wish to include actions which support the positive aims of the Public Sector Equality Duty to advance equality of opportunity and to foster good relations. All actions identified here should also be included in the action plan at the end of this EIA.

a) Age

Indicate which age group/s is/ are most affected, either specify general age group (children, young people, working aged people or older people) or specific age bands.

What is the impact of the proposal on age?

Pharmacy services are used by all age groups, although requirements and uptakes of different services will vary amongst age groups. Pharmacies can tailor their services to meet local populations; eg pharmacies serving a younger patient group may offer more childhood vaccinations and sexual health services, and with older populations who are more likely to have medication for long term conditions, more monitored dosage, home delivery, care home and palliative care services may be offered.

What is the risk of disproportionate negative impact on age?

Local services not offered by pharmacies may result in residents having to travel further to pharmacies offering the required services. They may experience delays in obtaining health advice or receiving repeat medication or there may be potential misuse of medicines (eg where elderly patients experiencing a change in medication and are not able to access advice to help them understand proper use eg where new medicines service not offered).

What are the mitigating actions?

The PNA includes a recommendation to keep under review the services offered within pharmacies to minimise inequalities in access. This includes improved service provision of services such as new medicines service which aims to give patients better understanding and health outcomes from their medication. The public consultation has also highlighted delays in availability of medicines, which have been highlighted within the report for further investigation. The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

b) Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. If specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness, or health condition.

What is the impact of the proposal on disability?

The Equality Act 2010 says that disabled people have the right ‘reasonable adjustments’ that make services accessible to them. A survey has been undertaken with Leicester pharmacies to gain information on additional facilities available at pharmacies to assist

access for people with disabilities. To date only 17 of 83 pharmacies have responded*: 10 respondents had large print labels/leaflets, 5 had wheelchair ramp access, 8 had dementia-friendly space, 3 had automatic door assistance, 1 had a hearing loop, 6 had a bell at the door, 3 had a disabled toilet facility and 2 pharmacies reported having none of the above. **The survey has been kept open until end of July to enable more pharmacies to respond and full results will be reported in the final publication of the PNA*.

What is the risk of disproportionate negative impact on disability?

The potential risks of pharmacies not having facilities or aids to assist people with disabilities are that patients may be unable to access their nearest pharmacy and have further to travel to access a pharmacy with appropriate aids, or be dependent on friends or families to assist them, potentially delaying access to healthcare advice and services

What are the mitigating actions?

Information about accessibility facilities may be available on individual pharmacy websites or found by contacting the pharmacy directly. Pharmacies not reporting whether disability access facilities are available should be encouraged to make this information available. This will enable assessment of whether disability access is adequate within all locality areas of Leicester. Additionally, a review of complaints and feedback from service users may provide further information in relation to issues experienced and whether further adaptations can be made available to improve access.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

c) Gender reassignment

Indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected. a trans person is someone who proposes to, starts, or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected.

What is the impact of the proposal on gender reassignment?

This information was not collected in the consultation.

What is the risk of disproportionate negative impact on gender reassignment?

It is not known whether patients within this group may experience difficulties in seeking health advice and medication from their local pharmacy.

What are the mitigating actions?

Pharmacies could consider whether they can be more inclusive of service users who have a range of different gender identities eg. use of an LGB+ friendly sticker, reviewing policies and practises to ensure that they are fully inclusive, eg the use of gender neutral language in policies and staff LGB+ or transgender awareness training.

d) Marriage and civil partnership

Please note that the under the Public Sector Equality Duty this protected characteristic applies to the first general duty of the Act, eliminating unlawful discrimination, only. The focus within this is eliminating discrimination against people that are married or in a civil partnership with regard specifically to employment.

What is the impact of the proposal on marriage and civil partnership?

This information was not collected in the consultation**.**

What is the risk of disproportionate negative impact on marriage and civil partnership?

The Equality Act 2010 only protects you from discrimination at work because you are married or in a civil partnership (rather than in service provision).

What are the mitigating actions?

This is not considered to be directly relevant to pharmaceutical service provision.

e) Pregnancy and maternity

Does the proposal treat someone unfairly because they're pregnant, breastfeeding or because they've recently given birth.

What is the impact of the proposal on pregnancy and maternity?

This information was not collected in the consultation

What is the risk of disproportionate negative impact on pregnancy and maternity?

Pharmacies offer various services related to pregnancy and maternity including contraception and emergency hormonal contraception services (EHC), advice on medications, vaccines and breastfeeding. They can also offer guidance on nutrition and supplements and smoking cessation. Where these services are not offered locally, patients may have to travel further to access the service or seek alternative provision. This could result in sexually transmitted infections and unwanted pregnancies.

What are the mitigating actions?

Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area. In relation to contraception services, from October 2025, the service is being expanded to allow community pharmacies to provide both routine oral contraception and EHC as part of the new Community Pharmacy Contractual Framework for 2024/25 and 2025/26. This will make contraception more accessible to local communities without the need for a GP appointment.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

f) Race

Race refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. A racial group can be made up of two or more distinct racial groups, for example Black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies and Irish Travellers.

What is the impact of the proposal on race?

Leicester is a very diverse city with over half of residents from non-White British ethnic groups. English is not the main language spoken by 30% of Leicester residents. For residents who cannot speak English at all or speak English well, accessing pharmacy services could be problematic where they are unable to communicate effectively with staff. This could result in misunderstanding, having to travel to another pharmacy or relying on family or friends.

Two surveys were undertaken to gather further information relating to both public satisfaction with pharmacy services and with the pharmacies themselves. This included data around any additional languages spoken by pharmacy staff.. In the pharmacy survey, responses from 26/83 pharmacies show that in addition to English, the most commonly reported languages spoken by pharmacy staff were Gujarati (86%), Urdu (64%) and Punjabi (46%). 23% of respondents reported Arabic, (14%) Bengali (Sylheti or Chatgaya) as languages spoken by pharmacy staff.

**The survey has been kept open until end of July to enable more pharmacies to respond and full results will be reported in the final publication of the PNA*.

For the public survey, this was available in other languages by request.

Some diseases and long-term conditions are more prevalent in certain races (eg diabetes is more prevalent in South Asian communities). The PNA considers ethnic groups, prevalence of long-term conditions and provision of services within the locality areas. This can help inform whether appropriate services are available within local pharmacies.

What is the risk of disproportionate negative impact on race?

For residents whose first language is not English or who cannot speak English well, language barriers could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes where patients have difficulties in communicating with or accessing pharmacy services.

If pharmacies do not cater for diseases more prevalent in their local communities there is a risk of patients not receiving health and lifestyle advice they need and potentially developing complications earlier.

What are the mitigating actions?
Many pharmacies in Leicester have staff who speak additional languages. Pharmacies could review their service user feedback and complaints to see whether there are any reported access issues in this area to consider. They could consider recruiting staff who are of a variety of races, speak a second language, use of interpretation services.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

g) Religion or belief

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition. This must be a belief and not just an opinion or viewpoint based on the present state of information available and;

- be about a weighty and substantial aspect of human life and behaviour
- attain a certain level of cogency, seriousness, cohesion, and importance, and
- be worthy of respect in a democratic society, not incompatible with human dignity and not in conflict with fundamental rights of others. For example, Holocaust denial, or the belief in racial superiority are not protected.

Are your services sensitive to different religious requirements e.g., times a customer may want to access a service, religious days and festivals and dietary requirements

What is the impact of the proposal on religion or belief?
Almost half (47%) of respondents stated they had no religion and another 23% stated they had Christian beliefs. The other highest percentages of respondents had Muslim (14%) and Hindu (7%) faiths. There was no mention in the feedback that there were any issues relating to accessing services due to faith, however as there are large non-Christian populations in Leicester and the feedback shows an under-representation of these groups monitoring and consideration should continue.

What is the risk of disproportionate negative impact on religion or belief?

Lack of customer care appropriate to faith beliefs could be a barrier to access and as a result could be a potential risk of delay in obtaining health advice and medications with possible serious outcomes where facilities within the pharmacy are not appropriate for different cultures or religions.

What are the mitigating actions?

Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider. Eg any religious or cultural barriers to groups accessing the service. Given Leicester has a large Muslim population in parts of the city, appropriate signage are contents of medications, e.g. vaccinations not containing certain animal products and the availability of alternatives would be useful.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

h) Sex

Indicate whether this has potential impact on either males or females.

What is the impact of the proposal on sex?

Despite over 70% of respondents to the public survey being female no gender specific issues were highlighted

What is the risk of disproportionate negative impact on sex?

Patients may experience difficulties or delays in seeking health advice and medication from their local pharmacy where it does not have staff or a pharmacist of the same sex.

What are the mitigating actions?

Pharmacies should ensure appropriate male/female staff are available to assist with gender specific services eg sexual health related services.

i) Sexual orientation

Indicate if there is a potential impact on people based on their sexual orientation. The Act protects heterosexual, gay, lesbian or bisexual people.

What is the impact of the proposal on sexual orientation?

Despite 89% of respondents to the public survey stating their sexual orientation was heterosexual no specific issues were highlighted.

What is the risk of disproportionate negative impact on sexual orientation?

Pharmacy customer care that is not fully inclusive of lesbian, gay and bisexual (LGB) + (the plus sign represents sexual orientations not included in the term LGB) service users may result in inappropriate advice and information being provided to patients within this group or may result in people choosing not to access these pharmacy services which may result in difficulties seeking health advice and medication from staff at their local pharmacy.

What are the mitigating actions?

Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider. eg. relating to sexual health services.

7. Summary of protected characteristics

a. Summarise why the protected characteristics you have commented on, are relevant to the proposal?

Services provided at pharmacies are available to all residents, including those with a variety of protected characteristics. We have therefore considered the needs and accessibility for those with protected characteristics. The PNA is a high level assessment of pharmaceutical services across Leicester. Data relating to protected characteristics is not relevant to all services. However, some services such as sexual health services and substance misuse services collect data on protected characteristics to assess equity of access and uptake separately.

b. Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?
There are no anticipated impacts in relation to marriage and civil partnership. The Equality Act only protects people at work on the basis of their marriage or civil partnership. The PNA focuses solely on service provision.

8. Armed Forces Covenant Duty

The Covenant Duty is a legal obligation on certain public bodies to 'have due regard' to the principles of the Covenant and requires decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community.

When Leicester City Council exercises a relevant function, within the fields of healthcare, education, and housing services it must have due regard to the aims set out below:

a. **The unique obligations of, and sacrifices made by, the Armed Forces**
   These include danger; geographical mobility; separation; Service law and rights; unfamiliarity with civilian life; hours of work; and stress.

b. **The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces**
   A disadvantage is when the level of access a member of the Armed Forces Community has to goods and services, or the support they receive, is comparatively lower than that of someone in a similar position who is not a member of the Armed Forces Community, and this difference arises from one (or more) of the unique obligations and sacrifices of Service life.

c. **The principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the Armed Forces**
   Special provision is the taking of actions that go beyond the support provided to reduce or remove disadvantage. Special provision may be justified by the effects of the unique obligations and sacrifices of Service life, especially for those that have sacrificed the most, such as the bereaved and the injured (whether that injury is physical or mental).

Does the service/issue under consideration fall within the scope of a function covered by the Duty (healthcare, education, housing)? Which aims of the Duty are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes. Are members of the Armed Forces specifically disadvantaged or further disadvantaged by the proposal/service? Identify any mitigations including where appropriate possible special provision.

This information was not collected in the formal consultation. Military personnel have access to free prescriptions via health centres on the barracks, so no issues should arise.

9. Other groups

Other groups:

Impact of proposal:
Describe the likely impact of the proposal on children in poverty or any other people who we may consider to be vulnerable, for example people who misuse substances, care leavers, people living in poverty, care experienced young people, carers, those who are digitally excluded. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?

While many characteristics are not collected during the public survey, those caring for someone else was collated. Of the responses 20% said they cared for another person aged 18 and over and 18% said they were a carer for someone under 18 years..

Risk of disproportionate negative impact:
How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?

No specific issues were noted however it is known that some issues for carers of others can be accessing the correct medications, expenses incurred while picking up the medications, communication issues due to language barriers and understanding any side affects and contraindications

Mitigating actions:
For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA. You may also wish to use this section to identify opportunities for positive impacts.

Pharmacies should make sure that information around medications is easy to understand and communicated appropriately to carers.

a. Care Experienced People

This is someone who was looked after by children's services for a period of 13 weeks after the age of 14', but without any limit on age, recognising older people may still be impacted from care experience into later life.

What is the impact of the proposal on Care Experienced People?

This information was not collected within the consultation

What is the risk of negative impact on Care Experienced People?

Some people after leaving care may struggle with financial difficulties among other issues, so easing this part of their lives could assist

What are the mitigating actions?

Some areas of the country provide people who have left care with free prescriptions to help ease financial pressure and this could be adopted within Leicester City if resources allow.

b. Children in poverty

What is the impact of the proposal on children in poverty?

Children in poverty is a big issue in Leicester with over 40% of children living in relative low income families in 2022/23[1]

What is the risk of negative impact on children in poverty?

Difficulties in readily accessing a pharmacy near to their homes because of lack of transport and opening times, could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes.

What are the mitigating actions?

Pharmacies offer a more accessible service for minor ailments, where patients can drop-in for advice and medication without the need for an appointment. Travel analysis shows Leicester residents should be able to reach their nearest pharmacy within 10-20 minutes by foot, car and public transport. In January 2024, the Pharmacy First service was introduced to enable residents to be

[1] Fingertips | Department of Health and Social Care

referred into community pharmacy for some common minor illnesses or an urgent repeat medicine supply. This offers a quicker and more convenient way to access healthcare.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

c. Other (describe)

What is the impact of the proposal on any other groups?
Information on other groups was not collected

What is the risk of negative impact on any other groups?
None considered

What are the mitigating actions?
None considered

10. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include:

- other proposed changes to council services that would affect the same group of service users;
- Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents;
- external economic impacts such as an economic downturn.

This PNA finds that overall provision of pharmaceutical services in Leicester is adequate for the population with a few areas in the North, North West and East of the city with some potential gaps. These have been acknowledged and recommendations made to ensure equality for all City residents. The latest housing plan for Leicester shows new

housing developments is included to highlight any potential gaps in pharmacy provision.

11. Human rights implications

Are there any human rights implications which need to be considered and addressed (please see the list at the end of the template), if so, please outline the implications and how they will be addressed below:

NONE

12. Monitoring impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

If you want to undertake equality monitoring, please refer to our equality monitoring guidance and templates.

As part of the PNA which is completed every 3 years, the public consultation collects information on some protected characteristics and asks service users their views on service provision and accessibility. Comments are reported within the PNA and where relevant, they inform recommendations for improving access to and provision of services to reduce inequalities and improve health outcomes for patient groups.

Service users may also provide feedback to the pharmacies to report any issues they experience through a complaints procedure which will be monitored and reviewed regularly (see below).

13. EIA action plan

Please list all the equality objectives, actions and targets that result from this assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Equality of access to pharmaceutical services for all Leicester residents.	Potential barriers to access and inequalities in access of pharmaceutical services in Leicester have been identified in the PNA through consideration of the demographics across Leicester and through consultation. Recommendations to improve equality of access are included in the PNA	NHS-E, Leicester, Leicestershire and Rutland ICB and Leicester City Council	Review by Autumn 2026
Equality of access to pharmaceutical services for all Leicester residents.	Equality Impact Assessment to be reviewed annually before the next PNA in 2028 to assess whether additional survey work relating to facilities available at pharmacies for patients with protected characteristics is required.	Gary Forbes	Review by Autumn 2026
Equality of access to pharmaceutical services for all Leicester residents.	Service user feedback to be regularly monitored and reviewed by LLR ICB and any issues discussed with pharmacies. Appropriate complaints procedure available and advertised accordingly.	NHS-E, Leicester, Leicestershire and Rutland ICB	Review by Autumn 2026

Human rights articles:

Part 1: The convention rights and freedoms

Article 2: Right to Life

Article 3: Right not to be tortured or treated in an inhuman or degrading way

Article 4: Right not to be subjected to slavery/forced labour

Article 5: Right to liberty and security

Article 6: Right to a fair trial

Article 7: No punishment without law

Article 8: Right to respect for private and family life

Article 9: Right to freedom of thought, conscience and religion

Article 10: Right to freedom of expression

Article 11: Right to freedom of assembly and association

Article 12: Right to marry

Article 14: Right not to be discriminated against

Part 2: First protocol

Article 1: Protection of property/peaceful enjoyment

Article 2: Right to education

Article 3: Right to free elections

LEICESTER CITY HEALTH AND WELLBEING BOARD
25/09/2025

Subject:	NHS Healthy Weight Declaration
Presented to the Health and Wellbeing Board by:	Kathryn McVicar
Author:	Kathryn McVicar, Specialty Registrar in Public Health, Leicester City Council

EXECUTIVE SUMMARY:

The Whole System Approach to Healthy Weight action plan outlines adoption of the NHS Healthy Weight Declaration as a high priority, long term action. As an anchor organisation, local NHS services have an invaluable role to play in reducing excess weight in staff, patients and patient's families by considering a wider variety of influences on weight.

An NHS Declaration provides a mechanism for organisations to signal their commitment and demonstrate leadership and a coordinated approach to address unhealthy weight. It enables a number of different NHS organisations to develop a consistent approach, working in partnership across organisational boundaries to address unhealthy weight and support the prevention agenda. It also facilitates an approach for NHS organisations to work alongside local authorities to play their part and strengthen their role in supporting a whole systems approach to improve services for patients and staff.

Leicester City Council has funded the adoption of the declaration through funding dedicated for Healthy Weight. Public Health will support NHS organisations to work towards commitments within the Declaration, but the NHS will be responsible for the work. The NHS Healthy Weight Working Group has been established to bring local partners together with a focus on prevention through actions associated with adoption of the NHS Healthy Weight Declaration. Initial engagement across organisations has been positive, but further work is needed to commit capacity and drive support towards this initiative.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

a. Note the benefits of adopting the NHS Healthy Weight Declaration locally
b. Support the identification of appropriate personnel to lead the adoption of the Declaration internally within local NHS organisations (ICB, LPT and UHL).
c. Advocate and support the adoption of the NHS Healthy Weight Declaration within local NHS organisations.

FULL REPORT:

Background:

Maintaining a healthy weight is important for overall health and wellbeing. People who have excess weight, compared to those with a healthy weight, are at increased risk for many serious diseases and health conditions including cardiovascular and respiratory disease, as well as mental health conditions. In addition, excess weight is known to contribute to factors such as poorer sleep, reduced energy levels, self-esteem and body image. Maintaining a healthy weight can reduce the risk of these adverse impacts.

62.8% of adults, 19.3% of Reception aged children and 39.1% of Year 6 age children in Leicester have excess weight. Higher prevalence exists in those aged 44-64 years, people living with disability, people with poor mental health, people with low level of education and people from Black communities. Crude estimates using current obesity rates suggest that by 2030 there will be around 4000 more adults living with obesity in Leicester, with the majority (2500) of those being over 65 years old. By 2040, there could be over 7000 additional adults in Leicester living with obesity.

However, the world we live in is not conducive to maintaining healthy weight and individuals cannot be blamed. Wider influences on health play a huge role in individual and community capability, opportunity, and motivation to maintain a healthy weight. The complexity of the many influences on healthy weight means the approach to try and improve healthy weight must be comprehensive and draw on the whole system.

Action is required at all levels, including NHS provider organisations, to promote healthier eating and to make it easier for people to make better choices. An NHS commitment on healthier weight has the scope to impact significantly on staff, patients, visitors, and local communities. A whole-systems approach is key to improving the health of our populations, and NHS organisations are in a strong position to provide strategic leadership on this subject.

Introduction to NHS Declaration on Healthy Weight:

The NHS Healthy Weight Declaration has been developed by Food Active, working in partnership with NHS England South West, Public Health England South West (now Office for Health Improvement & Disparities) and Diabetes

UK South West, supporting NHS organisations to work as part of a wider system to promote healthier weight.

The NHS Declaration provides a mechanism for organisations to signal their commitment and demonstrate leadership and a coordinated approach to address unhealthy weight. It is designed to support local NHS organisations to take a structured approach to considering and implementing greater emphasis on prevention in improving health, inequalities, healthy life expectancy and economic savings through the reduction of excess weight and associated chronic disease. It also enables a number of different NHS organisations to develop a consistent approach, working in partnership across organisational boundaries.

This structured approach is designed to positively impact on staff, patients and visitors to NHS sites. As there are approximately 24,500 staff employed across Leicester, Leicestershire and Rutland (LLR) NHS (Leicestershire Partnership Trust (LPT) approx. 6500, University Hospitals Leicester (UHL) approx. 18,000 and LLR Integrated Care Board (ICB) approx. 300) the scope of reach for the Declaration when only considering staff is substantial. When considering the LLR population of over one million, of which staff are likely part of, many individuals interact with the local NHS in some form. Consistency within these organisations from the food on offer to the benefits promoted to staff, will support positive changes and promotion of healthy lifestyles.

The Declaration consists of 13 core commitments and 4/5 organisation specific commitments whereby NHS organisations pledge support to achieve action on improving policy, prevention and healthy weight outcomes for the benefit of staff, patients and the wider community. This provides a framework to allow the alignment of existing activities, whilst also identifying gaps and opportunities. See Appendix 1 for full list of commitments.

Evidence from a pilot in the South-West of England is starting to demonstrate that an ‘NHS Declaration’ on healthy weight is proving to be an effective tool in taking a whole-system approach to healthier weight, bringing together a range of stakeholders and setting the agenda on policies and practices promoting improved diet and physical activity. North Tyneside Council and Northumberland County Council have also adopted the NHS Healthy Weight Declaration, and they have successfully implemented a number of initiatives such as new healthy menus in staff canteens and developed a virtual patient training tool to improve conversations about healthy weight.

Food Active, who developed the NHS Declaration on Healthy Weight, supported Leicester City Councils adoption of the Local Authority Declaration on Healthy Weight in December 2022. The adoption has raised the profile of healthy weight, fostered ownership across the organisation of health and wellbeing, and supported work to progress which is anticipated to contribute to long term positive outcomes.

Leicester’s whole system approach:

Leicester's Whole System Approach to Healthy Weight action plan outlines adoption of the NHS Healthy Weight Declaration as a high priority, long term action. The three NHS organisations operating across LLR play a key role in supporting people living with obesity through weight management services and in prevention through raising the issue of weight compassionately and appropriately. Existing training and resources are available for NHS staff to prioritise healthy and wellbeing, but year on year we are seeing increases in the weight status of our population. Earlier this year, the NHS Healthy Weight Working Group was established to bring local partners together to discuss and collaborate on areas of work relating to healthy weight across the NHS. The group focuses on prevention through actions associated with the adoption of the NHS Healthy Weight Declaration (rather than implementation of weight management provision).

Cost of adoption:

The cost of the adoption of the Declaration has been funded through the Whole System Approach to Healthy Weight budget as part of Leicester City Council's Public Health Grant. The benefits included within the fee are outlined below:

- Single meeting at NHS organisation offices & presentation to senior executives *or* at local consultation event
- Access to NHS Declaration support pack, monitoring & evaluation tool & case studies
- Use of NHS Declaration artwork and logo upon successful adoption.
- Email and online support from Food Active staff, including public health nutritionists
- Access to 'buddy-buddy' good practice scheme with other NHS organisations
- Access to Food Active network through Basecamp platform
- PR support for official launch of Declaration

Potential challenges:

There are some potential challenges in adopting the Declaration locally. For example, there is limited budget behind prevention initiatives to support the NHS Declaration. Additionally, given ongoing challenges with the volume of work for staff, there may be limited capacity to support the work, and the Declaration is not currently embedded into local NHS plans. However, the work does align with the NHS 10-Year Plan in making shifts from sickness to prevention, initial engagement regarding the adoption of the Declaration has been positive and well received, and the approach is flexible which means different parts of the NHS can prioritise different areas and celebrate what they are already doing against commitments.

Actions to date and planned next steps:

Approval to progress the work was sought from the Prevention and Healthy Inequalities Board, who were supportive of the adoption being explored further. A briefing from Food Active on the Declaration was provided to the NHS Healthy Weight Working Group where there was consensus of support to adopt from colleagues present. Following approval to progress and fund the work at Public Health Divisional Management Team, a letter was issued to the Chief Executives from the ICB, LPT and UHL outlining the proposal to adopt the declaration and asking for their support. Work has since been underway to ascertain from local NHS leads who can drive the work forwards internally and seek approval from relevant internal boards. Whilst Primary Care Networks have not yet been formally approached about the Declaration, as the work progresses there is ambition to engage them as part of the work with the ICB. Food Active has offered to meet individually with local NHS organisations to discuss and suggest next steps. The plan will then be to hold a launch event later in the year. It is proposed that monitoring of the Declaration will be through the NHS Healthy Weight Working Group, reporting into the Food and Healthy Weight Systems Partnership Steering Group. Additionally, it is proposed that an annual update on progress could be provided to the Health and Wellbeing Board.

Conclusion:

The NHS Healthy Weight Declaration offers a strategic and collaborative framework for NHS organisations to demonstrate leadership in promoting healthier weight and tackling obesity. By committing to a set of core and organisation-specific actions, NHS bodies can align existing efforts, identify gaps, and drive systemic change across staff, patients, and communities. With a substantial reach across Leicester, Leicestershire, and Rutland, the Declaration supports consistent, preventative health measures that aim to improve health outcomes, reduce inequalities, and deliver economic benefits. Early evidence from other regions shows its effectiveness in fostering partnerships and implementing practical initiatives, indicating its potential for long-term positive impact across the NHS system. Whilst the work is tailored towards the NHS, the initiatives and learnings could be transferrable to other local organisations and there are broader opportunities for other local organisations to be involved in the whole systems approach to healthy weight.

The Board are asked to:

a. Note the benefits of adopting the NHS Healthy Weight Declaration locally
b. Support the identification of appropriate personnel to lead the adoption of the Declaration internally within local NHS organisations (ICB, LPT and UHL).
c. Advocate and support the adoption of the NHS Healthy Weight Declaration within local NHS organisations.

Appendix 1: NHS Healthy Weight Declaration Commitments

NHS organisations can work through the commitments in a way that is suitable to the organisation. Guidance to support adoption and implementation of the Declaration is available.

Term	Commitment
Short term	We commit to providing workplace health programmes that support the health and well-being of NHS staff by increasing knowledge and understanding of what action staff can take to achieve a healthy weight and create opportunities for them to eat well, be active and make lifestyle changes.
	We commit to working towards an infrastructure and environment that enables and promotes active travel to and from our NHS organisations and opportunities to be physically activity in line with sustainable management plans.
	We commit to reviewing food and drink provision across all our NHS buildings, facilities and providers in line with Hospital Food Standards and the NHS Standard Contract, to make healthier foods and drinks more available, convenient and affordable and limit access to less healthy foods and drinks such as those high in fat, sugar and/or salt.
	We commit to contributing to the delivery of national NHS programmes, such as on staff health and wellbeing, food and drink and sustainability, to increase the proportion of people who are a healthy weight and reduce health inequalities within our communities.
Mid term	We commit to introducing healthier food and drink vending across NHS sites to encourage healthier choices amongst NHS staff, as well as patients and visitors.
	We commit to increasing public access to fresh drinking water on NHS sites (keeping single use plastics to a minimum) and encouraging re-useable bottle refills.
	We commit to ensuring catering provided at meetings, conferences and events includes healthier food and drink provisions, through healthy food policy stipulations and supporting caterers to deliver this offer in line with Government dietary recommendations as depicted in the national food model (the Eatwell Guide) and its supporting messages, and the Government Buying Standards for Food and Catering Services.
	We commit to working with clinical staff and our colleagues in public health in the local authority to train more of our staff to Make Every Contact Count.
	We commit to monitoring the progress of the plan against all commitments and to publishing the results of our progress at regular intervals.
Long term	We commit to review how procurement, contracts and commercial partnerships with the food and drink industry impact on healthier and sustainable food and drink provision in our organisation to ensure we are providing an increasingly healthier food and drink offer and providing consistent messages about healthy eating to our patients and staff.
	We commit to embedding a preventative approach to addressing unhealthy weight across our NHS organisation, addressing behavioural, environmental and cultural risk factors to support both patients and staff, and by providing visible leadership from senior leaders (this includes preventing weight stigma and weight bias).
	We commit to working with our NHS colleagues across an Integrated

Term	Commitment
	Care System footprint to maximise our ability to tackle this population health issue and deliver the prevention ambitions set out in the NHS Long Term Plan.
	We commit to taking a whole systems approach to tackling unhealthy weight by working with key partners in our local system including local communities, local authorities, third sector, academic institutions and businesses. This recognises the findings of the Government Office for Science Foresight Report, which set out the systemic approach needed to tackle this complex issue.
Organisational commitments	**Strategic/Organisational Policy** • We commit to develop a communication strategy that will change expectations both internally and externally about the importance of a healthy weight and our organisational commitment to enabling that. • We commit to supporting the local system aspiration to be SUGAR SMART and reduce the availability and sales of sugar sweetened beverages and foods high in sugar. • We commit to developing a Trust-wide Food and Drink Policy to promote healthy eating, high-quality food production, sustainability, excellent nutritional care and explore best practice, in line with the recommendations of the Hospital Food Standards Panel. • We commit to striving to achieve best practice standards for UNICEF Baby Friendly Initiative and ongoing accreditation. • We commit to financial interventions to support healthier and more sustainable catering, such as a voluntary sugar levy to subsidise healthier produce.
	Brief Intervention/National Campaigns • We commit to building healthy weight brief interventions and support into all relevant clinical specialties within our organisation to build prevention into treatment and maximise the quality of the care we offer people locally. • We commit to promoting current physical activity recommendations in the prevention and treatment of unhealthy weight - supporting delivery of 'Moving Healthcare Professionals' and 'One You' campaign • We commit to maximising the opportunities provided by national programmes such as NHS Diabetes Prevention Programme, Moving Medicine, Active Hospitals, One You and Better Health Campaign and building these into our clinical programmes at every opportunity.
	Maximising In-house Skills and Expertise • We commit to maximising the in-house skills available within organisations to support staff health and wellbeing, recognising the expertise that exists within key specialties within our organisation. • We commit to maximising in-house clinical and patient expertise via weight management services, diabetes services, and wider dietetics service in promoting healthy weight and leveraging this expertise across the organisation; • We commit to training ambassadors across our organisation to encourage healthier food and drink, opportunities to be physically active and to signpost staff and patients to support services.

Term	Commitment
	Weight Management Programmes and Services • We commit to raising awareness and embedding knowledge of weight management/malnutrition care pathways, screening and referral for patients via frontline staff and clinicians; • We commit to increasing access to tier 2 lifestyle weight management services locally. (These might include commissioned services, commercial partnerships, electronic platforms and community platforms). • We commit to supporting women to achieve a healthy weight before, during and after pregnancy through co-ordinated commissioning of healthy lifestyles services across maternity services and primary care to enable access to behavioural interventions and weight management programmes;
	Primary Care (PCN's) and General Practice • We commit to working with primary care and local authorities to invest in social prescribing within primary care to reduce impact on GP consultation rates, A&E attendance, hospital stays, medication use, and social care; • We commit to working in partnership across our local health system to increase the number of health checks received by eligible persons (working in partnership with local authority public health teams to ensure that the NHS Health Check is reaching high risk and vulnerable communities) • We commit to offer training and support within general practice and primary care for GP's and Practitioners to equip staff to become healthy weight coaches/offer lifestyle advice, active signposting, promotion and support for self-care; (universal provision and targeted support for high-risk groups e.g. mental health, low income groups). (supporting the ambition in the NHS Long Term Plan to equip staff at the frontline to talk about nutrition and healthy weight confidently and sensitively.)

What is Joy?

- A digital platform for preventative healthcare
  - Covering 19M patients nationwide
- ICB purchased the licence for L&L in July 2023 (Rutland already had purchased)
- Costs is based on 9p per person registered at the GP
- Overseen locally by a Steering Group
- Launched with VCS partners



NHS Derby and Derbyshire Integrated Care Board
NHS Cambridgeshire & Peterborough
NHS North West London
NHS Devon
NHS North Newham
Bracknell Forest Council
Wokingham Borough Council
Copeland borough council
Rural Alliance
Digital Health. London
sovereign
Clarion Housing
Herefordshire General Practice
Taurus Healthcare
University of Plymouth
involve
South Dartmoor & Totnes Primary Care Network
East Staffordshire Primary Care Network

www.thejoyapp.com – view the demo here

Appendix E

There are four elements to Joy

1. JoyConnect

For GPs/Clinicians/Social Workers

An app that integrates with S1 alowing staff to refer and signpost local services in just three clicks.

2. JoyMarketplace

For patients/general public

A public-facing website for quality-assured local services, that is actively managed by the Joy team and uses AI to stay up to date.

JoyCaseManagement

For personalised care teams / social prescribers

Dedicated CMS which supports teams to manage their caseload, appointments and capture outcomes.

JoyInsights Dashboard

For decision makers – LLR ICS management team

An analytics tool that helps to measure the return on investment for preventative services, identify health inequalities and uncover gaps in service provision.

Why we bought it

1. **To reduce pressure on high-cost front-door services e.g. GPs, A&E, Social Care**
   GP practices especially are under increased pressure for all healthcare problems

2. **Driving referrals and attendance to wellbeing services** making it 5x quicker for a member of staff to connect a patient to service and nudging patients to attend

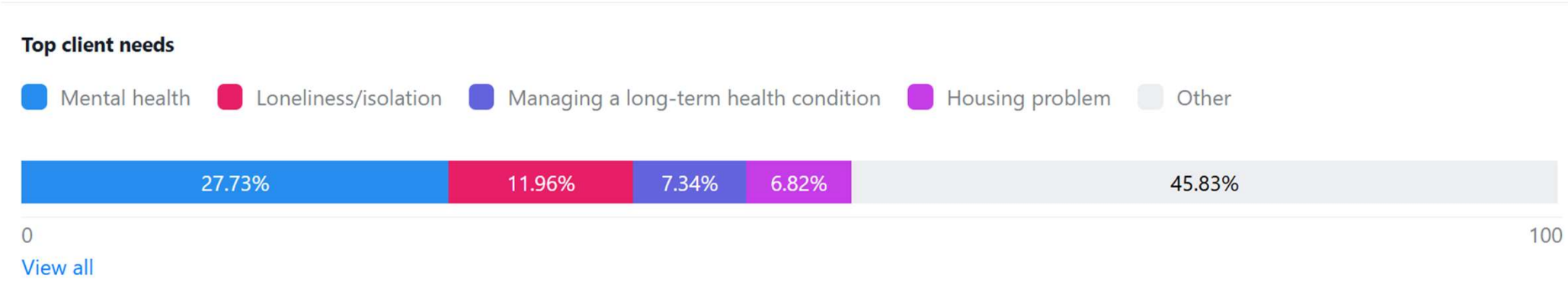
3. **To help the public find information for themselves**. The website means that we can promote self-efficacy and remove the need for a GP appointment when not a medical need.

4. **We get data on activity and outcomes** to ensure interventions are accurately targeting persistent health inequalities and allow for more accountability

5. **It is moving the focus towards prevention which fits with national health strategy**

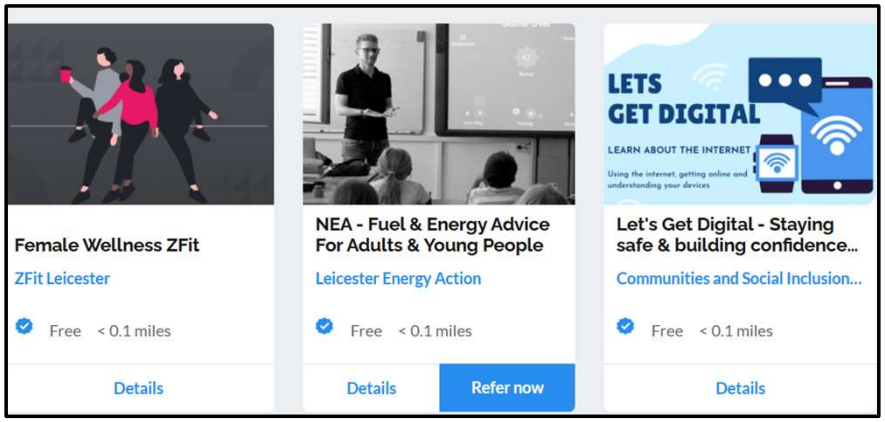
Where we are now

- May 2025 – funding approved for continuation
- September 2025 - PCN engagement process started to train on Joy Connect – the software upgrade
- Marketplace (website) now has just over 900 live local opportunities.
- Supporting people by navigating them to a variety of support organisations. Top needs it is supporting in the city:



Safeguarding

- Patient /person consent is a pre-requisite on the system, including the marketplace
- Organisations on the marketplace are asked to complete the Safer Framework Agreement. Introduced by us, Joy is now adopting this nationally
- Joy monitors
- Key safety and quality metrics such as missed referrals, response times, and service reviews.
- Services that consistently underperform are flagged and may be deactivated if necessary.



- Listings on LLR Joy have the SFA blue tick.

- Being adopted nationally by Joy

Governance

- System DPIA updated for new funding cycle (by ICB in May 2025)
- Data sharing agreements with all PCNs and other partners in place (eg LPT)
- Steering Group meets to given system oversight
- ICB contracts manager has regular meetings with Joy and LPT project manager to review contract
- ICB has PCN lead dedicated to support with primary care



Leicester City Health and Wellbeing Board
25 September 2025

Subject:	Update from the Leicester Integrated Health and Care Group
Presented to the Health and Wellbeing Board by:	Georgia Humby, Integrated Board Lead Officer
Author:	Georgia Humby

EXECUTIVE SUMMARY:

The Leicester Integrated Health & Care Group has continued to meet in supporting the work of the Health & Wellbeing Board in providing leadership, direction, delivery and assurance in fulfilling its aim to 'Achieve better health, wellbeing and social care outcomes for Leicester's population and a better quality of care for children, young people and adults using health and social services'.

The summary below provides an overview of the key work to ensure a close partnership between the Group and the Board. Assurance is provided that the Group continues to be outcome focused with an active action log and risk log to ensure appropriate oversight and ability to escalate work and/or concerns up to the Health & Wellbein Board.

The Group have had ongoing discussions following the publication of the NHS 10-year plan and continue to assess the impact of ICB and local government reorganisation on the system.

The Group have continued with in-depth discussions to progress the work with all partners across the health and care system to identify and agree a model of four neighbourhoods in the city. Further work will continue to agree the implementation of the model for integrated working. The Group will take ownership of governance arrangements to oversee neighbourhoods and the delivery of priorities which will ensure reporting to the Health & Wellbeing Board for discussion and direction.

Proposals for libraries and community centres were shared with the Group for involvement and awareness as part of ongoing development around integrated neighbourhood teams in the city, as well as the good practice of Crown Hill's Well School Project and PCN priorities have been discussed.

The Group have continued discussion around urgent and emergency care at UHL as well as pre-hospital model of care programme and same day access to ensure people are able to access to right care at the right place and the right time.

The Mental Health Wellbeing & Recovery Support Service was discussed by the Groups with a focus of reviewing decommissioning plans to provide assurance throughout the activity. The Group have agreed to develop a commissioning tool for oversight of all joint commissioning and decommissioning activity across the system.

The Group were made aware of questions raised regarding discharge processes and the outcomes being achieved for Leicester residents requiring bedded intermediate care. The questions have been discussed and the Group agreed to initiate a review to examine the services and effectiveness of discharge processes for intermediate care across the integrated health and care system in Leicester and the findings will be expected to be shared with the Health & Wellbeing Board.

Delivery Plan updates have been reported to the Group, including childhood immunisations, hypertension, healthy weight and social isolation all presented - plans can be found below.

The BCF subgroup has now been formalised with membership from across the system meeting monthly to monitor the Fund. Performance will be reported periodically to the Group to ensure oversight and recommendations made to the Health & Wellbeing Board for allocating the Fund at Place level as per its responsibilities.

The lead officer will continue to provide strategic oversight on projects and actions aligned to the Groups work and liaise with the newly appointed Health and Wellbeing Board programme manager to ensure the Board receives regular updates and action any necessary workstreams.

Delivery Plan Updates:

10 March 2025

Title of workstream: Childhood Immunisations

Objective: *To increase childhood vaccination uptake across Leicester.*

Governance arrangements: LLR Immunisations Board

Reporting Project	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period Please provide context for assesment
Antenatal Vaccinations	Pertussis: current LLR uptake 62%. National target: 60% Target TBC – further work needed to understand data sets and impact of proposed changes. RSV: New vaccine from 1.9.24, NHSE target is 50%.	2,688 Maternity RSV vaccinations have been given since 1 Sept 2024 to date. Roving Healthcare Units offer pertussis and RSV vaccines on a walk-in basis, and these are constantly promoted alongside other vaccines available from the unit. UHL Antenatal vaccination team staffing gaps have been addressed and vaccination clinics have now opened at 4 community hospital sites. This has increased the number of available vaccination clinics	Vaccination information included in DadPad for expectant fathers. Vaccination in pregnancy promotional videos being developed for new TV screens in UHL antenatal public areas. RSV to be offered by community pharmacies in city due to additional funding by NHSE due to low uptake.	Exploring joint working opportunities with UHL maternity diversity lead. Working with Inclusion Health to promote vaccinations amongst homeless cohort, such as sharing health & wellbeing event opportunities Exploring vaccination uptake amongst LPT's LD patients.	This service is commissioned by NHS England, not the ICB, until April 2026. UHL Maternity team delayed recruitment process has led to low vaccination uptake across its community hospital antenatal clinics. Unable to drill down to LSOA level for uptake information	On track (previously reported as off-track)

	LLR current uptake is 32.6%	offered to pregnant women alongside their FASP scans. National pertussis campaign, (Oct 2024 to March 2025), requiring GPs to call / recall pregnant women for vaccination is underway. Promotional literature and training materials shared with CVSE groups that work with pregnant women. Super vaccinators attending events organised by relevant CVSE groups to promote recommended vaccinations in pregnancy.			Uncertainty whether new national data system, RAVS, is pulling vaccination information through to System1.	
Babies and Pre-school Children	MMR 2: current LLR uptake 84.5% at 5 years – place breakdown: City: 79.2% County: 87.6% Rutland: 90.5% WHO target is 95% 2 doses at 5 years.	Data group focussed on agreeing a single data source to use for performance reporting purposes. Super vaccinators have delivered 4,121 pre-school vaccinations from May 2024 to date. CHIS additional 6-month support to 2 city GP practices	MMR Core20 project continuing in the city with selected GP practices. Results being evaluated. Inequalities business case is progressing through ICB approval process. NHSE backing Midlands CHIS provider to introduce a new ONE CHIS booking	Working with Inclusion Health to offer vaccinations to homeless cohort in the city, such as using the roving health care units. Exploring vaccination uptake amongst LPT's LD patients.	Service providers are commissioned by NHS England, not the ICB. Not having a single data source. Unable to drill down to LSOA level for uptake information	On track

		with low childhood vaccs uptake and high waiting lists generated the following improvements: Practice 1: • Under 5s on waiting list: 28 • MMR1 vaccinated: 88.2% • MMR2 vaccinated: 79.3% • Pertussis (6-in-1): 92.3% • Pertussis (4-in-1): 81.2% Practice 2 • Under 5s on waiting list: 128 • MMR1 vaccinated: 87.7% • MMR2 vaccinated: 73.0% • Pertussis [6-in-1]: 86.5% • Pertussis [4-in-1]: 72.2.% • Pertussis in pregnancy: 47.0% Quality review meetings held with practices with low uptake to discuss uptake levels and explore barriers and areas for improvement, with a particular focus on increasing childhood vaccinations/immunisations. LIST (Local Immunisation Street Team) project launched	process for parents requiring them to contact GPs direct to book vaccination appointments. No timescale for implementation confirmed. CHIS Improving Immunisation Uptake Team supporting a further two more GP practices for 6 months with low childhood vaccination/immunisation and high waiting lists to clear 'ghost' patients and increase clinic capacity. Leaflet to help healthcare professionals to confidently dispel myths linking MMR to autism has been developed and is currently being tested with groups of midwives and health visitors. Comprehensive vaccine hub has been developed and is hosted on the ICB website.			

		through additional funding from NHSE - clinicians are working with CVSE organisations in the Westcotes and Beaumont Leys areas of the city and with the traveller communities in the county to engage traditionally underserved communities to understand and overcome barriers to vaccination (eg Pakastani, Bangladeshi, Eastern European, Caribbean and traveller communities, etc). Vaccination uptake performance packs shared with all city GP practices.				
School-age and Adolescents	HPV school aged uptake for LLR is 73.2% - place breakdown: •City: 51.8% •County: 82.2% •Rutland: 80.0% WHO target is 90% in females by 2040. There	Working with SAIS team to look at support with HPV vaccination consent as part of the mobilisation of the HPV vaccination improvement project HPV Vaccination improvement sub-groups have been set up around the key themes identified from the systemwide stakeholder workshop held 5 Dec 2024; these are:	Individual schools are being approached to address issues relating to low vaccine uptake, low/no vaccination consent, developing promotional materials, etc Meetings scheduled with LLR secondary school heads to promote the importance of HPV vaccination and facilitate more positive vaccination sessions	LPT undergoing examination of patient data/records to establish if vaccination is low in patients registered with LD open to LPT.	Cohort of young adult males that miss out on vaccination due to the campaign start date as per national guidelines. Specialist sexual health services is not commissioned to provide HPV vaccinations to any	On Track

	is no target for males. Cervical Cancer Elimination Strategy in place, with sub section on HPV vaccine and gaol is to achieve 90% uptake by 2040. Further work is needed to understand data sets and impact of proposed changes.	○ Commissioning ○ Engagement, awareness & communications ○ Delivery model & approaches ○ Data & information Training health and care providers and community leaders to address hesitancy empathetically and confidently Identifying other health & wellbeing professionals that already have relationships with schools to enlist their support as advocates and arranging training/education sessions as appropriate, eg school nurses, health & wellbeing teams, specialist sexual health services Youth Advisory Board canvassed for opinions relating to HPV vaccination and associated promotional materials for current campaign. Working with NHSE to address HPV vaccination data discrepancies.	Codesigning promotional materials and key messages with primary target groups, education staff and health/wellbeing partners HPV National HPV catch-up campaign for 16–18-year-olds being promoted by UKHSA. Scoping the addition of HPV vaccine to the RHU walk-in vaccination offer. Working with GP practices, SAIS and specialist sexual health services to provide localised vaccination mop-up clinics and opportunistic vaccination offers in accessible locations and pop-up/drop-in information booths/opportunities		group other than MSM up to age 45 years. GPs not commissioned to undertake HPV vaccination call/recall – can only offer opportunistic HPV vaccinations to young people who missed their SAIS in-school vaccination offers. The SAIS contract is currently subject to procurement and there is a possibility that there will be a new provider from 1st September 2025.	

		Letter sent to secondary school heads by Director of Public Health to promote HPV awareness and encourage their support to the SAIS programme. GPs to receive an increase in the item of service fee for routine childhood vaccinations from 1st April 2025.				

Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:

1. GPs not commissioned to undertake HPV vaccination call/recall – can only offer opportunistic HPV vaccinations to young people who missed their SAIS in-school vaccination offers. Specialist sexual health services is not commissioned to provide HPV vaccinations to any group other than MSM up to age 45 years.
2. Reduction in national funding – 2025/26 funding has been reduced by 69%, which will impact on the level of future activity
3. There is a possibility of the business case not being supported by the ICB.

Bibliography of Projects

Project	Description
Antenatal Vaccinations	Improve Pertussis (whooping cough) vaccination uptake through: • Raise awareness • Working with community groups e.g. Leicester Mammas and Heads Up to offer educational workshops to their clients and training to their staff • Increase accessibility via community clinics on board the Roving Healthcare Unit (RHU). • Continue to support antenatal clinics at UHL by utilising the super vaccinator workforce to cover gaps in staffing. Introduction of RSV (Respiratory Syncytial Virus) vaccine from 1 Sept. 2024: • Communications campaign to introduce vaccine and explain importance • Support midwives and vaccination nurses to confidently deliver the vaccine • Offering several pathways and opportunities for pregnant patients to access the vaccine i.e. antenatal clinics, GP, RHU and community locations
Babies and Pre-school Children	To support and provide vaccination and immunisation advice to parents of babies and pre-school children, reducing variation in uptake. • Support a shortlist of GP practices with lowest uptake and enabling CHIS service to target support • Raising awareness in primary care settings via regular clinical webinars. • Offering staffing support and additional capacity via the super vaccinators. • Offering childhood immunisations such as MMR and Pertussis on board the Roving Health Unit in areas where uptake is low. • MMR core 20 project to offer home visits to families without vaccination – catch up for all family members • Introduction of the LIST project
School-age and Adolescents	To support the school aged immunisation service (SAIS) to deliver vaccinations to young people throughout their school years, with a specific focus on the HPV vaccine. • Work with schools to understand barriers to uptake. • Improve the self-consent process, empowering young people to better understand vaccinations and to make positive choices to support their health. • Targeted work with schools with the lowest uptake and learning from schools with higher uptake rates. • Developing an in-school programme and educational pack to support guidance and advice to young people, teaching staff and their parents/carers.

Date: April 2025

Title of workstream: Hypertension prevention and case finding

Objective: *To increase detection of hypertension in Leicester through primary and secondary preventative measures and optimisation of treatment.*

- Meds op design group
- City Place monthly meetings
- Long terms conditions partnership board

Reporting Project	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period (please include an explanation for rating)
Advanced Pharmacy Meds op design group	• Increase proportion of blood pressure service consultations that are ABPM to 8% in Q4 25-26 • Maintain total number of checks as 6819 / month • Identify and share local best practice for embedding the Community Pharmacy Blood	Agreed LLR ICB oversight will sit in the Community Pharmacy Integration Group, reporting to Primary Care Transformation Board No target on growth for 25-26 yet provided by NHSE Appointments booking platform for community pharmacy now live in selected pharmacies December data: 5435 (59% annual growth) BP	East Midlands Primary Care Team work on low provision of ABPMs to report. Consider appropriate actions around low ABPM performers Assess impact of new fees in national contract from 01/04/25, clinic BP £10 (reduction of £5) ABPM £50.85 (increase 0f £5.85	None	BP checks inappropriately targeted drives low quality perception of service. EMPCT quality work to mitigate. Low GP practice engagement in referrals – trial new approaches with new in post pharmacy / PCN engagement leads.	Amber Overall growth strong, ABPM struggling

	Pressure Service in local pathways	checks in LLR in total – 292 (5.4%) ABPM.				
NHS Health Checks Meds op design group	• N screened • N diagnosed within 12 months of check date • N receiving health check as part of QRISK score >10% recorded	• 24-25 Q1= 2802/24-25 Q2= 2670 Q3= 2898 • Not able to provide this data until April/May 2025 as we only get this data annually (although it will include 24/25 data for all 4 quarters). • 24-25 Q1= 352/24-25 Q2= 224 Q3= 327	**Q1 & Q2 NHS Health Checks** NHS Health Check delivery has remained consistent over the last 2 year period, uptake for those receiving an NHS Health Check currently sits at around 40-50% of overall eligible population. The last two quarters for 2024-25 are slightly down from last year, although still in line with anticipated figures/forecast in respect of budget allocation for this service. In addition, current NHS Health Check uptake rate for Leicester is	This will be somewhat dependant on current eligible population cohort for NHS Health Check offer.	Ongoing difficulties with ensuring new NHS Health Check contracts are drawn up and sent out to GP practices, the intended completion date for the new contracts to be sent out and signed was initially set for 1st April 2025. However, this is becoming more of an emerging issue due to PSR guidance and process with how the direct award process is awarded for these contracts. We are continuing to have regular and ongoing discussions with procurement colleagues to establish next steps	Green- overall performance of NHS Health Check programme is performing strongly and line with anticipated target figures for 2024/25. NHS Health Check - Data | Fingertips | Department of Health and Social Care

			notably higher than the current national average figure which sits at around 28%. Revised and developed new Data Processing and Data Sharing Agreements for the provision of data we receive through SystmOne and via LHIS. These have been developed to ensure better data quality is captured through the delivery of the HC programme. As a result, this will look to provide better intelligence and insight when looking to analyse NHS Health Check data, so that further service improvement and design can be implemented accordingly. In addition, allowing us to better monitor the		and looking to get further steer on how to progress with these contracts. Ongoing work to progress work with the re-procurement of the NHS Health Check contracts in line with PSR and new statutory guidelines. We are just about to go out for tender under PSR using Most Suitable Provider award. In turn, trying to ensure minimal impact with regards to the procurement process and making this as straight forward as we can to support GP Practices to apply for this contract. There is ongoing risk attached to this element to ensure we still have all existing GP practices and provision in place to	

			impact and effectiveness the programme is able to provide for those individuals receiving their check e.g. those being referred into lifestyle services and diagnosed/added to condition specific registers i.e. Hypertension. 2024/25 Q3: There has been a slight increase in terms of number of health checks delivered for q3 2024-25 compared to q3 2023-24. Overall, we have delivered slightly less health checks for the first 3 quarters in 2024-25 compared to 2023-24 (499 difference). The percentage of eligible population who have received a health check within		carry on delivering this service.	

			the last 5 years (39%) still remains notably higher than the national average (28%).			
Support case finding and optimisation of Hypertension City Place monthly meetings Long terms conditions partnership board	**Outcomes** • Increase in knowledge of risk factors for hypertension and behaviour change amongst target population • Increase in number of people a) accessing a BP test, b) being diagnosed with hypertension, c) being optimised • Increase in number of people receiving risk reduction advice and making appropriate behaviour change to manage risk • Reduction in number of strokes/myocardial infarctions in Leicester City	Task and finish group meeting monthly. Progress to date: - Data sourced through PH/ICB and used to agree initial groups/areas for focus. - Multi-intervention approach proposed to include Community Pharmacy case-finding outreach model, BP testing on the roving health unit (RHU), targeted NHS Health Checks, and ICB/PCN interventions. - Testing on RHU already happening; data being collected.	- Firm proposal for CommPharm to be shared with LPC for discussion/approval - Engagement with a) local community organisations to establish support for programme and opportunities for collaboration and b) population to whom intervention is intended to explore acceptability of proposed interventions and co-production opportunities. - RHU to continue offering BP testing	Early discussions with LDA Collaborative Health Equity Lead, and SMI & Social isolation task and finish group to support consideration of accessibility and other needs of these groups within hypertension work.	Key notable risks: 1. No designated resource attached to this work – intervention options have been developed to maximise on existing capacity/resources. 2. Requires 'buy in' from all key stakeholders – lack of this from any single area could limit reach and effectiveness of project. - Good T&F group representation	Green – on track with no areas for escalation at this time.

	Proposed success measures • Significant increase amongst no. of people in target population to have a BP test over a 6-month period (actual number TBC) • Significant increase in the number of newly diagnosed cases of hypertension (actual number TBC, % of estimated 24,000 undiagnosed cases in Leicester) • Increase in use of pharmacy services for measurement of BP (baseline to be established) • 100% of individuals attending a BP check to be assessed for risk factors and offered prevention advice/signposting/referral to support services • 100% of individuals with BP considered within 'dangerous' range referred for immediate	- NHS Health Checks – reached out to 1 Practice with low uptake initially to explore potential opportunities. Dedicated staff utilised for Willows NHS health checks to identify the unmet needs in the community. Really high case findings of HTN , at times requiring ED admission. Willows have completed near to 300 health check in the last 2-3 months and have over 8000 pending. Using automated online bookings into special clinics and the risks like delayed blood collection is mitigated by using a taxi to deliver bloods to Sandringham building late in the evenings.	as part of routine vaccinations work		across all required areas. 3. Possible impact on NHS Health checks (less people attending as a result of additional BP testing interventions) - Signposting to NHS HC to be embedded within intervention pathway. 4. Participation from target audience is essential. - Engagement with target audience ahead of development of intervention to support co-design/co-production. - Stakeholders include CWC representation.	

	management as per NICE guidance/local guidelines • Individuals with a high BP reading via pharmacy outreach testing to be advised to be offered ABPM as per NICE guidance/local guidelines. - Individuals identified with high BP to be referred to GP for medicines optimisation as per NICE guidance/local guidelines				Full risk log to be reviewed as a standing agenda item at T&F group.	

Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:

Bibliography of Projects

Project	Description
Advanced Pharmacy	Most pharmacies in Leicester are signed up to the NHSE hypertension case-finding programme. This involved blood pressure checks.
NHS Health Checks	The programme is a preventative check to assess overall health status for those aged 40-74 years and don't have a pre-existing medical condition, one of the key areas the NHS Health Check measures for is hypertension and risk of cardiovascular disease (QRISK score).
Support case finding and optimisation of Hypertension	i) Place based targeted work to support practices to identify pts , and link to neighbourhood plans (Community Health and Wellbeing plans) ii) a communication plans to support medication adherence (iii) using business intelligence analysis to understand the detection and optimisation gaps. iv) T&F group work to focus on reducing health inequalities in hypertension detection.

Date 20 May 2025

Title of workstream: Healthy weight
Objective: *To create a system that enables at least 40% of our adult population and at least 70% of the Year 6 population to live at a healthy weight by 2034.*
Governance arrangements:

Reporting Project (*governance*)	**Project KPIs and Targets**	**Update**	**Next steps**	**PLUS Groups** - **SMI** - **LD** - **Homelessness** - **Care experience young people**	**Risks and mitigations**	**RAG for period**
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living. Lead officer: Amy Hathway.	80 staff trained from a variety of workforces annually. Change in confidence, knowledge and awareness of assets/signposting locally pre and post training.	Training is currently in development and engagement has occurred with some VCS organisations to attend pilot of training. First pilot training to run in early summer.	Ask colleagues to share information regarding existing training that could positively feed into the development of this package and ensure that relevant signposting routes are embedded.		Pilot of session has low uptake – mitigation of engagement with relevant colleagues and plan for dissemination of information in place.	Green

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy Lead reporting officer: Amy Hathway Lead operational officer: Annie Kennedy.	Number of midwives and pre/post-natal workforces trained in raising conversation of weight during pregnancy and change in confidence, knowledge and awareness post training Page views for healthy lifestyle sections of Health for Under 5s website 8 Healthy Lifestyle Advisors within Live Well trained in Pre and Post Physical Activity course to support pregnant women accessing service. Explore opportunities for referrals of pregnant women with long term conditions to be made in to Live Well service.	Midwifery training not yet in development as multi agency and social care packages are being delivered first. Colleagues working on maternal weight are currently scoping out existing midwifery training pathways to support opportunity for engagement with midwives. 3 Live Well advisors completed training on pre and post physical activity, 4 currently awaiting results. Plans	Engagement to explore how to train midwives in limited capacity. Continual promotion of Live Well and Live Well mums walks and exploration of inclusivity of classes for pre and post natal women. Finalise plans for Aylestone Leisure Centre infant feeding space with Family Hubs and Active Leicester before launching space in summer of 2025, includes purchasing of chairs and establishing what information to display within area.		Low engagement of workforces – identification of suitable colleagues to support uptake and prioritisation of course.	Green

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
	Number of mums attending Live Well Walk More mums walks. Review leisure centre opportunities to promote themselves as breastfeeding friendly. Antenatal physical activity classes at Aylestone Leisure Centre (March 2024	currently being made for promotion of Live Well as accessible for women with LTCs who are pregnant and exploration of introducing pre/post natal friendly exercise classes. Live Well mums walks are back up and running and are open to families. First walk in April 2025 had 8 mums attend with children and partners. Walks run in partnership with libraries and run on the first Saturday of each				

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
		month. Plans for expansion will depend upon uptake of these walks, but could grow as part of the existing Live Well Walk More sessions. Infant feeding space is in development at Aylestone Leisure Centre with Family Hubs and Sports working to create the space.				

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
Increase number of schools doing The Daily Mile To be monitored through the Childrens Healthy Weight working group (Chaired by Chirag Ruda) Lead reporting officer: Claire Mellon / Inspire Together Lead operational officer: Rhiannon Pritchard	Support 15 schools to start/re-engage in participation of the Daily Mile or alternative daily activity	Daily Mile was agenda item on PE Lead meeting led by Inspire Together, exchange of information between schools. Programme Officer has been in contact with schools and gained information on how it has worked well with certain schools. Information on Daily Mile circulated to Governors city wide Children's subgroup members	Meeting next week to catch up with Inspire Together Continue to push with schools we have not received any communications from yet	Aim is to be inclusive of majority children – can walk, run or wheel	Programme Officer working on the programme has left, recruitment not yet started for replacement	Amber

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
		identified and agreeing a date				
Social care (LD) focused work Social care working group. Lead officer: Amy Hathway (with appropriate reps from LNDS/LPT and Social Care)	Front line adult social care staff trained in raising conversation of weight change in confidence, knowledge and awareness post training. Easy read information issued to all providers. Contracts reviewed to embed healthy living more prominently	Training needs analysis has been completed with social care staff and training is currently being pulled together. Slides and content are to be shared with social care colleagues for identification of priority workforces and ensure training	Pilot training with social care. Timescales to be defined with teams. Support dissemination of easy read information to providers. Ensure that a contract review timeline is regularly discussed within the social care working group.	Easy read information and pack of resources created by colleagues in LPT will be for people with LD.	Engagement of staff – mitigations team leaders and Principal Social Worker engaged and supportive of training.	Green

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
		is embedded in pathways. Easy read information developed by LPT has been approved and is awaiting publication. Conversations regarding contracts occur within the social care working group. Colleagues have continued conversations outside of the working group including training for quality assurance officers assessing care homes to ensure they can accurately				

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
		comment on quality of food provision.				

Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:

- **Once developed, support and advocate for attendance of pilot training for workforces working with pre, during and post pregnancy, social care and multi-agency training.**
- **Promote The Daily Mile where appropriate.**

Bibliography of Projects

Project	Description
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living	Multi agency training will be offered on a quarterly basis for professionals working with any adults and families. This training will be open to a variety of workforces including teachers, VCS organisations, sports coaches, housing officers etc. This will build on the Healthy Conversation Skills offer and can be promoted through a variety of network. HWB Partners: Promote training to staff when contacted
Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy	A Health Needs Assessment is due to be completed by January 2025 to inform the promotion of healthy lifestyles more effectively within pre, during and post pregnancy. This work spans across a variety of avenues but aims to explore how we can use our existing services more effectively to promote healthy weight. Opportunities within midwifery, health visiting and physical buildings are being explored to promote movement and positive nutrition choices pre, during and post-pregnancy, empower women to understand how to maintain a healthy weight, and ensure that workforces are confident in raising the conversation compassionately. HWB Partners: UHL: support midwifery staff to undertake training and undertake signposting included in that training: promote Health for Under 5s website information, refer to Live Well LPT/VCS/sports: Ensure signposting at contacts to support mothers: promote Health for Under 5s website information, refer to Live Well
Increase number of schools doing The Daily Mile	A recent survey (Nov 24, 52 responses) has shown us that now 14 schools are participating in the Daily Mile with a further 8 doing classroom/facilitated activity. HWB partners including public health nurses, sports clubs, VCS: promote the Daily Mile through contact with school senior leadership.

Social care (LD) focused work	A focus on how to improve health and wellbeing messages throughout social care including for working age people with LD. This includes reviewing procurement opportunities to embed healthy living into provider contracts, creating resources to inform practitioners and providing training. HWB partners: LPT/LCC Review contracts to support working age adults with LD for opportunities for good nutrition and physical activity.

Date 20 May 2025

Title of workstream: Healthy weight

Objective: *To create a system that enables at least 40% of our adult population and at least 70% of the Year 6 population to live at a healthy weight by 2034.*

Governance arrangements:

Reporting Project (*governance*)	**Project KPIs and Targets**	**Update**	**Next steps**	**PLUS Groups** - **SMI** - **LD** - **Homelessness** - **Care experience young people**	**Risks and mitigations**	**RAG for period**
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living. Lead officer: Amy Hathway.	80 staff trained from a variety of workforces annually. Change in confidence, knowledge and awareness of assets/signposting locally pre and post training.	Training is currently in development and engagement has occurred with some VCS organisations to attend pilot of training. First pilot training to run in early summer.	Ask colleagues to share information regarding existing training that could positively feed into the development of this package and ensure that relevant signposting routes are embedded.		Pilot of session has low uptake – mitigation of engagement with relevant colleagues and plan for dissemination of information in place.	Green
Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy Lead reporting officer: Amy Hathway Lead operational officer: Annie Kennedy.	Number of midwives and pre/post-natal workforces trained in raising conversation of weight during pregnancy and change in confidence, knowledge and awareness post training Page views for healthy lifestyle sections of Health for Under 5s website 8 Healthy Lifestyle Advisors within Live Well trained in Pre and Post Physical Activity course to support pregnant women accessing service.	Midwifery training not yet in development as multi agency and social care packages are being delivered first. Colleagues working on maternal weight are currently scoping out existing midwifery training pathways to support opportunity for engagement with midwives.	Engagement to explore how to train midwives in limited capacity. Continual promotion of Live Well and Live Well mums walks and exploration of inclusivity of classes for pre and post natal women. Finalise plans for Aylestone Leisure Centre infant feeding space with Family Hubs and Active Leicester before launching space in summer of		Low engagement of workforces – identification of suitable colleagues to support uptake and prioritisation of course.	Green

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
	Explore opportunities for referrals of pregnant women with long term conditions to be made in to Live Well service. Number of mums attending Live Well Walk More mums walks. Review leisure centre opportunities to promote themselves as breastfeeding friendly. Antenatal physical activity classes at Aylestone Leisure Centre (March 2024	3 Live Well advisors completed training on pre and post physical activity, 4 currently awaiting results. Plans currently being made for promotion of Live Well as accessible for women with LTCs who are pregnant and exploration of introducing pre/post natal friendly exercise classes. Live Well mums walks are back up and running and are open to families. First walk in April 2025 had 8 mums attend with children and partners. Walks run in partnership with libraries and run on the first Saturday of each month. Plans for expansion will depend upon uptake of these walks, but could grow as part of the existing Live Well Walk More sessions. Infant feeding space is in development at Aylestone Leisure Centre with Family Hubs and Sports working to create the space.	2025, includes purchasing of chairs and establishing what information to display within area.			

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
Increase number of schools doing The Daily Mile To be monitored through the Childrens Healthy Weight working group (Chaired by Chirag Ruda) Lead reporting officer: Claire Mellon / Inspire Together Lead operational officer: Rhiannon Pritchard	Support 15 schools to start/re-engage in participation of the Daily Mile or alternative daily activity	Daily Mile was agenda item on PE Lead meeting led by Inspire Together, exchange of information between schools. Programme Officer has been in contact with schools and gained information on how it has worked well with certain schools. Information on Daily Mile circulated to Governors city wide Children's subgroup members identified and agreeing a date	Meeting next week to catch up with Inspire Together Continue to push with schools we have not received any communications from yet	Aim is to be inclusive of majority children – can walk, run or wheel	Programme Officer working on the programme has left, recruitment not yet started for replacement	Amber
Social care (LD) focused work Social care working group. Lead officer: Amy Hathway (with appropriate reps from LNDS/LPT and Social Care)	Front line adult social care staff trained in raising conversation of weight change in confidence, knowledge and awareness post training. Easy read information issued to all providers. Contracts reviewed to embed healthy living more prominently	Training needs analysis has been completed with social care staff and training is currently being pulled together. Slides and content are to be shared with social care colleagues for identification of priority workforces and ensure training is embedded in pathways.	Pilot training with social care. Timescales to be defined with teams. Support dissemination of easy read information to providers. Ensure that a contract review timeline is regularly discussed within the social care working group.	Easy read information and pack of resources created by colleagues in LPT will be for people with LD.	Engagement of staff – mitigations team leaders and Principal Social Worker engaged and supportive of training.	Green

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experience young people	Risks and mitigations	RAG for period
		Easy read information developed by LPT has been approved and is awaiting publication. Conversations regarding contracts occur within the social care working group. Colleagues have continued conversations outside of the working group including training for quality assurance officers assessing care homes to ensure they can accurately comment on quality of food provision.				

Case study/ qualitative examples of progress:

Project	Example

Point for escalation relating to any of the projects:

- **Once developed, support and advocate for attendance of pilot training for workforces working with pre, during and post pregnancy, social care and multi-agency training.**
- **Promote The Daily Mile where appropriate.**

Bibliography of Projects

Project	Description
Pilot brief intervention training – Understanding barriers to healthy weight and raising the conversation of healthy living	Multi agency training will be offered on a quarterly basis for professionals working with any adults and families. This training will be open to a variety of workforces including teachers, VCS organisations, sports coaches, housing officers etc. This will build on the Healthy Conversation Skills offer and can be promoted through a variety of network. HWB Partners: Promote training to staff when contacted
Establishing local opportunity to improving healthy weight in pre, during and post-pregnancy	A Health Needs Assessment is due to be completed by January 2025 to inform the promotion of healthy lifestyles more effectively within pre, during and post pregnancy. This work spans across a variety of avenues but aims to explore how we can use our existing services more effectively to promote healthy weight. Opportunities within midwifery, health visiting and physical buildings are being explored to promote movement and positive nutrition choices pre, during and post-pregnancy, empower women to understand how to maintain a healthy weight, and ensure that workforces are confident in raising the conversation compassionately. HWB Partners: UHL: support midwifery staff to undertake training and undertake signposting included in that training: promote Health for Under 5s website information, refer to Live Well LPT/VCS/sports: Ensure signposting at contacts to support mothers: promote Health for Under 5s website information, refer to Live Well

Increase number of schools doing The Daily Mile	A recent survey (Nov 24, 52 responses) has shown us that now 14 schools are participating in the Daily Mile with a further 8 doing classroom/facilitated activity. HWB partners including public health nurses, sports clubs, VCS: promote the Daily Mile through contact with school senior leadership.
Social care (LD) focused work	A focus on how to improve health and wellbeing messages throughout social care including for working age people with LD. This includes reviewing procurement opportunities to embed healthy living into provider contracts, creating resources to inform practitioners and providing training. HWB partners: LPT/LCC Review contracts to support working age adults with LD for opportunities for good nutrition and physical activity.

Date 17 06 2025

Title of workstream: Mental health and wellbeing related to social inclusion, and supportive networks

Objective: *Improving the mental health of our local population by promoting and facilitating community-based offers that support inclusion, connectedness and wellbeing*

Governance arrangements:

- Leicestershire Partnership NHS Trust
- Early Intervention & Prevention Board (Adult Social Care, Leicester City Council)
- Community Public Health Steering Group
- Leading Better Lives Steering Group (LCC)
- Mental Health Partnership Board
- Leicester City Council – Public Health
- LLR Mental Health Collaborative

Reporting Project (*governance*)	**Project KPIs and Targets**	**Update**	**Next steps**	**PLUS Groups** - **SMI** - **LD** - **Homelessness** - **Care experienced young people**	**Risks and mitigations**	**RAG for period**
Neighbourhood Mental Health Cafés *LLR Mental Health Collaborative*	Case studies demonstrating impact. Quality review of individual cafes.	Monthly data and case studies collated. Reviews of individual cafes ongoing.	Complete review of cafes by November.	n/a	Risk that individual cafes do not embed – mitigated through support from neighbourhood leads in LPT.	

Mental Health Wellbeing & Recovery Support Service *Early Intervention & Prevention Board (Adult Social Care, Leicester City Council)*	Undertake a quality review with a focus on impact of the service and how this offer fits within the wider mental health system.	Review ongoing in conjunction with County and Rutland.	Complete review of service.	n/a	Risk of non-collaboration with other services across the system Mitigation: monitoring and review asks for information on collaboration.	
Bringing People Together Programme *Community Public Health Steering Group*	Let's Get Together (LGT) • Maintain regular weekly health walks from community locations and encourage social interaction over refreshments • Support active travel to undertake Sociable strolls throughout the year and encourage social interaction after refreshments • Warm Welcome to take place in all community locations	• Walks are well attended approx. 90 people a month attend health walks and around 15 people attend sociable strolls • All libraries are offering Warm Welcome in 24/25 • 33 VCSE organisations have received grants to open their spaces to people as a warm welcome space and/or provide health related	• Working with walk providers to maximise reach and resources to maintain existing walks and agree new ones • Evaluating the community grants in preparation for repeating the initiative next year	• LGT activities are accessible, free and open to all. Possibility of targeted walks. • Increasing inclusivity by empowering organisations	LGT operates from community buildings, mainly libraries, if sites reduce hours/close this will have an impact on LGT and Warm Welcome programmes.	

	Let's Get Digital • Let's Get from A to B (travel training online) has been added to the programme as an additional module. Target to enrol 200 people a term onto this module • Enrol 240 people per term on the course • Maintain 60% of successful attendees accessing follow on courses • Work with 10 organisations per annum offering LGD at their sites *Let's Get Active (contracted service)	support and wellbeing • 327 people successfully completed the course (Apr '23- June '24) • 60% of people continued digital learning after these sessions accessing another course • An additional module 'Let's Get from A to B' is due to start shortly. People will have support with finding information, planning journeys, using google maps and booking tickets online	• Increase links with VCSE organisations to offer LGD at their sites • Work with housing to offer support for people who are not digitally literate *awaiting data	• Identifying and supporting people who are not digitally literate. • Increasing accessibility by working with VCSE providing courses in familiar locations *promote sessions through CWC network	Let's Get Digital is externally funded until March 2026 after which time the programme is at risk unless an alternative source is found. Let's Get from A to B is funded separately None at present time	

	*establish weekly physical activity sessions in 5 locations across the city * 30 people a month to attend Let's Get Growing (Contracted) • Increase number of community food growing plots at allotment sites • Increase access to food growing through the seed library and other initiatives • Support educational settings to access food growing • Set up two new community gardens in the city	Contract started in April 2025 • Green Gym moving from Rolleston Primary School to Eyres Monsell Community Centre (making it accessible for more people). • The Leicester and Rutland TCV project has been assisting Let's Get Growing by using Leicester community food growing sites to host corporate volunteering team days.	• Encourage community groups to take up community plots • Continue to support school-based initiatives • Encourage participation in the seed library and other initiatives	• Work with VCSE organisations to support more people from plus groups to access activities	TCV deliver community gardening at LCC owned sites, changes to the ownership/ opening times of sites may disrupt provision	

		• Besides entry level courses TCV have provided a number of intermediate level courses and workshops tailored towards gardeners with existing experience, to allow community groups and individuals to develop their skills further in a supportive environment				
Leading Better Lives *Leading Better Lives Steering Group (LCC)*	Metrics to be developed in co-production as part of the project	Task groups have been established for each of the four projects	Establish parameters of individual projects.	Capacity issues which had am impact upon the progression of the project have eased and a way forward has been agreed.		

Prevention Concordat for Better Mental Health *Mental Health Partnership Board*	Partnership Board receives reports to address health inequalities Mental health in all policies, such as access to green space, transport, leisure, arts, and culture	Various sources of information looking at addressing Health Inequalities as they pertain to Mental Health in Leicester: Mental Health and Wellbeing Survey on mental wellbeing in Leicester. Real Time Suicide Surveillance Data African Heritage Alliance report Black Mental Health and Me Poverty and Mental wellbeing: Foodbanks Plus Health Equity Audit by Leicester Counselling Centre Working with LLR Mental Health Collaborative, ICB, LPT, Leicestershire County Council, on	Working with key stakeholders on Patient and Carer Race Equality Framework [PCREF] Raising awareness of suicide risk to ICB, Partnership Board and Lead Member Procurement of Foodbanks Plus for people at risk of poor mental health linked to poverty. Mental Health Collaborative for work on Foodbanks and breast screening.	Patients and carers from minority ethnic backgrounds People resident in the most socioeconomically deprived areas of Leicester Women with a serious mental illness	Financial pressures on ICB has risk of sidelining the impetus to address health inequalities and the prevention agenda in favour of supporting services and a reactive approach.	

		improved uptake of breast screening for women with serious mental illness.				
Joy app rollout *LLR Mental Health Collaborative*	Quality Review of the impact of Joy including data, case studies and partner testimonies.	Work ongoing with social prescribers to collate data, case studies and testimonies.	Joy added to the agenda of Leicester City Learning Disability Partnership Board is on Monday 28th April. Easy Read poster Joy onboarding session with Andy Humpherson and public health team (9th January) Joy steering group meeting is 26th February. (Andy Humpherson in attendance)	n/a		

Mental Health Friendly Places *Leicester City Council - Public Health*	Case studies demonstrating impact Survey collating feedback from the Mental Health Friendly places to measure positive impact	71 organisations signed up in the city (34 for the city, and 17 covering city and county) 135 in total across LLR. 141 people trained in MH first aid aware in City and LLR organisations 49 MH first aiders trained in City and LLR organisations 18 people trained in Samaritans Listening Skills in City and LLR organisations 17 people trained in Healthy Conversation Skills in City and LLR organisations Bereavement training event held in October 2024. Training provided by The Laura Centre, 80+ people	Develop more Mental Health Friendly Clubs by working with the local Football Association and Active Together Develop a business offer for Mental Health Friendly Places, to include bespoke training to fit with ways of working e.g. lunch and learn. Targeting support for small businesses, e.g. barbers, hairdressers Continue to offer bespoke training on men's mental health Procure training for those topics identified through MHFP survey	n/a	Organisational capacity to enable training requires flexible offers	

		attended. Working in conjunction with NHML's bereavement training identified as a need for local communities. Survey from October 2024- Respondents were asked what other training they felt would be beneficial, responses were suicide intervention training, menopause, men's mental health, neurodiversity and mental health, gambling harms and personality difficulties. Menopause awareness raising session held in March 25 3 webinars hosted with Ryan Parke- The Men's coach, topics covered were:				

		The science of men's mental health Bridging barriers with men The myths that kill men (feedback from the webinars was all positive and those attending found the topics covered very helpful in talking to men and boys about their mental health and how to support them). Real Talk suicide prevention training being procured to be rolled out through the programme for World Suicide Prevention Day. Training being tailored to the needs of LLR and VCSE organisations invited to steering group to help shape the training for our area.				

		Mental Health Friendly Places Celebration Event held in February 2025 in conjunction with Time To Talk day. Talks given by local mental health and suicide prevention services aswell as domestic violence, drugs and alcohol, autism space and gambling harms. 5 Mental Health Friendly Clubs are trained across LLR (1 in Leicester AFC Andrews) 5 more clubs to be signed up for next football season. Pilot ongoing with FA around 'Mental Health Friendly Clubs' to train committee members and welfare leads of 5 clubs.				

		Mental Health Friendly Clubs launching imminently, working in partnership with Active together to host information webinars for clubs. Sporting clubs being targeted to offer mental health training to support adults attending and can be signposted on to further support if needed to local services.				
Getting Help in Neighbourhoods Projects *LLR Mental Health Collaborative*	Quarterly case study theming takes place to demonstrate the impacts and outcomes of the GHiN projects.	Quarterly reports and associated data are collected and collated. Review of individual GHiN organisations takes place in July / August, and actions identified from reviews are entered onto the GHiN scheme action log and regularly monitored, updated or closed.	The GHiN scheme is currently receiving and reviewing individual project briefs from the organisations taking part in the next round of grant wards, this is for the FY 25/26. Once all documents have been reviewed they will be sent to the ICB contracts	N/A	At present no risks identified.	

			team for draft contracts to be issued.			

Case study/ qualitative examples of progress:

Project	Example
Mental Health Friendly Places	**Saffron Acres:** "We have a small but dedicated staff team, who come from a variety of backgrounds and with different experiences. As a charity, it can sometimes be a little harder to find opportunities for funded training that is relevant to our job roles, and this is where the MHFP experience has really shined. Not only has the training enabled our team to gain uniform understandings so we are all on the same page, it has allowed us to become more confident when we are engaging people that visit us and access our services. It has been directly relevant in the mental health projects we run, but helps support all our other projects we engage people in."
Aunty Sue	 Aunty Sue Case Study.pdf
Network Event Belgrave	 Case Study Network Event Belgr

Point for escalation relating to any of the projects:

Bibliography of Projects

Project	Description
Neighbourhood Mental Health Cafés	Drop-in sessions delivered by voluntary sector providers and located in areas with highest levels of mental health need where people can get mental health support and advice – no appointment needed.
Mental Health Wellbeing & Recovery Support Service	Preventative mental health service enabling people to improve and maintain their mental health & wellbeing, or recover from mental illness, through better use of community assets & resources.
Bringing People Together Programme	Free activity sessions at community centres and libraries encouraging people to learn new skills, get more active and get together with others. Projects include: • Let's Get Together (LGT) • Let's Get Growing (LGG) • Let's Get Digital (LGD) • Let's Get Walking LGW) • Let's Get Creative (LGC) • Warm Welcome

Leading Better Lives	Developing a coproduced council-wide approach to prevention and community wellbeing.
Prevention Concordat for Better Mental Health	Underpinned by a prevention-focused approach to improve mental health, which in turn contributes to a fairer and more equitable society.
Joy app rollout	Roll out of the Joy social prescribing app which promotes activities and support and allows people and professionals to make referrals
Mental Health Friendly Places	Encouraging local businesses & community organisations to take up training offer & accreditation to equip them with skills and knowledge to support people with mental health
Getting Help in Neighbourhoods Projects	Grant-funded projects allowing voluntary sector organisations to expand or enhance their existing offer in order to support mental health & wellbeing through activities and support.

The History, Present and Future of Public Health in Leicester City

ROB HOWARD, APRIL 2025



Leicester Isolation Hospital staff with patients on porch c. 191

The Annual Report of the Director of Public Health for Leicester City

APRIL 2024 TO MARCH 2025

Leicester City Council

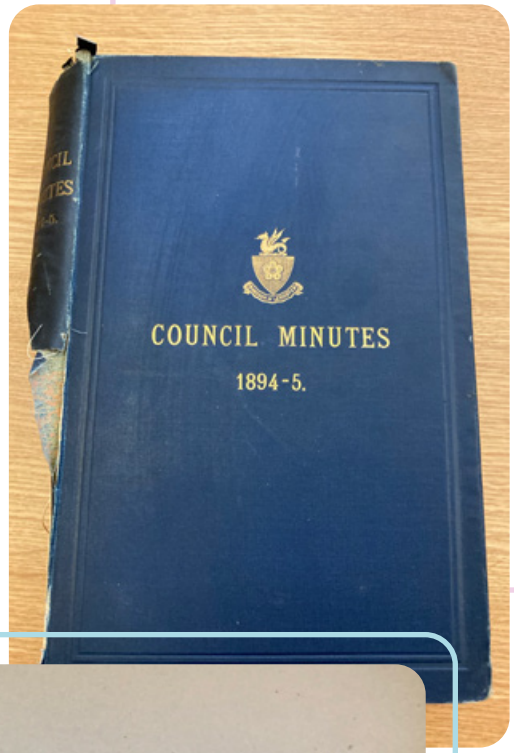
“Those who fail to learn from history are doomed to repeat it”

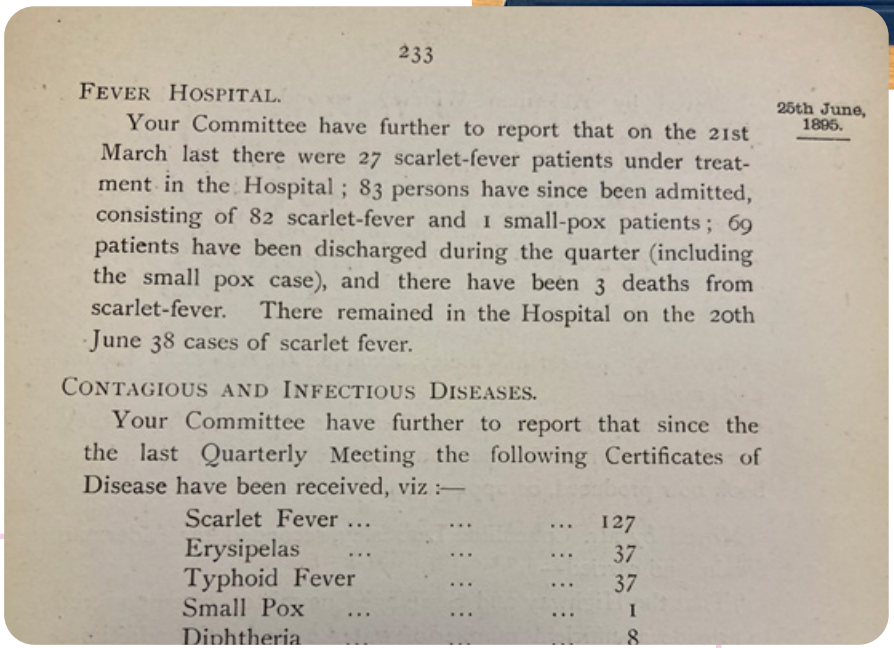
GEORGE SANTAYANA (1863–1952)

Preface

At the end of the first-floor corridor in Leicester Town Hall is a small, square room, with the smell of dusty old books and a view onto the Town Hall Square and Fountain. Loitering before a public health workshop, shortly after starting as Director of Public Health in September 2023, I notice two of the walls are filled with bookshelves containing Council minutes dating from the 1890s until the 1960s. Like a child playing only the lowest and highest notes on a piano, I reach for the very oldest; 'Council Minutes 1894–95'. These contain the minutes of several meetings of the 'Sanitary Committee', with reports from the Medical Officer of Health (MoH) and Public Analyst, Dr Joseph Priestly, my equivalent from 130 years ago.

The first paragraph I see lists the cases of Scarlet Fever and Small Pox at the 'Fever (or 'Isolation') Hospital', temporarily constructed in 1871 (on Freak's Ground just north of Northfoundpool). There is a paragraph listing the latest figures for 'Contagious and Infectious Diseases' — including typhoid fever, diphtheria and cholera, and sections on buildings 'unfit for habitation', and a report from the Food Inspector listing 'articles unfit for human food' found during inspections of shops, stalls and slaughter houses.





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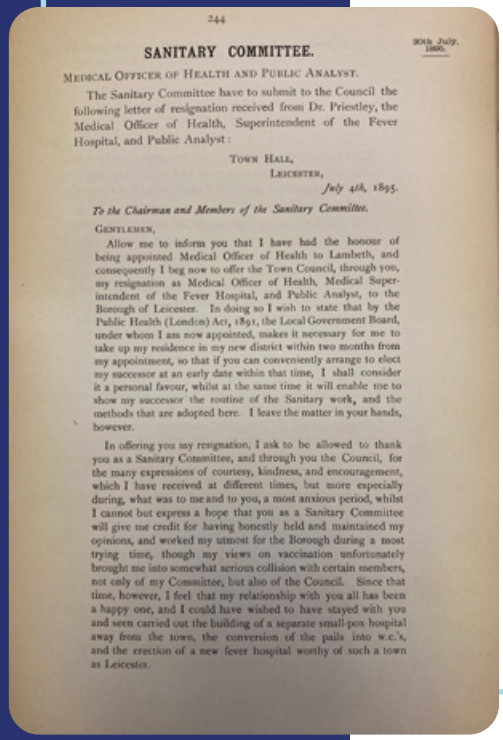
FEVER HOSPITAL. 25th June, 1895.

Your Committee have further to report that on the 21st March last there were 27 scarlet-fever patients under treatment in the Hospital; 83 persons have since been admitted, consisting of 82 scarlet-fever and 1 small-pox patients; 69 patients have been discharged during the quarter (including the small pox case), and there have been 3 deaths from scarlet-fever. There remained in the Hospital on the 20th June 38 cases of scarlet fever.

CONTAGIOUS AND INFECTIOUS DISEASES.

Your Committee have further to report that since the the last Quarterly Meeting the following Certificates of Disease have been received, viz :—

Scarlet Fever	127
Erysipelas	37
Typhoid Fever	37
Small Pox	1
Diphtheria	8



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SANITARY COMMITTEE. 30th July. 1895.

MEDICAL OFFICER OF HEALTH AND PUBLIC ANALYST.

The Sanitary Committee have to submit to the Council the following letter of resignation received from Dr. Priestley, the Medical Officer of Health, Superintendent of the Fever Hospital, and Public Analyst:

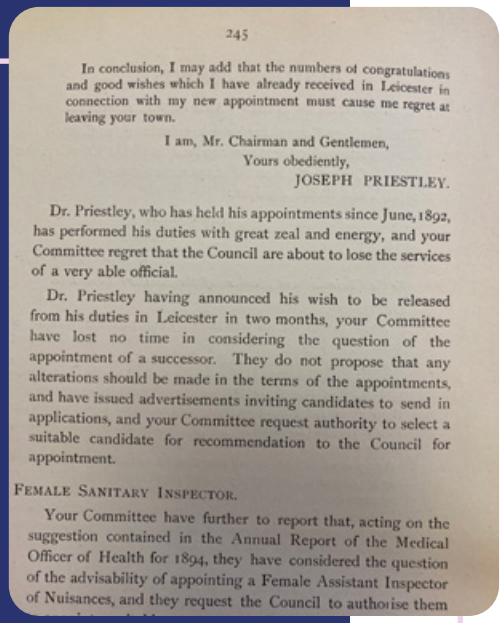
TOWN HALL,
LEICESTER,
July 4th, 1895.

To the Chairman and Members of the Sanitary Committee.

GENTLEMEN,

Allow me to inform you that I have had the honour of being appointed Medical Officer of Health to Lambeth, and consequently I beg now to offer the Town Council, through you, my resignation as Medical Officer of Health, Medical Superintendent of the Fever Hospital, and Public Analyst, to the Borough of Leicester. In doing so I wish to state that by the Public Health (London) Act, 1891, the Local Government Board, under whom I am now appointed, makes it necessary for me to take up my residence in my new district within two months from my appointment, so that if you can conveniently arrange to elect my successor at an early date within that time, I shall consider it a personal favour, whilst at the same time it will enable me to show my successor the routine of the Sanitary work, and the methods that are adopted here. I leave the matter in your hands, however.

In offering you my resignation, I ask to be allowed to thank you as a Sanitary Committee, and through you the Council, for the many expressions of courtesy, kindness, and encouragement, which I have received at different times, but more especially during, what was to me and to you, a most anxious period, whilst I cannot but express a hope that you as a Sanitary Committee will give me credit for having honestly held and maintained my opinions, and worked my utmost for the Borough during a most trying time, though my views on vaccination unfortunately brought me into somewhat serious collision with certain members, not only of my Committee, but also of the Council. Since that time, however, I feel that my relationship with you all has been a happy one, and I could have wished to have stayed with you and seen carried out the building of a separate small-pox hospital away from the town, the conversion of the pails into w.c.'s, and the erection of a new fever hospital worthy of such a town as Leicester.



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In conclusion, I may add that the numbers of congratulations and good wishes which I have already received in Leicester in connection with my new appointment must cause me regret at leaving your town.

I am, Mr. Chairman and Gentlemen,
Yours obediently,
JOSEPH PRIESTLEY.

Dr. Priestley, who has held his appointments since June, 1892, has performed his duties with great zeal and energy, and your Committee regret that the Council are about to lose the services of a very able official.

Dr. Priestley having announced his wish to be released from his duties in Leicester in two months, your Committee have lost no time in considering the question of the appointment of a successor. They do not propose that any alterations should be made in the terms of the appointments, and have issued advertisements inviting candidates to send in applications, and your Committee request authority to select a suitable candidate for recommendation to the Council for appointment.

FEMALE SANITARY INSPECTOR.

Your Committee have further to report that, acting on the suggestion contained in the Annual Report of the Medical Officer of Health for 1894, they have considered the question of the advisability of appointing a Female Assistant Inspector of Nuisances, and they request the Council to authorise them

Intrigued I start thinking about how despite our advances, much remains quite familiar in the world of public health today. I turn the page to the next meeting of the Sanitary Committee from 30th July 1895, and am stopped in my tracks by the first item on the agenda; a letter of resignation by Dr Priestly to take up a new post in Lambeth. Between the formal lines of thanks to the committee for kindness and encouragement is a statement offering clues as to the resignation and the anxiety produced as a result of an extraordinary conflict on the role of small pox vaccinations in the city:

"I cannot but express a hope that you as a Sanitary Committee will give me credit for having honestly held and maintained my opinions, and worked my utmost for the Borough during a most trying time, though my views on vaccination unfortunately brought me into somewhat serious collision with certain members, not only of my Committee, but also of the Council".

Behind this is a fascinating story of riots, protests and rebellions in opposition to mandated vaccinations, fines and imprisonment; the development of an alternative 'Leicester Method' (in today's language, contact tracing and isolation), and the gradual emergence of a consensus for both the Leicester Method and vaccinations leading to the eradication of small pox, and lifesaving reductions in a multitude of other diseases, locally, nationally and indeed worldwide.

Our recent experience of responding to the Covid-19 pandemic (see previous DPH annual report 2022[1]) as well as on the more recent outbreak of measles in the city, shows how public health continues to be contested 'Plus ça change, plus c'est la même chose'[2] (the more that things change, the more they stay the same). This has cemented my view that we need to learn from history; to listen to our communities and address their concerns, but at the same time give sound objective advice and guidance. The now classic definition of public health is never truer nor more relevant — we need to use the "science and art of preventing disease, prolonging life and promoting health through organised efforts of society".[3]

1 **https://www.leicester.gov.uk/content/beyond-the-lockdowns-lessons-learned-from-leicester-s-covid-story/**
2 **https://en.wiktionary.org/wiki/plus_%C3%A7a_change,_plus_c%27est_la_m%C3%AAme_chose**
3 Faculty of Public Health, UK Faculty of Public Health Strategy 2020-2025, (London: FPH, 2019), p. 1



1945 - Town Hall in snow

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This, my first annual report since taking up my post, will:

- Give a snapshot of the health and wellbeing of the people of Leicester City
- Reflect on the history of public health in the city, from communicable diseases and vaccinations to living and social conditions with a focus on fuel poverty; and the differences, similarities, and lessons we can learn for public health today
- Present a view on the future of public health for Leicester in the coming decades — highlighting some challenges and opportunities along the way.

[4] **https://www.adph.org.uk/resources/adph-awards-2022/**

It is an absolute privilege to serve as the Director of Public Health for this fantastic city, and I want to pay particular tribute to my team — the Division of Public Health within Leicester City Council — officially,[4] and for ever in my mind, the best public health team in the country.

Special thanks to those from the team who have contributed to this report:

- Mark Wheatley
- Helen Reeve
- Liz Rodrigo
- Gurjeet Rajania
- Pooja Bakhshi-Thaker
- Diana Humphries



ROB HOWARD

APRIL 2025

Leicester — a history of boundary and demographic changes, and a summary of health in the city

With around 368,600 residents, Leicester is the ninth largest city in England and the most populous urban centre in the East Midlands.[5] At 5,026 residents per km, Leicester is one of the most densely populated authorities outside of London in the country. The usual resident population has increased by around 38,700 since the 2011 census (11.7%). This is a greater increase than England (6.6%) and around twice the rate of Nottingham and Derby.

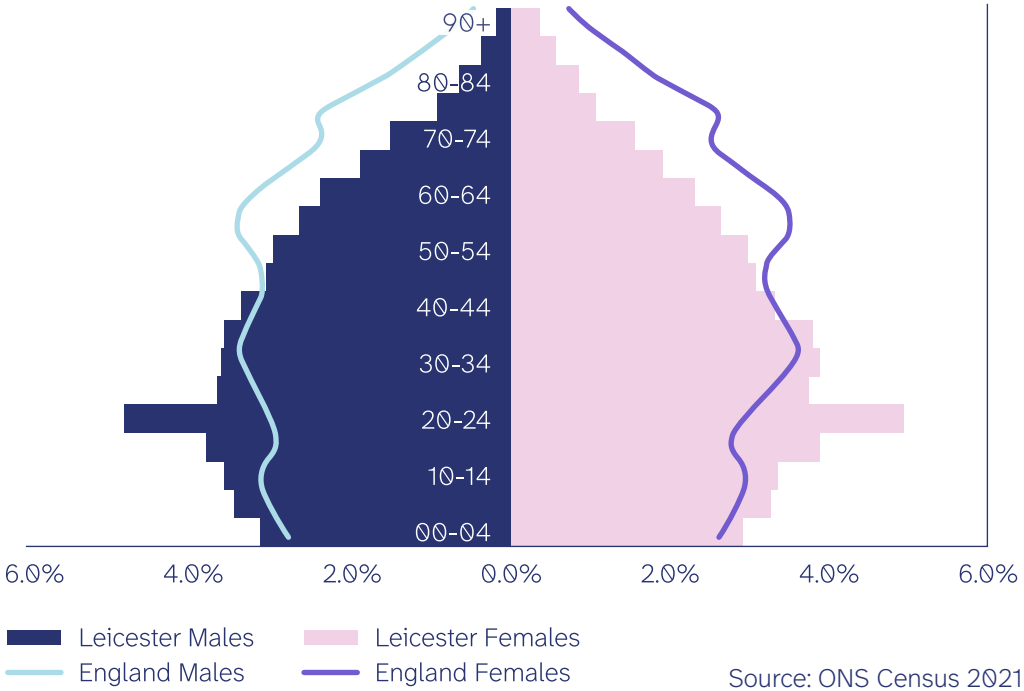
[5] Office for National Statistics, Census 2021

LEICESTER DEMOGRAPHY

Leicester's population is relatively young compared with England; 17% of Leicester's population (63,300) are aged 20–29 years old (13% in England) and 12% of the population (43,500) are aged over 65 (18% in England).

Leicester is home to a diverse range of faiths and communities. Just over 40% of Leicester residents were born outside of the UK, with 22% from Asia and the Middle East, 10% from Europe (excluding the UK) and 9% from Africa. Over the last three decades, ethnic diversity has grown. The percentage of Leicester residents reporting as White has reduced from 64% in Census 2001, to 51% in 2011 to 41% in 2021. Residents reporting as Asian have increased from 30% in 2001 to 37% in 2011 to 43% in 2021. Other minority ethnic groups have also experienced an increase over the last 30 years.

POPULATION STRUCTURE IN LEICESTER AND ENGLAND BY AGE AND SEX



Source: ONS Census 2021

LEICESTER BOUNDARY CHANGES OVER TIME

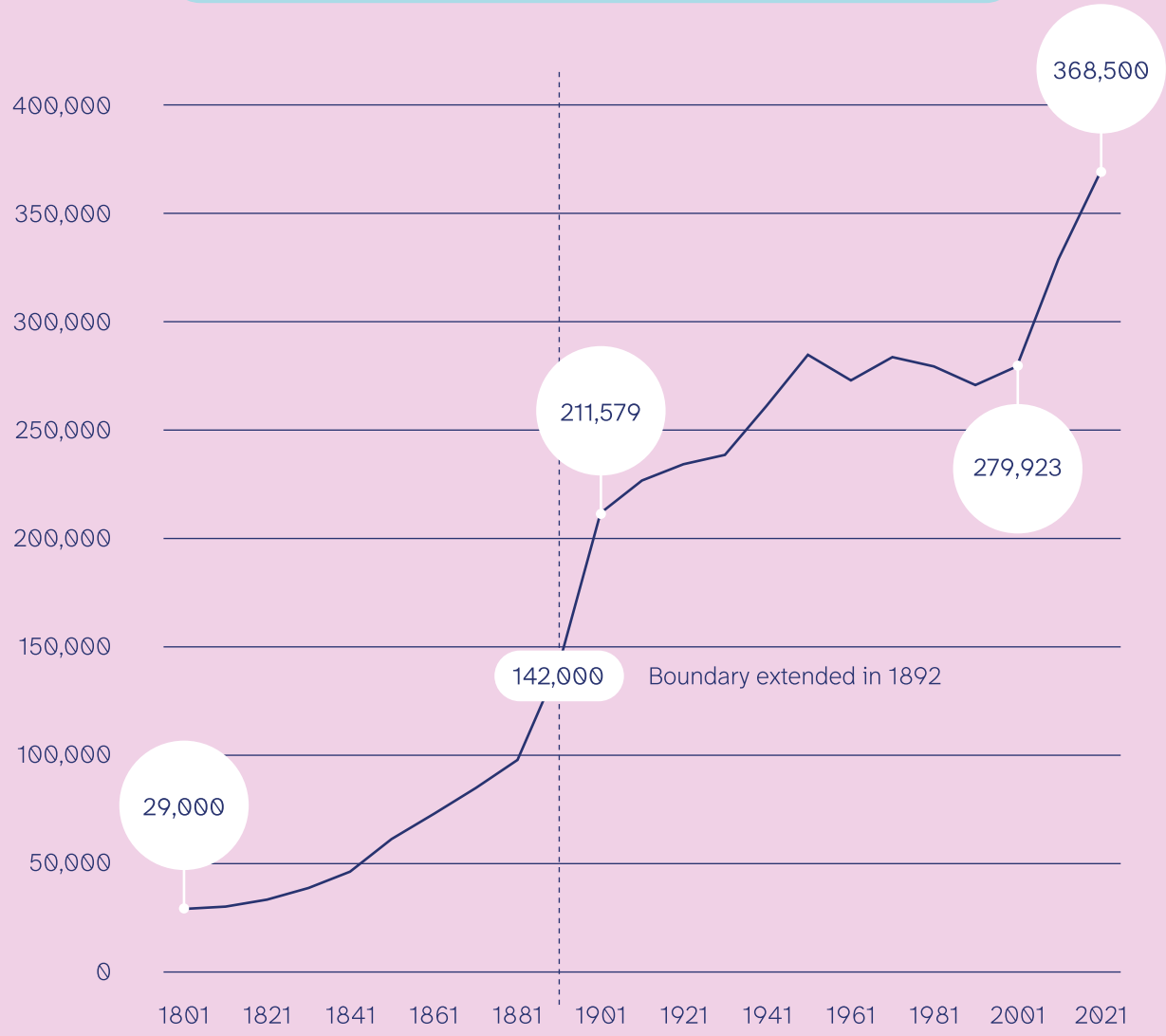
The first official census in 1801 recorded around 29,000 people in Leicester.

The growth rate accelerated during the mid-19th century, particularly with the onset of the Industrial Revolution. Leicester became a major centre for textile manufacturing, especially the hosiery industry. The city boundary extended in 1892 and the population boomed at the turn of the century, due to the city's industries continuing to expand. The period following World War II marked significant population growth for Leicester due to various factors including global political and military events and economic migration. The city saw rapid urbanisation, with new housing developments and infrastructure projects to accommodate the growing population.

Leicester continues to grow, as one of the youngest populations in the UK, with a median age considerably lower than the national average. This youthfulness, combined with high birth rates, contributes to a growing population.

We have also seen huge changes in life expectancy over the past 200 year summarised below.

POPULATION OF LEICESTER FROM 1801 TO 2021



MALE AND FEMALE LIFE EXPECTANCY 1800s TO PRESENT

Period	Male Life Expectancy	Female Life Expectancy	Key Influences
1800–1850	35–40 years	35–40 years	High infant mortality, poor sanitation, infectious diseases (e.g., cholera, smallpox), industrialisation.
1850–1900	40–45 years	40–45 years	Improvements in sanitation and public health, but high infant mortality continued, and industrial working conditions.
1900–1950	50 years	55–60 years	Early public health reforms, improved medicine, decline in infectious diseases. World Wars impacted short-term trends.
1950–1980	60–65 years	65–70 years	Growth in healthcare access (NHS established in 1948), post-war recovery, economic improvements.
1990–2000	70–74 years	75–79 years	Increased awareness of lifestyle issues, growth of the NHS, but still challenges with health inequality in some areas.
2000–2020	74–78 years	79–82 years	Continuing healthcare access, focus on preventative care, but continued health inequality.

LEICESTER POPULATION BY ETHNICITY

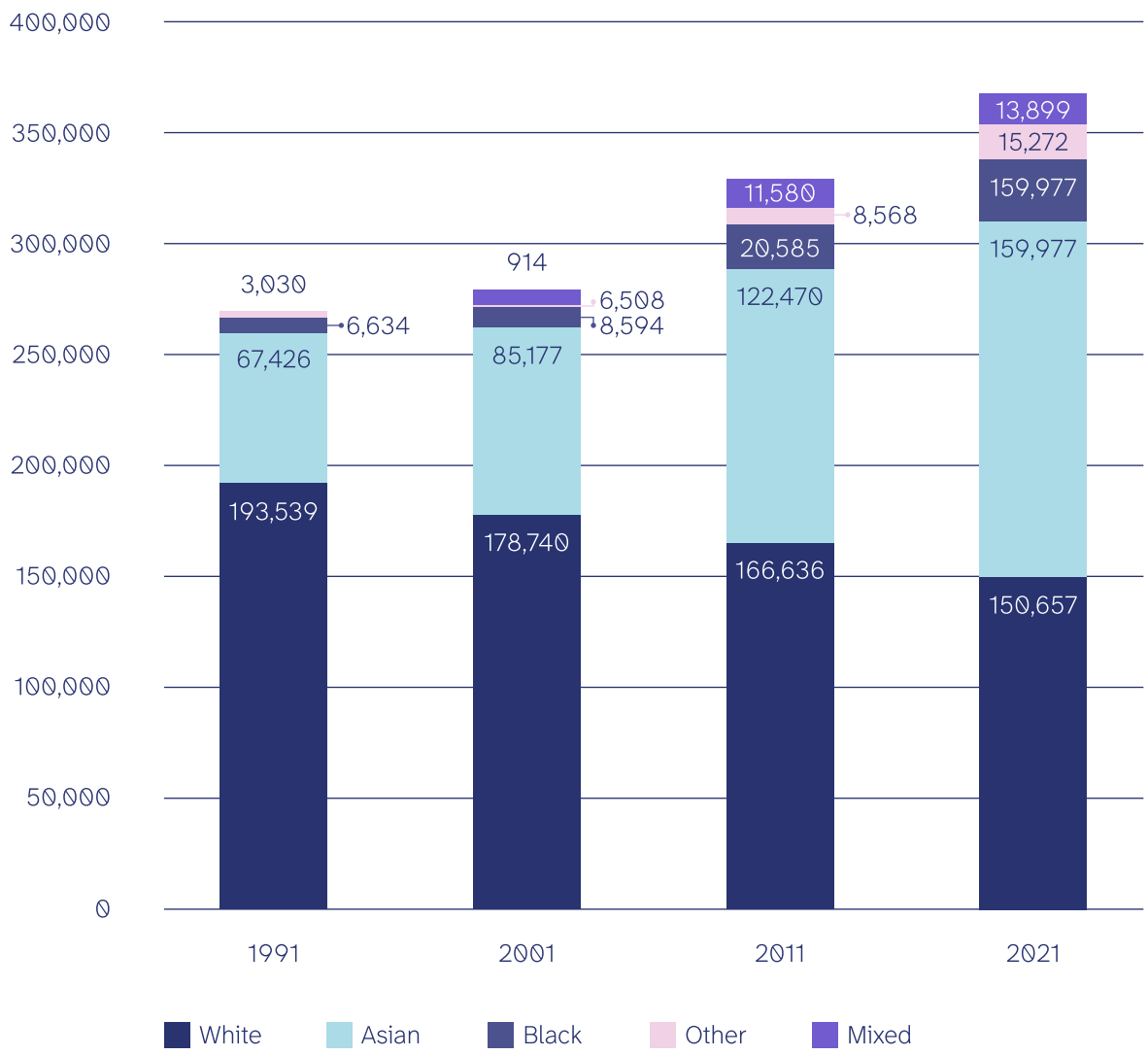
1800s: Predominantly White British, with small Irish and other European communities (including Italian and Jewish communities). The city attracted many Irish migrants, especially in the 1840s, during the Irish Famine.

Mid-1900s: Caribbean and South Asian migration becomes significant, especially post-WWII.

The first census to include a question on ethnicity was 1991. Between 1991 and 2021, Leicester's total population has increased by almost 100,000 from, 270,629 to 368,571.

Over the last forty years, the number of White residents has decreased while the number of residents from all other broad ethnic groups has increased.

LEICESTER POPULATION CHANGE BY BROAD ETHNIC GROUP



Ethnic groups in Leicester over the last 3 decades, Source: Census 1991, 2001, 2011, 2021

LEICESTER DEPRIVATION

Leicester is one of the most deprived areas in England and is ranked 32nd out of 317 local authority areas on the 2019 national Index of Multiple Deprivation (where 1 is worst). In Leicester, 36% of Leicester's population live in the most deprived 20% of areas in England and a further 38% live in the 20–40% most deprived areas. Only 2% of the Leicester population live in the 20% least deprived areas.

Areas of high deprivation usually have relatively low income, few good employment opportunities, and a high prevalence of poor health and disability compared to less deprived places. Deprivation is associated with a range of poor health behaviours and outcomes such as high smoking rates, high obesity rates, and experience of dental decay in children. In England, men in the most deprived areas can expect to live in good health for almost 20 years fewer than those who live in the least deprived areas.[6]

LEICESTER GENERAL HEALTH AND LONG-TERM CONDITIONS

Census 2021 asked respondents to assess their general health on a five-point scale as Very good, Good, Fair, Bad or Very bad. 82% of Leicester residents described their general health as either 'Very good' (49%) or 'Good' (33%). 5% described their health as either 'Bad' (4%) or 'Very bad' (1%). Levels of general health are similar for Leicester and England. Census 2021 asked respondents whether they had any physical or mental health conditions expected to last 12 months or more and then a further question for those answering yes as to whether these conditions or illnesses reduced their ability to carry out day-to-day activities.

Age-standardised rates are reported to allow for comparisons between populations that may have different age profiles. For example, Leicester has a younger population profile than England. Age-standardised proportions show 18.6% of Leicester residents have a disability limiting day-to-day activities compared with 17.7% in England.

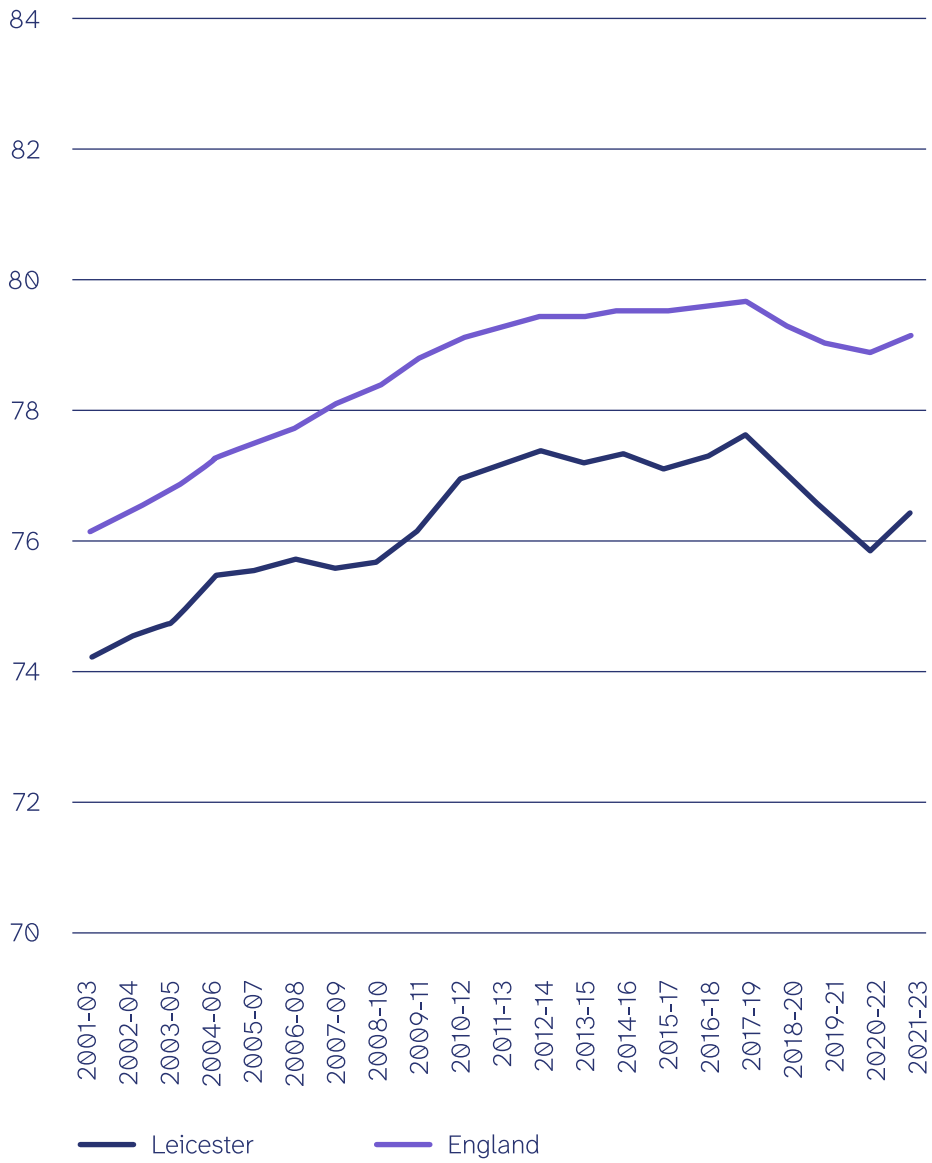
LEICESTER LIFE EXPECTANCIES

Life expectancy data from 2001–03 to 2021–23 shows Leicester residents have consistently had shorter life expectancies compared to the national average for many years, and life expectancy had plateaued in the decade to 2019. Following the Covid-19 pandemic there was sharper drop in life expectancy in Leicester compared to England.

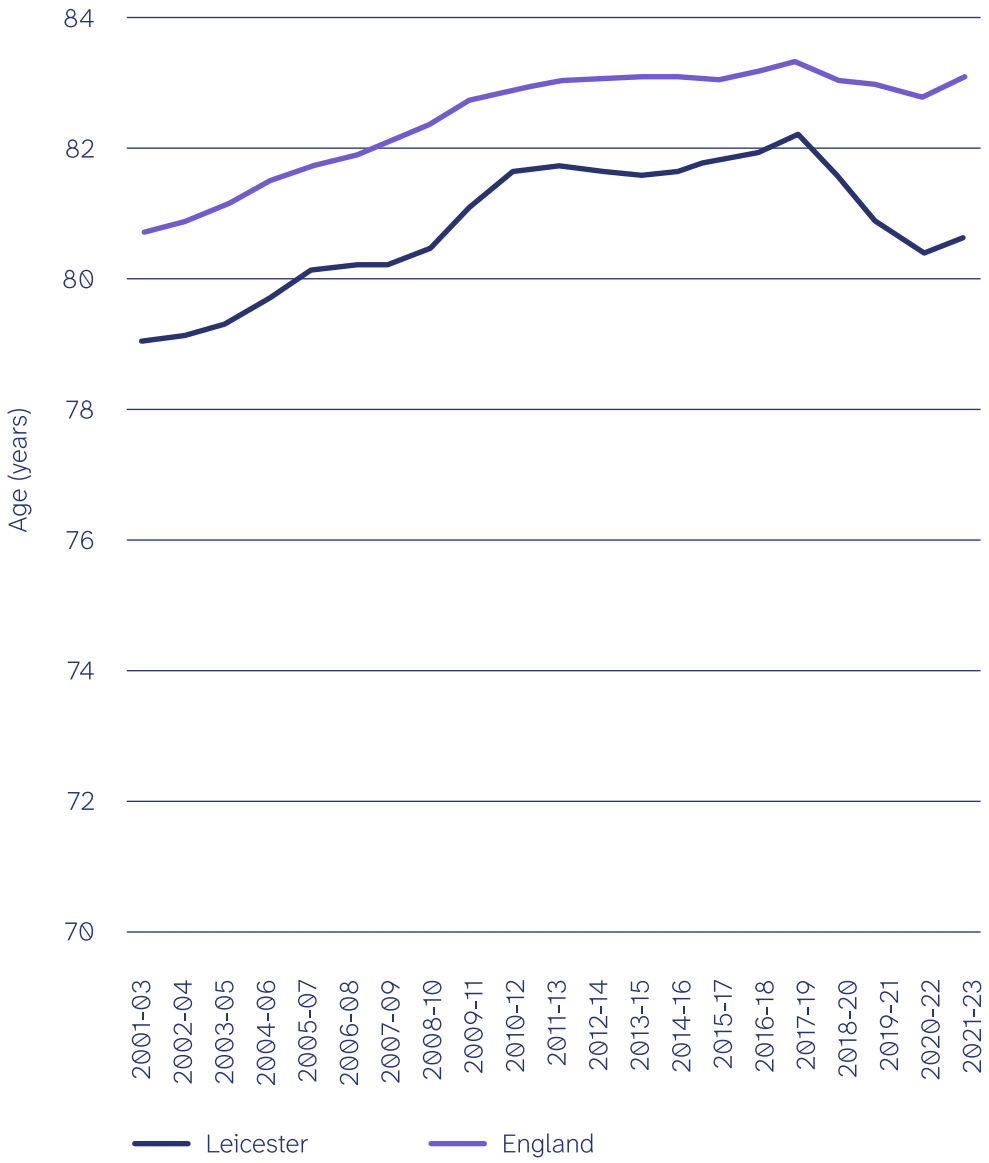
Life expectancy peaked for both Leicester males and females in 2017–19 at 77.7 and 82.2 respectively, and is now currently 76.5 for males and 80.6 for females in 2021–23. The life expectancy gap between Leicester and England is wider now compared to pre-pandemic years at 2.7 years for males and 2.4 years for females.

[6] English Indices of Deprivation: **https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019**

MALE LIFE EXPECTANCY 2001-03 TO 2021-23



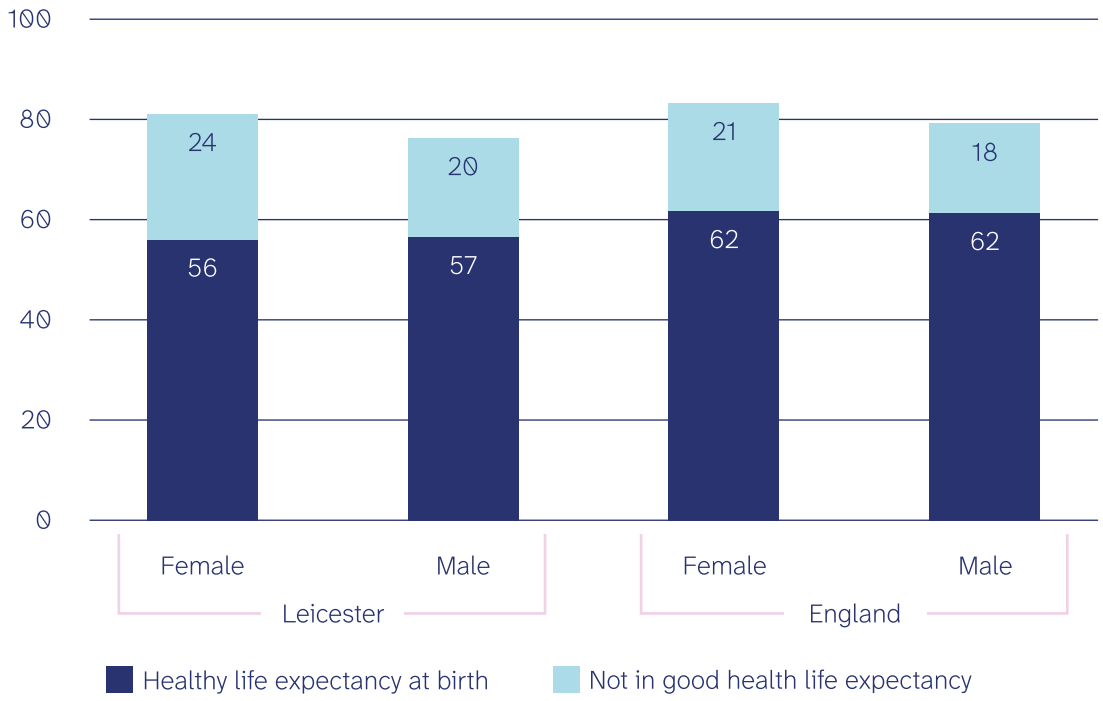
FEMALE LIFE EXPECTANCY 2001-03 TO 2021-23



Office for National Statistics (ONS) National Life Tables

In addition to having shorter life expectancies Leicester residents can expect to have more years in ill health compared to the national average. Leicester females can expect 56 years healthy life and a further 24 in ill health compared to 62 healthy years and 21 ill health years for the England average. Leicester males have a slightly longer healthy life expectancy and a shorter ill health life expectancy leading to a shorter life expectancy overall.

LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY 2021–23



Source: OHID Fingertips / ONS mortality data Age Standardised Rates 2021–23.

LEICESTER MAIN CAUSES OF DEATH

The main causes of death in Leicester are cardiovascular diseases (23%), cancer (20%) and respiratory diseases (10%). Mental disorders (9%), nervous diseases (6%), and digestive diseases (5%) also are contributors to deaths in Leicester.[7]

Leicester reports significantly higher rates of premature/under 75 mortality from:

- Cancer (132.7 per 100,000) compared to national rate of 121.6 in England.
- Cardiovascular diseases 108.3 per 100,000) compared to national rate of 77.1.
- Respiratory disease 39.8 per 100,000 compared to national rate 30.3.
- Liver disease 28.4 per 100,000 compared to national rate 21.5.
- Dementia and Alzheimer's disease 159.2 per 100,000 compared to national 109.9.

[7] Office for National Statistics mortality data, 2021–23

One Hundred Years of Public Health — 1848–1948

The 1948 Medical Officer of Health (MoH) for Leicester annual report (by Dr E.K. Macdonald) marked the 100 year anniversary since the introduction of the 1848 Health Act which made appointing a MoH mandatory for local authorities. To celebrate this milestone, his Deputy MoH, Dr Hutchison, wrote a short chapter summarising key issues from these reports. This is a fascinating read and contains the following examples and highlights:

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1846

Town Improvement Committee appointed Dr Barclay and Mr Buck as medical officers ‘for the purpose of removing nuisances and annoyances’ in advance of the 1848 Health Act mandating Medical Officer of Health (MoH).

1849

Mr Buck was appointed MoH and immediately put forward schemes for removal of obnoxious material from cesspools, cleaning and ventilation of lodging houses, closer inspection of slaughter houses and work to reduce diarrhoeal diseases in infants to reduce infant mortality.

1851

Infant mortality 194.5 per 1000, (peaked 1871 at 252, by 1948 dropped to 38).

1852

Deaths from diarrhoea 139 (peaked 1897 with 472 deaths). The MoH expresses concern on the slow progress of the construction of mains sewers.

1856

MoH reported a steady increase in cases of TB (Consumption).

1858

174 deaths from scarlet fever and 117 from diarrhoea. MoH commented on overcrowding in schools being ‘injurious to health’.

1859

86 deaths from “hooping cough” (pertussis). The MoH also condemned the fact that many parents worked in factories, leaving children in the care of older siblings or neighbours. When children were not quiet, it was reported that some resorted to “remedies of an alcoholic and narcotic character, such as gin or Godfrey’s cordial.”

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1861

A sharp increase in TB among factory workers. Dr Moore, the MoH states that the Local Health Board had not adequate powers to improve working conditions.

1863

236 deaths from scarlet fever (none since 1942).

1864

MoH commented on shortage of nurses to look after patients with smallpox.

1867

Saw the introduction of a social insurance scheme allowing sick pay for females on the condition that they breastfed their children! This year also saw birth of health education with leaflets advising on avoiding diarrhoea and infant feeding advice.

1868

249 deaths from measles. The report also had commentary on work with local registrar that found cases where deaths for same person had been registered 3 times by different 'unqualified quacks and herbalists' meaning the family were given funding for funeral costs 3 times!

1870

Made a plea for an isolation hospital for scarlet fever. The suggestion was turned down.

1872

314 deaths from smallpox. This year also saw the construction of a smallpox hospital (became a fever hospital in 1873) on Freake's ground.

1874

MoH put forward theory that summer diarrhoea was caused by the heat.

1876

The Assistant MoH put forward alternative theory that diarrhoea was caused by 'the introduction of minute living organisms into the system by means of air or by food' and that in areas with poor sewers and cesspit milk was often infected.

1879

Introduction of compulsory registration of infectious disease (now known as notifiable diseases). Despite significant complaints by medical professionals for creating 'new onerous and unnecessary obligation' in practice no complaints were made to the MoH and the birth of one of the most significant developments for understanding and controlling infectious diseases was born.

1882

MoH concerned about increasing cases of TB and gave advice on opening windows and better ventilation.

1883

Recommended systematic food sampling be introduced.

1885

A laboratory opened in the Town Hall postulating that TB from infected milk was causing human infection.

1886

The Lancet sent a special commissioner to Leicester to investigate the “Leicester Method’ to control smallpox.

1887

The opening of Spinney Hill Park encouraging fresh air and exercise bringing ‘pleasure to the local inhabitants’.

1888

MoH commented favourably on arrangement for sharing of data with colleagues in large towns in the area. Eventually taken over by the Local Government Board as a national surveillance system.

1889

The medical officer referred to a statement in the Manchester Guardian which asked, “would not our own (Manchester) City Council do well to send a selected deputation in order to learn what is be learned at Leicester of the means by which the death rate can be reduced by nearly 30% in eight years?”

1889

MoH made a plea for the replacement of ‘pail’ system for modern Water Closets (WCs).

1891

Saw health education become part of the school curriculum.

1898

211 measles deaths and the start of construction of the new fever hospital.

1898

Marked the 50th from the local medical officer and presented the following comparative data on child mortality as a proportion of all deaths in 1849 and 1898:

Population		Total number of births	Total number of deaths	% of deaths <age 5 to the total death rate
1849	58,000	2,807	1,681	49.8
1898	208,662	6,152	3,480	50



Isolation Hospital, Leicester. Nurse with 2 female patients reclining on porch area of hospital

1899

Large outbreak of diphtheria and 331 deaths from TB. 9/22 milk samples taken contained TB.

1900

Completion of the Groby Rd Isolation Hospital. Peak of deaths from diphtheria — 316 deaths (1948 1 death). Corporation opens a milk sterilization depot.

1902

MoH arranged for free diphtheria antitoxin supplies to GPs.

1905

Municipal milk depot established for babies not being breastfed. Infantile diarrhoea much diminished.

1907

MoH commented on growth of a garden suburb at Humberstone, developed on garden city lines.

1913

Attention was given to housing, with efforts to demolish old houses and construct new ones that could be maintained.

1918

Influenza epidemic — 1100 deaths, mostly during October and November. Undertakers were unable to cope. In week ending November 2nd 262 persons died. Hospital wards were evacuated to create space for patients.

1919

Post WWI a second influenza wave caused a further 500 deaths.

1920

MoH complained about the slow progress of house building.

1924

429 cases of diphtheria and 34 deaths. There were now 12 health visitors and 184 ante-natal sessions were held.

1926

Outbreak of Polio (81 cases and 7 deaths). Leicester Corporation had built more than 1,000 houses, with a further 667 constructed by private enterprise — described as homes for working-class people.

1928

Infant mortality rate dropped to 70.71 per 1000 births — the lowest on record.

1929

Local Government Act and North Evington Poor Law Infirmary transferred to the Public Health Department and became the City General Hospital.

1930

Infant mortality rate dropped again to 55.7 per 1000 births. A report on alcohol abuse which was increasing.

1936

No deaths from measles or scarlet fever reported.

1937

1709 families had moved into new housing.

1938

Infant mortality 45.9 / 1000 births — another record. Most work focussed on Air Raid Precautions.

1939

WWII.

1945

Opening Radiography Centre (Mass X-Ray Service).

1946

Infant diarrhoea rose again. National Health Service Act passed.

1947

Large outbreak polio — the most severe in history of the city. Health Visiting and School Nursing Services integrated.

1948

The year the NHS was created. This year saw only 1 death from diphtheria, and no deaths from scarlet fever or measles.

Despite the successes over this period for public health services, Dr MacDonald has the humility to state “It would be wrong to assume that all these improvements in the health of the population were solely due to the influence of the Public Health Department. Many other agencies have helped to improve the all-round standard of health among the community e.g., hospitals... GPs... better housing, better standards of nutrition, better education, and social legislation”.

A LIFETIME OF PROGRESS: PUBLIC HEALTH IN LEICESTER FROM 1948 TO TODAY

Since the founding of the NHS in 1948, the landscape of public health in Leicester has transformed in ways that would have once seemed unimaginable. From the near elimination of infectious diseases that once dominated annual health reports, to rising life expectancy and improved living conditions, the progress over the last 75 years is a testament to the power of coordinated public health and local authority action.

Vaccination has played a central role in this transformation. In the immediate post-war years, childhood diseases like diphtheria, polio, and measles caused significant illness and death. But thanks to the development and rollout of effective vaccines, these conditions are now rare. In 1948, Leicester saw one death from diphtheria, a disease that had killed hundreds in previous decades. By the 1950s, mass immunisation campaigns — supported by schools, GPs, and public health nurses — had begun to change the trajectory of many diseases that once devastated communities. The introduction of the MMR vaccine in the 1980s, offering lifelong protection against measles, mumps, and rubella, marked another major milestone.

As we will see in the next chapter, the eradication of smallpox in 1980, following global mass vaccination efforts, was the ultimate validation of the combined approach of both vaccination and effective social measures, pioneered in Leicester nearly a century earlier. The development of new treatments has also played a key role in improving health outcomes. In the 1970s, new antibiotics dramatically reduced the duration and severity of Tuberculosis (TB) , which had once required years of treatment in sanatoriums. Diseases that were once fatal or debilitating could now be managed, cured, or prevented altogether. The widespread availability of these treatments through the NHS has meant that health outcomes have improved not just for the wealthy, but across the population.

But the progress hasn't only come from medical advances. As we see in Chapter 4, living conditions in Leicester have also changed beyond recognition. Post-war housing programmes, slum clearance initiatives, and the expansion of social housing provided many families with warm, safe, and sanitary homes for the first time. The provision of clean drinking water, proper sewerage systems, and waste collection continued to reduce the spread of disease and improve quality of life.



Mass radiography unit demolition Castle Street 1964

From the 1970s onward, improvements in food safety, environmental health, air quality, and workplace standards continued to reduce preventable illness and premature death. More recently, efforts to combat fuel poverty and improve housing energy efficiency have shown how public health today is still deeply rooted in the environments where people live, work, and grow up.

Yet the last 75 years have not been without significant challenges. Inequalities in health outcomes persist. Leicester continues to face higher rates of long-term conditions such as diabetes, cardiovascular disease, and respiratory illness — especially in areas of higher deprivation. Life expectancy in the city lags behind the national average, and too many people spend a significant portion of their lives in poor health. The Covid-19 pandemic exposed and, in some cases, deepened these health gaps.

Today, we also face new challenges. Climate change, antimicrobial resistance, rising mental health needs, and the cost-of-living crisis all threaten to reverse some of the gains of previous decades. And while vaccines remain one of our most effective tools, vaccine confidence cannot be taken for granted. The recent outbreak of measles in Leicester reminded us of the importance of sustained public engagement, access, and trust in health services.

Despite these pressures, the story of public health in Leicester since 1948 is one of extraordinary achievement. Deaths from many infectious diseases are now vanishingly rare. Housing, sanitation, and access to care have improved dramatically. And where once there was little support for those in poor health, we now have a universal health system and a public health team rooted in communities.

The task ahead is to protect and build on these gains — to ensure that progress is not only maintained, but shared more fairly across our city. The foundations are strong, but the work continues.

LIST OF MEDICAL OFFICERS OF HEALTH IN LEICESTER SINCE 1849

1849–1852	John Buck
1852–1866	John Moore
1866–1878	J. Wyatt Crane
1878–1885	William Johnstone
1885–1891	Hy. Tompkins
1891–1895	Joseph Priestly
1895–1901	Henry G. H. Monk
1901–1935	C. Killick Millard
1935–1960	E. K. Macdonald
1960–1973	B. J. L. Moss

The responsibility for public health was taken over by the NHS from 1974 until 2013 when it returned to local government. Since then the Directors of Public Health have been:

2013–2015	Deb Watson
2015–2019	Ruth Tennant
2019–2023	Ivan Browne
2023–	Rob Howard

Communicable Disease Control — past and present

In order to compare the experiences and attitudes to infectious disease historically and in the present day, I will look at 2 main topics:

- Smallpox and attitudes to compulsory vaccination in the 19th century, and the lessons learnt from this and our recent experience with Covid-19 and measles
- Tuberculosis (TB) — historic and current challenges.

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Smallpox in 19th Century Leicester: Public Resistance, the "Leicester Method", and Lessons for Public Health Today

The experience of smallpox in 19th-century Leicester offers a rich historical case study of public health, community resistance, and innovation in disease control. Amid widespread fear of the disease and growing state involvement in health, Leicester became a focal point for resistance to compulsory vaccination and the development of alternative approaches, culminating in the "Leicester Method". While initially controversial, the eventual compromise between vaccination and broader public health measures (including what we now call contact tracing and isolation) was instrumental not only in managing outbreaks locally but also in shaping strategies that contributed to the global eradication of smallpox.

THE CONTEXT OF SMALLPOX AND COMPULSORY VACCINATION

Smallpox was one of the deadliest infectious diseases of the 19th century, causing high mortality and morbidity. Following Edward Jenner's development of the smallpox vaccine in 1796, vaccination became a central pillar of disease control in Britain. The Vaccination Acts of 1853, 1867, and 1871 progressively made vaccination compulsory and enforceable, particularly targeting infants and young children.[8] The intention was to create population-level immunity, but in cities like Leicester, these laws provoked considerable backlash.

Opposition stemmed from concerns about the safety and efficacy of vaccination, infringements on personal liberty, and distrust of the medical profession. Many working-class residents viewed the enforcement of vaccination as punitive and authoritarian, particularly as non-compliance could lead to fines and imprisonment.

[8] Porter, D. and Porter, R. (1988) 'The Politics of Prevention: Anti-Vaccinationism and Public Health in Nineteenth-Century England', Medical History, 32(3), pp. 231–252.

PROTESTS AND THE ANTI-VACCINATION MOVEMENT

Leicester became a centre of organised resistance to compulsory vaccination. The anti-vaccination demonstration of 1885 is emblematic of this sentiment, attracting an estimated 80,000 protesters.[9] The scale and organisation of the protest — complete with banners, marching bands, and speeches — demonstrated the depth of local opposition. Anti-vaccination candidates were elected to the Board of Guardians[10], enabling them to reduce enforcement and promote alternative measures.

THE LEICESTER METHOD: AN ALTERNATIVE MODEL

Leicester residents, with liberal and radical leanings, strongly opposed the mandate and formed the Leicester Anti-Vaccination League in 1869. Between 1869 and 1881, 1,154 prosecutions were recorded, including 61 imprisonments. The Leicester Corporation Act 1879 introduced an alternative method of disease control, later known as the Leicester Method. Now referred to as Test, Trace and Isolate, it emphasised immediate isolation of cases, thorough contact tracing, disinfection of infected households, and the use of dedicated isolation hospitals.

Voluntary vaccination was still offered, particularly for close contacts during outbreaks, but the emphasis was on hygiene and containment. Despite official warnings, Leicester experienced relatively few smallpox deaths during subsequent outbreaks, which bolstered the community's belief that their alternative approach — focusing on sanitation and isolation — was superior to enforced vaccination.

THE ROLE OF COMPROMISE: FROM CONFRONTATION TO COLLABORATION

The success of the Leicester Method highlighted the value of environmental and social measures in disease control. However, the limitations of a largely non-vaccination approach also became apparent in subsequent years, particularly during more severe outbreaks. Over time, a more balanced model of public health emerged in the UK — one that retained the importance of vaccination while also recognising the role of sanitation, education, and consent. This shift was codified in the Vaccination Act of 1898, which introduced a "conscientious objection" clause. Parents could now opt out of compulsory vaccination on ethical grounds.

GLOBAL IMPACT AND THE ERADICATION OF SMALLPOX

While Leicester pioneered local non-vaccination approaches, vaccination remained central to the global eradication of smallpox in the 20th century. The World Health Organization's (WHO) intensified smallpox eradication campaign, launched in 1967, used mass vaccination combined with many of the principles trialled in Leicester — surveillance, contact tracing, containment, and isolation. Smallpox was declared eradicated in 1980, a remarkable feat that required widespread immunisation to create herd immunity, supported by rigorous public health infrastructure and community cooperation.[11]

[9] Durbach, N. (2005) Bodily Matters: The Anti-Vaccination Movement in England, 1853–1907. Durham: Duke University Press.
[10] **https://en.wikipedia.org/wiki/Board_of_guardians**
[11] Fenner, F., Henderson, D. A., Arita, I., Ježek, Z. and Ladnyi, I. D. (1988) Smallpox and Its Eradication. Geneva: World Health Organization.

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Two boys with smallpox, photographed by Dr. Allan Warner, Assistant Medical Officer of Health, at the Isolation Hospital at Leicester in 1901. Atlas of Clinical Medicine, Surgery, and Pathology, 1901[12]. Shows two boys, both aged 13 years. The one on the right was vaccinated in infancy, the other was not vaccinated. They were both infected from the same source on the same day.

[12] **https://archive.org/details/b21513508_0001/page/n425/mode/2up?view=theater**

Lessons for Public Health in Leicester Today

COVID-19

The legacy of Leicester's 19th-century experience with smallpox informed the city's response to Covid-19, particularly in tackling vaccine hesitancy. Just as public resistance to compulsory vaccination in the 1800s was rooted in concerns around safety, liberty, and trust in authority, similar themes emerged during the Covid-19 pandemic. Leicester recognised early on that building trust was fundamental to increasing vaccine uptake, especially in communities historically underserved or marginalised by state systems.[13]

Drawing on behavioural science, our local public health teams developed tailored communication strategies that reflected the real-world contexts in which people make health decisions. Rather than relying solely on national messaging, we crafted locally relevant campaigns that were empathetic, culturally sensitive, and framed around collective responsibility. These campaigns were informed by insights from behavioural science on what motivates behaviour change — such as the influence of trusted messengers, social norms, and the importance of clarity and repetition.[14] Our work using the COM-B behaviour science model[15] emphasised that addressing vaccine hesitancy requires both emotional resonance and factual accuracy — combining data with storytelling to speak directly to community concerns.[16]

A cornerstone of Leicester's response was the creation of the Vaccine Community Champions programme. Community members from diverse backgrounds were trained and supported to become advocates for vaccination within their own networks. These Champions were not merely conduits for information; they were active listeners who helped bridge the gap between communities and health services. They played a critical role in identifying barriers, addressing concerns, and countering misinformation circulating on social media — particularly in relation to vaccine safety, fertility myths, and conspiracy theories.[17]

In addition to vaccine outreach, Leicester also developed its own contact tracing programme, staffed by people who lived and worked in the same communities they were serving. This localised approach improved the speed and effectiveness of tracing efforts, and more importantly, helped to foster trust. People were far more likely to answer the phone or open the door when contacted by someone with a shared cultural background or local knowledge, and who could offer practical support and advice alongside public health guidance.

By investing in community-based solutions and listening to people's lived experiences, Leicester was able to build the trust necessary for a successful public health response. The historical lesson — that health interventions must be done with communities, not to them — was not only remembered, but actively applied. In doing so, Leicester demonstrated how the principles of consent, communication, and collaboration remain as vital today as they were in the era of the Leicester Method.

[13] Royal Society for Public Health (2021) New polling shows vaccine hesitancy highest in BAME groups. Available at: **https://www.rsph.org.uk/about-us/news/new-poll-finds-bame-groups-less-likely-to-want-covid-vaccine.html** [Accessed 9 Apr. 2025].

[14] Behavioural Insights Team (2021) Four principles for developing effective COVID-19 vaccine communications. Available at: **https://www.bi.team/blogs/four-messages-that-can-increase-uptake-of-the-covid-19-vaccines/** [Accessed 9 Apr. 2025].

[15] **https://social-change.co.uk/files/02.09.19_COM-B_and_changing_behaviour_.pdf**

[16] Michie, S. and West, R. (2021) 'Behavioural, Environmental, Social and Systems Interventions Against COVID-19', BMJ, 372, n92. DOI: 10.1136/bmj.n92.

[17] **https://www.leicester.gov.uk/content/beyond-the-lockdowns-lessons-learned-from-leicester-s-covid-story/healthy-places/#Community%20Champions**

MEASLES 2024 OUTBREAK

Measles is one of the most contagious diseases in the world. It is caused by a virus that can spread through the air when someone who is infected coughs or sneezes. The virus can stay in the air for up to two hours and infect people who breathe it in. On average, one person with measles can pass it on to 12 to 18 other people if they aren't protected. Leicester, like many industrial cities in the UK, experienced regular and sometimes severe outbreaks of measles throughout the 19th and early 20th centuries. These outbreaks were particularly devastating for young children and often occurred in overcrowded urban areas where poor housing, sanitation, and limited access to healthcare made the spread of infectious diseases more likely. Measles was a common childhood illness, but it could lead to serious complications, including pneumonia and encephalitis. The introduction of the measles vaccine in the late 1960s significantly reduced cases across the UK, including in Leicester. The MMR vaccine, which protects against measles, mumps, and rubella, is given in two doses. It is very safe and works extremely well — giving 97% protection for life — and helps stop the disease from spreading in the community.

In 1868, 249 people died from measles in Leicester. The 1898 report recorded 211 deaths during an epidemic. In England and Wales in 1941 saw 1145 measles deaths. Last year there were 3, with none in Leicester.

2024 saw a significant increase in measles cases in Leicester with around 150 confirmed cases. To keep everyone safe, especially babies and those who can't have the vaccine, at least 95% of people need to be vaccinated. However, vaccination rates have fluctuated over time, and occasional outbreaks have reappeared in areas or communities with lower uptake. The 2024 measles outbreak in Leicester tested the city's public health system once again — but also demonstrated how the lessons of history had been meaningfully applied. As with the Covid-19 pandemic, addressing vaccine hesitancy was central to the response. While concerns about the MMR (measles, mumps, and rubella) vaccine have persisted for decades, the legacy of misinformation stemming from Andrew Wakefield's now-discredited claims of a link between the vaccine and autism continued to influence public perceptions.[18]

However, vaccine hesitancy during the measles outbreak proved to be more complex and nuanced than misinformation alone.

In some communities, particularly among certain religious groups, concerns were raised about the porcine-derived content in some formulations of the MMR vaccine. While these concerns were not new, they had not always been adequately addressed in previous public health campaigns. In 2024, Leicester's public health team and LLR Integrated Care Board (ICB) responded proactively by ensuring that non-porcine gelatine-free vaccine formulations were made available at vaccination sites across the city. This practical accommodation, made in consultation with religious leaders, helped address a key barrier to uptake.[19]

Just as we had mobilised Vaccine Champions during Covid-19, the city adapted this approach through its Community Wellbeing Champions network. Alongside the excellent team from the LLR ICB and our own brilliant public health officers, these individuals and organisations (now over 600 members), already embedded in local communities, were trained to support the measles response by listening to concerns, providing accurate information, and helping to dispel persistent myths.[20] Crucially, they worked in partnership with schools, GPs, local places of worship, and community centres — spaces where trust was already established.

[18] Godlee, F., Smith, J., and Marcovitch, H. (2011) 'Wakefield's article linking MMR vaccine and autism was fraudulent', BMJ, 342, c7452. DOI: 10.1136/bmj.c7452.
[19] British Islamic Medical Association (2023) MMR and Islam: Guidance on the use of porcine products in vaccines. Available at: **https://britishima.org** [Accessed 9 Apr. 2025].
[20] Leicester City Council (2024) Community Wellbeing Champions Programme: Interim Evaluation Report. Leicester: Public Health Team.

To ensure accessibility, we deployed roving vaccination units that brought the service directly to the heart of communities. These mobile teams visited schools, religious venues, and community hubs, removing logistical barriers such as travel, time, or unfamiliarity with health settings.[21] As a result, nearly 600 people received the MMR vaccine helping to end a potentially very serious outbreak. This approach was particularly effective in reaching children and young people who had missed their routine childhood vaccinations during the Covid-19 pandemic or due to longstanding hesitancy.

Once again, the city's response was shaped by the understanding that community trust, cultural sensitivity, and local partnership are as important as clinical effectiveness in any vaccination campaign. By applying the lessons of Leicester's own past — combining historical awareness with practical compassion — we were able to contain the outbreak and rebuild confidence in routine immunisation.



Social media post promoting roving vaccination unit in community settings, 2024.

IN SUMMARY, THE LEGACY OF LEICESTER'S HISTORY OF INFECTIOUS DISEASE CONTROL CONTINUES TO OFFER IMPORTANT LESSONS:

- **Trust and Consent Matter:** Public health interventions are most effective when communities understand, trust, and consent to them. Heavy-handed enforcement can backfire and erode compliance.
- **Vaccination and Public Health Infrastructure Must Work Together:** Vaccines are essential tools, but they work best within broader systems of hygiene, housing, education, and healthcare access.
- **Community-Led Innovation Has Value:** Leicester's community response, while controversial, contributed valuable insights into disease control that shaped national and global policy.
- **Tailored Responses Are Crucial:** As seen during the Covid-19 pandemic, one-size-fits-all approaches can be less effective than strategies adapted to local conditions and cultures.

[21] BBC News (2024) 'Measles outbreak: Leicester uses mobile vaccine teams to reach affected communities', BBC News, 12 February. Available at: **https://www.bbc.co.uk/news** [Accessed 9 Apr. 2025].

Tuberculosis (TB)

A HISTORY OF TB IN ENGLAND AND WALES.

Tuberculosis (TB) posed a significant public health challenge in Leicester during the 19th and early 20th centuries. The city's rapid industrialisation led to overcrowded housing and poor sanitation, creating ideal conditions for the spread of TB, commonly known as "consumption." The disease primarily affected the lungs and was highly contagious, thriving in densely populated working-class neighbourhoods.

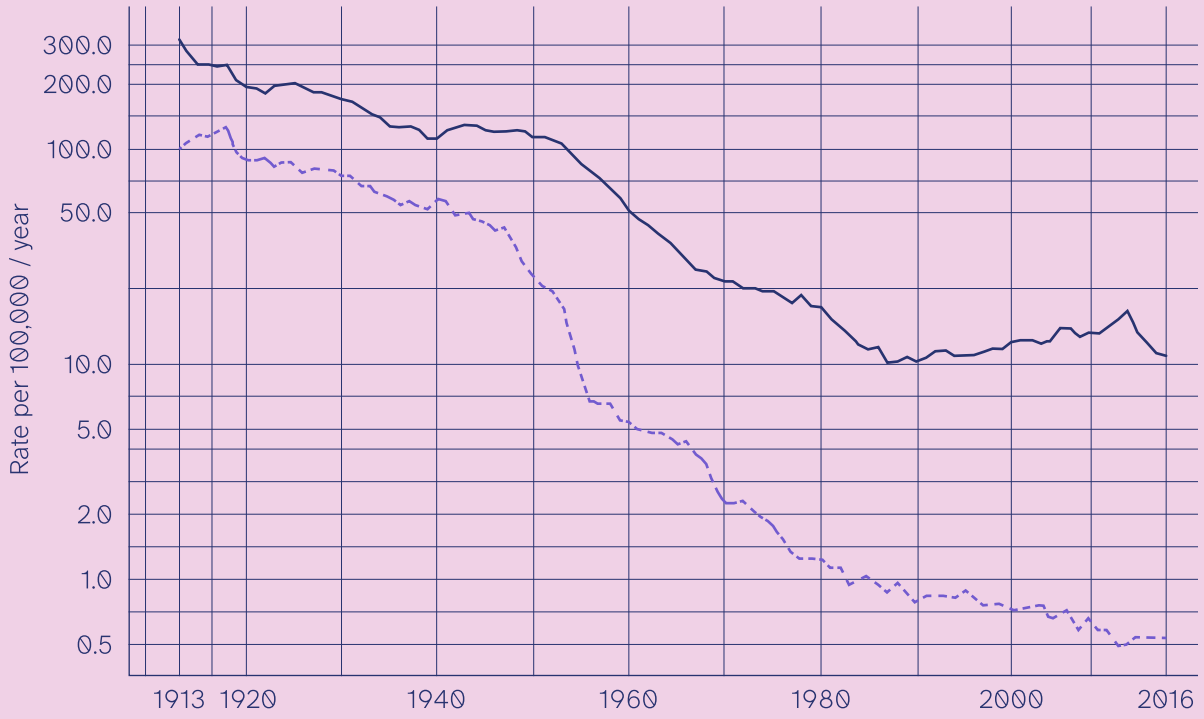
Medical understanding of TB evolved notably after Robert Koch's discovery of the tuberculosis bacillus in 1882, confirming its infectious nature. This breakthrough prompted targeted public health interventions in Leicester, including the establishment of open-air schools and specialised hospitals aimed at controlling the disease.

[22] Philippe Glaziou et al. Thorax 2018;73:702-703

One prominent example is the Western Park Open Air School, Leicester's first open-air school for children with respiratory problems, which opened on 7 November 1930. The school was designed to provide a healthy environment with ample fresh air and sunlight, believed to be beneficial for children susceptible to TB. The school's design featured wide-opening windows to maximise ventilation.

In 1937, it was recognised by the Royal Institute of British Architects for its modern design and was later granted Grade II listed status by Historic England. Leicester's Chief School Medical Officer, Allan Warner, described the school as offering a "healthy environment" aimed at restoring children's health and developing them into "hardy men and women," reflecting the interwar emphasis on building robust citizens.

TB INCIDENCE AND MORTALITY RATES 1913–2016



TB incidence (solid line) and mortality (dashed line) rates per 100,000 populations per year in England and Wales, 1913–2016. The introduction of Isoniazd and Rifampicin in the 1970s enabled treatment to be reduced from 18 months to 9 months and in the 80s, adding pyrazinamide reduced this further to 6 months.

In addition to educational initiatives, Leicester developed specialised medical facilities to treat TB patients. Founded in 1771, The Leicester Royal Infirmary expanded its facilities over time to address various health needs, including the Groby Road Isolation Hospital and Santorium for the treatment of many infectious diseases including TB. With the arrival of the NHS in 1948, it was renamed the Leicester Isolation Hospital and Chest Unit. As conditions began to improve after the war and antibiotics and vaccinations were introduced, the burden of TB was hugely reduced, with the rate falling from 60 deaths per 100,000 population in 1945, to just 2 by 1970.

The establishment of these open-air schools and specialised hospitals in Leicester reflected a broader public health strategy aimed at combating TB through environmental and educational interventions. These efforts, championed by medical professionals like Dr Allan Warner and supported by public health officials, laid the groundwork for modern approaches to disease prevention and health promotion in the city.



Charles St 1920, now location of Leicester City Council

TB TODAY

Sadly this initial progress has not continued. In 2023, TB became the world's leading cause of death from a single infectious agent. More than 10 million people continue to fall ill with TB every year and in 2023, 1.25 million died from the disease. The World Health Organisation's 'End TB' strategy aims to reduce incidence and burden of TB disease. The UK reaffirmed its commitment to these aims in 2023 but to date neither the WHO or the UK are on target to meet any of the long term or intermediate outcomes.

England is a low TB incidence country but a decline in notifications over the last decade has now reversed, notifications are increasing at a faster rate and we are moving further away from the trajectory needed to achieve the WHO's End TB targets. 2023 data showed an 11% increase compared with 2022 and provisional data for the first three quarters of 2024 indicated a further 13.7% increase against the same period in 2023. The 2023 increase is the largest reported rise in the current reporting period (1971 to 2023) and while rates remain below the peak in 2011 (15.6 per 100,000), the ongoing increase in notifications means England is moving further away from the WHO End TB targets and from its low incidence status.

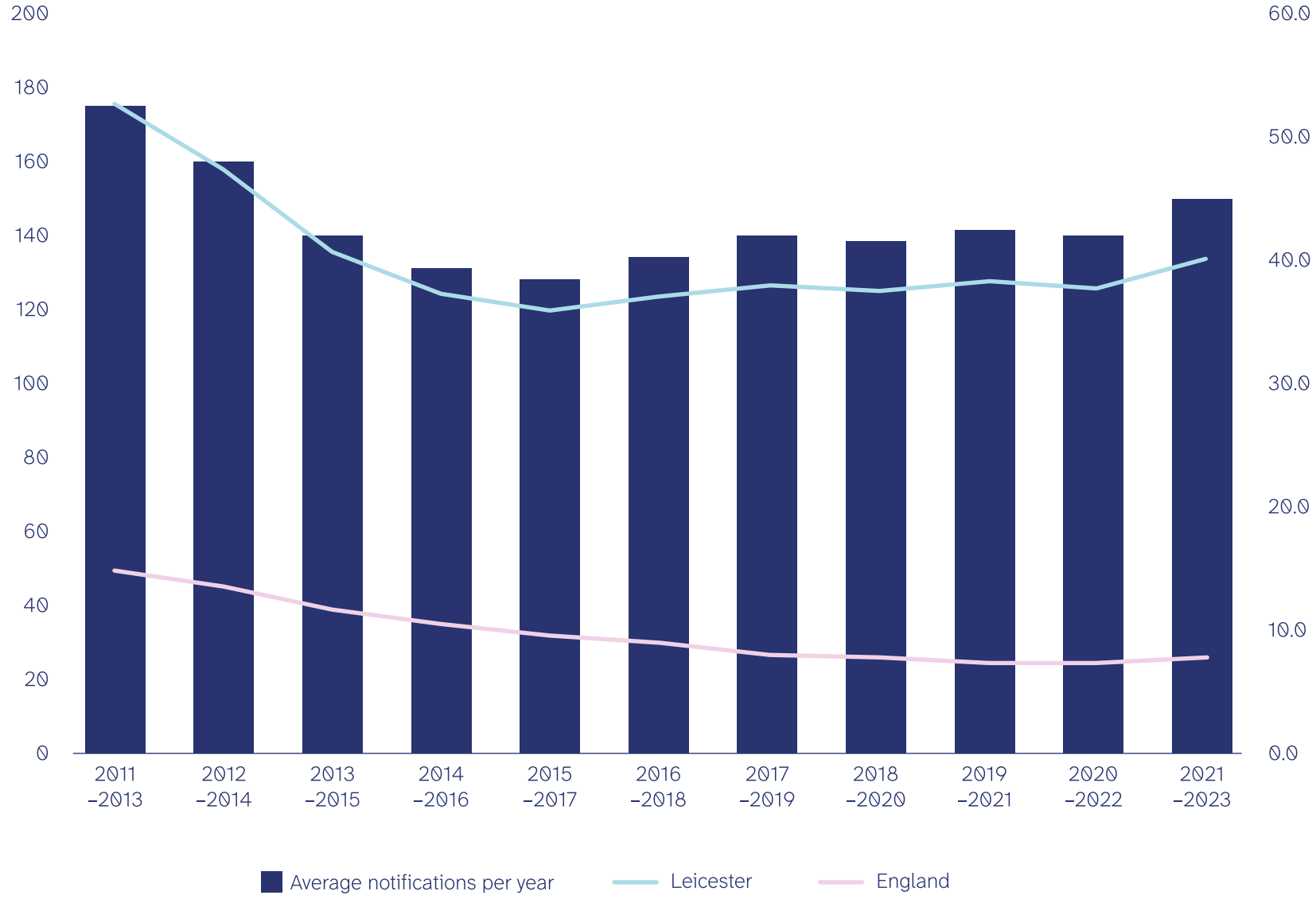
Notification rates in Leicester are now at their highest point for a decade at 40.7 per 100,000 and are the highest in England. Country of birth is the single biggest contributor to case numbers with over 90% of cases in those born in a country of high incidence with the majority of these born in India. Since Brexit, a large increase in non-EU migration is likely to be a contributory factor to increasing notifications in younger males between 25 and 34 years of age. Economic migrants bring much needed skills to the city and county and it is vital that we have adequate latent TB screening processes to ensure those that may previously have been exposed to TB are supported and treated to prevent activation of the disease.

This changing pattern of migration is projected to continue with an increasing number of economic migrants from high incidence countries. The workforce shortages in our health and social care sector mean that offering latent screening and treatment to migrants must be a priority. Increased complexity of cases including drug resistance, comorbidities and the presence of social risk factors creates additional pressure on TB services and long stays in hospital place financial and resource pressure on our health systems. TB is a preventable and curable disease but should not be treated in isolation from its wider contributing determinants such as access to housing and other social support.

A TB Health Needs Assessment (HNA) recently completed by Leicester City Public Health shows increasing case numbers and increasing risk of a continued upward trajectory in the future. However joint work across the system has recently increased the numbers of latent TB screening tests being undertaken, and boosted the size of the local TB Treatment Service.

Recommendations from the HNA are being incorporated into the local TB strategy and implementation plan. This will aim to increase detection and control of TB, support a skilled and resilient workforce, and raise awareness and reduce stigma in communities and professionals.

AVERAGE NUMBER OF TB NOTIFICATIONS IN LEICESTER AND TB NOTIFICATION RATES PER 100,000 IN LEICESTER AND ENGLAND: 3-YEAR RATES



Average TB notification rates: Leicester and England

INCREASE DETECTION AND CONTROL OF ACTIVE AND LATENT TB

Increase LTBI screening in the eligible population

- Develop a flag for System One that triggers eligibility for LTBI
- Develop business case for targeted expansion of LTBI programme

Increase early identification of active TB disease

- Increase proportion of cases starting treatment within 4 months

Strengthened links between TB services and GPs

- Identify GP champions

Increased awareness of TB in GP and other health professionals

- Develop information package on TB

Increased awareness of TB in key local employers and organisations

- Develop and provide training package on TB for all relevant organisations
- Develop employer engagement action plan

ENSURE A SKILLED WORKFORCE BUILDING ON ITS SUCCESSES AND WORKING WITHIN ITS CAPACITY AND RESOURCES

TB workforce aligns with RCN, NICE and WHO standards

- GIRFT reports are used alongside audits of current services
- Business case developed to increase staffing to align with recommended standards

Build on successful completion rates for active and latent TB

- Carry out a feasibility study looking at additional methods of support such as community pharmacies

Increase TB knowledge in other health professionals

- Development of a package of information material including referral pathways and access to treatment

People accessing services are provided with a holistic package of care

- Develop a directory of other organisations that could provide support to a person undergoing treatment e.g. housing support etc
- Carry out patient pathway process maps on latent and active TB pathway
- Quality assurance framework on TB services

RAISE AWARENESS AND REDUCE STIGMA OF TB WITHIN OUR POPULATION

Ensure the voice of those with lived experience is heard

- Set up a process for involvement in all parts of the strategy and services

Increase awareness for those at risk of TB

- Focus groups to understand knowledge, barriers and enables to accessing treatment
- Information packages developed

Increase awareness of TB in wider professional groups

- Development of a package of information material including referral pathways and access to treatment

Increase general population awareness of TB

- Focus groups with community wellbeing champions to understand stigma and enablers
- Develop a suite of information material to include signs and symptoms, transmission, where to go if concerned and other key messages
- Ensure all material is produced using behavioural insights methodology

PREPARE FOR THE FUTURE AND PLAN ACCORDING TO NEED

Understand current demand and future projections

- Carry out a LLR JSNA
- Modelling of future projected demand
- Identify potential gaps in resources and provision based on JSNA, GIRFT report etc

Allocate resources based on need

- Ensure TB rate projections for the most vulnerable are separated from overall population projected figures
- Provide a flexible adaptive response appropriate for our diverse community settings
- Ensure the strategy has SMART objectives targeting resources based on evidence of need

Living and Social Conditions — past and present

Leicester has a long spanning history of planning and development dating back to the Roman period. The earliest evidence of this is our records of the Roman town of Ratae Corieltavorum, with its ordered street network linking key civic buildings. It is estimated that Ratae reached a population peak of around 6,000 in the late 2nd and 3rd centuries[23]. When the Romans conquered Britain in the 1st century, they built extensive public health facilities, such as public baths, toilets, fountains and sewers. The Jewry Wall Roman Baths[24] located in Leicester is one of the largest pieces of Roman masonry still standing in Britain.

Through the Medieval era, Leicester grew slowly. Diseases like the plague were widespread due to poor sanitation.

In the late 18th century, the town started to grow dramatically. This was due to transport infrastructure and demand for labour from the town's expanding hosiery, boot and shoe trades.

In the 19th century the workforce was accommodated by cheap, badly built cottages centred around a courtyard only accessible through narrow entries. This often-lacked sunlight, fresh air and proper ventilation. Most of the cottages had two rooms- one up and one down. Cooking would have taken place over a fire or on a range, there would have been no internal water supply, and the washing would have been done outside. In the 1840s death and disease were shown to be more prevalent in the streets with no drainage.



Slum Clearance Braunstone 1930s

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[23] Reinventing Ratae: exploring Roman and medieval Leicester — The Past
[24] Jewry Wall Roman Baths - Story of Leicester

In 1851 there was the summer epidemic of diarrhoea which killed many of the elderly and the very young.[25] In 1871 this was killing one in four Leicester children before their first birthday. As a result, Leicester had the child mortality rate which was twice the national average and on par with London, Manchester and Liverpool. Sadly, this continued into the 20th century. The causes of the epidemic were believed to be poor sanitation and water contamination. The outbreak highlighted the urgent need for reform in urban sanitation systems, which would become a focus of public health authorities in the following decades. Leicester started to receive piped water in 1853 and was the first town to set up a wastewater treatment works.[26]

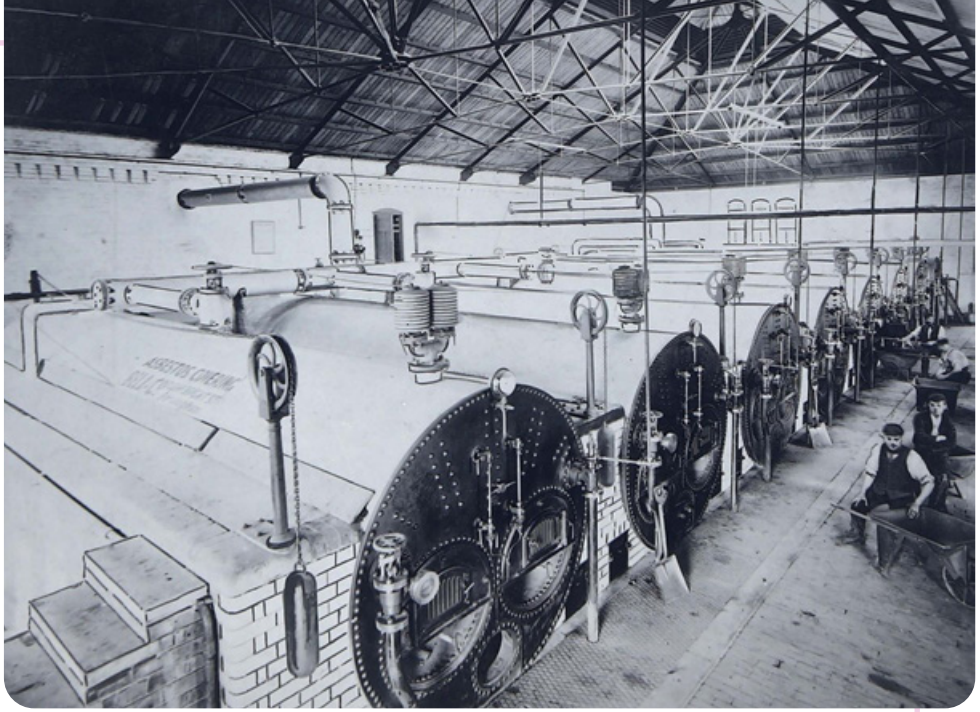
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In 1898, a new sewage system powered by the Abbey pumping station enabled the Town Council to phase out the use of pail closets in the slums.[27] Ashpits were removed as pail closets were converted into water closets. Once this was rolled out at a large-scale Leicester's public health improved dramatically, overtaking many other large towns such as Nottingham. Pail closets were associated with diseases such as Cholera, Typhoid fever, Dysentery etc. Leicester council was distinguished as a progressive authority, although inequalities amongst the poor and the rich remained.

Aerial view of Leicester 1867



[25] Annual Reports of the Medical Officer of Health for Leicester (1849-1859).
[26] 3 SW_WaterInTheHome_p1
[27] The History of Leicester" by Michael P. G. Harris



Abbey Road Pumping Station[28]

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Family at Eaton Square, c.1930



SLUM CLEARANCES

In the 20th century slum clearance changed the face of Leicester again. Slum clearances became a part of improving the city's living conditions. Many buildings were destroyed, and new roads and housing took their place. Between 1932 and 1976 around 16,000 houses were cleared. Until then, the slums housed thousands of people in often cramped and unhealthy conditions.

Following WW1, the shortage of housing in Leicester meant that the Council did not continue its limited attempts to close and demolish some of the worst slums until the mid-1920s. Instead, its strategy was to seek the improvement of slums. The post-World War I period marked a significant turning point in housing policy across Britain, with the 1919 Housing Act[29] aiming to tackle the housing crisis by improving conditions and constructing new homes. The Act introduced government subsidies to encourage local authorities to build homes for the working class, and local councils, including Leicester, began to clear slums and build new housing estates. Leicester Corporation acted by building large estates of new homes to replace the old slum areas. In some cases, these new homes were built in nearby areas such as Knighton and Spinney Hills[30].

The Housing Act of 1930 gave local authorities more powers to demolish slums and replace them with new homes. This act was crucial for the continuation of slum clearance efforts in Leicester, where the clearance of unhealthy homes became a key priority. In the 1930s tenants from 78 different clearance areas scattered around the city were concentrated in North Braunstone and Northfields estates.

[28] **https://www.storyofleicester.info/a-working-town/abbey-pumping-station/**
[29] Council housing - UK Parliament
[30] Leicester: A History" by Geoffrey T. Martin

This situation was set out by the financial regime for rehousing by the government and so the City Council was unable to offer tenants much choice. The end of general means building meant that only families from the slums were moved to North Braunstone. Moving a high concentration of lower income families away from their known communities and social support created new challenges to tenants. It was probably hoped that the improved housing conditions would be sufficient to counter poverty or disadvantage.

WW2 efforts brought work on housing to a virtual standstill by 1940. It was another 14 years before the programme was restarted. The 1949 Housing Act further increased government funding for the construction of new homes and slum clearance. In 1952, Lewin Street became the first post-war clearance area. With 247 houses, it was thought to be the largest clearance area in the country at the time[31].

Houses continued being demolished and by mid-1970s the plans drawn up in the 50s were all but complete. At the end of 1976 around 12,500 houses had been demolished, leaving only Martin Street and Laurel Road to be cleared. The city was divided into 54 zones, covering about 35,000 houses which were to be improved during the period of 1976–1991 using renovation grants[32]. Renewal rather than clearance was the preferred methods.

Recent governments have reverted to the belief that private enterprise is better able to meet people's needs. However, it is important to remember that slum housing was the result of unfettered enterprise and that it was through government intervention through slum clearance and the offer of more suitable social housing that improvements were made. Although this did improve housing conditions, poverty and inequality prevailed, for example St Matthew's estate has changed significantly, however it remains the most deprived neighbourhood of Leicester. A 2007 survey showed that, based on income it was the poorest area in England.[33]



Aerial view of Elston Fields
1927, now Saffron Lane Estate

[31] The Slums of Leicester
[32] The Slums of Leicester **https://www.leicestermercury.co.uk/news/history/gallery/the-slums-of-leicester-541382**
[33] St Matthew's, Leicester - Wikipedia

FUEL POVERTY

After the Romans, Leicester's homes were heated by fires, then coal, stoves, and eventually gas central heating by the 1960s. However, recent years have seen an energy crisis driven by soaring gas prices and inefficient housing. In England in 2024, 36.4% of households spent over 10% of their income on energy — up from 27.4% in 2022.[34]

The fuel poverty rate in Leicester remains among the highest in England. In 2001 19% of households in Leicester were fuel poor (compared to 13.6% in the East Midlands and 13.1% in England). A report from The Energy Helpline indicated that Leicester is the joint 8th area most impacted by fuel poverty.[35]

Fuel poverty varies across Leicester with areas in the east reporting highest levels of fuel poverty[36]. Spinney Hill has the highest proportion of fuel poor households (47%) and surrounding areas of Spinney Hill and Charnwood, areas within Newfoundpool, West End and Aylestone have 30-40% of households unable to afford to heat their homes to adequate safe levels.

Households showing lowest levels of fuel poverty are generally located on the outskirts of Leicester in Beaumont Leys and Rushey Fields due to the better insulation and heating standards in social housing, and in Hamilton and South Knighton[37], where incomes are higher.

The health impacts of fuel poverty are widespread. At a basic level it can cause respiratory issues, cardiovascular problems, and can worsen chronic conditions such as chronic obstructive pulmonary disease (COPD). But fuel poverty is also linked to mental health impacts such as anxiety and depression, social isolation and loneliness. Vulnerable populations are particularly impacted; children, the elderly and those with pre-existing medical conditions. There are also many indirect health consequences, for example having to spend more on heating and so being able to spend less on nutritious food, adoption of unsafe heating practices, and even disrupted sleep. Even in the early stages of the energy crisis, estimates suggested that some 10 per cent of excess winter deaths are directly attributable to fuel poverty and 21.5 per cent are attributable to cold homes. (Fuel Poverty, Cold Homes and Health Inequalities in the UK (2022) Institute of Health Equity[38].

LOW TEMPERATURE IMPACTS



- 18–24˚C (64-75˚F) — no risk to healthy people
- Below 16˚C (61˚F) — diminished resistance to respiratory infections
- Below 12˚C (54˚F) — increased blood pressure and viscosity
- Below 5˚C (41˚F) — deep body temperature falls

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[34] **https://www.endfuelpoverty.org.uk/fuel-poverty-statistics-reveal-households-hit-hard-by-crisis/#:~:text=The%20number%20of%20households%20who,in%202022%20(6.7%20million)**
[35] **https://energyadvicehelpline.org/top-10-worst-areas-for-fuel-poverty-in-the-uk/**
[36] LIVING IN LEICESTER, adult joint strategic needs assessment
[37] LIVING IN LEICESTER, adult joint strategic needs assessment
[38] **https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf**

LEICESTER ENERGY ACTION

To address this, Leicester City Council and the Division of Public Health realised we needed a programme of work that would offer high quality energy advice, income maximisation advice, and support to access improvements in heating and insulation measures. With £1m funding from the LLR Integrated Care Board (ICB) - the largest NHS donation for a fuel poverty programme we are aware of nationally - we established in partnership with National Energy Action (NEA) the 'Leicester Energy Action' Programme.

The programme focussed on combatting fuel poverty in Leicester through a series of channels.

- The Advice Service provided a small, dedicated team of NEA energy advisers to help clients with energy efficiency, managing energy debt, applying for funding and support, and addressing crisis situations with interventions such as warmth packs and energy vouchers. The team worked with many community and charity organisations in the city, the NHS, and front-line Leicester City Council teams to identify and work with those in need of support.
- The Outreach workstream saw NEA advisors and Leicester City Council Public Health Officers visiting communities and events across the city to delivery energy advice sessions, raising awareness of the health issues associated with fuel poverty, and providing direct support for those who needed it, as well as access into the advice service for more complex cases.
- The Training workstream delivered webinars to front line teams covering topics such as the impact of fuel poverty on vulnerable clients, how fuel poverty effects mental health, and how to recognise fuel poverty — all underpinned by a focus on methods of supporting clients. The programme also delivered a series of City and Guilds Level 3 Award in Energy Awareness courses to staff from front-line teams and community groups from across the city, giving them qualifications in delivering energy advice and support, and allowing them to deliver valuable guidance to the clients and communities they're already working with, as well as connecting a network of teams and individuals focussed on addressing fuel poverty.
- Finally, the programme visited primary schools with Energy in Mind sessions, delivering engaging advice and resources around energy and energy management in the home to children. These sessions linked to the broader topics the children are taught in that age group, making energy management and efficiency relevant and interesting while fostering long-term behavioural change.



We've supported thousands of people during the Leicester Energy Action Programme, and Public Health's work with NEA and other providers of energy support continues into 2025 and beyond as we continue to raise awareness of both the impacts of fuel poverty, and the remedies that can be introduced to make meaningful, material differences to people's home energy use.

Public Health Officers Edd and Rumaysa ready for (energy) action!

The Future of Public Health in Leicester

Public health in Leicester has always stood at the crossroads of innovation, resistance, resilience and reform. From the “Leicester Method” of smallpox control in the 19th century, to our recent community-led responses to Covid-19 and the 2024 measles outbreak, the city’s public health story has been shaped by an evolving dialogue between people, science, and the state.

So what of the future? What will define the next chapter in this long story? If the past tells us anything, it is that future progress will rely not only on technological advancement, but on social justice, equity, and the enduring importance of trust.

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LOOKING AHEAD: CHALLENGES AND OPPORTUNITIES

As we look to the coming decades, many of the challenges we face remain depressingly familiar. Poverty, poor housing, and unequal access to education and employment continue to drive health inequalities in Leicester. The data in this report shows a city where life expectancy still lags behind the national average, where too many people live in overcrowded or inadequate homes, and where deprivation is closely linked to long-term conditions and premature mortality.

But we also live in an era of breathtaking technological change. Advances in personalised medicine, genomics, digital health, and artificial intelligence offer radical new possibilities for prevention, diagnosis, and care. These developments could redefine what it means to deliver public health, but only if we remain guided by the principles that have always mattered most: fairness, inclusion, and the belief that everyone — regardless of background — deserves the opportunity to live a long and healthy life.

Let’s explore these possibilities — and their pitfalls — in more detail.

THE RISE OF PERSONALISED PUBLIC HEALTH

Public health has traditionally focused on population-level measures. Clean water. Safe housing. Vaccination campaigns. Behavioural interventions. But the rise of personalised and precision medicine is beginning to shift that paradigm. Increasingly, we are able to tailor health advice, risk prediction, and even treatments to the individual — based on their genetics, lifestyle, environment, and behaviours.

Wearable technology, from fitness trackers to continuous glucose monitors, already enables people to track and respond to real-time data about their bodies. These devices could play a role in early intervention and chronic disease prevention, offering public health teams new ways to support healthy lifestyles.

In Leicester, where rates of diabetes, cardiovascular disease, and obesity remain high — especially in certain communities — this personalised approach could help to improve outcomes. But only if access to these tools is equitable. A future where personalised public health is only available to those with the money, education, or digital literacy to use it is a future that will deepen health inequalities, not resolve them.

The challenge, then, is not just to develop the tech, but to democratise it.

GENOMIC MEDICINE AND THE PROMISE OF PREVENTION

The next major frontier is genomics. Our increasing ability to read, interpret, and act on genetic information opens the door to a new era of preventative health care. We can already identify individuals at higher genetic risk of certain cancers or heart conditions, allowing for early screening or preventative treatments.

In the future, this could become routine — particularly for populations where early detection could have a profound impact. Leicester's diverse population offers a unique opportunity to apply genomic insights across a range of ethnic and genetic backgrounds. Done well, this could reduce health inequalities that have historically seen certain groups underdiagnosed or underserved.

However, the ethical, cultural and privacy implications are profound. How do we ensure genetic data is used responsibly? How do we protect against discrimination, commercial misuse, or stigmatisation? And how do we have meaningful conversations with communities — many of whom may already feel over-scrutinised or distrusted by systems of authority?

The future of genomic medicine will not just be written in labs, but in dialogue with our citizens.

ARTIFICIAL INTELLIGENCE AND DECISION-MAKING

No conversation about the future of health would be complete without mentioning artificial intelligence (AI). Already being used in diagnostic imaging, predictive analytics, and administrative systems, AI offers incredible potential to make health systems faster, smarter, and more efficient.

Imagine AI tools that can forecast outbreaks of infectious disease based on social media trends, school absences, or wastewater data. Or virtual assistants trained to help residents navigate health services, explain vaccine information in multiple languages, or support people living with dementia in their own homes.

In Leicester, where language, literacy and cultural barriers can sometimes create obstacles to care, AI could help remove friction points — if designed with care, compassion and community input.

But we must also be honest about the risks. Poorly trained algorithms can perpetuate bias. Over-reliance on automation can erode human relationships. And the digital divide remains a real barrier for many in our city. Let us not forget: the best public health practitioners are still the ones who listen, empathise, and connect — not just compute.

The greatest promise of AI lies in what it can enable humans to do better — not in replacing them altogether.

TECHNOLOGY ALONE IS NOT ENOUGH

While the future is digital, we cannot allow it to become disembodied. The social determinants of health — housing, income, education, environment — remain the most powerful predictors of how long and how well we live. The greatest gains in public health over the last 200 years came not from apps or algorithms, but from clean water, decent homes, better working conditions, and universal education.

In Leicester today, we still see how poor housing fuels fuel poverty, how unemployment limits access to good food, and how insecure immigration status drives mental health problems. The city's public health future must not just be wired into servers — it must be grounded in streets, schools, homes, and workplaces.

The challenge is to weave technology into this fabric, rather than treating it as a separate thread.

That means:

- **Building healthy neighbourhoods**, with walkable spaces, clean air, green areas, and community hubs.
- **Creating fair work and lifelong learning opportunities**, especially for young people and new arrivals.
- **Ensuring energy-efficient housing**, reducing fuel poverty and protecting against extreme weather.
- **Designing inclusive services**, that meet the needs of all residents, not just the digitally confident.

If we don't invest in these fundamentals, the health gap will widen — even as the tech gets smarter.

EQUITY BY DESIGN

Every innovation must be tested against a simple question: will this reduce health inequality, or exacerbate it?

A city as diverse as Leicester — with its young, multi-ethnic, multilingual, multi-faith population — needs future health systems that are designed for inclusion from day one. That means ensuring new technologies reflect our communities in the data they use, the languages they speak, and the cultures they recognise.

We must resist the lure of "one size fits all" models, and instead embrace pluralism, participation, and co-design. Our experience with Vaccine Champions, Community Wellbeing Champions, and outreach teams during Covid-19 and the measles outbreak shows what is possible when people are empowered to lead from within their communities. The future must build on these foundations.

A CITY PREPARED FOR THE UNEXPECTED

If recent years have taught us anything, it is to expect the unexpected. Pandemics. Cost of living crises. Environmental emergencies. Technological disruptions.

A resilient public health system must be agile, collaborative, and alert. It must use data intelligently, while protecting privacy. It must nurture its workforce, while embracing innovation. And it must listen — to science, to communities, to lived experience.

Leicester has all the ingredients to be a leading city in this next phase of public health: a rich history of radical thinking, a diverse and vibrant population, and a public health team with deep roots and wide vision.

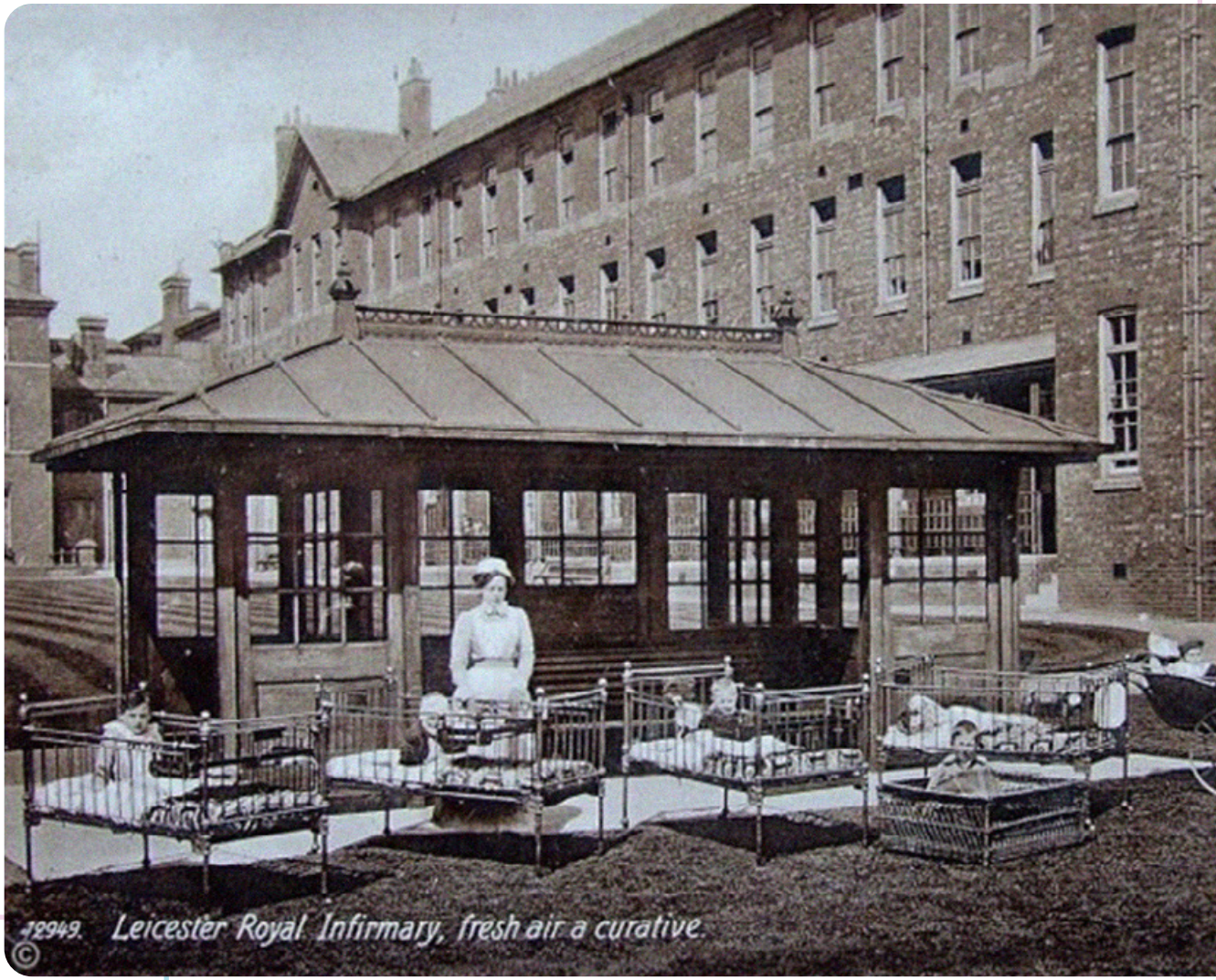
A FINAL THOUGHT...

In 1895, Leicester's Medical Officer of Health, Dr Joseph Priestly, resigned amidst fierce public debate about vaccination. In 2025, I write this report in the shadow of those same tensions — updated for our time, but familiar nonetheless.

It seems likely that whoever writes the future reports will face challenges we can scarcely imagine today. By 2050 will Leicester have eradicated TB? Will life expectancy gaps finally have closed? Will every child grow up in a warm home, with access to green space, good food, and a hopeful future?

Will the next Director of Public Health even be a human? Perhaps an AI Agent will sit in this very seat, calibrated to optimal empathy, programmed to quote historical data and respond in perfect Leicester dialect.

Let's just hope they remember to say please and thank you![39]



Leicester Royal Infirmary Children's Ward 1907

[39] This chapter 'The Future of Public Health in Leicester' was written by ChatGPT4. I loaded the annual report to date with the instruction "Please write a final chapter for this annual report entitled 'the future of public health in Leicester'. Write around 1500 words in UK spelling. Reflect on the main elements of the report so far, but also focus on the potential for future technological advances including personalised care, genomic medicine and the use of AI. However also reflect on the need to continue to create healthy environments with decent housing, good jobs and reduced inequalities. You can joke at the end that the future DPH may well be an AI Agent". It took around 9 seconds.

Rob Howard | Director of Public Health

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Leicester
City Council

Appendix H

NHS TRANSFORAMTION UPDATE

Health and Wellbeing Board

Date of meeting: 25th September 2025

Useful information

- Ward(s) affected: City-wide
- Report authors: Pete Burnett, Chief Strategy Officer LLR ICB
- Author contact details: peter.burnett4@nhs.net, 07841 515 180
- Report version number: V1

1. Summary

1.1. The purpose of this report is to provide an update on the national reform of the NHS operating model across England which will involve the integration of the Department of Health and Social Care and NHS England, and a changed role for ICBs.

2. Recommended actions / decision

Scrutiny Commission is asked to note:

2.1. . No decision expected, paper is for information

3. Item

3.1. Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. ICBs replaced clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022. There are 42 ICBs in England.

3.2. The Leicester, Leicestershire and Rutland ICB replaced the Leicester City, East Leicestershire and Rutland and West Leicestershire clinical commissioning groups. The ICB manages the budget for the provision of NHS services in LLR.

3.3. The ICB is part of the integrated care system (ICS) with partners in LLR
Proposed changes to Integrated Care Board (ICB) functions and geography are being discussed as part of a wider NHS reform programme, to reduce management costs and focus more money on the front line.

3.4. All ICBs in England are being asked to significantly reduce running costs and shift to a more strategic role with different responsibilities for them and other parts of the health and care system.

3.5. This involves some ICBs working more closely with other ICBs in a 'cluster.' 'Clustering' means that, although individual ICBs will continue to exist, they will work as one – with a single Board, leadership team and staffing structure.

3.6. NHS England and government ministers approved a new 'cluster' for Leicester, Leicestershire and Rutland ICB and Northamptonshire ICB. This would be one of 26

clusters across England. https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area/more-about-each-integrated-care-system/

3.7 Further details regarding the cluster are set out in the appendix to this report.

3.8 The NHS has set out the changes in the 10 Year Health Plan for England: fit for the future - GOV.UK and specifically for ICBs in the 'model ICB' paper.

https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

https://www.england.nhs.uk/long-read/update-on-the-draft-model-icb-blueprint-and-progress-on-the-future-nhs-operating-model/

Leicester, Leicestershire and Rutland

NHS Transformation – Leicester, Leicestershire & Rutland and Northamptonshire Clustering 2025/26

Leicester Health and Wellbeing Board 25/09/2025

Appendix H

Draft v1.2 / 15 Aug 2025

NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:
Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Background

Changes to the NHS nationally announced earlier this year involve the integration of NHS England and the Department for Health and Social Care.

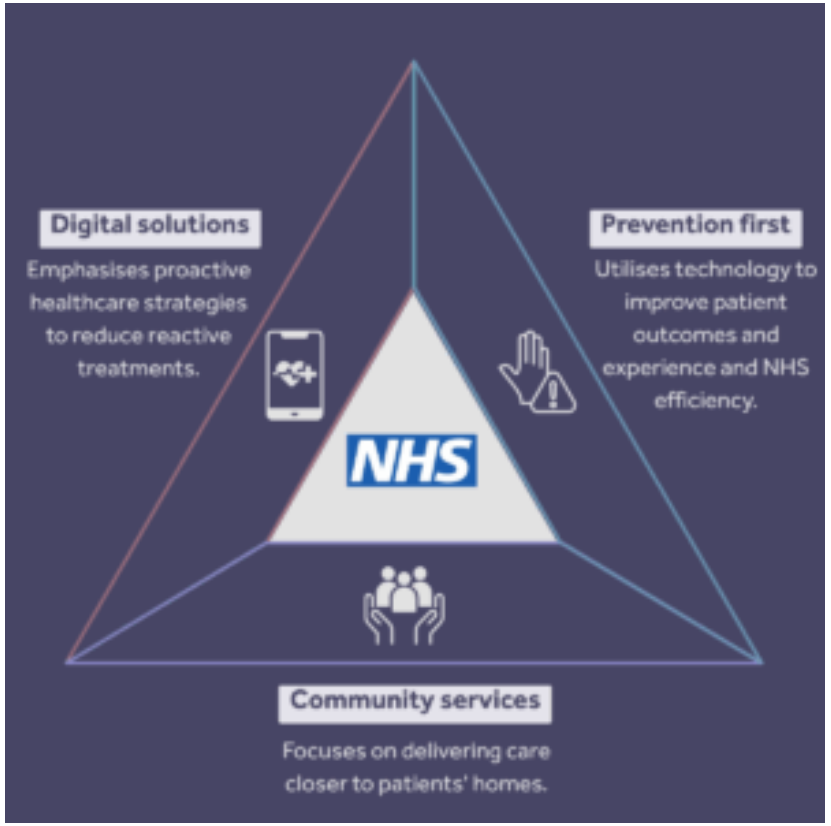
The aim is for a leaner, simpler NHS with clear roles, accountability and focus on prevention.

The plan sets out a vision to guarantee the NHS will be there for all who need it for generations to come – shaped by public, patients and partners and health and care workforce.

As part of these plans Integrated Care Boards (ICB) functions and geography are to change with the aims of:

- reducing management costs
- focussing more money on the front-line

All ICBs are being asked to significantly reduce running costs, assume different responsibilities and focus more on their role as a ‘strategic commissioner’



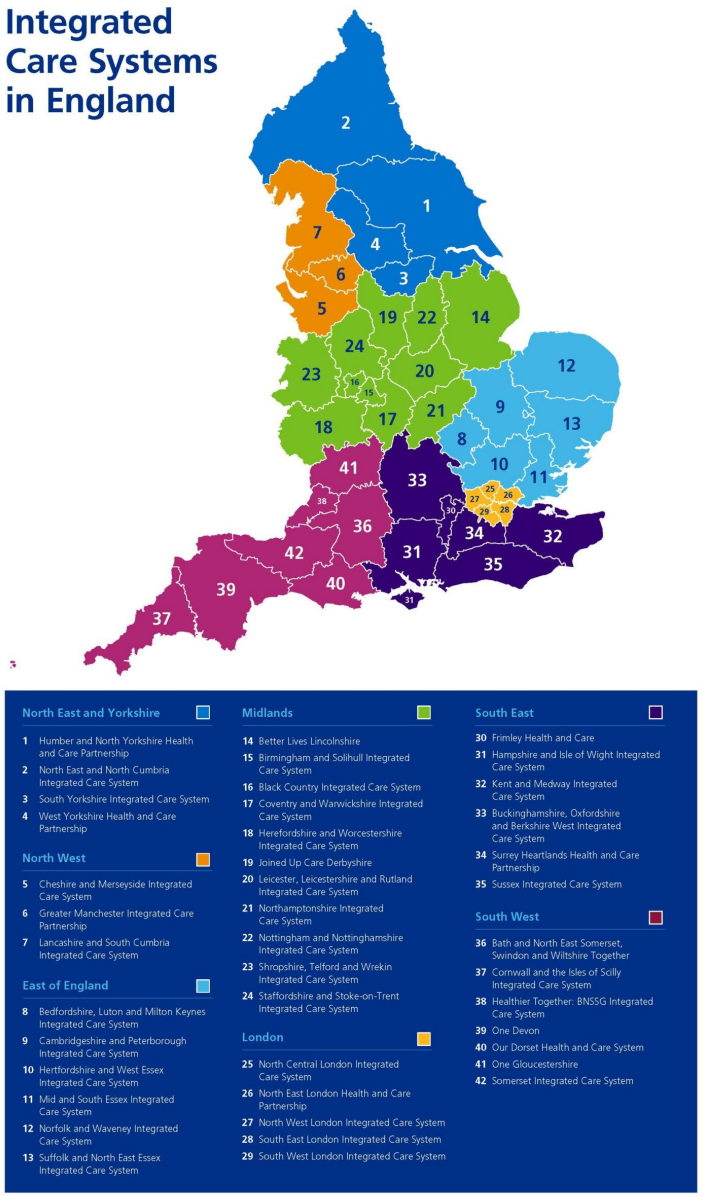
National context

NHS Clustering Across England

- As part of a national plan a number of ICBs will working together as clusters. There will be 26 of these across the country.

- NHS England and government ministers have approved our new cluster which covers Leicester, Leicestershire and Rutland (LLR) and Northamptonshire

- National confirmation of clusters



What clustering means

LLR and Northamptonshire ICBs remain separate statutory bodies

Working in partnership

However over time they we will work as one cluster with

- Single Board Governance
- Unified Leadership Team
- Shared staffing structure

NHS
Leicester, Leicestershire and Rutland

NHS
Northamptonshire
Integrated Care Board

Building a transformational cluster between NICB and LLR ICBs provides us the opportunity to drive forward the Ten-year-Plan within our communities and neighbourhoods, continue to improve health outcomes, while at the same time rise to the very real financial challenges we face.

We are still at the early stages of building this cluster and there are still many details yet to be finalised including how individual functions - such as CHC, Safeguarding and SEND to name but a few - will operate within it.

Leadership and Transition



Toby Sanders – Interim Chief Executive for LLR ICB and permanent Chief Executive for Northamptonshire ICB



Paula Clark– Interim Chair across both ICBs from 1 July

Permanent leadership roles are pending national approval

These roles are central to shaping our future operating model, providing continuity and stability during this period of change. We are now developing our structure and implementation plan, aligned with the national Model ICB Blueprint that was published in May.

Model ICB Blueprint

- The Blueprint outlines the core roles and functions that ICBs will be responsible for with a significantly reduced running costs budget – a 33% reduction for NHS LLR and 29% for NHS Northamptonshire.
- National work is also underway to clarify how the new NHS operating model will function, and more details are expected to follow.



Implications for patients and partners

PATIENTS

- Our focus remains on the health and wellbeing of our population
- Our priority is to continue to provide high quality care and reducing waits whether that is waits for:
  - Surgery
  - An ambulance
  - In an emergency department
  - Being discharged from hospital

PARTNERS

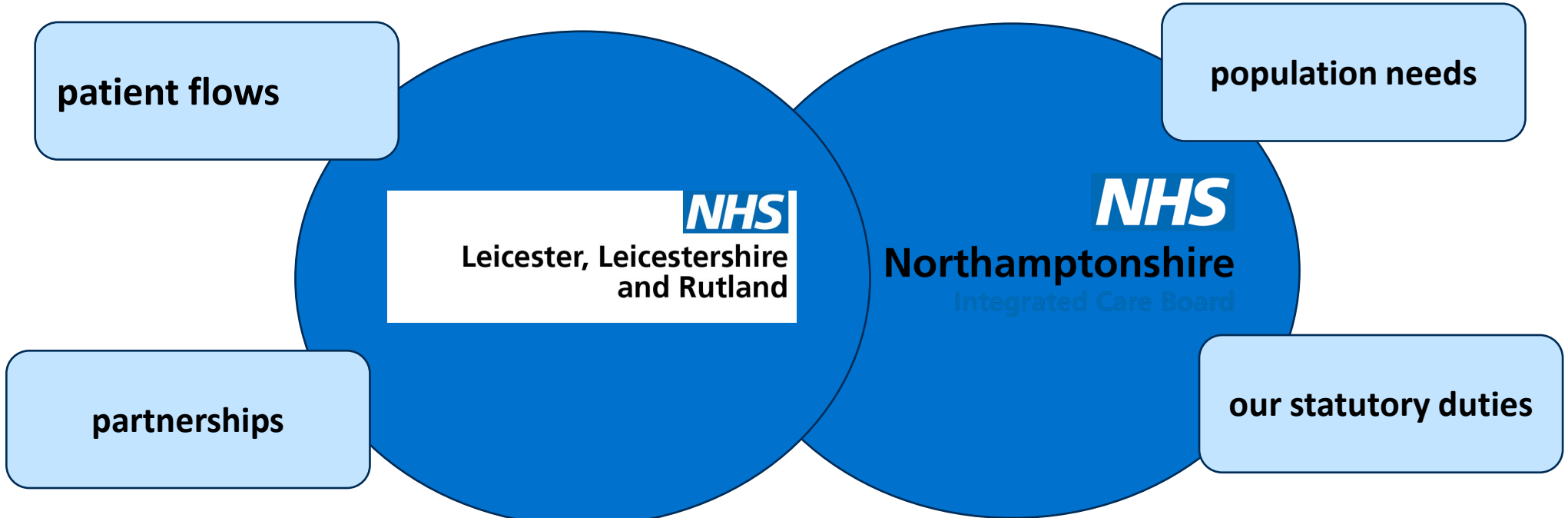
We will continue to work with:

- Local Authorities
- Voluntary Organisations
- Community leaders

This work will continue to make sure that services are designed and delivered around the needs of our communities – especially those who are most vulnerable or face health inequalities

Cluster design

- Designing a new cluster for LLR and Northamptonshire will need to meet population needs while reducing running costs
- Functions of the ICB are under review – what to keep, grow, reduce, transfer or stop
- Underlying all of the decisions are:



Next steps

- Cluster design work will continue and we will work with partners and share updates

Our overall priority is to service the populations in Leicester, Leicestershire and Rutland and Northamptonshire in the best possible way, working closely with and remaining accountable to all local health and care partners.

Useful links to find out more about the changes

10 year plan

Easy Read version of the plan

Video explaining the **vision**

Kings Fund **– CEO comment**

QUESTIONS

healthwatch
Leicester and
Leicestershire





Annual Report 2024–2025

Unlocking the power of people-driven care

Healthwatch Leicester
and Leicestershire

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"The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide. Local people's experiences help us understand where we – and decision makers – must focus and highlight issues that might otherwise go unnoticed. We can then make recommendations that will change care for the better, both locally and across the nation."

Louise Ansari, Chief Executive, Healthwatch England

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A message from our Chair

I am pleased to present this year's report, which highlights the work Healthwatch Leicester and Leicestershire has undertaken to champion the voices of local people and influence improvements across health and social care services.

Over the past year, we have heard from across our region from Leicester's inner-city neighbourhoods to rural communities. The Healthwatch team including the Healthwatch Advisory Board has shared these insights at meetings we attend with commissioners and service providers to help improve outcomes and provision for the population.

Among the most common issues raised were access to GP services, patients reporting difficulty in accessing same day appointments, concerns with the digital triage systems and the growing frustration with continuity of care for long term conditions.

Access to NHS dental care also continues to be a concern. We received numerous reports of people struggling to register with an NHS dentist. Long wait times for treatment which means residents are having to manage dental pain at home.

Our visit to the Children's Emergency Department (ED) highlighted the challenges with navigating the department, unclear waiting processes and difficulties for children with additional needs. Our input contributed to ongoing plans to make the Children's ED more welcoming, responsive and supportive for young patients and their families.

In March, we held our conference where we were able to share our insights and involve the public in shaping our priorities for the coming year. We heard loud and clear from local people and stakeholders about the issues that matter most to them. Many pointed to GP access, social care and mental health as areas where we need to focus our efforts.

I would like to take this opportunity to thank everyone who has engaged with us over the past year, shared their experiences and those who have acted on our feedback to make a difference. A special thank you to our volunteers, our board members and our staff.



"Looking ahead, the NHS landscape is undergoing significant changes. Healthwatch will continue to play a vital role in this transformation, working closely with all partners to ensure that these changes lead to real improvements for the people of Leicester and Leicestershire."

Harsha Kotecha, Chair, Healthwatch Leicester and Leicestershire

About us

Healthwatch Leicester and Leicestershire is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and care better.



Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

We've supported more than 19693 people to have their say and get information about their care. We currently employ 7 staff and, our work is supported by 29 volunteers.

Reaching out:



10434 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

9259 people came to us for clear advice and information on topics such as **making a complaint about the care they received at the hospital** and **accessing dental care.**

Championing your voice:



We published 24 reports about the improvements people would like to see in health and social care services.

Our most popular report was **Leicester Royal Infirmary - Children's Emergency Department** highlighting people's experiences in **accessing urgent care.**

Statutory funding:



We're funded by Leicester City Council and Leicestershire County Council. In 2024/25 we received **£299,428** which is the same as last year.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Leicester and Leicestershire. Here are a few highlights.

Spring

We helped with research about NHS eye care waits, making sure South Asian and Black people's experiences were heard to help improve services and reduce unfair gaps.



Our "Living with Dementia" report informed the LLR Dementia Strategy 2024–29, ensuring lived experience is reflected in future dementia support and planning.



Summer

Our insight report shared voices from ethnic communities, informing culturally sensitive health planning and widening representation in service feedback.



We responded to feedback on the lengthy waits for children and young people mental health referrals by visiting CAMHS - The Beacon Unit.



Autumn

We engaged workers at three major employers on World Mental Health Day; their experiences are shaping workplace wellbeing conversations.



We delivered a workshop to the VCSE sector on GP services and patient feedback to discuss ways to improve access for communities.



Winter

Engaged with families in temporary housing sharing insights for the council to shape the future strategy in temporary accommodation.



We shared people's views on suicide prevention and mental health, helping shape a report for the local council and influence priorities to improve local mental health support.



Working together for change

We've worked with neighbouring Healthwatch to ensure people's experiences of care in Leicester and Leicestershire are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at Leicester, Leicestershire and Rutland (LLR) Integrated Care Board.

We work closely with Healthwatch Rutland where we feel that the patient voice from across LLR can help drive change. We collaborate on work plans, conduct Enter & View visits to services and meet regularly with the health and care service providers and each other. This year we've worked together to achieve:

Children's Mental Health Services



Following our visit to the Child and Adolescent Mental Health Services (CAMHS) - The Beacon Unit, key concerns around food quality, staffing consistency and underused spaces were highlighted. As a result, Leicestershire Partnership NHS Trust acknowledged the report, committed to its accuracy and began implementing improvements. These include reviewing food provision, increasing staff recruitment and exploring better use of classrooms during holidays.

Spotlight on NHS dental access



In April, we presented to the federation of Leicestershire and Rutland Women's Institutes on the National Dental Recovery Plan, clarifying its anticipated impact on residents. Attendees highlighted confusion around key elements, reinforcing the need for clearer communication. This session strengthened our ongoing work to represent patients' voices and continued the spotlight on challenges LLR residents face accessing NHS dentistry.

Improving access to care



Our joint Enter and View work has highlighted that people often use emergency departments because they can't access urgent care in the community. Our ongoing work has helped shape the new pre-hospital model of care, aiming to improve access and reduce pressure on hospitals. Our insights ensure patient experiences shape better, more responsive local health services.

Making a difference in the community

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.

Here are some examples of our work in Leicester and Leicestershire this year:

Listening to families to drive change



Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.

We spoke with families living in temporary accommodation in Leicester. By visiting nine hotels and running surveys, we heard about poor living conditions, daily struggles and difficulties accessing local services. We shared what we found with Leicester City Council, helping to shape future plans at their Families in Temporary Accommodation Summit. Their voices have led to real improvements in care and support.

Getting services to involve the public



By involving local people, services help improve care for everyone.

We engaged with 30 Bangladeshi men and women to hear their experiences of local services. Recognising the need for further conversation, we arranged a follow-up session focused on men's mental health, supported by the Leicestershire Partnership NHS Trust Neighbourhood Team. This enabled Bangladeshi men to learn about local support and build direct links with professionals. As a result, the community feels more informed and confident that their voices are being heard.

Improving care over time



Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.

Our volunteers shared local people's views at ICS strategy groups and workshops. We worked with councils, the NHS and voluntary groups and carried out Enter & View visits to make sure services reflect people's needs. This year, we gave feedback on children and young people's mental health, eye care, gynaecology and LGBTQ+ experiences. Our input has helped shape more inclusive and responsive care.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've spoken to people across the city and county in many different ways - by visiting community groups, places of worship, local events, community centres, shops, support groups, and by talking to people on the street. We also gathered feedback through in-person and online surveys. Our diverse communities have shared a rich set of experiences and stories with us. We used what they told us to inform health and care leaders and help improve local services.



Listening to your experiences

From feedback to action: Listening to communities to improve care

Last year, we spoke to hundreds of local people to hear what really matters to them about health and care. Here's what they told us and what changed.

What did we do?

Between October 2024 and March 2025, we hosted 18 'Speak Up' events across Leicester and the seven boroughs and districts of Leicestershire. These events were designed to meet people where they are whether in community centres, local halls or high streets and to create safe, welcoming spaces for honest conversations.

Key things we heard:



83% **of the feedback we collected on GP services were negative about access and same day appointments.**

71% **of people that spoke about dentists, shared the difficulty in accessing one, including waiting times and high costs.**

22% **of people stated that the changes they want most to mental health services is an improvement in the quality of treatment and care.**

Our Speak Up events didn't just gather feedback, they led to action.

NHS teams began attending to hear concerns directly, with the Leicestershire Partnership NHS Trust offering support at our men's mental health event in Highfields. In Stoney Stanton, a resident was signposted to services on the spot. MPs, including Luke Evans and Shockat Adam, heard issues first-hand, raising awareness and strengthening local partnerships. We also built stronger ties with groups like Jamila's Legacy and Euro-Bangla and the Greater Sylhet Development and Welfare Council to better reach underrepresented communities and overcome language barriers.

What difference did this make?

The feedback we gathered is now shaping our priorities and influencing decisions across the health and care system - particularly around improving communication, access and support that reflects the diverse needs of our communities.

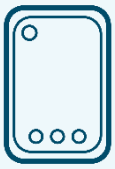
Listening to your experiences

How patient voices are shaping better care at Leicester Royal Infirmary's Children's Emergency Department

Families shared their experiences of emergency care – helping to drive real improvements for children and carers.

In August 2024, we visited the Children's Emergency Department (ED) at Leicester Royal Infirmary to understand patient experiences as part of a wider review of urgent care. Our trained team observed the environment, spoke with families and staff, and gathered feedback in person and online.

Key things we heard:



87% **of people rated communication as good or very good, praising staff for being caring and helpful..**

89% **of families said they were not informed about waiting times, highlighting a key area for improvement.**

100% **of people in the ED were satisfied with the care their child received.**



> "The overall process was good, [my child] was seen very quickly as they had a breathing issue. All staff were friendly and listened really well."

Thanks to the voices of children and families, real changes are under way to make the Children's ED a more supportive and responsive place for every child and carer who walks through its doors.

What difference did this make?

The feedback led to a detailed action plan by University Hospitals of Leicester NHS Trust (UHL). Improvements include clearer communication on waiting times via updated screens, better signage, restocking of PPE and water stations and plans for a dedicated private space for sensitive conversations. Broken toys are being repaired and staff are being supported to enhance the patient experience during busy periods.

Hearing from all communities

We're here for all residents of Leicester and Leicestershire. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Reaching people across Loughborough, Oadby, Hinckley, Coalville and Shepshed to hear concerns about GP, dentist and mental health service access.
- Engaging with underrepresented groups at cultural and faith-based events, including Eid celebrations, Refugee Week and the East Park Gurdwara.
- Collecting feedback from families, carers and older adults at SEND roadshows, dementia groups and local cafés about delays and lack of support.
- Listening to over 200 people at festivals and fairs in Ashby, Syston and Hinckley about long GP wait times and poor communication.
- Capturing workplace views during World Mental Health Week, highlighting shift work challenges, women's health concerns and service accessibility.
- Sharing community feedback with NHS leaders and the Integrated Care System to influence priorities around mental health, GP access and health inequalities.



Hearing from all communities

Improving access and communication at The Heron GP – St Matthews Branch

Listening to patient frustrations to shape practical solutions

People told us they were struggling to get through to the practice by phone and found the online booking system difficult to navigate. 76% of patients said it was “difficult” or “very difficult” to get through on the phone, with over half waiting more than an hour.

We shared patient feedback directly with the practice and recommended improvements such as clearer instructions for online booking, better communication about appointment types and introducing a telephone call-back system.

What difference did this make?

The practice welcomed our findings and committed to several improvements. They are now exploring a telephone call-back system and looking at how to simplify online booking with patient-friendly guides. They also agreed to display their opening hours more clearly and improve staff training around communication.

Improving hospital experiences for people with learning disabilities

Listening to patients and carers at Leicester Royal Infirmary (LRI)

To understand peoples experiences, we visited several wards at LRI and people with learning disabilities and their carers told us that while some aspects of their hospital experience were positive, such as accessible signage and supportive staff, there were still significant challenges. These included poor communication, lack of awareness about care bags, limited overnight stay options for carers, and a need for more meaningful activities during hospital stays.

What difference did this make?

The Trust welcomed our recommendations and committed to including them in their Learning Disability Action Plan. The Trust acknowledged the need to better support carers and ensure staff are not relying on them for essential care. They agreed to review how care bags are used and to improve staff training and awareness.

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year 464 people have reached out to us for advice, support or help finding services.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services



Information and signposting

Patient transport from villages to hospital

We were contacted by a resident in a remote village in the district of Harborough. They had to attend regular appointments with their partner at the Leicester Royal Infirmary hospital and had been finding it difficult and expensive to travel into the city for these appointments. They contacted us to ask if we knew of any services that could help them.

We signposted the person to various different transport options, including Non-Emergency Patient Transport Services (NEPTS), Voluntary Action South Leicestershire (VASL) and Age UK. We also suggested using the Joy App to find any other services.

> "Many thanks for this useful information. I have joined VASL and they have arranged transport for me. Thank you so much it has made my life easier."

Improving GP care for people with autism

This person felt he had been denied the care he needed whilst in prison and wrote to us in desperate need of help and reassurance.

Throughout the year we had been receiving letters from a service user in prison. He had been struggling with the healthcare system; accessing the care he needs for his long-term condition had become difficult and he worried about what continuity of care he could receive following his release back into the community.

Over the year we have provided him with information on NHS services, like the Reconnect Programme, which is intended to help individuals with health conditions reintegrate into society. We also signposted him to organisations and services that he can access following his release. In November he wrote to us with gratitude, stating that he wouldn't have known about these services without our assistance.

> "Thank you for all the support given, which has all proved particularly helpful."

Showcasing volunteer impact

Our fantastic volunteers have given 1443 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Visited communities to promote our work
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve
- Participated in training sessions and workshops to enhance their knowledge of health and care services
- Youthwatch members volunteered at events, raising issues young people often find hard to talk about.



Showcasing volunteer impact

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

"The best part is that I get to hear from the people themselves what they are facing, giving them a chance to express their personal experiences and be the person who listens. I feel like we are a group that gives back to the community and helps make a change. I enjoy meeting other community-based organisations at the health events that I attend which helps me direct people to them if needed.

Through my role with the Events and Engagement team, I have gained experience with building rapport; knowledge of the facilities that are available to the public; enhanced my interpersonal skills and much more."



Muneera

"I have been a volunteer on the Advisory Board for almost a year. I joined Healthwatch as in my working life until retirement I supported quality improvement in the NHS and was passionate about the desired outcomes being based on what patients say they need as well as professional assessment of need.

I knew that Healthwatch was trusted by Health, Social care and commissioning organisations as a fair and independent voice that could state what people actually think about services being delivered.

I believe that my input, via Healthwatch can really make a difference to people's experience and to reducing health inequalities."



Mandie

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

www.healthwatchll.com

0116 257 4999

enquiries@healthwatchll.com

Finance and future priorities

We receive funding from Leicester City Council and Leicestershire County Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£299,428	Expenditure on pay	£223,387.71
Additional income	£2,400	Non-pay expenditure	£19,982.69
		Office and management fee	£56,057.60
Total income	**£301,828**	**Total Expenditure**	**£299,428**

Additional income is broken down into:

- £1,150 received from Healthwatch England for work on a project.
- £1,000 received from Healthwatch England for work on a project.
- £250 funding received from a local community enterprise.

Finance and future priorities

Next steps:

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. **GP Access**
   Getting a GP appointment remains the number one issue for local people. We'll keep listening to communities to understand their experiences of booking, getting advice and accessing care. We'll share this feedback with the Integrated Care Board (ICB) to help improve communication, signposting and access to services.

2. **Mental Health**
   Mental health remains a key concern for both adults and young people. We'll listen to people's stories about what's working and what isn't—especially in underrepresented communities. These insights will be shared with providers and commissioners to help shape better support across the system.

3. **Adult Social Care**
   We'll engage with people who use care services and their families to understand what's working and what needs to change. Their feedback will help shape better care and support from local councils and providers.

Statutory statements

Voluntary Action LeicesterShire (VAL) is the contract holder for Healthwatch Leicester and Leicestershire. Our offices are based at: 9 Newarke Street, Leicester, LE1 5SN

Healthwatch Leicester and Leicestershire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of five dedicated volunteer members who provide strategic direction, oversight, and scrutiny of our work. The Board ensures our priorities reflect the concerns and experiences of our diverse communities.

Throughout 2024/25, the Board met six times and made key decisions on matters including severe mental health and social isolation, children and young people's services and setting organisational priorities. They also approved the delivery of our annual conference, signed off Enter and View reports to improve service quality and supported commissioned work to explore access to GP care for transgender, non-binary and gender-diverse people.

Wider public involvement is central to how we set our priorities. Through Speak Up events across the city and county, our annual conference and a dedicated priority-setting survey, we invited people to share what matters most to them. This feedback, alongside ongoing public input throughout the year, shaped our focus and informed the development of our future work plan.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, attended meetings of community groups and forums and ran our own public events.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website www.healthwatchll.com and share it with relevant committees.

Statutory statements

Responses to recommendations

We had no providers who did not respond to requests for information or reviews or investigations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting recommendations.

Taking people's experiences to decision-makers

In our local authority area, for example, we take information to Leicester Health and Wellbeing Board and the Leicestershire Health and Wellbeing Board.

We also take insight and experiences to decision-makers in the Leicester, Leicestershire and Rutland Integrated Care System. We do this by regular attendance at the Integrated Care Board, the Health and Care Partnership, System Engagement group, the Health Overview and Scrutiny Committees, quarterly meetings with local Trusts and design groups.

We collaborate with colleagues at Healthwatch Rutland to ensure that between us, Healthwatch is present at all major system decision making forums. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Leicester and Leicestershire is represented on the Leicester Health and Wellbeing Board by Harsha Kotecha, Chair and Leicestershire Health and Wellbeing Board by Fiona Barber, Vice Chair.

During 2024/25, our representatives regularly attended Health and Wellbeing Board meetings, actively contributing to discussions and presenting public feedback. This helped ensure that community voices were reflected in key strategies, including the LLR Joint Living with Dementia Strategy and the Suicide Prevention Strategy.

Healthwatch Leicester and Leicestershire is represented on the Leicester, Leicestershire and Rutland Integrated Care Board by Harsha Kotecha, Chair.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – The Heron GP St Matthews Branch	Patients raised concerns about online appointments, communications and language barriers between staff and patients.	Wrote a report with recommendations – the service implementing to improve patient experience.
GP Practice – Central Surgery	Patients shared experiences about being unable to access appointments.	Wrote a report with recommendations.
GP Practice - Maples Family Medical Practice	Patients shared experiences about Mental Health support.	Wrote a report with recommendations - the service to establish a more proactive follow-up process to enhance continuity of care.
GP Practice - Saffron Health Practice	Patient shared the difficulty in accessing appointments.	Wrote a report with recommendations - the service to review their appointment system to ensure it meets patient needs.
GP Practice - The Charnwood Practice	Patients spoke positively about the practice, some patients voiced concerns with the prescription service.	Wrote a report with recommendations
GP Practice - Humberstone Medical Centre	Patients shared the difficulty in accessing appointments.	Wrote a report with recommendations
GP Practice - Hockley Farm Medical Practice	Patients shared issues about miscommunication between doctors and patients.	Wrote a report with recommendations

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice – Jubilee Medical Practice	Difficulty getting appointments and the new online booking system difficult to navigate to make appointments.	Wrote a report with recommendations – the service has implemented in-person sessions to help patients understand and navigate the new online booking system with additional plans to have these sessions throughout the year, this has had a positive impact.
GP Practice – Northfield Medical Centre	Patients shared concerns about getting same day appointments.	Wrote a report with recommendations – the service implemented several measures to improve the process for same day appointments.
Care Home – The Meadows Care Home	Experiences shared about the care home	Wrote a report highlighting the good practice observed during the visit.
Care Home – Clarendon Mews Care Home	Experiences shared about the care home	Wrote a report with recommendations – the service has taken action to ensure resident safety.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
Care Home – Orchard Manor View	Feedback from colleagues in the Adult Social Care team.	Wrote a report highlighting the good practice observed during the visit.
Care Home – Silver Birches	Feedback from colleagues in the Adult Social Care team.	Wrote a report with recommendations.
Service - CAMHS - The Beacon	Experiences shared about long wait times.	Wrote a report with recommendations.
Service - Leicester Royal Infirmary Children's Emergency Department	As part of a rolling programme of urgent and emergency care visits.	Wrote a report with recommendations – the service provider has implemented an action plan to address the recommendations.
Gynaecology services - gynaecology emergency ward (ward 8) at Leicester Royal Infirmary	Requested by hospital services to gain an independent report to focus and concentrate on the themes that emerge during the visit.	Wrote a report with recommendations - the service looking at ways to refresh the environment.
Gynaecology services - Maternity Entrance at Leicester General Hospital	Requested by hospital services to gain an independent report to focus and concentrate on the themes that emerge during the visit.	Wrote a report with recommendations - the service looking at ways to refresh the environment.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
Services - Learning Disability (LD) - Inpatient ward at Leicester Royal Infirmary	Requested by hospital services to gain an independent report on the experiences of patients with learning disabilities using hospital services.	Wrote a report with recommendations – the service provider will be implementing the recommendations as part of the overall LD action plan.
Services – Ophthalmology – Eye Clinic at Leicester Royal Infirmary	Feedback shared about long wait times at the clinic which differ from the appointment time given on the letter. Information on what would happen on the day is not well informed on letters.	Wrote a report with recommendations.

healthwatch

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