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# LEICESTER CITY HEALTH AND WELLBEING BOARD

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Date: THURSDAY, 5 JUNE 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:**

This meeting will be webcast live at the following link:-

<http://www.leicester.public-i.tv>

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

<http://www.leicester.public-i.tv/core/portal/webcasts>



## **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

# Information for members of the public

## Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at [www.cabinet.leicester.gov.uk](http://www.cabinet.leicester.gov.uk), or by contacting us using the details below.

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Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this, please contact the Governance Services Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Governance Services Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at [www.leicester.gov.uk](http://www.leicester.gov.uk) or from Governance Services.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Governance Services Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ 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 Kirsty Wootton, Governance Services Officer, [Kirsty.Wootton@leicester.gov.uk](mailto:Kirsty.Wootton@leicester.gov.uk).

For Press Enquiries - please phone the Communications Unit on 0116 454 4151

# **PUBLIC SESSION**

## **AGENDA**

### **FIRE/EMERGENCY EVACUATION**

**If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to area outside the Ramada Encore Hotel on Charles Street as directed by Governance Services staff. Further instructions will then be given.**

#### **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. MEMBERSHIP OF THE BOARD**

Members are asked to note the membership of the Board for 2025/26, approved by Annual Council on 15 May 2025:

##### **City Councillors (5 places)**

- Councillor Vi Dempster, Assistant City Mayor, Health, Culture, Libraries and Community Centres (Chair)
- Councillor Elaine Pantling, Assistant City Mayor, Children and Young People
- Councillor Geoff Whittle, Assistant City Mayor, Environment and Transport
- 2 Vacancies

##### **Council Officers (4 places)**

- Laurence Jones, Strategic Director of Social Care and Education
- Rob Howard, Director of Public Health
- Dr Katherine Packham, Public Health Consultant
- Vacancy

##### **NHS Representatives (7 places)**

- Caroline Trevithick, Chief Executive, Leicester, Leicestershire and Rutland Integrated Care Board
- Rachna Vyas, Chief Operating Officer, Leicester, Leicestershire and Rutland Integrated Care Board



- Dr Avi Prasad, Clinical Place Leader, Leicester, Leicestershire and Rutland Integrated Care Board
- Helen Mather - Associate Director of Elective Care, Cancer and Diagnostics, Leicester, Leicestershire and Rutland Integrated Care Board
- Ruw Abeyratne, Director of Health Equality and Inclusion, University Hospitals of Leicester NHS Trust
- Jean Knight, Deputy Chief Executive, Leicestershire Partnership NHS Trust
- 1 Vacancy

#### **Healthwatch / Other Representatives (8 places)**

- Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire
- Rupert Matthews, Police and Crime Commissioner, Leicester, Leicestershire and Rutland
- Barney Thorne, Mental Health Partnership Manager, Leicestershire Police
- Benjamin Bee, Area Manager Community Risk, Leicestershire Fire and Rescue Service
- Kevin Allen-Khimani, Chief Executive, Voluntary Action Leicester
- Kevin Routledge, Strategic Sports Alliance Group
- Sue Tilley, Head of the Leicester and Leicestershire Enterprise Partnership
- Bertha Ochieng, Professor of Integrated Health and Social Care at De Montfort University

#### **4. MINUTES OF THE PREVIOUS MEETING**

**Appendix A  
(Pages 1 - 18)**

The Minutes of the previous meeting of the Board held on 6<sup>th</sup> March 2025 are attached and the Board is asked to confirm them as a correct record.

#### **5. QUESTIONS FROM MEMBERS OF THE PUBLIC**

The Chair to invite questions from members of the public.

#### **6. BETTER CARE PLAN 25/26**

**Appendix B  
(Pages 19 - 120)**

The Director of Adult Social Care and Safeguarding submits the Better Care Plan 2025-2026 and requests for this to be endorsed by the Health and Wellbeing Board.

**7. HEALTH INEQUALITIES USING SOCIAL PRESCRIBING**

**Appendix C  
(Pages 121 - 150)**

The Digital and Transformation Lead for Leicester City South PCN submits a report on a population health management approach to addressing health inequalities using social prescribing:

- 3 Conversations
- Multimorbidity population support with understanding their medication
- Overview of project and its impact

**8. NURSING CARE STANDARDS**

**Appendix D  
(Pages 151 - 162)**

The Deputy Chief Nurse at University Hospitals Leicester has submitted a report providing an overview of current care standards. The report highlights the actions being taken to drive improvements and outlines the tools in place to support and assure quality of care.

**9. PHARMACEUTICAL NEEDS ASSESSMENT**

**Appendix E  
(Pages 163 - 332)**

The Senior Intelligence Manager, Leicester City Council submits an update to the Health and Wellbeing Board on the Pharmaceutical Needs Assessment.

**10. GAMBLING HARMS NEEDS ASSESSMENT**

**Appendix F  
(Pages 333 - 346)**

An overview of the Leicester City Gambling Harms Needs Assessment, outlining the health needs of the local population, the existing support services, and recommendations for further action to address identified needs

**11. BETTER CARE FUND**

**Appendix G  
(Pages 347 - 368)**

An update on the Quarter 3 data for the Better Care Fund.

**12. 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 25 September 2025 – 9.30am

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

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

**13. ANY OTHER URGENT BUSINESS**





Leicester  
City Council

# Appendix A

## Minutes of the Meeting of the HEALTH AND WELLBEING BOARD

Held: THURSDAY, 6 MARCH 2025 at 9:30 am

### **Present:**

Councillor Pantling (Chair)	– Assistant City Mayor, Health, Culture, Libraries and Community Centres, 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.
<b><u>In Attendance</u></b>	
Diana Humphries	– Public Health, Leicester City Council.
Kirsty Wootton	Governance Services, Leicester City Council

\* \* \* \* \*

## **109. APOLOGIES FOR ABSENCE**

Apologies were received from:

Benjamin Bee (Fire and Rescue),

Rachna Vyas (Integrated Care Board)

Harsha Kotecha (Healthwatch), Kash Bhayani substitute.

Jean Knight (Leicestershire Partnership Trust), Glyn Edwards substitute.

## **110. 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.

## **111. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

The Minutes of the previous meeting of the Board held on 19<sup>th</sup> December 2024 be confirmed as a correct record.

## **112. QUESTIONS FROM MEMBERS OF THE PUBLIC**

It was noted that none had been received.

## **113. PHARMACEUTICAL NEEDS ASSESSMENT**

The Consultant in Public Health presented the report and updated the board on the consultation for the draft suicide prevention strategy refresh for Leicester, Leicestershire and Rutland (LLR). It was noted that:

- Suicide affected many people and the ambition was to make the Strategy everybody's business, by empowering, educating and equipping individuals and organisations to support suicide awareness prevention.
- Leicestershire Police provided real time surveillance data for Leicester, Leicestershire and Rutland. The data was important to allow contact with the families of those affected by suicide.
- The suicide rate for all persons in Leicester was 11.1 per 100,000 population for the period 2021-2023. The rate was not significantly different to the national average suicide rate of 10.7 per 100,000.
- Year to year the rate of suicide was variable due to the size of the population.
- The national rate had been increasing since 2021 and Leicester's rates followed the same increase, based on economic difficulties people were experiencing in the city, which resonated with the Health and Wellbeing Strategy.
- There was a local strategy which was overseen by the Suicide Audit and Prevention Group and Leicester's local suicide prevention work benefited from the real time surveillance data provided.
- The unexpected deaths reported in 2023 were predominantly white males. There was a priority group for suicide prevention in white males. Ages 50-54 were the largest age group, although it tended to be across the board.

The National Suicide Prevention Strategy's ambitions were:

- Reduce the suicide rate over the next 5 years, with initial reductions observed within half this time or sooner.
- Continue to improve support for people who self-harm.
- Continue to improve support for people who have been bereaved by suicide.

Priorities in the National Suicide Prevention Strategy were:

- Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
- Providing effective crisis support across sectors for those who reach crisis point.
- Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
- Providing effective bereavement support to those affected by suicide.
- Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides

Risk factors and high-risk groups were noted as:

- Children and Young people
- Middle aged men
- Autistic people
- Pregnant women and new mothers

Other risk factors included:

- People who misuse alcohol and drugs
- Armed forces personnel and the veteran community
- Female nurses
- Financial instability and hardship, including unemployment
- Relationship breakdown
- Homelessness
- LGBTQ + people
- Domestic abuse
- Childhood abuse, sexual trauma, and combat-related trauma are all associated with increased suicide risk.
- Gypsy or Irish Travellers

#### **LLR Strategy Key Messages:**

- Suicide is everybody's business
- Suicides were not inevitable
- Suicide has a wide impact
- Some people are at higher risk of suicide
- Mental health is as important as physical health
- Early intervention is vital
- During the consultation for the strategy, staff members went out to gather views and comments from the public on the strategy and implemented the recommendations made from the consultation. There were also focus groups with people who had been affected by suicide.
- The writing and delivery of the draft LLR suicide prevention strategy had been overseen by a steering group, which also included people from statutory, voluntary and community sector organisations and people with lived experience.
- The key priorities included:
  - Enabling partners, including educational establishments, to use sound evidence and proven measures to target and support children and young people at risk of suicide.
  - Targeted support and resources at higher risk groups and locations, as identified by local and national data and evidence.
  - Improve our local understanding of self-harm and support people with a history of self-harm.
  - Providing effective bereavement support to those affected by suicide.
  - Leadership and working with partners and communities to support their role within suicide prevention.
- During the consultation 173 responses were received from people across the LLR. There were also 3 focus groups on top of the consultation.
- The feedback from the consultation was positive, with room for improvement.

#### **Positive Feedback:**

- Good priorities
- Looking forward to seeing change
- Important
- Comprehensive



- Evidence based
- Well written with an empathic tone
- Excellent key messages
- Easy to understand
- Co-ordinated response

Room for improvement:

- Need to be more ambitious
- Focus on wider determinants
- Gain more funding for projects
- Teach self-esteem and resilience
- Focus on male suicide
- Reduce barriers to accessing mental health support

The next step was to develop an action plan, which would come to a future board meeting and subsequently be updated on a yearly basis.

In response to questions and comments from members, it was noted that:

- A project had commenced called Mental Health Friendly Places, which would roll out accredited mental health training to any public facing businesses and organisations. The focus for 2025 was to work with businesses such as Hairdressers, Barbers and Tattoo Parlours.
- A new section had been launched alongside the Mental Health Friendly Places, called Mental Health Friendly Clubs. Its purpose was to help people to have confident conversations around mental health in local communities. To help them to reach those people who fly under the radar and don't reach out for support and to help people before they reach that point of crisis.
- Leicester had an amazing Voluntary, Community and Social Enterprise (VCSE) that helps support people with their mental health until they are able to reach those statutory services.
- Significant work had taken place that people may not have thought related to suicide prevention but did, such as priorities within prevention and a focus on health inequalities for those with serious mental and ill health who are suffering from social isolation.
- Another serious risk factor was gambling addictions. A health needs assessments was currently being completed on gambling and a strategy was being developed to reduce gambling harms. A meeting was due to take place with someone whose partner took their own life due to gambling to help understand how the strategy could be taken forward.
- Suicide is everyone's business, was a very important statement. When someone takes their own life, it is hard to look back and recognise the signs.
- The Mental Health Cafes were a great service that was available for people who were feeling isolated and was an excellent initiative. Mental health is as important as physical health.

The Chair emphasised that mental health was just as important as physical health. While this belief was widely held, it was noted that, as a country, this recognition was not always reflected in the allocation of resources. Concern was expressed that mental health issues were not being addressed with the same level of commitment as physical health, and that greater parity was needed. It was requested that this be reflected in reports presented to the Board, where there was currently a stronger focus on physical health. It was highlighted that only by addressing mental health openly can it become more acceptable to discuss. The significant impact of this work over the past few years was acknowledged, and appreciation was expressed for the efforts of the team.

AGREED:

That the report was noted.

#### **114. LEICESTER HEALTH AND WELLBEING SURVEY (ADULTS)**

The Principal Public Health Intelligence Analyst presented the report, which showed the results of the most recent Health and Wellbeing Survey. It was noted that:

- The data was to be explored further but had already been made use of.
- The survey interviewed those aged 16+. Child specific ones had previously been completed.
- The primary purpose of the survey was to inform strategic decision making and specific needs assessments.
- The survey is used by outside partners and contributes to a wide variety of work, including Public Health campaigns.
- The survey provided levels of intelligence not everyone was able to access.
- 2100 interviews had been completed, which reflected around 100 people per ward. This was a weighted sample to reflect population data in the census to ensure it was representative.
- Sensitive questions were self-completed to encourage reliability.
- The team reflected the diversity found in the city allowing for different languages.
- A huge range of topics were covered, including new areas such as gambling, covid implications, mental health and wellbeing, food insecurity and some around vaping.
- The top 5 positives identified by residents were:
  - 4 in 5 residents rated their general health as good or very good.
  - There was a decline of 4% in those who smoked cigarettes compared to 2018.
  - 3 in 4 residents had used waterways, parks and green spaces at least once per month.
  - Most residents felt they had support they could rely on in difficult times.
  - 4 in 5 residents said they tended to bounce back quickly after difficult

times.

- The top 5 challenges identified were:
  - Nearly a quarter of residents had faced difficulties paying their food and energy bills, this was double the figure of 2018.
  - Challenges were faced by residents accessing medical services, particularly NHS dentists or GP appointments.
  - 1 in 14 residents with children at home say they smoked in the home.
  - 1 in 7 residents consumed alcohol to a level that was classified as 'increasing risk' or higher.
  - 1 in 20 households had reported damp or mould in their home.
- Long term conditions affected an individual's ability to 'bounce back' after hard times.
- 5 or 6% of residents had often felt lonely. This seemed like a small figure but 5% is 16,000 individuals.
- There were new questions on cultural aspects and sporting included. These showed that 25% of residents were using the libraries once a month. But half of the population had never attended a sporting event. This could be broken down further by economics and gender.
- Questions were asked on financial difficulties. These showed that 16% had difficulty paying council tax, 15% couldn't afford to go on holiday and 10% had difficulty affording food which was a significant increase. The difficulties affording food seen in the data can be broken down by gender, socio economic group and ethnicity.
- The key issue found regarding people's homes was tenure breakdown. When the homeowner occupied their property, the focus was on the cost of heating and the mortgage. For those in private rentals, it was that rent was too expensive. For those with a social landlord, the issue was the size of the property, mould and damp issues or the need for repairs.
- The data can be mapped by ward, for example it was seen that the lowest rates of difficulty paying energy bills were in Knighton and the highest rates were in Beaumont Leys.
- Data from the Health and Wellbeing Survey was to inform JSNA's, Health and Wellbeing strategies, local health profiles, health equity audits, equality impact assessments, funding applications along with being used in presentations and promotional materials in Public Health campaigns. It also provided insights for partners in academia and the VCS, as well as supporting press and media briefings and academic papers.

In response to questions and comments from members, it was noted that:

- The VCS offered their support in sharing information about the survey or facilitating Public Health building relationships with the sector to share the data.
- It was considered that this data could give funding applications an edge.
- Concerns were raised on access to GP's. It was queried whether the issue was an unavailability of GP's or whether alternative health professionals were being offered to patients. Alternative health care professionals being utilised in the GP practises and how to improve the public's understanding of this change in process was raised. Often patients had not necessarily

- needed to see a GP and alternative professionals had been more suitable.
- The Director of Public Health agreed that promotion of other services was needed but highlighted that the level of GPs per population was the second lowest in the country. More GPs were needed, and this had to be acknowledged. It was suggested a report should come back to the Board on the number of GPs in the city.
- The Integrated Neighbourhood Board and Programme needed to utilise this data to see where the need was to allow the limited resources available to be prioritised according to the evidence.
- The picture of social isolation given by the data was particularly worrying, as well as the impact of long-term conditions.
- There were large pieces of ongoing work which would benefit from a whole systems approach which is all encompassing, rather than purely being based on health.
- The Chair highlighted that many of the things impacting upon residents' quality of life were within the remit of the Council and emphasised the importance of joined up thinking. The financial situations faced are similar across various organisations further compounding the requirement to be joined up in approaches.

Agreed:

1. The report was noted.
2. Neighbourhood programme to be added to the work programme for later in the year.
3. GP rate to be added to the work programme.

## **115. SUICIDE PREVENTION STRATEGY**

The Consultant in Public Health presented the report and updated the board on the consultation for the draft suicide prevention strategy refresh for Leicester, Leicestershire and Rutland (LLR). It was noted that:

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LLR Strategy Key Messages:

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    - Leadership and working with partners and communities to support their role within suicide prevention.
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  - The feedback from the consultation was positive, with room for improvement.

#### Positive Feedback:

- Good priorities
- Looking forward to seeing change
- Important
- Comprehensive
- Evidence based
- Well written with an empathic tone
- Excellent key messages
- Easy to understand
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#### Room for improvement:

- Need to be more ambitious
- Focus on wider determinants
- Gain more funding for projects

- Teach self-esteem and resilience
- Focus on male suicide
- Reduce barriers to accessing mental health support

The next step was to develop an action plan, which would come to a future board meeting and subsequently be updated on a yearly basis.

In response to questions and comments from members, it was noted that:

- A project had commenced called Mental Health Friendly Places, which would roll out accredited mental health training to any public facing businesses and organisations. The focus for 2025 was to work with businesses such as Hairdressers, Barbers and Tattoo Parlours.
- A new section had been launched alongside the Mental Health Friendly Places, called Mental Health Friendly Clubs. Its purpose was to help people to have confident conversations around mental health in local communities. To help them to reach those people who fly under the radar and don't reach out for support and to help people before they reach that point of crisis.
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- Significant work had taken place that people may not have thought related to suicide prevention but did, such as priorities within prevention and a focus on health inequalities for those with serious mental and ill health who are suffering from social isolation.
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AGREED:

That the report was noted.

## **116. CENTRE PROJECT**

Due to unforeseen circumstances, this item was withdrawn.

## **117. THE YOUNG VOICES CONSULTATION**

The Engagement Officer for the Young Voices Consultation provided the update. It was noted that:

- The action plan considered things that were done well and that needed improving to be implemented in 2025/26.
- This was the first large scale engagement with children and young people that was youth led. It focused on inclusivity and was the foundation for ongoing conversations to improve health outcomes and experiences for children and young people.
- The Consultation had been influenced by the Lundy Model.
- It had been considered brave for the NHS to commission the VCS to hear children's and young people's voices through creative methods.
- Data gathering was concluded October 2025. There was a celebration event led by young people and the findings were shared with the ICB.
- A short video was created, featuring young people to explain the findings in a more appropriate way for children and young people.
- 3002 individuals participated in the survey including 2239 11- to 25-year-olds, 682 parents and carers and 81 Healthcare staff. The survey was conducted online and via a hard copy with an easy read version available. There were also creative focus groups.
- The results were for the whole of Leicester, Leicestershire and Rutland. This had created complexities in data collection.
- The key insights were:
  - That the healthcare experience was generally positive, although parents and carers were less satisfied.
  - When young people were ill, they first sought advice from parents and used the internet as their next step.
- Key concerns were:
  - Mental health and wellbeing including school stress, social media, bullying, family breakdown and poor sleep. Loneliness was also listed for young carers. Barriers to addressing these concerns included a lack of awareness of what mental health services were available and how to access them.
  - Access and transitions in care were also raised because young



people were often having to repeat their health story multiple times, transitions between child and adult services were unclear and young people sometimes felt they were not heard or taken seriously by healthcare professionals.

- Healthcare professionals commented that they wanted more support, particularly around mental health resources as well as improvement of referral pathways so they were more joined up.
- Next steps were:
  - An engagement strategy.
  - A move to digitalisation.
  - Moving healthcare into community settings.
  - Ramping up children, young peoples and families' voices.
  - Identify missing voices and engaging with those communities.
  - Improving communications.
  - Co-designing with young people.
  - Work with VCS to improve engagement and create information flow.
  - Improving experiences of services including transitions.

In response to comments from members, it was noted that:

- This work demonstrated the importance of identifying gaps to understand what was missing and that staff understand all the different pathways.
- A stronger parental voice may enhance the welfare and experiences of children.
- The transition from children to adult services had been described as 'falling off a cliff'.
- Parents and carers were often dissatisfied with waiting times.
- The medical jargon was cited as a barrier for children and young people.
- Parents often felt they had to become experts in their condition and fight for their children's care.
- Young mothers complained that they were often accused of being hysterical and not listened to.
- Children matured at different ages meaning pathways needed to provide some flexibility.
- The action plan was in consultation.

Agreed:

1. The update was noted.
2. A report to come back to the Board, including the action plan that was currently in consultation.

## **118. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SUPPORT IN THE CITY**

The Children, Young People Mental Health Support Team from the ICB, introduced and presented the report to highlight the services that are commissioned by the ICB and their impact in supporting children and young people's mental health support and emotional wellbeing needs. It was noted that:

- Mental health support for children and young people (CYP) in the city was provided by Derbyshire United. There were two referral routes into the service, via GPs and an online self-referral option that CYP and parents could use. This approach aimed to reduce the need for GP visits and allowed individuals to complete referrals at a convenient time while sharing their story.
- Relate a Voluntary, Community and Social Enterprise (VCSE) ran two services, an early intervention service offering one-to-one counselling and a parent support programme for CYP aged 5-18. Following the closure of ADHD Solutions and they put on a pathway within their own service. Relate absorbed 1.5 team members to continue delivering support. The service had been operational since January.
- The Early Intervention Service is a step-down service from CAMHS that was provided by Leicester Partnerships Trust (LPT), offering evening appointments to improve access for CYP and parents. These appointments were based in the city centre to enhance attendance.
- Community Chill Out Zones operated at a preventive level for CYP, running in schools and community venues. Workshops were delivered in targeted areas to ensure support reached communities with health inequalities. The initiative had the capacity to reach up to 700 children per month. It also incorporated mental health assessment, diagnosis, and assistance.
- Child and Adolescent Mental Health Services (CAMHS) is a specialised mental health service offering support for CYP for more moderate to severe mental health presentation. They would receive an assessment, diagnosis and treatment for mental illness. There was a variety of teams within CAMHS such as CAMHS Eating Disorder Services, Access Service where assessments took place, Young Persons Teams.
- A lot of work had been completed recently within CAMHS to improve waiting times, which had historically been long. Significant efforts had been made over the past year to reduce waiting periods, including the introduction of evening appointments. The current waiting list for urgent outpatient cases was 4 weeks, aligning with the target. Routine cases had an 8-9 week wait, with a target of 13 weeks for access to mental health support.
- First Steps ED, a VCSE provided service which offered various forms of eating disorder support, including one-to-one counselling, psychoeducation, befriending services, and sibling and parent support. First Steps worked closely with CAMHS and were closely integrated together.
- Work was ongoing to prevent CYP from being discharged from CAMHS

eating disorder services without appropriate follow-up. Concerns were raised about the impact of inadequate support on family environments. A large-scale piece of work had been undertaken to improve referrals, particularly for ethnic minority communities, leading to a significant increase in referral numbers to 26% in a short period of time.

- Tell Me VCSE provided digital peer support for CYP aged 11 and above, with crisis intervention available if required. It was preponderated and there was a Pre-emptive Counsellor should it be required. The service was monitored every 30 minutes and offered peer-to-peer support and therapy. Efforts were ongoing to raise awareness of the service, which had been introduced in April 2024 and was still being embedded.
- Mental Health Support Teams were being rolled out nationally in schools, supporting CYP with mild to moderate mental health needs. The service provided an early intervention service and group workshops, reaching a significant number of CYP. In Leicester City, the service had expanded to over 50% of schools, covering 57 schools and supporting 41,189 young people. The acceptance rate for referrals stood at 99%.
- Harmless VCSE offered specialist support for CYP at risk of self-harm and suicide. The service provided one-to-one cognitive behavioural therapy, psychological interventions, group work, and stabilization sessions contributing to the self-harm and suicide prevention strategy.
- The Tomorrow Project, a VCSE service, specialized in suicide bereavement support, offering one-to-one support and linking into the wider Suicide Prevention Strategy.
- The Mental Health Centre Access Point had replaced the previous Central Access Point (CAP) service, directing people to NHS 111, where option 2 was for mental health support. A 24/7 support line was available for mental health queries, with young people able to be triaged and, if necessary, referred for assessment at the Bradgate Unit or an urgent care hub. The service aimed to reduce pressure on A&E by offering alternative crisis support.
- Family Action Post Sexual Abuse Service was in place to provide direct trauma-informed support for CYP and their families. This specialist service worked with CYP over an extended period to offer tailored support.
- The City Early Intervention Psychological Support Service ran in partnership with LCC. The Service provided one-to-one and group psychological support for CYP with higher thresholds of need. The service involved educational and training psychologists and ran courses over 5-9 weeks, delivered in home and school environments. It differed from Mental Health Support Teams in Schools by focusing on progression through different intervention levels. Currently, the service operated in just over 50% of city schools, prioritizing those without existing mental health support and targeting areas with health inequalities. Efforts were being made to increase referrals where uptake had been low.
- A CYP Mental Health Directory had been commissioned, featuring both national and local services. It had been co-produced and co-signed by CYP, following a co-production event where young people expressed the need for a dedicated resource. Previously, directories were hosted

on the ICB website and had been difficult to access, but the new directory featured a QR code for ease of use. CYP played a role in its design. By September 2024, the directory had been scanned 2,607 times, rising to 3,789 scans by March 2025. It was available for use by professionals and parents, with links to the Joy App for parental support.

In response to comments from members, it was noted that:

- Members noted that the Joy platform had issues, and work was being completed to update the platform to include supportive information in the directory for CYP mental health support. It was noted that feedback had not been received and should be sent to Justin for review.
- The directory was praised, members recalled when it had been a physical resource and welcomed its online availability. However, concerns were raised about search engine optimisation, noting that it was not appearing at the top of Google search results. It was asked whether work could be done to improve its ranking and commended the improvement in figures. Members were encouraged to publicise the directory in other meetings.
- It was confirmed that priorities for 2025/26 funding had been secured to develop access for children and young people (CYP).
- School nursing services were not commissioned by the ICB but were managed by public health. It was emphasised the importance of school nursing in providing mental health support for CYP and stressed to ensure this was embedded in discussions going forward.
- The Chair acknowledged the broad range of available services but noted a gap between perception and reality, particularly among GPs. It was suggested that the ICB should focus on improving communication, ensuring that messages were clear and not misleading. Public health's focus on prevention was highlighted, along with the need for good communication.
- CAMHS had reduced waiting lists from a year to 8 weeks and it was noted that that different waiting lists existed for neurodevelopmental (ND) assessments and mental health assessments. The reduction in waiting times had been achieved through additional staff recruitment and offering evening appointments. Waiting times remained a national issue for people with ND.

AGREED:

1. The report was noted.
2. Slides be circulated to Members of the board.
3. Feedback for the Joy Platform be sent over to Officers.
4. The Chair and Public Health Officers would write to the Central Government and NHS to state that the board was concerned on information received about ND people and the support available.

## **119. UPDATE FROM THE INTEGRATED HEALTH AND CARE GROUP**

The Public Health programme manager presented the update which is a

standing item on Health and Wellbeing Board agenda, and it was noted that:

- The Integrated Health and Care Group was a subgroup from the Health and Wellbeing Board which met monthly.
- The Sub-Group aimed to improve and address health inequalities in the populations.
- The group monitored the implementation of the Health and Wellbeing strategy and had recently provided updates on mental health, hypertension and healthy weight. Meetings of the group also cover emergency care at University Hospitals of Leicester and good practise within Primary Care Networks.
- The Better Care Fund subgroup had been developed, along with a VCSE Task and Finish Group to strengthen community ties.

In response to comments from members, it was noted that:

- Concerns around the Joy platform had been raised at 4 separate meetings of the Health and Wellbeing Board. The concerns focused on safeguarding and due diligence following feedback received. Many VCS groups felt under pressure to be part of the website despite their concerns.
- It was highlighted that these concerns had been raised separately at the scrutiny commission of Public Health and Health Integration as well. The Chair stated that the Joy platform was to be included on the next agenda but a response to the concerns was to be circulated before the next meeting.

Agreed:

1. Update noted.
2. Joy platform to be on next agenda to address safeguarding concerns.

## **120. DATES OF FUTURE MEETINGS**

The Board noted that future meetings of the Board would be circulated following Annual Council on 15<sup>th</sup> May 2025.

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.

## **121. ANY OTHER URGENT BUSINESS**

With there being no urgent business, the meeting closed at 11.58am.





## LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

<b>Subject:</b>	Leicester City BCF 25/26 plan
<b>Presented to the Health and Wellbeing Board by:</b>	Ruth Lake
<b>Author:</b>	Leicester City Council & Leicester, Leicestershire & Rutland ICB

Does the report concern any of the below groups?				
Severe Illness	Mental	Learning Disability	Homelessness	Care Experience Children and Young People
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### EXECUTIVE SUMMARY:

#### **Briefing paper – BCF Planning 2025-2026**

##### **Context**

BCF planning requirements and subsequent documents for the financial year 2025-2026 had a submission deadline of: **31<sup>st</sup> March 2025**.

Leicester City BCF plans need to be approved by the relevant HWB as per the national governance requirements, as well as signed confirmation from local authority and ICB chief executives.

We commenced partnership working with our system partners as outlined in the BCF Framework 2025-2026 to ensure these deadlines were met, with a clear understanding that narrative would be written where system programmes are referenced, with localisation for each section of the plan where required.

## Requirement Snapshot

Each year, the BCF plan and template must demonstrate compliance against a set of national conditions. The BCF Policy Framework sets out the four national conditions that all BCF plans must meet to be approved. These are:

- **National Condition 1:** Plans to be jointly agreed
- **National Condition 2:** Implementing the objectives of the BCF
- **National Condition 3:** Complying with the grant conditions and the BCF funding conditions
- **National Condition 4:** Complying with the oversight and support processes

NHS England published allocations from the national ringfenced NHS contribution for each ICB and HWB area for 2025-2026. The allocations of the NHS contribution to the BCF have been increased by **3.93%** on the local authority maintained spend for each HWB area.

Since 2020-2021, the grant determination for the iBCF funding that was previously paid as a separate grant for managing winter pressures has been included as part of the iBCF grant and now forms part of the baseline for LAs and ICBs, but is not ringfenced for use in winter.

Ringfenced DFG funding continues to be allocated through the BCF and will continue to be paid to upper-tier local councils. The statutory duty to provide DFGs to those who qualify for them is placed on local housing authorities. Therefore, each area must ensure that sufficient funding is allocated from the DFG monies to enable housing authorities to continue to meet their statutory duty to provide adaptations to the homes of eligible people of all ages.

As stated in the 25/26 BCF National Guidance, LLR ICB discharge funding of £8.7m will form part of the BCF's contribution to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. As in previous years, the ICB will agree with relevant local HWBs how the ICB element of funding will be allocated rather than being set as part of overall BCF allocations, and this should be based on allocations proportionate to local area need.

Spending related conditions: In each HWB area, the NHS minimum contributions for local authorities maintained spend has been uplifted by 3.93% for 25/26. ICB commissioned out of hospital services have not been uplifted but is now to include the discharge funding as part of the minimum contribution.

The 2025-2026 BCF Policy Framework sets national metrics (performance objectives) that must be included in BCF plans. There are 2 overarching objectives:

- Reform to support the shift from sickness to prevention
- Reform to support people living independently and the shift from hospital to home

Key metrics include:



- Emergency admissions to hospital for people aged 65+ per 100,000 population
- Average length of discharge delay for all acute adult patients, derived from a combination of proportion of adult patients discharge from acute hospitals on their discharge ready date (DRD) and for those adult patients not discharged on DRD, average number of days from DRD to discharge
- Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population

### **Approach across health and care**

Given the strength of our BCF submissions in previous years, our approach remains largely the same – where possible, system level narrative through each programme lead will be provided, with localisation where required.

This year, once again, the system had the opportunity to learn from LLR place based BCF programmes, taking the strength of each to continuously improve.

### **Governance process to date**

6<sup>th</sup> March 2025: BCF sub-group

17<sup>th</sup> March 2025: Collaborative meeting to agree schemes and allocations  
Leicester Integrated Health and Care Group to sign off plan

### **RECOMMENDATIONS:**

The Health and Wellbeing Board is requested to: Note and approve





## LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

<b>Subject:</b>	A population health management approach to addressing health inequalities using social prescribing: 3 Conversations Multimorbidity population support with understanding their medication
<b>Presented to the Health and Wellbeing Board by:</b>	Nisha Mistry
<b>Author:</b>	Nisha Mistry with contributions from Amy Endacott

<b>Does the report concern any of the below groups?</b>				
Severe Illness	Mental	Learning Disability	Homelessness	Care Experience Children and Young People
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### EXECUTIVE SUMMARY:

The purpose of sharing these projects is to demonstrate the value added in a population health management approach; changing the way we work collectively to address health inequalities experienced by the most disengaged populations within Eyres Monsell and Saffron Wards. The sharing of stories of difference.

### RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:



# Leicester City South

Primary Care Network



A population health  
management approach to  
addressing health inequalities  
using social prescribing

# What was our approach to Population Health Management?

- We worked with ICB, MLCSU shared data as well as clinician led insights within our PCN population.
- Using this data supported us to identify themes across our PCN and inform the development of interventions tailored to local at-risk population cohorts, aiming for improved outcomes with reduced unwarranted variation between cohorts.
- We identified a cohort of patients who were not engaging with general practice services for their health needs and often presenting in crisis to out of hours services, the Emergency services or Police.
- Some of these patients had repeated attendances by the police or to ED which led to significant health consequences.
- They were often not responding to the usual methods of engagement.
- The 3 Conversations approach has helped support patients who have not been engaging with their health needs, have mental health issues and been highlighted within Public Protection Notifications (PPNS) from the police.



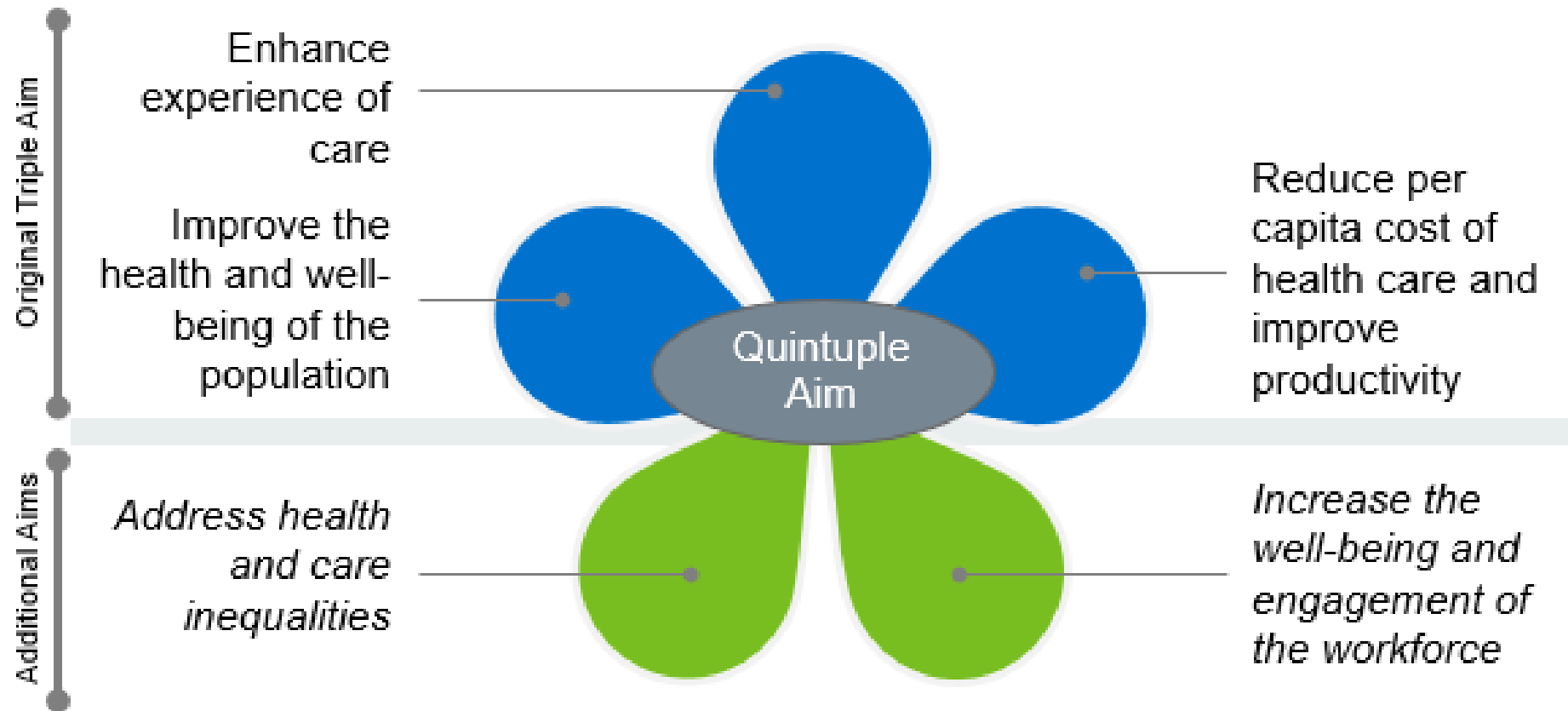
- The Population Health Management (PHM) cycle/approach – taking collective action to improve health



Chana, Beasley, Mullins 2021

Fundamental to success is an emphasis on building relationships and trust, working in collaboration with system partners and true co-production with local communities.

## There are five overall aims of Population Health Management

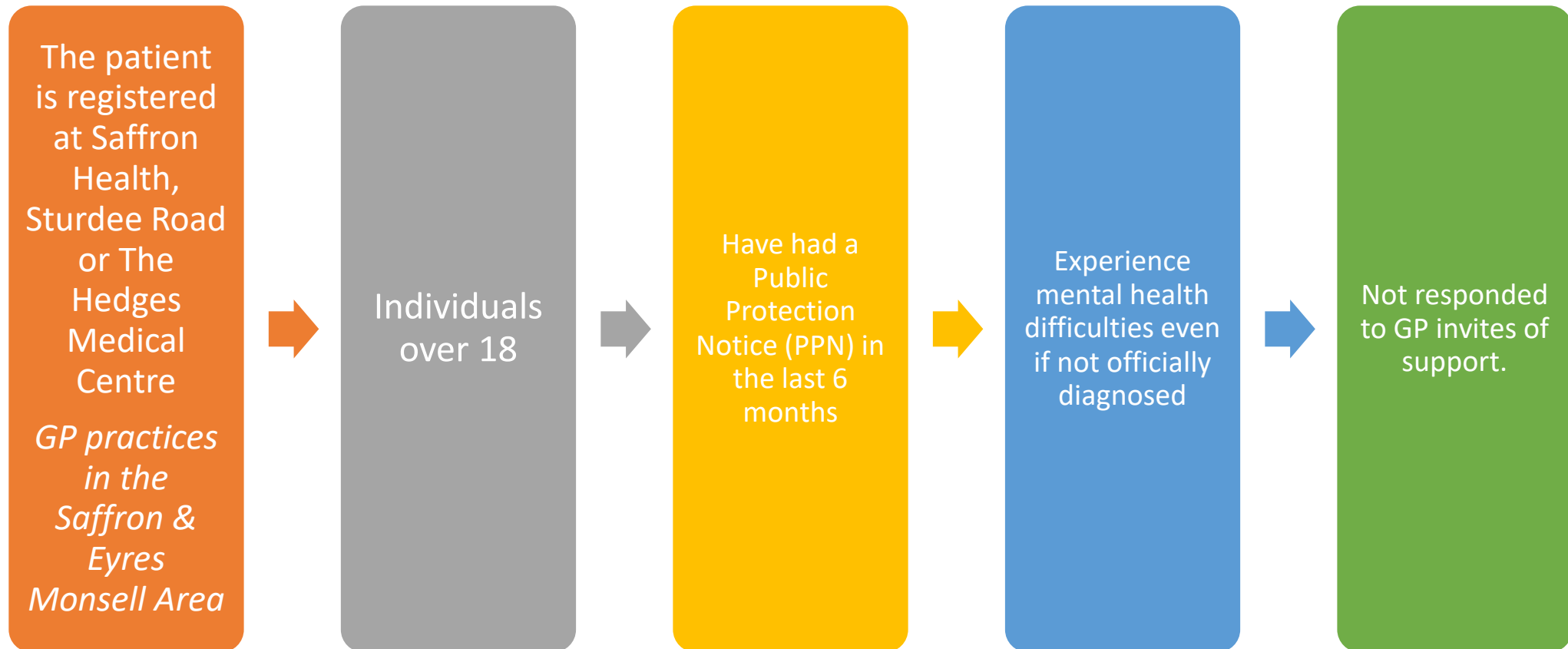




# The cohort



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## The 3 Conversations Approach:

### 1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



### 2 Conversation 2 : Work intensively with people in crisis

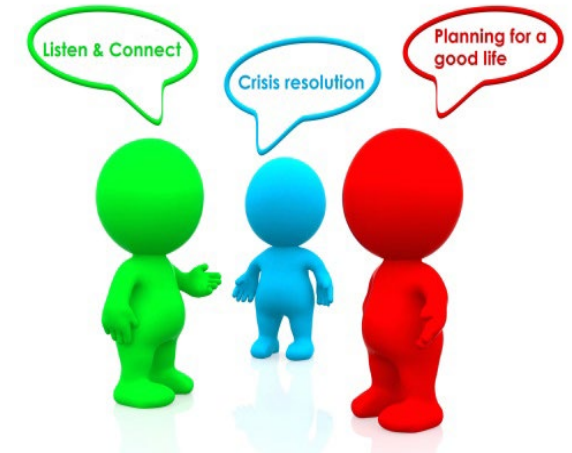
What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



### 3 Conversation 3 : Build a good life

*For some people, support in building a good life will be required.*

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



# 3Cs: Conversation one

Leicester City South

Primary Care Network



Connections are made with individuals from SystmOne via GP Surgeries (Saffron Health, The Hedges and Sturdee Practice)

Due to non-engagement, we created an initial contact letter and appointment letters to improve engagement into the service. We developed Accurx SMS templates to contact. We also resorted to door knocking to connect with individuals

There was no timescale to work with a person.

A meaningful conversation takes place, listening and connecting to the person, focusing on their strengths, interests and to determine what is important to the person.

The conversation is recorded in a conversation1 templated entry on SystmOne which codes the different aspects of what is important to the patient, who should be involved in their care and how they wish to be supported

Checking Leicester City Council Adult Social Care (ASC) Liquid Logic System (LAS) for notes and other workers connected to the individual to avoid duplication; manage timely communication and have a holistic approach

Local team huddle meetings once a week to discuss strengths, progress updates, risks, and ending involvement.

Huddle meeting (MDT) with neighbourhood team once weekly for shared advice and shared decision making around risks.

Increased support was offered during a period of crisis, rather than connecting to crisis team and closing – this is a conversation2.

Overall aim of working in this method was to prevent people requiring a Conversation3 (longer term commissioning services).



# Challenges

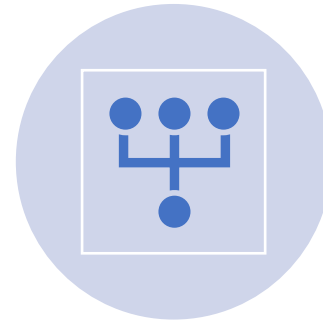
32



The time between a patient receiving a PPN and the information being shared by the police to the practices varied due to resource. 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 created, door knock and hand delivering them in attempt to make contact. On average it has taken 6 attempts to engage.

# 3Cs: Conversation one Recording of Information

Leicester City South

Primary Care Network



Reablement Worker - 3 Conversations PCN

Other Details... Exact date & time Tue 11 Feb 2025 11:07

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

3 Conversations Conversation One Overview

**Conversation One**

Case management started ☐ [Edit](#)

What did we connect the person/family to?

Risk assessment done ☐ [Edit](#)

Why did the patient connect with us?

What is the impact?

Case management ended

**Overview**

Assessment Assessment of needs ☐ [Edit](#)

What would you like to achieve / improve?

What people need to know about me to?

**Challenges Identified**

- Addiction
- Asylum seeker
- Benefits, entitlements and rights
- Bereavement
- Body weight problem
- Cancer care review
- Carer
- Exercise on prescription

**Signposting**

- Emergency service
- Practice staff
- Elderly service

**Referrals**

Referral to safeguarding children team ☐ [Edit](#)

Referral to safeguarding adults team ☐ [Edit](#)

Referral to alcohol misuse clinic ☐ [Edit](#)

Referral to substance misuse service ☐ [Edit](#)

Referral to foodbank ☐ [Edit](#)

Referral to district nurse ☐ [Edit](#)

Referral to physiotherapist ☐ [Edit](#)

Referral to art therapist ☐ [Edit](#)

Referral to benefits officer ☐ [Edit](#)

Referral to employment support service ☐ [Edit](#)

Referral to Alzheimer's Society ☐ [Edit](#)

Referral to Age UK ☐ [Edit](#)

Referral to police ☐ [Edit](#)

Referral to other voluntary services ☐ [Edit](#)

Referral to service completed ☐ [Edit](#)

Reablement Worker - 3 Conversations PCN

Other Details... Exact date & time Tue 11 Feb 2025 11:07

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

3 Conversations Conversation One Overview Review Lifestyle Activities of Daily Living Health Referrals MDT

**3 Conversations**

**Details**

Seen by  [Edit](#) Failed encounter ☐ [Edit](#) ! DNA Adult

Assessed as not suitable for case management ☐ [Edit](#) Case management ended ☐ [Edit](#) Online services ☐ [Edit](#)

Consent to access medical records ☐ [Edit](#) Enhanced Summary Care Record Consent? ☒ Record Sharing SCR

**Carers**

Record Next of Kin, Carer, Emergency contact details:  [Edit](#) Patient Information (ICP)

**Communication Needs**

Does the patient have additional needs? Accessible Information? Reasonable Adjustments? ☒ ICP AIS / Special Requirements / ADL

**Assessment**

Assessment by multidisciplinary team  [Edit](#)

**Integrated Neighbourhood Teams**

Under care of: Use the pencil icon to record the name and contact details of any teams that see the patient.

Under care of social worker  [Edit](#)

Under care of care coordinator ☐ [Edit](#)

Under care of cardiac rehabilitation nurse ☐ [Edit](#)

Under care of clinical nurse specialist ☐ [Edit](#)

Under care of community respiratory team ☐ [Edit](#)

Seen by community heart failure nurse ☐ [Edit](#)

Under care of diabetes specialist nurse ☐ [Edit](#)

Under care of physiotherapist ☐ [Edit](#)

Under care of psychiatric nurse ☐ [Edit](#)

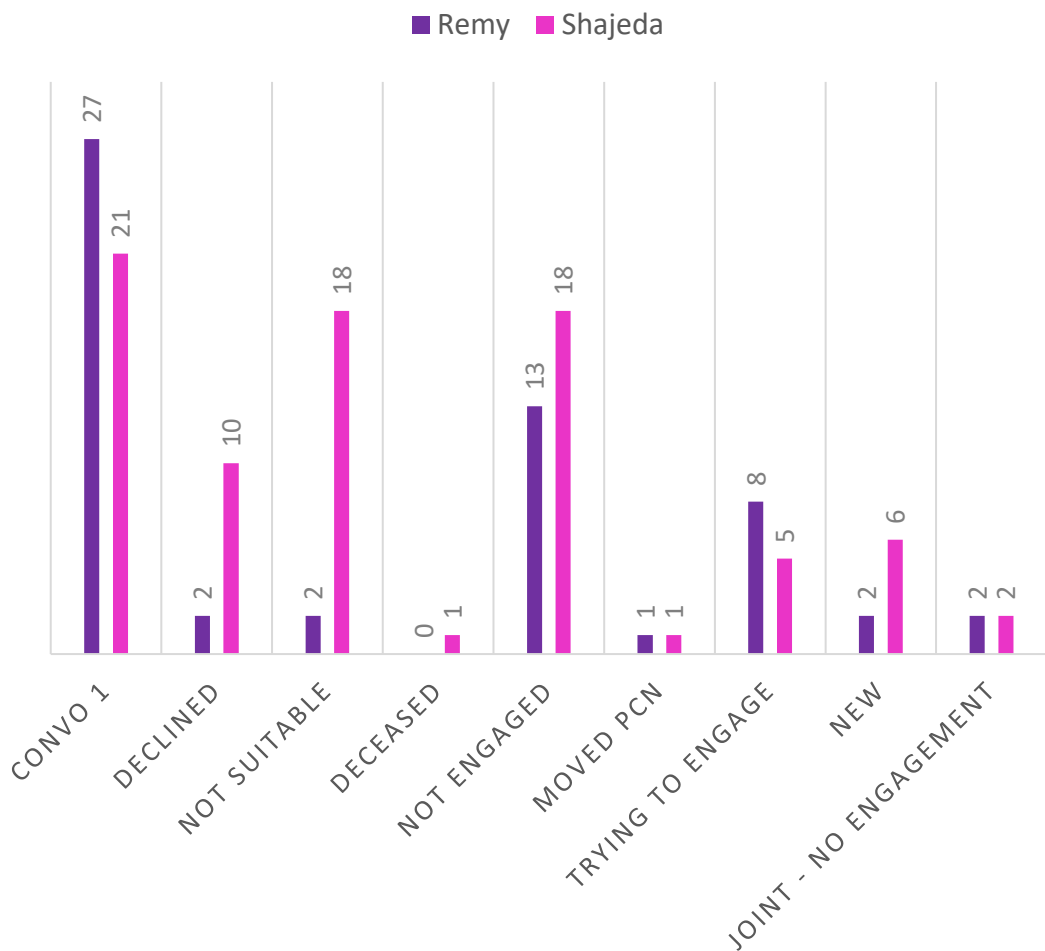
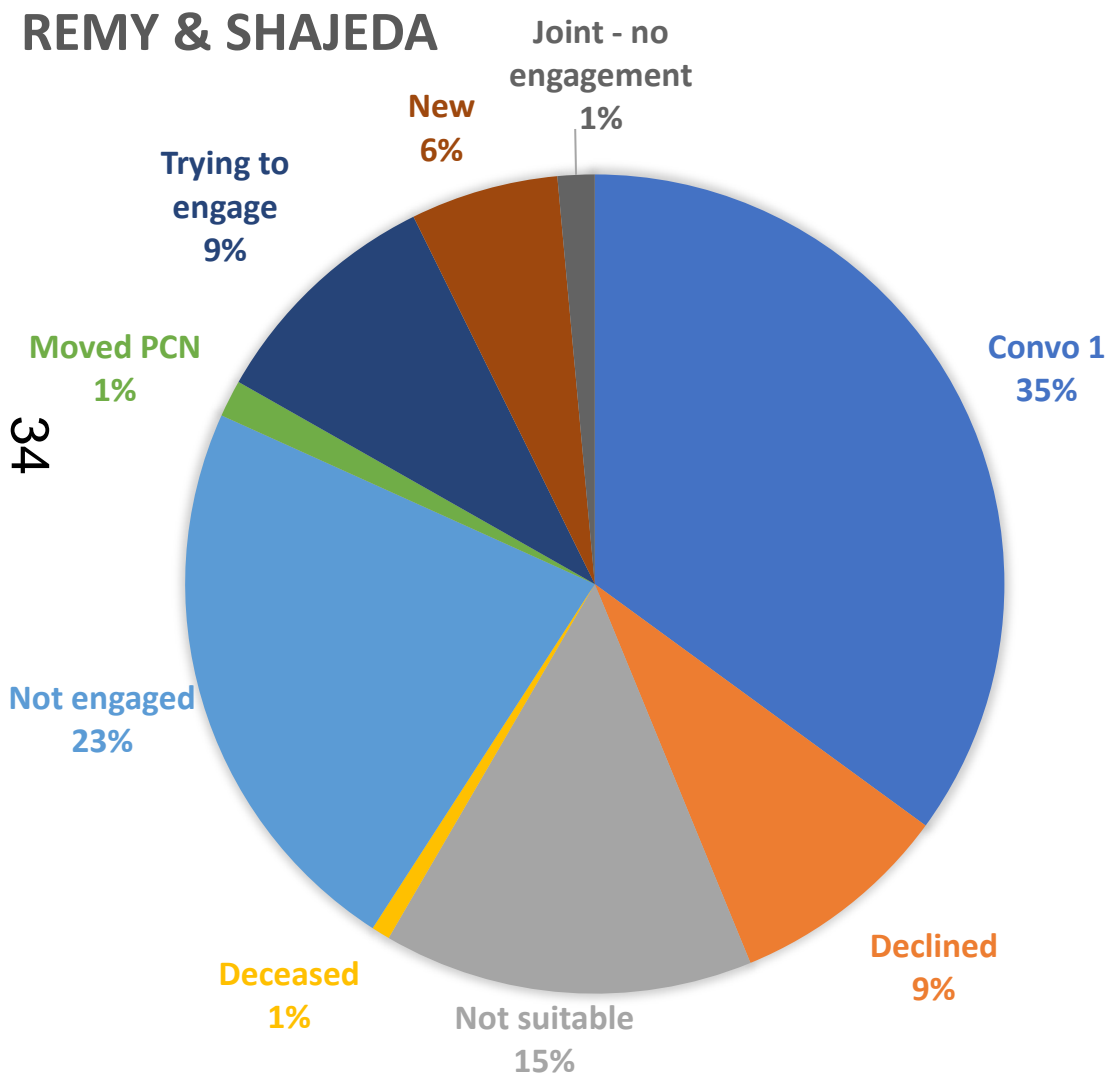
Under care of psychiatrist ☐ [Edit](#)

Under care of team ☐ [Edit](#)

Under care of occupational therapist ☐ [Edit](#)

# 201 patients identified; 172 have been supported

## REMY & SHAJEDA



Accessing other services themes – PCN connections	
Service	Total
GP appointments	48
Housing	15
PIP	12
Local Mental Health Neighbourhood Cafes	10
Medication	9
Bereavement Hub - Loros	9
Relationships – family / friends support network rebuild	8
Benefits	7
Cherry Tree counselling referrals	6
LWA / Freeva / ADAM project	6
Domestic Abuse / Violence	6
Food vouchers	6
Active Lifestyle referral	5
ADHD assessments	5
Resources so carer can get respite	4
Housing repair issues	4
GCSE's / A Levels	4
Police interactions / issues	4
MHP	4
Homeless	3
ASB issues	3
Debt issues	3
Artist	3
CPN	3
Household support fund	2
Autism assessments	2
Telephone friendship services	2
Quit smoking	2
Francis Dixon Lodge	2
Occupational Therapy assessment	1
Care assessment	1
Accessing other services themes – drop-in connections	
Service	Total
DWP early start referral	4
VitaMinds referral	4
Local Mental Health Neighbourhood cafes	2
Food pantry / vouchers	2
Joy	2
STAR referral	1
Help through hardship	1
Helping hands – debt / housing	1
GP appointment	1
GP advice	1
National energy action referral	1
Crisis number sheet	1
Leicester City number sheet	1

# The Themes

(13 months data)

Leicester City South

Primary Care Network



Total connections	Conversation 1	Finance / Debt / Budget	Substance misuse	Accessing community / reducing isolation	Emotional health & wellbeing / therapies	Education / Work / Volunteering	Accessing other services
Total	56	26	5	23	29	15	49

Connections from PCN	Conversation 1	Finance / Debt / Budget	Substance misuse	Accessing community / reducing isolation	Emotional health & wellbeing / therapies	Education / Work / Volunteering	Accessing other services
Total	48	21	5	20	24	13	42

Connections from Pork Pie drop-in	Conversation 1	Finance / Debt / Budget	Substance misuse	Accessing community / reducing isolation	Emotional health & wellbeing / therapies	Education / Work / Volunteering	Accessing other services
Total	6	4	0	1	3	0	5

Connections from SWHS drop-in	Conversation 1	Finance / Debt / Budget	Substance misuse	Accessing community / reducing isolation	Emotional health & wellbeing / therapies	Education / Work / Volunteering	Accessing other services
Total	2	1	0	2	2	2	2

# MDT Huddles

Leicester City South

Primary Care Network



∞ This gives us different ideas from the group, sharing information about the less well-known services in areas and allows us to work collaboratively together



Supporting each other in huddles including our own wellbeing



Having a broad range of professionals in attendance:  
*Dr Amit Rastogi*-Clinical Director PCN,  
*Steph Taylor* - Leicester City council Mental health team leader,  
*Alka Chauhan* – STAR Team Leader (Housing),  
*Eliza Deakins* – Neighbourhood Lead LPT,  
*Jaggs Katwa* Supporting families /early Help DWP.  
*Kiran Chana*- Social Prescriber ,  
*James Preston* – Recovery College,  
*Nisha Mistry* –Digital and transformation Lead.



Being able to build relationships to contact people directly



Less email communication (as we are seeing them face to face weekly so can ask any questions then)



Less form filling



Strength based conversations about specific people





# Benefits

- Single point of contact across services for patients
- Reduced attendance at ED as patients are directed into primary care.
- Reduced contact with Police as patients are supported by reablement officer
- Mental Health crisis situations averted as patients are supported during conversation one to avoid further need for support from mental health services
- Patient health has been managed as previously not engaging with support
- Social support to improve and address health inequalities
- Safeguards in place to support patients
- Preventative

# Patient Feedback

“I would like to say a massive thank you to your colleague Remy. She was very proactive when she saw me upset at the library. She helped me open up and guided me to get the help I needed. She went above and beyond. She got to the root of the problem and offered me solutions that were not overwhelming. She offered lots of advice on ways I can help myself whilst waiting for the star team to assist.”

Many thanks Patient R (from Pork Pie drop in)

“Remy’s been working with me for a little while now she has helped me achieve a lot of things and also helps me on the right path with organisation. I haven't been able to do any of these, without help from Remy. I’m very happy and grateful for all the help Remy has gave me.”

S – Saffron Health patient

“Hello I’m E’s mam , E has been out of prison nearly 3 month after doing a 3-year sentence, he was told he has appointments with mental health team , but he was let down there was no appointment, he's had no support or help from any professional since being released hence he's ended up back in prison for 28 days to sober up. I'm at my wits end with it as I'm the only one having to deal with him , so makes me poorly. Then there was this lovely lady knocked my door the day after he handed himself in but overdosed which ended up him being taken to hospital and having to have a blood transfusion, so when I went to visit him I told him about this lovely lady coming to the door asking for E wanting to listen to him & to see what support and help he needs, after telling him he said wow mum after all this time, his face said it all as he was smiling and he said mum I have a glimmer of hope. We are so very grateful that you gave us this opportunity to get a bit of help & some support, so I thank you from the bottom of my heart.”

H -The Hedges patient

# Patient Feedback

"I am so grateful that you were assigned to me Remy. I was so down and suicidal...but you have made such a difference to my life in this short time that I just can't thank you enough. You have got most of my outstanding repairs done. Plus you have taken me to the doctors and I'm now waiting for appointments to finally sort my health issues out after such a long time, it's just amazing for me. I wish I had known about you many years ago. You are so patient, kind, caring and really listen to me so all I have is absolute praise for you and your company and it's so good to know that you will be calling to check how I am. I don't know how I ever managed without you."

L- Saffron Health patient

"I have had other professionals in the past but they have given up on me. Remy is the first professional that didn't give up and has given me the most help and support I have ever had, she has helped me to start to achieve my life goals and be on the path I want to be on."

J – Saffron Health patient

"Remy has helped me in more ways than I have words for. I was at a loss, lonely and didn't know where to go for the help I needed.

In the time Remy has worked with me I have gained relationships with my GP's as well as with my family and friends, I am getting help from Turning Point, I have got my benefits sorted out and I now have the keys to my own home to name just some of things Remy has helped me with.

All I can say is a massive thank you for your constant patience, care, support and kindness."

B – Saffron Health patient

"Shajeda has positive energy and always there to help."

J - Saffron Health patient

"Thank you Remy, you are a star. You are the best worker I have ever had. Thank you"

D – Saffron Health patient

# A story of difference

Reason for contact	Action taken
<p>Patient A was connected into The Getting Help In Neighbourhood's 3 conversation team by Saffron Health Practice as she had no engagement with them, a PPN and has mental health difficulties.</p>	<ul style="list-style-type: none"> <li>• Patient A was difficult to engage at first, many phone calls, messages, 1 door knock and 1 letter, but I didn't give up and Patient A eventually agreed to meet.</li> <li>• Patient A was not engaged with her GP and was not on her medication the way she should have been.</li> <li>• Patient A never had control over her money, she never had a bank account, nor did she have any ID. Patient A was never sure if she was getting all the benefits she was entitled to as she never had control over these.</li> <li>• Patient A wanted to be more active and wanted to quit smoking.</li> <li>• Patient A has lost her support network with her adult children, other family and friends.</li> <li>• Patient A had suffered significant bereavement.</li> <li>• Patient A wanted support with her mental health, she wanted to get to the root of all her trauma. Patient A had a lot of trauma that started around the age of 3 and she was now ready to address this.</li> <li>• Patient A's had been homeless, sofa surfing and on the Council property list for 5 years.</li> <li>• Patient A wanted to join social craft clubs and social activities.</li> <li>• Patient A wanted to understand herself and her diagnosis better.</li> </ul>

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The difference	Innovator's experience
<ul style="list-style-type: none"> <li>• Patient A was given the space to talk at her speed and liked the fact there was no assessment that it was just an open conversation. Patient A then felt able to open up and express how she was feeling.</li> <li>• Patient A had not been to the GP in years, so we attended a few appointments together and now Patient A makes and attends all her GP / CMHT appointments on her own. Patient A is now back on her medication as she should be.</li> <li>• Patient A did not have her own bank account and no ID to open one. We opened a basic bank account for her and now Patient A has all her own benefits into her own bank account, she now has full control over her own money. Patient A needed help and support around making sure she was receiving all the benefits she was entitled to; Patient A now receives all benefits she should.</li> <li>• Patient A had lost connection with all family and friends over the years, we reconnected her to this support network. Patient A now has a bus pass and is now able and does go to visit family and friends all over Leicestershire every week.</li> <li>• Patient A had significant bereavement last year, after many different offers of places of support. I got Patient A weekly counselling at Cherry Tree, and she is on the list for further support from Leicestershire counselling Service.</li> <li>• I signed Patient A up to Active Lifestyle which she attends and a Quit smoking program that she doing well with.</li> <li>• Patient A attends courses with Recovery College and is starting to understand herself and her diagnoses better.</li> <li>• Patient A attends local craft groups as well as other local social activities.</li> <li>• I managed to get Patient A her own ground floor flat with her own garden, which she has settled into. Patient A cannot believe she finally has a place to call home.</li> </ul>	<p>Working this way has given me to opportunity to get to know the person that I am connected with. It has given me the ability to tailor the support that the individual needs. It also gave me the time to ensure that referrals made to other services are connected in and are suitable for the individual.</p>

# A story of difference



## Reason for contact

- C.U was connected to the Getting Help in Neighbourhood team via her GP surgery, Sturdee Health.
- She received a PPN, as she was struggling with her mental health.
- C.U was experiencing Postnatal depression and had tried to take her own life in the past.

## Action taken

- C.U struggled to access the community with her child. I connected her to Toddler group's at Pork Pie library & Eyres Monsell Community Centre.
- C.U has re engaged with her GP, after I arranged an appointment for her.
- C.U is receiving talking therapy support as she is accessing Cherry tree counselling. Additionally, gaining further support from vitaminds.
- Connected her with Home start horizon and Mammias (South Wigston), to provide her with extra support around postnatal depression.
- C.U was provided with a booklet with information about all the local venues in her area, and what they have going on, as well as the recovery college.

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## The difference

- Although, C.U was under the support of Perinatal team she did not feel that she was being listened to. She expressed that they would only come around to check on the baby, rather than her. Also, she stated that they never provided her with how to access organisations i.e talking therapies or groups in the area which was her wishes and wants.
- She also expressed that a lot of services would only contact her via phone call and would never come to see her face to face. She was happy that I would meet her out in the community to talk and listen as she never missed an appointment, rather than a phone call.
- From struggling to go out or accessing any groups, she now attends numerous toddler groups by herself or her even take's her friend with her. This has encouraged her to reconnect more with her network and increased her confidence.
- Not only is she gaining support for prenatal depression, but she has been given a chance to address childhood traumas through therapy.
- Overall, she is more confident within herself and has improved her relationship with her partner and friends and her wellbeing is more positive.

## Innovator's experience

- Working this way, allowed me to ask what her wishes and work in a person- centred approach, and tailoring the individuals support provided.
- I was able to build a relationship after our first face to face meeting, which helped her feel more comfortable and be able to open up and confided in me.
- She also had my contact information, if she ever needed to get in touch.

# A story of difference

Reason for contact	Action taken
<ul style="list-style-type: none"> <li>M.S was connected into the Getting Help in Neighbourhood via her GP, Sturdee.</li> <li>She received a PPN, regarding experiencing mental health difficulties.</li> </ul>	<ul style="list-style-type: none"> <li>M.S believes that she has ADHD but has never explored support around it. I arranged an appointment with the Mental health practitioner. We completed her ADHD referral form together, and she chose to go through the Right to choose path. This has a shorter waiting list for outcomes and diagnoses for ADHD.</li> <li>M.S expressed how she was supposed to be referred to Francis Dixon Lodge, as other therapies have not benefited her. When she and I have both called, they cannot see any referral on the system. Therefore, I gained the referral form and completed it with her.</li> <li>She is also accessing online courses at the recovery college, to understand herself better.</li> </ul>

42	The difference	Innovator's experience
	<ul style="list-style-type: none"> <li>M.S liked how our face-to-face conversation in comfortable environment (house) for her, and there was no assessment involved and she was freely allowed to speak at her own pace.</li> <li>M.S use to feel scared to leave her house or even open the door to anybody, as she has experienced a bad landlord. However, by persistently reassuring her, she opened the door and let me into her home for a first conversation.</li> <li>She expressed how distraught she would feel if she had to repeat her childhood traumas on the phone to gain a referral to Franis Dixon Lodge. Instead, she was happy that she can bypass that as I got the referral form for her.</li> <li>She has gained courage to leave her house and attend appointments at her GP surgery.</li> <li>She has also developed recent hobbies and exploring her creative sides such as decorating the house with flowers and paintings.</li> <li>M.S still continues to engage with myself and the GP surgery.</li> </ul>	<ul style="list-style-type: none"> <li>Working this way, allowed me to ask what her wishes and work in a person- centred approach, and tailoring the individuals support provided.</li> <li>Made me understand that this individual will require a softer approach as she finds it hard to trust professionals.</li> </ul>

# A story of difference

Reason for contact	Action taken	
Patient B was connected into The Getting Help In Neighbourhood's 3 conversation team by Saffron Health Practice as she had no engagement with them, a PPN and has mental health difficulties.	<ul style="list-style-type: none"><li>• Patient B was difficult to engage at first, many phone calls, messages, 3 door knocks and 3 letters, but I didn't give up and Patient B eventually agreed to meet.</li><li>• Patient B was not engaged with her GP and was not on her medication the way she should have been.</li><li>• Patient B wanted to understand herself and her diagnosis better.</li><li>• Patient B was wanting therapy that suits her needs.</li><li>• Patient B needed advice and support around being an occasional carer for her father.</li><li>• Patient B wanted help and support with her Leicester City housing officer, Leicester City ASB officer, Leicester City repair issues.</li><li>• Patient B needed help and guidance around previous domestic violence relationships and her current relationship.</li><li>• Patient B needed support around her benefits.</li></ul>	
43.	The difference	Innovator's experience
	<ul style="list-style-type: none"><li>• Patient B was given the space to talk at her speed and liked the fact there was no assessment that it was just an open conversation. Patient B then felt able to open up and express how she was feeling.</li><li>• Patient B has signed you and enjoyed courses via Recovery College which has helped her to understand some of her diagnoses better.</li><li>• We have contacted and had lengthy conversations with Patient B's Leicester City Council housing officer, Leicester City Council ASB officer and Leicester City Council repairs department. Patient B and her housing officer have a better relationship now, Patient B no longer has an ASB officer as the issues have been resolved and repairs on her property are underway.</li><li>• Patient B has been to see her GP and has made appointments herself since this.</li><li>• Patient B needed to resubmit her PIP claim paperwork as she was at her end date, Patient B accessed and used the social prescriber at the GP surgery to help her with this.</li><li>• Patient B needed support in how to remain calm and make phone calls. Patient B now explains herself and her needs and requests they have patience with her while she is trying to talk. Patient B will now make all calls by herself.</li><li>• Patient B has been requesting therapy since the first day we met, Patient B did try every avenue suggested to her and was turned away. But I since found an acceptance letter from Francis Dixon Lodge, have contacted them and they have said they will see her by October this year which she is pleased about.</li><li>• Patient B has used the resources given to her around care and support for her father.</li><li>• Patient B is now taking all prescribed medication as she should be.</li><li>• Patient B has accessed Freeva, knows where to reach out should she need to, and we have applied for a 'Clare's Law' on her current partner due to recent situations that have occurred.</li></ul>	Working this way has given me to opportunity to get to know the person that I am connected with. It has given me the ability to tailor the support that the individual needs. It also gave me the time to ensure that referrals made to other services are connected in and are suitable for the individual.





# Next steps...



To provide required support for helping those needing mental health support via the PCN Mental Health Support Worker (Adults)



Share the 3Cs approach to address health inequalities across the system.  
Standardisation of the data entry to be able to evaluate and track a patient's journey



To connect with community partners: Recovery College; Lamp to support this cohort of patients offering social prescribing and enable patients to manage their health.



To reinstate the neighborhood approach with the 3Cs partners to support a cohort of patients



Improve patient engagement, utilising the PCN social prescriber to embed this approach to support patients in the PCN



As a PCN focus on PNG cohort to work in supporting those patients with their long term conditions





*So, what have we achieved using the population health management approach as a PCN?*

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“One project was looking at a multi-comorbidity cohort identified through a PHM approach which allowed patients to share themes of what was important to them and how they would like to be supported.”



***Engage and co-design intervention/s targeted at individuals aged 18-64 years with 5+ long-term conditions (including a mental health diagnosis) focused on two most deprived PCN areas in Leicester***

**Our cohort selection criteria are:**

- Adults aged 18-64
- Multiple (5+) long-term conditions
- Have both mental + physical ill-health
- Living in the 2 PCNs with highest numbers (also the most deprived – inc. Hockley Farm (LC&U) & Leicester City South

**Outcomes to achieve:**

- ↑ understanding of lived experience and barriers to accessing health and other support services
- ↑ capacity for collaborative partnership working to address health inequalities
- ↑ uptake of proactive care and prevention services e.g. self-management, health checks, screening/immunisations etc. amongst target cohort
- ↑ sense of control / meaningful activity e.g. employment / independent living amongst target cohort
- (Long term: improved healthy life expectancy)
- ? Process / Partnership outcomes ?

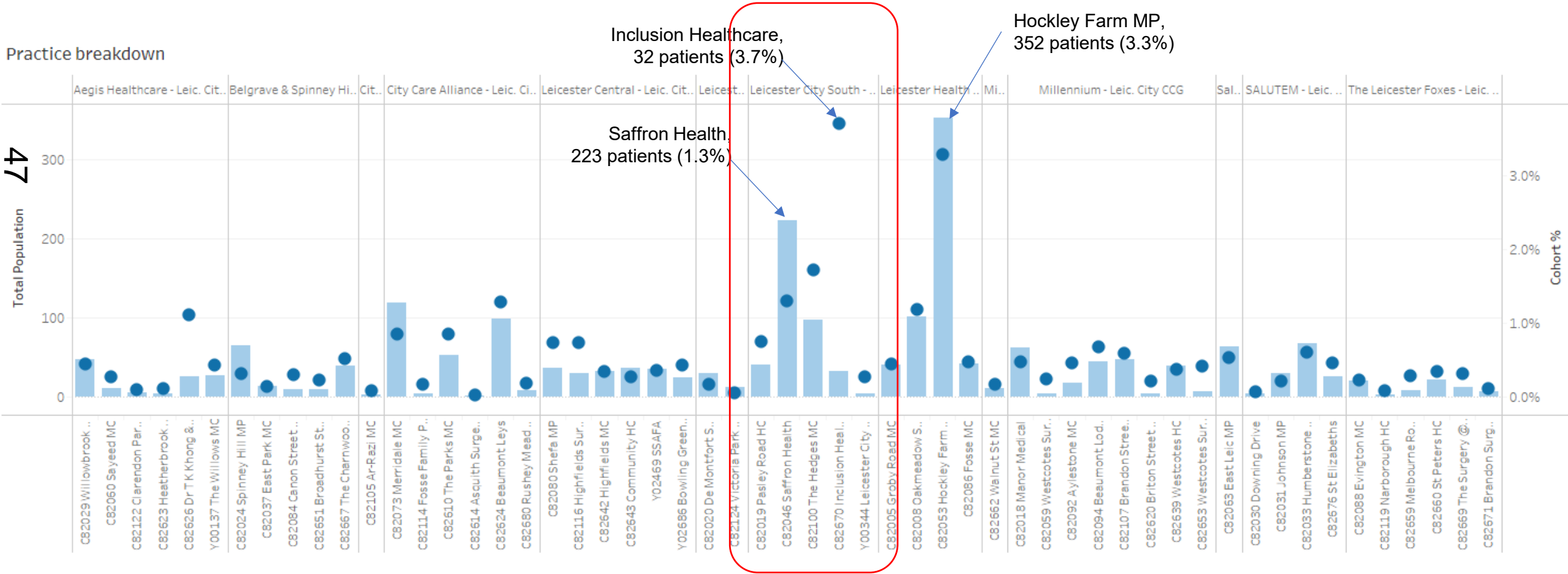
**Intervention design ‘principles’:**

- Approach based on Secondary/Level 2 prevention – keep away from a medical model
- Map existing ‘assets’ already working with this cohort and maximise their potential (e.g. VCSE sector, Social Prescribers, LPT, Local Area Coordinators etc.)
- Requires buy-in from all relevant partners – try to minimise need for clinical leadership/expertise beyond key decision making
- Engage and co-produce interventions with people in the population cohort (2-3 x initial focus groups + follow-up – led by local VCSE partners)

**Steps taken**

- Identified/risk stratify cohort with the core team
- Develop & agree engagement plan inc. resource implications
- Data collection & design intervention/s based on insight
- Use the learning to help normalise PHM approach/collaboration

- PCN/GP chart for 18-64 years, Five or more Long term conditions including mental health, Core20 most deprived areas.





## What we did:

Using PHM data and collaborative partnership approaches we

- 1) Co-ordinated gathering of qualitative insights from people living in the target areas to better understand lived experience and barriers to health improvement,
- 2) Engaging VCSE and communities to have conversations that enable the co-design of interventions to improve outcomes – eg, working with Pink Lizard, Goldhills and Eyres Monsell Young Persons Centre.

# Themes which emerged from the focus group which social prescribers and care coordinators are supporting:

## Daily Living:

- Meeting physical needs
  - Physical functioning and adaptations
  - Environmental structuring
- Resilience
  - Mental wellbeing
  - Fear
  - Apathy
- Support networks
  - Social support
  - Isolation
- Interaction with health services
  - Professional support
  - Medication
  - Technology

## Self- Care:

- Self- empowerment
  - Personal responsibility
  - Prioritisation of needs
  - Management strategies
  - Instinctive/routine
  - Knowledge
- Work-life health balance
  - Prioritisation and de-prioritising of own needs
- Support
  - Digital /Professional distrust
  - Professionals / Support groups
  - Friends/family/neighbours
- Resilience
  - Fear/Stigma

# Unmet needs and strategies the PCN could support the patients with:



- Meeting physical needs – providing tangible support options
  - Access to assistive devices (working with the Care Navigators),
  - Supporting with adjustments and getting back into work.
- Social Support
  - Signposting to services, social groups which cater for working age adults,
  - Support for carers, reducing the burden on family and friends.
- Medication
  - Supported with non-medical options if available,
  - Explanation of reasons for medication and appropriateness – knowing how to use and discussing the monitoring and side effects.
- Access to General Practice
  - Sharing knowledge of who to see in the first instance,
  - Support available through drop-in sessions to learn the digital tools and understand the processes available.



# What are we working on to address the unmet need:

- Social Prescriber support with the multi morbidity cohort of working age,
- Using the SMR (Standardised Medication Reviews) leaflet designed to support better understanding of why they are taking medications ,
- Using the PCN care coordinators to empower patients of things they may want to discuss and why they are seeing the pharmacist to support them with their medication,
- Sharing opportunities available in the community/VCSE via SMS.

Next steps: Connect in with community pharmacy







## LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

<b>Subject:</b>	UHL Care Quality Standards
<b>Presented to the Health and Wellbeing Board by:</b>	Dawn Angliss – Deputy Chief Nurse Operations
<b>Author:</b>	Dawn Angliss – Deputy Chief Nurse Operations

Does the report concern any of the below groups?				
Severe Illness	Mental	Learning Disability	Homelessness	Care Experience Children and Young People
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### EXECUTIVE SUMMARY:

The slides attached highlight the current position of actions being taken to continuously improve our position. A new quality assurance framework is being rolled out across the whole organisation to understand the areas requiring support where the standards fall below the expected target. New tools were developed to ensure recording and visibility for 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.

### RECOMMENDATIONS:

The Health and Wellbeing Board is requested to: Receive the paper as assurance.



# UHL Quality Care Standards

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Dawn Angliss- Deputy Chief Nurse

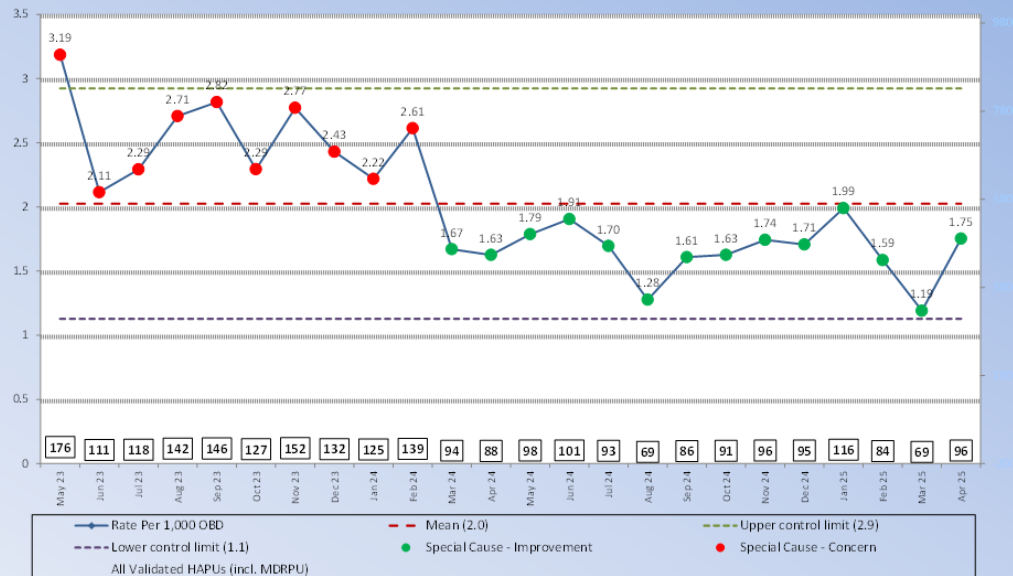


Number of HAPU's		HAPU's by 1,000 OBD	
96	↑	1.75	↑
Current Month	Previous Month	Current Month	Previous Month

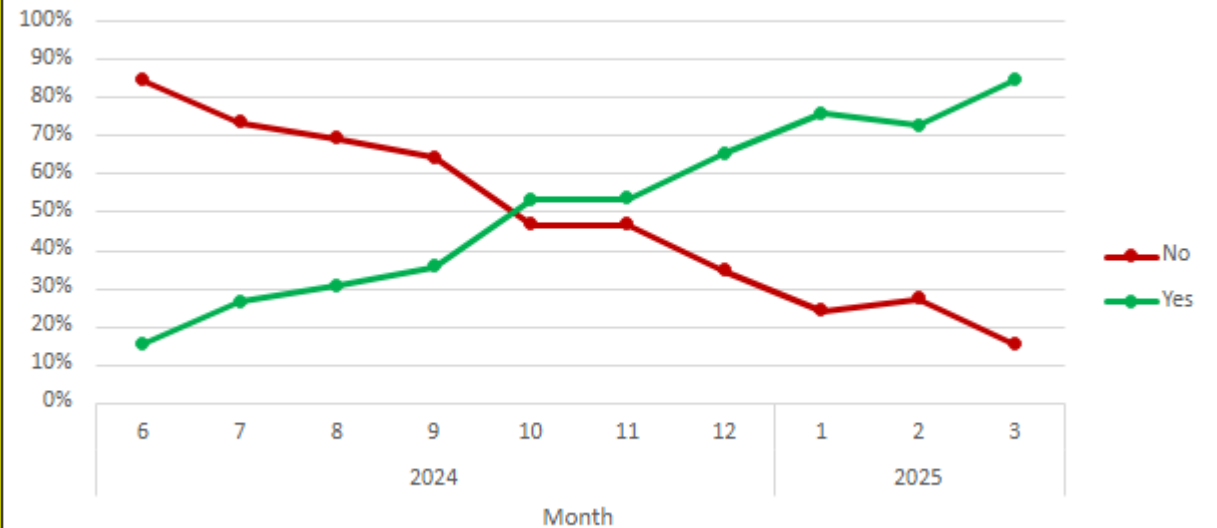
## Key Points

- Total of 96 HAPU's were confirmed in April, affecting 78 people.
- 5 of the 8 CMG's have seen an increase in the number of HAPUS's in April compared to March
- 16 DTI's resolved this month. These numbers have remained stable for the last 3 months

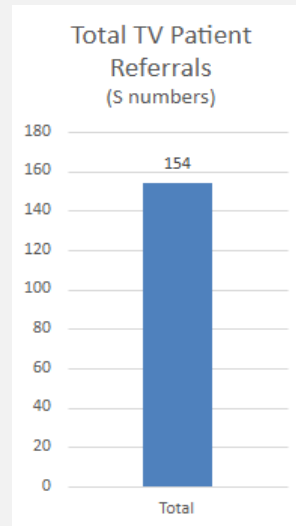
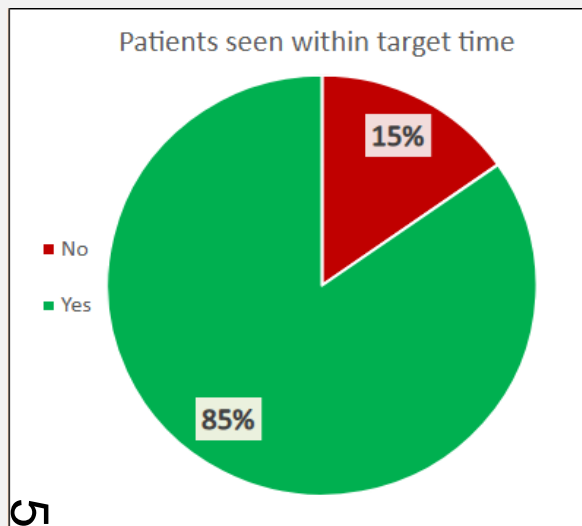
All Validated HAPUs by Month (incl. MDRPU) Rate per 1,000 bed days



TV referral seen within target

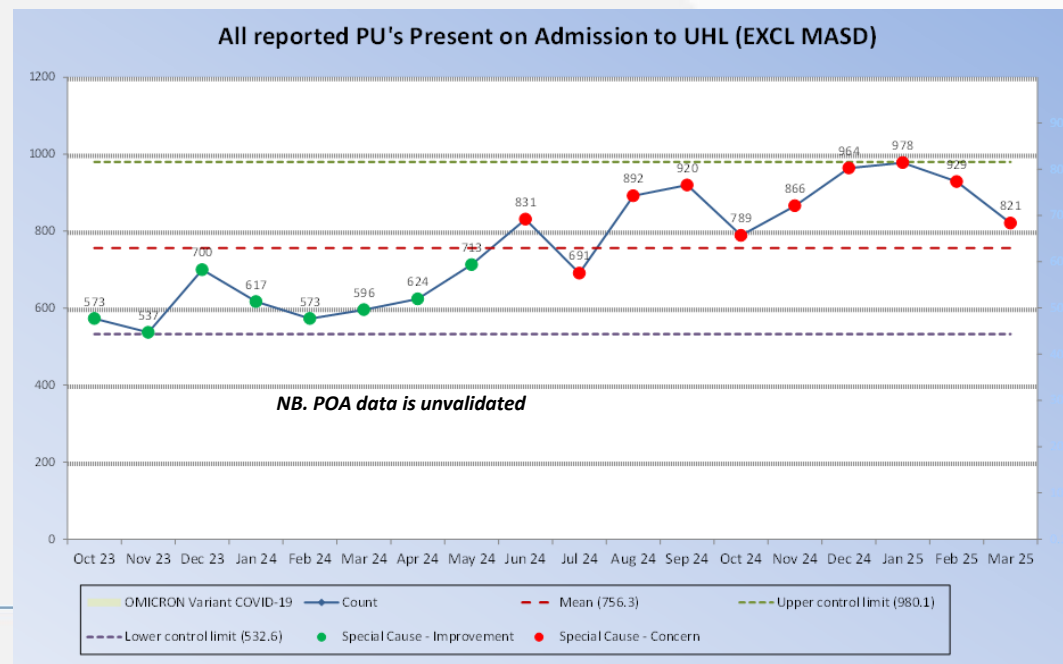
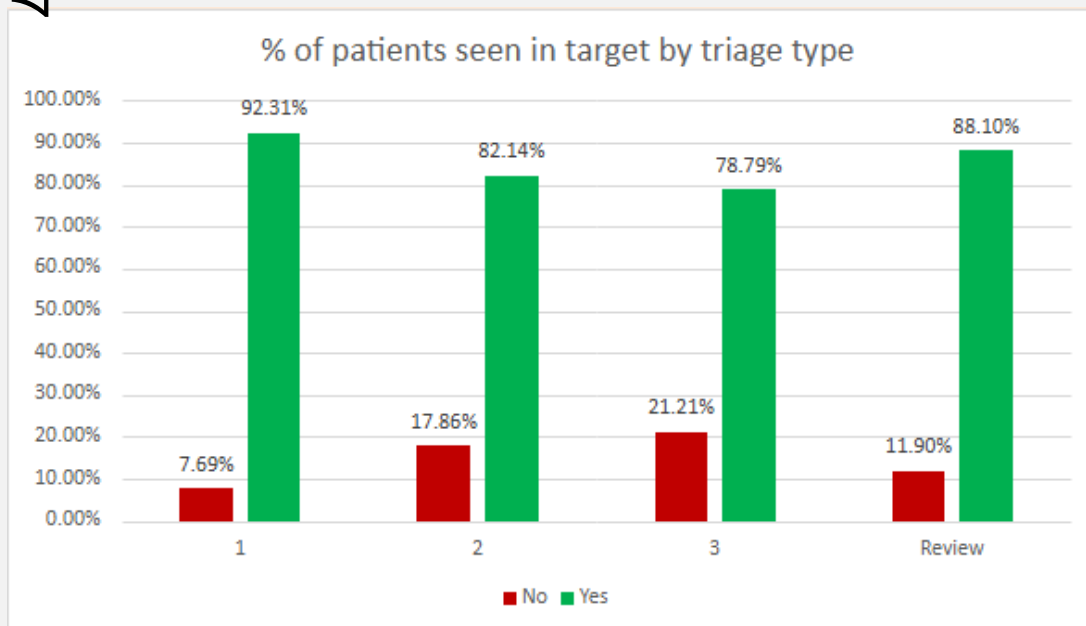


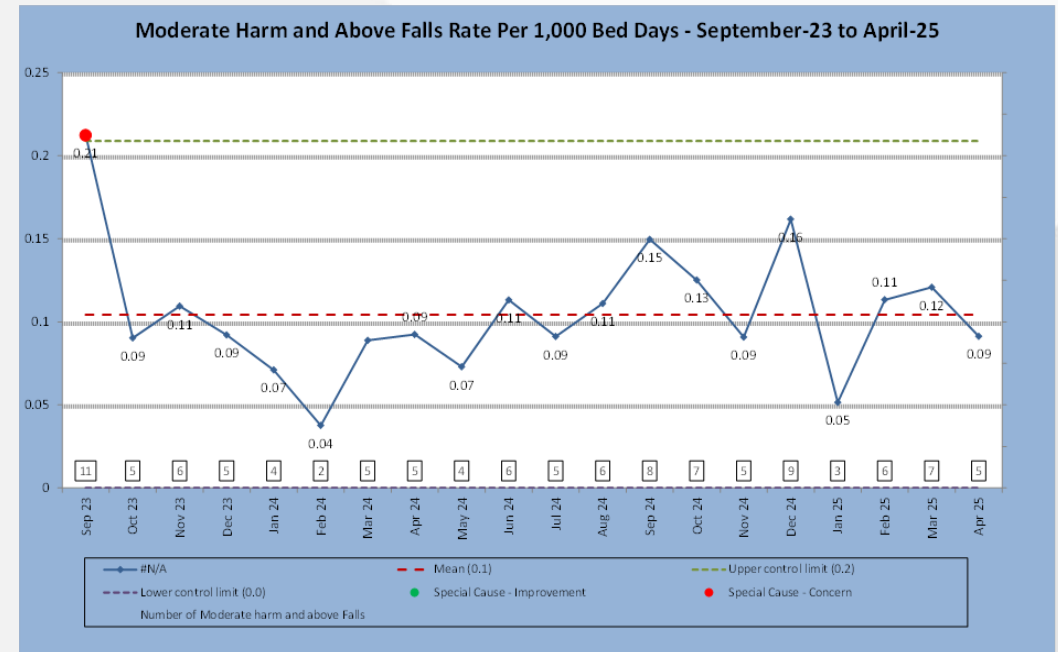
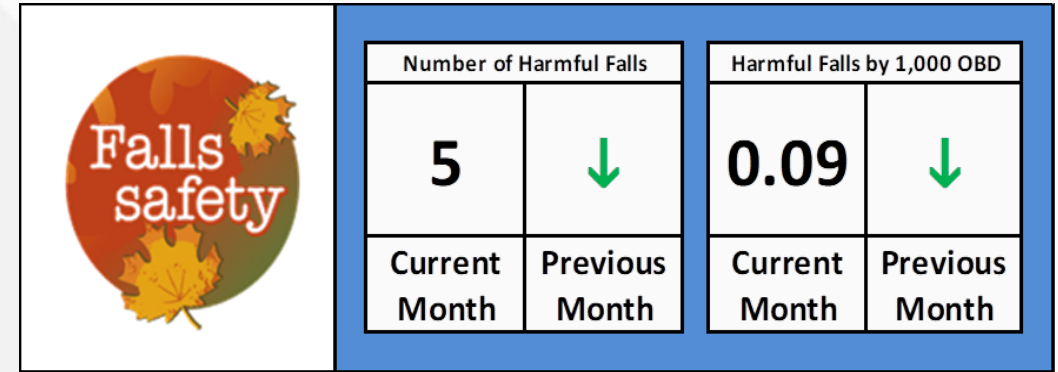
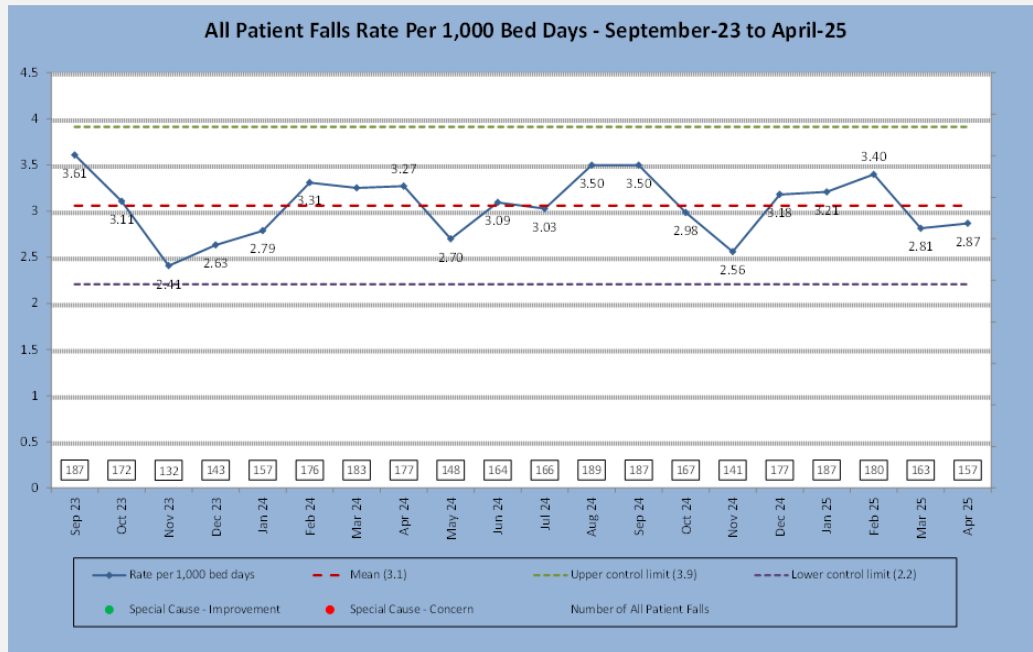
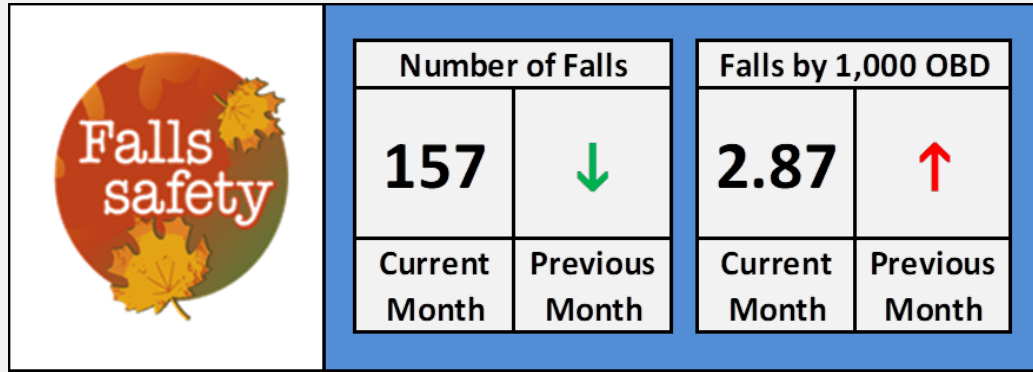
# TVN Data Analysis (March 2025)



- 85% of patients were seen within the expected target times, this has increase from 73% in February
- In March, the Tissue Viability Team received 154 referrals and completed 415 patient visits.
- The percentage of Priority 1 patients seen within the triage time has been consistently 92-93% for the last 4 months
- The percentage of P2 patients seen within target has increased, reaching 82% compared to 63% in the previous month.

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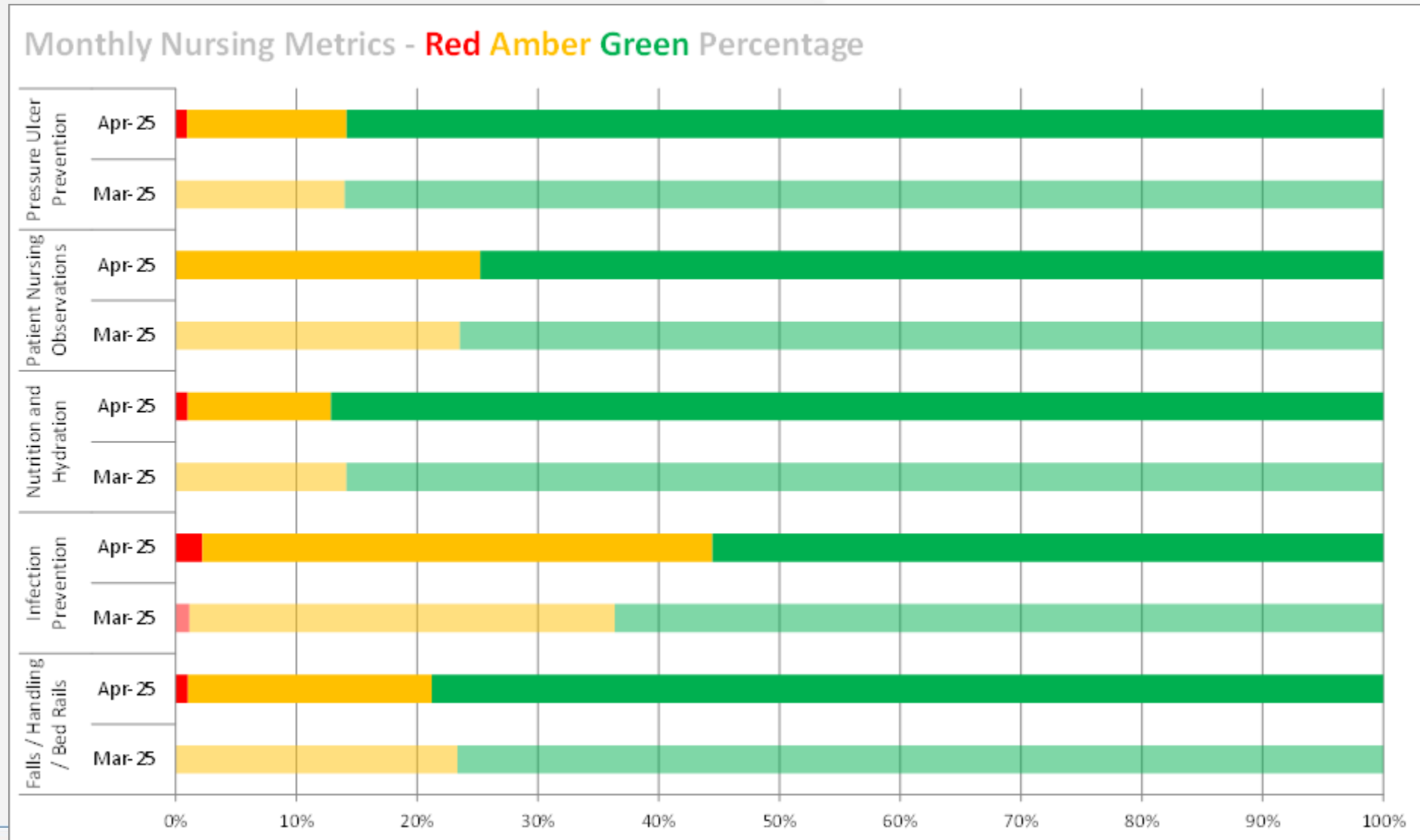




### Key Points :

- Sensor Devices Staff training planned at the LRI and LGH for CHUGGs, MSS and SM. Ramblerd Sensor devices will be available in clinical areas from early May.
- A revised Patient leaflet: Reducing your risk of falls during your hospital stay is now available on YourHealth. A QR code will be produced to improve accessibility for patients and relatives.

## Combined Nursing Metrics per Domain (Matron audits via MEG) – April 2025 (Current Month)



# The LEAF Approach: Our Quality Improvement Framework

- UHL's new system of accreditation
  - The programme uses data, metrics and audits to measure a ward's performance
  - Clinical teams are supported to complete a Quality Improvement Project each year
  - The LEAF programme for adult inpatient wards is being accelerated to complete by August 2025.
  - 53 adult inpatient wards have currently been onboarded onto LEAF
-

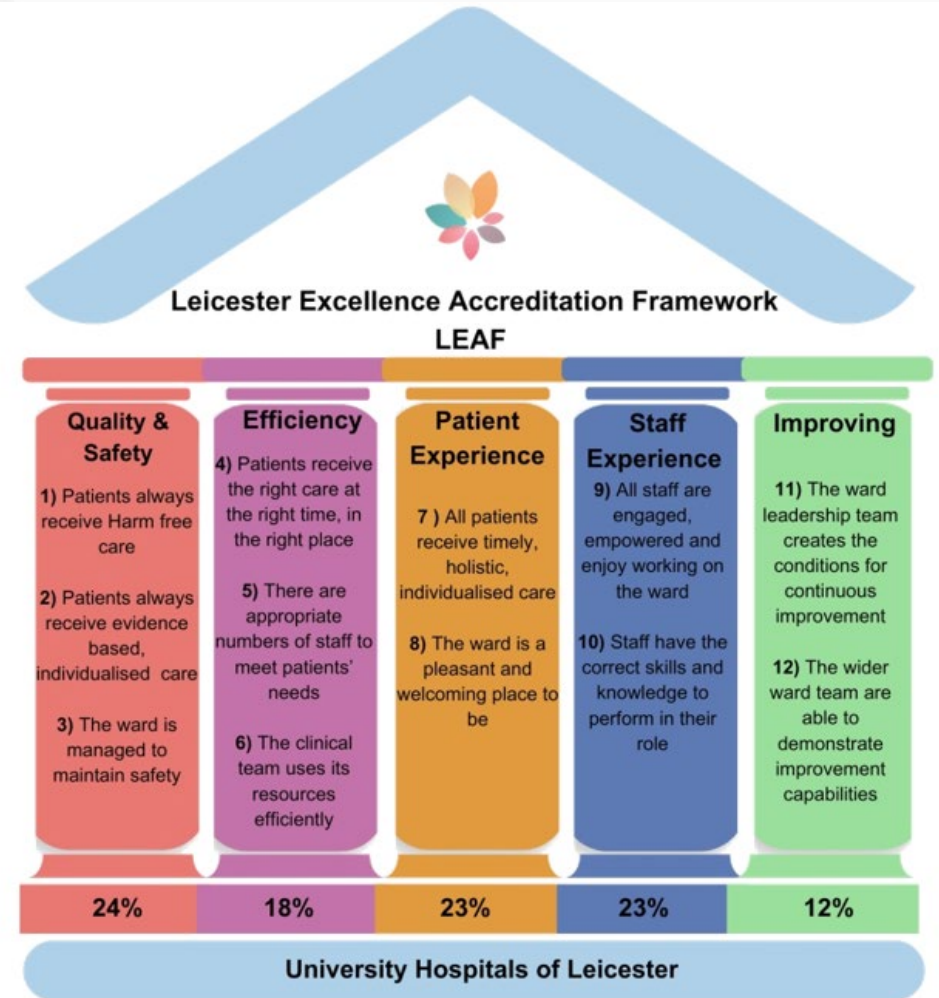


# The 5 Pillars of LEAF

LEAF is structured around 5 key pillars:

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

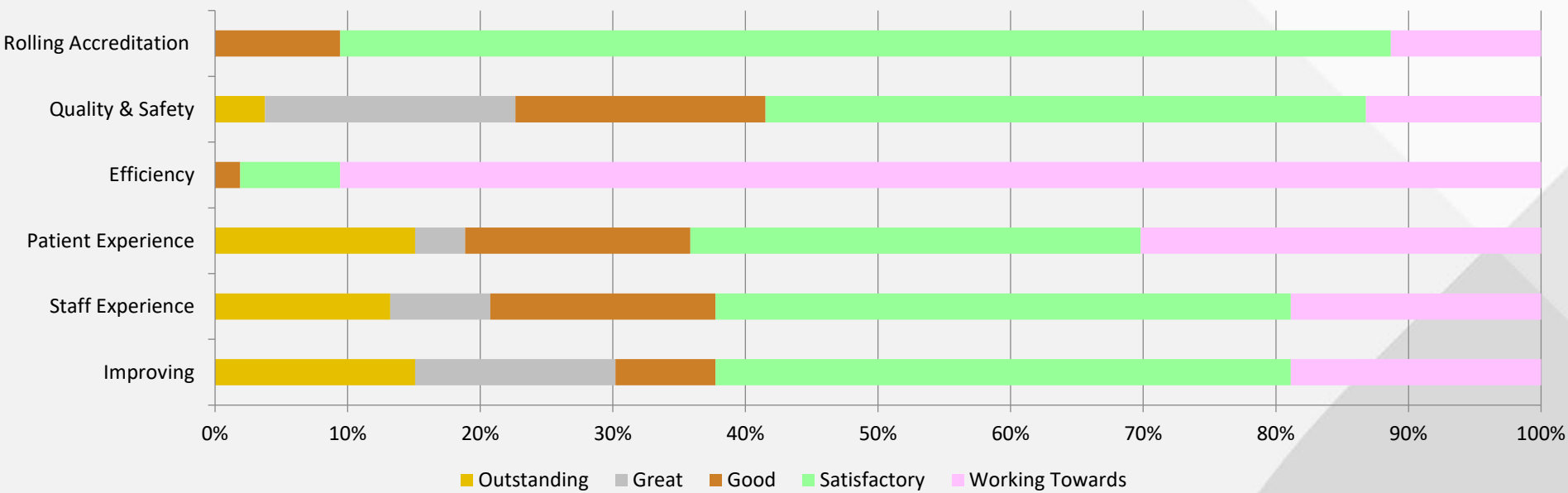
These pillars are further defined by 12 standards and underpinned by 69 measureable metrics



# LEAF Dashboard Overview

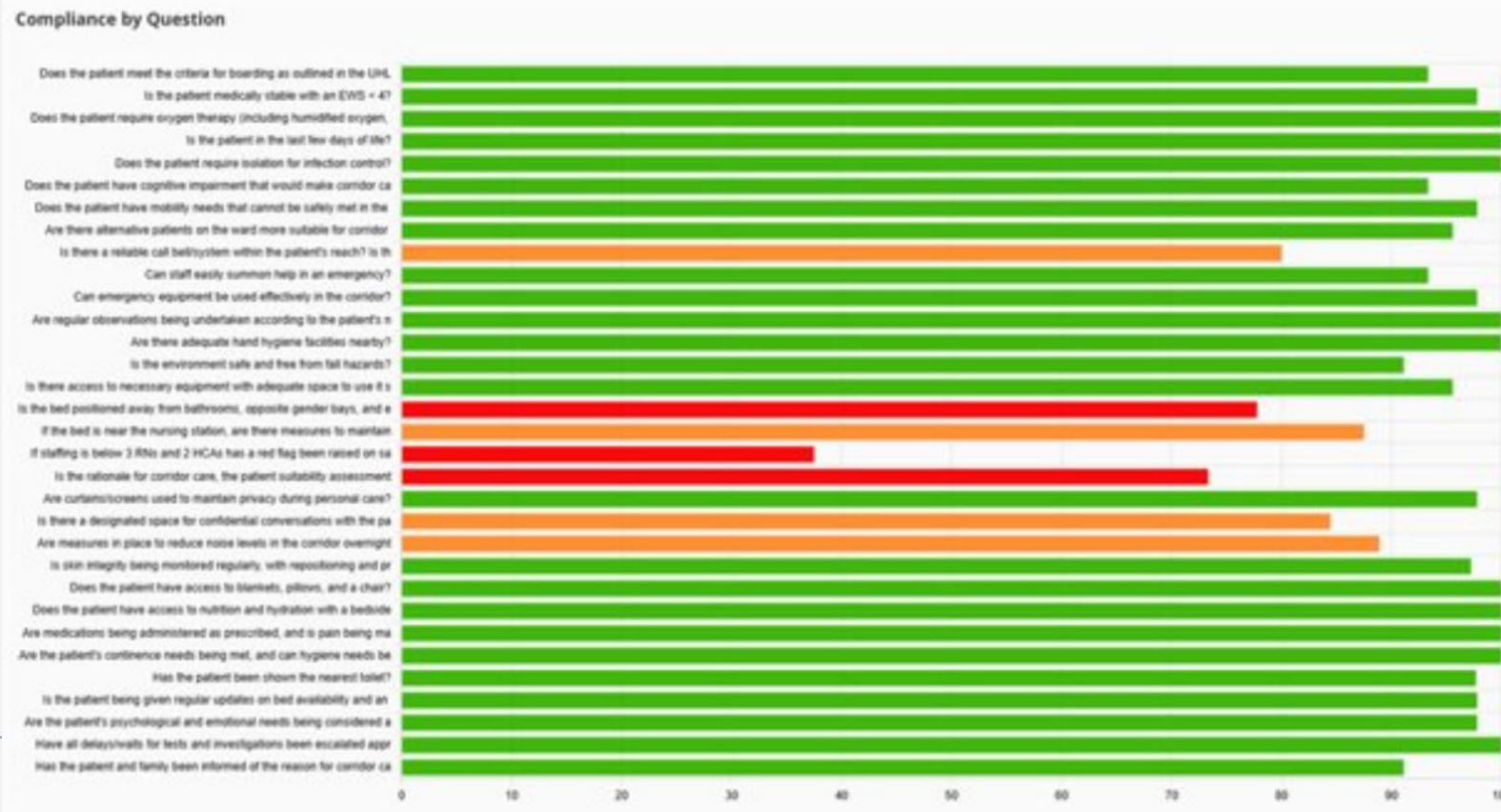
- This slide presents an overview of the LEAF dashboard results for the 53 wards onboarded.
- The chart displays the distribution of wards across different accreditation levels and LEAF pillars

LEAF Dashboard Overview- 53 Wards Onboarded



# Temporary Escalations: Audit Findings and Actions

- **Purpose of the Audits:** To assess compliance with standards for patients in temporary escalation spaces and identify areas for improvement.



Overall Compliance



**94.1%**

45 observations

From April 1, 2025 to April 30, 2025

# Our Focus for the Future

## 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.
-

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# **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: 05 June 2025

Lead director/officer: Rob Howard

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## 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. 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 31<sup>st</sup> March 2024. Pharmacy First data is provided to December 2024.
- 1.3. **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.
- 1.4. **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 reduced 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 7,300 by 2028, giving an overall total population of 387,000. This includes an increase of around 5,000 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.
- 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 health inequalities and address 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 health inequities in digital literacy
- 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
- Monitor current and future plans of housing development within City to ensure future increases in demand are met with adequate provision.

#### **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**

- Provide comment on the report
- Approve the draft PNA for the 60-day statutory consultation

### 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 as an appendix with the draft report for consultation.*
  - 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.
- 3.5 There has been a low response from the professional pharmacy survey – as of 8<sup>th</sup> April 2025, only 17 of 83 (21%) of Leicester pharmacies completed the survey. The closing data has been extended to allow more pharmacies to respond. Initial results are included in the draft PNA and these will be updated in the final PNA.
- 3.6 The PNA is also subject to a 60-day statutory consultation period which will run during June and July 2025. An email link to the draft PNA and the consultation questionnaire will be 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.

3.7 The consultation will also be promoted through internal networks and communications.

3.8 The results of the 60-day consultation will be collated and included in the final draft of the PNA for review by the Health and Wellbeing board in September 2025 and publication in October 2025.

## **4. Background and options with supporting evidence**

### **Purpose**

- 4.1 The purpose of this report is to present the draft Pharmaceutical Needs Assessment (PNA) for comment prior to a statutory public consultation.
- 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 1<sup>st</sup> 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/ukxi/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 A

## 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.<sup>1</sup>

<sup>1</sup> Source: *Pharmaceutical needs assessments: Information pack for local authority health and wellbeing boards* ([publishing.service.gov.uk](https://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  
19<sup>th</sup> 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\_A\_Leic\_HWB\_PNA\_draft\_20250605.pdf

Appendix\_B\_Results\_PNA\_public\_survey.pdf

Appendix\_C\_Pharm\_open\_times\_Mar25.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 draft PNA for the 60-day consultation 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 1<sup>st</sup> October 2025

# **Leicester Pharmaceutical Needs Assessment 2025**

Draft for consultation 2025

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Draft

# 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<sup>1</sup>

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 31<sup>st</sup> 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

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<sup>1</sup> 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](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 10<sup>th</sup> March 2022)

Pharmacy Contraception Service (PCS)

*\* Hepatitis C Testing Service was decommissioned 31<sup>st</sup> 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, minor ailments and many others.

This PNA has reviewed community pharmacy need and provision for the population of Leicester city as of 31<sup>st</sup> 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. 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 reduced hours on Sunday.

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**

Applying the ONS population projections to the latest mid-year estimates for 2023, suggests that by 2028, the population of Leicester is predicted to grow by around 7,300 to give a total population of around 387,100. Projections indicate that Leicester will have an increase of around 5,000 people aged 65 and over, which represents an increase in the proportion of the population aged 65 and over from 12% in 2023 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 will be reported in the final document.

## **1.8 Analysis of gaps in service**

**Pharmacies and local populations:** As of 31<sup>st</sup> March 2024, Leicester has 83 pharmacies located across the City, including 6 distance selling pharmacies and one pharmacy eligible for the Pharmacy Access Scheme. 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 Stoneysgate. 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. 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.
- 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
- Consider the effects of the additional pressure on pharmacies due to the national pharmaceutical workforce shortage and work with pharmacies to mitigate the impact of these on service provision
- Encourage pharmacies to offer discretionary services in relation to local need.
- Monitor current and future plans of housing development within City to ensure future increases in demand are met with adequate provision.

### **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<sup>2</sup> 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

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<sup>2</sup> 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<sup>2</sup>

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 will also be 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<sup>3</sup>. 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

Clinical pharmacists can work directly in general practice as part of the multi-disciplinary team in patient facing roles, clinically assessing and treating patients using their expert knowledge of medicines for specific disease areas. They can be prescribers and work alongside the general practice team, taking responsibility for patients with long term conditions and undertaking clinical medication reviews especially for older people and those in care homes. They can provide specialist expertise in medicines use while helping to address both the public health and social care needs of a patient at the practice(s).

Pharmacists in general practice will provide leadership to ensure all people get the best use out of their medicines. They will help support the further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient care and safety.

#### 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.<sup>4</sup> 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

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<sup>3</sup> Pharmacy White Paper, *Pharmacy in England – Building on strengths and delivering the Future*, April 2008

<sup>4</sup> [NHS England » Guidance on the NHS \(pharmaceutical and local pharmaceutical services\) \(amendment\) regulations 2023](#)

- 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 1<sup>st</sup> April 2013. The latest set of amendments are contained within the NHS Pharmaceutical and Local Pharmaceutical Services Amendment Regulations 2023.<sup>4</sup>

The amendments within the 2023 regulations cover the following areas.

- 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<sup>5</sup> 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 optimisation and safety.

<sup>5</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819601/cpcf-2019-to-2024.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf)

- **Urgent Care:**
  - Introduction of the Community Pharmacist Consultation Service which will take referrals to community pharmacies for services such 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 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 will be added to the Contraception service from October<sup>6</sup>.

## 3.4 National Priorities

### 3.4.1 The NHS Long Term Plan

The NHS Long Term Plan<sup>7</sup> 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.

<sup>6</sup> [CPCF arrangements for 2024/25 and 2025/26](#)

<sup>7</sup> [NHS Long Term Plan 2019](#)

- 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.

### 3.4.2 Core20Plus5

**Core20Plus5**<sup>8</sup> 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.<sup>9</sup> '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<sup>10</sup> 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

<sup>8</sup> [Core20Plus5](#)

<sup>9</sup> [English Indices of deprivation 2019](#)

<sup>10</sup> [Medicines Optimisation Partnership Operation Plan 2025/26](#)

- 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)
- 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 1<sup>st</sup> 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<sup>11</sup>. 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**.

<sup>11</sup> <https://www.kingsfund.org.uk/audio-video/integrated-care-systems-health-and-care-act>



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<sup>12</sup> 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.

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<sup>13</sup> 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

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<sup>12</sup> [LLR ICB Five Year Plan 2023/24 - 2027/28](#)

<sup>13</sup> [Leicester Health, Care and Wellbeing Strategy 2022-2027](#)



- 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.

## 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 with the terms of the Community Pharmacy Contractual Framework. Each year, every pharmacy must complete a short questionnaire which will determine whether a pharmacy needs visiting.

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

All pharmacies are required to conduct an annual community pharmacy patient questionnaire (Patient Satisfaction Questionnaire) which allows patients to provide feedback to community pharmacies on the services they provide<sup>15</sup>.

<sup>14</sup> <https://www.pharmacyregulation.org/standards>

<sup>15</sup> <http://psnc.org.uk/wp-content/uploads/2013/07/cppq2020annex20a.pdf>

## 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
<b>Dispensing Medicines and Appliances</b>	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.
<b>Repeat Dispensing</b>	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: <ul style="list-style-type: none"><li>• Dispense repeat prescriptions issued by a GP</li><li>• Ensure that each repeat supply is required</li><li>• Seek to ascertain that there is no reason why the patient should be referred back to their GP.</li></ul> The majority of repeat dispensing is now carried out via the Electronic Prescription Services (EPS) and is termed electronic Repeat Dispensing (eRD).
<b>Disposal of unwanted medicines</b>	Pharmacies accept unwanted medicines from individuals for safe disposal.
<b>Discharge Medicines Service (DMS)</b>	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.
<b>Promotion of healthy lifestyles (Public Health)</b>	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.

<b>Signposting</b>	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.
<b>Support for self-care</b>	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.
<b>Clinical governance</b>	Pharmacies must have a system of clinical governance to support the provision of excellent care. Requirements include: <ul style="list-style-type: none"> <li>• Provision of a practice leaflet for patients</li> <li>• Use of standard operating procedures</li> <li>• Patient safety incidence reporting to the National Reporting and Learning Service (NRLS)</li> <li>• Conducting clinical audits and patient satisfaction surveys, having complaints and whistle-blowing policies</li> <li>• Acting upon drug alerts and product recalls to minimize patient harm</li> <li>• Cleanliness and infection control measures</li> </ul>
<b>Healthy Living Pharmacies (HLP)</b>	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
<b>New Medicine Service (NMS)</b>	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.
<b>Appliance Use Review (AUR)</b>	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.
<b>Pharmacy First Service</b>	<p>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.</p> <p>The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):</p> <ul style="list-style-type: none"><li>• Sinusitis (aged 12 and over)</li><li>• Sore throat (aged 5 and over)</li></ul>

	<ul style="list-style-type: none"> <li>• Acute otitis media (aged 1-17 years)</li> <li>• Infected insect bite (aged 1 and over)</li> <li>• Impetigo (aged 1 and over)</li> <li>• Shingles (aged 18 and over)</li> <li>• Uncomplicated UTI (women aged 16-64 years)</li> </ul>
<b>Stoma Appliance Customisation (SAC)</b>	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.
<b>Seasonal Influenza (Flu) Vaccination Service</b>	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.
<b>Lateral Flow Device Service (LFD)</b>	<p>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.</p> <p>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.</p>
<b>Pharmacy Contraception Service (PCS)</b>	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.
<b>Hypertension Case-Finding Service</b>	Also known as the NHS Blood Pressure Check Service, from 1 <sup>st</sup> 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.

<b>Smoking Cessation Service</b>	Commissioned as an advanced service from 10 <sup>th</sup> 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.
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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 31<sup>st</sup> March 2024*

<b>Service</b>	<b>Description</b>
<b>Emergency Hormonal Contraception (EHC)</b>	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.
<b>C-Card Service</b>	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.
<b>Child influenza vaccination service</b>	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.



<b>Needle exchange</b>	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.
<b>Supervised consumption</b>	Pharmacies are commissioned to provide registered drug addicts regular monitored doses of an opiate substitute to support them becoming progressively drug free.
<b>Take home naloxone service</b>	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.
<b>Palliative Care</b>	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*

<b>Service</b>	<b>Description</b>
<b>Covid Vaccination Service</b>	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 & NHS Improvement 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 summary care record (SCR) for patients. The NHS Summary Care Record (SCR) is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record with the patient's consent. SCR was rolled out to pharmacies from March 2016 and helps support safer patient care and treatment.

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<sup>16</sup> 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.

#### **Appliance contractor**

An appliance contractor provides services to people who need appliances such as stoma and

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<sup>16</sup> <http://psnc.org.uk/services-commissioning/pharmoutcomes/>



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 1<sup>st</sup> 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.

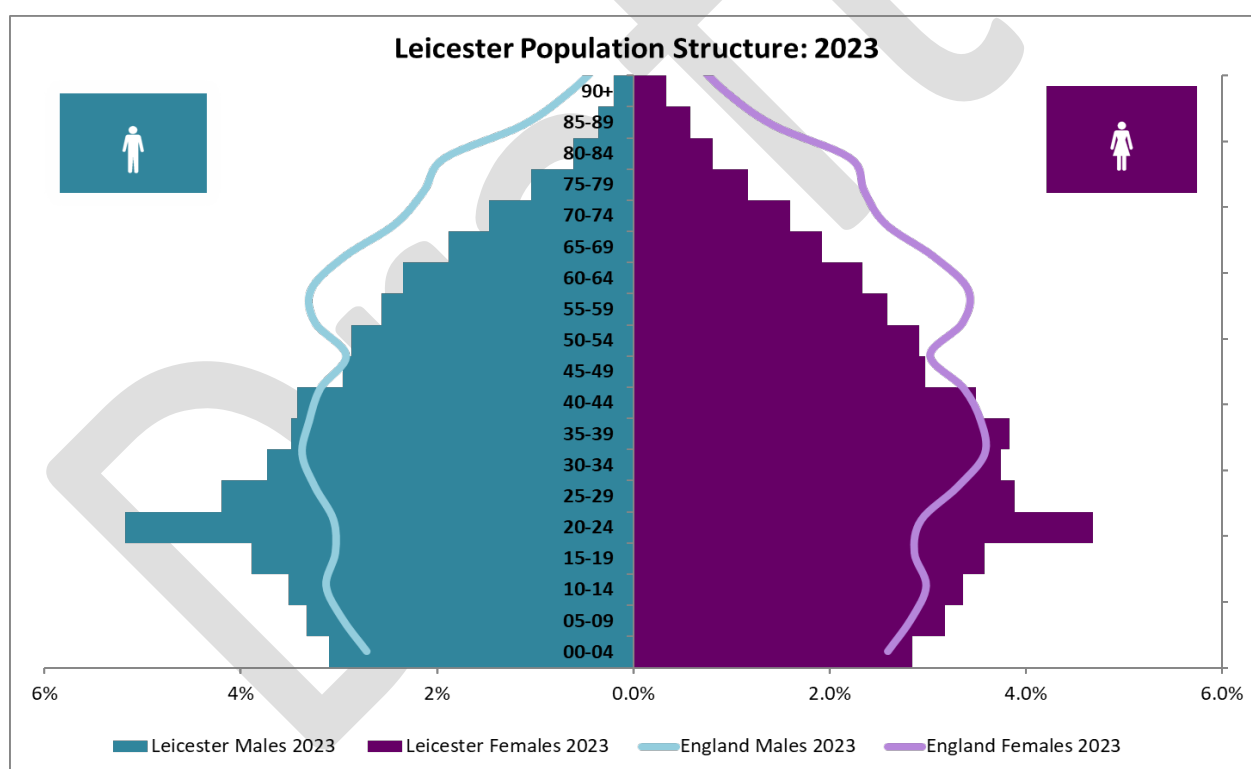
## 5. Health Needs in Leicester

### 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)<sup>17</sup>. 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<sup>18</sup>

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<sup>18</sup>. 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

<sup>17</sup> ONS Mid-year population estimates, 2023

<sup>18</sup> 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 fewer elderly people in black and minority ethnic groups.

### **5.1.3 Language<sup>18</sup>**

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. Gujarati 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<sup>18</sup>**

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<sup>18</sup>**

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<sup>18</sup>**

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

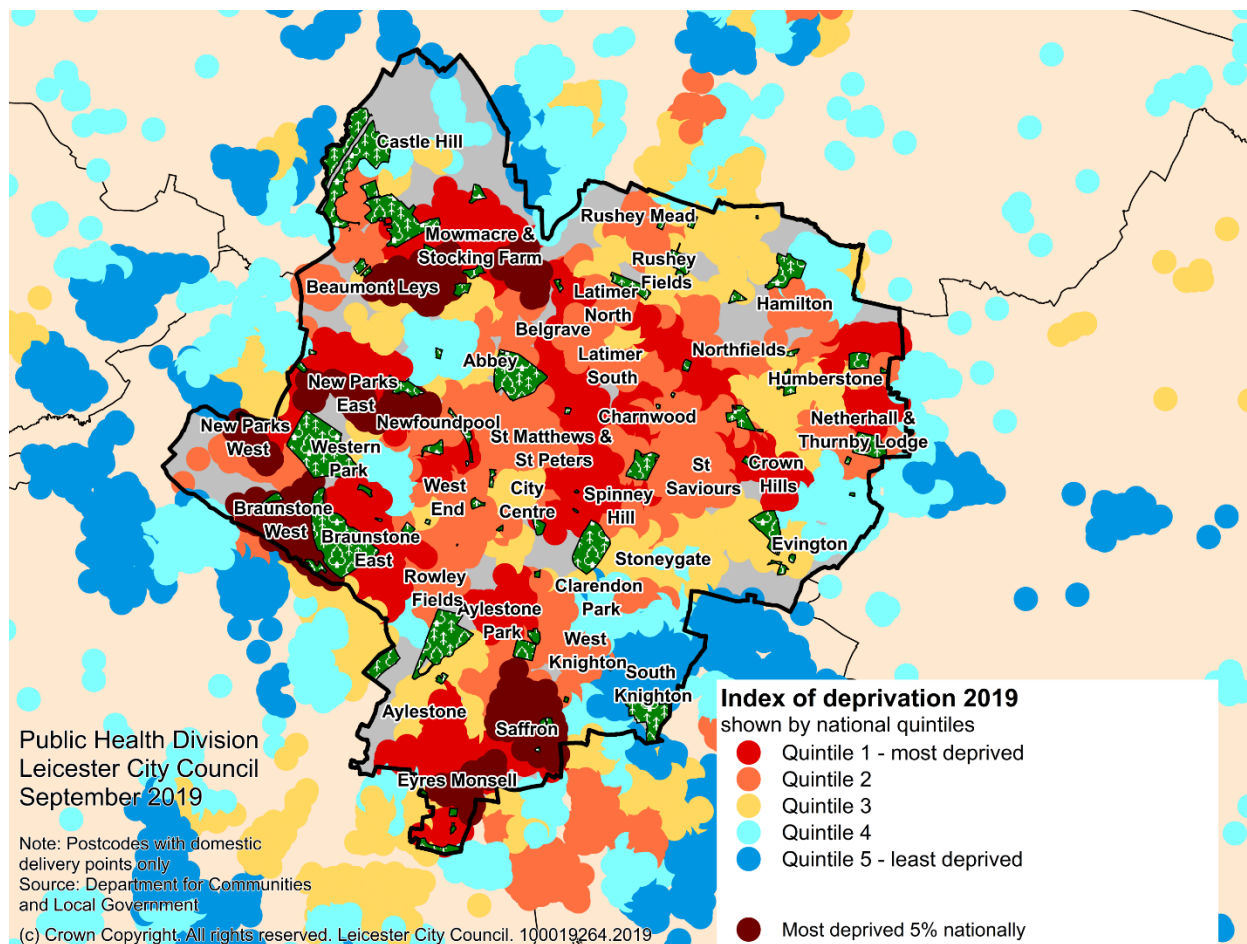
The English indices of deprivation 2019<sup>19</sup> use separate measures, across 7 domains of deprivation, to calculate the Index of Multiple Deprivation 2019 (IMD 2019). This is an overall measure of multiple deprivation experienced by people living in an area. The seven domains of which the measures 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.<sup>19</sup> 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 32<sup>nd</sup> 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).

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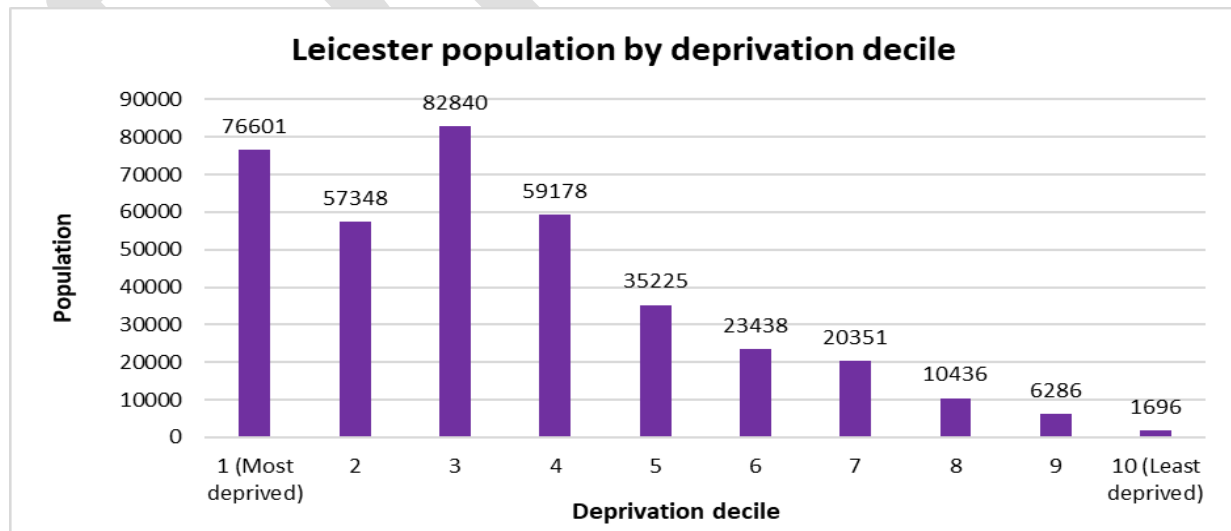
<sup>19</sup> The English indices of deprivation 2019 (Technical report), Ministry of Housing, Communities & Local Government, Gov.UK, [English Indices of Deprivation 2019: technical report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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

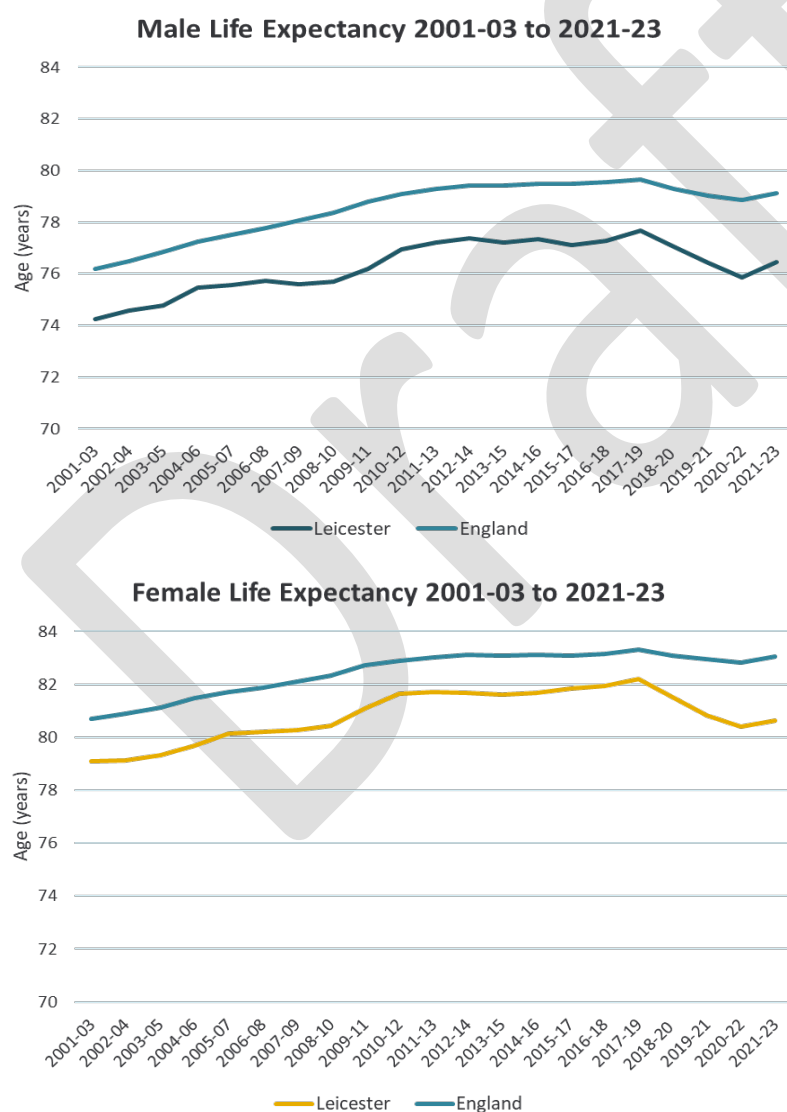


Data: Indices of Deprivation 2019, Mid-2022 population estimates, ONS

## 5.2.2 Life expectancy

As shown in figure 4, life expectancy<sup>20</sup> 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.<sup>21</sup>

*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*

<sup>20</sup> 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.

<sup>21</sup> 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

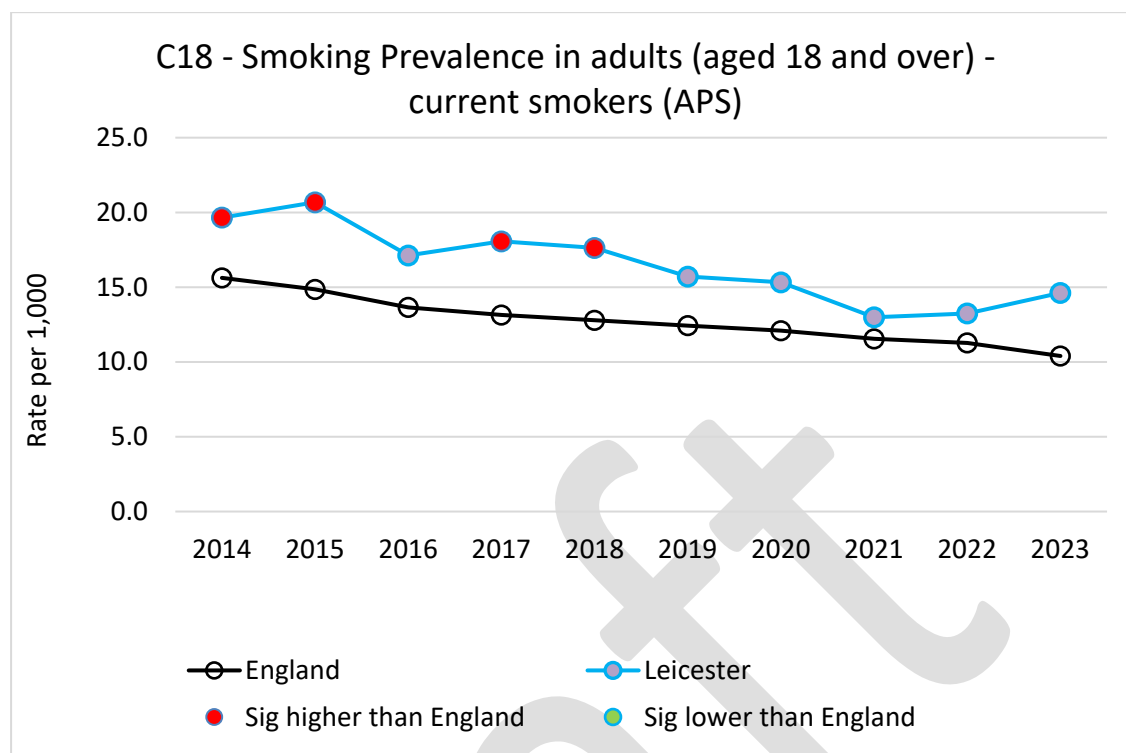
## 5.4 Lifestyles

### 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).<sup>22</sup>

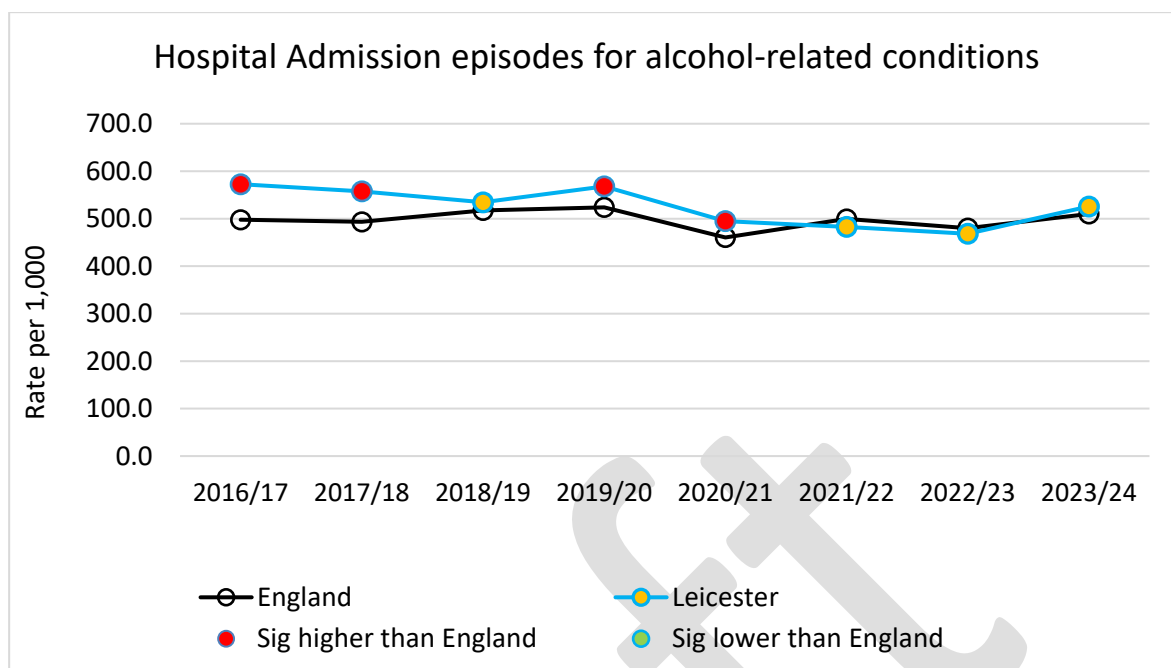
#### 5.4.1 Alcohol consumption

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 2020/21.

<sup>22</sup> 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).

#### 5.4.2 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)<sup>23</sup>Error! Bookmark not defined.

#### 5.4.3 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<sup>23</sup>.

<sup>23</sup> [Dept Health and Social Care: Fingertips Public health profiles](#)

#### 5.4.4 Diabetes

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

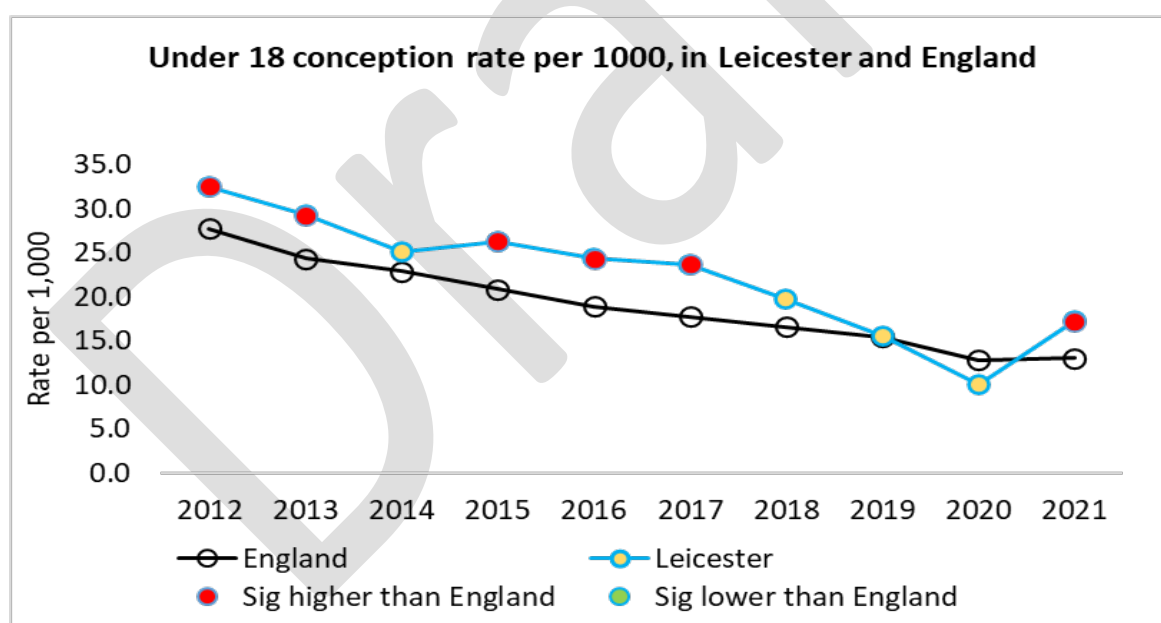
Diabetes prevalence is significantly higher in Leicester adults (10%)<sup>23</sup> and onset of diabetes is more prevalent and at a younger age in South Asian population.

#### 5.4.5 Teenage conceptions

Evidence shows that teenage pregnancies (<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<sup>23</sup>. 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*



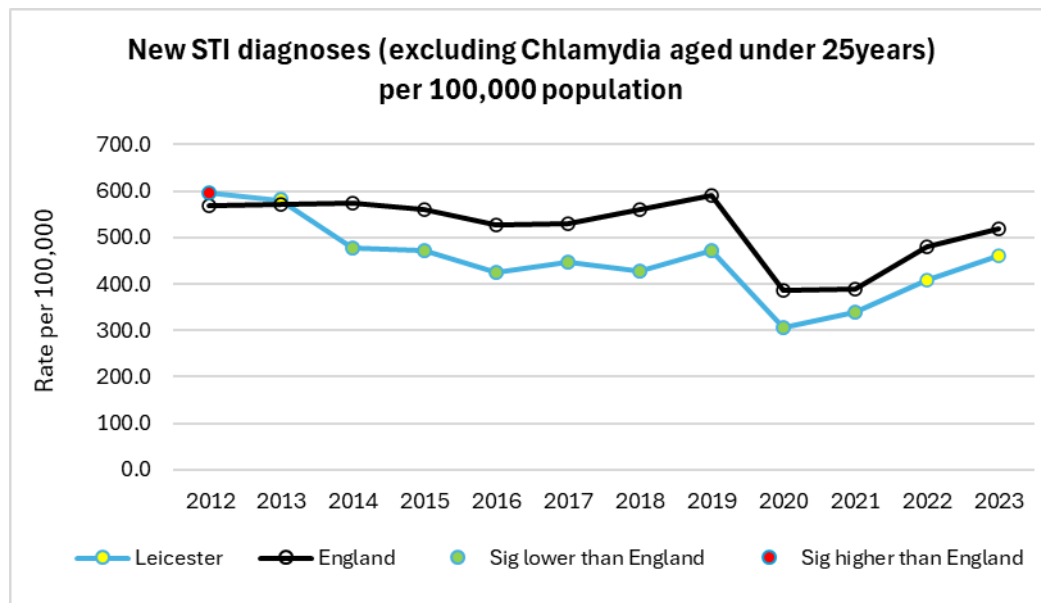
*Data: Fingertips, Office for Health Improvement & Disparities, 2025*

#### 5.4.6 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.

#### 5.4.7 Substance use

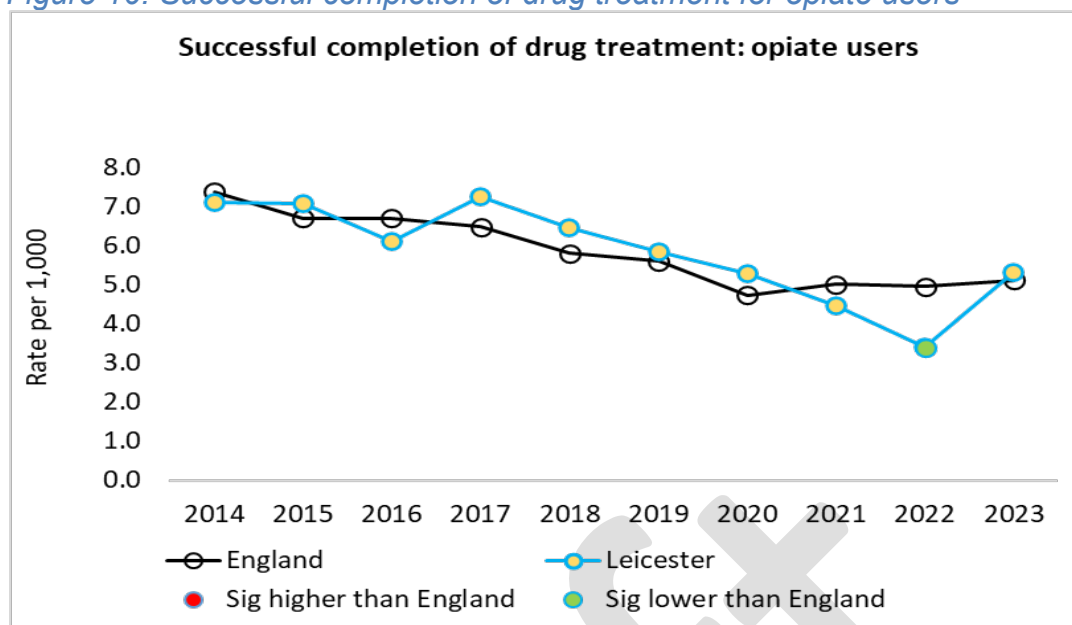
Harmful drug use includes the use of illegal drugs such as Class A drugs, volatile substances such as gas, over the counter (OTC) and prescribed drugs, such as opiate based pain killers and tranquillizers, along with emerging substances and 'New Psychoactive Substances' (NPS) such as synthetic cannabinoids.

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).

#### 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.

#### 5.4.8 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%<sup>23</sup>.

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

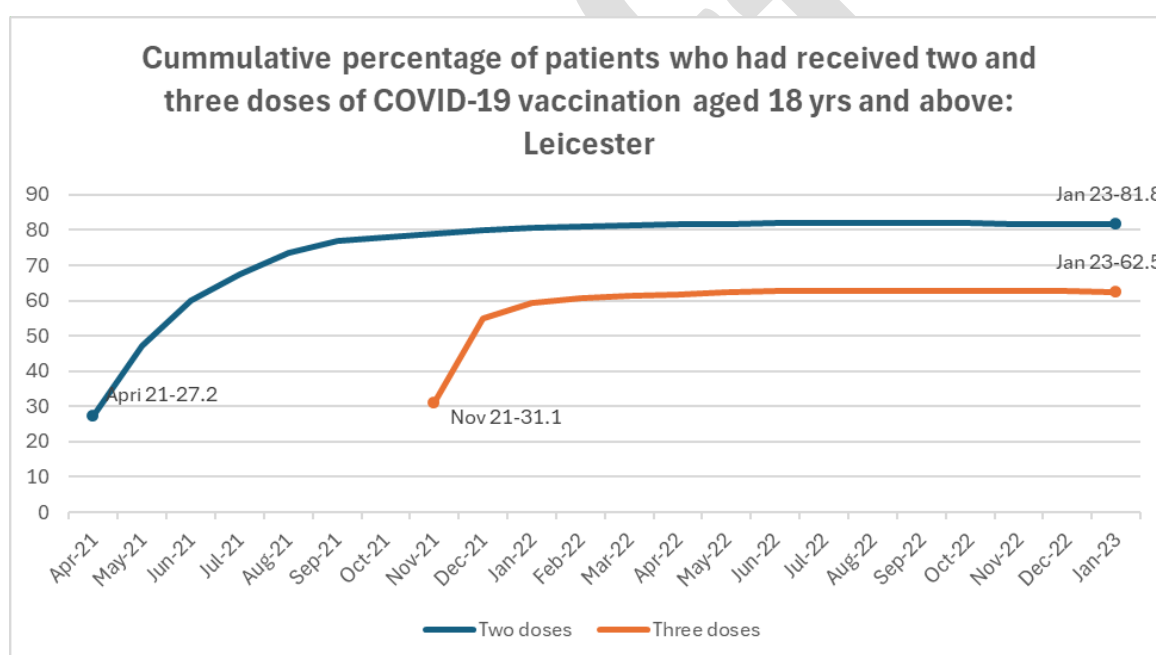
## COVID 19 vaccination uptake in Leicester

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:

Draft

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 than England
Similar to England
Significantly better than England

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
Language 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 & Rowlands 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)
- Whole 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 expectancy 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%
Lifestyle	Dementia (65+ yrs)	4.6%	5.7%	4.3%	4.9%	5.0%	3.9%	4.7%
	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 \(leicester.gov.uk\)](http://leicester.gov.uk)

**Health profiles:** [Public health profiles - OHID \(phe.org.uk\)](http://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<sup>24</sup>. The number of pharmacies has decreased by three since 2022, Leicester has witnessed an increase in population of around 11,000 from 368,922<sup>25</sup> to 379,780<sup>26</sup>. 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.

*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).*

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<sup>24</sup> [General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA](#)

<sup>25</sup> Office for National Statistics, mid-year population estimates 2020

<sup>26</sup> [Population estimates for England and Wales - Office for National Statistics](#)

## 6.2 Location and access to pharmacies

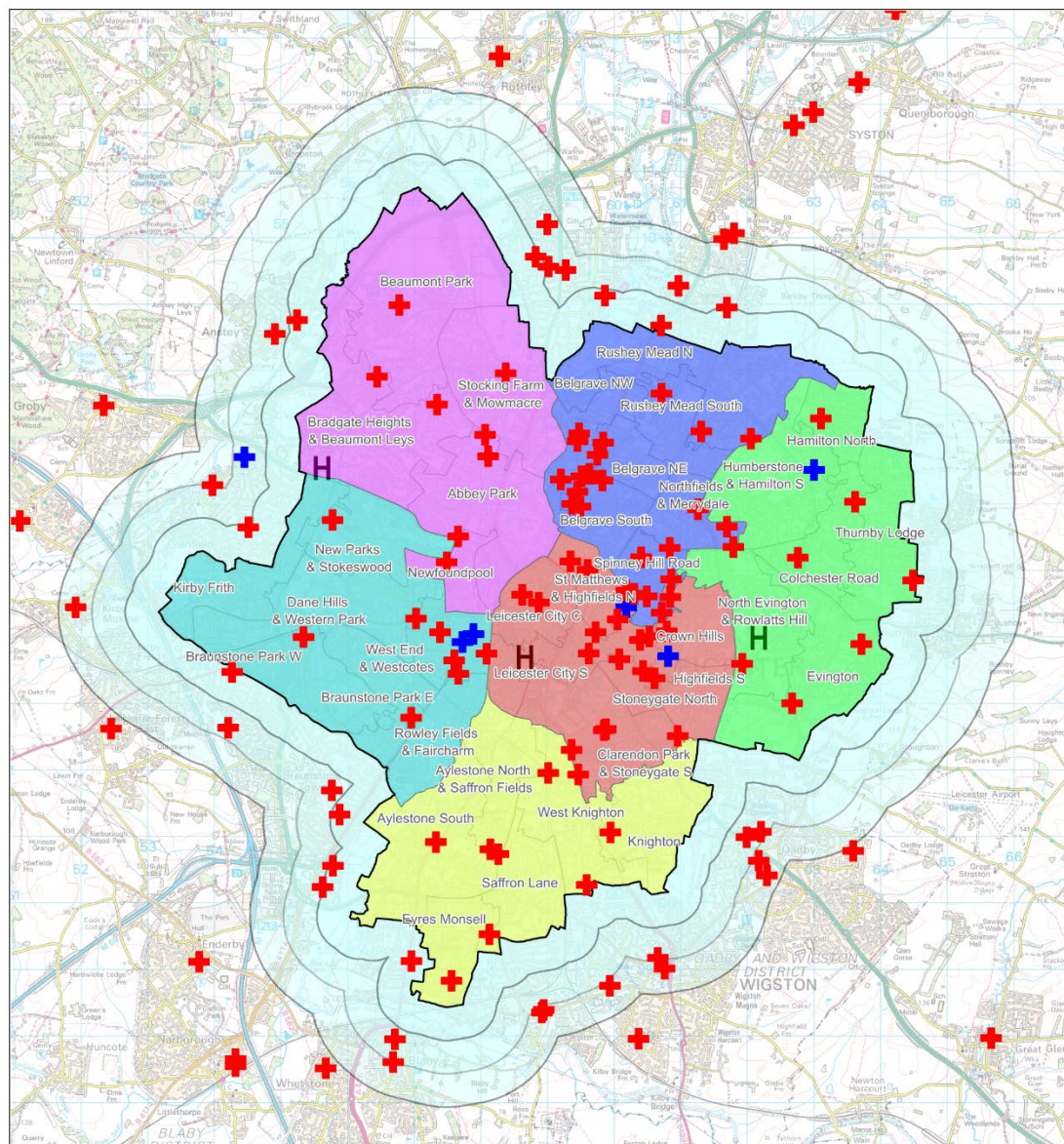
### 6.2.1 Distribution of community pharmacies

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 the four of Leicestershire 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**



**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 and 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*

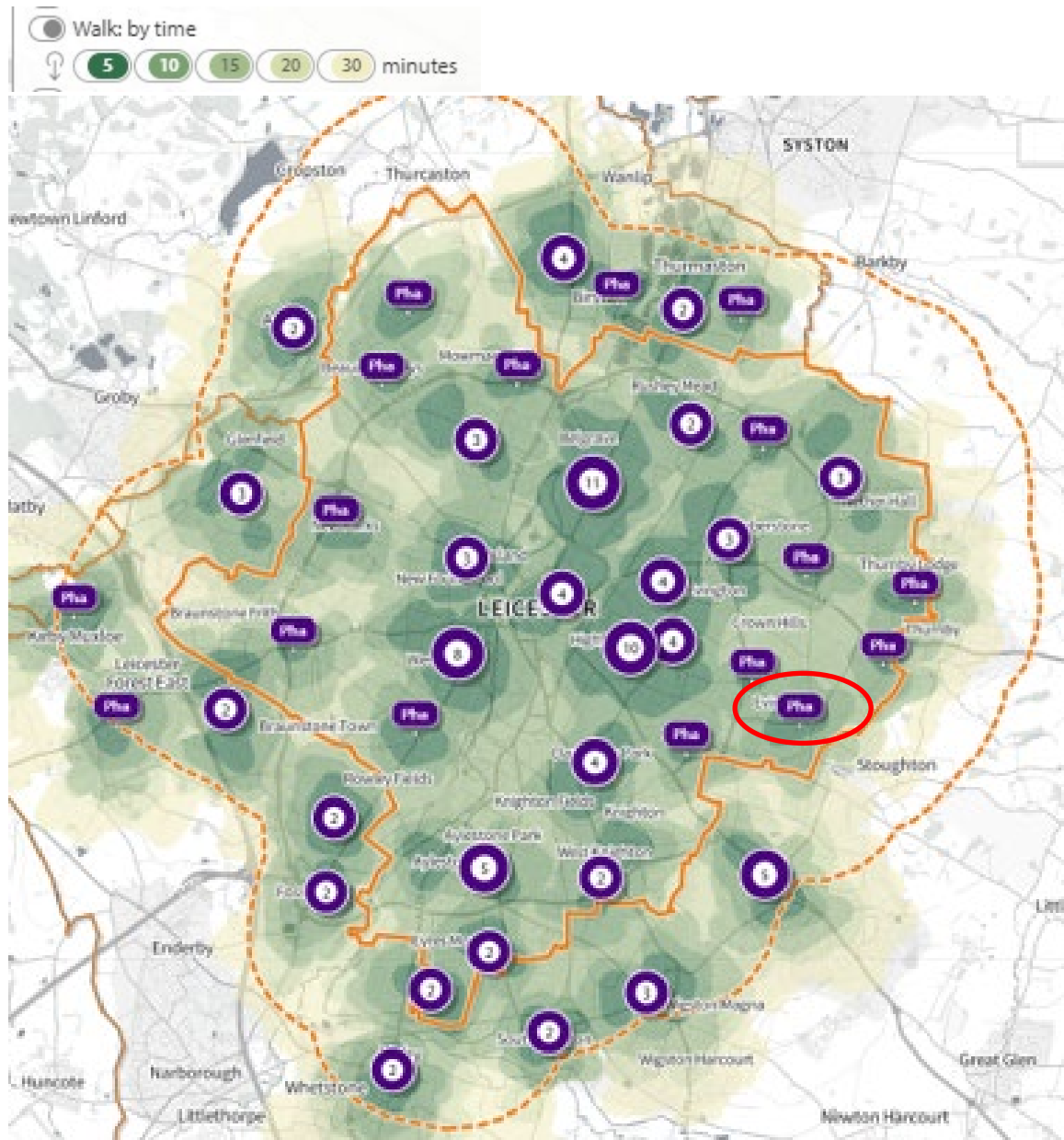
### 6.2.2 Walk-times to Pharmacies

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.



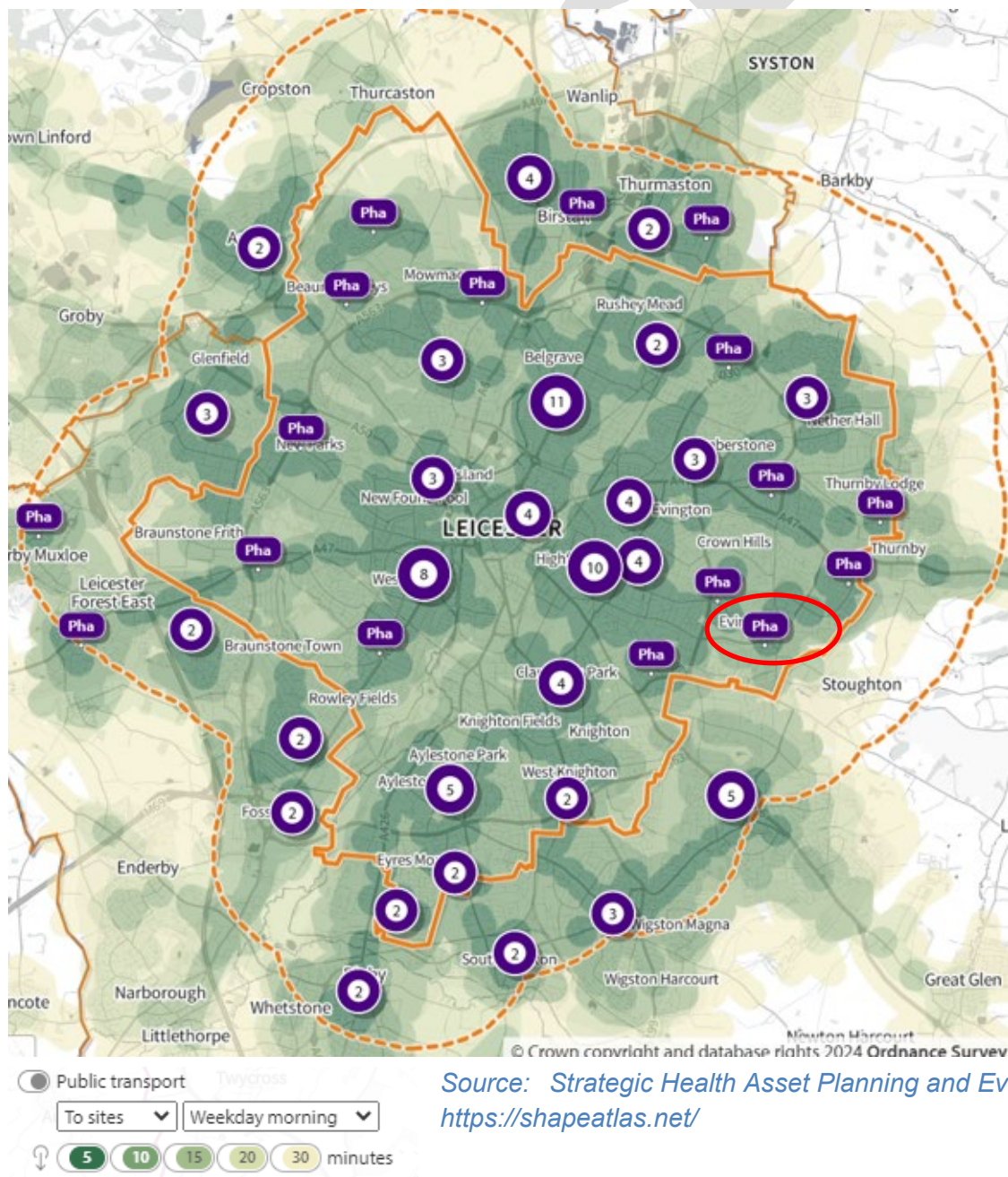
### 6.2.3 Public transport travel times to pharmacies

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



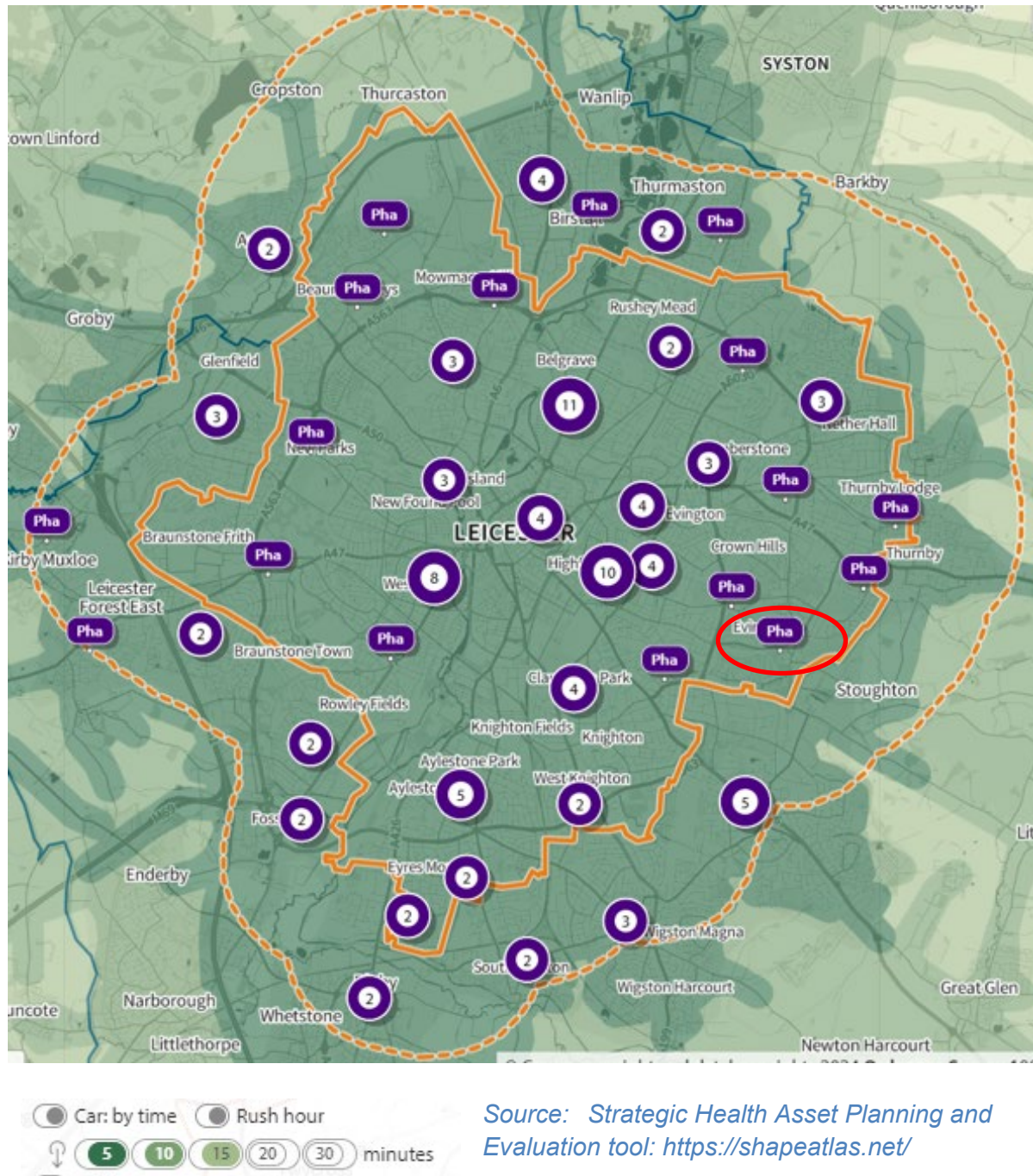
Source: Strategic Health Asset Planning and Evaluation tool:  
<https://shapeatlas.net/>

## 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*



*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

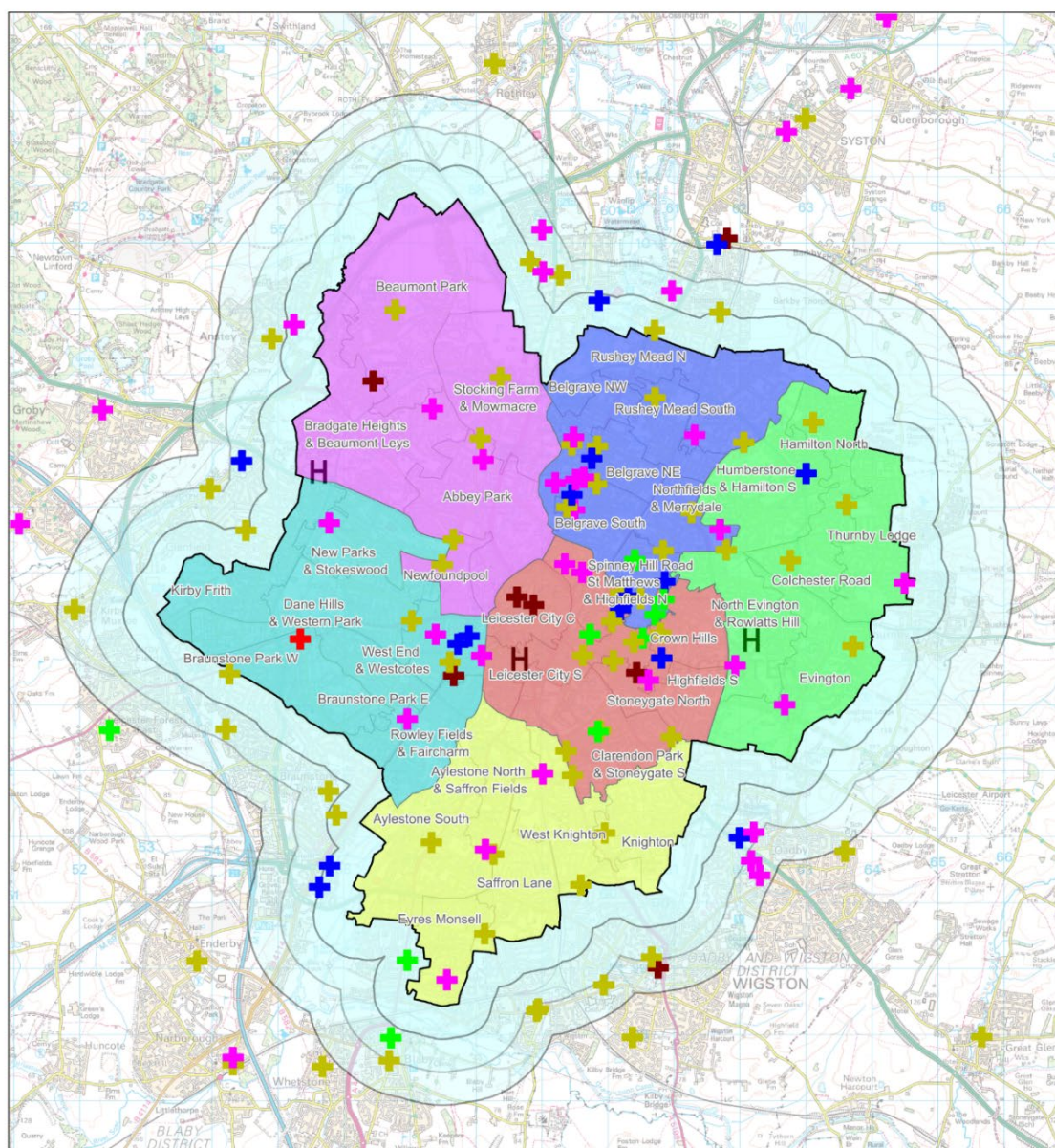
All pharmacies are required to open for 40 hours per week and these are referred to as core opening hours. Pharmacies can choose to open for longer than 40 hours per week and these additional hours are referred to as supplementary opening hours. Since August 2012, some pharmacy contractors have applied 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 are categorized as open 'late' where they open after 18:30 on weekdays*

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



## Opening days and times for pharmacies in Leicester and surrounding areas 2024

### Pharmacy open days

- + Weekdays std hours
- + Weekdays after 18:30
- + Weekdays std hours and Sat
- + Weekdays after 18:30 and Sat
- + Weekdays std hours and Sun
- + Weekdays std hours, Sat, Sun
- + Weekdays after 18:30, Sat, Sun

**H** University Hospitals of Leicester

### HWB Areas

- Central
- East
- North
- North West
- South
- West

### Leicester City boundary

- 0.5km boudaries

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Data: NHS Business Services Authority Statistics, GP Practice data

As shown in table 12 below:

- Across Leicester's locality areas, pharmacy opening times range from 381 hours to over 1,094 hours per week. North West Leicester has the lowest number of open-hours per week.
- The Central and North locality areas have the highest number of total weekly open-hours (over 900 open hours per week each).
- Across the city 18.1% (15) of pharmacies are open 7 days a week (including standard and late opening hours).
- 69.9% (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.
- 30.1% (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.<sup>27, 28</sup> However, we have identified that there are some 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. 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 will be addressed in the relevant services sections below.

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.

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

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<sup>27</sup> NHS Business Service Authority. General Pharmaceutical Services in England: [General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA](#)

<sup>28</sup> ONS mid-year 2023 population estimates

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.

Draft

## 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 prescription
- 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
<b>Total</b>	<b>7,476,981</b>	<b>61,658,883</b>

Data: [OpenPrescribing.net](https://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:<sup>29</sup>

- 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 10<sup>th</sup> March 2022)
- Pharmacy Contraception Service (PCS)

<sup>29</sup> [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

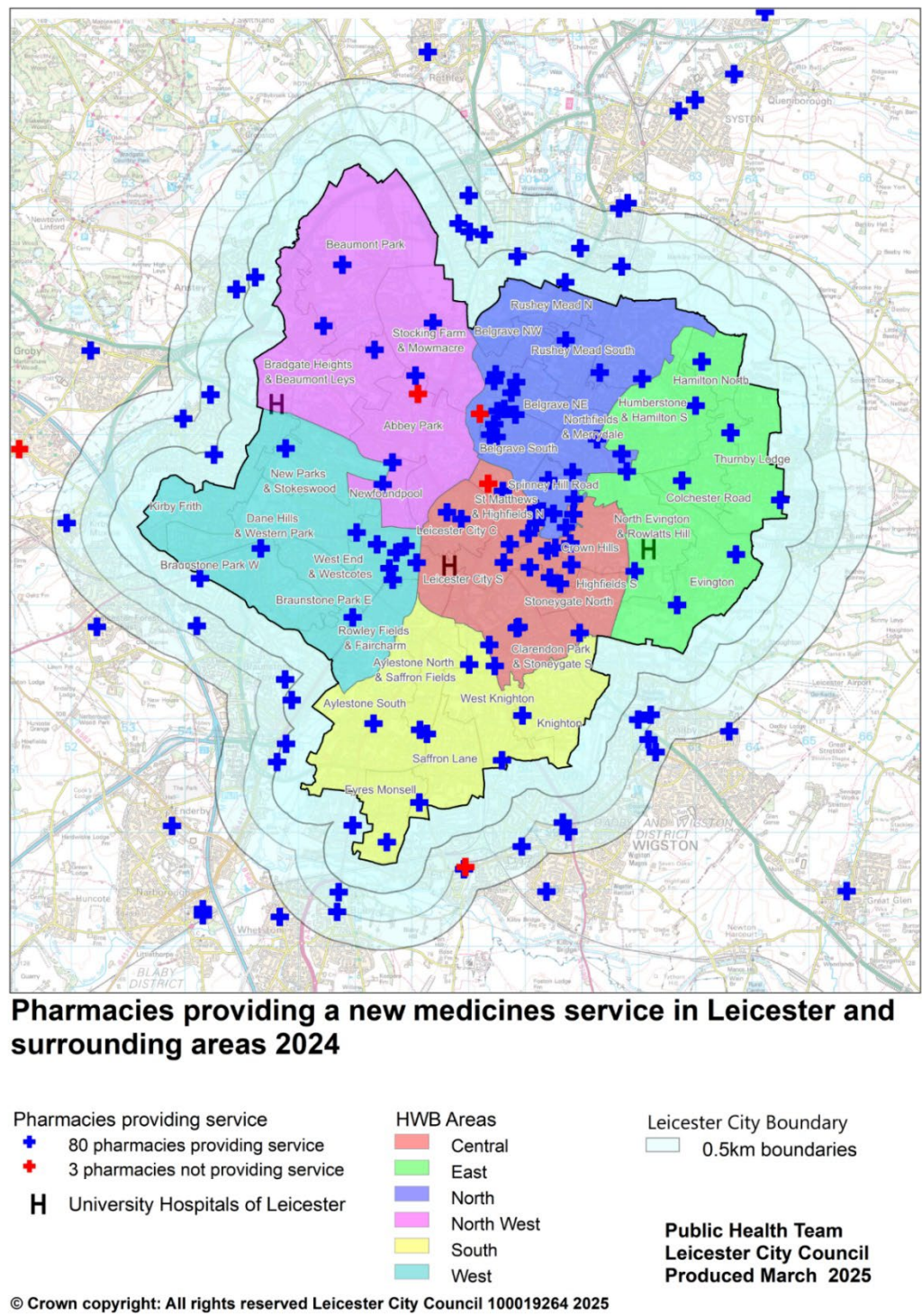


represents 99 NMS per 1,000 population, with the lowest rate in the East of the city and the highest rate in the North areas of the city (see figure 17).

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<sup>30</sup>. The SAC service usually involves delivery to the patient's home and is also available from other providers.

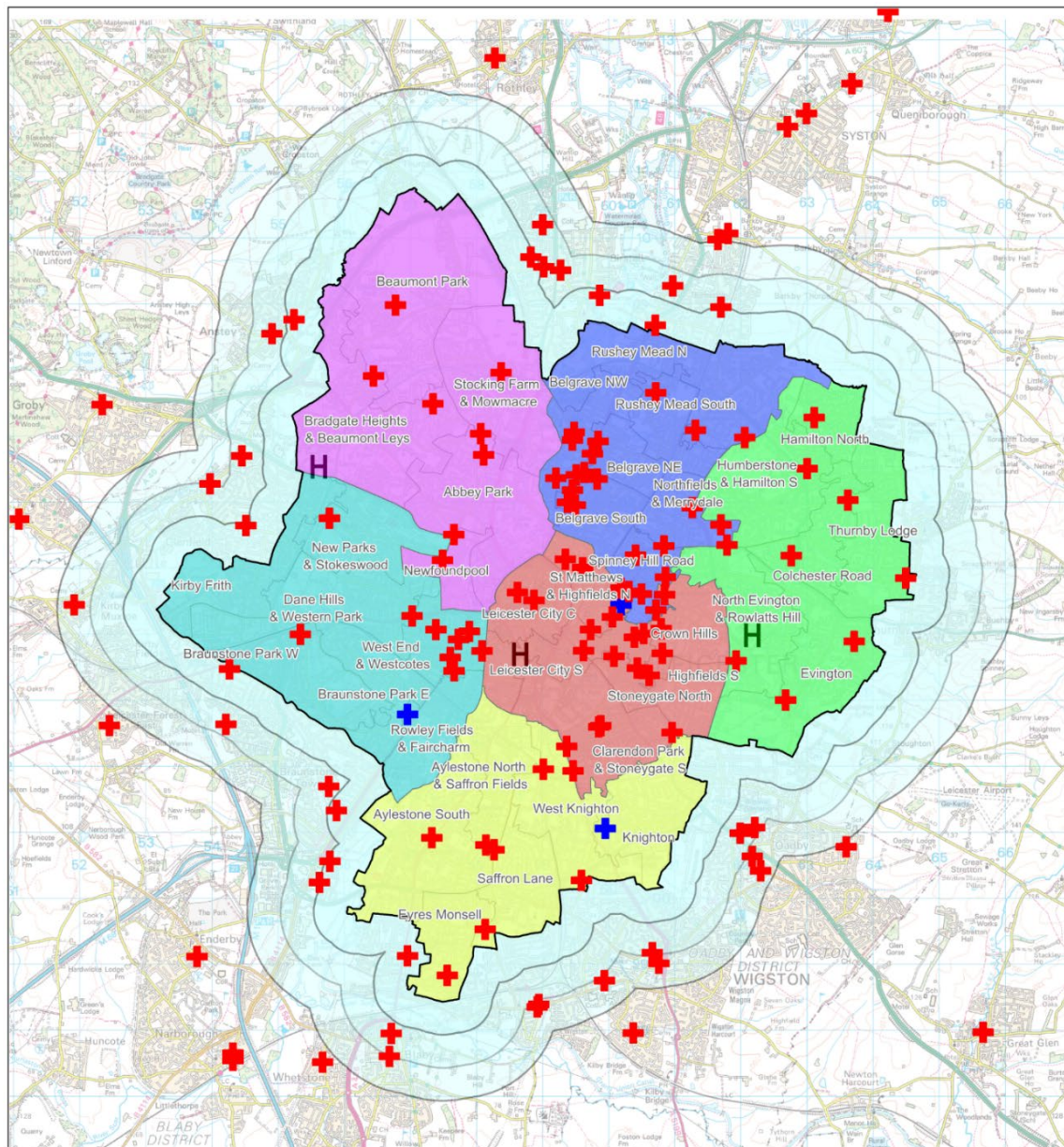
*Note: The now closed pharmacy in Evington did not provide any SAC in 2023/24 so the closure won't further impact local residents who require this service.*

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<sup>30</sup> 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



### Pharmacies providing a stoma appliance service in Leicester and surrounding areas 2024

- Pharmacies providing service
- + 3 Pharmacies providing service
  - + 80 pharmacies not providing service
- H** University Hospitals of Leicester

HWB Areas

- Central
- East
- North
- North West
- South
- West

Leicester City Boundary

- 0.5km boundaries

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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<sup>31</sup>.

### 7.2.4 Community Pharmacist Consultation Service

The Community Pharmacist Consultation Service (CPCS) launched on 29<sup>th</sup> 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 1<sup>st</sup> 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.<sup>32</sup> 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).

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<sup>31</sup> General Pharmaceutical Services in England, 2015/16 to 2023/24 [General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA](#)

<sup>32</sup> Pharmaceutical Services Negotiating Committee, Community Pharmacist Consultation Service (CPCS) [Community Pharmacist Consultation Service \(CPCS\) : PSNC Main site](#)

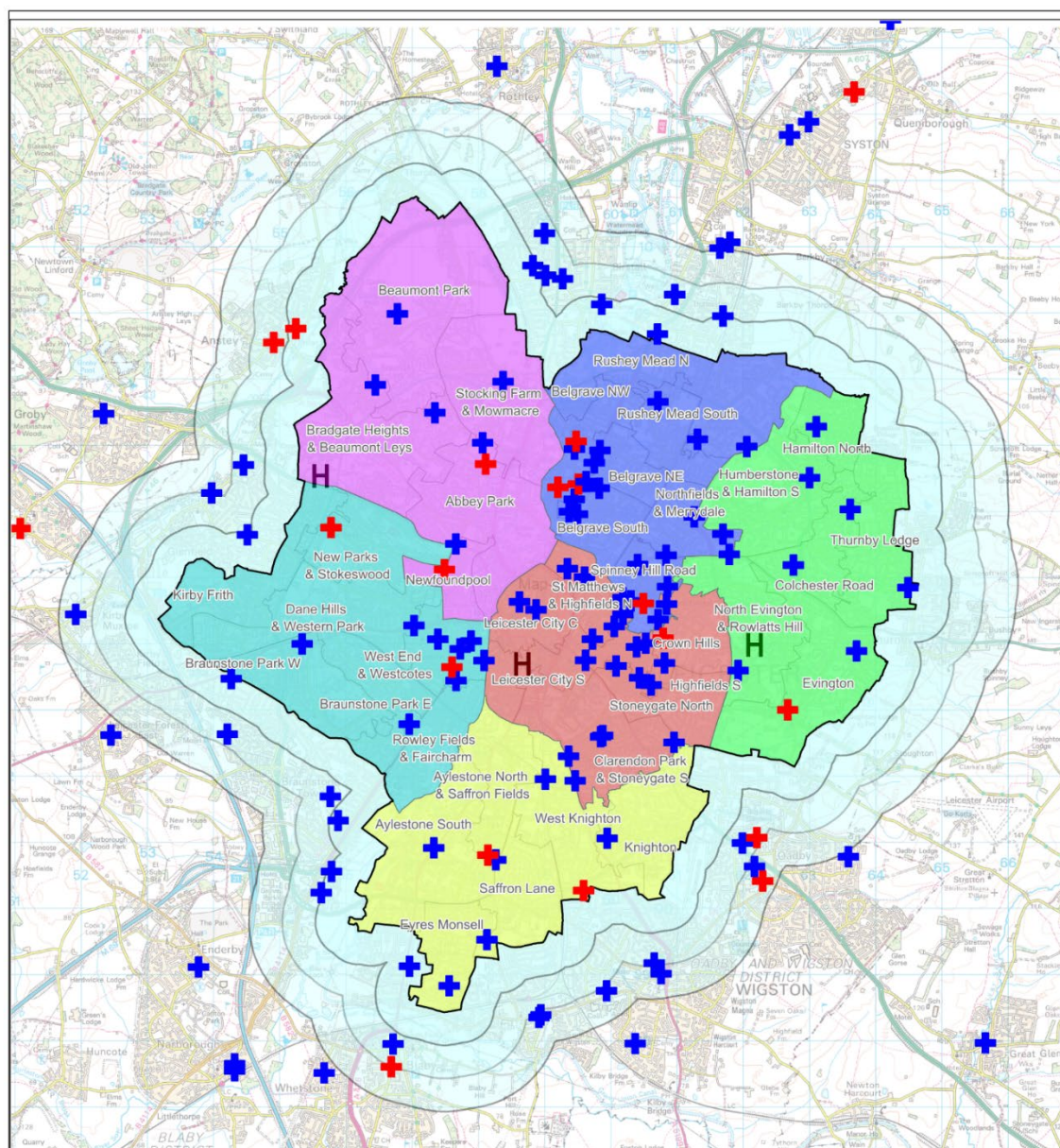
Table 15: Provision of CPCS in Leicester pharmacies, 2023/24

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



## Pharmacies providing Community Pharmacy Consultation Services in Leicester and surrounding areas 2024

### Pharmacies providing service

- + 71 pharmacies providing service and 28 within 1.5km of Leicester City boundary
- + 12 pharmacies not providing service
- H** University Hospitals of Leicester

### HWB Areas

- Central
- East
- North
- North West
- South
- West

### Leicester City boundary

- 0.5km boundaries

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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<sup>33</sup>.

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.

<sup>33</sup> [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
<b>Total conditions</b>	<b>0</b>	<b>1597</b>	<b>1522</b>	<b>1526</b>	<b>1882</b>	<b>1503</b>	<b>1740</b>	<b>1723</b>	<b>1714</b>	<b>2477</b>	<b>2365</b>	<b>2522</b>	<b>20571</b>

*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**

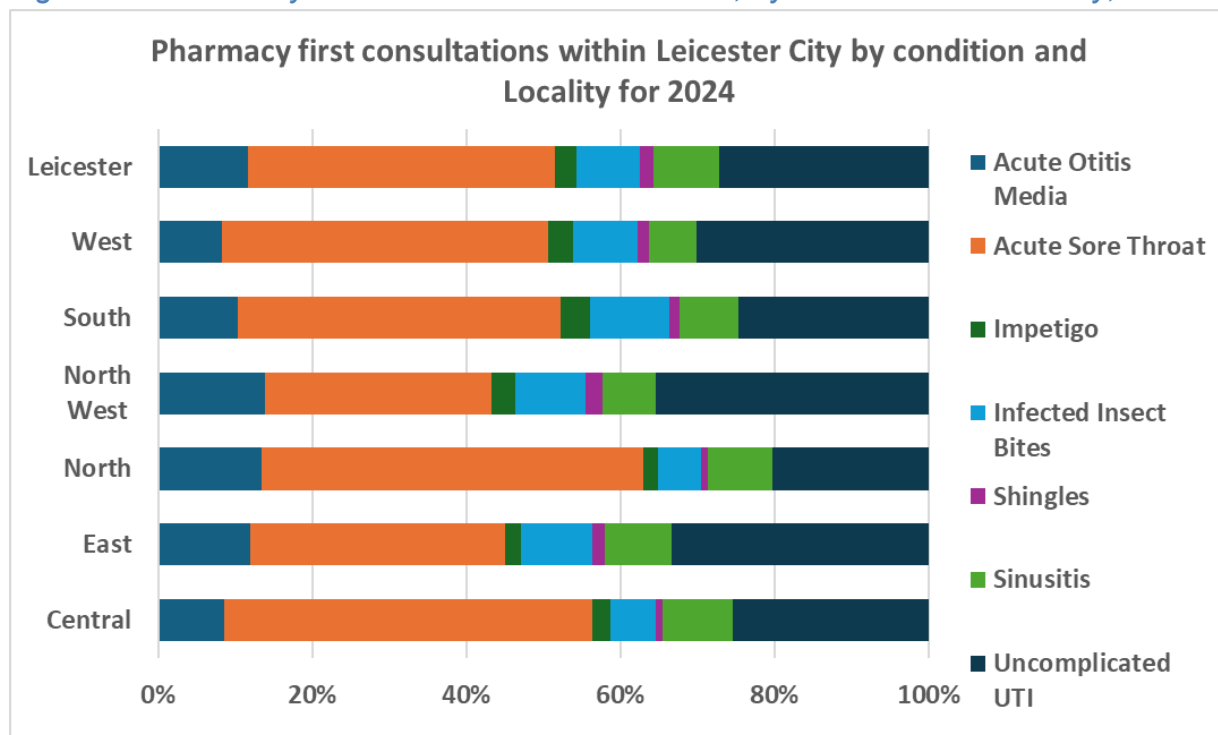
Consultation type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Consultations - Urgent Medicine Supply	0	778	844	807	988	813	854	1052	956	950	1021	1065	10128
Consultations - First Minor Illness Referral	0	2880	2528	2498	2541	2710	2193	1629	1575	2392	2820	2387	26153
<b>Total medicine and first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

*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 31<sup>st</sup> March 2025, all pharmacy owners providing Pharmacy First, will also have to provide the Pharmacy First 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.

## 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).

Draft

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

Locality	Number of pharmacies providing flu vaccine	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
<b>Leicester City</b>	<b>72</b>	<b>21,759</b>	<b>373,399</b>	<b>1.9</b>
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		
<b>Within 1.5km of Leicester</b>	<b>25</b>	<b>10,368</b>		

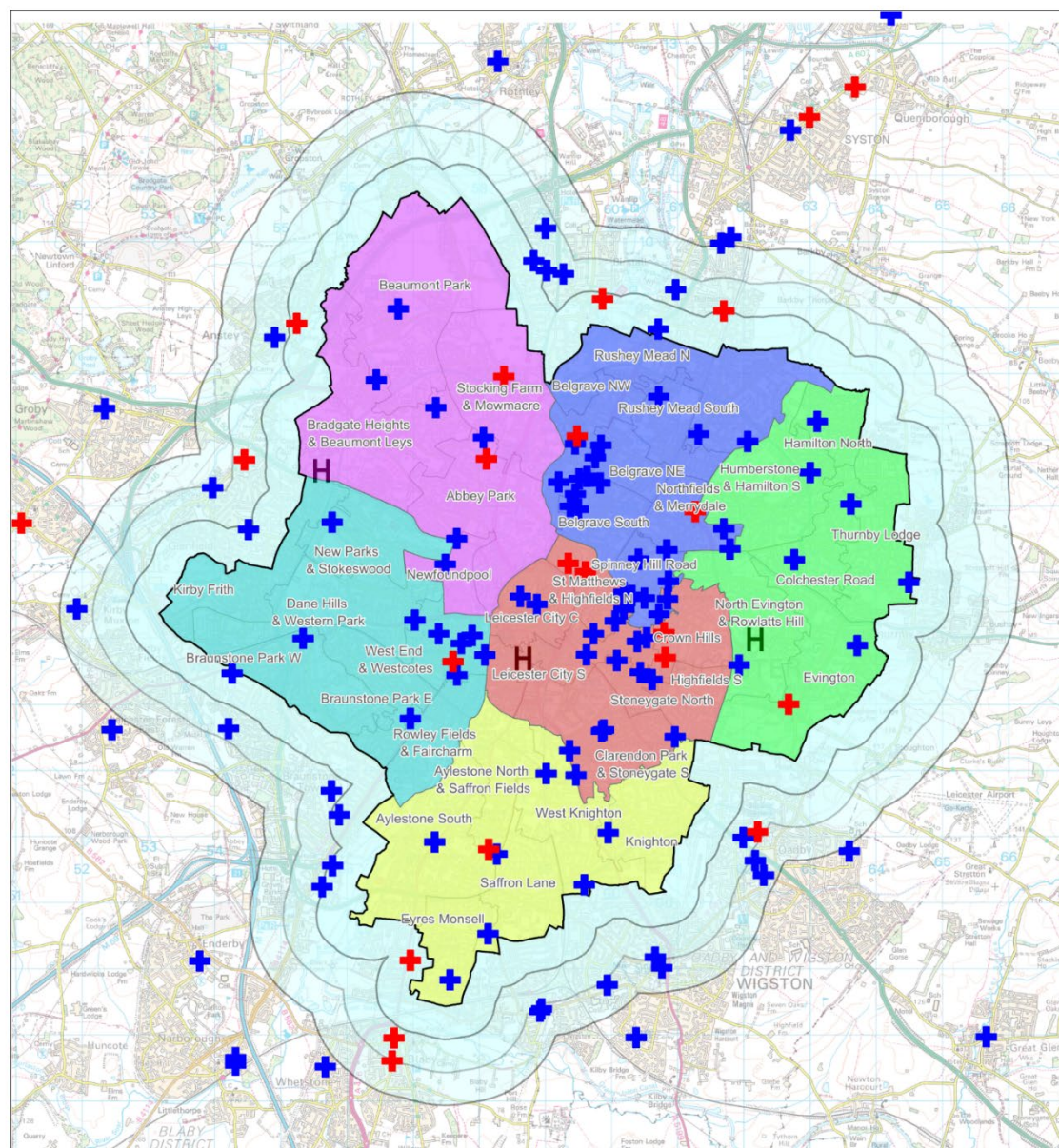
*\*Note: Submissions are accepted from contractors up to six months after the dispensing month and accredited to the dispensing month. Therefore, historical data on this report may well change.*

*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 immunisation service in Leicester and surrounding areas 2024

### Pharmacies providing service

- + 72 pharmacies providing service and 25 within 1.5km of Leicester City boundary
- + 11 pharmacies not providing service

**H** University Hospitals of Leicester

### HWB Areas

- Central
- East
- North
- North West
- South
- West

### Leicester City boundary

- 0.5km boundaries

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

### 7.2.7 Hypertension Case-Finding Service

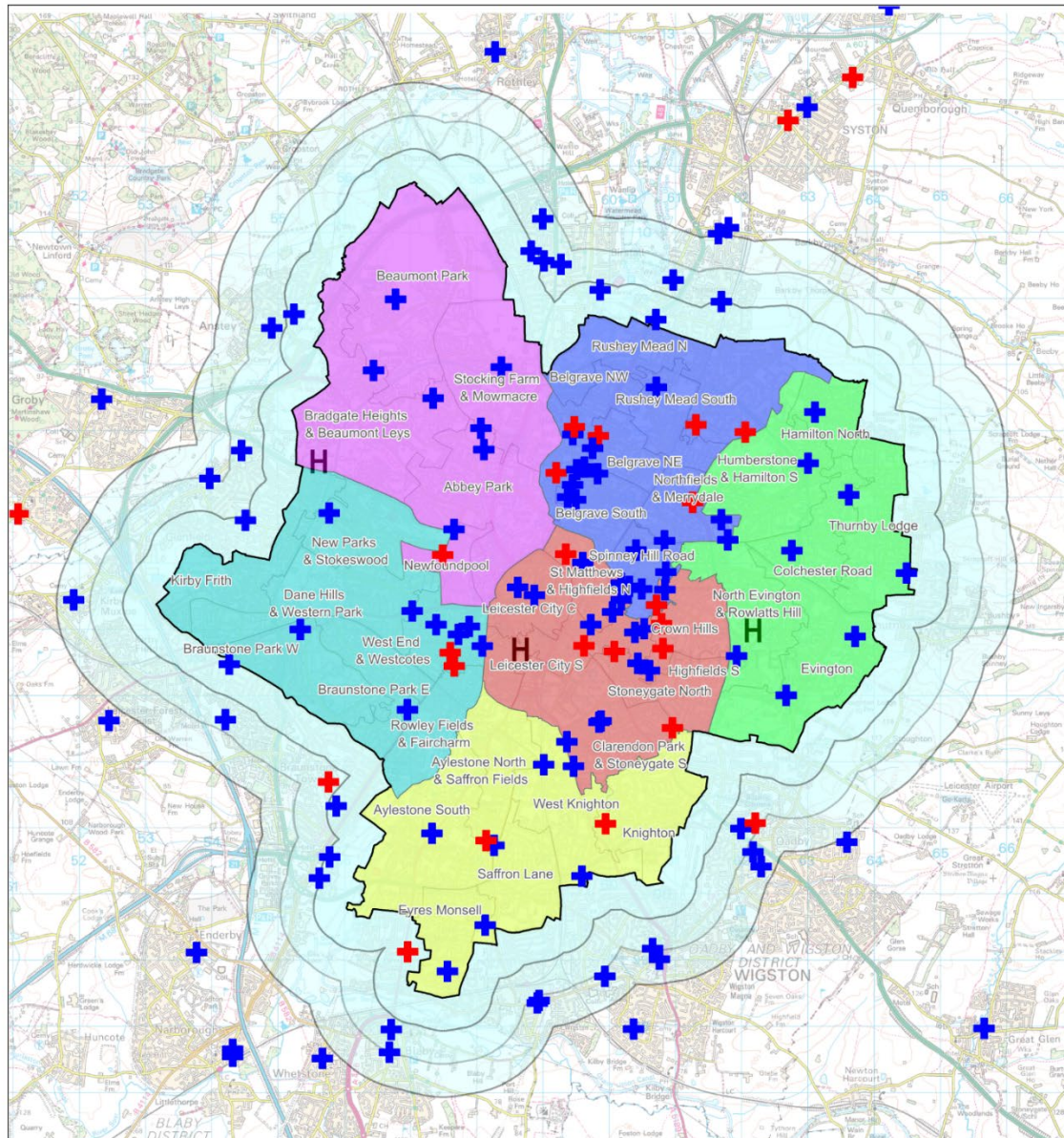
The Hypertension Case-Finding Service, also known as the NHS Blood Pressure Check Service, was commissioned as an advanced service from 1<sup>st</sup> October 2021. The service aims to identify people with high blood pressure aged 40 years or older (who have not previously had a diagnosis of hypertension) 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



### Pharmacies providing hypertension case finding service in Leicester and surrounding areas 2024



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Data: NHS Business Services Authority Statistics

### 7.2.8 Smoking Cessation Services

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 only 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 consultations during the 12-month period. The lowest uptake is in the North of the city where there were 12 consultations 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=155).

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

Locality	Number of pharmacies providing PCS	Number of initial consultations	Number of consultations 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
<b>Leicester City</b>	<b>27</b>	<b>155</b>	<b>947</b>	<b>373,399</b>	<b>0.7</b>
Distance from Leicester boundary	Number of pharmacies	Number of initial consultations	Number of consultations provided		
0km to 0.5km	3	3	45		
0.5km to 1.0km	5	4	87		
1.0km to 1.5km	2	7	30		
<b>Within 1.5km of Leicester</b>	<b>10</b>	<b>14</b>	<b>162</b>		

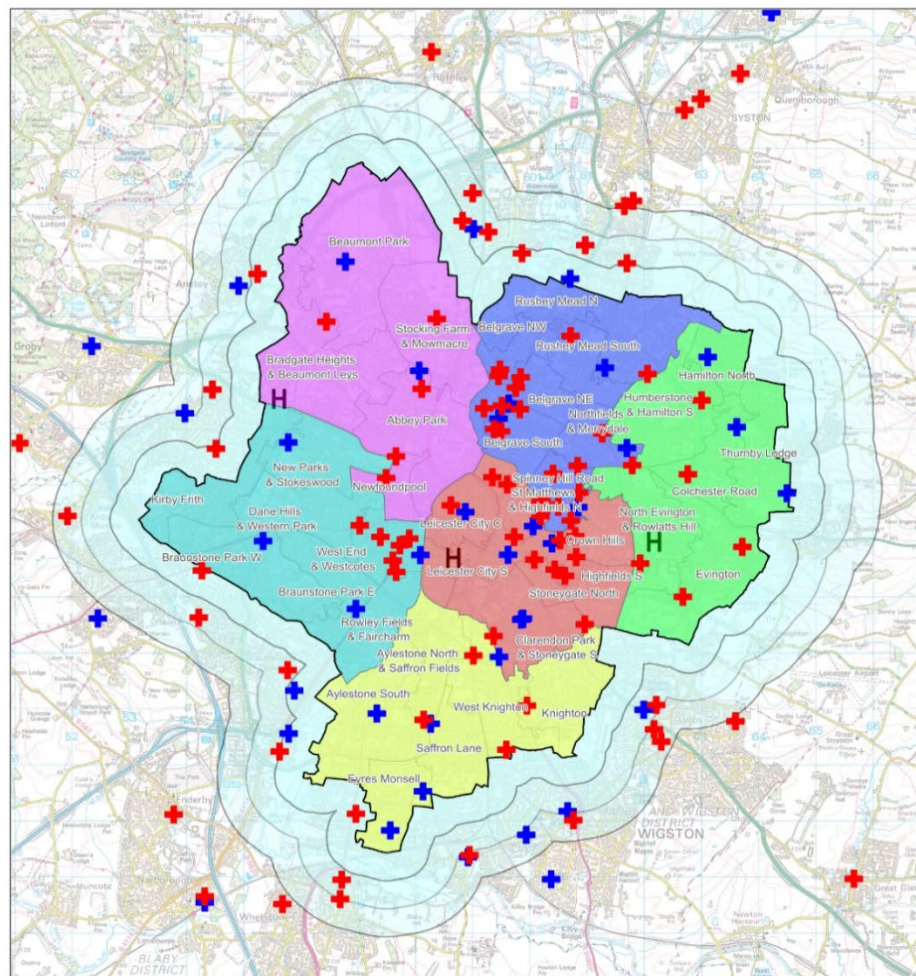
*Data: NHS Business Services Authority 2024, ONS mid-2022 population estimates*



*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

- |  |   |  |
|--|---|--|
| <p>Pharmacies providing service</p> <ul style="list-style-type: none"> <li><span style="color: blue;">+</span> 27 pharmacies providing service and 10 within 1.5km of Leicester City boundary</li> <li><span style="color: red;">+</span> 56 pharmacies not providing service</li> </ul> <p><b>H</b> University Hospitals of Leicester</p> | <p>HWB Areas</p> <ul style="list-style-type: none"> <li><span style="color: red;">■</span> Central</li> <li><span style="color: orange;">■</span> East</li> <li><span style="color: purple;">■</span> North</li> <li><span style="color: pink;">■</span> North West</li> <li><span style="color: yellow;">■</span> South</li> <li><span style="color: blue;">■</span> West</li> </ul> | <p>Leicester City boundary</p> <ul style="list-style-type: none"> <li><span style="border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span> 0.5km boundaries</li> </ul> <p><b>Public Health Team<br/>Leicester City Council<br/>Produced April 2025</b></p> |
|--|---|--|

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*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*

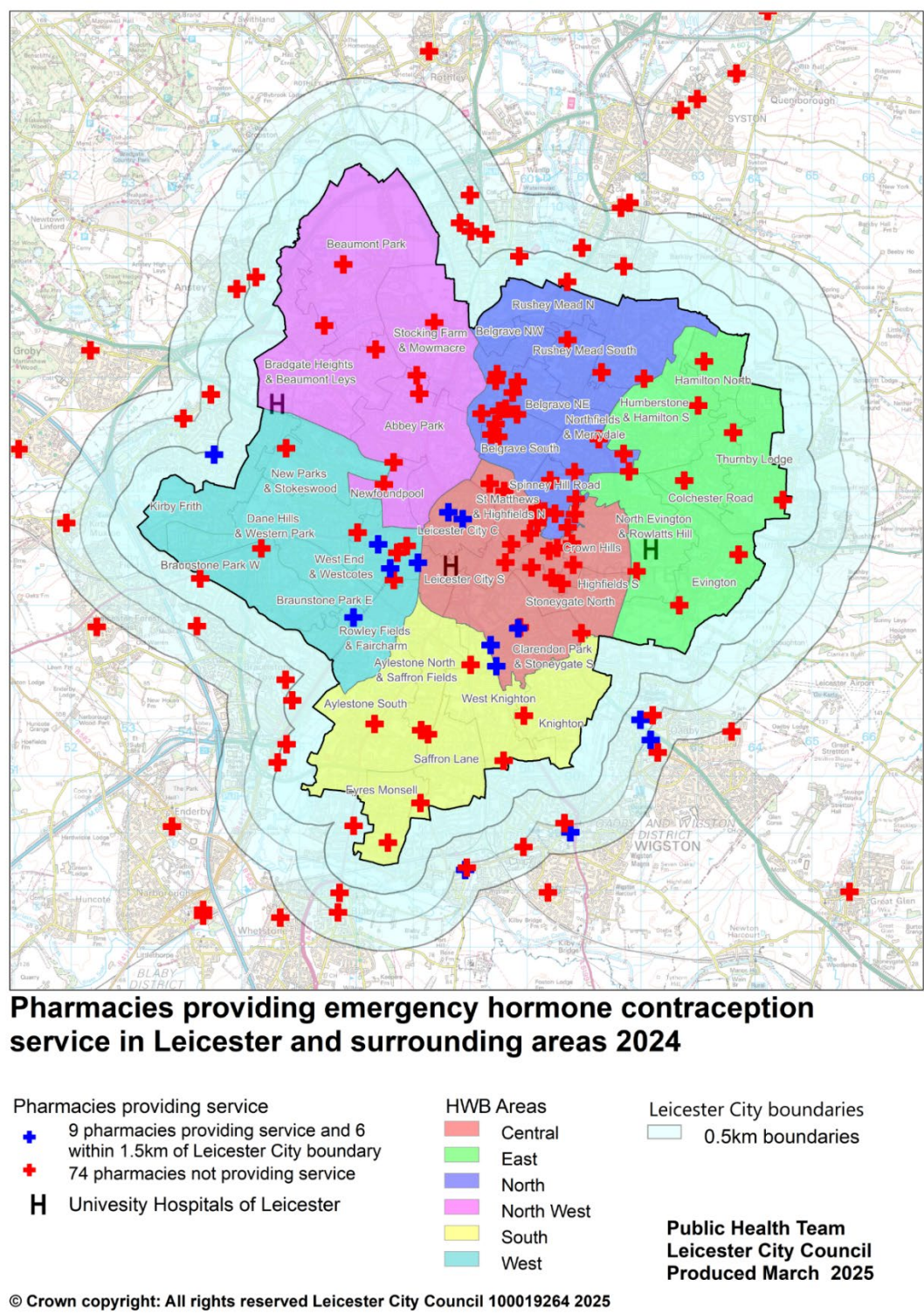
HWB area	Number pharmacies offering service	Total Consultations	EllaOne Supply	Levonorgestrel Supply	Levonorgestrel Supply (2nd dose)	Medicine supply	Medicine Supply (2nd dose)	Total
Central	4	499	36	85	16	363	134	1133
South	1	33				33	8	74
West	4	402	189	107	51	95	14	858
East	0	0	0	0	0	0	0	0
North	0	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.<sup>34</sup>

### 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*

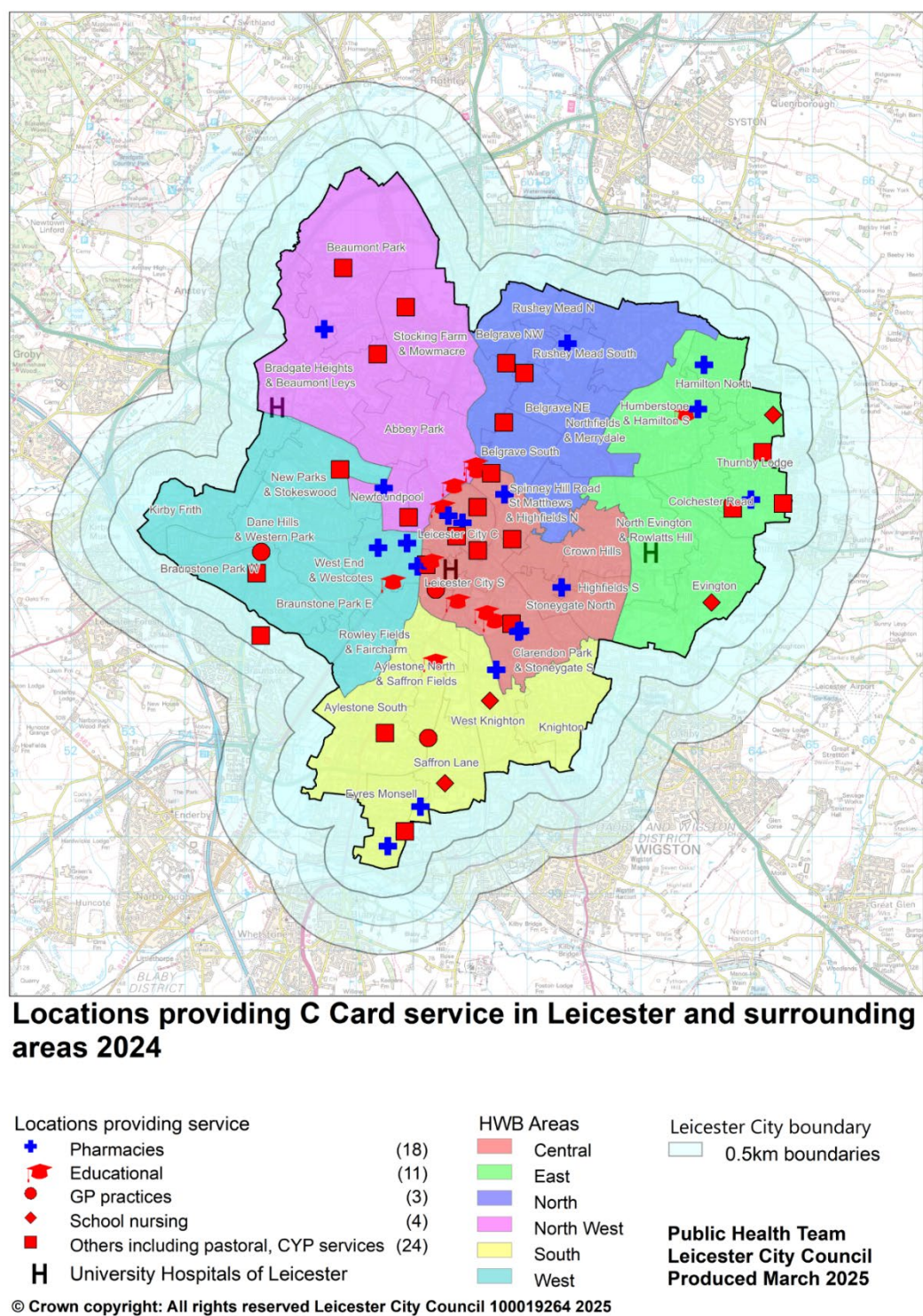
Locality	Pharmacy	Education institution	GP/NHS	School nurses	Other	Total
Central	7	6	3	0	6	22
East	3	1	1	2	3	10
North	1	0	0	0	3	4
North West	2	2	1	0	3	8
South	2	1	1	2	2	8
West	5	1	1	0	4	11
<b>Total</b>	<b>20</b>	<b>11</b>	<b>7</b>	<b>4</b>	<b>21</b>	<b>63</b>

*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.*

<sup>34</sup> [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*

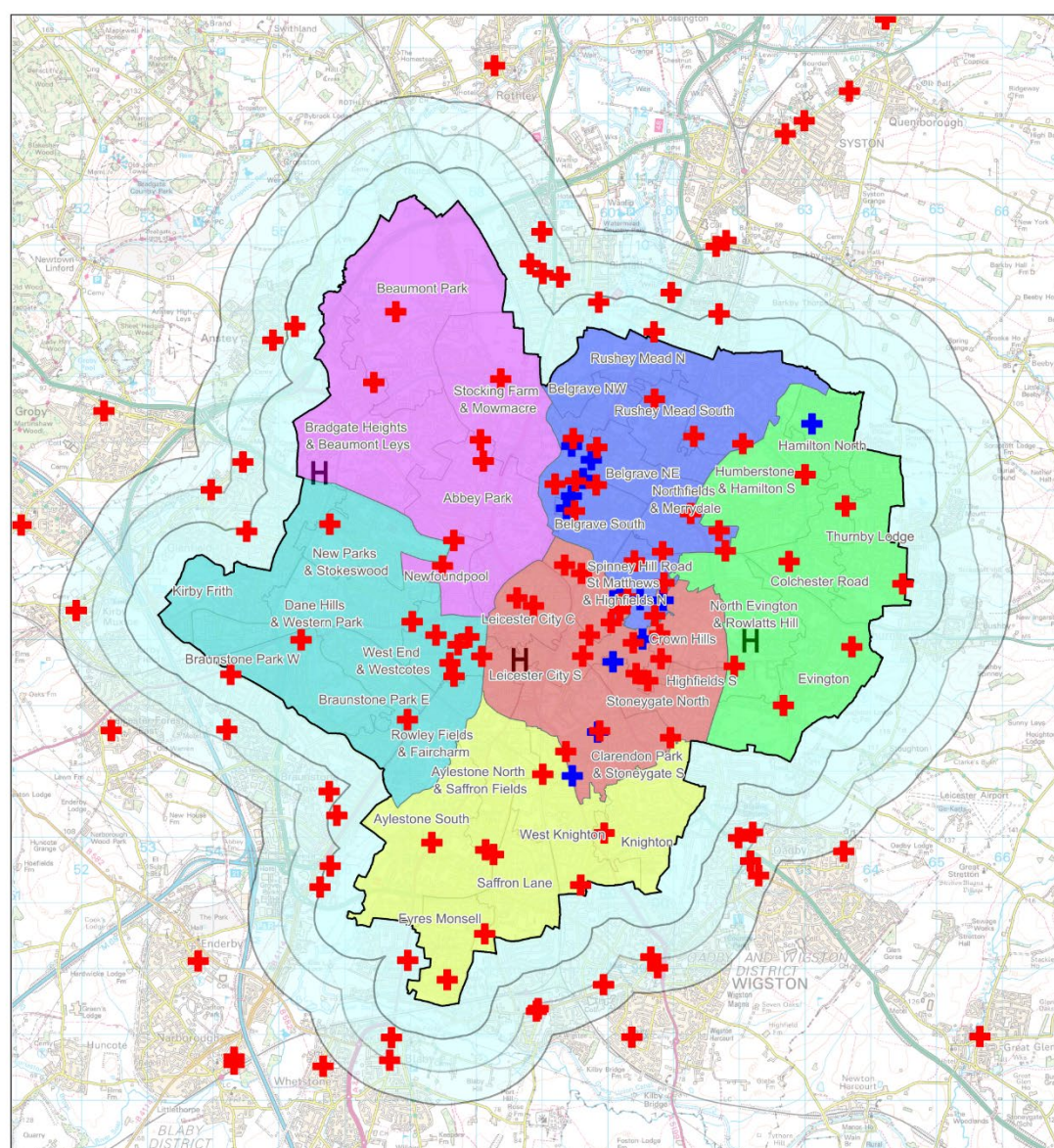
Locality	Number of pharmacies providing H.Pylori	Number of consultations provided	Population MYE 2022	Pharmacies providing H.Pylori per 10,000 population
Central	4	523	79,610	0.5
East	3	256	56,126	0.5
North	5	219	71,965	0.7
North West	0	0	51,926	0.0
South	1	18	50,201	0.2
West	1	75	63,571	0.2
Leicester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



## Pharmacies providing a H.Pylori breath test service in Leicester and surrounding areas 2024

- Pharmacies providing service
- ✚ 14 Pharmacies providing service
  - ✚ 69 Pharmacies not providing service
  - H University Hospitals of Leicester

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

- Leicester City boundary
- 0.5km boundaries

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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.

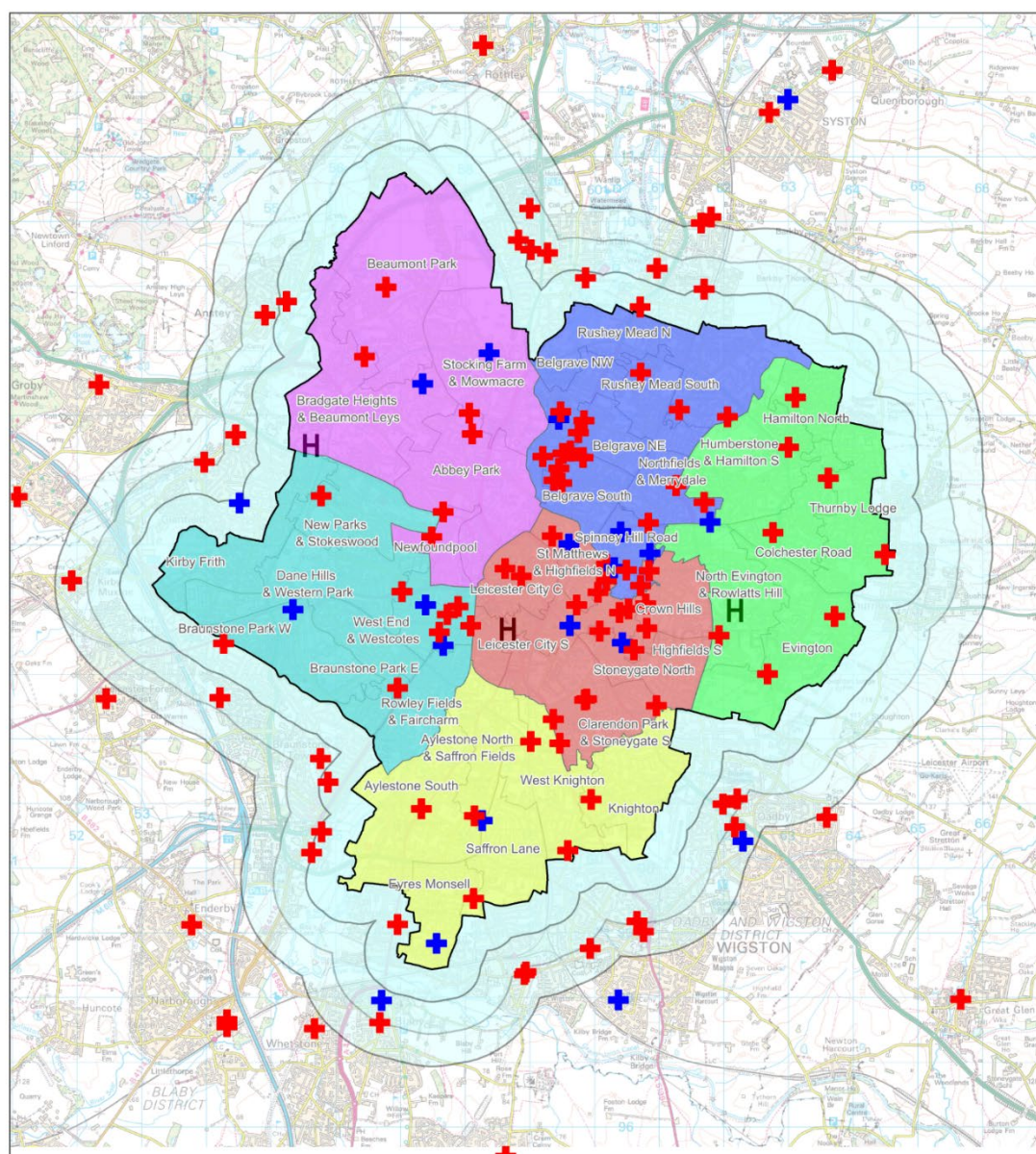
Pharmacy needle exchanges aim to reduce the rate of sharing and other high-risk injecting behaviours by providing sterile injecting equipment and other support, as well as ensuring the safe disposal of used injecting equipment. Pharmacy needle exchange facilities are available to all adult injectors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

Draft



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

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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
<b>Leicester total</b>	<b>18</b>	<b>12,209</b>
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
<b>Total within 1.5km Leicester</b>	<b>3</b>	<b>1,361</b>

*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



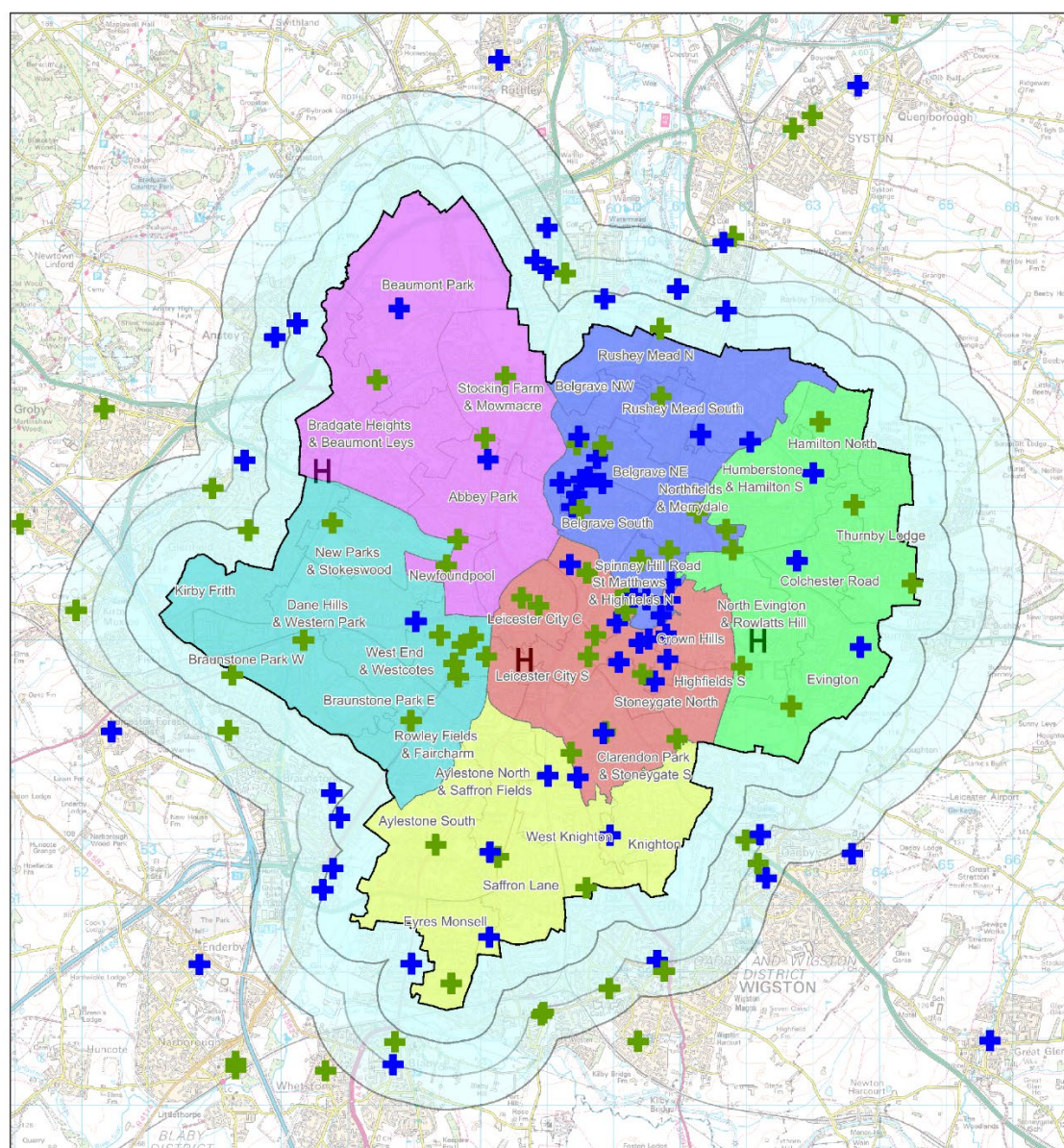
patient safety, liaising with the prescriber or named key worker as appropriate

- 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)

Draft

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



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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
<b>Leicester total</b>	<b>50</b>	<b>82,169</b>
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
<b>Total within 1.5km Leicester</b>	<b>14</b>	<b>9,986</b>

*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<sup>35</sup>.

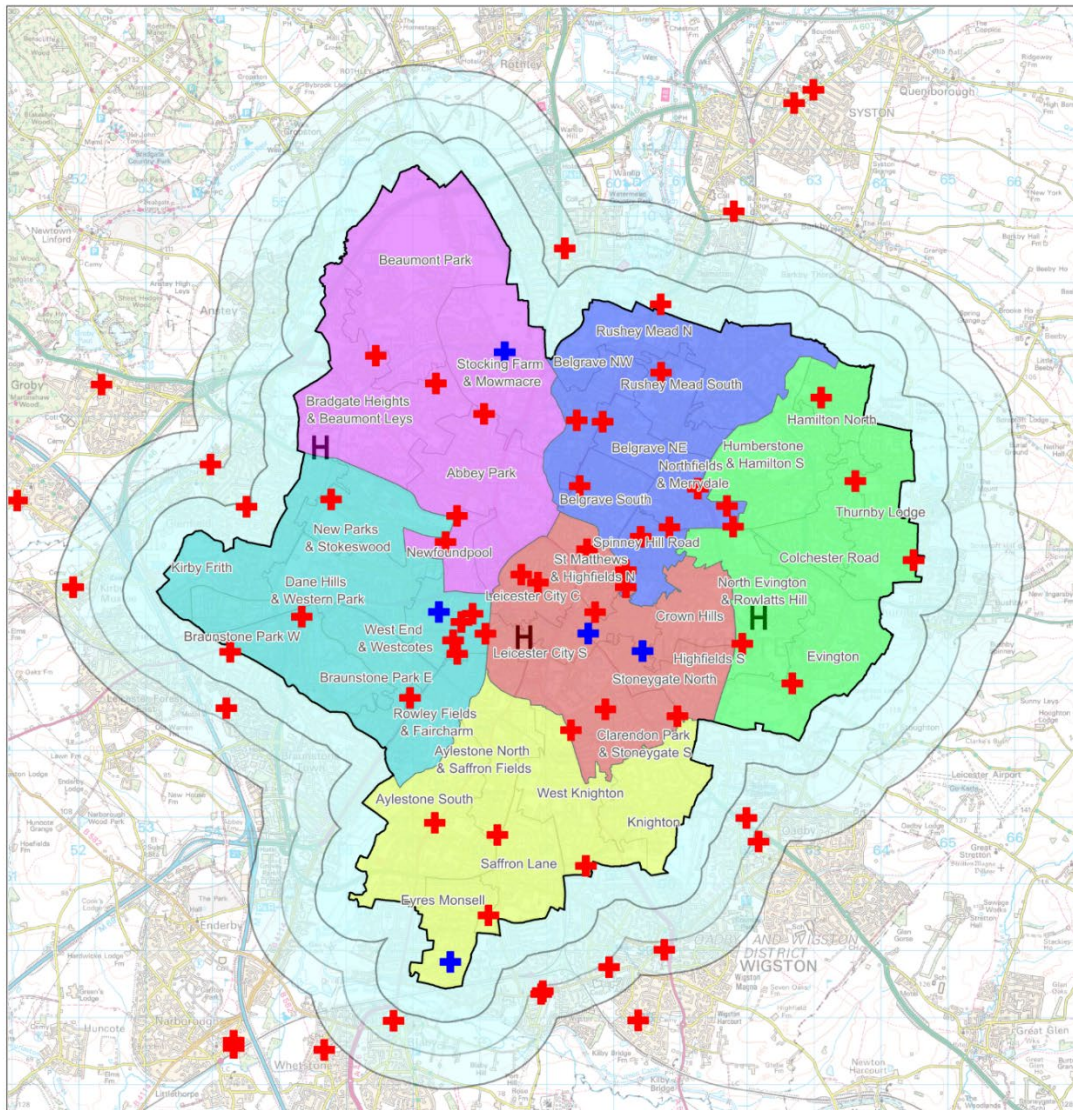
There were five community pharmacies providing take home naloxone services in 2023/24 in Leicester City, of which two were in the central locality area and one in each of the South, North West and West locality areas (table 28). There were no other community pharmacies providing naloxone services within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

<sup>35</sup> [Widening the availability of naloxone - GOV.UK](https://www.gov.uk/government/news/widening-the-availability-of-naloxone)



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



### Pharmacies providing take home naloxone service in Leicester and surrounding areas 2024

- Pharmacies providing service
- + 5 pharmacies providing service
  - + 73 pharmacies not providing service
  - H** University Hospital of Leicester

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

- Leicester City Boundary
- 0.5km boundaries

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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 17<sup>th</sup> 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)*

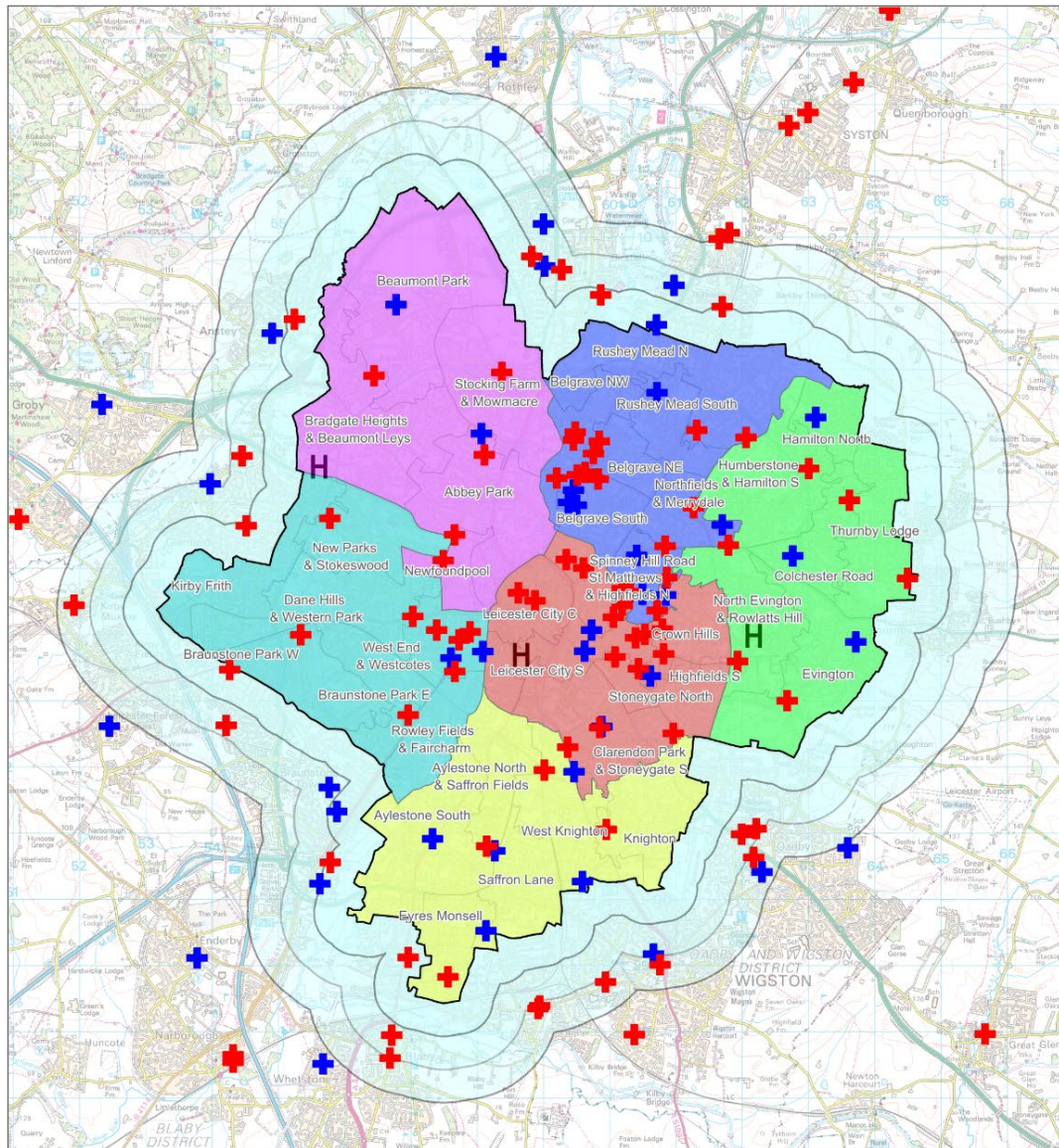
Locality	Number of pharmacies providing covid 19 vaccine	Number of consultations provided	Population MYE 2022	Pharmacies providing Covid 19 vaccine per 10,000 population
Central	4	1,513	79,610	0.5
East	5	6,343	56,126	0.9
North	6	11,208	71,965	0.8
North West	3	1,717	51,926	0.6
South	7	8,114	50,201	1.4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

*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



### Pharmacies providing Covid-19 vaccination service in Leicester and surrounding areas 2024

#### Pharmacies providing service

- + 27 Pharmacies providing service and 12 within 1.5km of Leicester boundary
- + 56 Pharmacies not providing service

**H** University Hospitals of Leicester

#### HWB Areas

- Central
- East
- North
- North West
- South
- West

#### Leicester City boundary

- 0.5 km boundaries

**Public Health Team  
Leicester City Council  
Produced April 2025**

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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 2<sup>nd</sup> 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 first consultations for the 7 minor illnesses from around 16,00 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

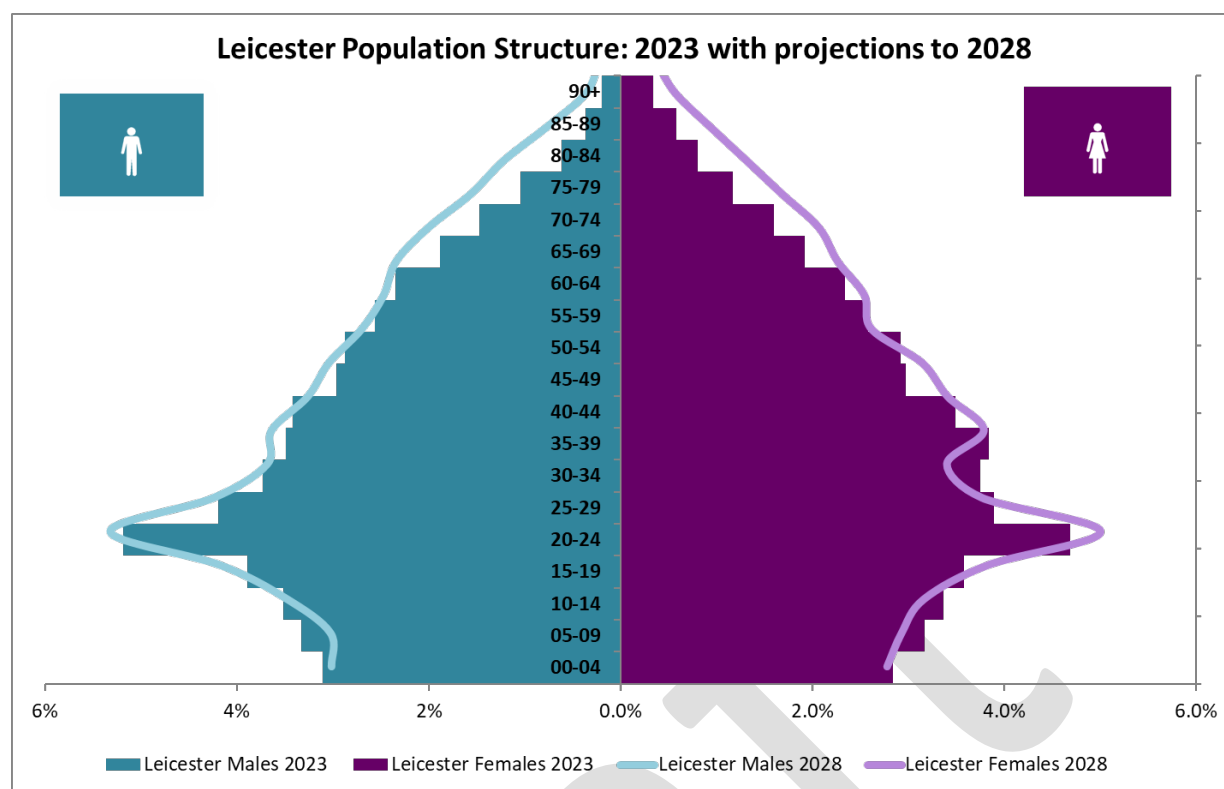
The Office for National Statistics (ONS) provide population projections based on births, deaths and assumptions of migration. The most recent projections for Local Authorities were based on 2018 mid-year population estimates, with annual projections to 2043.

Applying the ONS 2018\* population projections to the latest mid-year estimates for 2023, suggests that by 2028, the population of Leicester is predicted to grow by around 7,300 to give a total population of around 387,100. Projections indicate that Leicester will have an increase of around 5,000 people aged 65 and over, which represents an increase in the proportion of the population aged 65 and over from 12% in 2023 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 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.

*\* Population projections from 2018 are the latest available at time of writing*

Figure 31: Leicester population structure census 2021 with projections for 2043



Data: ONS Population Projections – 2018, ONS mid-2023 population estimates

## 8.2 Growth in number of people with long term conditions

With these projected increases of around 5,000 in the older population, there will be increases in the numbers with long term health conditions. Table 29 below shows the increases in numbers aged 65 and over, based on the current prevalence of these conditions<sup>36</sup>.

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.

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

*Table 29: Estimates of numbers of over 65-year-olds in Leicester with longstanding health conditions, 2025-2030*

Long term health condition	18-64s	2025	2030
Learning disability - baseline	2%	5,826	5,972
Learning disability - moderate or severe	1%	1,333	1,372
Learning disability - severe	0%	369	382
Impaired mobility	4%	10,244	10,226
Personal care disability which is moderate or serious	4%	9,186	9,190
Hearing impairment	8%	19,448	19,254
Mental Health problems: common mental health disorder	19%	44,016	44,946
Mental Health problems: borderline personality disorder	2%	5,592	5,710
Mental Health problems: antisocial personality disorder	3%	7,958	8,162
Mental Health problems: psychotic disorder	1%	1,641	1,678
Mental Health problems: two or more psychiatric disorder	7%	16,856	17,233
Higher risk of alcohol-related health problem	4%	9,547	9,741
Drug dependency	4%	10,253	10,736
Survivors of childhood sexual abuse	11%	26,650	27,183
Diabetes	3%	6,386	6,402
Stroke	0%	553	553
Total population 18-64		234,600	239,700

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

The number of 18-64 year olds is predicted to grow by around 2,500 between 2025 and 2028.

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

Long term health condition	18-64s	2025	2030
Learning disability - baseline	2%	6,123	6,119
Learning disability - moderate or severe	1%	1,401	1,406
Learning disability - severe	0%	388	391
Impaired mobility	4%	10,766	10,477
Personal care disability which is moderate or serious	4%	9,654	9,416
Hearing impairment	8%	20,438	19,727
Mental Health problems: common mental health disorder	19%	46,257	46,050
Mental Health problems: borderline personality disorder	2%	5,877	5,850
Mental Health problems: antisocial personality disorder	3%	8,363	8,362
Mental Health problems: psychotic disorder	1%	1,725	1,719
Mental Health problems: two or more psychiatric disorder	7%	17,714	17,656
Higher risk of alcohol-related health problem	4%	10,033	9,980
Drug dependency	4%	10,775	11,000
Survivors of childhood sexual abuse	11%	28,007	27,851
Diabetes	3%	6,711	6,559
Stroke	0%	581	567
Total population 18-64		246,545	249,016

*Data: Projecting Adults Needs Services Information System (PANSI, 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<sup>37</sup>, 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<sup>38</sup> 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.

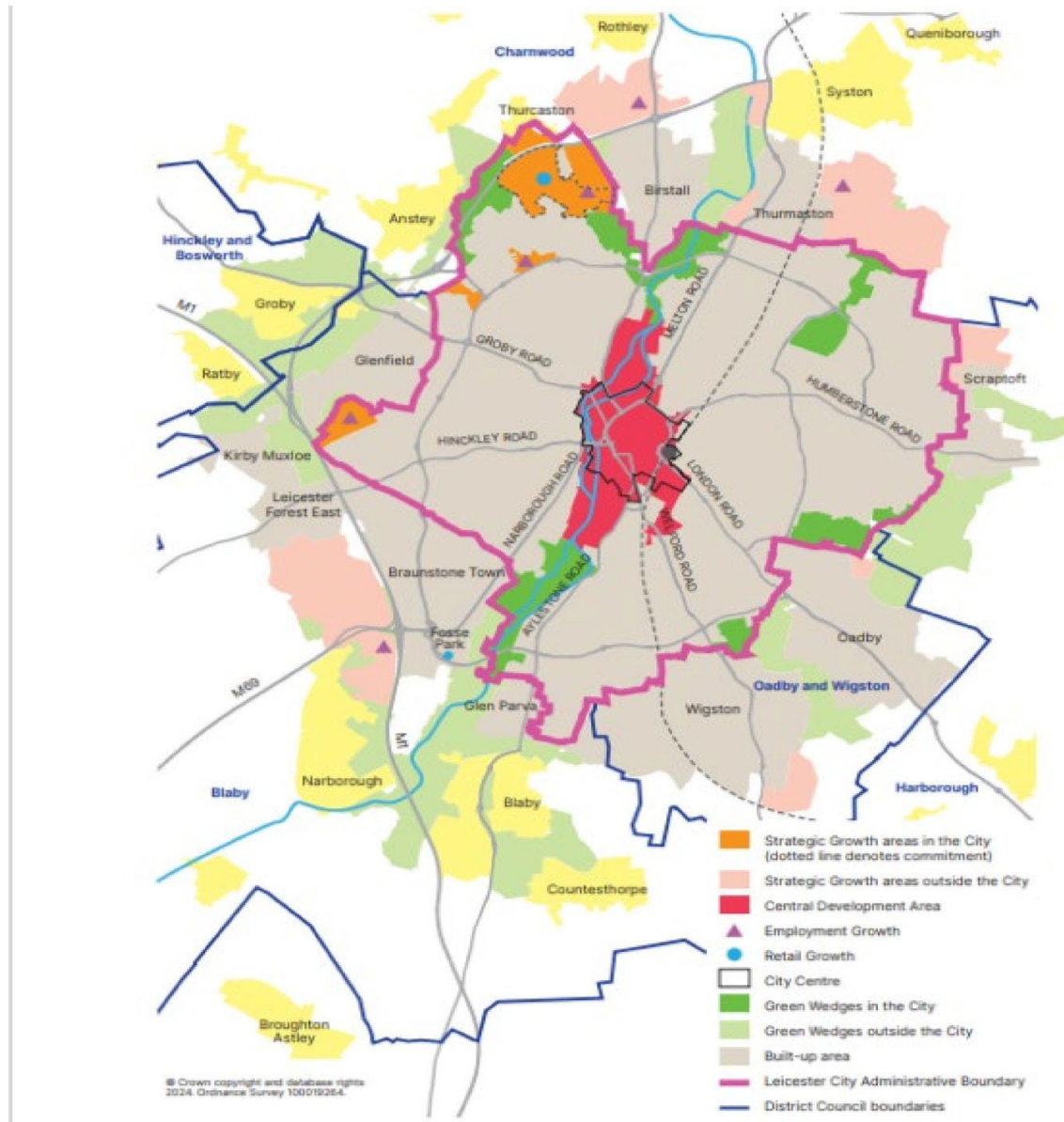
In terms of pharmacy provision, there is a pharmacy located in Beaumont Park and one within around 1km of Kirby Frith in the County.

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<sup>37</sup> [Leicester City Local Housing Needs Assessment Update Addendum 2022](#)

<sup>38</sup> [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
<b>Total Supply</b>	<b>2200</b>	<b>2389</b>	<b>1798</b>	<b>1660</b>	<b>1294</b>	<b>1339</b>	<b>1438</b>	<b>1331</b>	<b>1382</b>	<b>1317</b>	<b>1295</b>	<b>1160</b>	<b>18603</b>

*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
<b>Grand Total</b>	<b>1685</b>	<b>1774</b>	<b>1183</b>	<b>845</b>	<b>5487</b>

*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 will take place during June and July 2025 and results will be included in the final report.

### 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.

As of 8th April 2025, 17 (21%) 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 the Appendix.

- 64% of pharmacies reported receiving between 1,001 and 25,000 over the counter enquiries per year.
- Pharmacies see an average of 32 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 (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, such as a disabled toilet facility (18%) and bell at the front door (35%).
- In addition to English, the most commonly reported languages spoken by pharmacy staff were Gujarati (94%), Urdu (65%) and Punjabi (53%). Other languages reported were 18% of respondents reported Arabic, Bengali (or Sylheti or Chatgaya) (12%), Portuguese, Tamil, French and Chinese and Polish were spoken (6%) as languages spoken by pharmacy staff.
- Relating to workforce, 82% of respondents use locum pharmacists and 33% of respondents use relief pharmacists.
- 18% of respondents agreed/strongly agreed that they had experienced recruitment difficulties for the role of community pharmacist, with 51% 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 (35%) 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 59% reporting they don't intend to expand these services.

- 83% of respondents report that the amount and location of pharmacies in a three-mile radius of their own pharmacy are 'excellent' or 'good' and 24% 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 77% reporting 'excellent' or 'good', 24% reporting 'adequate' and no one reporting as 'poor'.
- Around half (47%) of respondents said that the increase of internet and distance selling pharmacies will impact their business and some have concerns that DSP's will result in closure of brick and mortar pharmacies.

\*It should be noted at this point that a paper published in 2023 by Company Chemist Association said that there was evidence that the majority of Distance Selling Pharmacies (DSPs) are operating in breach of their NHS contracts. By only operating in small geographical areas, they are starving local community pharmacies, who are meeting their contractual obligations, of vital trade<sup>39</sup>. See footnote at the bottom of this page for further details.

### 9.3 Pharmacy questionnaire for public:

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

As of 5th May 2025, 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

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<sup>39</sup> [The impact of distance selling pharmacies](#)

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%).

## 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<sup>12</sup>. 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<sup>40</sup>. 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.

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<sup>40</sup> [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
RSPH	Royal Society for Public Health
SAC	Stoma Appliance Customisation
SCR	Summary Care Record
STP	Sustainability and Transformation Plans

Leicester City PNA Public Survey 2025

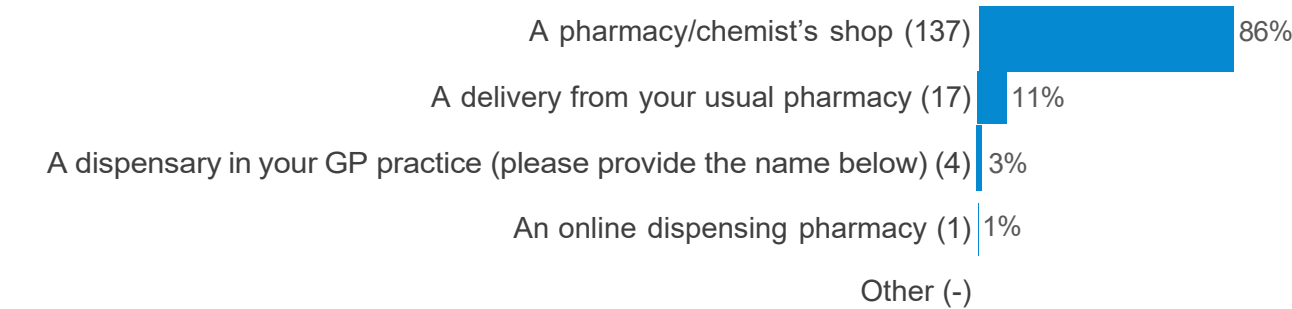
This report was generated on 06/05/25.

Overall, 1,227 respondents from Leicester, Leicestershire and Rutland completed this questionnaire. This report has been filtered to show the responses for Leicester City (160 responses).

In which local authority area do you live? Please select one option only.



Where are you most likely to get your prescription medicine from? Please select one option only.



If you have selected 'A dispensary in your GP practice' please specify the name of the GP practice in the text box below

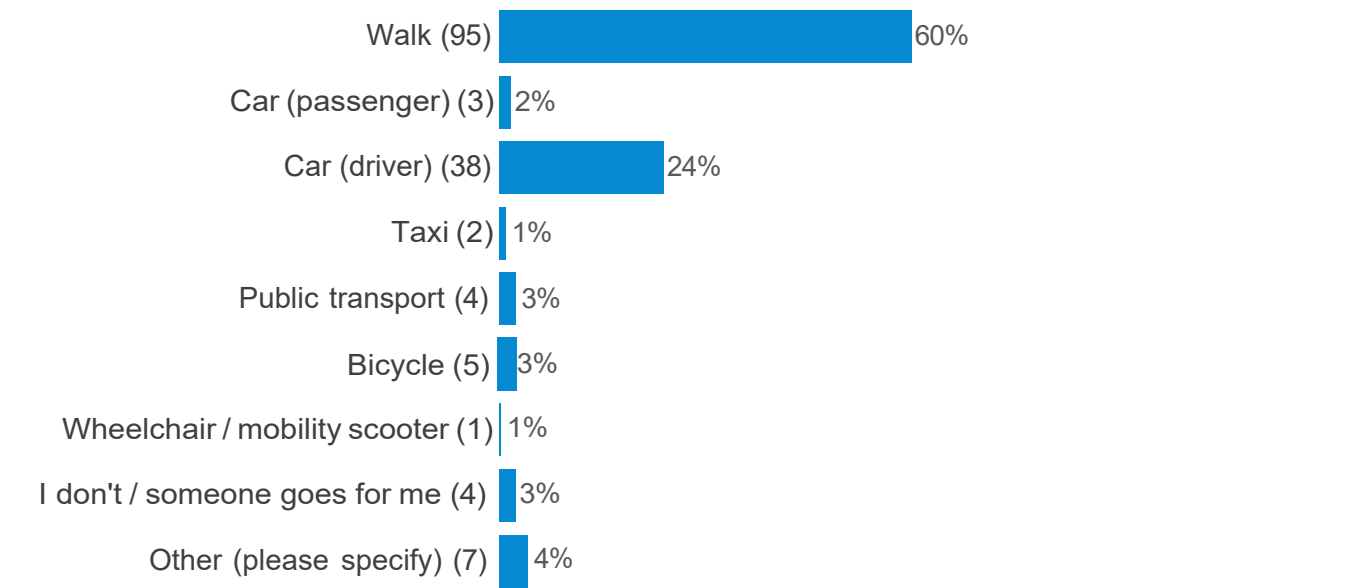
1 Person didn't answer

- Westcotes Health Centre
- westcotes
- West end medical practice

If you said you use a pharmacy/chemist’s shop or receive a delivery from them, where is your usual one based?



How do you usually travel to the pharmacy? Please select one option.

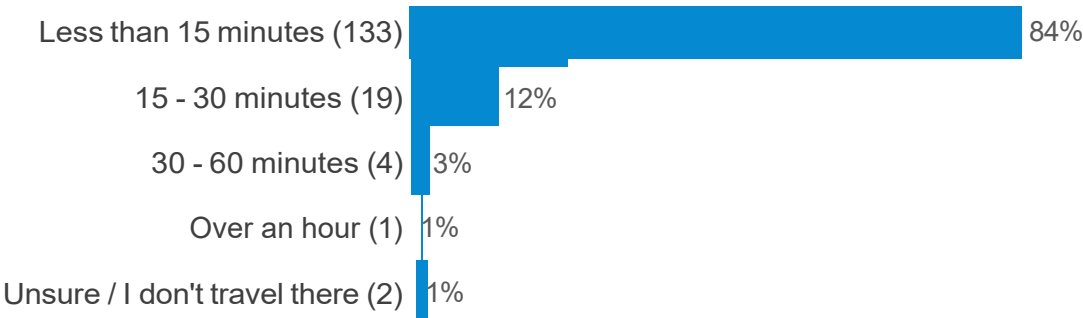


Please specify 'other'

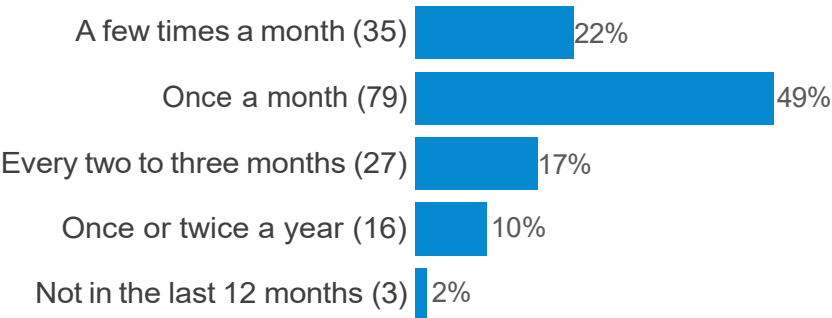
6 out of the 7 people said their medications are delivered



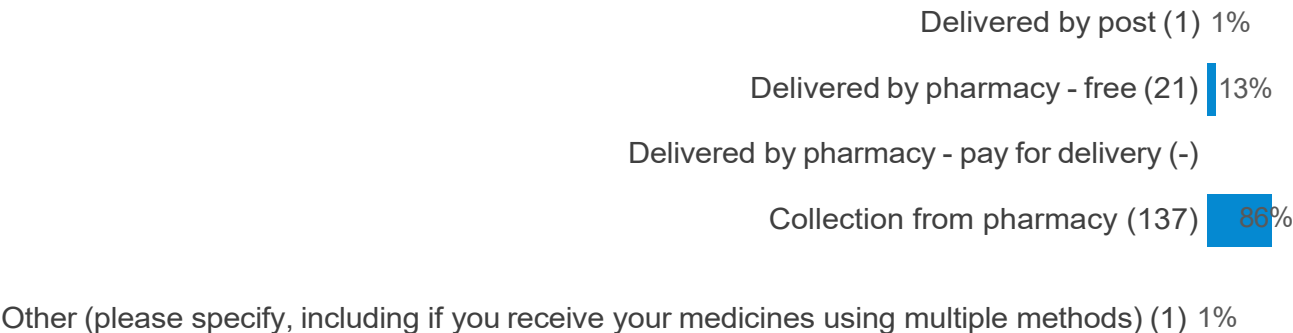
How long does it take you to travel to your usual pharmacy?



How often do you use a pharmacy for a health reason? Please select one option only. Health reasons include health advice, prescriptions and over-the-counter medication.



How do you usually receive your medicines? Please select one option only.



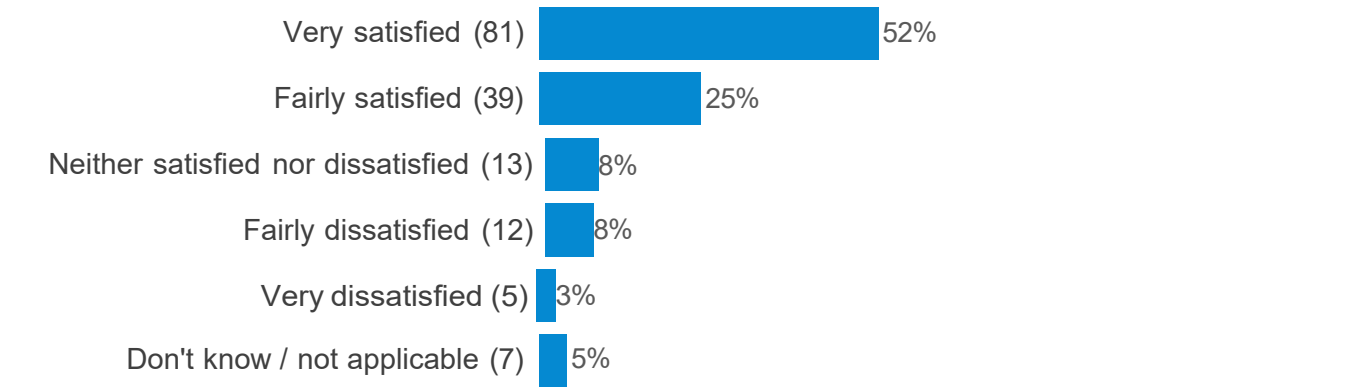
Please specify 'other'

Collect from pharmacy, collect from Glenfield hospital and delivered by Scienous (all different medications)

Can you tell us why you have your medicines delivered?

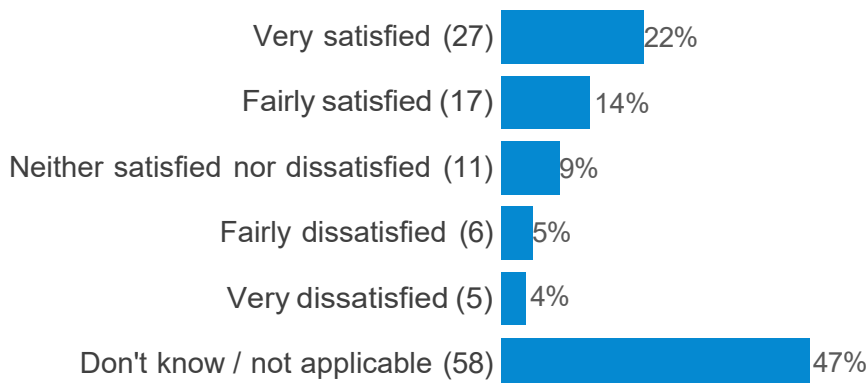
21 people gave a reply to this question. Of which 52% (n=11) cited mobility problems and a further 38% (n=8) said it was convenient and the other 14% (n=3) said it was because the service was offered.

**To what extent are you satisfied or dissatisfied with the advice you receive about taking your medicines from the following sources? (Pharmacy / chemist)**

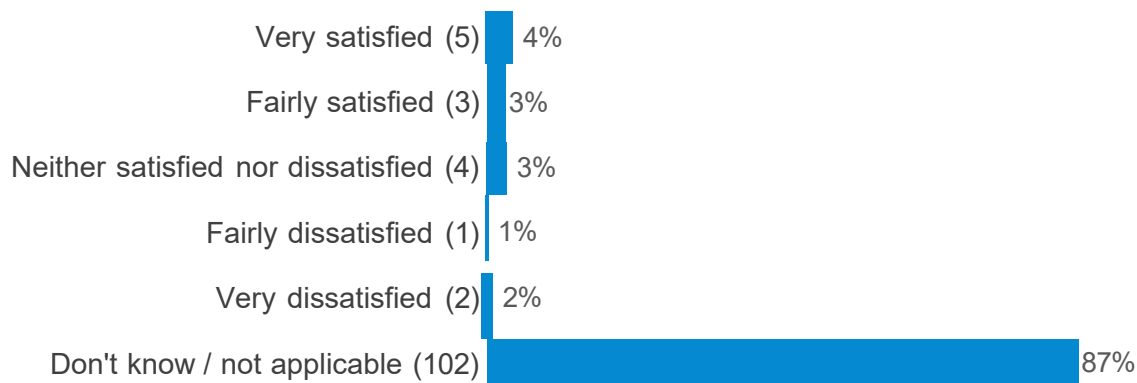


## PNA Public Survey 2025

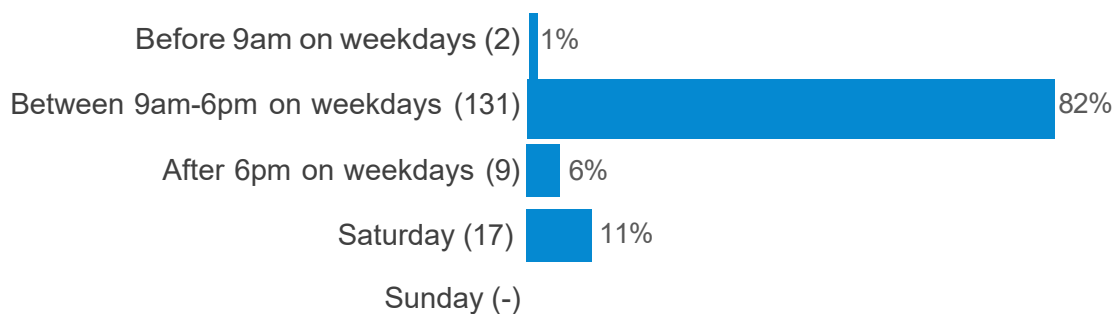
**To what extent are you satisfied or dissatisfied with the advice you receive about taking your medicines from the following sources? (GP practice dispensary)**



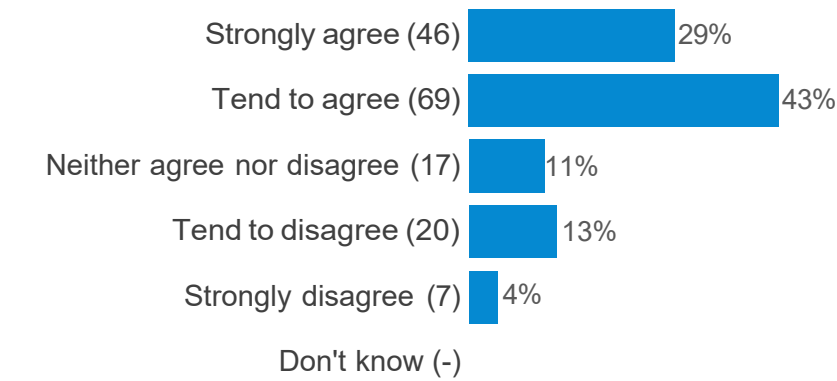
**To what extent are you satisfied or dissatisfied with the advice you receive about taking your medicines from the following sources? (An online-only pharmacy)**



**When do you most commonly use pharmacy services? Please select one option only.**



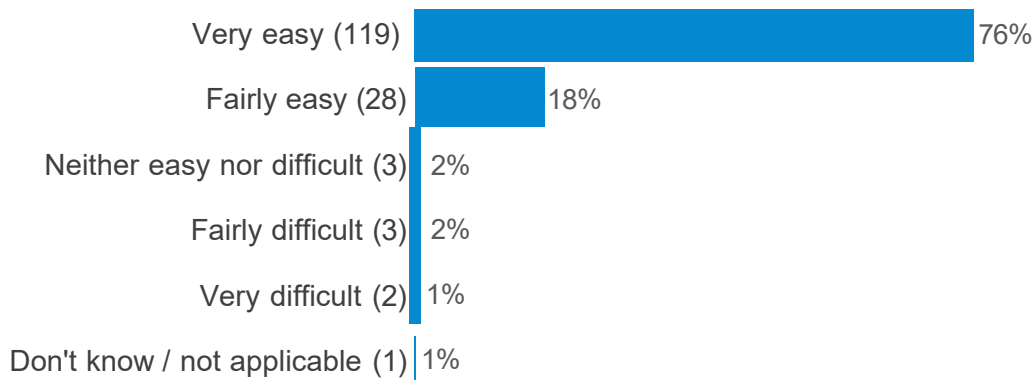
**To what extent do you agree or disagree that the opening hours for pharmacy services meet your needs?**



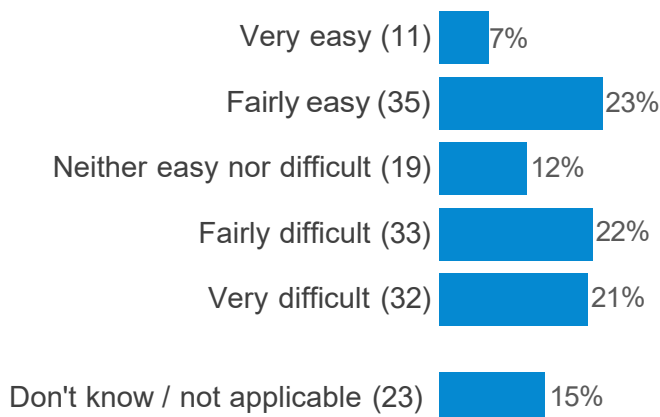
### Why do you say this? (includes answers to previous question)

A total of 93 people responded to this question. 28% (n=26) strongly agreed that opening times met their needs and a further 34% (n=32) tended to agree. 25 people either strongly (6) or tended (19) to disagree that opening hours met their requirements.

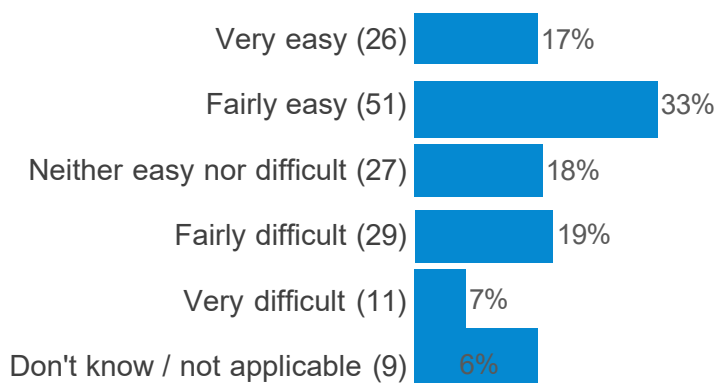
### Thinking about your usual pharmacy services, how easy or difficult is it to do the following? (To find an open pharmacy during the day)

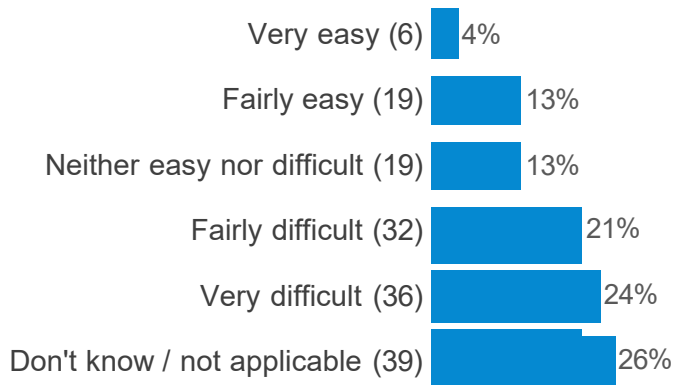
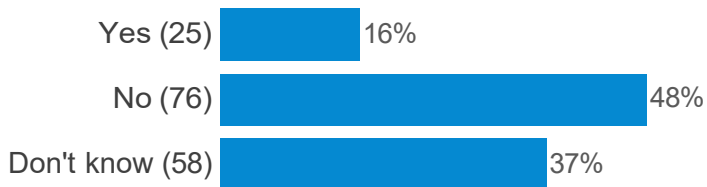


### Thinking about your usual pharmacy services, how easy or difficult is it to do the following? (To find an open pharmacy in the evening (after 6pm))



### Thinking about your usual pharmacy services, how easy or difficult is it to do the following? (To find an open pharmacy at weekends)



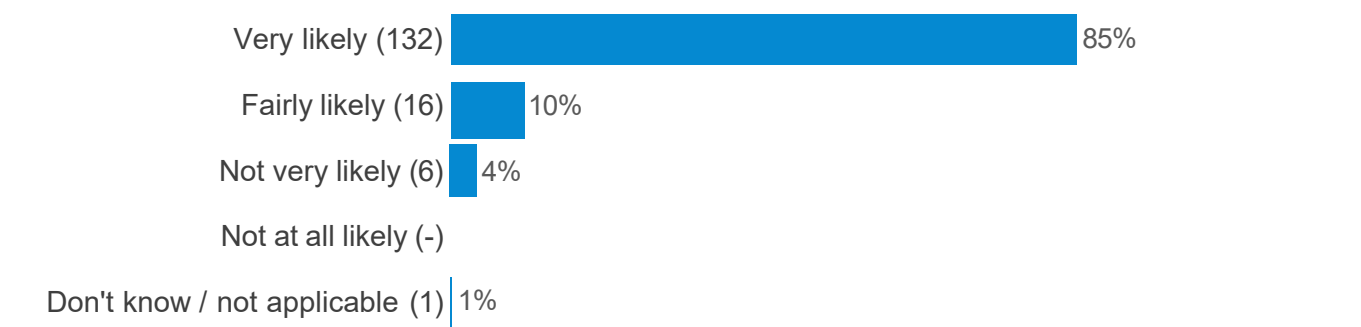
**Thinking about your usual pharmacy services, how easy or difficult is it to do the following? (To find an open pharmacy on Bank Holidays)****Has your most commonly used pharmacy changed it's opening hours in the last 18 months?**



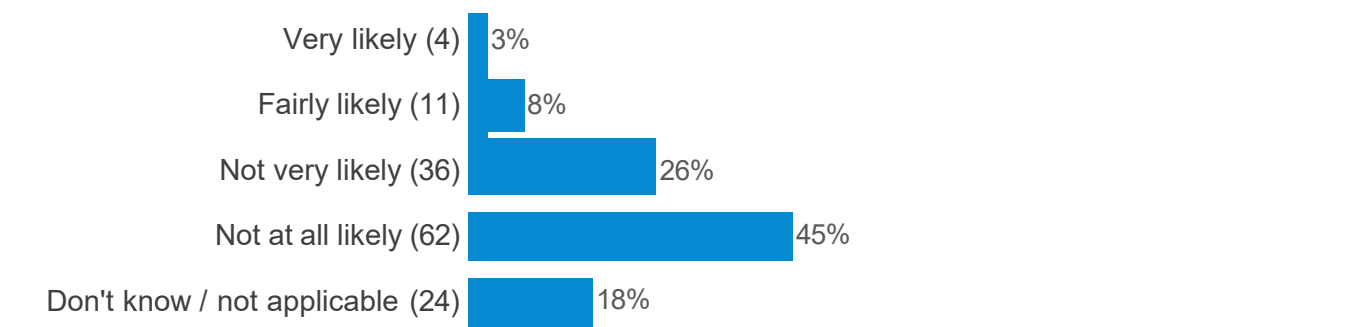
**How, if at all, has this change in opening hours impacted your access to pharmacy services?**

22 people answered this question and 23% (n=5) mentioned the pharmacy has closed down (Evington) a further 23% (n=5) mentioned reduced hours at weekends.

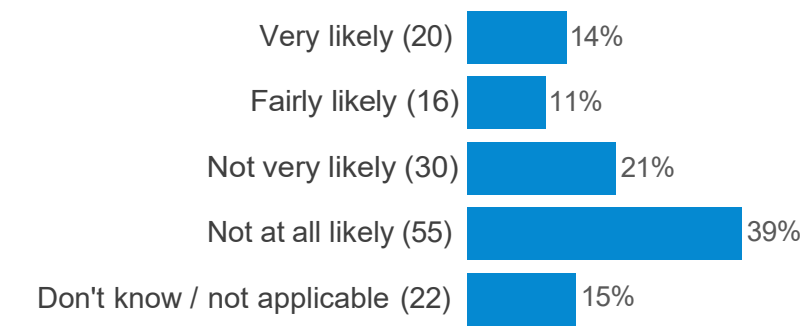
**How likely are you to use the following methods to access pharmacy services within the next three years? (Visit the pharmacy in person)**



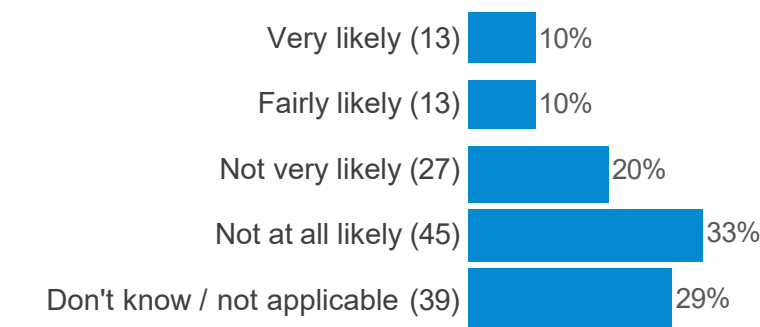
**How likely are you to use the following methods to access pharmacy services within the next three years? (Receive prescriptions by post)**



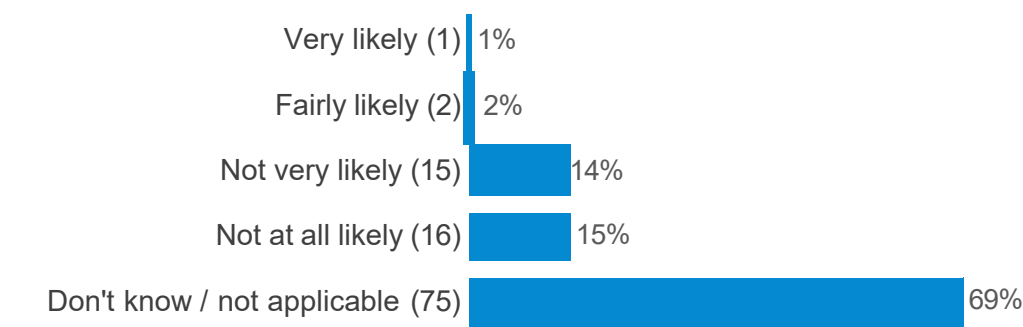
How likely are you to use the following methods to access pharmacy services within the next three years? (Online services - home delivery)



How likely are you to use the following methods to access pharmacy services within the next three years? (Online services - other)



How likely are you to use the following methods to access pharmacy services within the next three years? (Other (please specify))



Please specify 'other'

Advice

need more training

Don't know what other will be in the next 3 years

Unsure about my future mobilitu

Other

Emergency out of hours pharmacy Narborough road is useful End of medication access out of hours can be problematic

**Please specify 'other'**

I get a text when my prescription ready . And I can also track it on my nhs app

I'd love to see pharmacists have a more visible presence in promoting social prescribing offers, potentially even partnering with nearby provisions and demonstrating the potential cost savings for the NHS when unnecessary medicines are replaced with paid-for and tracked activities (e.g. singing for lung health, etc)

I also go there if i have a doctors appointment , and need any other tabs etc

None

Not sure

I answered N/A

None

Order repeat prescription on-line

I would like my pharmacy to hold a copy of my (medical) exemption certificate or to be able to evidence it using an app or a photo on my phone, it would be quicker and easier for me and them.

not applicable

Requesting information on medication

ST Stephen's on Fosse Road is fab!

Other, I ticked as non applicable, so someone hasn't thought this survey through to ask to specify other, if it's not applicable to me.

prefer local pharmacy , whether you call or in person can talk to them and they get to know you. online you don't know who you dealing with are they qualified dispensaries or anyone can pretend to be one

Moins Che137A E Park Rd, Leicester LE5 5AZ is the most family friendly, accessible. professional, organised and reliable medical service. My elderly 83 year disabled Father is a loyal customer and relies on this essential service for his health and wellbeing and medications. I lead a very busy life as a caregiver to 2 adults of different generations and work part time, so the pharmacy has been kind and invaluable supporting the needs of my family

online you can't express your expression

I use the NHS app to request prescriptions

Na

?

I'm not sure if this question is implying that NHS prescribing will be re-routed to online pharmacies, something I am not in favour of

it is important to keep Pharmacies local to the areas they serve, so people can receive help and advice if a GP surgery is not available to them.

N/A

Not Applicable

N/A

I do not know, at the moment my deliveries work well, the question is how long will i be able to use a computer?

My local pharmacy is excellent. The GP surgery that sends my repeat prescriptions there is very unreliable though.

Other

not sure

Not applicable

### Please specify 'other'

Very pleased with the services provided, quick, efficient always ready to offer an alternative. Free advice

Nothing to fault really, I only tend to use 1 pharmacy at the moment and the staff and service are brilliant, just could be open all day on a Saturday is all but they would need more funding to do so

N/A

I only access pharmacy services in person after a prescription from a GP.

Other - My nearest community pharmacy is excellent, with kind, pleasant, polite and caring staff and a brilliant pharmacist who is helpful and constructive at helping you manage your health conditions.

asking community

i use pre-paid prescription

There is no other

No idea what this is asking

Have pharmacy have more people to deliver and have medication in stock and have same day delivery

I have ticked Not Applicable

In person better can ask questions if needed

family. or friends acting on my behalf

N/A

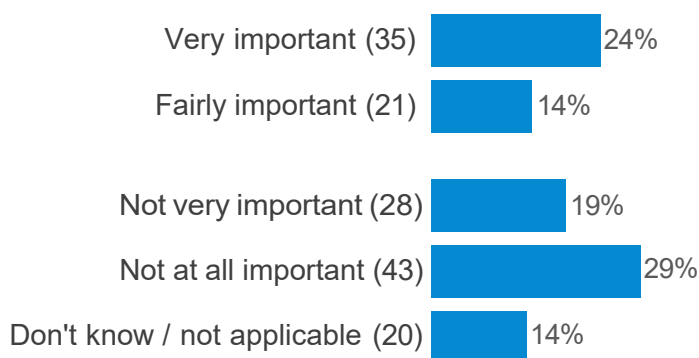
Not sure

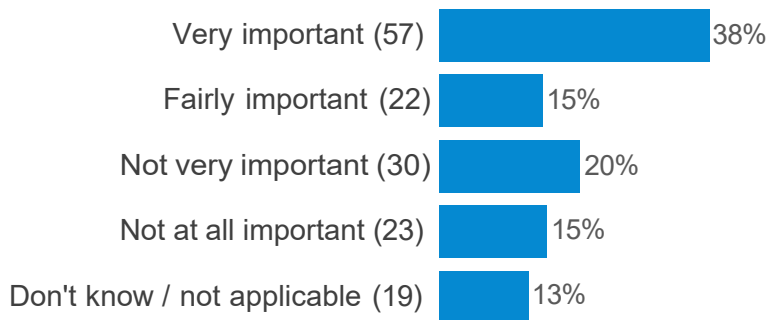
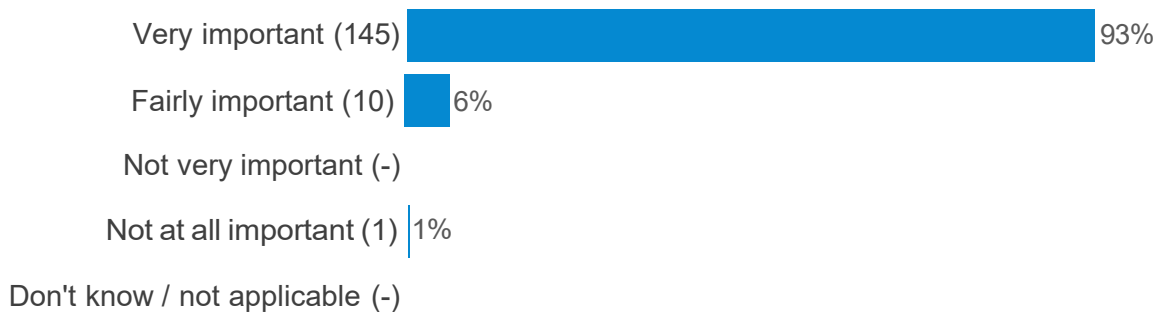
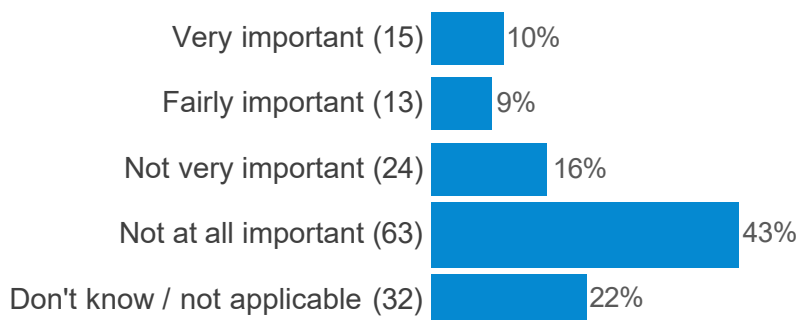
I didn't specify other your previous options listed other so this is a poor question

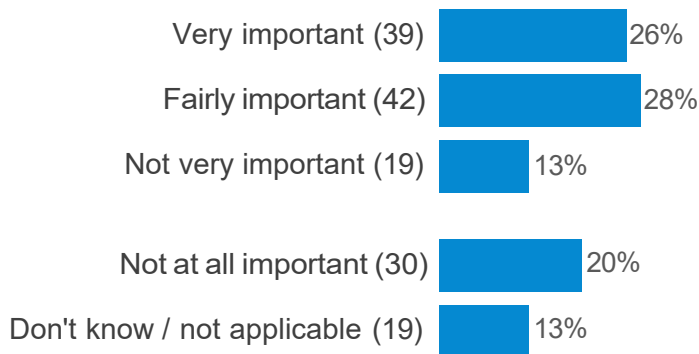
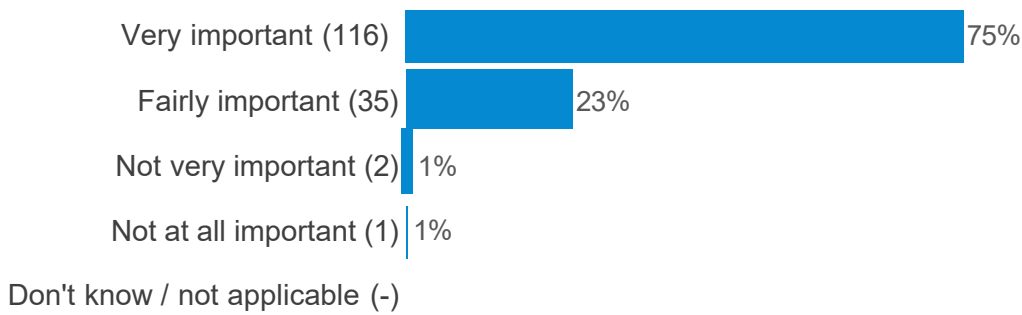
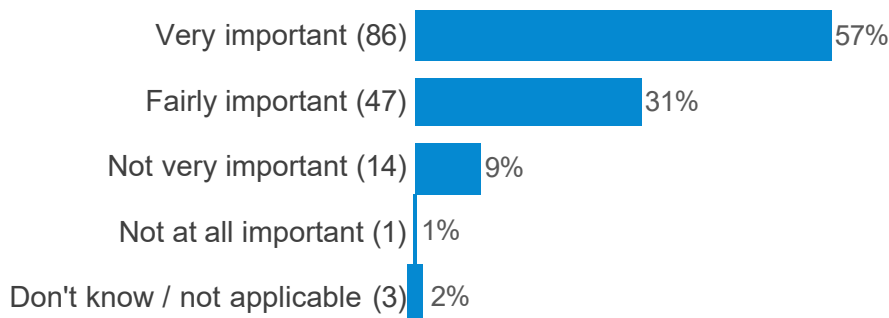
I need a local pharmacy for the human contact it offers to help combat loneliness.

N/a

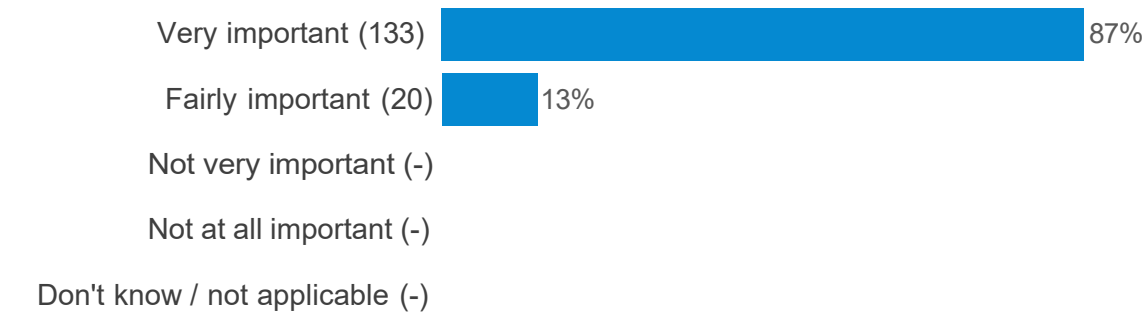
### How important are the following pharmacy services to you? (Home delivery of your medication)



**How important are the following pharmacy services to you? (Prescription collection from your GP practice)****How important are the following pharmacy services to you? (Availability of medication)****How important are the following pharmacy services to you? (Information available in different languages)**

**How important are the following pharmacy services to you? (Physical accessibility (e.g. parking, wheelchair access ))****How important are the following pharmacy services to you? (Location)****How important are the following pharmacy services to you? (Private areas to speak to a pharmacist )**

How important are the following pharmacy services to you? (Quality of service)

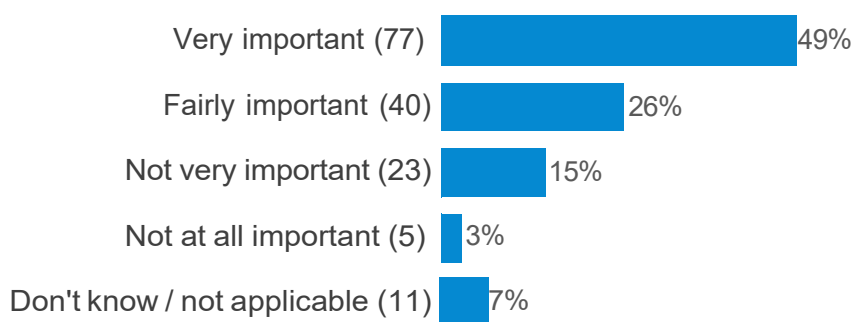




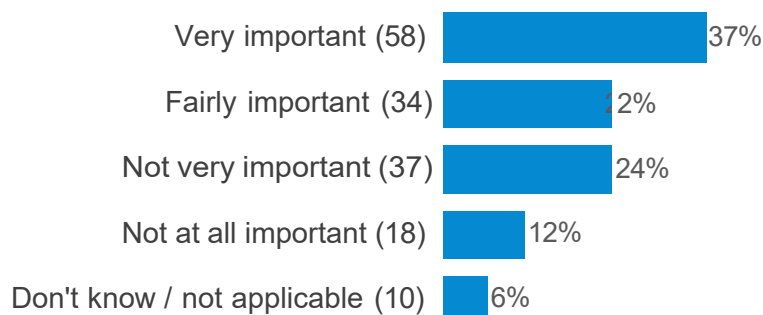
### Are there any other pharmacy services that are important to you? If so, please tell us about them.

75 people provided a response to this question. 24% (n=18) mentioned vaccinations including flu and covid, advice around ailments and medication usage was mentioned by 24% (n=18). Other services mentioned were blood pressure checks 8% (n=6). The ability to treat minor ailments and pharmacy first was mentioned by 13% (n=10). Other services mentioned by fewer people included private rooms to discuss medication, the closure of Evington pharmacy and health checks for the over 40's.

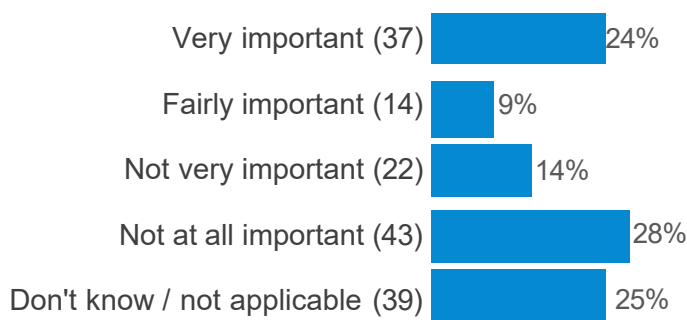
### How important are the following pharmacy services to you? (Availability of Pharmacy First (Includes ear infections, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections))



### How important are the following pharmacy services to you? (Blood pressure check service)

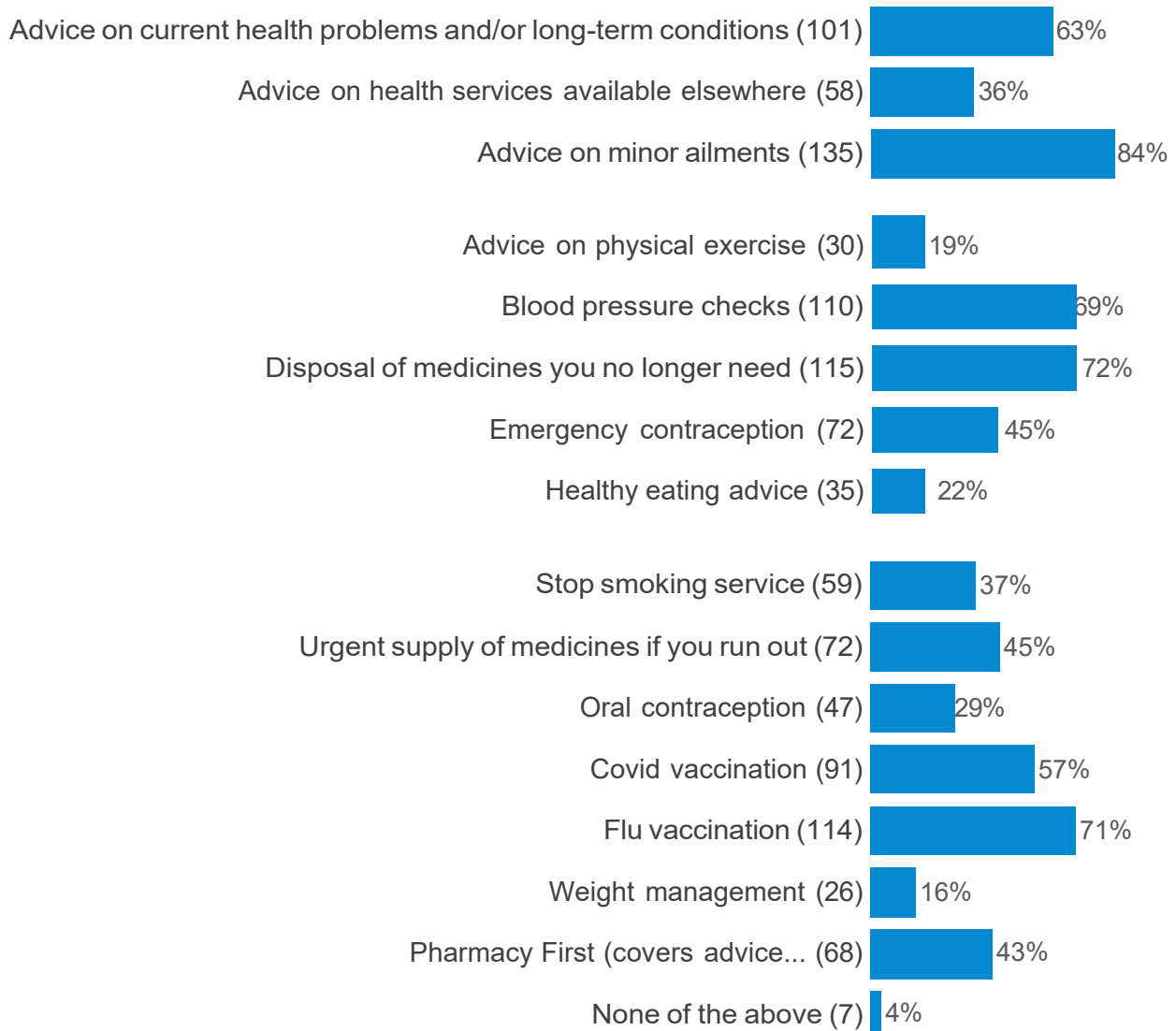


### How important are the following pharmacy services to you? (Contraception service)



PNA Public Survey 2025

**Which of the following services are you aware of that are offered by your usual pharmacy? Please tick all that you are aware of.**



**Are there other services that you think your usual pharmacy should provide, which it doesn't at the moment? If so, please tell us which ones.**

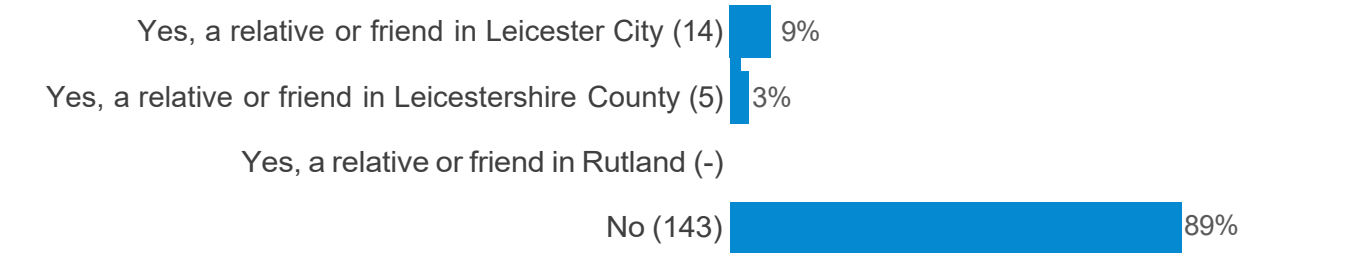
**Are you aware of any other services offered by your usual pharmacy? If so, please tell us which ones you are aware of.**

There were 47 respondents to this question, although 53% (n=25) said they weren't aware of any other services offered at their usual pharmacy. 17% (n=8) people mentioned vaccinations and other services mentioned were drug services including methadone and needle exchange, h.pylori and general sanitary essentials.

**Are there other services that you think your usual pharmacy should provide, which it doesn't at the moment? If so, please tell us which ones.**

There were 52 responses to this question and there was a wide variation in feedback. The Evington pharmacy closure was mentioned by a few people who would like it open again (or a pharmacy to replace it. Private consultation rooms, opening hours after 6pm, cholesterol and diabetes testing and blood testing were all mentioned.

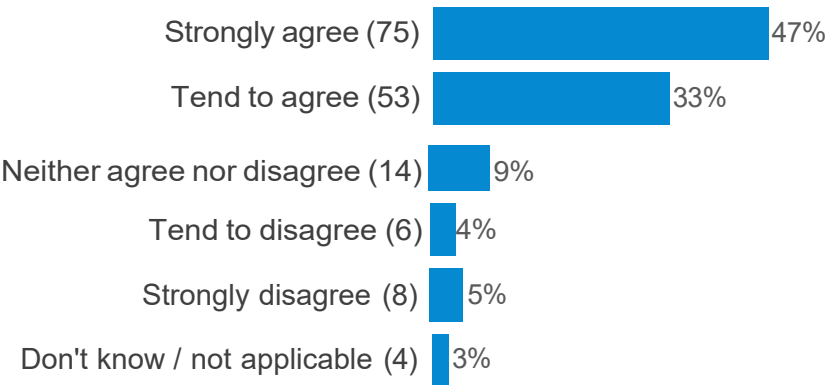
**In the last 12 months have you looked after a relative or friend living in Leicester, Leicestershire or Rutland who is terminally ill?**



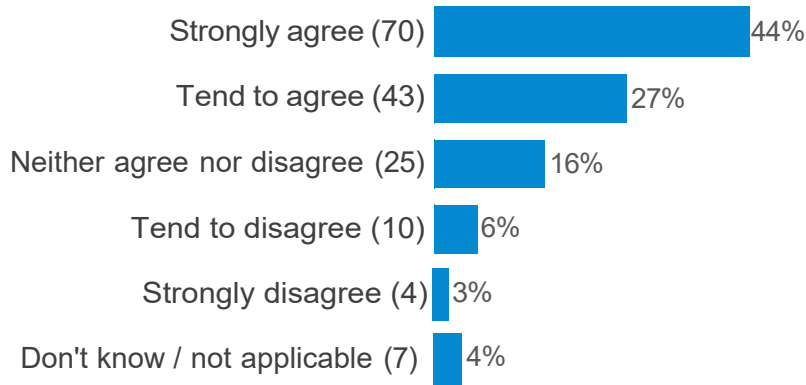
**Can you tell us about your experience with accessing medicines to help manage their illness?**

**Collect in 11** responses were given to this question. Most of them were positive or neutral, with 3 responses negative, stating issues with end of life medications, a pharmacy closure and another just generally negative.

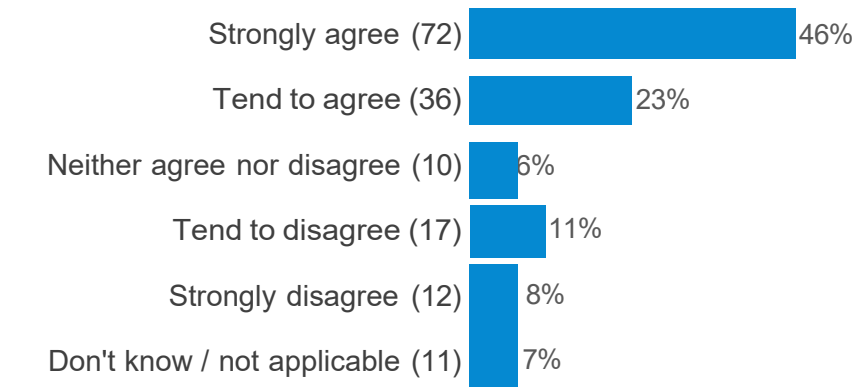
**To what extent do you agree or disagree with the following statements? (My pharmacy provides a good service)**



**To what extent do you agree or disagree with the following statements? (My pharmacy gives me clear advice on how medicines should be taken)**



**To what extent do you agree or disagree with the following statements? (If I want to, I can speak to a pharmacist at my pharmacy without being overheard)**



**Why do you say this? (includes answers to previous question)**

This questions provided 37 responses although many of them were not giving a direct answer to the specified question. Of those answering the question directly 12 people, 4 gave positive reviews and 8 were negative citing pharmacy closure and the next nearest is now too busy and overworked.

**Do you have any access needs relating to a physical disability?  
For example, to access your usual pharmacy services you may need accessible parking, or help to get in and out of the pharmacy and move around.**



PNA Public Survey 2025

### Does your pharmacy meet these physical access needs?



### Why do you say this? (includes answers to previous question)

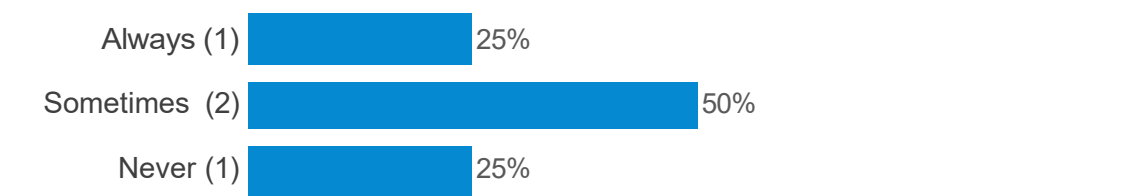
Always	Because they are happy to deliver if needed
Never	Parking for disabled is none existent.
Never	I day this only because of the length of time I have to wait when I'm there
Never	There is a large step up to the door and the door is stiff to open
Sometimes	Parking is congested due to one way system in place. pharmacy shop is in the middle of residential homes.
Sometimes	Sometimes I cannot always park as near as I may require. I have an acquired disability from an RTA and have a limp which may worsen especially if I am unwell
Never	I can't open the door without help and their door bell is broken
Sometimes	Only 2 disabled spaces and times it's open mean alternative street parking is usually full
Always	it has wheelchair access, / parking and automatic doors
Never	i wait and walk around.
Sometimes	The parking access is not always available close even with a blue badge at one, then another on same road you can park outside If I am well enough to use my pedal bike when accessing, the one that has limited parking has 5 bike stands outside, and 8 stands across the road
Never	they are on the main roads and the one which is within the doctor's surgery doesn't have capacity to take any dorset box patientThey are on the main roads, but the one within the doctor's surgery doesn't have the capacity to take any Dorset box patients.s
Always	they remove the need by delivering my medication and answering questions on phone. however when I last visited, and was waiting for a taxi home, there was nowhere to sit, this is mainly a council problem not pharmacy though, councils need to supply much more outside seating. I ended up sitting in the neighboring betting shop.

### Do you have any communication needs?

For example, do you need information in different formats, such as large print or audio, or in another language?



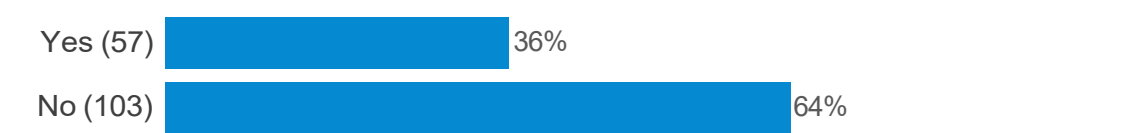
Does your pharmacy meet your communication needs?



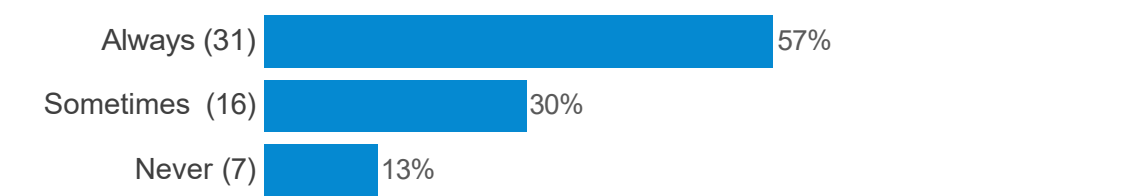
Why do you say this? (includes answers to previous question)

Sometimes	They cannot always provide large print facilities but do explain things fully
Never	busy chatting playing with mobile phone

Do you help an adult family member or friend to use pharmacy services?  
For example, picking up medicines, requesting repeat prescriptions or helping them to take their medicines.



Does your pharmacy meet your needs as a carer?



Why do you say this? (includes answers to previous question)

This question had 17 responses and 8 said they the pharmacy always met their needs and a further 5 said sometimes met their need. Of the 4 that said their needs were never met the reasons they gave where, medicines not in stock, pharmacy closed and they either didn't know or didn't ask if they were a carer. when my family members cannot pick the medication



**Do you have any suggestions for how your usual pharmacy could improve the way they meet your needs and support you?**

**If you don't feel able to discuss any of the issues raised below with your pharmacy, you can contact NHS England. Further details are available at**

**<https://www.england.nhs.uk/contact-us/complaint/complaining-to-nhse/>**

This section provided 57 responses which were very diverse. The main themes coming out of the responses were, don't close anymore pharmacies, increase opening hours in evenings, more promotion of the services they provide, more stock as people don't like being told they only have some of the items they require and they will need to return to collect other items and more staff.

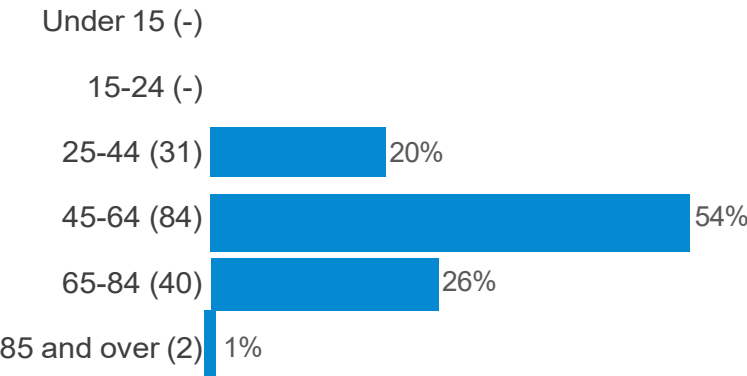
What is your gender?



Is the gender you identify with the same as your sex registered at birth?



What was your age on your last birthday?



What is your full postcode?  
This will allow us to see how far people travel. It will not identify your house. (What is your full postcode?)

*Note: Postcode data has been removed from this report*

Are you a parent or carer of a young person aged 17 or under?



If yes, how many children in the following age groups are in your care? (Please enter in numbers not words) (0-4 years)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
10	12	1.2	0.79	0	3	3

If yes, how many children in the following age groups are in your care? (Please enter in numbers not words) (5-10 years)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
13	23	1.77	1.96	0	8	8

If yes, how many children in the following age groups are in your care? (Please enter in numbers not words) (11-15 years)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
13	17	1.31	0.48	1	2	1

If yes, how many children in the following age groups are in your care? (Please enter in numbers not words) (16-17 years)

Count	Sum	Mean	Sample Standard Deviation	Minimum	Maximum	Range
6	5	0.83	0.41	0	1	1

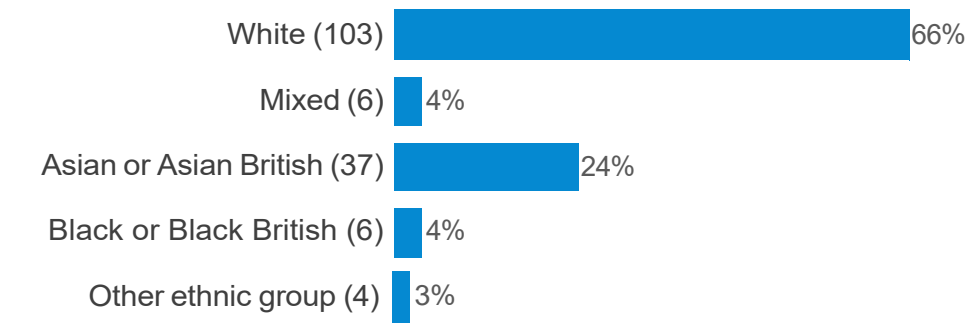
Are you a carer of a person aged 18 or over?



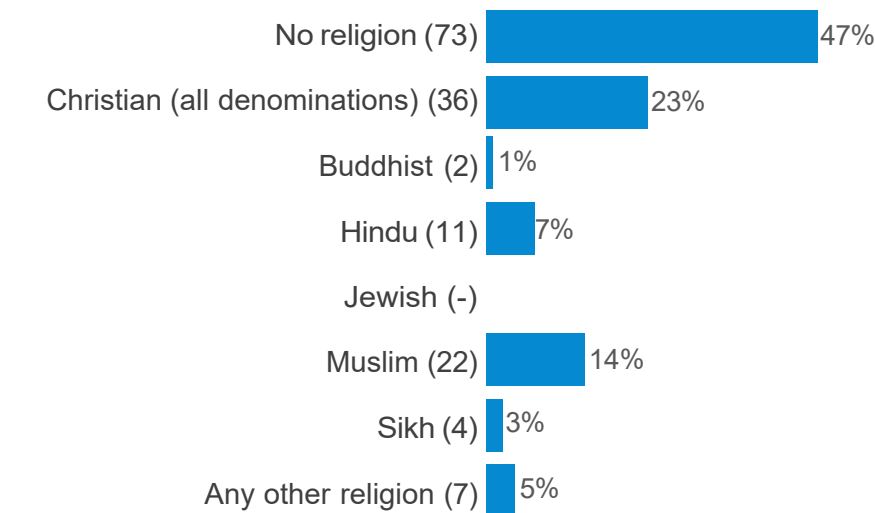
Do you have a long-standing illness, disability or infirmity?



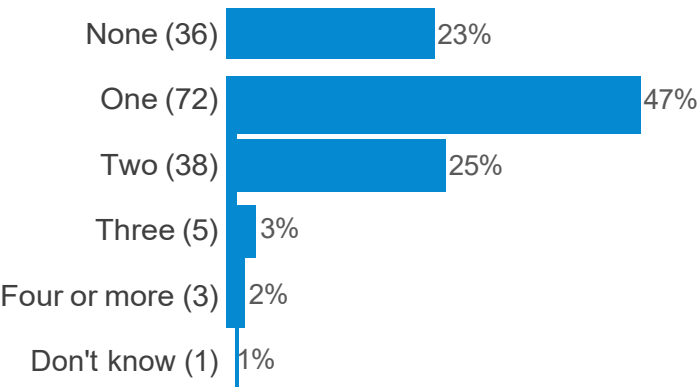
What is your ethnic group? Please tick one box only.



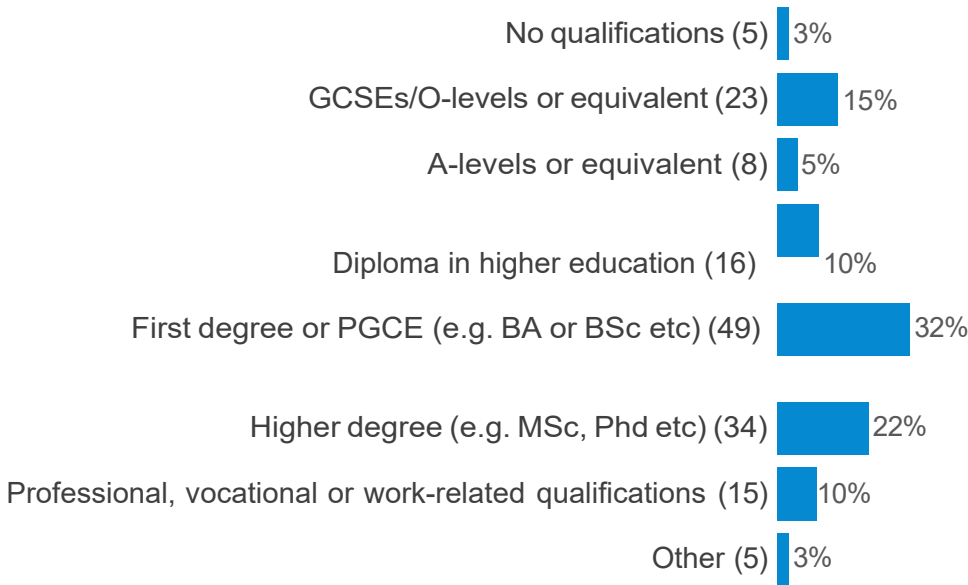
What is your religion?



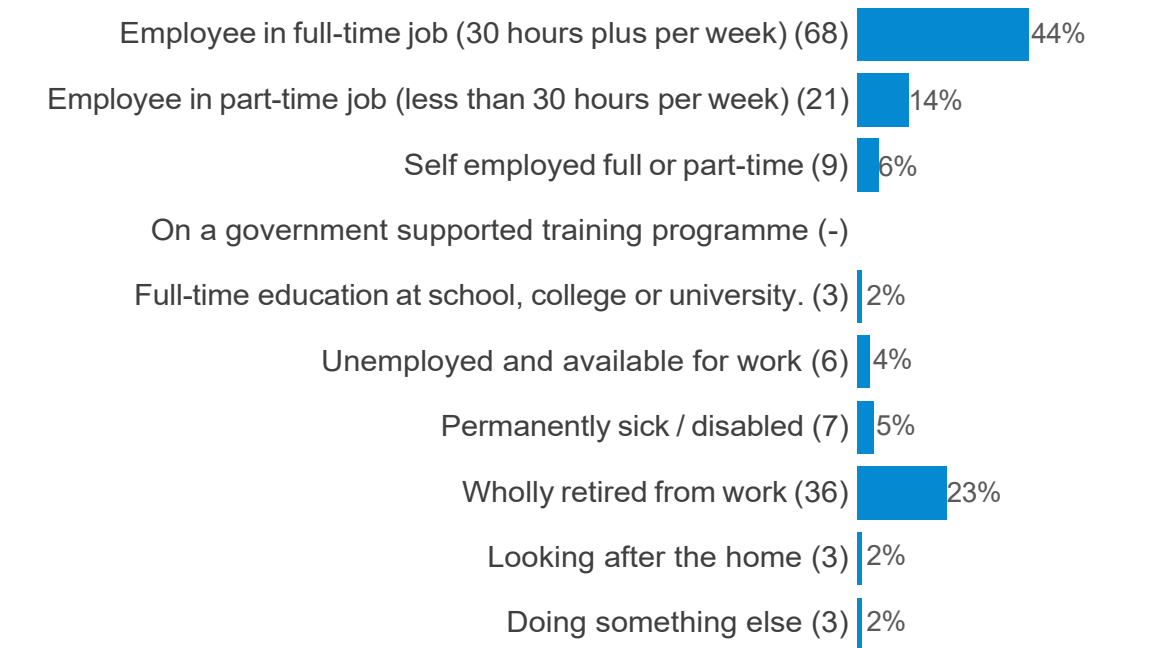
**In total, how many cars or vans are owned or available for use by members of your household?**



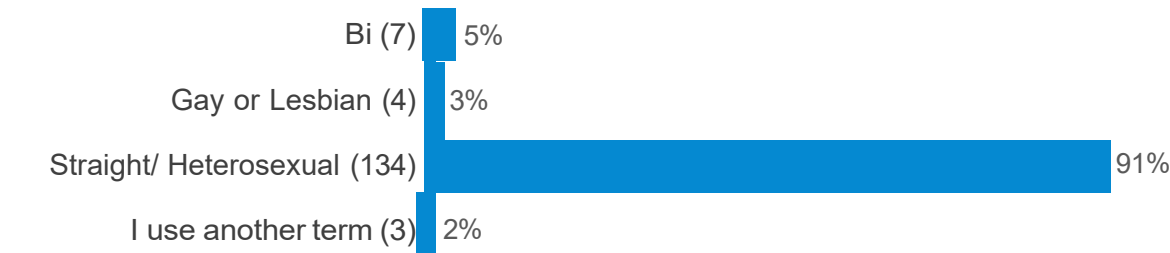
**What is your highest level of qualification you have obtained?**



Which of these activities best describes what you are doing at present?



What is your sexual orientation?



Leicester Pharmacy Opening Times as at March 2025

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FNG62	7 - 11 PHARMACY	7 - 11 LTD	84B BERNERS STREET		LEICESTER	LEICESTER RSHIRE	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	74.5
FME83	ASHA PHARMACY	ASHA PHARMACY LIMITED	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	45.5
FC256	ASTILL LODGE PHARMACY	MR DILJIT SINGH BAGHRA	234 ASTILL LODGE ROAD	ANSTEY HEIGHTS	LEICESTER		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	44.5
FV827	AYLESTONE PHARMACY	FAZ & KHIZ LTD	755-757 AYLESTONE ROAD	AYLESTONE	LEICESTER	LEICESTER RSHIRE	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	49
FJF59	BELGRAVE PHARMACY	BMP HEALTHCARE LTD	BELGRAVE HEALTH CENTRE	52 BRANDON STREET	LEICESTER	LEICESTER RSHIRE	LE4 6AW	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	CLOSED	CLOSED	50
FLT90	BLACKBIRD PHARMACY	PT PATTANI LTD	8 BLACKBIRD ROAD		LEICESTER		LE4 0FS	08:15-18:30	08:15-18:30	08:15-18:30	08:15-18:30	08:15-18:30	09:00-12:30	CLOSED	54.75
FAF98	BOOTS	BOOTS UK LIMITED	20-22 FLETCHER MALL	BEAUMONT LEYS	LEICESTER		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	62
FKX65	BOOTS	BOOTS UK LIMITED	30-36 GALLOWTREE GATE		LEICESTER	LEICESTER RSHIRE	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	63
FN210	BOOTS	BOOTS UK LIMITED	UNITS 38/39	HIGHCROSS	LEICESTER		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	62
FWV53	BOOTS	BOOTS UK LIMITED	212 UPPINGHAM ROAD		LEICESTER		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	56.75
FHN22	BORDER DRIVE PHARMACY	LIVE WELL INVESTMENTS LIMITED	15 BELGRAVE BOULEVARD		LEICESTER		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	45.5
FJ877	BROOKVALE PHARMACY LTD	BROOKVALE PHARMACY LIMITED	15 MEADVALE ROAD	KNIGHTON	LEICESTER		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	43.5
FW047	BROTHERS PHARMACY	BMP HEALTHCARE LTD	118 BELGRAVE ROAD		LEICESTER		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	50.5
FC260	CITY PHARMACY LTD	CITY PHARMACY LIMITED	110 LONDON ROAD		LEICESTER		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	41.5
FD037	DAY-NIGHT PHARMACY	PAK DAY NIGHT LTD	77-83 CHESTERFIELD ROAD		LEICESTER	LEICESTER RSHIRE	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	77



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FF521	EGGINTON STREET PHARMACY LIMITED	EGGINTON STREET PHARMACY LIMITED	4 EGGINTON STREET		LEICESTER		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	43.5
FAN94	EVERGREEN HEALTHCARE LIMITED	EVERGREEN HEALTHCARE LIMITED	UNIT 10, 111 ROSS WALK	LEICESTER BUSINESS CENTRE	LEICESTER		LE4 5HH	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED	40
FLW13	FUSION PHARMACY	ZS PHARMA LIMITED	109 BARKBY ROAD	THURMASTON	LEICESTER		LE4 9LG	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED	40
FXM17	FUSION PHARMACY	PEN GARVA LTD	UNIT 3,SWINFORD AVENUE	GLEN PARVA	LEICESTER	LEICESTER RSHIRE	LE2 9RW	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED	42.5
FQK80	HAMILTON PHARMACY	HAMILTON HEALTH LIMITED	UNIT 2,192 SANDHILLS AVE	HAMILTON	LEICESTER		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	49
FF526	HEALTH SERVE PHARMACY	HEALTH SERVE PHARMACY LIMITED	5 ST PETERS SHOPPING CTR	104 MELBOURNE ROAD	LEICESTER		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	44
FEM07	HEALTHCARE CHEMIST	HEALTHCARE PHARMACY LTD	340 WELFORD ROAD	LEICESTER			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	44
FQR29	HEALTHPHARM@ SAFFRON HEALTH	HEALTH PHARM (LEICESTER) LTD	509 SAFFRON LANE		LEICESTER		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	53.5
FNC97	HEALTHWAYS CHEMIST	HEALTHWAYS CHEMIST	155-157 LOUGHBOROUGH ROAD	LEICESTER			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	40
FE682	HIGHEM PHARMACY	HIGHEM LIMITED	ST.PETER'S HEALTH CENTRE	SPARKENHOE STREET	LEICESTER	LEICESTER RSHIRE	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	56.5
FXH79	HOCKLEY FARM CHEMIST	GOKANI JR	39 HOCKLEY FARM ROAD		LEICESTER		LE3 1HN	08:30-19:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED	49
FCA77	INTERPHARM (LEICS) CHEMISTS	BENTLEY SERVICES LIMITED	521 SAFFRON LANE		LEICESTER	LEICESTER RSHIRE	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	42.5
FM890	J & A PHARMACY	PATTANI P	19-21 MAIN STREET	EVINGTON	LEICESTER		LE5 6DN	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	40
FEA63	JHOOTS PHARMACY	JHOOTS CHEMIST LIMITED	44 MALABAR ROAD		LEICESTER	LEICESTER RSHIRE	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	42.5
FKM33	KNIGHTS DISPENSING CHEMIST	KNIGHTS DISPENSING CHEMIST	75 QUEENS ROAD	CLARENDON PARK	LEICESTER		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	52.5

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FCT54	LEONARD SMITH	LEONARD SMITH CHEMIST	195 MELTON ROAD	LEICESTER			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	44
FPK60	M.F.VAIYA - ALPHARM	ALPHARM	224 LOUGHBOROUGH ROAD	LEICESTER			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	46.5
FL360	MATTOCK PHARMACY	BSP PHARMA LTD	163 FOSSE ROAD NORTH		LEICESTER	LEICESTER	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		09:00-13:00,14:00-18:00	09:00-13:00	CLOSED	40
FP529	MEDICARE PHARMACY	UNITED HEALTHCARE GROUP LTD	140 ST.SAVIOURS ROAD		LEICESTER		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	53.5
FLT59	MEDICINE BOX CHEMISTS	PATEL UB	132 EVINGTON ROAD		LEICESTER		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	58.5
FHQ06	MERRIDALE PHARMACY	MORNINGSIDE LEICESTER LTD	MERRIDALE HEALTH CENTRE	5 FULLHURST AVENUE		LEICESTER	LE3 1BL	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	CLOSED	CLOSED	50
FTV47	MOIN'S CHEMIST	MN KOLIA LTD	137A EAST PARK ROAD		LEICESTER		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	46.5
FDR38	MONSELL PHARMACY	INVONEX LIMITED	184 STURDEE ROAD		LEICESTER	LEICESTER	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	72.5
FP343	NIVA PHARMACY LIMITED	NIVA PHARMACY LIMITED	2 UPPINGHAM ROAD		LEICESTER		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	44
FNW38	OMCARE LATE NIGHT PHARMACY	NUP S CORPORATION LIMITED	UNIT 10 BELGRAVE COMM CTR	160 BELGRAVE ROAD		LEICESTER	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	100
FED09	PANCHOLI CHEMIST	PANCHOLI LIMITED	11 LOUGHBOROUGH H ROAD	LEICESTER			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	41
FRH73	PARKVIEW DISPENSING CHEMIST	RAOS HEALTHCARE LIMITED	276 EAST PARK ROAD		LEICESTER		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	51.5
FH395	PATELS CHEMIST	M SQUARED PHARMA LTD	115 NARBOROUGH ROAD		LEICESTER	LEICESTER	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	48
FX150	PEAK PHARMACY	PCT HEALTHCARE LIMITED	UNIT 5 HOME FARM SHOP.PRE	STRASBOURG DRIVE	BEAUMONT LEYS	LEICESTER	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	42.5
FXC00	PEAK PHARMACY	PCT HEALTHCARE LIMITED	WESTCOTES HEALTH CENTRE	FOSSE ROAD SOUTH		LEICESTER	LE3 0LP	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED	47.5

Leicester Pharmacy Opening Times as at March 2025

PHARMACY CODE	PHARMACY TRADING NAME	ORGANISATION NAME	ADDRESS 1	ADDRESS 2	ADDRESS 3	ADDRESS 4	POST CODE	OPENING HOURS MONDAY	OPENING HOURS TUESDAY	OPENING HOURS WEDNESDAY	OPENING HOURS THURSDAY	OPENING HOURS FRIDAY	OPENING HOURS SATURDAY	OPENING HOURS SUNDAY	WEEKLY HOURS TOTAL
FVG16	PEARL CHEMIST	MPDH LIMITED / MR BS HOONJAN	185-187 EVINGTON ROAD		LEICESTER		LE2 1QN	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED	40
FHT89	PHARMASON LTD	PHARMASON LTD	86 MANITOBA ROAD		LEICESTER		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	40
FM031	PICKFORDS PHARMACY	PICKFORDS PHARMACY LIMITED	4 LOCKERBIE WALK	RUSHEY MEAD	LEICESTER		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	51.5
FXP28	POLY PHARMACY	POLYPHARMACY LTD	10 UPPERTON ROAD		LEICESTER	LEICESTER	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	78
FNK34	R GLENTON & SON LTD	PATTANI PT	49 WELLAND VALE ROAD	EVINGTON	LEICESTER		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	44
FJW91	RIVERSIDE PHARMACY	WILLOWS PHARMA LTD	UNIT C	27 WESTERN BOULEVARD	LEICESTER		LE2 7HN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45
FKW14	ROWLANDS PHARMACY	L ROWLAND & CO (RETAIL) LTD	ROWLANDS PHARMACY	174 ETHEL ROAD, EVINGTON	LEICESTER		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	43.33333333
FCJ00	SAFFRON LANE PHARMACY	SAFFRON APOTHECARIES LIMITED	501 SAFFRON LANE		LEICESTER		LE2 6UL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45
FTL92	SAFFRON PHARMACY	DIEZ UK LIMITED	HUMBERSTONE MEDICAL CTR	150 WYCOMBE ROAD	LEICESTER	LEICESTER	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	40
FC265	SAFYS CHEMIST	ALFA CHEMISTS LTD	139 MELTON ROAD	LEICESTER			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	63
FQG34	SAMAT CHEMIST	S & S SAMAT LTD	274 VICTORIA ROAD EAST	LEICESTER			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	52
FP064	SHILCHEM PHARMACY	SCHILCHEM LIMITED	217 HINCKLEY ROAD		LEICESTER	LEICESTER	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	47
FYD08	SONI (LEICESTER) LTD	SONI (LEICESTER) LTD	27 MELTON ROAD	LEICESTER			LE4 6PN	09:00-18:15	09:00-18:15	09:00-18:15	09:00-16:45	09:00-18:15	CLOSED	CLOSED	44.75
FEC69	SPIRIT PHARMACY LIMITED	SPIRIT PHARMACY LIMITED	SPIRIT HOUSE	SAFFRON WAY	LEICESTER	LEICESTER	LE2 6UP	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED	40
FDD20	ST STEPHENS CHEMIST	MERITPLAN LTD	35 ST.STEPHENS ROAD		LEICESTER		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	45

Leicester Pharmacy Opening Times as at March 2025

PHARMACY CODE	PHARMACY TRADING NAME	ORGANISATION NAME	ADDRESS 1	ADDRESS 2	ADDRESS 3	ADDRESS 4	POST CODE	OPENING HOURS MONDAY	OPENING HOURS TUESDAY	OPENING HOURS WEDNESDAY	OPENING HOURS THURSDAY	OPENING HOURS FRIDAY	OPENING HOURS SATURDAY	OPENING HOURS SUNDAY	WEEKLY HOURS TOTAL
FE710	ST STEPHENS CHEMIST	MERITPLAN LTD	7 FOSSE ROAD SOUTH		LEICESTER		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	44
FHK59	STONEYCROFT CHEMIST	STONEYCROFT HEALTHCARE LIMITED	41 FRANCIS STREET	STONEYGATE	LEICESTER	LEICESTER	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	44
FCT38	TESCO INSTORE PHARMACY	TESCO STORES LIMITED	NARBOROUGH RD RETAIL PARK	NARBOROUGH ROAD WEST	LEICESTER		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	78
FLP27	TESCO INSTORE PHARMACY	TESCO STORES LIMITED	MAIDENWELL AVENUE	HAMILTON	LEICESTER	LEICESTER	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	78
FTH56	UNIPHARM CHEMISTS	HINDOCHA RL	83 NETHERHALL ROAD		LEICESTER		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	43.75
FC076	UNIVERSAL DELIVERY PHARMACY	BMP HEALTHCARE LTD	105 HARRISON ROAD		LEICESTER		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	44
FC112	VISION PHARMACY	VISION PHARMA LTD	272 WELFORD ROAD		LEICESTER	LEICESTER	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	54.5
FJ401	VISION PHARMACY	VISIONPHARMA LIMITED	51-53 NARBOROUGH ROAD		LEICESTER	LEICESTER	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	79
FNR94	VISION PHARMACY	VISIONPHARMA LIMITED	THE MERLIN VAZ H & SCC	1 SPINNEY HILL ROAD	LEICESTER	LEICESTER	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	55
FPG82	VISION PHARMACY	VISIONPHARMA LIMITED	2 HARTINGTON ROAD		LEICESTER		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	46.5
FR220	VISION PHARMACY	VISION PHARMA LIMITED	131 BRIDGE ROAD		LEICESTER		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	64
FCW23	VISIONARY MEDS	ALPHA PHARMA SUPPLIES LTD	101D GWENDOLEN ROAD		LEICESTER		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	49
FDR65	VITALITY PHARMACY	VITALITY PHARM LIMITED	158 EAST PARK ROAD		LEICESTER	LEICESTER	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	51.5
FAQ51	WELL	BESTWAY NATIONAL CHEMISTS LIMITED	UNIT2 NEW N/HOOD R.PARADE	STURDEE ROAD	EYES MONSELL	LEICESTER	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	45.5
FCV82	WELL	BESTWAY NATIONAL CHEMISTS LIMITED	78 QUEENS ROAD	CLARENDON PARK	LEICESTER		LE2 1TU	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	45.5

Leicester Pharmacy Opening Times as at March 2025

PHARMACY CODE	PHARMACY TRADING NAME	ORGANISATION NAME	ADDRESS 1	ADDRESS 2	ADDRESS 3	ADDRESS 4	POST CODE	OPENING HOURS MONDAY	OPENING HOURS TUESDAY	OPENING HOURS WEDNESDAY	OPENING HOURS THURSDAY	OPENING HOURS FRIDAY	OPENING HOURS SATURDAY	OPENING HOURS SUNDAY	WEEKLY HOURS TOTAL	
FDJ03	WELL	BESTWAY NATIONAL CHEMISTS LIMITED	WILLOWBROOK MEDICAL CTR.	195 THURN COURT ROAD	THURNBY LODGE	LEICESTER R	LE5 2NL	08:00-18:15	08:00-18:15	08:00-18:15	08:00-18:15	08:00-18:15	CLOSED	CLOSED	51.25	
FND47	WELL	BESTWAY NATIONAL CHEMISTS LIMITED	311 AIKMAN AVENUE	NEW PARKS ESTATE	LEICESTER	LEICESTER RSHIRE	LE3 9PW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	45	
FVL18	YAKUB CHEMIST CARE HOME SERVICES	YAKUB CHEMIST LIMITED	1 HIGH VIEW CLOSE	HAMILTON OFFICE PARK	LEWISHER ROAD, LEICESTER		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	43	
FV608	YAKUB CHEMIST LIMITED	YAKUB CHEMIST LIMITED	67 HARTINGTON ROAD		LEICESTER	LEICESTER RSHIRE	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	09:00-19:00	09:00-15:00	CLOSED	51
FVR36	YOUR MEDICALS	YM PHARMA GROUP LTD	2 STADIUM PLACE		LEICESTER		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	40	
FGJ96	YOUR PHARMACY	MEDICOMP UK LIMITED	19-21 NORWICH ROAD		LEICESTER	LEICESTER RSHIRE	LE4 0LR	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	51.5	
FVF39	YOUR PHARMACY	MEDICOMP UK LIMITED	90 SHAKERDALE ROAD	WEST KNIGHTON	LEICESTER	LEICESTER RSHIRE	LE2 6HS	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	51.5	

## Better Care Fund 2024-25 Q3 Reporting Template

### 1. Guidance

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE). Please also refer to the Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements which was published in April 2024. Links to all policy and planning documents can be found on the bottom of this guidance page.

As outlined within the BCF Addendum, quarterly BCF reporting will continue in 2024 to 2025, with areas required to set out progress on delivering their plans. This will include the collection of spend and activity data, including for the Discharge Fund, which will be reviewed alongside other local performance data.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund, including the Discharge Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off by HWBs, or through a formal delegation to officials, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Please submit this template by 14 February 2025

#### Note on entering information into this template

##### Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2024-25 will pre-populate in the relevant worksheets.

2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)

4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

#### 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

#### 4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process outlined within 24/25 planning submissions.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2024-25 has been pre-populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- On track to meet the ambition
- Not on track to meet the ambition
- Data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements. Please note columns M and N only apply where 'not on track' is selected.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

#### 5. Capacity & Demand Actual Activity

Please note this section asks for C&D and actual activity for total intermediate care and not just capacity funded by the BCF.

##### Activity

For reporting across 24/25 we are asking HWBs to complete their actual activity for the previous quarter. Actual activity is defined as capacity delivered.

For hospital discharge and community, this is found on sheet "5.2 C&D H1 Actual Activity".

##### 5.1 C&D Guidance & Assumptions

Contains guidance notes as well as 4 questions seeking to address the assumptions used in the calculations, changes in the quarter, and any support needs particularly for managing winter demand and ongoing data issues.

##### 5.2 C&D H1 Actual Activity

Please provide actual activity figures for this quarter, these include reporting on your spot purchased activity and also actuals on time to treat for each service/pathway within Hospital Discharge. Actual activity for community referrals are required in the table below.

Actual activity is defined as delivered capacity or demand that is met by available capacity. Please note that this applies to all commissioned services not just those funded by the BCF.

#### Expenditure

Please use this section to complete a summary of expenditure which includes all previous entered schemes from the plan.

The reporting template has been updated to allow for tracking spend over time, providing a summary of expenditure from all 3 quarters to date alongside percentage spend of total allocation.

**Overspend** - Where there is an indicated overspend please ensure that you have reviewed expenditure and ensured that a) spend is in line with grant conditions b) where funding source is grant funding that spend cannot go beyond spending 100% of the total allocation.

**Underspend** - Where grant funding is a source and scheme spend continues you will need to create a new line and allocate this to the appropriate funding line within your wider BCF allocation.

Please also note that Discharge Fund grant funding conditions do not allow for underspend and this will need to be fully accounted for within 24/25 financial year.

For guidance on completing the expenditure section on 23-25 revised scheme type please refer to the expenditure guidance on 6a.



Please use the Discontinue column to indicate if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent.

If you would like to amend a scheme, you can first 'discontinue' said scheme, then re-enter the scheme new data into the 'add new schemes' section.

#### Useful Links and Resources

##### Planning requirements

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

##### Policy Framework

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework>

##### Addendum

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements>

##### Better Care Exchange

<https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2Fbettercareexchange%2FgroupHome>

##### Data pack

<https://future.nhs.uk/bettercareexchange/view?objectId=116035109>

##### Metrics dashboard

<https://future.nhs.uk/bettercareexchange/view?objectId=51608880>

**Better Care Fund 2024-25 Q3 Reporting Template**

**2. Cover**

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Leicester
Completed by:	Charlotte Dickens
E-mail:	<a href="mailto:charlotte.dickens3@nhs.net">charlotte.dickens3@nhs.net</a>
Contact number:	07359449850
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Tue 18/02/2025

<< Please enter using the format, DD/MM/YYYY

**Checklist**

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

**Question Completion** - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.

**Complete**

	Complete:	
2. Cover	Yes	For further guidance on requirements please refer back to guidance sheet - tab 1.
3. National Conditions	Yes	
4. Metrics	Yes	
5.1 C&D Guidance & Assumptions	Yes	
5.2 C&D H1 Actual Activity	Yes	
6b. Expenditure	Yes	

[<< Link to the Guidance sheet](#)

**Better Care Fund 2024-25 Q3 Reporting Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Leicester

Has the section 75 agreement for your BCF plan been finalised and signed off?	No	
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	01/03/2025	
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	S75 agreement has been through various governance processes and is currently awaiting the final stage	
Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 Q3 Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Leicester

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q2 (For Q3 data, please refer to data pack on BCC)	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs <i>Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievement of your plans - ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan</i>	Achievements - including where BCF funding is supporting improvements. <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being assessed for the respective metrics</i>	Variance from plan <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan</i>	Mitigation for recovery <i>Please ensure that this section is completed where if data is not available to assess progress is that on track to meet target with actions to recovery position against plan</i>
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3)	243.2	241.2	239.8	236.1		On track to meet target	We have seen higher acutely patients requiring support. Where it has been clinically safe to manage these patients at home, we have supported this. Where there is an acute need that may require an	Progress has been made which has aided achievements (as detailed in tab 5.1). Funding has enabled specific schemes to mobilise and have supported us to optimise existing schemes supporting this measure	In Q3 we have seen an overall increase in attend but have continued to work on plans to support community schemes to support patients that can be managed at home.	Step up referrals into our VW programme, increasing criteria for our call before convey service and strengthening the support offered by UCR and other community services will hopefully support recovery.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.6%	93.1%	93.5%	93.0%		On track to meet target	N/A	People with double handed support are actively being supported through RRR intake. With capacity/flow well managed during the Christmas period with RRR intake and ICRS working side-by-side.	N/A	N/A
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,746.2		On track to meet target	There has been times where care homes and other providers have not accessed the falls services. Regular comms campaign and feeding into groups will support alternative pathways to be utilised.	The falls sub-group is supporting key actions to ensure that falls work has a positive improvement on rates of admissions. Further work to look at how health and care teams can support this work and support	We continue to work on falls prevention and falls response. Tier 1 and Tier 2 models are being worked on to ensure we can support patients in the community instead of an EMSAS call out or an ED admission.	Proactive falls assessment tools are also being developed to enhance community support. Pilot's in our care homes have started to see positive outcomes. We hope the extension of this will help achieve this
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				505	not applicable	On track to meet target	N/A	With the current trend we are on target to have less than 240 permanent admissions - as we anticipate no more than 217 for 24/25.	N/A	N/A

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2024-25 Q3 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Leicester

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.

Discharge grant funding has supported our staffing levels to enable the RRR Intake service to serve the majority of all discharges. This now includes patients being supported with double-handed care needs by working closely with ICRS. This has demonstrated positive outcomes for the people being served with a 71% reduction of their overall needs before moving on to longer term domiciliary support. Work on bed modelling that forms part of the long-term P2 offer has helped us define where capacity does and does not meet demand to aid our future requirements for bed based care. Demand modelling was completed in a moment in time therefore there will be some variance. We have started to review both demand for P1 and P2, once this is completed we should be able to refresh demand modelling and therefore be able to add this detail to 25/26 plans. Tab 5.2 shows more patients are being supported via P1 reablement/rehabilitation therefore reducing the activity into (from a discharge perspective) short term dom care. Overall patients being supported via P2 Reablement and Rehabilitation (from a discharge perspective) has increased. Recognising the system has a 88 bed gap for p2, we have utilised other short term p2 capacity within

2. Do you have any capacity concerns for Q4? Please consider both your community capacity and hospital discharge capacity.

Whilst core activity continues to be managed well for discharges there is a growing ambition within Adult Social Care to see how we can support more people from the community who make contact with our front door with a wider offer of Reablement support being considered. The scoping of this work is being looked into with a view of piloting this in 2025 and then looking at lessons to learn before becoming a main stream offer. It is envisaged through early intervention and prevention this will be a more proactive approach with less reliance on telephone assessments and also lead to better outcomes for the people of Leicester. The challenges around our P2 capacity will be variable as we are reliant on the market to pick up cases in a timely manner, this is further challenged due to the system bed gap. We continue to work with partners to look at solutions to try and mitigate any concerns.

3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.

Having looked at the annual figures for RRR Intake the team has supported with 1,184 discharges from Jan to Dec 2024. There was an 11% increase in capacity compared to 2023 (whilst noting RRR Intake went live in Nov 23). This was further supported by ICRS also supporting with discharges especially during UHL escalations which equates to 720 patients annually. So a total of 1,904 patients have been supported in terms of discharges from a social care perspective, the numbers provided in 5.2 show the overall offer from a reablement and rehabilitation offer. We continue to work on plans to ensure discharges and admission avoidance are supported at the earliest opportunity. Working with partners enables us to proactively assess what else can be supported. Re-starts via the dom care market have also continued to be supported in a timely manner. In terms of admission avoidance UCR has continued to play a key role with 2,367 patients being supported in Q3. Overall the activity underpinned by the outcomes places Leicester City in a positive position alongside various new programmes of work such as the Frailty Group and the Pre-Hospital Model of Care Group (supporting the single point of access ambition), enhancing our local 'call before

4. Do you have any specific support needs to raise for Q4? Please consider any priorities for planning readiness for 25/26.

Whilst BCF and discharge funding for 25/26 has been included in the new planning guidance, local discussions will be required to understand how schemes will be funded into the future, noting the changes to uplifts and minimum contributions. These discussions are in progress.

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document

5.1 Guidance

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- Actual demand in the first 9 months of the year
- Modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

Hospital Discharge

This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.

- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Other short term bedded care (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

Community

This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Checklist

Yes

Yes

Yes

Yes

Complete:

Better Care Fund 2024-25 Q3 Reporting Template

## 5. Capacity & Demand

**Selected Health and Wellbeing Board:**

Leicester

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan				Actual activity (not including spot purchased capacity)				Actual activity through <u>only</u> spot purchasing (doesn't apply to time to service)		
Service Area	Metric	Oct-24	Nov-24	Dec-24		Oct-24	Nov-24	Dec-24		Oct-24	Nov-24	Dec-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	352	363	361		373	393	365		NA	NA	NA
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	1	1	1		1	1	1				
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	47	23	34		13	18	16		NA	NA	NA
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1	1	1		1	1	1				
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	121	127	118		130	122	129		NA	NA	NA
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1	1	1		2	2	2				
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	21	29	23		NA	NA	NA			12	11
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2		8	8	9				
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	3	3	3		NA	NA	NA			10	8
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2		8	8	9				

Actual activity - Community		Prepopulated demand from 2024-25 plan			Actual activity:		
Service Area	Metric	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24
Social support (including VCS)	Monthly activity, Number of new clients	50	50	50	67	62	5
Urgent Community Response	Monthly activity, Number of new clients	745	713	852	798	766	80
Reablement & Rehabilitation at home	Monthly activity, Number of new clients	273	330	284	447	420	42
Reablement & Rehabilitation in a bedded setting	Monthly activity, Number of new clients	117	123	113	5	4	
Other short-term social care	Monthly activity, Number of new clients	25	32	16	130	169	13

### Checklist

Complete:

Yes

Yes

Yes

yes

Yes

Yes

Yes



## Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

### 2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis.  This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)  Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.  The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.  Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The ten changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.  Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.  Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2024-25 Q3 Reporting Template

To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Leicester

Running Balances	2024-25			
	Income	Expenditure to date	Percentage spent	Balance
DFG	£2,960,301	£2,220,226	75.00%	£740,075
Minimum NHS Contribution	£31,409,917	£23,557,438	75.00%	£7,852,479
IBCF	£17,556,473	£13,167,355	75.00%	£4,389,118
Additional LA Contribution	£0	£0		£0
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£4,102,317	£3,076,738	75.00%	£1,025,579
ICB Discharge Funding	£4,322,486	£3,049,359	70.55%	£1,273,127
Total	£60,351,494	£45,071,116	74.68%	£15,280,378

Comments if income changed

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£8,925,807	£6,753,356	£2,172,451
Adult Social Care services spend from the minimum ICB allocations	£20,222,958	£15,319,278	£4,903,680

Checklist	Column complete:	Yes	Yes
-----------	------------------	-----	-----

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
1	Existing ASC Transfer	Resource for ASC provision	Home Care or Domiciliary Care	Domiciliary care packages		738999	554249.25	Hours of care (Unless short-term in which case it is packages)	Social Care	0	LA			Local Authority	Minimum NHS Contribution	£ 15,413,505	£11,560,129		
2	Carers Funding	Statutory Support for carers	Carers Services	Respite services		0	0	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	£ 852,960	£639,720		
3	Reablement funds LA	In House ASC reablement service	Home-based intermediate care services	Reablement at home (to support discharge)		683	512.25	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	£ 1,082,603	£811,952		
4	Lifestyle Hub	Culturally competent primary & secondary prevention of LTCs & Health promotion.	Prevention / Early Intervention	Other	Exercise/weight Mx/Smoking support		0		Community Health		NHS			Local Authority	Minimum NHS Contribution	£ 133,573	£100,180		
5	Assistive technologies	Assistive technology to support independence & reduce social isolation	Assistive Technologies and Equipment	Assistive technologies including telecare		2039	1529.25	Number of beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	£ 418,202	£313,652		
6	Strengthening ICRS - LA	ASC 2 hr response 24/7 step up/down	Reablement in a persons own home			0	0		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 1,539,357	£1,154,518		
7	Health Transfers Team - in hospital social workers	on-site social work team to facilitate timely Acute hospital discharge	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	0		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 643,268	£482,451		
8	MH Discharge Team - Health Transfers Team -	on-site social work team to facilitate timely MH in-patient discharge	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			0		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 83,710	£62,783		
10	Services for Complex Patients (Care Navigators)	6x Care Navigators to case-manage prevention interventions for frail & older	Integrated Care Planning and Navigation	Care navigation and planning		0	0		Primary Care		NHS			Local Authority	Minimum NHS Contribution	£ 470,245	£352,684		
12	IPCF (Integrated Personalised Commissioning	Training for ASC and dom care providers to undertake delegated health tasks safely	Enablers for Integration	Workforce development		0	0		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 95,671	£71,753		
13	Social worker for alcohol dependent people/hoarders	Specialist dedicated case management, support and service coordination for those	Housing Related Schemes				0		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 63,195	£47,396		
14	0.5 Year WTE funding for change manager to	Joint funding of admin support for range of integration activities	Enablers for Integration	Joint commissioning infrastructure			0		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 30,182	£22,637		
15	Training for Falls Prevention	CIC provider of community strength & balance programmes for those at risk	Prevention / Early Intervention	Social Prescribing		0	0		Community Health		NHS			Private Sector	Minimum NHS Contribution	£ 105,660	£79,245		
16	Hospital Housing Enablement Team	Specialist housing support to enable timely hospital discharge and NRPf cases	Housing Related Schemes			0	0		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 169,000	£126,750		

17	Stop Smoking app developed by Public Health	Mobile phone app to support stop smoking efforts	Other				0		Community Health		NHS			Local Authority	Minimum NHS Contribution	£ 18,660	£13,995		
19	Risk stratification	Licensing and data processing fees for risk strat programme. Sessional fees for clinical lead	Prevention / Early Intervention	Risk Stratification		0	0		Other	Licence cost for risk strat product.	NHS			Private Sector	Minimum NHS Contribution	£ 70,000	£52,500		
20	Services for Complex Patients (GP PIC/Training)	Enhanced programme of primary, community/VCS support to high-risk LTC	Integrated Care Planning and Navigation	Care navigation and planning		0	0		Primary Care		NHS			Private Sector	Minimum NHS Contribution	£ 730,000	£547,500		
21	Action on Deafness – Audiology and	Specialist support for those with hearing loss and Deafness	Personalised Care at Home	Mental health /wellbeing			0		Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 41,286	£30,965		
22	Eye Clinic Liaison Service	Specialist support for those with sight loss & blindness	Personalised Care at Home	Physical health/wellbeing			0		Other	Specialist Vol Sector Support to those w/ sight	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 27,910	£20,933		
24	The Centre Project	Day Centre and outreach support for vulnerable adults	Prevention / Early Intervention	Social Prescribing			0		Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 27,367	£20,525		
25	Leicester Mammals	Voluntary sector support for breast feeding, budget management and cooking	Prevention / Early Intervention	Social Prescribing		0	0		Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 30,000	£22,500		
26	Dear Albert	Day Centre support for those with substance misuse issues	Prevention / Early Intervention	Risk Stratification		0	0		Community Health		NHS			Local Authority	Minimum NHS Contribution	£ 5,824	£4,368		
27	City GP Registration Service	City GP Registration Service	Other				0		Primary Care		NHS			NHS	Minimum NHS Contribution	£ 44,656	£33,492		
29	UHL fund	Hospital discharge specialist team	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	0		Acute		NHS			NHS Acute Provider	Minimum NHS Contribution	£ 1,979,739	£1,484,804		
30	Home Visiting Service	Skill mixed home visiting service to assess frail & older people at home	Community Based Schemes	Integrated neighbourhood services		0	0		Community Health		NHS			Private Sector	Minimum NHS Contribution	£ 1,622,954	£1,217,216		
31	MH Planned Care Team	Dedicated specialist MH assessment and treatment for those whose LTC	Community Based Schemes	Integrated neighbourhood services		0	0		Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	£ 442,507	£331,880		
32	Unscheduled Care Team	Home First	Urgent Community Response			0	0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 633,927	£475,445		
33	Home First - Community Therapies	Proactive in-reach to care homes residents to reduce risk of falls	Community Based Schemes	Integrated neighbourhood services		0	0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 1,257,037	£942,778		
34	Reablement	Home First	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	0		Community Health		NHS			Local Authority	Minimum NHS Contribution	£ 1,570,703	£1,178,027		
35	Home First - Community nursing	Home First	Community Based Schemes	Integrated neighbourhood services		0	0		Community Health		NHS			NHS	Minimum NHS Contribution	£ 1,704,165	£1,278,124		
36	IBCF	Meeting ASC needs/Reducing NHS pressures/Supporting local ASC market	Integrated Care Planning and Navigation	Support for implementation of anticipatory care			0		Social Care		LA			Local Authority	IBCF	£ 17,556,473	£13,167,355		
37	Local Authority Discharge Support		Community Based Schemes	Integrated neighbourhood services		0	0		Social Care		LA			Local Authority	Local Authority Discharge	£ 4,102,317	£3,076,738		
38	Primary Care Funding to support DZA	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	0		Primary Care		NHS			NHS Community Provider	ICB Discharge Funding	£ 174,742	£120,962		
39	Case management of HD cohort via MLCSU	CM capacity to support discharge	Residential Placements	Short-term residential/nursing care for someone likely to require a		0	0	Number of beds	Continuing Care		NHS			Private Sector	ICB Discharge Funding	£ 100,542	£75,407		
40	Blocked booked HD beds (6)	High Dependency 1-2-1	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		180	135	Number of placements	Continuing Care		NHS			Private Sector	ICB Discharge Funding	£ 574,685	£431,014		
41	HD 1-1s for blocked booked beds	High Dependency 1-2-1	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		180	135	Number of placements	Continuing Care		NHS			NHS Community Provider	ICB Discharge Funding	£ 234,106	£175,580		
44	Continuation & growth of the Bariatric pilot (3	Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		120	90	Number of placements	Community Health		NHS			Private Sector	ICB Discharge Funding	£ 673,427	£322,659		
46	Training	Training and Comms on Home First	Enablers for Integration	Workforce development		0	0		Other	Acute, Community and LA training	NHS			NHS Community Provider	ICB Discharge Funding	£ 5,346	£4,010		
47	MHSOP Discharge Co-ordinator	Discharge co-ordinator	Community Based Schemes	Integrated neighbourhood services		0	0		Mental Health		LA			NHS Mental Health Provider	ICB Discharge Funding	£ 26,667	£20,000		
48	Intake Model	Recruitment to support the Intake Model	Workforce recruitment and retention			0	0	WTE's gained	Social Care		LA			Local Authority	ICB Discharge Funding	£ 432,475	£324,356		
49	Discharge Support	To support discharge flow	Community Based Schemes	Integrated neighbourhood services		0	0		Community Health		NHS			NHS	ICB Discharge Funding	£ 1,688,277	£1,266,208		
50	Disabled Facilities Grant	Adaptations to support independence for those who meet eligibility criteria	DFG Related Schemes	Discretionary use of DFG		2580	1935	Number of adaptations funded/people supported	Mental Health		LA			Local Authority	DFG	£ 2,960,301	£2,220,226		
51	Therapy Support	Therapy Support	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	0	0	0		Community Health	0	NHS	0		NHS Community Provider	ICB Discharge Funding	£ 282,219	£211,664		

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### Adding New Schemes:

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## LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

<b>Subject:</b>	Gambling Harms Health Needs Assessment
<b>Presented to the Health and Wellbeing Board by:</b>	Kathryn McVicar, Specialty Registrar in Public Health, Leicester City Council
<b>Author:</b>	Michael Taylor, Specialty Registrar in Public Health (report and slides edited by Kathryn McVicar)

### EXECUTIVE SUMMARY:

1. Gambling is a commonly conducted activity in the United Kingdom (UK), with around 40% of the population having participated in a gambling activity other than the National Lottery in 2018. Although many engage in gambling behaviour that is not associated with significant adverse effects, there are some for whom gambling behaviour can involve taking considerable risks and experiencing substantial harms.

2. The aim of the Leicester City Gambling Harms Needs Assessment was to describe the health needs related to gambling harms in Leicester, services that are in place to address these needs, and recommendations for further actions to meet this health need.

3. It is estimated that there could be around 1,500 people in Leicester experiencing problem gambling (gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits). Problem gambling is associated with worsened mental health, alcohol and substance use and higher risk of suicide; people aged 20-49 who experience problem gambling are 19 times more likely than average to die by suicide. Population demographics of Leicester have several characteristics associated with an increased risk of problem gambling.

4. Data suggests that Leicester City is in the lowest quintile for prevalence of non-problem gambling, but in the highest quintile for problem and moderate-risk gambling. It is also predicted that Leicester is in the lowest quintile for demand and uptake of treatment and support by those experiencing problem gambling.

5. The needs assessment recommends that a strategy to address gambling harms in Leicester City is developed and implemented. This is being led by Public Health and is currently in the early stages of development, with engagement from key stakeholders.

6. A link to the full Gambling Harm Needs Assessment 2024 can be found [here](#).

### RECOMMENDATIONS:

7. The Health and Wellbeing Board is requested to:



- a. Note the findings and recommendations of the Health Needs Assessment.
- b. Support the development of an upcoming strategy on Gambling Harms for Leicester City through ongoing commitment and departmental/organisational representation on the strategy development group.

## HEALTH NEEDS ASSESSMENT FINDINGS:

**8. Summary of literature:** It is estimated that around 54% of the general population take part in gambling at least once in a year (when not including the national lottery, this figure drops to 40%). Problem gambling (gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits) is estimated to be experienced by 0.4% of the population; At-risk gambling (gambling that leads to less severe negative consequences) by 3.8%; and around 7% are negatively affected by someone else's gambling ('affected others'). If these estimates were accurate for Leicester's 368,600 population, this would suggest there to be around 1,500 experiencing problem gambling, 14,000 experiencing at-risk gambling, and 26,000 affected others. Problem gambling is associated with worsened mental health, alcohol and substance use and higher risk of suicide; people aged 20-49 who experience problem gambling are 19 times more likely than average to die by suicide.

**9. Local profile related to gambling:** Population demographics of Leicester have several characteristics associated with an increased risk of problem gambling, including having a larger-than-average proportion compared to England who are: aged between 16 and 34 years; living in a deprived area; or unemployed. Leicester also has a higher-than-average proportion of people of Asian or Asian British ethnicity. National survey data indicate that people of this ethnicity are generally less likely to gamble, but more likely to experience problem gambling than other ethnic groups. We do not know of reliable evidence investigating gambling behaviours within more specific ethnicity categories.

**10. Data from GambleAware (2015-22):** Data for 166 Leicester clients was received. Eighty percent were male, 63% were of White British ethnicity and 22% were of Asian or Asian British ethnicity. Over 70% were employed. Around 90% were referred because of personally experiencing problem gambling, and the remainder were referred due to being affected by someone else's gambling. Almost 9% had lost a job and around 30% had lost a relationship due to gambling. Over a quarter had a gambling debt of over £5,000. The commonest type of reported gambling activity was online gambling, at 78%

**11. Mapping:** Accessibility of Leicester gambling outlets is highest in the central shopping area and is high in many areas with high deprivation. Data from a YouGov survey performed on behalf of GambleAware suggests (with a low level of certainty due to small numbers of participants) that Leicester City is in the lowest quintile for prevalence of non-problem gambling, but in the highest quintile for problem and moderate-risk gambling. The survey results also predicted Leicester to be in the lowest quintile for demand and uptake of treatment and support by those experiencing problem gambling.

**12. Treatment and support services:** There are three services providing treatment for gambling harms in Leicester City: the NHS East Midlands Gambling Service (which launched in July 2023), which is based in Derby and accepts referrals from across the East Midlands; Gamblers Anonymous, which is a national organisation,

with a local branch that holds meetings in Leicester; and GamCare East Midlands, which delivers structured treatment online.

**13. Stakeholders:** Given the risks associated with gambling harms, and the populations particularly vulnerable to these harms, the following stakeholders were identified: those working in suicide prevention, mental health, primary care, children and young people, substance misuse or homelessness services; the police and criminal justice system; alcohol harm reduction charities; those whose work involves licensing of gambling premises; those with previous or current experience of high risk or problem gambling, of who have been negatively affected by someone else's gambling.

#### **HEALTH NEEDS ASSESSMENT RECOMMENDATIONS:**

14. A strategy to address gambling harms in Leicester City will be developed and implemented, based on the themes of:

- a. **Collaboration:** Working with stakeholders identified above (Section 13); influencing organisations and political colleagues to protect people of Leicester from gambling harms; and will determine how to work with industry-funded organisations.
- b. **Data collection:** Improving gambling data collection and screening people at risk.
- c. **Training and education:** Implementing staff training on signposting and advice provision; and educating for children and families on avoiding harms.
- d. **Influencing advertising and licensing** and promoting regulation of licensing to protect people from harmful exposure to gambling promotion.



# **Gambling harms in Leicester City**

## A health needs assessment

Health and Wellbeing Board

June 2025

# What we know from the literature

- **54%** of general population take part in gambling at least once per year
- **40%** take part in gambling not including the national lottery at least once per year
- **0.4%** experience 'problem gambling' (gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits) [**~1.5k in Leicester?**]
- **3.8%** experience 'at risk gambling' (gambling that leads to less severe negative consequences) [**~14k in Leicester?**]
- **7%** are negatively affected by someone else's gambling [**~26k in Leicester?**]

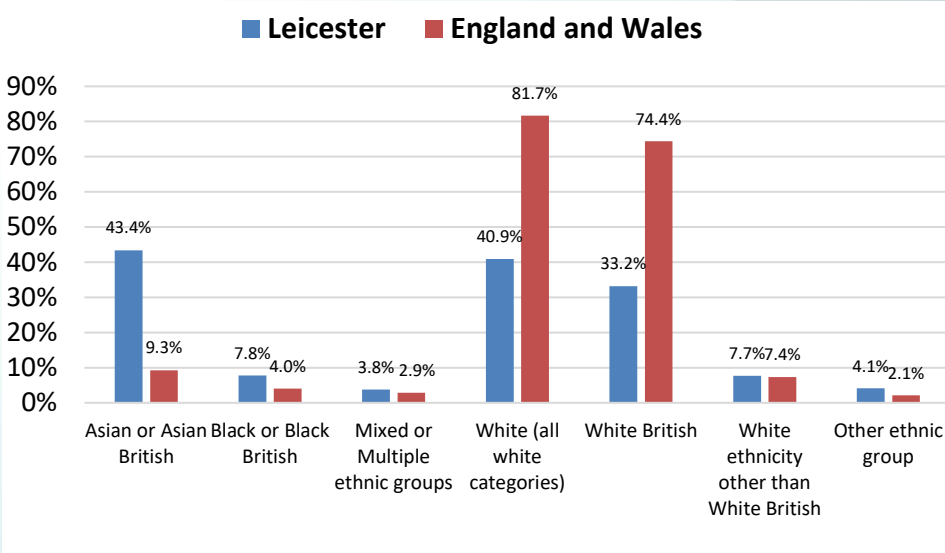
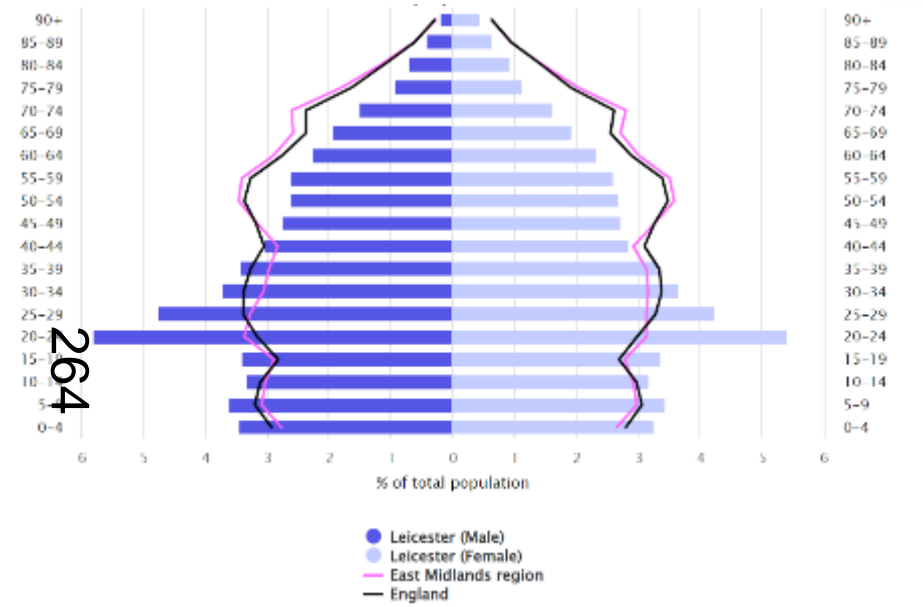
# What we know from the literature

- Debt
- Employment loss
- Relationships loss
- Worsening health
- Suicide
- Homelessness
- Prison
- Alcohol dependency
- Drug use



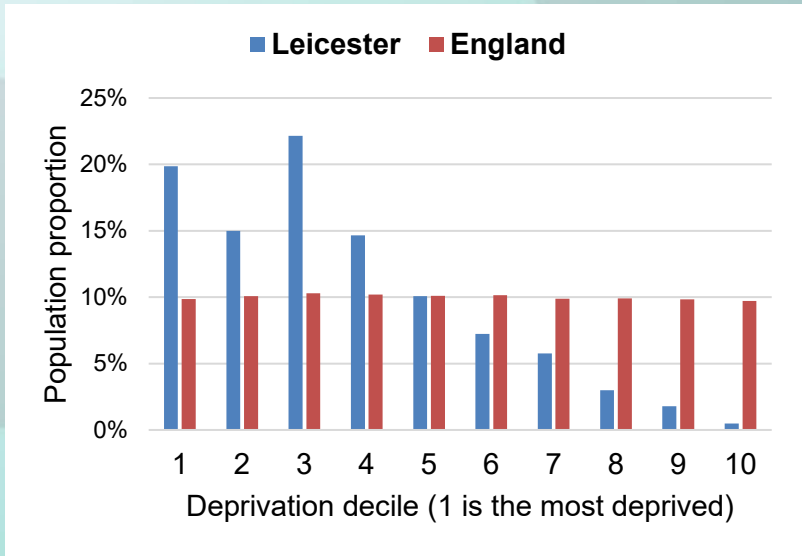
**People aged 20-49 who experience problem gambling are 19 times more likely than average to die by suicide.**

# Local population profile in Leicester relevant to gambling



## Wider determinants of health

Indicator	Value (Local)	Value (Region)	Value (England)
Percentage of children in low income families	23.0	16.6	17.0
Average GCSE attainment (average attainment 8 score)	42.9	45.8	46.9
Percentage of people in employment	66.2	75.2	75.6

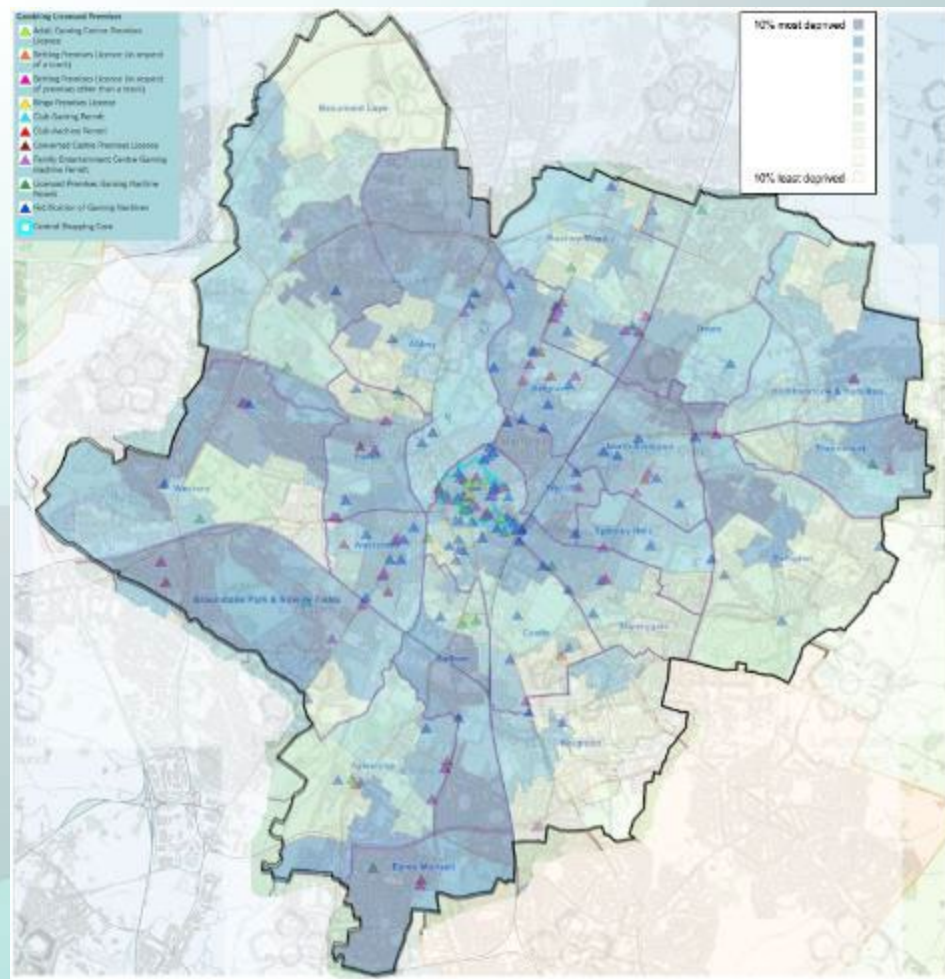
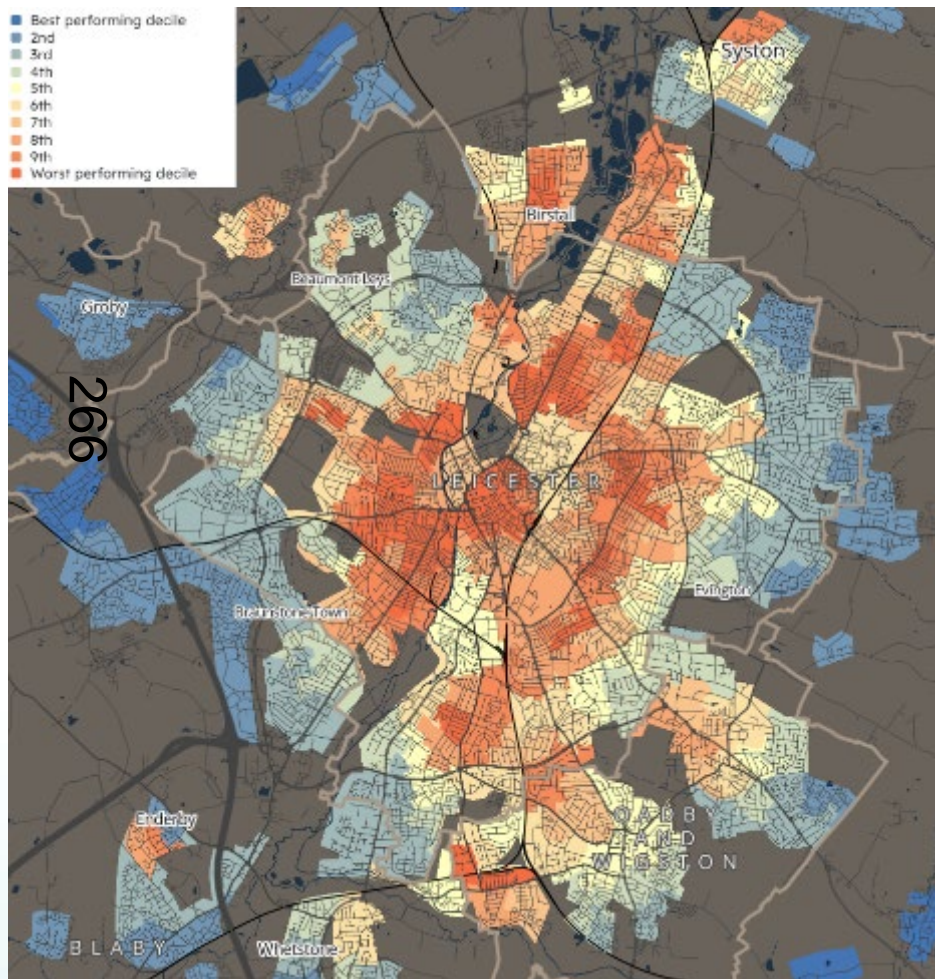


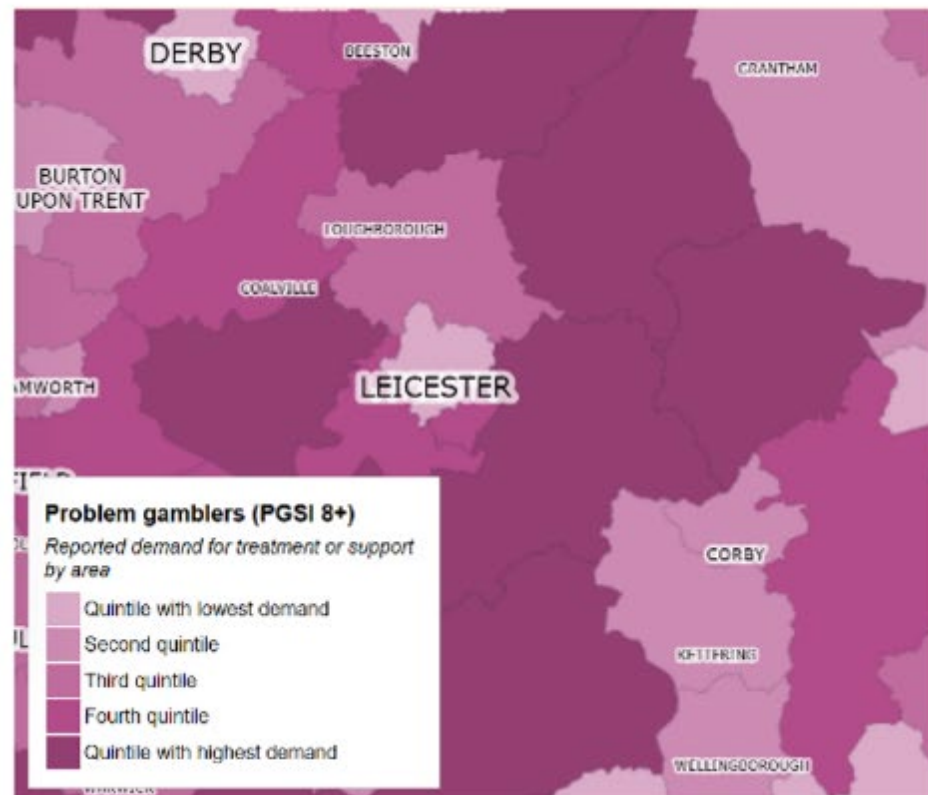
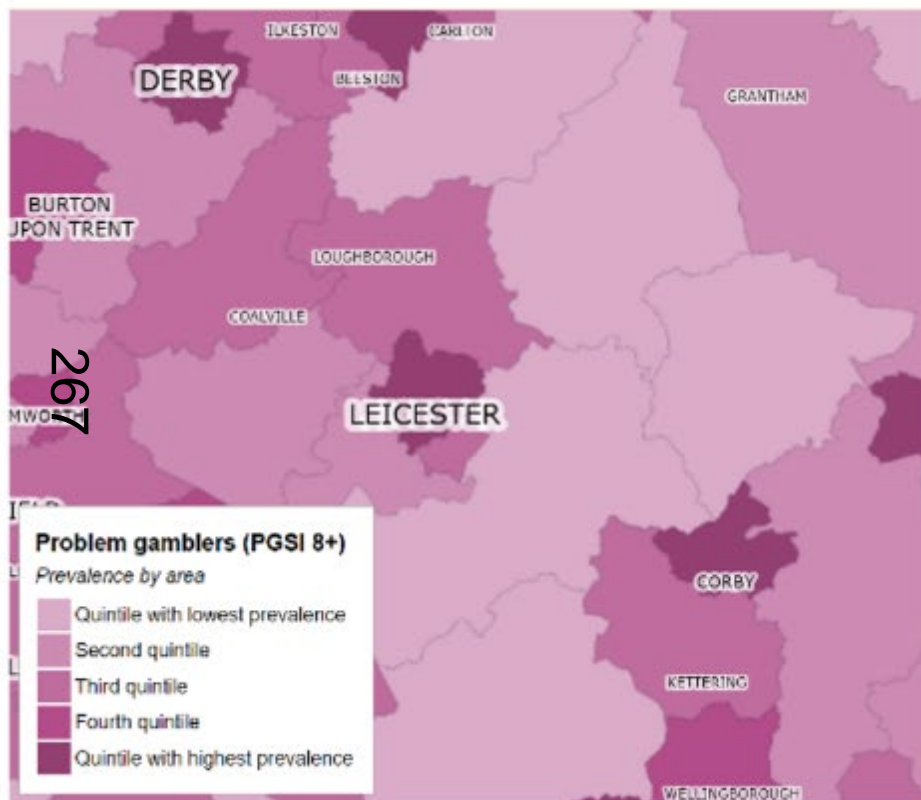


# Data for Leicester residents from GambleAware

- Data for **166** Leicester clients
- **80%** male
- **63%** White British ethnicity; **22%** were of Asian or Asian British ethnicity
- Over **14.4%** unemployed
- **~90%** referred because of personally experiencing problem gambling
- the remainder were referred due to being affected by someone else's gambling
- **Commonest** type of reported gambling activity was **online** gambling, at **78%**.
- **~9%** had lost a job due to gambling
- **~30%** had lost a relationship due to gambling
- **>25%** had a gambling debt of over £5,000.

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Free NHS  
support to  
stop the harm  
caused by  
gambling

11



**East Midlands  
Gambling Harms Service**

# East Midlands Gambling Harms Service

**Tel:** 0300 013 2330

**Email:** [dhcft.emgamblingharms@nhs.net](mailto:dhcft.emgamblingharms@nhs.net)

**Web:** [www.eastmidlandsgambling.nhs.uk](http://www.eastmidlandsgambling.nhs.uk)



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# Local gambling harms strategy

1. Collaboration
2. Data collection
3. Training and education
4. Licensing and advertising

# The Board is asked to:

- Note the findings and recommendations
- 270 • Support the development of an upcoming strategy on Gambling Harms.