LEICESTER CITY
HEALTH AND WELLBEING BOARD

Date: MONDAY, 9 APRIL 2018

Time: 2:00 pm

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.

G. J. Carey
For Monitoring Officer

NOTE:

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MEMBERS OF THE BOARD

Councillors:

Councillor Adam Clarke, Deputy City Mayor, Environment, Public Health and Health Integration (Chair)

Councillor Piara Singh Clair, Deputy City Mayor, Culture, Leisure, Sport and Regulatory Services

Councillor Sarah Russell, Deputy City Mayor, Children and Young People's Services

Councillor Vi Dempster, Assistant City Mayor, Adult Social Care and Wellbeing

Vacancy

City Council Officers:

Frances Craven, Strategic Director Children's Services

Steven Forbes, Strategic Director of Adult Social Care

Andy Keeling, Chief Operating Officer

Ruth Tennant, Director Public Health

NHS Representatives:

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group

Sue Lock, Managing Director, Leicester City Clinical Commissioning Group

Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust

Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

Roz Lindridge, Locality Director Central NHS England – Midlands & East (Central England)

Healthwatch / Other Representatives:

Sylvia Reid, Interim Chair, Healthwatch Leicester

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Andy Lee, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

STANDING INVITEES: (Not Board Members)

Toby Sanders, Senior Responsible Officer, Better Care Together Programme
Will Legge, Divisional Director, East Midlands Ambulance Service NHS Trust

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- ✓ 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.

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If you have any queries about any of the above or the business to be discussed, please contact Graham Carey**, Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting of the Board held on 7 December 2017 are attached and the Board is asked to confirm them as a correct record.

4. PHARMACEUTICAL NEEDS ASSESSMENT

Appendix A (Pages 1 - 124)

The Director of Public Health submits a report on the Pharmaceutical Needs Assessment (PNA). Consultation on the draft PNA was conducted from 2 October 2017 to 2 January 2018 and the responses to the consultation are summarised in Appendix 1 to the report.

The Board is asked to:-

- Note that all mandatory consultation is complete and the PNA is ready for publication.
- Note the detail of the PNA specifically the recommendations to commissioners.
- Consider the role of the Health and Wellbeing Board in ensuring the recommendations contained within the PNA are enacted.
- Consider the role of the Health and Wellbeing Board in supporting the development and accreditation of Healthy Living Pharmacies.

5. HEALTHY LIVING PHARMACIES

To receive a presentation from Luvjit Kandula, FRPharmS, Chief Officer, Leicestershire and Rutland Local Pharmaceutical Committee.

6. DRAFT HEALTH AND WELLBEING STRATEGY

The Director of Public Health to give a verbal update on the Health and Wellbeing Strategy.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

8. DATES OF FUTURE MEETINGS

To note that future meetings of the Board are currently under discussion and will be approved at the Annual Council Meeting on 17 May 2018.

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

9. ANY OTHER URGENT BUSINESS

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 7 DECEMBER 2017 at 10:30 am

P R E S E N T :

Present:

Councillor Clarke (Chair)	–	Deputy City Mayor, Leicester City Council.
Ivan Browne	–	Deputy Director of Public Health, Leicester City Council.
Councillor Piara Singh Clair	–	Assistant City Mayor, Culture, Leisure and Sport, Leicester City Council.
Frances Craven		Strategic Director, Children's Services, Leicester City Council.
Steven Forbes	–	Strategic Director of Adult Social Care, Leicester City Council.
Paul Hindson	–	Chief Executive, Leicestershire and Rutland Police and Crime Commissioner's Office.
Wendy Holt	–	Better Care Fund Implementation Manger, Central NHS England, Midlands and East (Central England)
Andy Keeling	–	Chief Operating Officer, Leicester City Council.
Chief Superintendent Andy Lee	–	Head of Local Policing Directorate, Leicestershire Police.
Sue Lock	–	Managing Director, Leicester Clinical Commissioning Group

Councillor Sarah Russell	–	Assistant City Mayor, Children's Young People and Schools, Leicester City Council.
Paul Weston	–	Leicestershire Fire and Rescue Service

In attendance

Graham Carey	–	Democratic Services, Leicester City Council.

105. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

The Chair also referred to the recent announcement by NHS England that they were going to continue to commission Children's Congenital Heart Disease Services from UHL NHS Trust. The Chair congratulated everyone that had been involved in the campaign over the previous 2 years. He felt that the campaign to retain the services at Glenfield had been well managed and conducted in a convivial manner. He paid tribute to the staff at UHL who had been involved for their professionalism during the campaign under very difficult circumstances.

Apologies for absence were received from:-

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Lord Willy Bach	Leicester, Leicestershire and Rutland, Police and Crime Commissioner
Andrew Brodie	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
Councillor Vi Dempster	Assistant City Mayor, Adult Social Care and Wellbeing
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical, Commissioning Group
Will Legge	Divisional Director, East Midlands Ambulance Service
Roz Lindridge	Locality Director Central NHS England, Midlands and East (Central England)
Dr Peter Miller	Chief Executive, Leicestershire Partnership Trust

Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Toby Sanders	Senior Responsible Officer, Better Care Together Programme
Ruth Tennant	Director of Public Health, Leicester City Council

106. DECLARATIONS OF INTEREST

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

107. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the previous meeting of the Board held on 9 October 2917 be approved as a correct record.

108. HOW WILL YOU HEAR ME

The Board received a presentation from Bernadette Killeen, Youth Development Worker on the recent Safeguarding Summit on the Emotional Health and Wellbeing of the City's pupils. A short video from a series of videos made by the Young Peoples Council called 'How You Hear Me' highlighting depression in young people was played at the meeting.

It was noted that:-

- How You Hear Me was a participation development tool for professionals which had been developed with the Young Peoples' Council.
- It was a collection of 15 short films of young people's experiences of being heard, or not heard, within different service themes.
- It had been developed as a resource of around 20 hours of training for staff in organisations to explore their participation practices, explore definitions, develop strategies, and evidence outcomes of participation.
- It started from a conversation with young people about the inconsistencies of the services they received from different personnel across all service streams.
- The project started from the premise that if you find new ways to hear, you hear new things. It challenged professionals, particularly at front line level, to raise the standard of how they evidence and articulate the differences they were making to a child and the family's life; and, equally, how a child and the family could articulate the difference the professional had made to their life.
- The resource had been around for approximately 18 months and had recently won a British Young Council National Innovation Award, and the

Young People's Council were extremely proud of this project

The Board were then shown one of the video's which told the story of a young person experiencing depression as a result of a family member suffering life threating injuries. It was felt that the video portrayed a powerful story about the young person's ability to cope and also not cope with the situation he faced. It demonstrated the resilience of young people to cope with stressful situations, when often their coping strategy becomes depleted and also their ability to articulate that to a system that are working to help them.

The Board also received feedback on a recent Safeguarding Summit held on the City which had been commissioned by the Leicester Safeguarding Children's Board. (LSCB)

It was noted that:-

- LSCB had their own Board with young advisors and a number of partners had worked together, including the Young People's Council, to agree a theme around emotional health and wellbeing in city's pupils and what was happening to support their health and wellbeing.
- It had also been linked into the 'Time to Change' message with a view to extending the campaign to young people. There had been partnership working to produce posters, a resources kit and pledge cards. The posters had used the statistics from the latest health and wellbeing survey in relation to the city.
- The event had been open to primary and secondary schools in city and 15 schools had attended, with pupils aged from 7-16 years old.
- The event had not been planned as a disclosure day but as a solution focused day. Those taking part had participated fully and had wanted to share their experiences. They had wanted to articulate the difference between mental health and mental illness, and to develop a mental health first aid toolkit which they could take back and use in their schools.
- Bullying had been discussed including the difference between on-line and face to face bullying.
- Consideration was also given to the different aspects of wellbeing. The 'Time to Change' posters and resource kit were made available and the pupils made pledges and took these back to their schools.
- The event had also been useful in giving guidance and aids to teachers to assist them to observe trigger signals and how to address them. This had received positive feedback from the teachers who had felt the time spent with pupils on this topic had been very beneficial and it would help to enhance the resilience programme in fitting into a wider agenda within the school.
- A report on the event was being prepared and would be shared with decision makers to make them aware of what young people wanted from decision makers.

The Chair commented that the event had demonstrated that what happened in Leicester in participation with young people was not simply a tick box exercise;

but it showed that Leicester focused on the outcomes that could be delivered with young people and that it was led by young people, which was very important. The Chair asked that the thanks of the Board be passed onto all those involved in project and the work of the teams working with young people.

109. THEMED SESSION ON CHILDREN'S MENTAL HEALTH

(i) INTRODUCTION

Dr Joe Dawson, Head of Service SEN and Disabilities/Principal Psychologist, Leicester City Council gave a general introduction on children's health and wellbeing in the City and outlined some of the key challenges.

As general background, Dr Dawson commented that:-

- Approximately 10% of school age children would require some form of professional support for mental health issues, and they were more likely to be boys rather than girls and be aged 11-15 years old than 5 -10 year olds.
- There were a range of known environmental factors that could impact upon mental health, including housing and social deprivation. There was a significant association between poor mental health and educational outcomes, which then often led to poor attendance and poor life outcomes. These could then be exacerbated into a cycle of entrapment.
- Mental health had impacts upon life changes and these could lead to criminality and a whole host of resource heavy behaviours which often resulted in poor life experiences of people.
- There was a clear understanding by those involved that this needed to be addressed for both the individual concerned and for the effective use of resources.
- 50% of looked after children were likely to have clinically diagnosed mental health disorders; which is significant and needed to be taken seriously.
- The risks and protective factors for children young people and their families had long been documented by the Audit Commission and the Mental Health Foundation, and, whilst these factors were well known, the real issues were about the need to put into practice something that recognises those risks and resilience factors and deals with them in the best interest of the children and young people.
- There was a focus on children and young people but some of the processes within the system could often cloud the vision of what was being done and could stop the system having a clear overview of what it was delivering as a whole.
- Language could also be a barrier both within the system and accessing it as there was a range of different terms used such as mental illness, mental health, emotional wellbeing and psychological wellbeing etc. This was both a barrier to people in

understanding what professionals were talking about and sometimes it was used by professionals to keep people out of the system and by others to reinforce the perception of needing to involve a specialist and to transfer the responsibility of care to others. This delineation was often encouraged as a consequence of the referral process. There was a view that the language used was jargon laden, which could became impenetrable to some trying to access different parts of the system.

- Different agencies also had different targets and these could be competing with and, sometimes working against, other local authority, health, criminal justice and voluntary sector agencies' targets.
- Budget pressures could also impact on services as reducing preventative protective measures were often the first services to be withdrawn as part of budget cuts, but this could result in increased pressures for specialist services at a later date.
- Diagnosis was not a straight forward process. There was a general belief that when a doctor, psychologist or psychiatrist gave a diagnosis, it was readily understood by everyone and meant the same thing to everyone. Unlike a diagnosis of a physical illness or condition, a diagnosis of a psychological or psychiatric illness could have a range of difficulties and categorisations within them and were, therefore, problematic in creating difficulties comprehension and expectations. It could also cause difficulties in accessing services. Services were generally organised in a tiered model approach; but children and young people didn't move in tiers. They moved up and down within models and tiers and it was often forgotten that if a child needed a high level of intervention, then it did not necessarily mean that the lower levels of intervention should automatically drop out. These lower levels of intervention were equally important to support and reinforce the higher level interventions.
- The needs of the young person should be considered as a whole, as the lines between being sad and depressed or experiencing social difficulties and having autism could be finely balanced and open to interpretation. Some of the diagnostic toolkits worked on the principles of providing a best fit approach to a diagnosis, which may always be appropriate.
- 'Service-land' as a whole was controlled by those operating within it and sometimes people could get lost within the system. Changes in thresholds and resources could prevent access to the service point and provide barriers that resulted in people getting lost between services. There was still more work needed to have better joined up working practices and there were still some examples of a silo approach. Even where partnership working existed, there was a need to have more partnership and creative working to achieve better outcomes to meet children's needs.
- There were sometimes inherent barriers between professionals as they did not always know who did what within other parts of the system, or what types of service were available to make referrals

and sometimes where and how to make those referrals. Language could be used as a barrier and could sometimes be barrier between professions and whether the person receiving a service was a client or a patient.

- The process of change always presented difficulties in moving from the relative comfort of current practice to what was required.
- Leicester had a history of being a pathfinder for targeting children's mental health issue with good links between the police, schools, specialist CAMHS services and school nurses and local authority teams etc. The city had been a national leader in such practices and experiencing their demise as funding was withdrawn.
- External factors which could impact upon children's mental wellbeing included mental stress, anxiety, financial pressures, homelessness, family pressures etc. These could all add to, and exacerbate, the state of mental health.
- Changes in statutory obligations and responsibilities could often be disruptive as professionals could become pre-occupied with understanding what was needed in the changed circumstances instead of delivering the services.
- There was a need to create a better model for service delivery to remove barriers so that the best outcomes were achieved for children and young people who were in need of help and intervention measures.

In response to the Chair's question, Dr Dawson commented that there were specialist and targeted services both within schools and in community settings. The city also had an innovative service which he believed did not exist in any other local authority. A number of psychologists were employed by the Council (funded by CCG) to look at those young people that didn't meet the CAMHS specialist service thresholds and who were hovering around Tiers 2 and 3 within the system. The psychologists worked with this cohort in their homes, schools and in group work to stop them getting worse and hitting the CAMHS threshold in the future. There were also other good therapeutic interventions in Leicester; but these were under increasing pressures from resources, which meant they could not be delivered as widely as would be liked. It was acknowledged that this pressure was faced by other local authorities

The Strategic Director of Children's Services commented that both officers and schools recognised the importance of outcomes for children. These issues were dealt with on daily basis and were taken seriously. Everyone was keen to work in partnership across services and agencies to address this. There was a need for officers and schools to understand the whole system; as various organisations and agencies had individual parts of the system but not all of the system. There was an issue of trying to understand the complexity of the whole system in delivering both universal and specialist services and to trying to identify where gaps existed or where there was duplication of services. It was felt that this series of presentations would help with a better understanding of the

specialist services. It was also recognised that this work been ongoing for many years and was always developing and changing to reflect the constant changes evolving in society as a whole.

Board Members made the following comments and observations:-

- It was recognised that there were issues in a linear model of service delivery, whereas users were more exploratory in their nature of navigating through the system.

- There was a clash of social models of intervention and support with medical models. There was a need for collaborative working in providing open and clear pathways and to be collectively more creative in service delivery.

- There was support for everyone using the same language to fully understand other services within the system. For example, 'early help' was often interchangeable with 'early intervention' in some services, but had different meanings to others in the system. All words/phrases used within the service should have the same meaning.

A member of the public asked a question in relation to the loss of subjects such as drama, music and dance etc from the school curriculum that he felt provided support and helped the wellbeing of children and young people. He also asked if teachers received training to detect early changes in children's and address them in order to prevent issues developing and requiring specialist support.

In response, Dr Dawson commented that he was unable to comment upon curriculum changes, as there was little evidence to say these subjects had an impact on mental health. However, the Social and Emotional Aspects of Learning programme (SEAL) had been evaluated and had showed significant impacts on wellbeing and resilience and was a useful resource within schools to support children's, teachers and staff resilience. It had been a national decision to remove psychology of development in children from teacher training courses and colleges; however the service did offer this training to maintained schools and academies.

The Chair thanked Dr Dawson for his informative and thought provoking introduction.

(ii) SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Mark Roberts, Associate Director of Children's Services, Leicestershire Partnership NHS Trust gave a presentation on Specialist Child and Adolescent Mental Health Services (CAMHS); a copy of which had been circulated with the agenda.

It was noted that:-

- The Associate Director had recently taken over responsibility for CAMHS and it had moved as a service from a social to a medical model.
- The service employed 100 staff serving population of approximately 250,000 children and young people. There were currently 50 young people in the in-patient care unit at Ashby de la Zouch.
- Teams within the service included Primary Health, Crisis Home Treatment, Outpatients, Young Peoples, Learning Disability, Eating Disorders, Paediatric Psychology and Inpatients.
- CAMHS was in a directorate within LPT which was 10 times the size of the CAMHS team and had every element of service that has a direct interest in children's emotional health and wellbeing beyond the specialist CAMHS service. This had presented some challenges of co-ordination and the service had responded by developing a place based service co-ordination care navigation system to help improve access to the service.
- There had been new investment in Crisis Home Treatment and Eating Disorders Teams and to expand the Inpatients Unit.
- A Triage Hub had been established to place children in the right place at the right time through the referral process.
- Work continued to improve resilience and early intervention.
- Efficiency savings had been outstripped by a 20% increase in referrals. The numbers currently waiting had increased; partly as result of improving access to the system. It was felt that the waiting times could be better assessed in six months as the current number of referrals moved through the system. The details of these waiting times were summarised in the presentation.
- There was active management of risks for those that were waiting for treatment. Each individual's risks were assessed, monitored and reviewed every 3 months through a comprehensive RAG rating.
- The service had made positive progress since the CQC Inspection and was now moving from 'Recovery' status to an 'Improving Service'. Resources were being allocated for next year to take this work further forward.
- The demands on the service and its performance were summarised in the presentation. It was thought that the increase in demands for the service in June could be attributed to children taking exams. The service was now achieving 95% performance on the 13 week access wait target and no-one was waiting over 12 months, which was a reduction of over 100 patients who were waiting up 2 years in March 2017.
- The increase in referrals was somewhat unwelcomed at a time when resources were under pressure and it also increased pressures on staff within the service. The increase in referrals

was, in part, attributed to the increased awareness of service. The service cost £1m more than the current budget; partly due to the ward and outpatient patient system and the pressure to engage locum specialists, which was acknowledged as an expensive way in meeting needs of children. It was felt there were better ways of improving children's resilience.

- There was an ambitious improvement programme around prevention and how the service connected with other teams. The Thrive Programme, which was a conceptual framework model, was supported by the service and there was enthusiasm to develop it further. Thrive was a conceptual model for the management of emotional and mental wellbeing across whole health system. The framework focused on identified needs and it was captured in a language that could be transferred across the whole system and service users. It also clarified a distinction between treatment and support and built upon individual and community support around resilience. It ensured that the child and family were actively placed as decision makers within the model.
- It was considered that the next steps in development of the CAMHS service could not be achieved without a whole system transformation and all health, local authority early help, children and young peoples and education teams 'signing up' to the transformation.

Members commented that they felt the development of the service was not dependant on a whole system 'sign-up' as the system should be working collaboratively anyway. If it was a good model of delivery, then it should not prevent one provider from progressing with transformation and improvement and others partners engaging with it.

In response to a question on the 20% increase in demand for the service; it was noted that this included a cohort of approximately 30% who subsequently did not required specialist CAMHS services after their assessments. The 30% had not changed over time as this cohort of 30% existed before the current increase of 20% in the demand for the service. It was considered that there was a challenge for the needs of this cohort to be addressed elsewhere in the system; partly through services that were now operating in the Future In Mind initiative. It was too early to assess the impact of these services in dealing with the needs of this cohort and preventing them from reaching the referral to CAMHS. The creation of a single hub providing one access route for all children and young people, instead of having many access routes, should help to signpost all children and young people to the best support and service for their needs and reduce referral to CAMHS.

It was also felt that the cohort of 30% within the increase in demand was being seen across all service sectors within the system. It was felt that the 30% was mirrored in the number of children not needing any further action once they had been referred to children's social care. A better understanding of these pressures in the whole system was needed at a

strategic level rather than each part of the system trying to understand them within their own operational service areas. This was particularly pertinent in relation to understanding the future impact on all services arising from the increased numbers of children currently living in the City and the projected increase of 57% more children in secondary education in 10 years' time. These impacts would take place at a time when the number of additional resilience tools that were deployed at a local universal level were reducing as a result of budgetary cuts. It was important to know the impact of these additional numbers on the system as some would inevitably need services from CAMHS and children's social care and have an engagement with the police.

There was a consensus that there was an understanding of the increases in demand within individual services but not across the across the whole partnership. It could be that the increased numbers accessing CAMHS would also include some of the same young people that were also being seen by Children's Social Care and Special Education Needs Teams and the police.

It was suggested that all partners and those members working in the transformation of services should undertake a further analysis to look at this issue in more detail across all the services rather than within the individual services

The Chair relayed a comment from Debra Mitchell, Integrated Services Programme Lead at UHL, who was unable to attend the meeting. Whilst she acknowledged the improvements that had already been made she would welcome further work with LPT colleagues in addressing the needs of children while they were with in an acute health care setting. She would be contacting colleagues to discuss this further.

The Chair thanked everyone for their participation in this item and asked whether services should refer to all child approach in preference to an all system approach.

(iii) UNIVERSAL SUPPORT FOR CHILDREN AND YOUNG PEOPLE

Claire Mills, Public Health Lead Commissioner, Leicester City Council, Sarah Fenwick, Senior Group Manager, FYPC, Leicestershire Partnership Trust and Catherine Yeomanson, Lead Practice Teacher, School Nursing, Leicestershire Partnership Trust gave a presentation on "Healthy Together: universal school age offer." A copy of the presentation had been circulated with the agenda.

It was noted that:-

- The local Healthy Child Programme universal offer for 0-19 year olds in the city, commissioned by the Council and provided by the Leicestershire Partnership Trust, represented £33.5 m investment over for 4 years.

- There were approximately 5,000 new births in city and public health nurses were involved in various aspects of care for 0-19 year olds.
- The programme provided a universal service that used a range of public health tools to respond swiftly and appropriately to need, in order to promote resilience and maximise the health and wellbeing of children, young people and families in Leicester.
- Assessments were made an early stage following a referral to determine the impact on a child and the whole family. Emotional health was at the centre of the service and those using the service were reviewed at regular intervals.
- There had been a number of public health campaigns and the service also offered an interactive phone service, a website for teenagers to chat about issues affecting them (including a parents section) and virtual clinics. There were strong governance and safeguarding arrangements in place to protect users from harm.
- A new crisis team had provided support for young people without them need to visit their GP or attend A&E. The service was underpinned by safeguarding arrangements and supported by a good evidence base.
- The Assessment Framework training for 0-19 staff had been reconfigured to strengthen supporting young vulnerable people and parents.
- The emotional health pathway had a robust risk assessment embedded into the framework, which every practitioner has to complete. There was also an assessment of how people were using the screening tools to see if practitioners made a difference and this would hard evidence would be used to see if more specialist resources were required.

Members commented that:-

- There was no reference to the criminal justice system in the presentation.
- Chief Supt. Lee commented that the triage car working with health colleagues had been a success in dealing with people with mental health issues. There was also a small team of Police Officers looking at longer term issues in working with health colleagues, Police Neighbourhood teams also went into schools and they had some specialist officers that could link into the service. Chief Supt. Lee undertook to discuss this with the officers after the meeting.
- It was recognised that the youth offending and probation teams could be better aligned so that they could be better engaged. This had been recognised in the commissioning of the service and there was now a link with youth offending officers.

Following a question from the Chair in relation to parity of esteem in children's services across mental and physical health, it was confirmed this was well recognised within the various services that worked closely

together.

It was also noted that a feature of the CAMHS service in Leicester was that it was integrated into the same management team system as the universal service, which meant that the both services were closely linked and not competing with each other.

The Chair thanked officers for their contributions.

(iv) FUTURE IN MIND

Chris West, Director of Nursing and Quality West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups, and Elaine Egan Morris, CAMHS Manager/Future in Mind Transformation Programme Manager, gave a presentation on Transforming Mental Health and Wellbeing Services for Children and Young People across Leicester, Leicestershire and Rutland. A copy of the presentation had been circulated with the agenda.

It was noted that:-

- Future In Mind was aimed at transforming children and young people's mental health services, over five years through 'Promoting, Protecting and Improving our Children and Young Peoples Emotional Health and Wellbeing'.

- The local aims were to:-
    - Develop in partnership with children and young people. Children and Young People and key stakeholders.
    - Set out a multi-agency approach to improve mental health and wellbeing in Children and Young People.
    - Aim to address gaps in current service provision.

- The planned outcomes were:-
    - Increased prevention and building resilience in Children and Young People and reduce attendance at A&E.
    - Improve timely access to assessment.
    - Increase staff numbers and improve the skill mix.
    - Improve access to evidence based practice.

- Feedback from the initial engagement events with children and young people identified six schemes of work that the plan should deliver. These were:-
    - Vanguard – Place of Safety Emergency Department
    - Building Resilience
    - Early Help
    - Eating Disorders
    - Access to CAMHS
    - Crisis and Home Treatment

- The next steps were to:-
    - Share with partners the 2017 Transformation Plan which had gone out to consultation and included the key lines of enquiries and also addressed a number of local issues.
    - Publish the final version on the agency website.
    - Review the role and responsibility of key partners and steering group.

- The multi-agency approach now involved health, local authority and voluntary sector staff in delivering services. This had been developed during the Transformation Plan with additional funds being provided for early intervention services for ADHD. Relate had been engaged to provide 1:1 sessions as part of the early intervention needs for children. Schools now had the ability to directly refer children for ADHD assessments. Additional resources had been provided for ADOS assessments for autistic autism and 1 practice had been able to see over 60 children in a 7 week period and this was contributing significantly to reducing the waiting list for assessments.

- The collaborative working in delivering the new common model was considered a significant success but there was still more to do. The benefits of having a common model with everyone using the same language and having a single front door of access was also considered important.

The Deputy City Mayor for Children, Young People and Schools recognised that the initiative was for Leicester, Leicestershire and Rutland, but sought assurances that children and young people in the City would be able to actively participate in the evaluation and development of the service. In response, the CAMHS Manager/Future in Mind Transformation Programme Manager stated that young people in the City had been involved in the engagement process.

The Youth Development Worker commented that whilst Young People's Council and Young People Advisors had been approached during the commissioning of young advisors in evaluating the programme and a possible role as mystery shoppers; there had been no agreement on the standards of involvement and costs. There was still and offer from LLR to make a presentation to the Young People's Council; which was confirmed by the Director of Nursing and Quality, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups. The Director also commented that the process was not completed and she would liaise with the Youth Development Worker as it was not the intention to exclude anyone from the process. The Strategic Director of Children's Services stated that this issue had already been raised in the previous week and it was intended to follow up the effective engagement of young people in the City through the Steering Group to ensure that they were involved in the process.

Members of the Board commented that collaborative working relied on being able to share information across different agencies and asked if the implications of the General Data Protection Regulations and the New Data Protection Legislation would affect this. The Director of Nursing and Quality confirmed that the all the recent focus had been to develop a model that everyone could support but acknowledged that this was inextricably linked to sharing information; so the implications of sharing information to comply with the new legislation would be addressed.

The Chair commented that sharing information and budget resources were often 'blockers' within the system and these two key areas would need to be revisited in the future.

(v) DISCUSSION AND NEXT STEPS

The Chair thanked everyone that had made presentations and felt that these had proved that engaging young people in participation work was not simply a 'tick-box' exercise in the City. He suggested that Members should reflect on the presentations and ensure that examples of good practice were shared widely and there were good opportunities for all partner organisations to benefit from them. Although there were many examples of good practice; there were still some 'blockers' within the system, some of internal constructs and some from wider determinants.

The Chair felt that the themed session had been extremely valuable and he asked that the Youth Development Worker share the write up from the 'graffiti wall' and post–it notes collected as part of the Children and Young People's Safeguarding Summit on Emotional Wellbeing with the Director of Public Heath so that they considered in the review of the Health and Wellbeing Strategy.

110. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from Members of the public.

111. DATES OF FUTURE MEETINGS

It was noted that future meetings of the Board would be held on the following dates:-

Monday 5th February 2018 – 3.00pm

Monday 9th April 2018 – 2.00pm

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

112. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business.

113. CLOSE OF MEETING

The Chair declared the meeting closed at 12.41pm.

APPENDIX A

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE

Subject:	Pharmaceutical Needs Assessment
Presented to the Health and Wellbeing Board by:	Julie O'Boyle
Author:	Helen Reeve

EXECUTIVE SUMMARY:
The Health and Wellbeing board has a statutory duty to publish a pharmaceutical needs assessment (PNA) detailing the local provision of pharmacy services for the population in terms of location, services provided and accessibility (time and distance to services).
The PNA identifies any gaps in provision and makes recommendations to commissioners particularly NHS England the local health system and local authorities regarding meeting the needs of the population.
There is also a mandatory requirement to consult on the draft PNA prior to publication. This consultation is now complete and therefore the PNA can be published.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Note that all mandatory consultation is complete and the PNA is ready for publication
- Note the detail of the PNA specifically the recommendations to commissioners
- Consider the role of the Health and Wellbeing Board in ensuring the recommendations contained within the PNA are enacted.
- Consider the role of the Health and Wellbeing Board in supporting the development and accreditation of Healthy Living Pharmacies

Leicester City Health and Wellbeing Board

Pharmaceutical Needs Assessment

Introduction

The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Leicester and publish it by 31 March 2018.

The PNA describes the current pharmaceutical services in Leicester in terms of:

- Location and distribution across the city (with maps)
- Opening hours
- Travel times
- Types of services pharmacies are accredited to provide (advanced and local pharmaceutical services, including maps showing locations of pharmacies providing services and uptake where available)

The purpose of this paper is to assure the Health and Wellbeing Board that its statutory duty has been met, and to recommend that the Health and Wellbeing Board consider the findings of the PNA and the implications for the health and wellbeing of the citizens of Leicester,

The PNA is now complete, all relevant consultation has taken place, and therefore the PNA can now be published

Consultation:

- A 60 day (minimum) consultation period is mandated across a number of professional pharmaceutical organisations including the Local Pharmaceutical Committee, Local Medical Committee, persons on the pharmaceutical lists, Healthwatch, NHS trusts and NHS England to assess whether
    - the purpose of the PNA is explained sufficiently
    - an accurate account of community pharmacy services is described
    - residents' needs are accurately reflected

- This consultation took place between 2nd October 2017 and 2nd January 2018. All statutory consultees received details of the consultation, with links to the Pharmaceutical Needs Assessment completed for Leicester City.

- In total, Leicester City received 13 responses to the statutory consultation. The majority of responses were from Community pharmacy contractors (10), 1 on behalf of an organisation, 1 health/social care professional and 1 member of council staff. Ten respondents (77%) agreed/strongly agreed that the PNA had been explained sufficiently, provided an accurate account of community pharmacy services currently available in Leicester and adequately reflected the needs of the residents; three respondents (23%) had no opinion either way. The full PNA consultation results are attached as Appendix 1.

- No amendments were made to the Pharmaceutical Needs Assessment as a result of the consultation. The only amendments that have been made are as a result of feedback provided by the Chief Officer of the Local Pharmaceutical Committee.

Summary of PNA Findings:

- Overall pharmaceutical services in Leicester are adequate for the population. (2.5 pharmacies per 10,000 population compared with England rate of 2.0 per 10,000). There are local differences however, which mean that some people may have to travel a little further to access a particular service or pharmacy out of normal working hours. Leicester's pharmacies are not evenly distributed throughout the city.

- Most residents have a pharmacy within 1km of home, and can reach their nearest pharmacy within 10 minutes' drive or 20 minutes by walking or public transport.

- The majority of pharmacies can carry out the advanced services of Medicines Use Reviews and New Medicines Services. There has been an increase in the number of these services since the last PNA, and given the potential benefits to patients, it is recommended that pharmacies continue to be encouraged to carry out more of these reviews.
- Community based services are tailored to meet the needs of local people. Hard-to-reach groups may find pharmacies more convenient or appealing to use because they can be a drop-in service and are less formal than a GP surgery.

The full version of the PNA is attached as Appendix 2

Recommendations of the PNA:

- The PNA includes a number of recommendations for NHS England and where relevant Leicester City Council and Leicester City Clinical Commissioning Group

  Equity of service:
  - To review locations and opening times of pharmacies
  - Work with pharmacies and Local Pharmaceutical Committee to further address equity issues
  - Review cross city and county border service provision
  - Encourage discretionary services in relation to local need

  Promotion of health and healthcare management:

- Encourage implementation of healthy living pharmacies
- Ensure healthy lifestyles campaigns through pharmacies are fulfilled
- Consider the opportunity to include/develop role of pharmacies in commissioning strategies
- Assess uptake of advanced and community services to share best practice of high performers
- Review monitoring and quality visits to pharmacies to promote service improvement

Equality Impact Assessment

The PNA is a high level assessment of need and considers the demographics of Leicester's population and equity of access in terms of numbers and locations of pharmacies.

Commissioners of local community pharmaceutical services consider patient needs and any relevant protected characteristics so that services are accessible to everyone who needs them. Data collected from patients using local services is used to monitor uptake of services across different communities in Leicester and inform service planning and delivery.

Pharmacies have a responsibility to provide reasonable adjustments to make services accessible to all patients, for example those with language, cultural and disability needs. Details of disability facilities available at each pharmacy are published on NHS choices.

The full Equality Impact Assessment (EIA) is attached as Appendix 3.

Implications of PNA for the Health and Wellbeing Board

The publication of the PNA fulfils the Health and Wellbeing Boards Statutory Duty.

The PNA includes a number of recommendations for commissioners for which the Health and Wellbeing Board will need to consider its role in monitoring whether these recommendations are followed.

The Health and Wellbeing Board should consider how the development and accreditation of Healthy Living Pharmacies can support the prevention agenda.

Leicester City Council Pharmaceutical Needs Assessment 2018

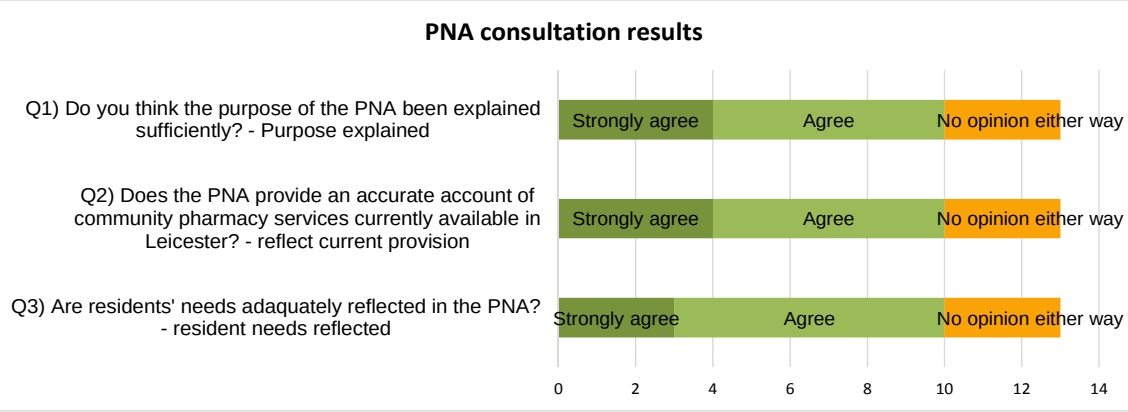
Appendix : Results of the statutory consultation of the draft PNA

Thirteen responses were received for the draft PNA consultation between October and January 2018. Ten responses were received from Pharmacy contractors (77%), 1 on behalf of an organisation (8%), 1 Health/Social care professional (8%) and 1 council staff member (8%).

Purpose of the PNA

Q1-Q3: Ten respondents (77%) agreed/strongly agreed that the PNA had been explained sufficiently, provided an accurate account of community pharmacy services currently available in Leicester and adequately reflected the needs of the residents; three respondents (23%) had no opinion either way.

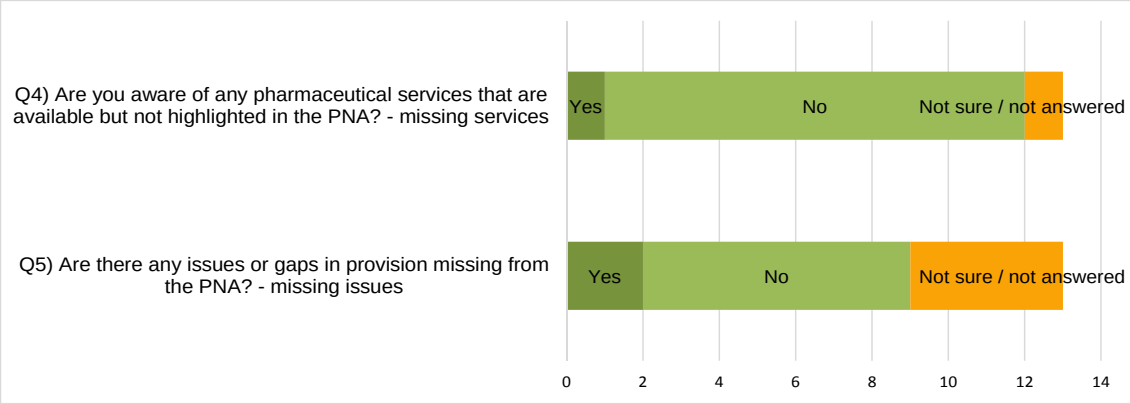
Figure 1a: PNA consultation responses Q1-Q3



Q4: Eleven respondents (85%) were not aware of any pharmaceutical services that are available but not highlighted in the PNA. One respondent thought there should be more in here about supporting patients recently discharged from secondary care including ensuring that any changes in medication have been successfully communicated to primary care.

Q5: Two respondents (15%) highlighted gaps in provision relating to Blood Pressure checks, Diabetic blood checks, INR testing and remuneration of these services. Seven respondents (54%) did not think there were any issues or gaps in provision missing from the PNA; four (31%) were not sure.

Figure 1b: PNA consultation responses Q4-Q5



Q6: No respondents thought any additional information should be included in the PNA.

Q7: Four (31%) responded to how recommendations could be taken forward, including staff team meetings to engage with patients to increase uptake of our services, opening a pharmacy in areas of need and one request for more support in this area.

Q8: Two respondents (15%) made final comments relating to signposting to services not covered in the PNA and to pharmacy applications for existing services.

Q9: Eight respondents (62%) indicated they took part in the consultation because it was a mandatory requirement, other respondents took part to highlight the important role of pharmacies and pharmacists in the health of the nation, to help the community and to improve local health outcomes.

Leicester Pharmaceutical Needs Assessment 2018

March 2018

Leicester City Council

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1.0 Executive Summary

1.1 Introduction and background

The Pharmaceutical Needs Assessment (PNA) is a statutory document used by NHS England in its consideration of changes to the commissioning of pharmaceutical services locally. If a pharmacist, dispenser of appliances or GP wants to provide NHS pharmaceutical services, they are required to apply to NHS England to be included on a pharmaceutical list which is known as the "market entry system". The application should prove they are able to meet a pharmaceutical need as set out in the PNA. The exceptions to this include applications for needs not foreseen in the PNA and distance-selling pharmacies (internet).

'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.

1.2 Pharmacy Policy

The PNA describes current policy developments which have the potential to impact on the provision and financial viability of community pharmacy:

- Sustainability and transformation plans (STP)
- Community pharmacy in 2016/17 and beyond
- The General Practice Forward View - clinical pharmacists in GP practices
- Community Pharmacy Forward View
- Community Pharmacy Clinical Services Review

1.3 Health Needs in Leicester

Leicester is a city characterised by rich diversity, with a younger population than England and around half its 343,000 residents being from an ethnic group other than White British. Additionally it experiences high levels of deprivation with around 40% of residents living in the 20% most deprived areas in the country. Health needs within the city are not evenly distributed, with 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 Community Pharmacy Contractual Framework

The PNA must relate to all pharmaceutical services provided and make an assessment of the following:

- the demography of its area and needs of different localities
- whether there is sufficient choice to obtaining 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

The assessment covers:

Essential services: required in all pharmacies and includes

- Dispensing and repeat dispensing
- Clinical governance
- Promotion of healthy lifestyles
- Disposal of unwanted medicines
- Signposting
- Support for self-care

Advanced services: optional nationally commissioned services, including

- Medicines Use Reviews
- New Medicines Service
- Appliance Use Reviews
- Stoma Appliance Customisation
- Seasonal Influenza Vaccination
- NHS Urgent Medicine Supply Advanced Service (Pilot)

Community based services: optional locally commissioned services including

- Emergency hormonal contraception
- H-Pylori screening
- Minor ailments
- Needle exchange
- Palliative care
- Smoking cessation
- Supervised methadone consumption

This PNA has reviewed community pharmacy need and provision for the population of Leicester city as at 31st March 2017. 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.

1.5 Location and access to pharmacies:

There are 86 pharmacies in Leicester, equivalent to 2.5 pharmacies per 10,000 population (2.1 in England). Most pharmacies are open for at least 40 hours per week, and 8 are open for 100 hours. The majority of 100-hour pharmacies are located in the central area of Leicester, with one in the north east and one in the South; opening times are generally from 7am to 11pm Monday to Saturday, and some with reduced hours on Sunday.

There are more pharmacies concentrated in the central and eastern areas, and fewer in the south and west of the city. All residents have a pharmacy within 1km of their home, with travel time analysis indicating that generally nearest pharmacies can be reached within 20 minutes. There are a few areas of the city where walk times may be more than 20 minutes but these should be accessible by car or public transport within 20 minutes. Leicester residents can also make use of a number of pharmacies just into Leicestershire; 9 pharmacies within 0.5km and 12 between 0.5 and 1km of the city boundary.

1.6 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 local needs of the population.

Service provision is considered across Leicester by the middle super output (MSOA) geographical areas. These are census areas comprised of similar population sizes and characteristics. It is acknowledged that not everyone will choose their nearest pharmacy, however, by providing rates for smaller areas this helps to show variation in provision of services for local populations across the city.

Advanced services:

The majority of pharmacies provide Medicines Use Reviews (MURs) and New Medicines Service (NMS), helping patients to understand and gain maximum benefit from taking their medicines. The maximum number of MURs per year is 400 and achieved by 10 pharmacies in 2016/17. Nine pharmacies are accredited for Stoma Appliance Customisation and no pharmacies provide Appliance Use Reviews; this is mainly provided through other agencies.

Investigation of MURs and NMS carried out in Leicester (2016/17) compared with England (2015/16 latest publication) shows although rates have increased since the last PNA, there are still fewer MURs are carried out in Leicester compared with England per 10,000 population. Uptake rates of NMS and flu vaccinations however are higher in Leicester than nationally.

Table 1: Advanced service uptake per 10,000 in Leicester and England

	England: 2015/16	Leicester: 2016/17
Advanced Services	Rate per 10,000	Rate per 10,000
Medicines Use Reviews	**602.3**	**554.9**
New Medicine Services	**150.0**	**188.9**
National Influenza Adult Vaccination Services	**108.7**	**147.5**

Data: NHS England, General Pharmacy report: England 2015/16

Community based services:

Community based services offer additional services commissioned by the Leicester City

Clinical Commissioning Group (CCG) or Leicester City Council, to meet the needs of the local population. For example Leicester has a younger population than average, and high rates of teenage pregnancy, particularly in the more deprived areas of Leicester. Sexual health services for young people available through community pharmacies include C-card which offers free condoms and EHC providing the morning after pill; both aiming to reduce the number unwanted pregnancies in Leicester's teenagers. Other young populations include students at Leicester's two universities and in-migration from eastern Europe.

The table below shows a comparison between the number of pharmacies offering advanced and community based services in 2014 and 2017. In the main, there are fewer pharmacies offering community based services in 2017. Chlamydia screening service has been decommissioned in pharmacies; and EHC and Smoking cessation services are no longer provided in pharmacies where historically there was low uptake.

Table 2: Number of Leicester pharmacies accredited for advanced and locally commissioned services as at 31st March 2014 and 2017

	March 2014	March 2017
Pharmacy types		
100 hour	8	8
Community	72	72
Internet /distance selling	5	5
Local Pharmaceutical Services	1	1
Opening hours per week	**4624**	**4670**
Services offered		
Medicines Use Reviews	75	76
New Medicines Service	65	61
Appliance Use Reviews	10	9
Stoma Appliance Customisation	7	0
Flu vaccinations	0	45
Chlamydia Screening	38	0
EHC	55	24
H-Pylori	36	22
Minor Ailments	44	41
Palliative Care	11	10
Needle exchange	12	10
Stop Smoking	50	39
Supervised consumption	49	41

Data: NHS England

1.7 Projected future needs

By 2039, the population of Leicester is predicted to grow by around 63,900 to give a total population of 406,200. Projections indicate Leicester will have an increase of 25,300 in the numbers aged 65 and over, which represents an increase in the proportion of the population aged 65 and over from 12% to 16% in 2039. Numbers are

estimated to fall in 0 to 9 year olds and 20 to 64 year olds.

With the current provision of 86 pharmacies, this would offer a rate of 2.1 pharmacies per 10,000 population. The current rate in Leicester is 2.5, and nationally 2.1 per 10,000 population based on numbers of pharmacies alone; it does not take into account variation in opening hours and services provided.

1.8 Follow-up to the 2015 PNA

Pharmacies can use the PNA in pharmaceutical applications (eg for premises, changes in services or mergers) to demonstrate a pharmaceutical need. NHS England can reference the PNA in assessing the need. Since the last PNA in 2015 and up to the end of March 2017 there have been 13 applications relating to pharmacies in Leicester. Of these, 8 were for change of ownership, 1 premises approval, 2 unforeseen benefits and 2 distance selling.

Since December 2016 new regulations regarding mergers and consolidation of existing community pharmacies within the Health and Wellbeing Board area have been put in place which have implications for the Health and Wellbeing Board. It is recommended that NHS England provide detailed guidance to HWBs on these new responsibilities.

Information is provided regarding progress on the recommendations made in the PNA 2015. This shows some progress in areas such as Health Living Pharmacy, but overall limited progress due to the complex contractual arrangements for community pharmacies.

1.9 Consultation

There is a statutory requirement for each Health and Wellbeing Board to consult a number of bodies about the contents of the pharmaceutical needs assessment for a minimum of 60 days. The consultation period will take place between September and December 2017. The results will be incorporated into the revised PNA at the completion of the consultation period, before submission to the Health and Wellbeing Board for approval.

1.10 Analysis of gaps in service

Pharmacies and local populations:

At 31 March 2017, Leicester has 86 pharmacies located across the City, including 5 distance selling pharmacies and one local pharmaceutical services.

Overall Leicester has more pharmacies per head of population than England (2.5 vs 2.1 pharmacies per 10,000 population).

Pharmacies are not evenly distributed throughout the city. There are more pharmacies in the east 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.

Access and travel times:

Analysis of access and travel times suggests most residents will be able to access their nearest pharmacy within 20 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 normal opening hours.

Opening hours:

The majority of pharmacies are open for over 40 hours per week; 44 are open between 40-50 hours per week, 24 are open between 50 and 60 hours, 11 pharmacies between 60 and 100 hours and 5 are open over 100 hours per week. The 100 hour pharmacies are located in the West End, St Matthews and St Peters, Eyres Monsell, Belgrave and Hamilton. There is lower provision for extended opening hours in the west of Leicester, however there are two of the 100 hour county pharmacies within 1km of the City border.

Essential Services:

It is concluded 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 less (particularly in the west of Leicester).

Advanced Services:

The majority of pharmacies provide the advanced services Medicines Use Reviews (MURs: 88%) and New Medicines Services (NMS: 72%).

Rates of MURs and NMS in Leicester per 10,000 population have improved since the last PNA, however they are still lower than nationally. Although pharmacies can provide up to a maximum of 400 MURs per year, this was attained by only 10 pharmacies in Leicester with a further 26 carrying out between 300-399 MURs.

Community based services:

Community based services (CBS) are services locally commissioned by Local Authorities and Clinical Commissioning Groups (CCGs) which can be tailored towards the health needs of the local population. Pharmacies can be particularly effective in providing services to more hard-to-reach groups as they offer a walk-in service and do not require an appointment. They also offer valuable advice and support for people in making lifestyle choices and in managing their own health conditions.

The PNA presents maps showing the location of Pharmacies accredited for each service, by small areas known as middle super output areas (MSOAs). In order to provide an indication of variation across the city, rates are provided per 10,000 population within the MSOA. It is recognised however, that residents will not always

choose the pharmacy located nearest to them.

1.11 Conclusions and recommendations

This PNA has reviewed provision of pharmaceutical services as at March 2017 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 Medicines Use Reviews and New Medicines Services. There has been an increase in the number of these services since the last PNA, however given the potential benefits to patients, it is recommended that pharmacies are encouraged to improve the numbers further.

Community based services offer a range of locally commissioned services to the local population and can be tailored by commissioners to meet specific local healthcare needs. Pharmacies can provide a valuable service to patients, particularly those more hard-to-reach groups who can take an 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 City Clinical Commissioning Group) should:

- Keep under review locations and opening times to assess whether access is equitable for all residents.
- Work with pharmacies and Local Pharmaceutical Committee to examine how equity issues can be addressed further
- Review cross-city and county-border service provision to ensure uniformity of access and quality of service
- 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 City Clinical Commissioning Group) should:

- Encourage the implementation of Healthy Living Pharmacy to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.

- Ensure that the requirement for promotion of healthy lifestyles campaigns through pharmacies (Public Health) is fulfilled

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

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

- 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.

Implications of Community Pharmacies 2016/17 and beyond:

In December 2016, new policy *Community pharmacy in 2016/17 and beyond*[1] came into effect with the intention of more effectively integrating community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies to other community pharmacies

It is recommended that NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Provide detailed guidance to the Health and Wellbeing Board on new responsibilities given to it in connection with regulations regarding mergers and consolidation of community pharmacies within the Health and Wellbeing Board area.

- 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.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

2.0 Background and Introduction

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep an up to date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). This report presents the third Pharmaceutical Needs Assessment (PNA) for Leicester City and will replace, from 1st April 2018, the previous PNA approved by the Leicester Health and Wellbeing Board in April 2015.

2.1 Purpose of the PNA

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.

'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 used by NHS England to assess applications and to make decisions on the commissioning of NHS funded services that can be provided by local community pharmacies. Additionally, Local Authorities and Clinical Commissioning Groups may consider the PNA when commissioning or reviewing service to meet local health needs and priorities. NHS England is the principal body responsible for managing the main contract with community pharmacies.

The PNA must relate to all the pharmaceutical services provided under arrangements made by the NHS Commissioning Board and should make an assessment of the following:

a. the demography of its area
b. whether there is sufficient choice to obtaining pharmaceutical services within its area
c. the different needs of different localities within the area
d. the pharmaceutical services provided in the area of any neighbouring HWB which affect:
    - the need for pharmaceutical services in its area
    - whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services of a specified type within its area
e. any other NHS services provided in or outside its area which affect:
    - the need for pharmaceutical services in its area
    - whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services of a specified type within its area

f. Future needs relating to:
    - the number of people in its area who require pharmaceutical services
    - the demography of its area
    - the risks to the health or wellbeing of people in its area

Each HWB *must* also consult the following bodies for its area about the contents of the assessment:

a. Local Pharmaceutical Committee (LPC)
b. Local Medical Committee (LMC)
c. Any persons in the pharmaceutical lists and any dispensing doctors
d. Any LPS chemist in its area providing local services by arrangement with the NHS Commissioning Board
e. Any Local Healthwatch organisation, any other patient, consumer or community group with an interest in provision of pharmaceutical services it the area
f. NHS trust or NHS foundation trust
g. NHS Commissioning Board (eg NHS England)
h. Any neighbouring Health and Wellbeing Board

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

The preparation and consultation on the PNA should also take account of the JSNA and other relevant strategies, such as the local Health and Wellbeing strategy, Sustainability and Transformation Plans, Children and young people's plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

3.0 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[2]. 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

3.1 Pharmaceutical policy development

The landscape of health care in Leicester is changing through local and national policy developments which are underway but whose full impact on Community Pharmacy is not yet known. The purpose of this section, therefore, is to provide a brief overview of these developments. These are looking, in general, to better join up health care and preventative services, clarify the role and funding for community pharmacies and to make more directly the connection between GP (primary care) and the clinical work of pharmacists, to both improve services and reduce costs to the NHS. Links are provided to sources of further information.

3.1.1 Sustainability and transformation plans (STP)

Sustainability and transformation plans are five-year plans covering all NHS spending in England, stemming from NHS England's Five Year Forward View https://www.england.nhs.uk/five-year-forward-view/. A total of 44 areas have been identified as the geographical 'footprints' on which the plans will be based, with an average population size of 1.2 million people (the smallest area covers a population size of 300,000 and the largest 2.8 million). Further information and access to STP documents and local plans can be obtained from https://www.england.nhs.uk/stps/view-stps/ .

Leicester, Leicestershire and Rutland's (LLR) draft STP lays out plans for developing local health and social care services over the next five years, and was published in November 2016. The LLR population is getting older and, as such, people often have more long term illnesses that need managing. The STP says that some services are not currently consistently delivering the quality and access of care wanted for local people.

The draft STP for LLR details how those challenges can be tackled. A brief summary indicates the following proposals:

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

- Investing in local services including £45.5 million on a new state of the art emergency department at Leicester Royal Infirmary
- An increase in services delivered in the community by specialised clinical teams;
- Encouraging more people to live healthily and avoid illness;
- Helping to address an LLR wide projected NHS funding gap of £399 million, caused by a number of factors, including an increase in demand for services, and the costs of new treatments
- A movement of hospital beds from the big city hospitals to the community, in hospitals or at home, for those patients who would benefit from it
- Plans for reconfiguration of Leicester City Hospitals from three to two acute sites
- The future options for maternity services in Leicester, Leicester and Rutland, including the current standalone midwife led unit in Melton Mowbray
- Reconfiguration of community hospitals and their beds and community-based services

The plan sets out how services can be changed to improve care and the patient experience, while addressing the problem of demand for services continually outpacing the resources available. In order to deliver these aspirations, the services delivered and where and how they are offered will need to change, generally towards more services delivered closer to patients in the community. The expectations regarding Community Pharmacy are not laid out in the draft STP so far, though there is implicit reference to the pharmacy workforce in relation to proposed actions regarding medicines use optimisation.

The Local Pharmaceutical Committee (LPC) is currently engaging with the Sustainability and Transformation Plan (STP) programme leads regarding integration of Community Pharmacy within the STP. The aim is to explore opportunities for synergies that the Community Pharmacy network have in terms of skills and expertise to support NHS efficiency and patient care.

The LPC is aware of various opportunities such as medicines optimisation support; hospital discharge referral for MUR and NMS; using Community Pharmacy as a first port of call to support minor ailments to reduce pressures on GP practice and emergency services; integration into care pathways to provide support for long term conditions and use of accredited Healthy Living Pharmacies to support the prevention agenda as a few examples. The first stage is to set up an STP engagement event with the local LLR Community Pharmacy network in early 2018. This is currently being planned collaboratively.

3.1.2 Community pharmacy in 2016/17 and beyond

Community Pharmacy has been subject to funding and policy changes reflecting nationally driven policy developments. These came in to effect from December 2016 and will have been implemented throughout 2017. Details are available at https://www.gov.uk/government/publications/community-pharmacy-reforms . While there is concern about these changes within Community pharmacies and their representative organisations, their practical impact has not yet fully fed through to Community pharmacies locally. We have restricted the pharmaceutical data used in this PNA to 31 March 2017, partly so there is a clear full years' worth of data, but also to avoid reporting in this PNA what could only be emerging impact of the government's changes on provision locally.

The Government's intentions in the Community pharmacy in 2016/17 and beyond initiative are to modernise Community Pharmacy, more effectively integrate community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies to other community pharmacies (around 40% of pharmacies nationally are in close proximity).

The decisions made by the government impose budget reductions in England of £113m between December 2016 to March 2017, and by £208m in 2017/18. The principal actions to achieve this are:

- a rationalisation of mechanisms for funding community pharmacies - particularly the amalgamation of the Item fee, practice payment fee, repeat dispensing fee, Electronic Prescription Service fee into a new Single Activity Fee of £1.13;
- A 20% reduction in the establishment payment from December 2016, a 40% reduction from April 2017 and the abolition of the payments altogether from 2018/19.
- the addition of a Pharmacy Access Scheme (PhAS) to support access where pharmacies are sparsely spread. The PhAS will be an additional monthly payment made to all small and medium sized pharmacies that are a mile or more from another pharmacy. Two Leicester based community pharmacies are currently eligible for this payment. The PhAS payment mitigates but does not match the impact of the funding reductions in the total scheme. Payment is contingent on meeting the Quality Payments Scheme. Pharmacies dispensing the largest prescription volumes (the top 25% in the city) will not qualify for the scheme.
- the introduction of a Quality Payments scheme to promote patient safety, patient experience, public health (Healthy Living Pharmacy), workforce, clinical effectiveness and adoption of digital working (see Appendix 1). This has a budget of £75m and will pay a maximum of £6,400 per pharmacy per annum if the standards are met. There will be two review points at which pharmacies can submit their applications: 1. April 2017 - £25 million available 2. November 2017 - £50 million available.

- changes to market entry (control of access) regulations aimed at facilitating the consolidation of pharmacies by, for example, preventing a new pharmacy stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes.

These decisions have been implemented progressively from 1 December 2016. The implication for the PNA is that their impact will become apparent as 2017 progresses and there will need to be a thorough understanding of the new emergent system and an assessment of its implications, as indicated above.

There is concern amongst small and medium sized pharmacies about these actions and the impact they may have on financial viability of community pharmacies. The Leicestershire Pharmaceutical Committee is working to ensure that community pharmacies are in a position to claim the income they can and also have efficient business processes.

At the time of writing (September 2017) information has been issued by the Department of Health related to the changes to market entry regulations aimed at facilitating the consolidation of pharmacies (see section 9.2). There is as yet no clear statement as to whether the government's objective is to reduce the overall number of community pharmacies, or to achieve a more equitable distribution of pharmacies within an area. The changes to the regulations proposed, and reported in the final bullet point in the section above, are aimed at reducing the numbers of community pharmacies brought about through closure or merger of community pharmacies.

3.1.3 The General Practice Forward View - clinical pharmacists in GP practices

The General Practice Forward View, issued in April 2016 (https://www.england.nhs.uk/gp/gpfv/) included a commitment to deliver an additional 5,000 clinical and non-clinical staff in general practice. Out of these 5,000 additional staff members, there is a commitment to have ‘’a pharmacist per 30,000 of the population, leading to a further 1,500 pharmacists in general practice by 2020’’. In July 2015 NHS England launched a pilot scheme to support pharmacists working in general practice. Funding was made available to support more than 450 pharmacists in 650 practices across 90 sites. The funding contributes to the costs of recruitment, employment, training and development of the pharmacists and the development of employing/participating practices.

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 will be prescribers, or training to become 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 will 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.

3.1.4 Community Pharmacy Forward View[3]

Published in August 2016, this presents 3 key roles for the Community pharmacy of the future as:

1. the facilitator of personalised care for people with long-term conditions
2. the trusted, convenient first port of call for episodic healthcare advice and treatment
3. the neighbourhood health and wellbeing hub

3.1.5 Community Pharmacy Clinical Services Review: Murray review[4]

This was commissioned following the Five Year Forward View (2014) and General Practice Forward View (April 2016). The report made several recommendations to make the most of the existing clinical services provided in community pharmacies:

- Full use of electronic repeat dispensing service
- Service redesign to help people with long term conditions, those with high risk and multiple co-morbidities, including medicines optimisation and use of transfer of care and referral schemes
- NHS England's commitment to locally commissioning the minor ailments scheme in 2018
- Consider national commissioning of smoking cessation service
- Integrating community pharmacies into long term condition management pathways (including medicines optimisation for residents of care homes
- Community pharmacy involved in case finding programmes for conditions with significant consequences if undiagnosed (eg hypertension)
- Integrating community pharmacy into Sustainability and Transformation Plans
- Improved digital connectivity between pharmacy and other healthcare professionals
- Community pharmacists engage with primary care to develop pathways
- Closer working between Royal Pharmaceutical Society, Royal College of General Practitioners, British Medical Association and Pharmaceutical Services Negotiating committee

3.1.6 Conclusion

This section has described current policy developments which have the potential to impact on the provision and financial viability of community pharmacy:

- Sustainability and transformation plans (STP)
- Community pharmacy in 2016/17 and beyond

[3] http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/
[4] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

- The General Practice Forward View - clinical pharmacists in GP practices
- Community Pharmacy Clinical Services Review (Murray)

Rather than speculating on the likely impact of these developments on community pharmacies, particularly relating to Community Pharmacy in 2016/17 and beyond, the recommendation of this PNA is that evidence of impact on services of and in Community Pharmacy is reviewed annually and any findings reported to the Health and Wellbeing Board with appropriate advice.

4.0 Health Needs in Leicester

4.1 Age profile

Leicester is the largest city in the East Midlands, with a population of around 343,000[5]. Leicester's population is relatively young compared with England; a third of all city households include dependent children, 20% of Leicester's population are aged 20-29 years old (compared with 14% in England), and 12% of the population are aged over 65 (compared with 18% 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 the UK.

4.2 Diversity

Leicester is home to a diverse range of faiths and communities. Leicester residents come from over 50 countries, and around a third of Leicester residents were born outside of the UK[6]. Almost 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 (37% of the population), with 28% of all residents defining themselves as of Indian heritage. At 3.8%, Leicester's African community is a notably larger proportion of the population than that for England (1.8%).

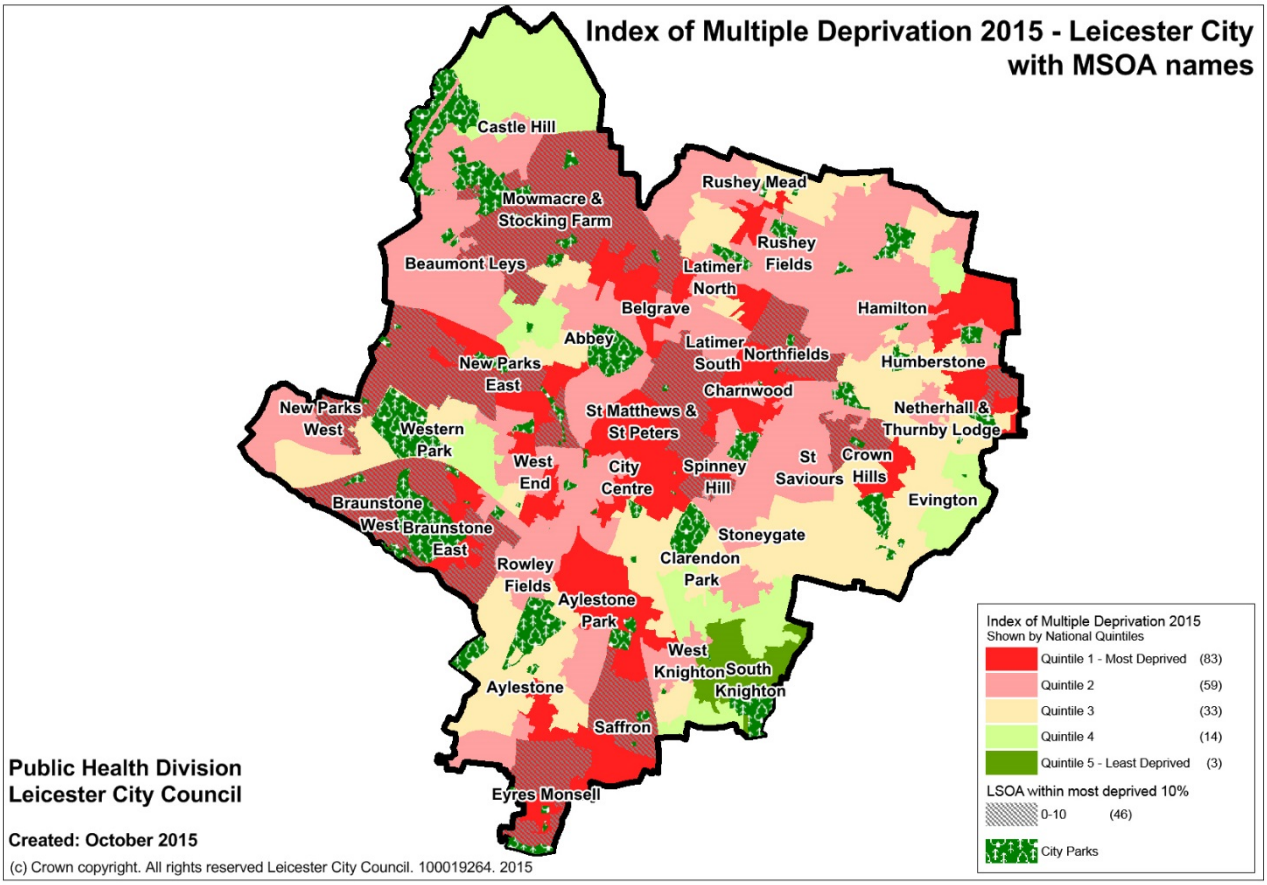
Leicester's Black, Minority Ethnic (BME) population is generally younger than the White population and there are fewer elderly in black and minority ethnic groups.

4.3 Deprivation

Leicester has a high level of deprivation compared to the country as a whole and is ranked 21st most deprived out of 326 local authority areas[7]. Forty-four percent of Leicester's population live in the 20% most deprived areas in England, and a further 32% live in the 20-40% most deprived areas. Only 1% of the Leicester population live in the 20% least deprived areas.

[5] ONS Mid-year population estimates, 2015
[6] Office for National Statistics, Census 2011
[7] Department for Communities and Local Government English Indices of deprivation 2015

Figure 1: Deprivation in Leicester by lower super output area



Data: Index of multiple deprivation 2015

4.4 Local Health Needs:

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 below:

Life expectancy

Life expectancy[8] in Leicester is significantly lower than the England average and although it has continued to improve over the past decade, it has shown a slower improvement than England overall. Life expectancy for men in Leicester is around 2.5 years lower than England, and for women in Leicester it is around 1.5 years lower than England[9].

[8] 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.

[9] Office for National Statistics Life expectancy: http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-354758

Early death rates from cardiovascular diseases (heart attacks and strokes) in Leicester are significantly higher than the national average.

Disease prevalence

People in Leicester suffer from a number of long term conditions as shown below. The largest recorded prevalence is for cardiovascular diseases including hypertension, Coronary Heart Diseases (CHD) and stroke. Leicester also has a higher than average percentage of people diagnosed with diabetes (9%), mainly in Leicester's South Asian population. 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.

Table 3: Percentage of Leicester's population diagnosed with long term conditions

		Long term condition	CCG Register	CCG Prevalence	England Prevalence
Cardio-vascular	CVD	Hypertension	46,049	11.8%	13.8%
		CHD	9,820	2.5%	3.2%
		Stroke or TIA	4,674	1.2%	1.7%
		Heart Failure	2,642	0.7%	0.8%
High dependency		Diabetes (17+)	27,420	9.0%	6.6%
		All cancers	5,214	1.3%	2.4%
		CKD (18+)	7,868	2.6%	4.1%
Respiratory	Respiratory diesases	Asthma	9,820	5.0%	5.9%
		COPD	5,538	1.4%	1.9%
Mental Health	Mental health	Mental Health	4,060	1.0%	0.9%
		Dementia	2,363	0.6%	0.8%

Data: Quality Outcomes Framework, 2016/17

Lifestyles

Poor lifestyles have an adverse effect on health outcomes and Leicester shows poorer lifestyles than nationally[10] in terms of

- **Smoking prevalence**: the highest levels are seen in White populations living in the most deprived areas
- **Alcohol related harm (hospital stays):** significantly higher levels in the west of Leicester
- **Physical activity levels are low;** low percentage of adults achieving at least 150 minutes of physical activity per week
- **Levels of diabetes;** higher in Leicester's South Asian population
- **Levels of obesity;** adults are similar to nationally, year 6 children are significantly worse
- **Teenage conceptions:** under 18 conception rates significantly higher

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

- ***Leicester Joint Strategic Needs Assessment:***

  This is a series of briefings on adults and children and young people covering health and wellbeing of people in Leicester, including data and links to related information.https://www.leicester.gov.uk/your-council/policies-plans-and-

[10] Public Health England Health Profiles: https://fingertips.phe.org.uk/profile/health-profiles

strategies/public-health

- ***Health profiles:*** https://fingertips.phe.org.uk
- ***Local health information*:** http://www.localhealth.org.uk

- ***Health and Wellbeing Strategy:***

  This sets out 5 strategic priorities which will be used to inform yearly operational and commissioning plans:

  - Improving outcomes for children and young people
  - Reducing premature mortality
  - Supporting independence for older people, people with dementia, long term conditions and carers
  - Improving mental health and emotional resilience
  - Addressing the wider determinants of health through effective use of resources, partnerships and work with communities

  http://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/health-and-wellbeing-board/

  Please note a new Health and Wellbeing Strategy is in preparation, aiming for completion later in 2017.

- ***Leicester City Clinical Commissioning Group Strategic Priorities:***

  Priorities are focused on the major causes of ill health and premature death; Cardiovascular disease, Chronic Obstructive Pulmonary Disease, high levels of mental illness in Leicester and supporting older people with long term health conditions

  https://www.leicestercityccg.nhs.uk/about-us/our-priorities/

- ***Sustainability and Transformation Plan***:

  This programme involves a partnership of NHS organisations and local authorities reviewing health and social care in Leicester, Leicestershire and Rutland to produce a route map for how services can be transformed (see section 3.1).

  http://www.bettercareleicester.nhs.uk/

- ***Children and Young People's plan:***

  This plan has six priority areas aiming to improve outcomes for children and young people:

  - Safeguarding
  - Improving health and wellbeing
  - Raising achievement and aspiration
  - Reducing effects of family poverty
  - Early help for vulnerable groups
  - Developing a workforce

https://www.leicester.gov.uk/media/113643/children-and-young-people-plan-2014-17.pdf

5.0 The Community Pharmacy Contractual Framework

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 main components:

- *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
- *Community based* services – services commissioned locally by Clinical Commissioning Groups, Local Authorities and NHS England in response to the needs of the local population.

Quality assurance:

NHS England's local teams monitor the provision of Essential and Advanced Services and the pharmacy contractors' compliance with the terms of the Community Pharmacy Contractual Framework. Each year, every pharmacy must complete a short questionnaire which will determine whether a pharmacy needs visiting.

The General Pharmaceutical Council carry out inspections in all registered pharmacy premises to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of pharmacy services[11].

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[12].

5.1 Types of service

5.1.1 Essential services

The essential services which **must** be provided by all contractors are briefly described in table 4 below.

[11] https://www.pharmacyregulation.org/standards
[12] http://psnc.org.uk/wp-content/uploads/2013/07/cppq2020annex20a.pdf

Table 4: Essential pharmacy services

Essential Service	Description
Dispensing	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 and maintenance of appropriate records.
Repeat Dispensing	At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines. Under the repeat dispensing service, pharmacy teams will: • Dispense repeat prescriptions issued by a GP • Ensure that each repeat supply is required • Seek to ascertain that there is no reason why the patient should be referred back to their GP. The majority of repeat dispensing is now carried out via the Electronic Prescription Services (EPS)
Clinical governance	Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction.
Promotion of healthy lifestyles (Public Health)	Each year pharmacies are required to participate in up to six campaigns at the request of NHS England. This involves the display and distribution of leaflets provided by NHS England. Pharmacies are also requested to be involved in national/local campaigns, to promote public health messages such as the distribution of Quit Kits, Stoptober, Act F.A.S.T and Be Clear on Cancer campaigns.
Disposal of unwanted medicines	Pharmacies are obliged to accept back unwanted medicines from patients, sort them into solids, liquids and aerosols for safe collection and disposal by a waste contractor arranged by the local NHS England team.
Signposting	NHS England provides pharmacies with lists of sources of care and support in the area to enable pharmacies to help people asking for assistance by directing them to the most appropriate source of help where this cannot be provided by the pharmacy.
Support for self-care	Pharmacies will help manage minor ailments and common conditions by the provision of advice and where appropriate, the sale of medicines and referrals from NHS 111.

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

5.1.2 Advanced Services

There are five nationally commissioned advanced services within the NHS community pharmacy contractual framework as shown in table 5, below. Community pharmacies can choose to provide any of these listed services following appropriate training and or accreditation by NHS England.

Table 5: Advanced pharmacy services

Service	Description
The Medicines Use Review (MUR)	Accredited pharmacists undertake structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. These are patients: • taking high risk medicines • recently discharged from hospital who had changes made to their medicines • with respiratory disease • at risk or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. An MUR feedback form will be provided to the patient's GP where there is an issue for them to consider.
New Medicine Service (NMS)	• This service was introduced on the 1st October 2011. It provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. It is initially focused on particular patient groups and conditions and aiming to: • Improve patient adherence leading to better health outcomes • Increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management • Reduce medicines wastage • Reduce hospital admissions due to adverse events from medicines • Lead to increased reporting of adverse reactions to medicines • Receive positive assessment from patients • Improve the evidence base on the effectiveness of the service • Support development of outcome/quality measures for community pharmacy
Appliance Use Review (AUR)	This service can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified

	appliance' by establishing the way the patient uses the appliance and the patient's experience of such use by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient. This includes advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.
Stoma Appliance Customisation (SAC)	The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff. If on the presentation of a prescription for such an appliance, a pharmacy is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy or provider of appliances. If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service.
Flu vaccination service	Each year from September through to January 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. These include people aged 65 years and over, pregnant women and those with certain health conditions. The flu vaccination service provided by pharmacies which commenced in September 2016, offers patients an alternative to the service within GP practices. The Community Pharmacy Seasonal Influenza Vaccination Advanced Service aims to: • sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice; • provide more opportunities and improve convenience for eligible patients to access flu vaccinations; • reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	A national pilot running from 1st December 2016 to 30th September 2018 which aims to: • manage appropriately NHS 111 requests for urgent medicine supply

	• reduce demand on the rest of the urgent care system • resolve problems leading to patients running out of their medicines • increase patients' awareness of electronic repeat dispensing

5.1.3 Community based services

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

The current community based services commissioned for the Leicester population are as listed in table 6 below.

Table 6: Community based pharmacy services as at 31st March 2017

Service	Description
Emergency Hormonal Contraception (EHC)	Some pharmacies are commissioned to provide a free service to women up to 25 years of age following unprotected sexual intercourse to prevent unintended pregnancies. They are required to undertake specific training and maintain a prescribed number of consultations per year.
H-Pylori screening	Pharmacies are commissioned to provide screening, via breath testing, for patients with dyspepsia symptoms to detect the presence of helicobacter bacteria which can cause stomach ulcers.
Healthy Living Pharmacies (HLP)	Pharmacies are commissioned to reduce health inequalities within the local community by delivering high quality health and well-being services, promoting health and providing proactive health advice to customers.
Minor ailments	Pharmacies are commissioned to supply medicines for certain conditions on the NHS, for example eczema, athlete's foot, constipation and hemorrhoids.
Needle exchange	Pharmacies are commissioned to provide intravenous drug users with sterile injecting equipment in order to reduce the transmission of blood borne infections such as hepatitis and HIV.
Palliative Care	Pharmacies are commissioned to provide patients in the last phase of their lives (and their representatives) with access to palliative care medicines. Pharmacies accredited for this service are trained in the use of palliative care medicines and can provide advice to carers and other healthcare professionals.

Supervised consumption	Pharmacies are commissioned to provide registered drug addicts regular monitored doses of an opiate substitute to support them becoming progressively drug free.
Smoking cessation	Pharmacies are commissioned to provide patients who wish to stop smoking with an assessment, appropriate nicotine replacement therapy and counselling support.

5.2 Pharmacy Contracts

5.2.1 Standard contract

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

5.2.2 Distance selling pharmacies

A distance selling pharmacy receives a prescription via post and dispenses it the next day, sending it via courier. The pharmacist telephones the patient to counsel the patient on the medicine's correct use. In contractual terms distance selling pharmacies:

- must be registered with the General Pharmaceutical Council and have premises within NHS England's Area team geography
- must not provide 'face to face' NHS essential services on pharmacy premises
- premises cannot be on the same site as a provider of GP Services

5.2.3 Local Pharmaceutical Services (LPS)

This scheme, provides pharmacy contractors located more than 1km 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. Leicester has one pharmacy under this scheme, located in Stoneygate.

5.2.4 Appliance contractor:

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

5.2.5 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.

6.0 LOCATION AND ACCESS TO COMMUNITY PHARMACIES IN LEICESTER

Leicester has 86 community pharmacies (as at 31 March 2017) and 59 GP Surgeries (including nine branch surgeries). Leicester has an overall rate of 2.5 community pharmacies per 10,000 population, higher than the England rate of 2.1[13]. The number of pharmacies has not changed since 2015, although Leicester has seen an increase in population of over 15,000 to almost 350,000 over the last 3 years (2013-2016).
The majority of pharmacies are open for at least 40 hours and 8 are open for 100 hours. There are also 5 distance selling pharmacies and one Local Pharmaceutical Service (LPS). 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.

There are two important points to be kept in mind as this PNA considers location and access to community pharmacies. These are laid out in the following paragraphs.

6.0.1 Pharmacies do not serve a defined population

Pharmacies do not have a designated service area and customers, patients or the public are free to choose which pharmacy to use. However, in order to consider variation in pharmacy provision across Leicester, this report looks at the census middle super output areas (MSOAs) in which the community pharmacies are located and provides rates based on these 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 there is no requirement on them to do so and similarly no power for NHS England, or any other commissioner, to direct the geographical location of existing pharmacies within Leicester (or anywhere else).*

6.0.2 Access to Community Pharmacies is not constrained by local authority boundaries

Following on from the fact that community pharmacies do not serve defined populations, figure 2, below, shows that, in addition to the pharmacies located within the city boundary, there are 9 pharmacies within 0.5 km and a further 12 between 0.5 and 1km of the Leicester 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.

[13] http://www.content.digital.nhs.uk/catalogue/PUB22317/gen-pharm-eng-201516.pdf

6.0.3 Location and control of entry provisions

Recent national policy has vacillated between leaving it to the market to determine the number and location of community pharmacies and having a more or less regulated approach to these issues. Control of entry provisions were first introduced in 1983 and came into full effect in 1987. This had the effect of 'locking in' the then existing pharmacies, and future contracts were only awarded if they were "necessary or desirable" to secure adequate provision in a given neighbourhood, as then defined. It also included the provision of 'minor relocations'. In 2003 the Office of Fair Trading (OFT) recommended the complete abolition of the Control of Entry provisions, arguing that it would lead to more choice and better service provision. The Government did not accept the OFT's recommendation, but in 2005 changed the regulations to increase competition. The 100 hour pharmacies regulations were introduced as an exemption in the 2005 Control of Entry provisions, which also included 'out of town shopping centres' and 'one stop primary care centres'. The Government removed these exemptions in September 2012, and introduced the idea of 'unforeseen benefits' for opportunities which were not included in the PNA. The implications of this is that the number and location of community pharmacies in Leicester, as elsewhere, is largely historical and the result of commercial decisions made by community pharmacy providers.

6.1 Location and access to pharmacies

The table below shows the location and types of pharmacies by MSOA in Leicester

Table 7: Pharmacy types, GP Practices and registered populations in Leicester by MSOA

MSOA Name	Total No. of Pharmacies	100hr Pharmacies	Internet/Distance Selling Pharmacies	Local Pharmaceutical Services	No. GP Surgeries (including Branch Surgeries)	Pharmacies per 10,000 population
Abbey	1	0	0	0	2	1.0
Aylestone	2	0	0	0	2	2.5
Aylestone Park	2	0	0	0	1	3.1
Beaumont Leys	2	0	0	0	2	2.0
Belgrave	6	1	0	0	3	5.7
Braunstone East	0	0	0	0	0	0.0
Braunstone West	1	0	0	0	1	1.4
Castle Hill	1	0	0	0	2	1.6
Charnwood	5	0	0	0	5	3.6
City Centre North	3	0	0	0	3	3.7
City Centre South & Southfields	1	0	1	0	3	0.0
Clarendon Park	5	0	0	1	4	3.4
Crown Hills	2	0	0	0	3	1.9
Evington	2	0	0	0	1	2.5
Eyres Monsell	2	1	0	0	3	1.2
Hamilton	2	1	0	0	1	0.7
Humberstone	2	0	0	0	1	2.5
Latimer North	1	0	0	0	1	1.2
Latimer South	5	0	0	0	5	5.2
Mowmacre and Stocking Farm	1	0	0	0	0	0.9
Netherhall and Thurnby Lodge	1	0	0	0	1	1.1
New Parks East	1	0	0	0	1	1.3
New Parks West	0	0	0	0	1	0.0
Newfoundpool	2	0	0	0	2	2.5
Northfields	4	0	0	0	1	5.0
Rowley Fields	1	0	0	0	1	1.3
Rushey Fields	1	0	0	0	2	1.5
Rushey Mead	2	0	2	0	1	0.0
Saffron	1	0	0	0	1	1.3
South Knighton	1	0	0	0	1	1.4
Spinney Hill	4	0	0	0	4	3.6
St Matthews and St Peters	4	1	0	0	5	2.5
St Saviours	3	1	1	0	0	1.0
Stoneygate	4	0	0	0	2	3.1
West End	9	3	0	0	6	4.4
West Knighton	2	0	1	0	0	1.2
Western Park	0	0	0	0	0	0.0
Leicester City	**86**	**8**	**5**	**1**	**72**	**2.1**

Data: NHS England, ONS mid-2015 population estimates

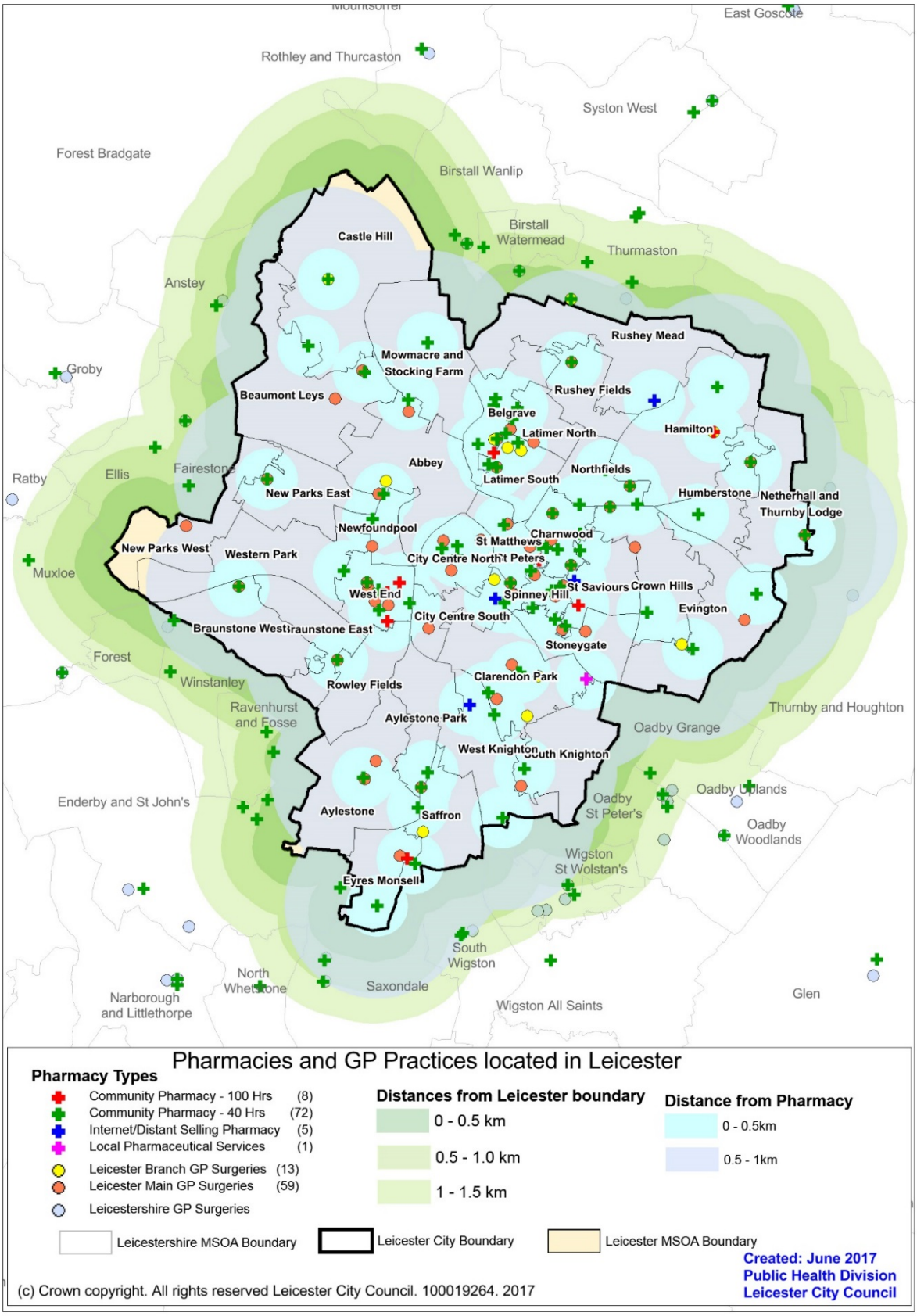
The highest rates of pharmacies are found in Belgrave, Latimer South, Northfields, West End, City Centre North, Spinney Hill, Charnwood and Clarendon Park. Although there are no pharmacies located in Braunstone East, City Centre South and Southfields, New Parks West and Western Park MSOAs, there are pharmacies situated within 1 km of the city boundary.

6.1.1 Distribution of community pharmacies

The figure below shows 0.5km and 1 km distances from each pharmacy to indicate areas of Leicester where people may have further to travel to their nearest pharmacy. It is clear from the Local Pharmaceutical Services (LPS) contract, indicated above, that a distance within 1km is considered to be reasonable access to a community pharmacy.

Figure 2 also shows that, in addition to the pharmacies located within the city boundary, there are 9 pharmacies within 0.5 km and a further 12 between 0.5 and 1km 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 previously pointed out that while there is currently no indication of an impact on pharmacy service provision in Leicestershire resulting from Leicester's pharmacy service provision levels, this should be kept under review, particularly with projected increases in residents with long-term conditions, as well as issues of quality and uniformity of access to advanced and community based services.

Figure 2: Pharmacies and GP Surgeries in Leicester City

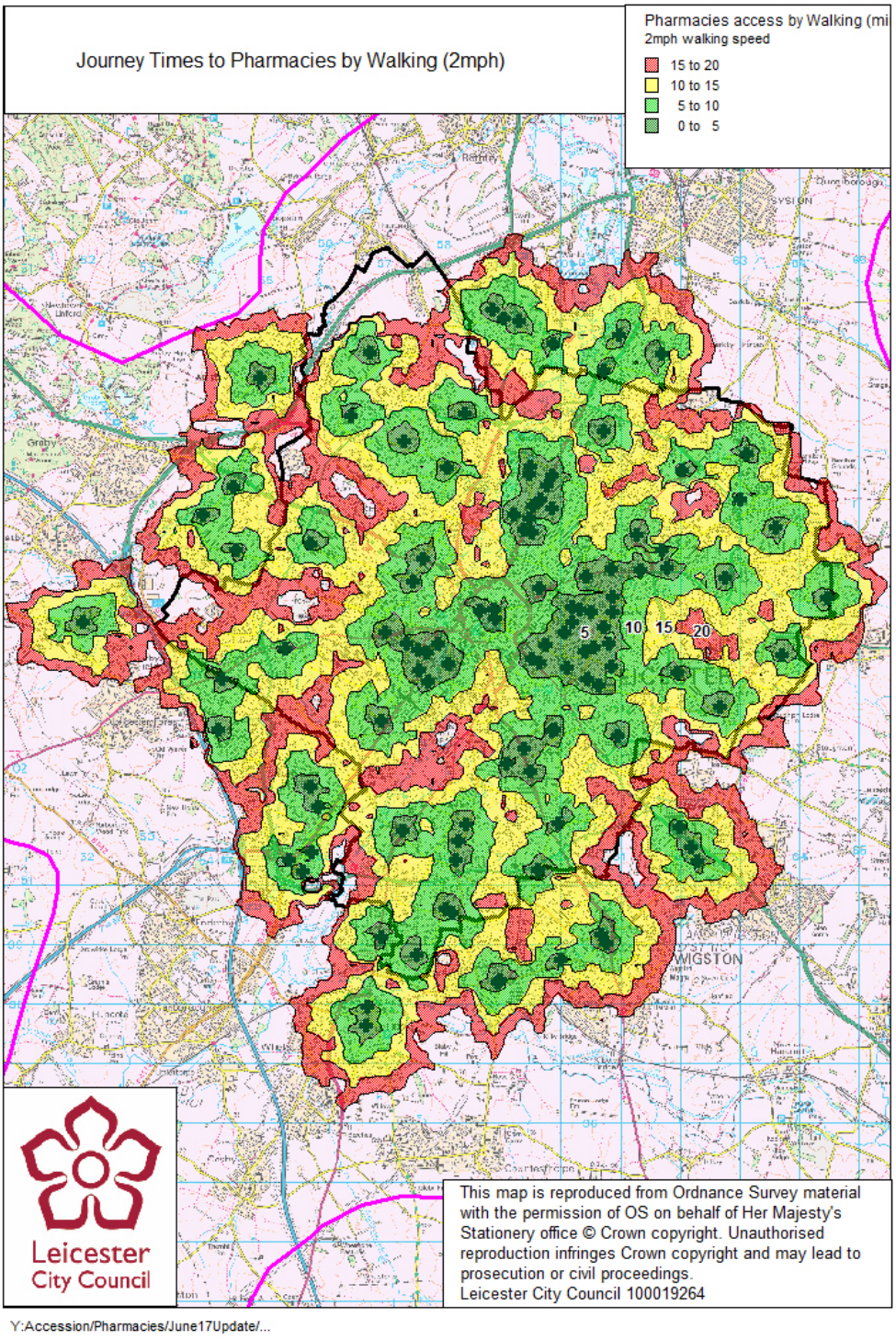


Data: NHS England Pharmacy data, CDS GP Practice data

6.1.2 Walk-times to Pharmacies

The map below shows pharmacies accessible within 20 minutes walking time (based on a walking pace of 2 mph).

Figure 3: Walk times to Pharmacies in Leicester



Source: Leicester City Council Transport Division

There are a few areas of Leicester indicated as being above a 20 minute walk-time from a pharmacy. From the northern most part of Abbey and moving clockwise round

the city, these areas include a mix of part residential and non-residential areas:

- Non-residential area in the north of Abbey
- Area around Beaumont Leys Lane
- Space centre
- Golf course
- Watermead Park
- Industrial area in Rushey Mead
- Crown Hills and Leicester General Hospital site
- South Knighton
- Riverside Park, Sports/football ground
- Braunstone and allotments
- Golf course, Braunstone Frith
- Western Park – Dane Hills
- Glenfrith, Glenfrith and Gilroes Hospital

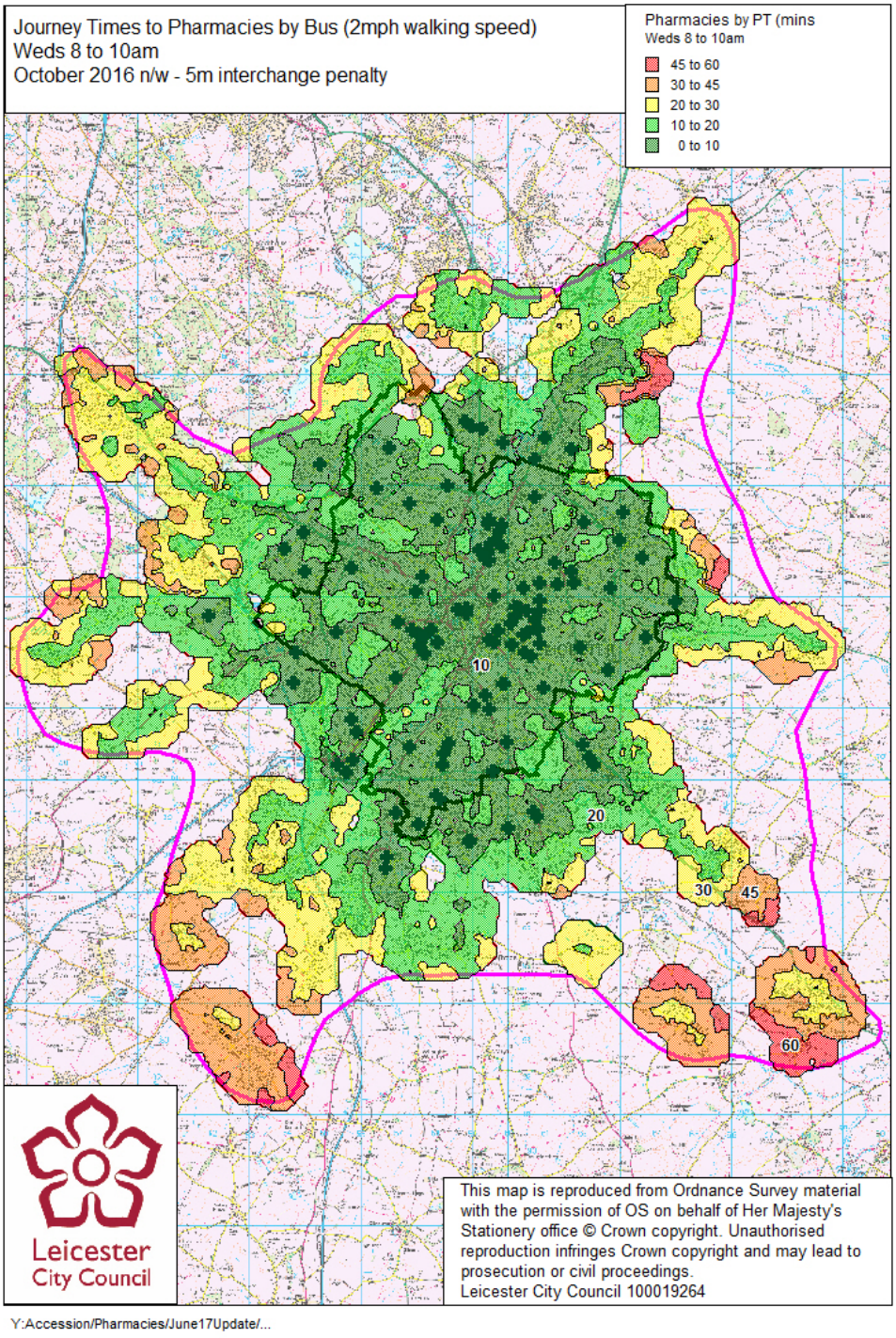
6.1.3 Public transport travel times to pharmacies

The following map shows travel times by public transport to pharmacies, based on 2 miles per hour walking speed, and 5 minutes interchange (if the trip involves a change of buses).

The journey time includes walking from origin point to nearest bus stop, waiting time for bus, journey on bus and walking time from final bus stop to destination point (in this case a pharmacy), for a Wednesday between 8 and 10am.

Based on this map and the timings above, all pharmacies in Leicester can be travelled to within 20 minutes.

Figure 4: Public transport travel times to Pharmacies



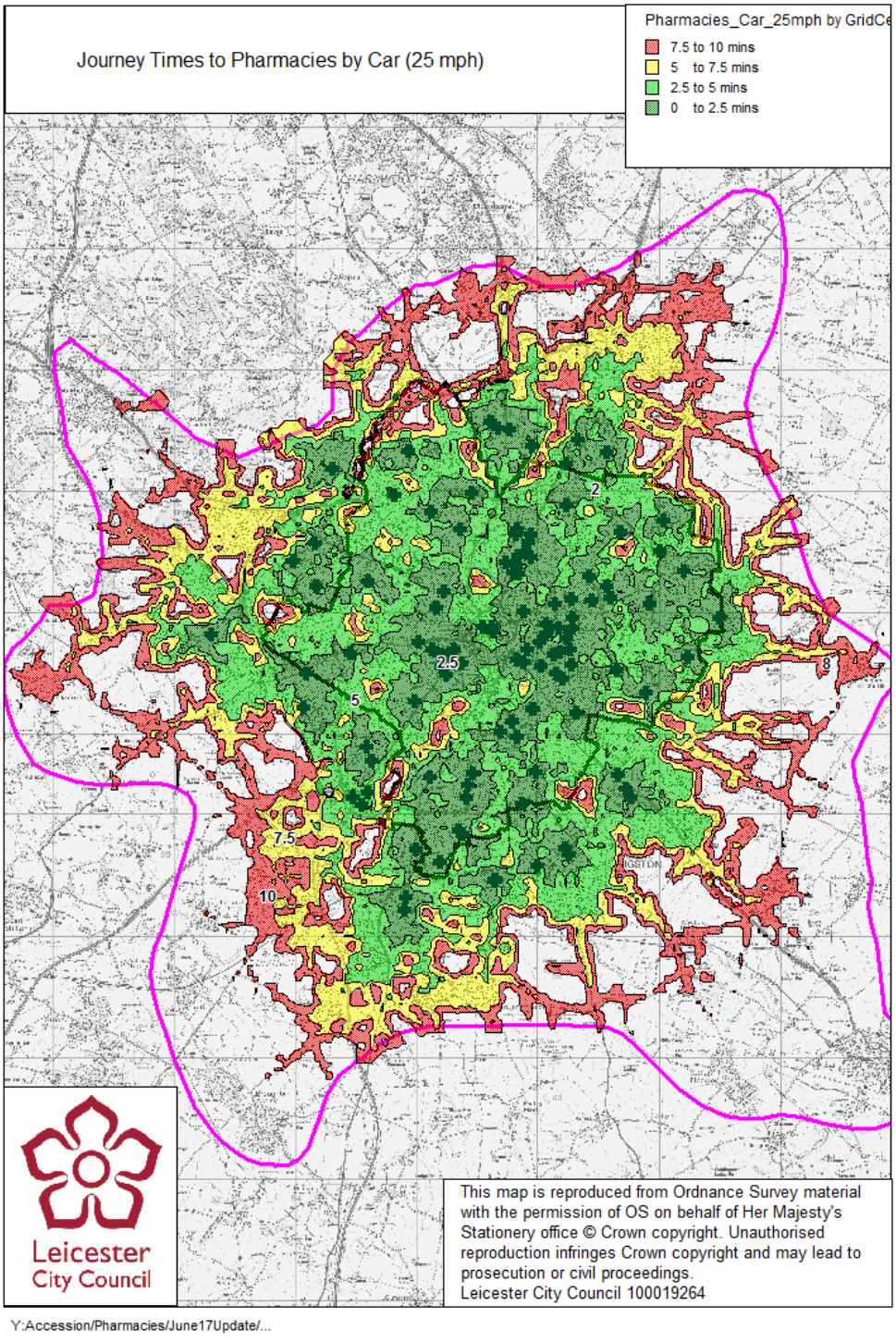
Source: Leicester City Council Transport Division

6.1.4 Drive times to Pharmacies

Figure 5 shows that the majority of Leicester's population can drive to their nearest pharmacy within 5 minutes and only a few are up to 10 minutes away (based on an average speed of 25mph).

However, it should be noted that the percentage of the Leicester population which does not own a car is significantly higher than the average for England (37% v 26%: Census 2011) and there is considerable variation across the city.

Figure 5: Drive-times to Pharmacies in Leicester



Source: Leicester City Council Transport Division

Table 8, below, shows the households by MSOAs in Leicester without cars or vans. Households in City Centre North MSOA have the lowest number, with 71% of households having no cars or vans. MSOAs with the highest proportion of households with such vehicles (around 85% or more) are in the east of Leicester and include Evington and South Knighton. MSOAs where car/van ownership is low and there are fewer pharmacies include Beaumont Leys, New Parks and Braunstone Park and Rowley Fields. Although some of these residents are more than 15-20 minutes walking distance to their nearest pharmacy, pharmacies are still accessible within 20 minutes by public transport.

Table 8: Leicester - Households with no cars or vans

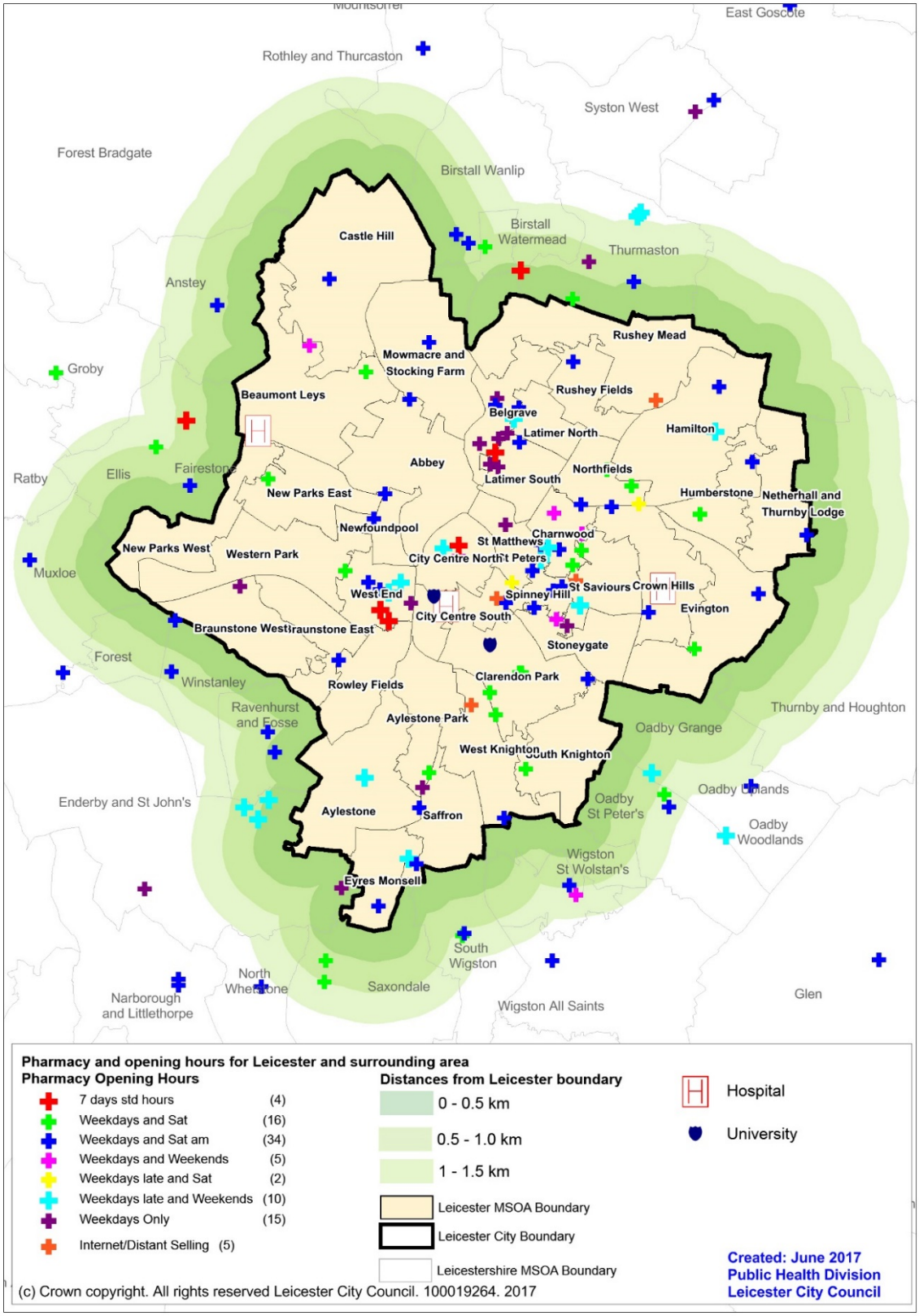
MSOA Name	Households with No Cars or Vans Count	Households with No Cars or Vans %
City Centre North	2104	71.1
City Centre South & Southfields	2210	68.7
St Matthews and St Peters	1991	52.7
New Parks East	1483	47.9
Spinney Hill	1602	47.9
Newfoundpool	1634	47.8
Braunstone West	1213	46.9
West End	2429	46.2
Charnwood	1715	44.6
Latimer South	1333	42.6
Northfields	1110	42.3
Mowmacre and Stocking Farm	1832	42.2
Saffron	1170	42.2
New Parks West	1349	41.5
Eyres Monsell	1470	41.4
Belgrave	1155	41.2
Braunstone East	1312	40.7
Crown Hills	1585	40.3
Netherhall and Thurnby Lodge	1362	36.4
Beaumont Leys	1405	35.9
Aylestone Park	1036	35.4
Latimer North	918	35.2
Stoneygate	1309	32.5
Clarendon Park	1621	32
Rowley Fields	819	29.4
Humberstone	826	28.4
St Saviours	784	27.5
West Knighton	818	27.5
Castle Hill	677	26.5
Aylestone	874	26.1
Abbey	1011	25.4
Rushey Fields	566	24.2
Western Park	627	20.7
Rushey Mead	475	16.9
Hamilton	707	16.2
Evington	439	15.3
South Knighton	404	13.8
Leicester City Total	**45375**	**36.9**

Data: Census 2011

6.2 Pharmacy opening times

The opening hours of individual pharmacies by MSOAs are given in Appendix 2.

Figure 6: Pharmacies in Leicester and surrounding area by opening hours



- Across Leicester MSOAs, pharmacy opening times range from zero (where

there are no pharmacies) to over 600 hours per week. Areas of west Leicester have the lowest provision; there are no pharmacies in Braunstone East, New Parks West and Western Park MSOAs. However 100 hour pharmacies are located within 1km distance of these MSOAs

- West End has the highest provision in terms of opening times (9 pharmacies totaling over 600 open hours per week)
- Fewer open hours in Mowmacre and Stocking Farm, Castle Hill, Braunstone West, Saffron and South Knighton

Table 9: Pharmacy opening days by MSOAs

MSOA Name	Weekdays and Sat	Weekdays and Sat am	Weekdays and Weekends	weekdays late and sat	Weekdays late and weekends	Weekdays Only	7 days std hours	Internet /Distance Selling Pharmacies	Leicester Total	Total Hours Open
Abbey	0	1	0	0	0	0	0	0	1	50.0
Aylestone	0	1	0	0	1	0	0	0	2	128.0
Aylestone Park	1	0	0	0	0	1	0	0	2	96.0
Beaumont Leys	1	0	1	0	0	0	0	0	2	100.0
Belgrave	0	2	0	0	0	3	1	0	6	316.0
Braunstone East	0	0	0	0	0	0	0	0	0	0.0
Braunstone West	0	0	0	0	0	1	0	0	1	48.5
Castle Hill	0	1	0	0	0	0	0	0	1	44.5
Charnwood	1	1	2	0	1	0	0	0	5	299.0
City Centre North	0	0	1	0	1	0	1	0	3	210.5
City Centre South & Southfields	0	0	0	0	0	1	0	1	2	40.0
Clarendon Park	4	1	0	0	0	0	0	0	5	243.5
Crown Hills	0	2	0	0	0	0	0	0	2	104.8
Evington	1	1	0	0	0	0	0	0	2	91.5
Eyres Monsell	0	1	0	0	1	0	0	0	2	151.5
Hamilton	0	1	0	0	1	0	0	0	2	148.5
Humberstone	1	1	0	0	0	0	0	0	2	89.5
Latimer North	0	0	0	0	1	0	0	0	1	63.0
Latimer South	0	2	0	0	0	3	0	0	5	225.8
Mowmacre and Stocking Farm	0	1	0	0	0	0	0	0	1	41.5
Netherhall and Thurnby Lodge	0	1	0	0	0	0	0	0	1	55.8
New Parks East	1	0	0	0	0	0	0	0	1	52.0
New Parks West	0	0	0	0	0	0	0	0	0	0.0
Newfoundpool	0	2	0	0	0	0	0	0	2	93.8
Northfields	2	1	0	1	0	0	0	0	4	205.8
Rowley Fields	0	1	0	0	0	0	0	0	1	56.0
Rushey Fields	0	1	0	0	0	0	0	0	1	52.0
Rushey Mead	0	0	0	0	0	2	0	2	4	87.5
Saffron	0	1	0	0	0	0	0	0	1	46.5
South Knighton	1	0	0	0	0	0	0	0	1	43.5
Spinney Hill	0	4	0	0	0	0	0	0	4	175.5
St Matthews and St Peters	0	1	0	1	1	1	0	0	4	248.5
St Saviours	1	1	0	0	1	0	0	1	4	154.4
Stoneygate	1	1	1	0	0	1	0	0	4	204.5
West End	1	3	0	0	2	1	2	0	9	610.9
West Knighton	0	1	0	0	0	1	0	1	3	91.5
Western Park	0	0	0	0	0	0	0	0	0	0.0
Leicester City	**16**	**34**	**5**	**2**	**10**	**15**	**4**	**5**	**91**	**4670.1**
0 km to 0.5km	1	5			1	1	1		9	
0.5km to 1km	2	5			3	1	1		12	
1km to 1.5km		3	1						4	
Total within 1.5km of Leicester	3	13	1	0	4	2	2	0	25	

Data: NHS England

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.

Leicester has 86 community pharmacies (as at 31st March 2017) - a rate of 2.5 community pharmacies per 10,000 population higher than the average for England, 2.1 pharmacies per 10,000 population.

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 minute walk, 20 minute public transport journey or 5 minute drive are considered to be reasonable access times and distances to a community pharmacy.

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.

There are nine pharmacies within 0.5 km and a further 12 between 0.5 and 1km of the Leicester boundary. These pharmacies are an essential part of the picture of provision for people living in Leicester, particularly toward the outskirts of the city.

The majority of pharmacies in the city are open for at least 40 hours and 8 are open for 100 hours. A number of pharmacies open for longer than their contracted hours.

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

7.0 Current Pharmacy Service Provision

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

7.1 Essential Services

Essential services are described in section 5.1.1 and constitute the following:

- Dispensing and repeat dispensing
- Repeat prescription
- Clinical governance
- Promotion of healthy lifestyles (Public Health)
- Disposal of unwanted medicines
- Signposting
- Support for self-care

Table 10 shows the provision of advanced and community based services in Leicester pharmacies

Table 10: Service Provision in Leicester Pharmacies

Number of Pharmacies providing community services													
		Advanced services				Community based services							
MSOA Name	Total No. of Pharmacies	Medicines Use Review	New Medicine Service	Stoma Appliance Customisation	Flu Vaccination Services	Emergency Hormonal Contraception	H-Pylori breath testing	Minor Ailments	Palliative Care	Stop Smoking services	Needle Exchange	Supervised Consumption	Total No. of services (exc MUR & NMS)
West End	9	9	7	2	4	3	2	2	0	5	2	5	25
Clarendon Park	5	5	4	0	4	4	2	1	0	4	0	2	17
Northfields	4	4	3	0	3	1	1	3	1	4	1	3	17
St Matthews and St Peters	4	4	3	2	3	2	1	4	1	0	1	4	18
Charnwood	5	5	3	0	3	1	1	3	1	2	2	2	15
City Centre North	3	3	3	0	3	3	3	0	0	1	0	3	13
Belgrave	6	4	3	0	1	1	2	3	1	2	1	2	13
Stoneygate	4	4	4	0	3	1	1	3	1	3	0	0	12
Latimer South	5	4	3	0	2	1	1	4	1	1	0	1	11
Aylestone Park	2	2	2	0	2	0	1	2	0	2	1	1	9
Crown Hills	2	2	2	1	1	1	0	1	0	1	0	2	7
Spinney Hill	4	3	2	0	1	0	1	3	1	1	0	1	8
Hamilton	2	2	2	0	2	1	0	1	0	2	0	1	7
Aylestone	2	2	2	1	1	1	0	1	0	0	0	2	6
Beaumont Leys	2	2	2	0	1	1	0	1	1	1	0	1	6
Humberstone	2	2	2	0	1	1	0	2	0	1	0	1	6
Braunstone West	1	1	1	0	0	0	1	0	0	1	1	1	4
New Parks East	1	1	1	0	1	0	0	1	0	1	1	1	5
Newfoundpool	2	1	0	0	0	0	1	1	0	2	0	1	5
Rushey Fields	1	1	1	0	1	0	1	1	0	1	0	1	5
Abbey	1	1	1	0	1	1	0	1	0	1	0	0	4
Eyres Monsell	2	2	2	1	1	0	0	0	0	2	0	0	4
Rowley Fields	1	1	1	1	1	0	0	1	0	0	0	1	4
Castle Hill	1	1	1	0	0	0	1	0	1	0	0	1	3
South Knighton	1	0	0	0	1	0	0	1	0	1	0	0	3
St Saviours	3	3	1	0	0	1	1	1	0	0	0	0	3
West Knighton	2	1	1	1	1	0	0	0	0	0	0	1	3
Mowmacre and Stocking Farm	1	0	0	0	0	0	0	0	1	0	0	1	2
Netherhall and Thurnby Lodge	1	1	1	0	1	0	0	0	0	0	0	1	2
Saffron	1	1	1	0	1	0	0	0	0	0	0	1	2
Latimer North	1	1	1	0	1	0	0	0	0	0	0	0	1
Rushey Mead	2	2	0	0	0	0	1	0	0	0	0	0	1
Braunstone East	0	0	0	0	0	0	0	0	0	0	0	0	0
City Centre South & Southfields	1	1	1	0	0	0	0	0	0	0	0	0	0
Evington	2	0	0	0	0	0	0	0	0	0	0	0	0
New Parks West	0	0	0	0	0	0	0	0	0	0	0	0	0
Western Park	0	0	0	0	0	0	0	0	0	0	0	0	0
Leicester City	**86**	**76**	**61**	**9**	**45**	**24**	**22**	**41**	**10**	**39**	**10**	**41**	**241**
Distance from Leicester boundary	**Total No. of Pharmacies**	**Medicines Use Review**	**New Medicine Service**	**Stoma Appliance Customisation**	**Flu Vaccination Services**	**Emergency Hormonal Contraception**	**H-Pylori breath testing**	**Minor Ailments**	**Palliative Care**	**Stop Smoking services (Champix)**	**Needle Exchange**	**Supervised Consumption**	
0 km to 0.5km	9	8	5		3	5		1		4	1	5	19
0.5km to 1km	12	11	9	2	10	6			3	6	1	5	33
1km to 1.5km	9	9	9	1	9	6		1	3	2		8	30
Over 1.5km	110	104	92	19	80	56			28	32	23	64	302

Dispensing and repeat dispensing

During 2016/17 the total prescribing costs for Leicester City CCG were nearly £48,000,000 (see table 11 below). The top three causes for prescriptions were the endocrine system, central nervous system disorders, and respiratory diseases. These accounted for almost 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 11: Prescription items and associated costs, 2016/17

Description	Number of Items	Total Cost (£)
Endocrine System	830,579	£9,528,360.71
Central Nervous System	1,164,501	£8,510,727.73
Respiratory System	468,047	£5,792,599.08
Cardiovascular System	1,972,742	£5,170,911.39
Nutrition and Blood	417,055	£4,530,133.56
Gastro-Intestinal System	560,921	£2,300,102.37
Appliances	227,202	£1,937,509.73
Skin	291,940	£1,783,081.54
Stoma Appliances	32,658	£1,587,108.38
Obstetrics, Gynae and Urinary Tract Disorders	139,072	£1,220,116.80
Infections	253,802	£1,038,226.51
Eye	150,381	£842,915.31
Immunological Products & Vaccines	86,981	£805,357.37
Musculoskeletal & Joint Diseases	214,326	£716,392.08
Malignant Disease & Immunosuppression	19,617	£573,544.17
Dressings	21,454	£467,105.76
Ear, Nose And Oropharynx	76,412	£383,420.89
Incontinence Appliances	12,741	£272,078.55
Anaesthesia	10,290	£221,804.65
Other Drugs And Preparations	8,022	£205,163.53
Grand Total	**6,958,743**	**£47,886,660.11**

Data: EPact prescribing

7.2 Advanced Services

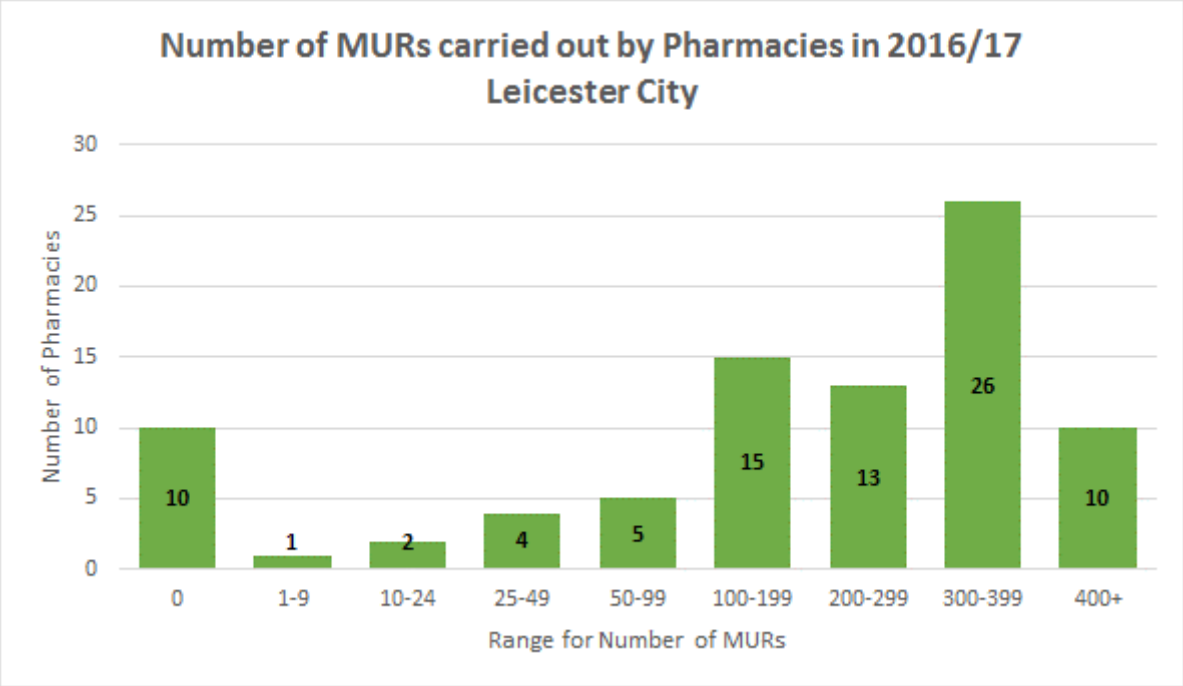
There are five advanced services as described in section 5.1.2.

7.2.1 Medicines Use Reviews:

A Medicines Use Review is a free NHS service offered by pharmacies in the UK. The review involves an appointment with the local pharmacist in a private consultation room, to discuss the patient's knowledge and use of medicines prescribed for them.

The majority of Leicester pharmacies (88%) are accredited to deliver Medicines Use Reviews (MUR). A pharmacy can only deliver a maximum number of 400 MURs each year. In 2016/17 there were over 19,000 MURs delivered in 76 Leicester pharmacies, ranging from 9 to over 400 in any individual pharmacy (figure 7). This represents an average of 250 MURs per pharmacy offering the service during the year or 59 MURs per 1,000 population. The least number of MURs carried out during 2016/17 was 9 MURs (four pharmacies). Ten pharmacies also carried out the maximum number of 400 during the year.

Figure 7: Number of MURs carried out by pharmacies in 2016/17

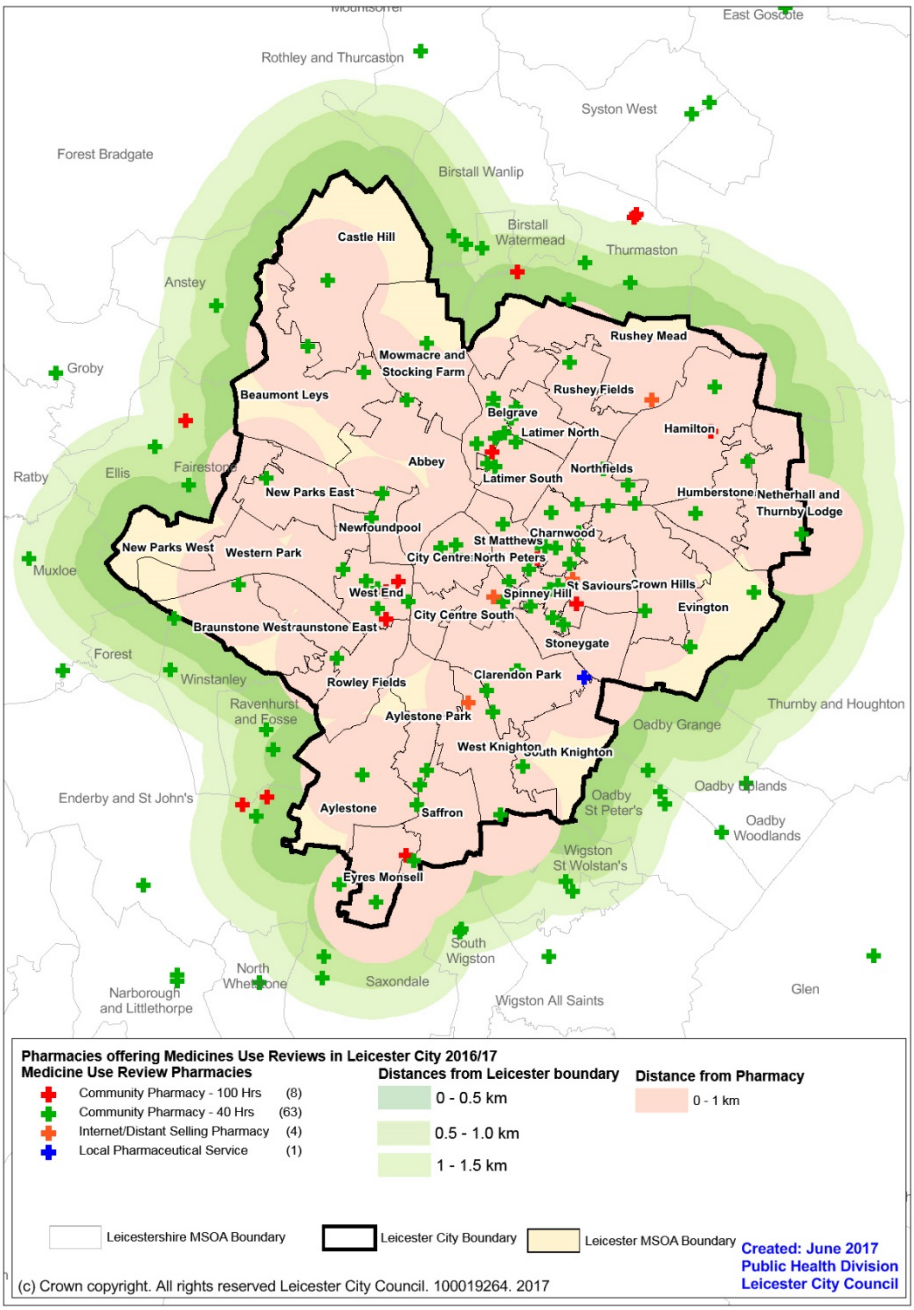


Data: NHS England

A local research project at Leicester Royal Infirmary has shown that the delivery of regular structured medicine reviews of people with asthma can reduce their day-to-day symptoms and reduce the burden of providing emergency care on the NHS[14].

[14] Murphy, Anna: The Community Pharmacy SIMPLE Approach to Asthma Management.pdf

Figure 8: Pharmacies accredited for Medicines Use Reviews



7.2.2 New Medicines Service

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

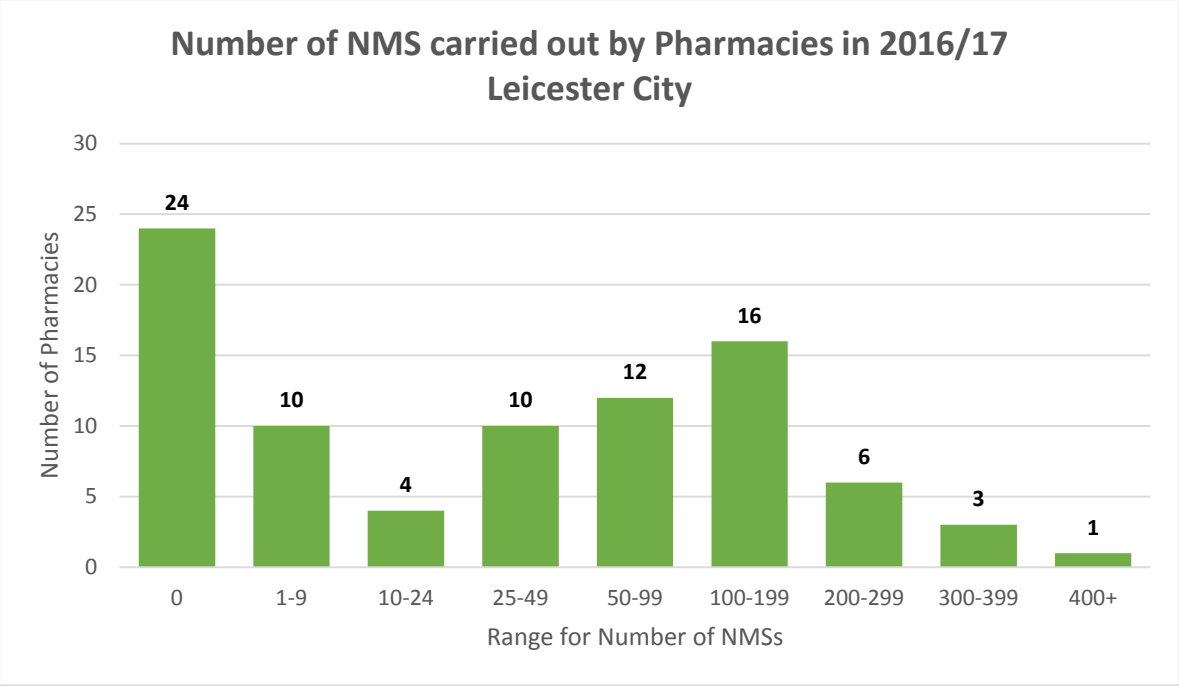
- asthma and COPD
- diabetes (Type 2)
- antiplatelet / anticoagulant therapy
- hypertension

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.

Around 6,500 NMS reviews were carried out by 62 pharmacies during 2016/17. This represents 20 NMS per 1,000 population, with the lowest rates in Evington, Mowmacre, Newfoundpool, Rushey Mead and South Knighton, and the highest rates in Charnwood.

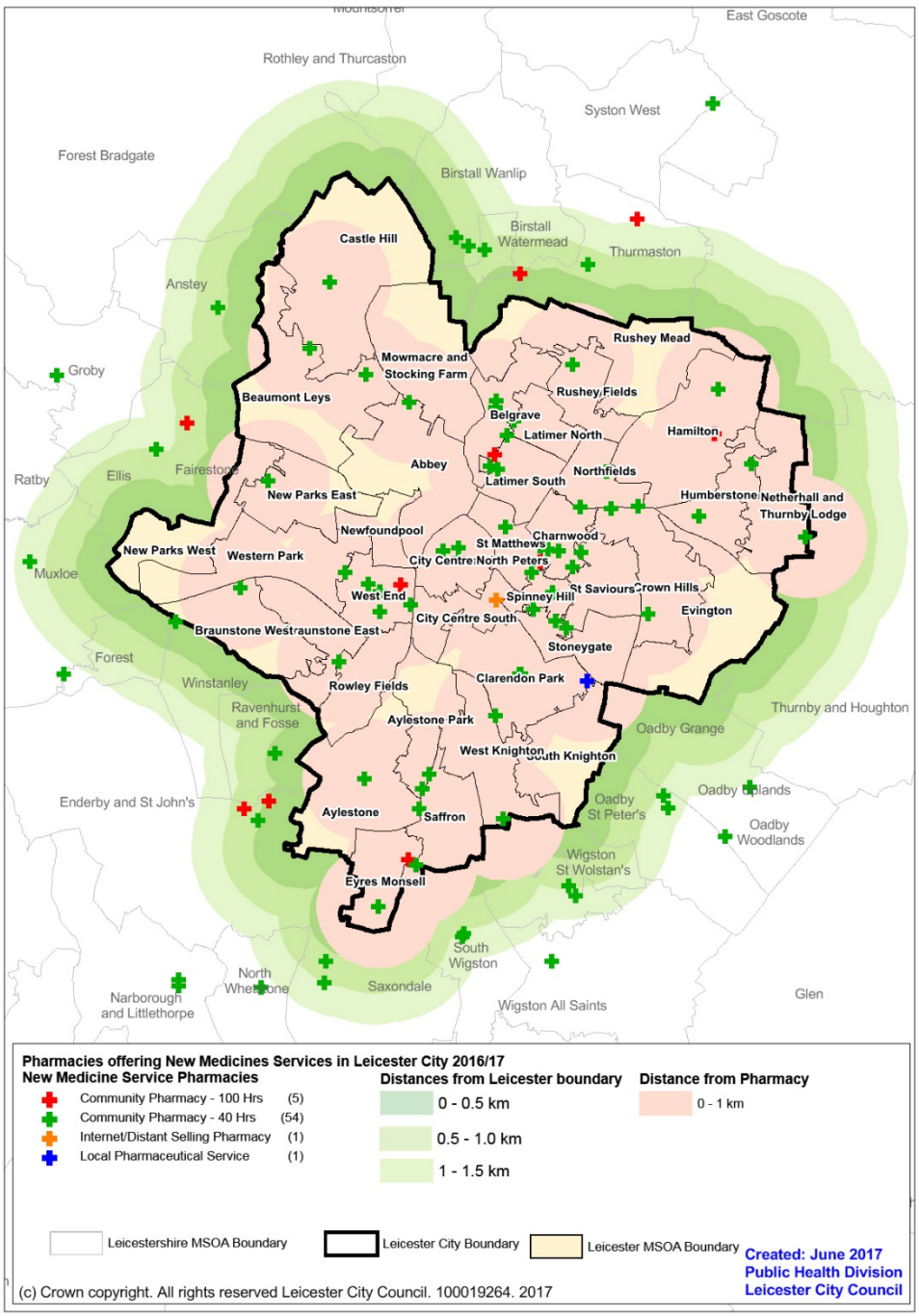
The number of NMS reviews carried out by any accredited pharmacy ranges from 1 to 464, with most pharmacies carrying out up to 200 reviews.

Figure 9: Number of NMS carried out by pharmacies in 2016/17



Data: NHS England

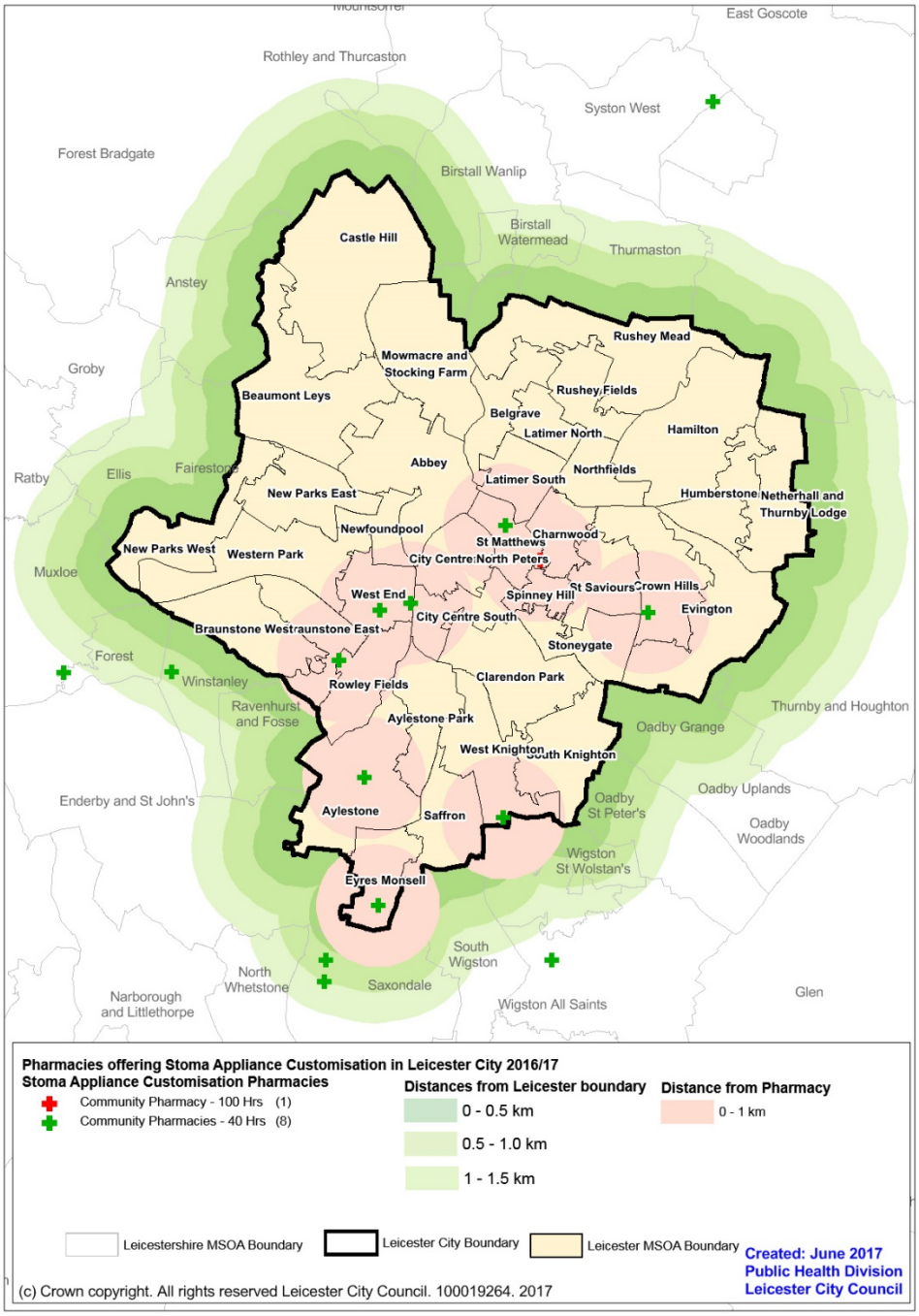
Figure 10: Pharmacies accredited for New Medicines Services



7.2.3 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 reducing waste.

Figure 11: Pharmacies accredited for Stoma Appliance Customisation



Stoma Appliance Customisation (SAC) is accredited at 7 pharmacies in Leicester (8%). This is lower than the national average of 15% of pharmacies[15]. The SAC service usually involves delivery to the patient's home and is also available from other providers.

7.2.4 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'

[15] General Pharmaceutical Services Report, England 2006/07 to 2015/16: https://digital.nhs.uk/catalogue/PUB22317

The service allows 1 AUR per 1,000 prescriptions. No pharmacies in Leicester are accredited for AURs whilst nationally the rate is 1.2%[15].

7.2.5 Flu vaccination Service

The flu vaccination service runs each year from September through to January 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 2016/17, over 5,000 flu vaccinations were provided through 45 pharmacies in Leicester (52% of community pharmacies). Nationally flu vaccinations were offered in 62% of pharmacies[15].

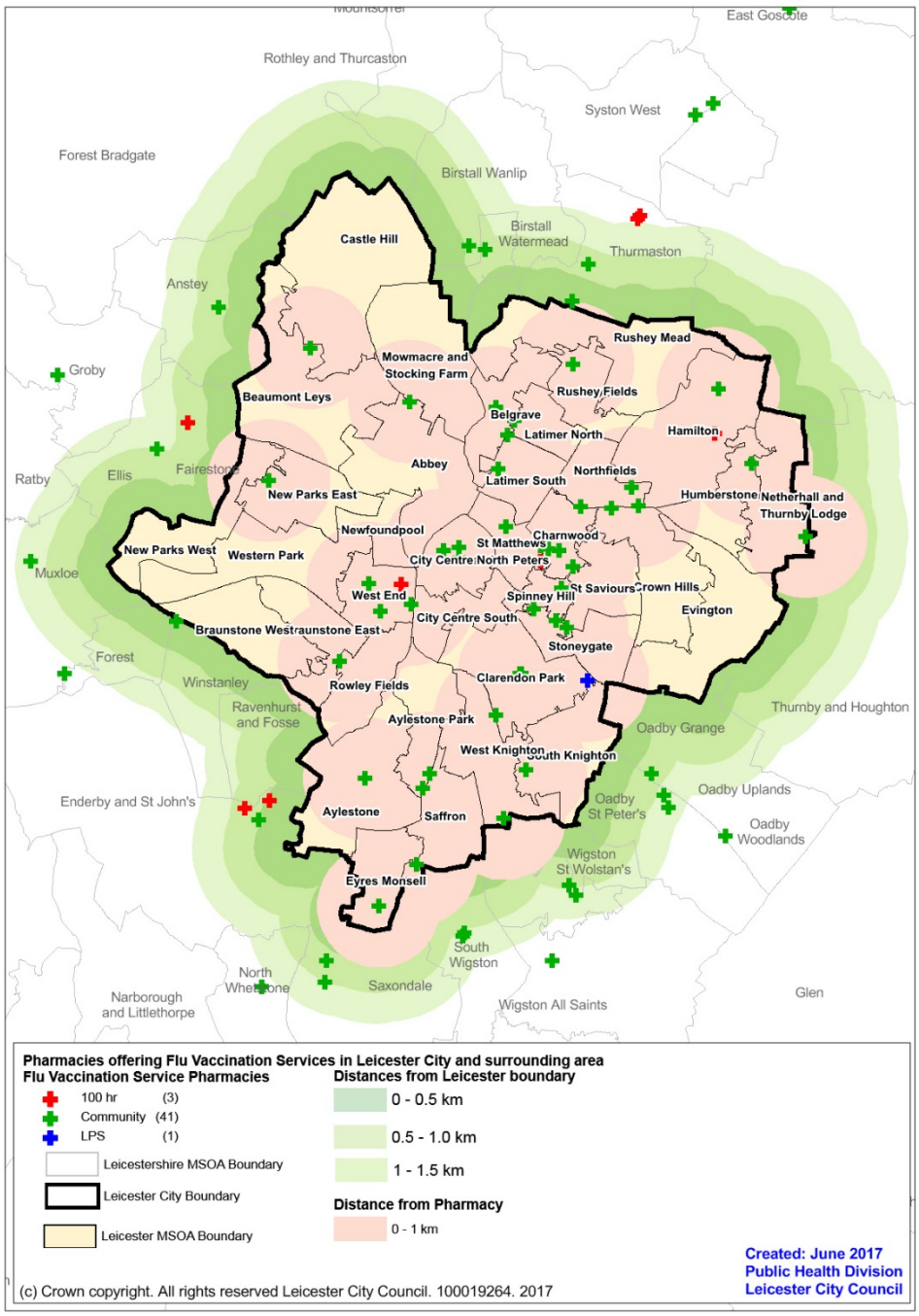
Table 12: Provision of flu vaccinations in Leicester pharmacies, 2016/17

MSOA Name	Pharmacies offering Flu Vaccination Services	Total Number of Vaccines administered in 2016/17	Population 18+ (2015)	Pharmacies providing Flu vaccination services per 10,000 population 18+
Abbey	1	239	8070	1.2
Aylestone	1	57	6344	1.6
Aylestone Park	2	97	5048	4.0
Beaumont Leys	1	104	7150	1.4
Belgrave	1	122	6942	1.4
Braunstone East	0	0	6144	0.0
Braunstone West	0	0	4618	0.0
Castle Hill	0	0	4784	0.0
Charnwood	3	447	9844	3.0
City Centre North	3	503	7627	3.9
City Centre South & Southfields	0	0	10351	0.0
Clarendon Park	4	351	10222	3.9
Crown Hills	1	206	7867	1.3
Evington	0	0	6470	0.0
Eyres Monsell	1	47	6059	1.7
Hamilton	2	420	10065	2.0
Humberstone	1	83	5939	1.7
Latimer North	1	111	6442	1.6
Latimer South	2	93	7517	2.7
Mowmacre and Stocking Farm	0	0	7984	0.0
Netherhall and Thurnby Lodge	1	336	6989	1.4
New Parks East	1	159	5472	1.8
New Parks West	0	0	5722	0.0
Newfoundpool	0	0	5906	0.0
Northfields	3	344	5587	5.4
Rowley Fields	1	185	6250	1.6
Rushey Fields	1	179	5170	1.9
Rushey Mead	0	0	6200	0.0
Saffron	1	164	5256	1.9
South Knighton	1	15	5736	1.7
Spinney Hill	1	10	7868	1.3
St Matthews and St Peters	3	185	8018	3.7
St Saviours	0	0	7288	0.0
Stoneygate	3	368	9651	3.1
West End	4	169	11816	3.4
West Knighton	1	59	6511	1.5
Western Park	0	0	5836	0.0
Leicester City	**45**	**5053**	**260763**	**1.7**

Data: NHS England, ONS mid-2015 population estimates

More vaccinations were carried out in the City Centre, Charnwood and Hamilton. Less than 20 flu vaccinations were carried out in pharmacies in South Knighton and Spinney Hills.

Figure 12: Pharmacies accredited for flu vaccinations in Leicester, 2016/17



7.3 Community Based Services

These are services commissioned locally from community pharmacies to meet the needs of the population.

7.3.1 Emergency Hormonal Contraception (EHC)

There are two methods for the provision of EHC.

(1) 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.
(2) The provision of the emergency hormonal contraception pill which can be taken up to 72 hours post unprotected sexual intercourse. This is available from most GPs, the city's Integrated Sexual Health Service, over the counter at most pharmacies (which must be paid for) and as a free scheme 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.

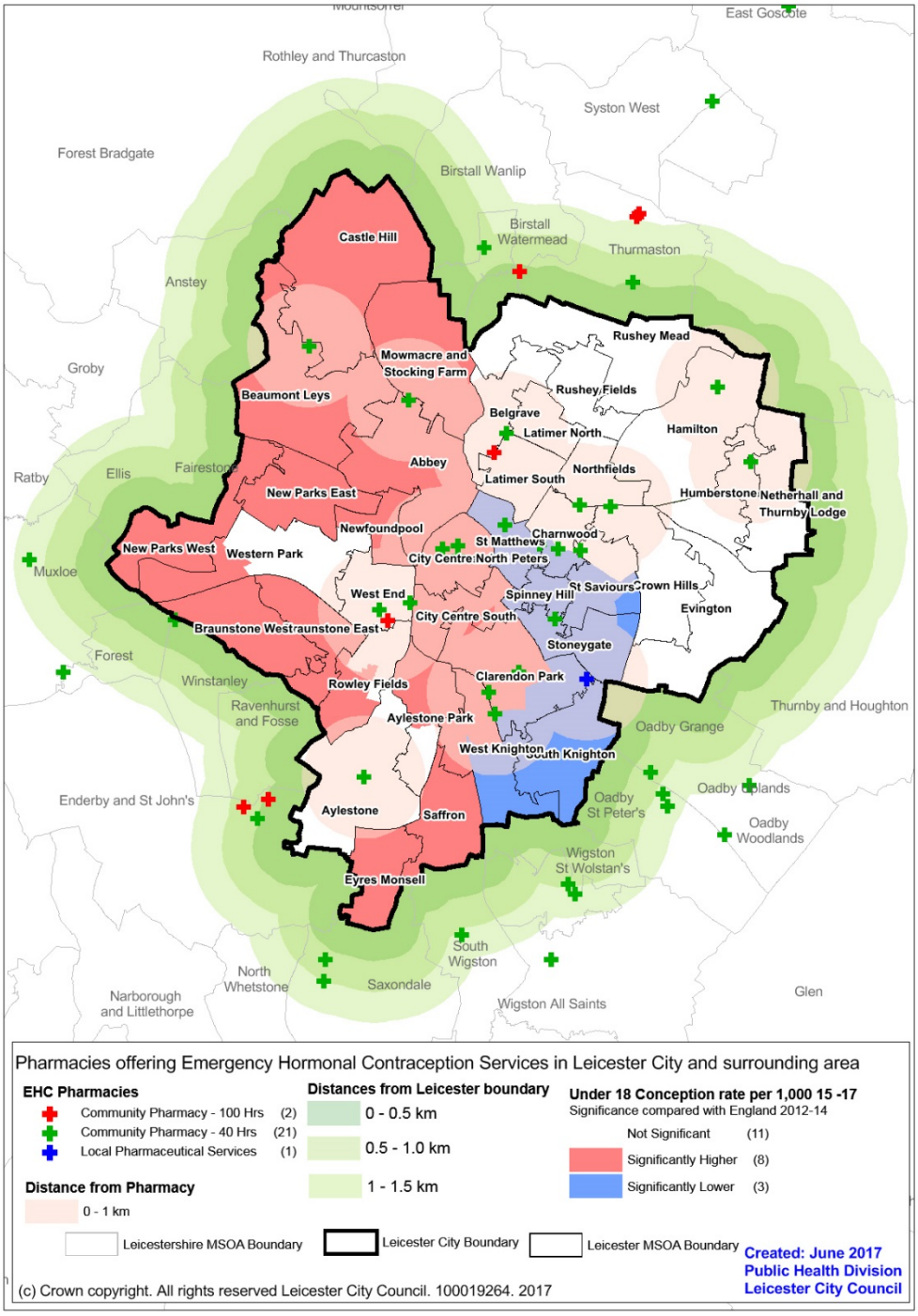
In 2016/17 the EHC scheme provided 2,900 consultations to women under 25. Most were to women aged between 20 and 24 years. There are a small number provided to women under the age of 16. EHC was provided by 24 pharmacies. The majority of these are located in the east of Leicester, with fewer in the west where levels of teenage conception rates are significantly higher than the national average. However in practice the majority of the provision is through the city centre pharmacies and it is probable that young women prefer to access this service outside of their immediate community and where a greater level of anonymity is available.

The largest uptake was in the city centre pharmacists, followed by Narborough Road (West End).

Three community pharmacies accounted for two thirds of all EHC claims:

- Boots Chemist in Highcross (1,291 consultations, 44%)
- Riverside Pharmacy in West end (285 consultations, 13%)
- Polypharmacy in West end (94 consultations, 11%)

Figure 13: Pharmacies accredited for Emergency Hormonal Contraception in and around Leicester



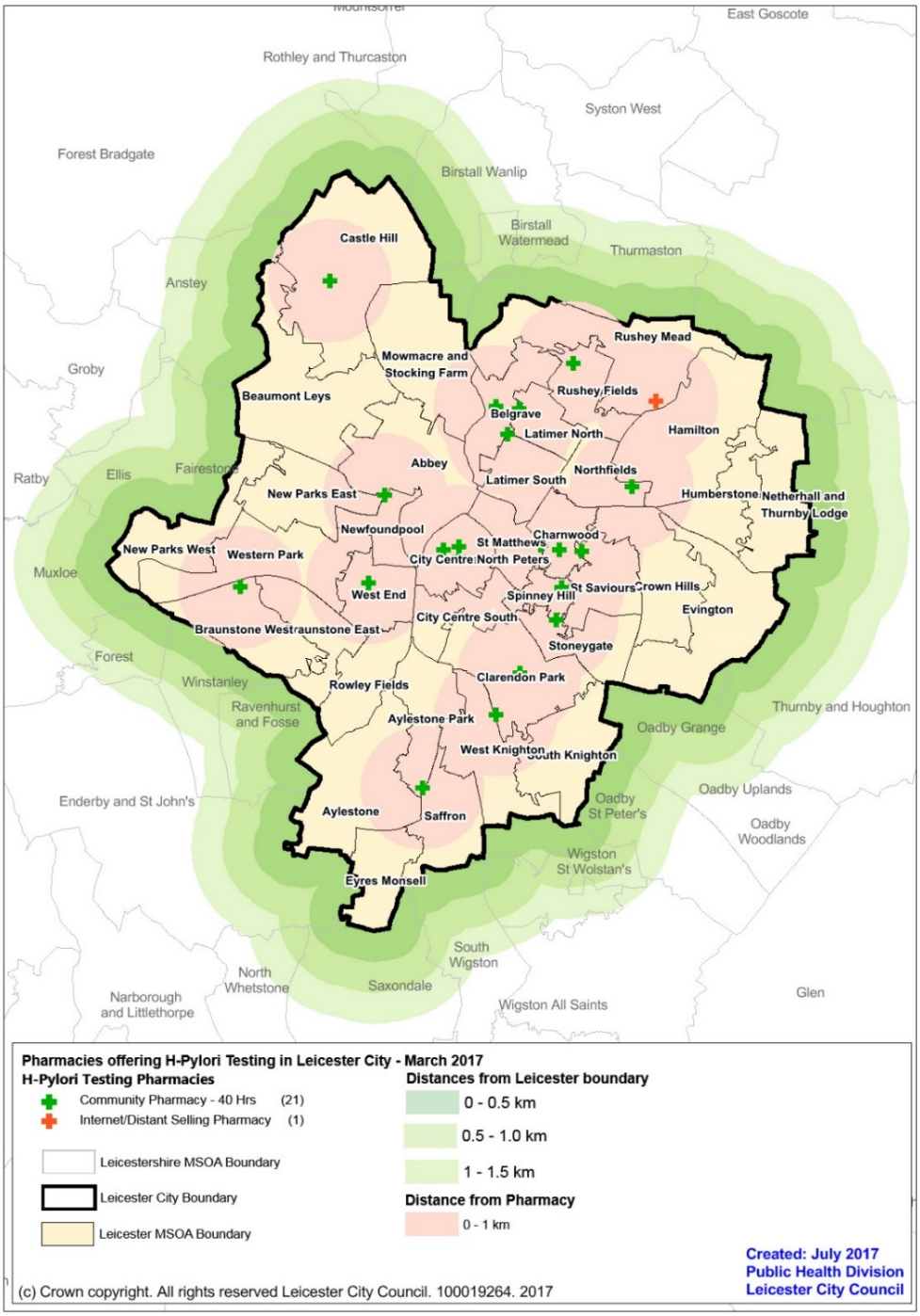
7.3.2 H-pylori breath-testing:

This service aims to improve the care of patients with dyspepsia symptoms through the provision of an H-pylori test and treat service.

- Ensuring that all patients with dyspepsia requiring a H-pylori test have access to this test in primary care and are given eradication therapy if positive
- Ensuring that all requests for endoscopy are appropriate and only those patients with ALARM symptoms are referred to secondary care

- Providing a means by which H-pylori breath testing can be performed in primary care
- Improving access and choice for patients
- Improving primary care capacity related to the management of dyspepsia symptoms

Figure 14: Pharmacies accredited for H-Pylori breath-testing services



H-Pylori testing (H-PL) was accredited in 22 pharmacies in Leicester (March 2017). Figure 14, shows there is lower provision in the east and west outskirts of the city. There is no H-PL service in Beaumont Leys, New Parks, Rowley fields, Eyres Monsell, South Knighton, Evington and Humberstone.

7.3.3 Minor Ailment Service

The aim of this service is to improve access and choice for people with minor ailments by:

- promoting self-care through the pharmacy, including provision of advice and where appropriate medicines and/or appliances without the need to visit the GP practice;
- operating a referral system from local medical practices or other primary care providers; and
- supplying appropriate medicines and devices (dressings etc.) at NHS expense
- It also aims to improve primary care capacity by reducing medical practice workload related to minor ailments.

Minor ailments covered are:

Athletes Foot
Back pain
Cold sores
Colic
Common cold
Conjunctivitis
Constipation
Contact dermatitis
Cough
Diarrhoea
Earache/Ear wax
Eczema (mild)
Fever (temperature)
Haemorrhoids (Piles)
Hay fever
Headache
Head lice
Heartburn
Indigestion
Insect bites & stings
Mouth ulcers
Nappy rash
Nasal congestion
Oral Thrush
Period Pain
Scabies
Sprains & Strains
Sore Throat
Stomach upset
Teething
Threadworms
Vaginal Thrush
Viral upper respiratory tract infection
Warts
Verrucas

Minor ailment services were offered at 41 of Leicester's pharmacies (as of 31st March 2017) as shown in the map below (Figure 15). Note: the service was not renewed in a number of pharmacies and only 13 are currently carrying out minor ailment services (2017/18).

Provision of minor ailment services ranges from no provision (in City Centre, Evington, Eyres Monsell, Latimer, Mowmacre and Stocking Farm, Netherhall and Thurnby Lodge, New Parks, Rushey Mead, Saffron, West Knighton and Western Park). Low provision in Hamilton (0.7 pharmacies per 10,000 population) and high provision in Latimer South (4.2 pharmacies per 10,000 population).

Figure 15: Provision of minor ailment services in Pharmacies by MSOA

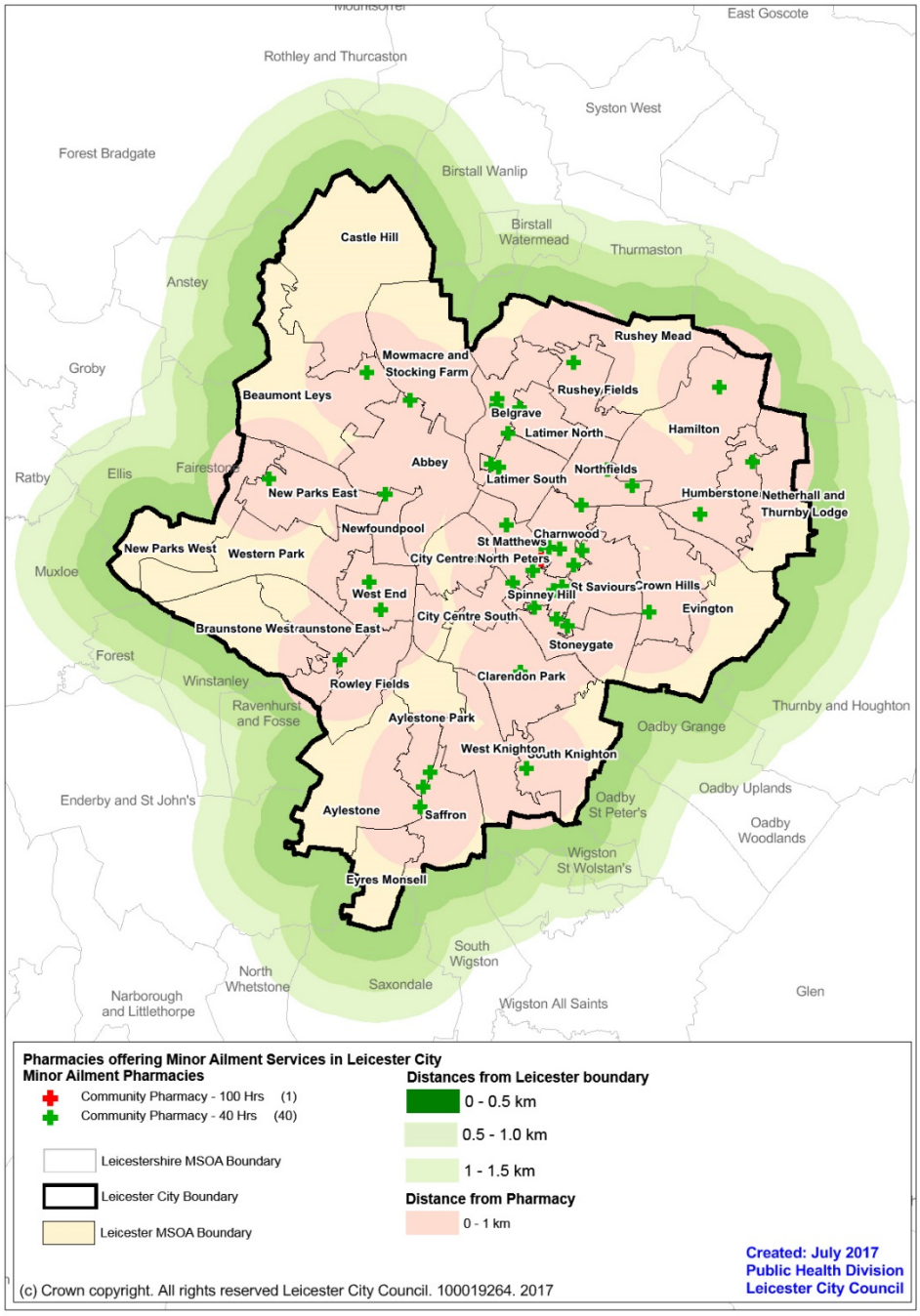


Table 13: Provision of minor ailment services in Pharmacies by MSOA

MSOA Name	Total No. of Pharmacies	Minor Ailment Services	Population 2015	Pharmacies providing Minor Ailment Services per 10,000 population
Braunstone East	0	0	8,294	0.0
Braunstone West	1	0	7,041	0.0
Castle Hill	1	0	6,391	0.0
City Centre North	3	0	8,102	0.0
City Centre South & Southfields	1	0	11,192	0.0
Evington	2	0	8,075	0.0
Eyres Monsell	2	0	8,258	0.0
Latimer North	1	0	8,390	0.0
Mowmacre and Stocking Farm	1	0	11,162	0.0
Netherhall and Thurnby Lodge	1	0	9,416	0.0
New Parks West	0	0	8,259	0.0
Rushey Mead	2	0	7,868	0.0
Saffron	1	0	7,696	0.0
West Knighton	2	0	8,075	0.0
Western Park	0	0	7,392	0.0
Hamilton	2	1	14,018	0.7
Clarendon Park	5	1	11,747	0.9
Crown Hills	2	1	10,786	0.9
St Saviours	3	1	10,193	1.0
Beaumont Leys	2	1	10,122	1.0
Abbey	1	1	10,096	1.0
Aylestone	2	1	8,044	1.2
Newfoundpool	2	1	7,944	1.3
New Parks East	1	1	7,936	1.3
Rowley Fields	1	1	7,551	1.3
South Knighton	1	1	7,330	1.4
West End	9	2	13,752	1.5
Rushey Fields	1	1	6,664	1.5
Charnwood	5	3	14,068	2.1
Stoneygate	4	3	12,989	2.3
Humberstone	2	2	7,868	2.5
Spinney Hill	4	3	11,179	2.7
Aylestone Park	2	2	6,446	3.1
St Matthews and St Peters	4	4	11,838	3.4
Belgrave	6	3	8,838	3.4
Northfields	4	3	8,064	3.7
Latimer South	5	4	9,543	4.2
Leicester City	**86**	**41**	**342,627**	**1.2**

Data: NHS England

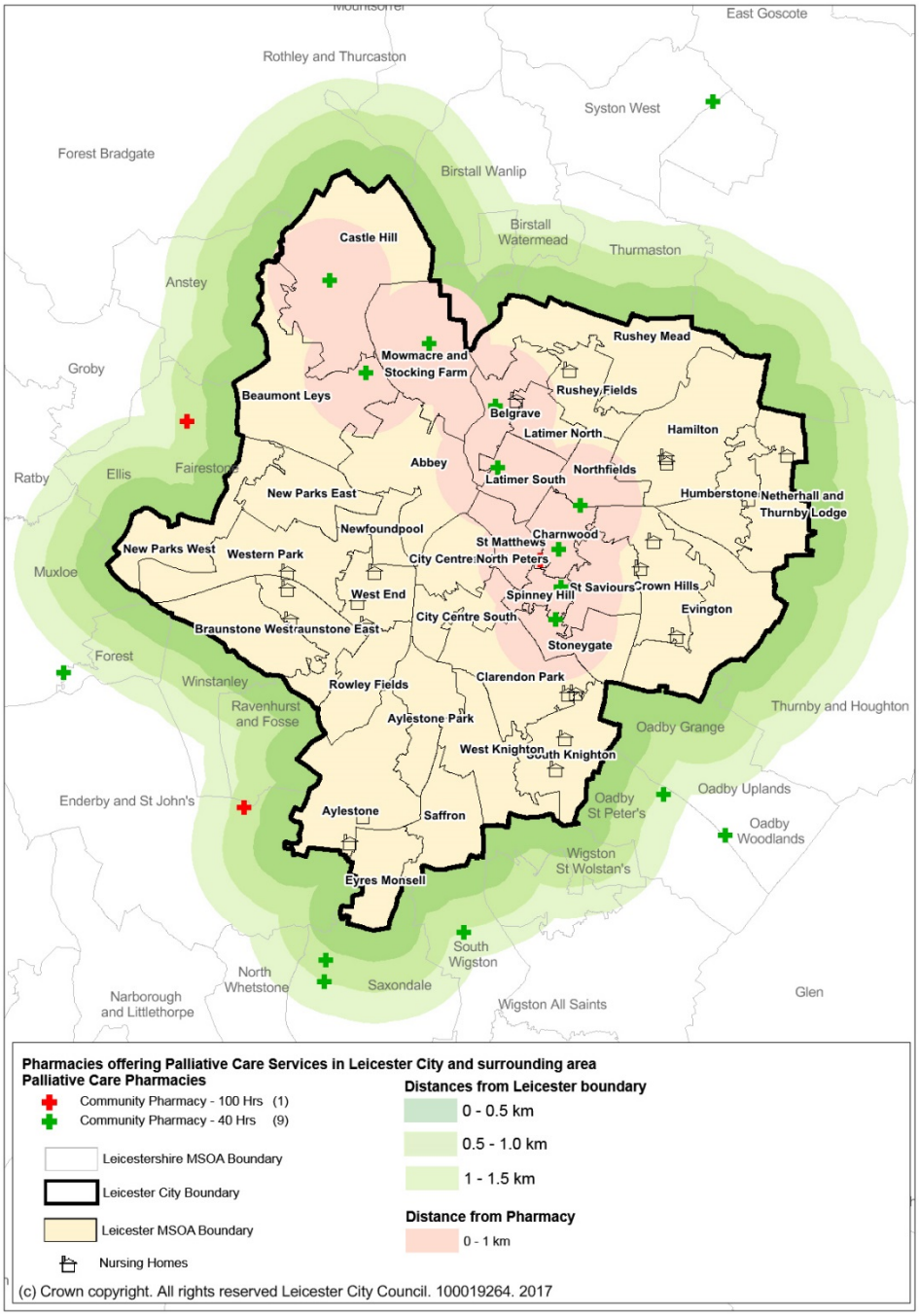
7.3.4 Palliative Care

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.

Figure 16: Pharmacies accredited for Palliative Care Services



7.3.5 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.

The smoking cessation service is an in-house City Council service; the council holds the contracts with the pharmacies.

Smoking Cessation Services were offered at 38 pharmacies in Leicester. The pharmacies offer behavioural support for up to 12 weeks and nicotine replacement therapy, recharged to the Smoking Cessation Service, to help people wanting to give up. Note that as of April 1st 2017, the number of pharmacies reduced to 17 (based on areas where there was over provision and low uptake of the service).

The map shows the pharmacies in and around Leicester offering Smoking Cessation Services and the estimated levels of smoking prevalence from the Leicester Lifestyle Survey of 2015.

Smoking prevalence is known to be lower now than in 2015, and MSOA estimates will be variable, however they will give an idea of areas with higher and lower levels of smoking. Generally, smoking levels are higher in the west of the city and lower in the east of the city, particularly where there are more South Asian communities.

The table below shows the uptake of pharmacy Smoking Cessation services in 2016/17. The highest numbers setting a quit date for smoking through their pharmacy were in Eyres Monsell, West End and Beaumont Leys. Whilst these areas show higher levels of smoking than nationally, they are not the highest. New Parks has the highest levels of smoking and relatively low numbers setting a quit date.

Figure 17: Pharmacies accredited for Smoking Cessation Services in and around Leicester

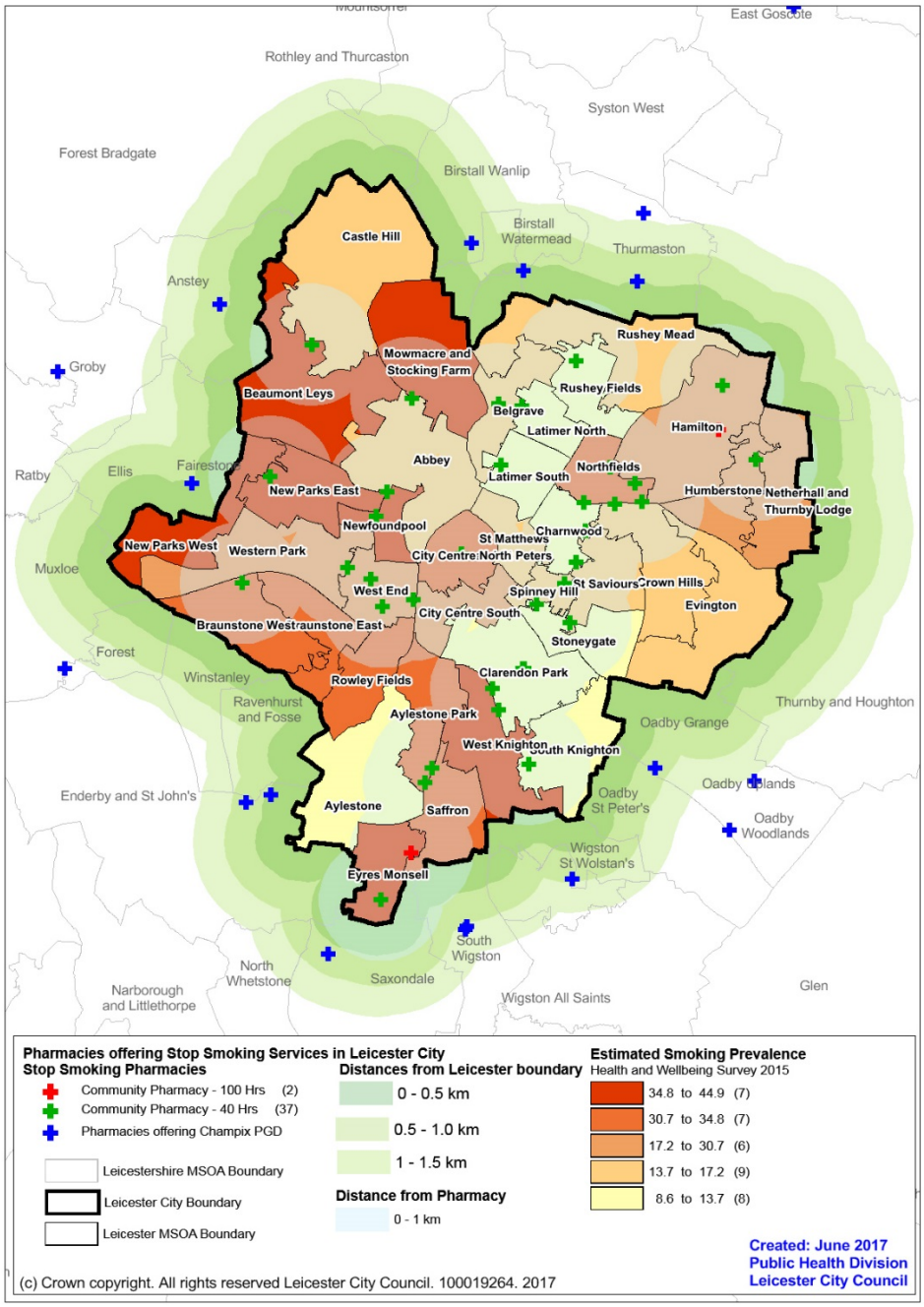


Table 14: Estimated smoking prevalence and uptake of pharmacy Smoking Cessation service in 2016

MSOA Name	Pharmacies with Stop Smoking Services	Estimated Smoking Prevalence 2015	Number setting a quit date	Number of 4 week quitters	% of successful quitters	18+ Population 2015	Estimated smokers	Pharmacies providing stop smoking services per 1,000 smoking population
Abbey	1	17.0%	32	13	41%	8070	1369	0.7
Aylestone	0	12.6%	0	0	0%	6344	801	0.0
Aylestone Park	2	34.5%	56	12	21%	5048	1743	1.1
Beaumont Leys	1	36.6%	60	23	38%	7150	2615	0.4
Belgrave	2	17.2%	11	6	55%	6942	1191	1.7
Braunstone East	0	31.0%	0	0	0%	6144	1905	0.0
Braunstone West	1	32.0%	19	11	58%	4618	1477	0.7
Castle Hill	0	14.2%	0	0	0%	4784	682	0.0
Charnwood	2	11.2%	56	44	79%	9844	1107	1.8
City Centre North	1	30.8%	47	17	36%	7627	2351	0.4
City Centre South & Southfields	0	20.8%	0	0	0%	10351	2155	0.0
Clarendon Park	4	12.9%	30	16	53%	10222	1317	3.0
Crown Hills	1	13.7%	15	5	33%	7867	1078	0.9
Evington	0	14.5%	0	0	0%	6470	941	0.0
Eyres Monsell	3	35.0%	154	67	44%	6059	2119	1.4
Hamilton	2	19.1%	6	2	33%	10065	1924	1.0
Humberstone	1	19.9%	14	2	14%	5939	1184	0.8
Latimer North	0	13.5%	0	0	0%	6442	871	0.0
Latimer South	1	8.7%	17	5	29%	7517	652	1.5
Mowmacre and Stocking Farm	0	35.5%	0	0	0%	7984	2838	0.0
Netherhall and Thurnby Lodge	0	29.2%	0	0	0%	6989	2038	0.0
New Parks East	1	44.8%	52	19	37%	5472	2453	0.4
New Parks West	0	43.3%	0	0	0%	5722	2479	0.0
Newfoundpool	2	34.8%	52	32	62%	5906	2057	1.0
Northfields	4	30.7%	35	18	51%	5587	1717	2.3
Rowley Fields	0	33.1%	0	0	0%	6250	2071	0.0
Rushey Fields	1	12.5%	4	1	25%	5170	647	1.5
Rushey Mead	0	15.9%	0	0	0%	6200	986	0.0
Saffron	0	31.4%	0	0	0%	5256	1651	0.0
South Knighton	1	9.6%	6	4	67%	5736	552	1.8
Spinney Hill	1	14.7%	3	3	100%	7868	1160	0.9
St Matthews and St Peters	0	16.6%	0	0	0%	8018	1330	0.0
St Saviours	0	15.2%	0	0	0%	7288	1107	0.0
Stoneygate	2	9.4%	36	22	61%	9651	904	2.2
West End	4	21.9%	61	24	39%	11816	2591	1.5
West Knighton	0	34.9%	0	0	0%	6511	2273	0.0
Western Park	0	18.5%	0	0	0%	5836	1078	0.0
Leicester City	**38**	**21.3%**	**766**	**346**	**45%**	**260763**	**55434**	**0.7**

Data: Smoking Cessation service, Leicester Lifestyle Survey 2015, ONS population estimates

Note: Estimated number of smokers is based on the Lifestyle Survey 2015 smoking prevalence. Nationally smoking prevalence has reduced over the past few years.

7.3.6 Substance Misuse: Needle Exchange and Supervised Methadone Consumption

There are two services commissioned for the management of substance misuse; needle exchange 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.

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

Needle exchange services are offered at 10 pharmacies across the city and supervised consumption services at 41, as seen in the map below (figure 18).

Figure 18: Pharmacies accredited for Needle exchange and supervised consumption services in and around Leicester

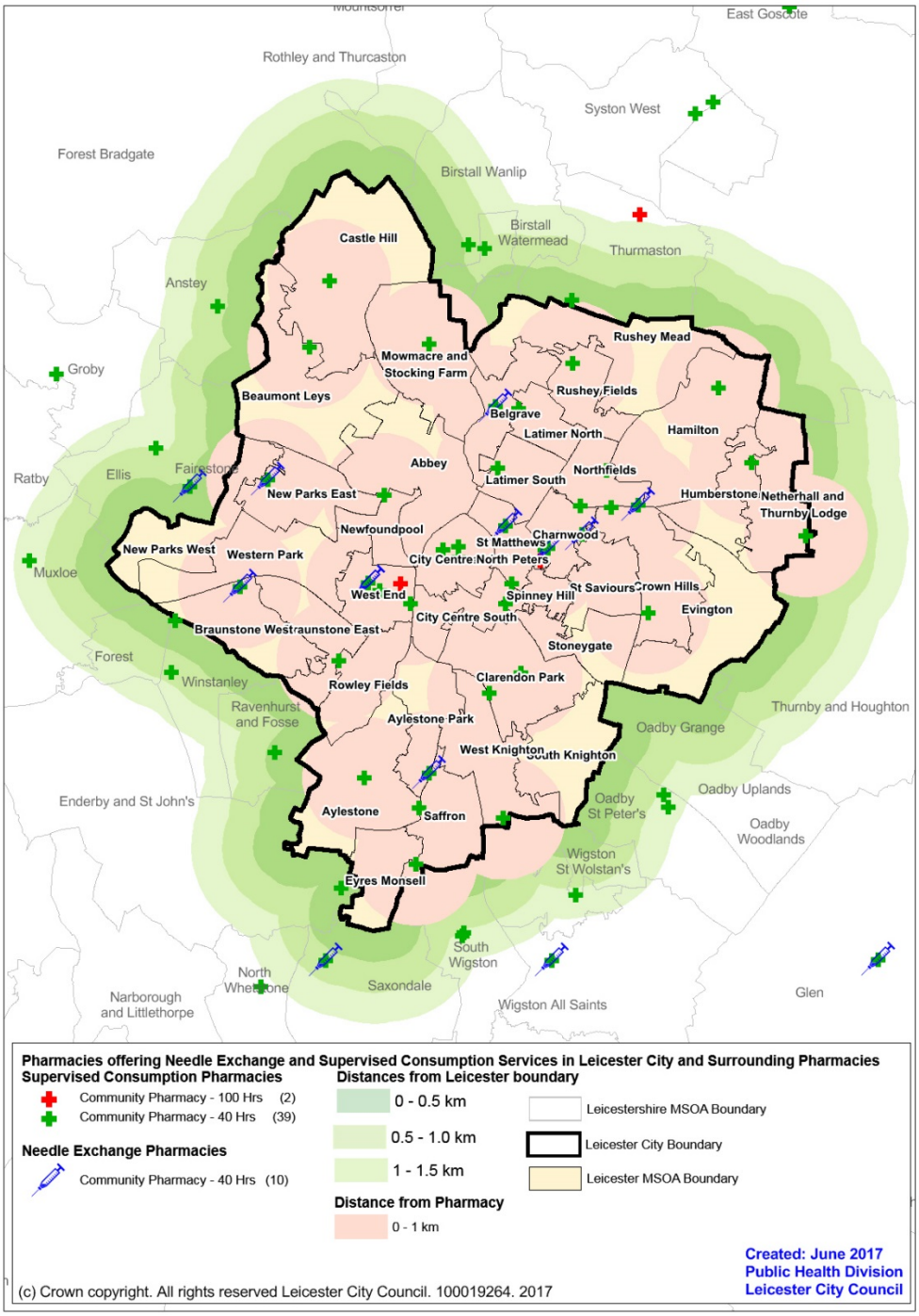


Table 15 below shows the uptake of needle exchange service by individuals during June 2016-May 2017[16]. Please note there may be fewer individuals than shown as individuals are counted on the basis of their initials and a reference code provided to the pharmacy – however the same individual may provide a different set of initials/references on another visit.

Overall, there were over 5,000 transactions for an estimated 1,500 individuals using needle exchange service in pharmacies in 2016/17. The highest uptake of the service is in the West End, with over 500 individuals using the service during the 12 month period. The lowest uptake is in New Parks East.

Table 15: Needle exchange service uptake by MSOA (June 2016 – May 2017)

MSOA	Number of Pharmacies	Transactions	Clients
Beaumont Leys	1	905	247
Belgrave	1	777	201
Braunstone West	1	455	98
New Parks East	1	193	56
Northfields	1	127	65
Rushey Mead	1	322	164
St Matthews and St Peters	1	228	110
West End	1	2187	529
Grand Total	**8**	**5194**	**1470**

Data: Turning Point

7.4 Comparison between pharmacy services 2014 and 2017

The table below shows a comparison between the number of pharmacies offering advanced and community based services in 2014 and 2017. In the main, there are fewer pharmacies offering community based services in 2017. Chlamydia screening service has been decommissioned in pharmacies; and EHC and Smoking cessation services are no longer provided in pharmacies where there was low uptake.

[16] The period shows a full year from the start of Turning Point's contract for this service in June 2017

Table 16: Services offered by pharmacies in 2014, 2017

	March 2014	March 2017
Pharmacy types		
100 hour	8	8
Community	72	72
Internet /distance selling	5	5
Local Pharmaceutical Service	1	1
Opening hours per week	**4624**	**4670**
Services offered		
MURs	75	76
NMSs	65	61
AURs	10	9
SACs	7	0
Flu vaccinations	0	45
C-Card	0	11
Chlamydia Screening	38	0
EHC	55	24
H-Pylori	36	22
Minor Ailments	44	41
Palliative Care	11	10
Needle exchange	12	10
Stop Smoking	50	39
Supervised consumption	49	41

Data: NHS England

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

In addition to the above essential, advanced and community based contracts, 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 CCG 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. Charges may apply. Some pharmacies also provide blood pressure measurement and near-patient testing[17].

7.5.1 Collection and delivery service

This is an agreement between the pharmacy and the patient where the pharmacy collects the patient's prescription from the GP practice, dispenses these and delivers them to the patient's home.

All pharmacies except four provide a free service whereby they collect prescriptions from a patients GP practice, dispense these and have the prescribed medicine ready for collection by the patient from the pharmacy. The four pharmacies not providing a

[17] Near patient testing is defined as any investigation carried out in a clinical setting or the patient's home for which the result is available without reference to a laboratory and perhaps rapidly enough to affect immediate patient management.

collection service include three distance selling pharmacies. Several pharmacies only provide a delivery service to homes of elderly or infirm patients.

7.5.2 Monitored dosage systems (MDS)

This is the supply of medicines in a container which provides a separate compartment for each dosage time of the day, generally in a dosette box. It is useful for patients who find it difficult to remember to take them at the correct time each day, have a large number of medications to take each day, find it difficult to remove medication from its packaging or who have a carer who helps to ensure that medicines are taken correctly. MDS may not be helpful for patients in all circumstances and careful assessment is required[18]. It is however a valued service for patients which all pharmacies except four provide. All pharmacies except one provide the monitored dosage system free of charge.

7.5.3 C-Card Service

Some pharmacies provide a free and confidential sexual health service available to young people aged under 25 years. 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 GP/Health Centres, through the Youth Service and a number of pharmacies. In Leicester, 11 pharmacies are signed up to deliver the scheme, and the majority of these are fairly centrally located in the city. Training and condoms are supplied to participating community pharmacies by Leicester, Leicestershire and Rutland Sexual Health Service.

7.5.4 Extended-spectrum beta-lactamase (ESBL) stock-holding

ESBL are enzymes produced in some bacteria which are more resistance to antibiotics like penicillin and make infections harder to treat. For example E.coli are one of the most common bacteria causing urinary tract infections. ESBL-producing strains of E.coli are more resistant to antibiotics and can sometimes progress to cause more serious infections such as blood poisoning.

There are still a few antibiotics that can be used to treat infections cause by ESBL-producing bacteria, and these are stocked in 12 pharmacies in Leicester City.

7.5.5 Fluenz childhood immunisation service

Leicestershire Partnership Trust (LPT) provide a school aged immunisation service offering a variety of vaccines including Fluenz/Flumist nasal spray. Fluenz/Flumist is offered to all children in school years 1-6 across Leicester, Leicestershire and Rutland. To maximise the uptake, every school is visited once according to a schedule. Children

[18] Improving patient outcomes. The better use of multi-compartment compliance aids July 2013, Royal Pharmaceutical Society http://www.rpharms.com/unsecure-support-resources/improving-patient-outcomes- through-the-better-use-of-mcas.as

who are home-schooled are visited in their home to offer the vaccination. There are occasions where children whose parents have consented are not able to have the vaccine on the day of the school visit. The most common reasons are temporary exclusions (eg severely blocked nose, fever and wheeze) or the patient is off school on the day of the visit.

In 2015/16, a pilot took place where the Fluenz/Flumist vaccine was administered via community pharmacy for those who missed their opportunity in school. The aims of the service were to:

- Prevent transmission and reduce complications of the 'flu within the community'
- Maximise uptake of Fluenz/Flumist
- Provide patient and parents with another opportunity to receive the Fluenz/Flumist
- Provide a service that is accessible, convenient, professional and friendly

The service was successfully delivered in 2015/16 and recommissioned in 2016/17 by Leicestershire Partnership Trust. Four pharmacies in Leicester provide the Fluenz/Flumist spray.

7.5.6 Conclusion

This section has described the elements of the Community Pharmacy Contractual Framework and provided information on the essential, advanced and community based 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 chose to provide any of these services following appropriate training and or accreditation. Both types of services are overseen by NHS England.

The advanced services Medicines Use Reviews and New Medicines Services are provided by the majority of pharmacies. Few pharmacies offer Stoma Appliance Customisation and no pharmacies offer Appliance Use Reviews.

Community based services have a more variable uptake by pharmacies and therefore the availability of these services varies across Leicester. More services are offered in the West End (29 services in addition to MURs and NMSs) whereas far fewer services are offered in Braunstone East, New Parks West, Western Park and Evington.

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, 75% of the take up of emergency hormonal contraception is in busy, more central 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 community based contract services provided are not necessarily the same in Leicester as in adjacent areas of the County. Some services are available from County pharmacies and not from Leicester pharmacies, and vice versa. For example the County have a Healthy Living Pharmacy and Alcohol Brief Interventions not available in Leicester, but at the time of writing they do not offer H-Pylori breath testing and a Minor Ailments service, though the latter is under consideration. Both of these services are available in Leicester.

Pharmacies also provide from their own resources other significant free services directly to their patients. These are not commissioned by NHS England, Leicester City CCG 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. Both services are viewed as adding to the convenience, compliance and safety of medicine collection and use. Some pharmacies also provide blood pressure measurement and near-patient testing. Some provide educational sessions on self-care and making use of health services.

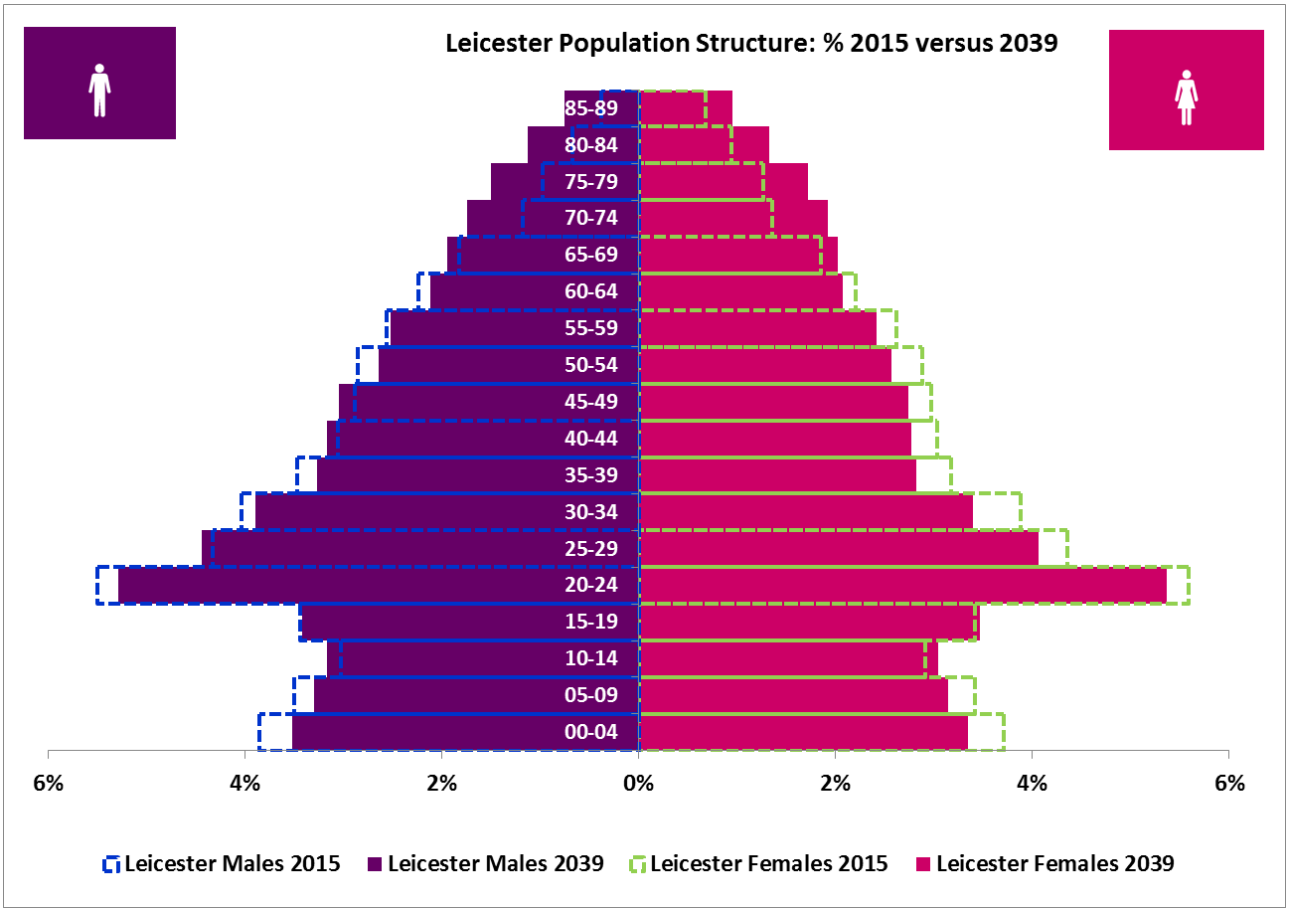
8.0 Projected future needs

8.1 Population growth

By 2039, the population of Leicester is predicted to grow by around 63,900 to give a total population of 406,200. Projections indicate Leicester will have an increase of 25,300 in the numbers aged 65 and over, which represents an increase in the proportion of the population aged 65 and over from 12% to 16% in 2039. Numbers are estimated to fall in 0 to 9 year olds and 20 to 64 year olds.

With the current provision of 86 pharmacies, this would offer a rate of 2.1 pharmacies per 10,000 population. The current rate in Leicester is 2.5, and nationally 2.1 per 10,000 population based on numbers of pharmacies alone; it does not take into account variation in opening hours and services provided.

Figure 19: Leicester population structure 2015 with projections for 2039



Source: ONS Population Projections - 2014

8.2 Growth in number of people with long term conditions

With these projected increases of over 20,000 in the older population, there will be increases in the numbers with long term health conditions. The table below shows the increases in numbers aged 65 and over, based on the current prevalence of these conditions[19].

[19] Projecting Older People Population Information system (POPPI, 2017). http://www.poppi.org.uk/

Table 17: Estimates of numbers of over 65 year olds in Leicester with longstanding health conditions, 2017-2035

Long term health condition	% of over 65s	2017	2020	2025	2030	2035
Moderate or severe hearing impairment	42%	17,486	18,434	21,131	24,233	27,678
Limiting long term illness whose day-to-day activities are limited a lot	30%	12,325	13,130	14,877	16,898	18,916
Fall	27%	11,126	11,841	13,324	15,139	16,950
Limiting long term illness whose day-to-day activities are limited a little	27%	11,119	11,904	13,418	15,169	16,603
BMI of 30 or more	26%	10,927	11,663	13,143	14,644	15,763
Unable to manage at least one activity on their own	18%	7,685	8,137	9,149	10,451	11,998
Bladder problem at least once a week	16%	6,833	7,255	8,224	9,310	10,368
Diabetes	12%	5,202	5,549	6,280	7,059	7,708
Moderate or severe visual impairment	9%	3,621	3,843	4,374	5,005	5,606
Depression	9%	3,604	3,830	4,319	4,862	5,327
Dementia	7%	2,951	3,086	3,503	4,094	4,818
Longstanding health condition caused by a heart attack	5%	2,042	2,177	2,464	2,780	3,058
Bladder problem less than once a week	3%	1,335	1,427	1,608	1,830	2,046
Severe depression	3%	1,139	1,209	1,374	1,556	1,729
Longstanding health condition caused by a stroke	2%	957	1,022	1,167	1,325	1,465
Hospital admission as a result of falls	2%	853	900	1,034	1,199	1,371
Longstanding health condition caused by bronchitis and emphysema	2%	704	752	852	960	1,051
Profound hearing impairment	1%	475	502	565	638	752
Total population 65 and over		41,700	44,700	50,300	56,700	62,100

Data: Projecting Older People Population Information System (POPPI, 2017)

8.3 Growth in housing

The Housing and Economic Development Needs Assessment for Leicester, Leicestershire and Rutland published in January 2017[20] predicts that Leicester will need around 1,500 new dwellings per year to accommodate growth in population to 2036.

Housing completions by MSOAs in Leicester are shown in the table below. The highest number of dwellings are planned in Abbey, City Centre and Beaumont Leys. Whilst the rate of pharmacies per 10,000 population is higher than average in the centre of Leicester, the rate in Abbey and several other areas with planned housing growth already have lower provision of pharmacy services per 10,000 population.

[20] The Housing and Economic Development Needs Assessment for Leicester, Leicestershire and Rutland https://www.llep.org.uk/strategies-and-plans/housing-economic-development-needs-assessment/

Table 18: New dwellings planned by MSOA, 2017/18 to 2030/31

MSOA Name	Housing growth 2017/18 to 2030/31 Number of dwellings	Average per year	Current pharmacy provision Number of pharmacies	Rate per 10,000 in 2015
Abbey	3960	283	1	1.0
Castle Hill	2300	164	1	1.6
City Centre North	2319	166	3	3.7
Belgrave	1137	81	6	6.8
City Centre South & Southfields	978	70	1	0.9
Beaumont Leys	793	57	2	2.0
Aylestone	550	39	2	2.5
Netherhall and Thurnby Lodge	389	28	1	1.1
Rowley Fields	307	22	1	1.3
Clarendon Park	451	32	5	4.3
Aylestone Park	237	17	2	3.1
West Knighton	254	18	2	2.5
Latimer North	263	19	1	1.2
Newfoundpool	229	16	2	2.5
St Saviours	256	18	3	2.9
Rushey Mead	176	13	2	2.5
Hamilton	267	19	2	1.4
West End	255	18	9	6.5
Mowmacre and Stocking Farm	138	10	1	0.9
Northfields	94	7	4	5.0
Braunstone East	82	6	0	0.0
South Knighton	60	4	1	1.4
Rushey Fields	51	4	1	1.5
Latimer South	50	4	5	5.2
Eyres Monsell	33	2	2	2.4
Spinney Hill	44	3	4	3.6
Charnwood	50	4	5	3.6
Crown Hills	27	2	2	1.9
Braunstone West	15	1	1	1.4
Western Park	14	1	0	0.0
Evington	0	0	2	2.5
Humberstone	0	0	2	2.5
New Parks East	0	0	1	1.3
New Parks West	0	0	0	0.0
Saffron	0	0	1	1.3
St Matthews and St Peters	0	0	4	3.4
Stoneygate	0	0	4	3.1
Leicester	**15779**	**1127**	**86**	**460.5**

Data: Leicester City Council, Planning, Development and Transportation

9.0 Follow-up to the 2015 Pharmaceutical Needs Assessment

9.1 Use made of the PNA by NHS England

As indicated in section 2.1 of this assessment the PNA is part of the NHS "market entry" or "control of entry" system for community pharmacies. If a pharmacist, dispenser of appliances or a GP wants to provide NHS pharmaceutical services, they are, under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) regulations required 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 PNA.

The "market entry" or "control of entry" describes the system whereby NHS England assesses an application that offers to:

- meet an identified current or future need or needs;
- meet identified current or future improvements or better access to pharmaceutical services; or
- provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the relevant HWB area.

A pharmacist, dispenser of appliances or a GP who wants to provide NHS pharmaceutical services, can reference the PNA in their application to demonstrate pharmaceutical need. NHS England can reference the PNA in decision making for assessing pharmaceutical need laid out in the applications that it receives. ..

Since the last PNA in 2015 and up to the end of March 2017 there have been 13 applications relating to pharmacies whose location is or, if the application was approved, would be in Leicester. These are summarised below.

Table 19: Pharmacy applications: April 2015 – March 2017

Application regarding	Number of applications	Successful	Unsuccessful
Change of ownership	8	8	
Outline consent / premises approval	1	1	
Change to core opening hours			
Suspension of services			
Mergers (consolidation)			
Unforeseen benefits	2	0	2
Distance selling	2	1	1

In general terms only, applications regarding change of ownership do not necessarily imply a change of pharmaceutical service provision, similarly a relocation. Other reasons might do so or not, and in general the concern is with whether a gap is created in pharmaceutical service provision or an application for a new pharmacy would meet a genuine shortfall in community pharmacy provision in Leicester. Applicants may claim that their application is based on benefits unforeseen in the PNA. Two of the unsuccessful applications in Table 19 are in relation to "unforeseen

benefits". Brief reasons for these rejections provided by NHS England were "due to lack of innovation", and in relation to a claim that there was "no provision for protected characteristics" there was "already sufficient provision and no evidence of gaps in service". Feedback from NHS England indicates that they have made reference to the PNA 2015 mostly in the "unforeseen benefits" applications.

9.2 Applications for mergers of community pharmacies

As indicated in the section 3.1.2 on "Community pharmacy in 2016 and beyond" that "changes would be made to the market entry (control of access) regulations aimed at facilitating the consolidation of pharmacies by, for example, preventing a new pharmacy stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes."

These changes have been issued in "Regulation 26A Consolidations". This lays out the key requirements for a consolidation between pharmacies and also the statutory protections which discourage or prevent subsequent applications for a pharmacy seeking to replace the closing pharmacy in a merger.

These statutory protections have implications for the Health and Wellbeing Board, though NHS England has issued no information regarding these to Health and Wellbeing Boards (as at 10th August 2017). The four protections are presented in table 20 below.

The Pharmaceutical Services Negotiating Committee Briefing on Regulation 26A Consolidations (June 2017) observes (p6) that "any new (revised) PNA might usefully record where consolidations have taken place and no gap was created, to ensure this knowledge is not lost. This should avoid future unsuccessful applications based on the closing pharmacy where there remains no gap in the provision of services."

9.3 Further information regarding regulations

The above comments regarding regulations and their interpretation are intended as a general explanation for people who are not specialists in this area. These should not be relied upon as a basis for, or a challenge to, an application to NHS England. NHS England makes available detailed information in its Pharmacy Manual (322 pages) available at https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/pharmacy-manual-apr16.pdf (accessed 10 August 2017). The Department of Health, NHS pharmaceutical services: assessing applications, guidance is available at https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications (accessed 10 August 2017)

The PSNC also provides detailed guidance on pharmacy matters http://psnc.org.uk/ (accessed 10 August 2017).

Table 20: Statutory protection for a consolidated pharmacy

Statutory protection such applications offer from subsequent applications that seek to replace the closing pharmacy
There are four main statutory protections for a consolidated pharmacy – a quadruple lock – to discourage or prevent subsequent applications for a pharmacy seeking to replace a closing pharmacy. These statutory protections are not absolute because the mechanisms within the 2013 Regulations are designed to respond to changing local circumstances to ensure the appropriate provision of pharmaceutical services.
1. The Health and Wellbeing Board (HWB) considers that the application, if granted, would create a gap in pharmaceutical services An HWB notified of a Regulation 26A consolidation application must make representations in writing to NHS England indicating whether, if the application were granted, the proposed closure of the pharmacy and its removal from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application to meet a current or future need or to secure improvements, or better access, to pharmaceutical services (paragraph 19(5) of schedule 2 of the 2013 Regulations). This ensures that an application granted by NHS England should not subsequently be deemed by the HWB to create a gap in the provision of pharmaceutical services.
2. NHS England must refuse an application if it would create a gap in pharmaceutical services NHS England must refuse a Regulation 26A consolidation application if it would create a gap in pharmaceutical services (regulation 26A(5)(a)). In reaching its decision, NHS England will have to take into account the opinion of the HWB. This means that NHS England may grant a Regulation 26A consolidation only where it does not create a gap in the provision of pharmaceutical services.
3. The HWB must publish a supplementary statement if the closure does not create a gap in pharmaceutical services The HWB must publish a supplementary statement explaining that the removal of a pharmacy from the pharmaceutical list, following the Regulation 26A consolidation, 'does not create a gap in pharmaceutical services provision' that could be met by a routine application to meet a current or future need or to secure improvements, or better access, to pharmaceutical services...' (regulation 6(4) of the 2013 Regulations). It is likely that the HWB will be confirming its earlier opinion. This makes public that no gap has been created by the consolidation and should avoid future unsuccessful applications to replace the closing pharmacy.

	4. Unforeseen benefits applications will be refused if based on an alleged gap in pharmaceutical services created by a Regulation 26A consolidation NHS England must refuse an application for unforeseen benefits if it is satisfied that the application 'presupposes that a gap in pharmaceutical services provision has been or is to be created by' the closing pharmacy (its removal from the pharmaceutical list) as a result of a Regulation 26A consolidation. Crucially, this statutory protection only applies until the PNA is revised. (Regulation 18(2)(g) and Regulation 19(5)). This ensures that any future unforeseen benefits application during the relevant PNA will fail, if it is based on the argument that a Regulation 26A consolidation created a gap in the provision of pharmaceutical services.
	Source: PSNC Briefing 036/17: Regulation 26A Consolidations (June 2017) http://psnc.org.uk/wp-content/uploads/2013/04/PSNC-Briefing-036.17-Regulation-26A-Consolidations.pdf

9.4 Follow up to the 2015 Pharmaceutical Needs Assessment

This is the second Pharmaceutical Needs Assessment undertaken by the Leicester Health and Wellbeing Board. The first one was approved and issued in April 2015 and will be replaced by this current document once it is revised following consultation as required by the regulations.

Table 21: Follow up to recommendations from PNA 2015

1	**Equity of services**	
1a	Keep locations and opening times under review to assess whether access to pharmacies for essential services is equitable for all Leicester residents.	The distribution of community pharmacies has been examined in this PNA and there has been little change from the situation reported in the 2015 PNA. NHS England (NHSE) has control of relocations where pharmacies are initiating the move. Due process must be followed. There are no powers to direct where pharmacies are located, except in relation to new entrants to the Leicester market as a whole. Regarding opening hours NHSE has control over pharmacies wishing to change their core hours and can approve or decline the request to change core opening hours. NHSE can direct pharmacies to open certain hours but must provide evidence of a need for those hours. Again due process must be followed. Concerns about locations/opening hours should be provided to NHSE.
1b	Investigate why some pharmacies are providing fewer advanced and community based services than others and address the reasons for this wherever possible.	Community pharmacies are not obliged by contract to provide advanced or community based services funded and offered to them by local service commissioners. The Local Pharmaceutical Committee (LPC) and the appropriate service commissioners need to work together in increasing the number of Pharmacies accredited for advanced and

		community based services where these are appropriate in relation to need, cost effectiveness and commissioning intentions.
1c	Work with pharmacies and the Local Pharmaceutical Committee to examine how equity issues can be further addressed	Discussions with the LPC have been undertaken regarding this and Healthy Living Pharmacies (HLP). The LPC have been supporting engagement, training and support and resources for community pharmacies to achieve HLP level 1 status as part of the Quality Payments Scheme (Appendix 1) The Royal Society of Public Health have started to publish a list of HLP accredited community pharmacies: https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html
1d	Pharmacy service provision should be kept under review where provision has cross-city and county-border use to ensure that issues of quality and uniformity of access to advanced and community based services are regularly considered.	Reviewed in this PNA. Further information will be provided here as a result of comment from Leicestershire Health and Wellbeing Board on this draft Leicester PNA.
2	**Promote optimal use of pharmacy services in promoting health and healthcare management**	
2a	Examine cost effective ways to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.	Discussions between LPC and Division of Public Health overtaken by national policy decisions. See p78 of this PNA and item 1c, above, re requirement for Pharmacies to offer Healthy Living Pharmacy at least at level 1. The LPC's have been working to ensure engagement and participation in the scheme.
2b	Ensure that the promotion of healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled (see section 5.4.1). While NHS England retains responsibility for this area of the pharmacy contract, local campaigns should in future be jointly defined by NHS England, Local Authority Public Health and Leicester City Clinical Commissioning Group	Programme of campaigns has been drawn up by NHSE Central Midland team and Public Health England on a larger geography (Central and East) and covering all the national campaigns and thus may not pick up on local priorities and issues. There is an increasing trend to define campaigns centrally/nationally from NHS England. NHSE will consult on the programme, but as it has based its priorities on the availability of free materials (leaflets, posters and other materials) any different local campaigns undertaken will need to be resourced (that is, funded) locally.
2c	Consider the opportunity to include and develop the role of pharmacies in commissioning strategies and through the wider	The Local Authority, LC CCG and NHS England need to work together in how this can be implemented in local and national

	Better Care Together plans (now STP see page 11) - particularly in relation to providing services which deflect work out of primary care general practice e.g. minor ailments and emergency supply schemes.	commissioning strategies. NHS Urgent Medicine (NUMSAS) is being commissioned as an Advanced Service by NHS England as a pilot to run from the 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. This service manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 because they need urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription. The service enables appropriate access to medicines or appliances Out-of-Hours (OOH) via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy. There must be an urgent need for the medicine or appliance.
2d	Consider views from the public which have indicated that they would like to see pharmacies offer a number of services including flu vaccinations, holiday vaccinations, blood-pressure and cholesterol checks.	The Local Pharmaceutical Committee is aware of this element of the PNA. Flu vaccination is currently provided by community pharmacies, commissioned and funded by NHS England. Where not part of a commissioners strategic commissioning intentions services will need to be provided as a charge to the customer or to the community pharmacy (see section 7.5 on non-commissioned services)
2e	Assess levels of uptake of advanced and community based services and follow-up low or high performers in order to share best practice.	There has been an increase in MURs compared with the PNA 2015 although this is still lower than the England rate. NHS England is responsible for overall performance of community pharmacy. Other commissioners (i.e. CCG or LA) should make an assessment appropriate to the services they commission.
2f	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.	NHSE undertakes targeted annual contractual visit based on information obtained from self-assessment as well as comments received from LCCCG, LA PH and where appropriate, the General Pharmaceutical Council (GPhC) and including patient comments/ feedback and complaints. The aim of these visits are to seek assurance and improve the quality of pharmacy services provided**.**
3	**Communication between Pharmacists and GPs and other health care workers**	
3a	Consider ways to promote the sharing and transfer of patient information electronically between pharmacists and GPs where this is necessary and appropriate.	Access to summary care records has been rolled out to community pharmacies since March 2016.
3b	Ensure effective communication	Pharmacies providing MURs communicate

	relating to patient medication between GPs, pharmacists and healthcare or social workers.	with GPs where a change in medication is required. Considered by locality meetings, community pharmacies, and arrangements relating to Better Care Fund work in the city.
4	**Public information**	
4a	The Leicester City Council is to make available to the public, by its web-site, an up to date list of pharmacies, addresses and opening times.	Details available on City Council website. NHS England is responsible for keeping up to date list and forwarding this when changed to LCC. Currently up to date.

9.5 Summary and recommendation

This section has considered the use made of the 2015 Pharmaceutical Needs Assessment up to 31 March 2017 and notes that 13 applications under the control of entry applications for the cit made between April 2015 and 31 March 2017.

Since December 2016 new regulations regarding mergers and consolidation of community pharmacies within the Health and Wellbeing Board area have been put in place which have implications for the Health and Wellbeing Board. It is recommended that NHS England provide detailed guidance to HWBs on these new responsibilities.

Information regarding progress on the recommendations made in the PNA 2015. This shows some progress in areas such as Health Living Pharmacy, but overall limited progress due to the complex contractual arrangements for community pharmacies.

10.0 Consultation

10.1 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.

There were 26 responses in Leicester providing data on consultation areas, disabled access, adaptations for patients with specified disabilities, patients who don't speak English, languages spoken by pharmacy staff, IT facilities, staffing levels, use of locums, provision of essential, advanced and local services, health promotion work and provision of pharmacies in terms of location, numbers and range of services. The results are given in Appendix 3.

10.2 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 period took place between September and December 2017. There were 13 respondents and the majority (77%) agreed the purpose of the PNA had been explained sufficiently, provided an accurate account of community pharmacy services currently available in Leicester and adequately reflected the residents' needs. Full results are provided in Appendix 4.

11.0 Analysis of gaps in service

At 31 March 2017, Leicester has 86 pharmacies located across the City, including 5 distance selling pharmacies and one local pharmaceutical service.

Overall Leicester has more pharmacies per head of population than England (2.5 vs 2.1 pharmacies per 10,000 population).

Pharmacies and local populations:

There are more pharmacies in the east of the city, with several closely located in Belgrave (around Belgrave Road), 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 MSOA populations, the rate of pharmacies per 10,000 population ranges from 0 in Braunstone East, City Centre South and Southfields, New Parks West and Western Park to 5.7 in Belgrave. MSOA 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 MSOA. But, as explained in the main body of the text above, MSOAs 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 number of whole time equivalent staff. Opening hours per week per

10,000 ward population range from 0 in Braunstone East, New Parks West and Western Park to 444 in West End.

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. Most residents will also be able to walk to their nearest pharmacy within 20 minutes however there are a few areas of the city which will take longer. 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 20 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:

The majority of pharmacies are open for at least 40 hours per week. Two pharmacies are open for less than 40 hours (35-39 hours per week), over half (44) are open between 40 and 50 hours per week, 24 between 50 and 60 hours, 11 pharmacies between 60 and 100 hours and 5 are open over 100 hours per week. 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 End, St Matthews and St Peters, Eyres Monsell, Belgrave and Hamilton. There is lower provision for extended opening hours on the west of Leicester, however there are two of 100 hour county pharmacies within 1km of the City border.

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 west of Leicester compared with the east 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 5 advanced services which pharmacies may be accredited to offer. The main ones are Medicines Use Reviews (MURs) and New Medicines Services, the others are Appliance Use Reviews (AURs), Stoma Appliance Customisation (SAC) and more recently the flu vaccination service.

The majority of pharmacies are accredited to provide MURs (88%) and NMS (72%). These services are valuable in improving the patient's understanding of their

medicine and usage.

Pharmacies can only provide up to 400 MURs per year. The maximum 400 was carried out by 8 Leicester pharmacies in 2016/17 and 39 pharmacies carried out less than 200 MURs. Overall, there were 19,000 MURs and 6,500 NMS reviews in 2016/17. Pharmacies generally provided fewer NMS reviews; one pharmacy carrying out over 400 and the majority less than 200 per year.

The findings of MURs are sent to the patient's GP. Previously contract reviews found that joint working between pharmacists and GPs discussing MURs was very valuable. However, there were some GP Practices who ignored or challenged MURs. Encouraging better communication between GPs and pharmacists would improve the benefit from this service. It is recommended that MUR activity is monitored and the impact of this service is evaluated. Clinical effectiveness of MURs in Kent were studied in 2017[21].

Very few pharmacies provide the specialised service for AURs (9). There are providers who deliver direct to patients and order on their behalf. The concern reported to us by pharmacies is that in primary care there has been a de-skilling of being able to provide this service and a greater reliance on these tertiary suppliers for ordering, product recommendation and patient reviews. Often the company who order on behalf of patients are also wholesalers or manufacturers of products in this field and employers of the specialist staff who carry out the reviews.
No pharmacies provide SAC.

Community Based Services:

Community based services (CBS) are services locally commissioned by Local Authorities and Clinical Commissioning Groups (CCGs) which can be tailored towards the health needs of the local population. Pharmacies can be particularly effective in providing services to more hard-to-reach groups as they offer a walk-in service and do not require an appointment. They also offer valuable advice and support for people in making lifestyle choices and in managing their own health conditions.

Note: the number of pharmacies offering the services below is reported at March 2017, and may not reflect the position in 2017/18.

Emergency Hormonal Contraception:

There has been a reduction in the number of pharmacies providing EHC. At the end of March 2014, 55 pharmacies were offering this service, in March 2017, 11 pharmacies offered EHC. The majority of uptake is through the city centre pharmacies and two pharmacies in the West End (Narborough Road). Whilst these are areas with a high number of young people, it is also likely that many young people chose to

[21] http://psnc.org.uk/wp-content/uploads/2013/04/PSNC-Briefing-038.17-A-summary-of-literature-relating-to-MURs.pdf

use this service at a more anonymous pharmacy in town rather than one that is nearest to their home.

H-Pylori:

H-Pylori breath testing is available at 22 pharmacies. GPs can identify and refer patients to an accredited pharmacy for testing, however pharmacies are not the only providers of H- pylori testing.

Minor ailments service:

Available at 41 pharmacies, this service provides an alternative to attending the emergency department at LRI when it may be unnecessary, or making a GP appointment. A review of minor ailment service is currently underway to assess effectiveness and role in the future.

Needle exchange:

Needle exchange services are available and provided by 10 pharmacies in Leicester through Turning Point since June 2016. In the first twelve months over 5,000 transactions from 1,500 individuals were reported. This service is part of a wider scheme in helping individuals to manage and recover from substance misuse.
None of the 100 hour pharmacies are accredited for needle exchange.

Palliative care:

Ten pharmacies are accredited to offer palliative care. 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.

Smoking Cessation services:

Nearly 800 people were helped and supported to stop smoking through 38 pharmacies in Leicester offering a Smoking Cessation service in 2016/17. This represents around a quarter of all people setting a quit date. The number of pharmacies offering this service has reduced from 55 reported in March 2014, with 17 pharmacies providing the service from April 2017. This has resulted from both over-provision in some areas, and low uptake of the service.

Supervised consumption:

Supervised methadone consumption is offered at 41 pharmacies across Leicester. As with needle exchange, this is part of a wider scheme in substance misuse harm reduction and recovery.

Healthy Living Pharmacies:

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework

aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. It is also an organisational development framework underpinned by three enablers of:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

There are three levels of service delivery within the HLP framework:

- Level 1: Promotion – Promoting health, wellbeing and self-care
- Level 2: Prevention – Providing services
- Level 3: Protection – Providing treatment

Details of service levels requirements can be found at: http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/

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.

There are over 150 qualified health champions across Leicester, Leicestershire and Rutland (December 2017) and more working towards it. Leicester has 46 pharmacies accredited to Healthy Living Pharmacy level 1[22].

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 will help support safer patient care and treatment.

A web-based system called PharmOutcomes[23] collates information on pharmacy services. Local and national analysis and reporting of PharmOutcomes helps improve the evidence base for more effective community pharmacy services.

[22] https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html
[23] http://psnc.org.uk/services-commissioning/pharmoutcomes/

12.0 Conclusions and Recommendations

This assessment looks at current provision of pharmacy services and concludes that overall provision of pharmacy services 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.

This PNA has reviewed the location and access to pharmacies for the residents of Leicester as at the end of March 2017. It has given information showing which pharmacies provide advanced and community based services in addition to their essential services. Pharmacies also provide services directly of benefit to patients on a 'voluntary' basis, which is without being commissioned to do so by NHS England, the CCG or Leicester City Council.

Medicines Use Reviews (MURs) and New Medicines Services (NMSs) are advanced services for which most pharmacies are accredited. The number of reviews carried out by pharmacies varies across the city, and overall has increased between 2015 and 2017, and given the potential benefit to patients, pharmacies should be encouraged to carry out more reviews.

Community based services offer a range of locally commissioned services to the local population and 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, due to data restrictions, it cannot assess whether the service adequately meets the needs of the population. A review of service quality and uptake, including consideration of cultural and equalities needs could provide insight into the effectiveness of these local services.

Pharmacies can provide a valuable service to patients, particularly those more hard-to-reach groups who can take an 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.

12.1 Recommendations:

Equity of services:

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?

NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Keep locations and opening times under review to assess whether access to pharmacies for essential services is equitable for all Leicester residents.
- Work with pharmacies and the Local Pharmaceutical Committee to examine how equity issues can be further addressed and particularly how the requirements of Community Pharmacy 2016/17 and beyond are progressing and impacting on the city's prevention agenda.
- Keep under review where Community Pharmacy provision has cross-city and county-border use to ensure that issues of quality and uniformity of access to advanced and community based services are regularly considered.

Promote optimal use of pharmacy services in promoting health and healthcare management

NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Encourage the further implementation of Healthy Living Pharmacy to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.
- Ensure that the promotion of healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled (see section 5.1.1). While NHS England retains responsibility for this area of the pharmacy contract, local campaigns should in future be jointly defined by NHS England, Local Authority Public Health and Leicester City Clinical Commissioning Group.
- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the wider Sustainability and Transformation Plans - particularly in relation to providing services which deflect work out of primary care general practice.
- Assess levels of uptake of advanced and community based services and follow-up low or high performers in order to share best practice.
- 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.

Implications of Community Pharmacy 2016/17 and beyond implementation

NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Provide detailed guidance to the Health and Wellbeing Board on new responsibilities given to it in connection with regulations re. mergers and consolidation of community pharmacies within the Health and Wellbeing Board area.

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

GLOSSARY OF TERMS

ALARM	Anaemia, Loss of weight, Anorexia, Recent onset of progressive symptoms, Melaena / haematemesis
AUR	Appliance Use Review
BME	Black and Minority Ethnic
CBS	Community Based Services
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
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 Board
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LCC	Leicester City Council
LCCCG	Leicester City Clinical Commissioning Group
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

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	Leicester City Pharmaceutical Needs Assessment
Name of division/service	Public Health
Name of lead officer completing this assessment	Helen Reeve
Date EIA assessment completed	
Decision maker	Director
Date decision taken	

EIA sign off on completion:	**Signature**	**Date**
Lead officer		28 February 2018
Equalities officer	Hannah Watkins	5 March 2018
Divisional director	Ruth Tennant	6 March 2018

Please ensure the following:

(a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

(b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.

(c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?
Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA is a key document which is used by the local NHS England Area Team to assess applications for new, additional or relocated premises. It will also be used by NHS England to make decisions in the commissioning of NHS funded services that can be provided by local community pharmacies. Additionally, Local Authorities and Clinical Commissioning Groups may use the PNA when commissioning services to meet local health needs and priorities. This is the third PNA for Leicester (previously published in 2011 and 2015) and this draft PNA is required to be approved by the Leicester Health and Wellbeing Board by April 2018. According to section 128A of the 2006 Act, the PNA must relate to all the pharmaceutical services provided under arrangements made by the NHS Commissioning Board and should make an assessment of the following: • the demography of its area

- whether there is sufficient choice to obtaining pharmaceutical services within its area
- the different needs of different localities within the area
- whether pharmaceutical services provided in the area of any neighbouring HWB would secure improvements, or better access to pharmaceutical services within its area
- whether any other NHS services provided in or outside its area affect the need for pharmaceutical services in its area and would secure improvements or better access to pharmaceutical services within its area
- Future needs relating to the number of people in its area who require pharmaceutical services, the demography of its area and the risks to the health or wellbeing of people in its area

Each HWB must also consult (for a minimum period of 60 days) with a number of professional bodies about the provision of pharmaceutical services within its area.

This PNA finds that there is adequate provision of pharmaceutical services for the population of Leicester overall. However, it has been noted that there are more pharmacies concentrated in the central and eastern areas and fewer in the south and west of the city. However, all residents have a pharmacy within 1km of their home and should be able to reach their nearest pharmacy within 20 minutes. Where there are fewer pharmacies, there is less choice in accessing local community pharmaceutical services. This brief impact assessment aims to consider the equality issues that may be present, and address them where possible, however it should be noted that the PNA is a high level document and, as such, further work will need to be done, by all partners involved, to identify any equalities impacts as work progresses; for example as services are commissioned, procured, in the contract management of services and as operational decisions about service provision are made.

2. Equality implications/obligations Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
Eliminate unlawful discrimination, harassment and victimisation How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristics	Pharmacies across Leicester City all aim to provide services which are accessible to all residents. For example, many pharmacies have staff who speak the languages of local residents and have facilities which are accessible for people who have a disability.
Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).	Leicester's Joint Strategic Needs Assessment considers age, gender, ethnicity, religion and language across the city helps to indicate potential inequalities in access. The PNA considers the demographics of the population by local areas (middle super output areas) where data is available and relates this to local pharmaceutical service provision. Additionally a consultation with the pharmacies provided an opportunity to feedback on the availability and accessibility of local pharmacy services. Community pharmacies provide much more than a medicine dispensing services; they provide expertise in the use of medicines and promoting their safe and effective use. They can also provide a number of community based services,

	tailored to local population needs which include smoking cessation, emergency hormonal contraception, chlamydia screening, minor ailments, h-pylori testing, palliative care and substance misuse. By offering more services in local communities closer to people's homes, pharmacists and their teams can improve patient care and reduce health inequalities through: • personalised pharmaceutical services • expanding access and choice • more help with medicines; • reducing inappropriate hospital admissions • supporting patients as they move between hospital and the community • supporting healthy living and better care improving communications and relationships
Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?	Pharmacy services have a pivotal role in community cohesion. Community pharmacists are the most accessible health care professionals for the general public. Pharmacies can be particularly effective in providing services to more hard-to-reach groups as they offer a walk-in service and do not require an appointment. They also offer valuable advice and support for people in making lifestyle choices and in managing their own health conditions. The role of pharmacies in the delivery of the wider health agenda will be essential to supporting the health and care system going forwards.

	The community pharmacist is a hub where we can develop not just the relationship between the GP and the pharmacist to make access easier through electronic prescribing and other innovations, they are also somewhere that clients can access a whole range of holistic services to improve their health through all of the services that are commissioned from them, be this through medicines use reviews, the health promotion campaigns and the services that are commissioned by LCC and the CCGs. They are a significant community asset. Fostering good relations also involves promoting understanding between people who share a protected characteristic and others. By providing services which are accessible to all and meet the needs of the citizens of Leicester, regardless of protected characteristic, the likelihood of perceptions of unfair treatment of certain groups, in comparison to other groups, is minimised. This helps supports the basis for good relationships between groups of people who share a protected characteristic and those who do not.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

All residents of Leicester City are able to access community pharmacies. Local and national campaigns promote local pharmaceutical services and their benefits to the population.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

This PNA has used ONS population counts to provide population numbers by small geographical areas within Leicester. This has been used to estimate the number of pharmacies available to residents within their local area and highlight potential differences in provision. Population characteristics of Leicester residents have been taken into account through use of Census 2011 data, looking at a number of socio-economic variables. This has allowed consideration of different services that may be required in different local areas of Leicester:

- Broad age groups show there are higher numbers of older people (65 years and over) in the wards on the eastern outskirts of the city, from Abbey round to Aylestone. A younger population is found in the city centre.
- Half of Leicester's population is made up of White ethnic groups, 37% Asian/Asian British, 6% Black/Black British, 3.5% Mixed and 2.6% other ethnic groups. Ethnic groups vary across the city with predominantly White communities in the west and South Asian communities (mainly Indian) living in wards in the east of Leicester (Abbey round to Stoneygate). Religion is diverse in Leicester with around one third Christian, 23% with no religion, 19% Muslim, 15% Hindu, 4% Sikh

and 6% other. Christian and residents with no religion are more likely to live in the west of Leicester whilst there is a greater proportion of the population who identify as Muslim living in Spinney Hills and Stoneygate and a greater proportion of the population who identify as Hindu live in Latimer, Belgrave and Rushey Mead.

- There are over 100 languages spoken in Leicester (Census 2011). English is the main language spoken by 73% of Leicester's population), South Asian languages are spoken more widely mainly in the east of Leicester (the main languages of 18% of Leicester's population) and 3% speak a European language. The main South Asian languages are Gujurati and Panjabi which are spoken by more than half the population in Belgrave and Latimer. Eastern European languages (Polish, Slovak and Lithuanian) are more prevalent in Leicester's west end.
- Around a quarter of households in Charnwood, St Matthews and Spinney Hill are overcrowded
- Health and provision of unpaid care is highest in Evington where nearly 13% of residents provide some level of unpaid care. Saffron has the highest percentage of residents (4.4%) providing over 50 hours of unpaid care per week
- Car ownership is lowest in the city centre where around 70% of households do not have a car or van available to them. Around half of households in St Matthews, Spinney Hill, New Parks, Charnwood, Newfoundpool, West End and Braunstone West do not have a car or van.
- Levels of educational qualifications are highest in Knighton and Clarendon Park where at least 55% of residents have the equivalent of 5+ GCSEs and lowest in Braunstone West and New Parks East where less than 15% of residents over 16 have no qualifications, and around 45% have no qualifications.

Consideration of differences in these characteristics will help pharmacies in planning how their services are delivered, and what services will be useful, with respect for different religious and cultural requirements.

Whilst Census data will help to inform some of the different population characteristics in Leicester relating to the time of the 2011 Census, many of these will not be updated in any regular on-going basis. Office for National Statistics (ONS) provide population

projections by 5 year age bands, which will assist in estimating changes in population number and structure over the next 10 years for service planning. ONS also provide regular basic migration counts of movement in and out of Local Authorities but this is not broken down into any detail.

A survey was carried out to collate different languages spoken in each of the pharmacies. Whilst this can provide information on languages available at a point in time, it would need regular monitoring to maintain an up-to-date list.

There is no information available on sexual orientation and specific needs from pharmacy services. However, it may be possible for pharmacies to consider displaying a 'LGBT friendly' symbol on the door to indicate that people of all sexual orientations and gender identities are welcome.

Demographic information relating to age, sex and ethnicity is collected for some services including sexual health services for under 25s (Emergency Hormonal Contraception, C-card condom service) and smoking cessation. This will be used by commissioners to assess equity of access and uptake across different groups within the city.

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

Each Health and Wellbeing Board must consult the following bodies for its area about the contents of the assessment for a minimum period of 60 days:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Any persons in the pharmaceutical lists and any dispensing doctors
- Any LPS chemist in its area providing local services by arrangement with the NHS Commissioning Board
- Any Local Healthwatch organisation, any other patient, consumer or community group with an interest in provision of pharmaceutical services it the area
- NHS trust or NHS foundation trust
- NHS Commissioning Board
- Any neighbouring Health and Wellbeing Board

The consultation is required to make an assessment of whether the purpose of the PNA has been explained adequately and provides an accurate account of community pharmacy services currently available in Leicester and whether these services are reflective of the residents' needs. The consultation period ran from October 2017 to 2nd January 2018 and received 13 responses.

A survey was also carried out amongst pharmacy professionals to assess the services provided and adaptations for different population groups. There were 37 (out of 82) responses from pharmacies in Leicester.

What is important to them regarding the current service?
Respondents identified the following services as the most important:

- Medicines Use Reviews
- Dispensing
- New Medicines Service
- Home delivery

How does (or could) the service meet their needs?

In the main consultation, 11 respondents (85%) were not aware of any pharmaceutical services that are available but not highlighted in the PNA. One respondent thought there should be more in here about supporting patients recently discharged from secondary care including ensuring that any changes in medication have been successfully communicated to primary care.

Two respondents in Spinney Hills (15%) highlighted gaps in provision relating to Blood Pressure checks, Diabetic blood checks, INR testing and remuneration of these services. Diabetes is more prevalent in the South Asian population in the east of Leicester and a quick check of pharmacy services on NHS choices shows within Spinney Hill and the surrounding area, 8 pharmacies offer blood pressure checks and 5 offer type 2 diabetes screening. Seven respondents (54%) did not think there were any issues or gaps in provision missing from the PNA; four (31%) were not sure.

In the professional questionnaire, over 60% described the current provision of pharmacies as excellent, and a further 35% as good. All respondents agreed there was no need for more pharmacies in the area. Respondents were also asked about services they are not currently providing but would be willing to provide in the future. These included:

- Alcohol screening / brief interventions
- NHS Health checks
- Language access reviews
- Anticoagulant monitoring services
- Care home service
- Emergency supply of medicines
- Needle and syringe exchange service
- Sexual health screening
- Chlamydia screening
- Contraception / Emergency contraception
- Stop smoking service
- Weight management
- Minor ailment scheme

- Palliative care
- Travel vaccinations

How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
The professional questionnaire asked about facilities offered within the pharmacies. Potential impacts regarding protected characteristics relate to:

- Language barriers: Although many pharmacies have staff who speak additional languages (eg Gujurati, Panjabi) where patients can't speak the same language in a pharmacy, there are potential delays in gaining health advice, access to medicines and care.
- Disability access: Respondents were asked if they could adapt consultations for patients with disabilities:
  - 65% adapted for learning disabilities
  - 69% adapted for mental health
  - 77% adapted for physical disabilities
  - 54% adapted for sensory disabilities

Fifty-seven pharmacies in Leicester report wheelchair access facilities on NHS Choices. Most patients have a pharmacy with wheelchair access within 1km of their home with the exception of residents with areas of south west Knighton, Crown Hills/Humberstone and western area of New Parks. For patients unable to access local pharmacies not adapted for disabilities, this has the potential to cause delays in accessing services due to further travel to access suitable pharmacies, or to be dependent on friends/relatives to attend the pharmacy on their behalf.

6. Potential equality Impact			
Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts. Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).			
Protected characteristics	**Impact of proposal:** Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	**Risk of negative impact:** How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.

Age[1]	Pharmacies can tailor their services to meet local populations; eg pharmacies serving a younger patient group may offer more childhood vaccinations and sexual health services, and with older populations, more monitored dosage, home delivery care home and palliative care services may be offered.	Local services not offered by pharmacies may result in delays in obtaining health advice or potential misuse of medicines (eg elderly patients experiencing a change in medication and not understanding proper use eg where new medicines service not offered.	PNA includes recommendations to encourage greater uptake of medicines use reviews and new medicines service which aims to give patients better understanding and health outcomes from their medication
Disability[2]	The professional pharmacy consultation (of 37 pharmacies) identified three-quarters of pharmacies adapted for physical disabilities, two thirds adapted for learning disabilities, 70% for mental health and 54% adapted for sensory disabilities. Disability facilities are also shown on NHS Choices. Data was not available for 13 of 83 pharmacies.	The potential risks of pharmacies not having disabled facilities are that patients may have further to travel, or be dependent on friend's or families to assist them, potentially delaying access to healthcare advice and services	Pharmacies not offering any facilities for people with a disability should use the information provided in the PNA as well as other information, such as complaints and feedback from service users to consider what adaptions can be made to make access easier. Pharmacies not reporting whether disability access facilities are available should be encouraged to

[1] Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

[2] Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

	Disability facilities available **Yes / No / Not known** Braille translation 1 58 24 Disabled parking 25 35 23 Disabled WC 11 50 22 Induction loop 21 39 23 RNID typetalk 0 55 28 Signing Service 7 52 24 Disabled access 57 7 19 Step-free accews 57 7 19		complete this.
Gender Reassignment[3]	This information was not collected in the consultation	It is not known whether patients within this group may experience difficulties in seeking health advice and medication from their local pharmacy	Pharmacies could consider whether they can be more inclusive of service users who have a range of different gender identities eg. use of an LGBT friendly sticker, reviewing policies and practises to ensure that they are fully inclusive, eg the use of gender neutral language in policies and staff LGBT or transgender awareness training
Marriage and Civil Partnership	This information was not collected in the consultation	The Equality Act 2010 only protects you from discrimination at work (rather than in service provision) because you are married or in a civil partnership.	Not directly relevant to pharmaceutical service provision
Pregnancy and Maternity	This information was not collected in the consultation	There is a potential risk of delay in obtaining health advice and medications with possible serious	Pharmacies could review their policies and practises using evidence such as service user

[3] Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

		outcomes where patients have difficulties in communicating with or accessing pharmacy services either due to the location, opening times, language or disabled access facilities available in their local pharmacy	feedback and complaints to see whether there are any reported access issues in this area.
Race[4]	The consultation was available in other languages by request. In the professional survey, 70% (9) respondents were Indian, 15% British, 7% Bangladeshi and 7% mixed heritage. Gujurati and Panjabi are spoken in the majority of these pharmacies, with Urdu, Arabic, Polish, Portugese also spoken in a few. Some diseases and long term conditions are more prevalent in certain races (eg diabetes is more prevalent in South Asian communities)	Language barriers could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes where patients have difficulties in communicating with or accessing pharmacy services If pharmacies do not cater for diseases more prevalent in their local communities there is a risk of patients not receiving health and lifestyle advice they need and potentially developing complications earlier	Pharmacies could review their service user feedback and complaints to see whether there are any reported access issues in this area to consider. Eg recruiting staff who speak a second language, use of interpretation services. At a strategic level, the PNA is used to help commissioners to make decisions about service provision. Gaps in service provision have been identified within the PNA -Two respondents to the consultation in Spinney Hills (15%) highlighted gaps in provision relating to Blood Pressure checks,

[4] Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

			Diabetic blood checks, INR testing and remuneration of these services. In particular, diabetes prevalence is higher in the east of Leicester and in the South Asian population. Community pharmacies should offer services to meet local need. Whilst the City Council have little/ no control over operational decisions, by highlighting a gap in provision to commissioners this is more likely to be effectively addressed.
Religion or Belief [5]	This information was not collected in the consultation. Commissioned services are not targeted at specific religious groups	Lack of customer care appropriate to faith beliefs could be a barrier to access and as a result be a potential risk of delay in obtaining health advice and medications with possible serious outcomes where facilities within the pharmacy are not appropriate for different cultures or religions.	Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider. Eg any religious or cultural barriers to groups accessing the service.
Sex[6]	In the formal consultation, 38% (5) of respondents were female and 62% male (8).	Patients may experience difficulties or delays in seeking health advice and medication	Pharmacies should ensure appropriate male/female staff are available to assist with gender

[5] Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

[6] Sex: Indicate whether this has potential impact on either males or females

		from their local pharmacy where it does not have staff or a pharmacist of the same sex	specific services eg sexual health related services.
Sexual Orientation[7]	This information was not collected in the consultation	Pharmacy customer care that is not fully inclusive of lesbian, gay and bisexual (LGB) + (the plus sign represents sexual orientations not included in the term LGB) service users may result in inappropriate advice and information being provided to patients within this group or may result in people choosing not to access these pharmacy services which may result in difficulties seeking health advice and medication from staff at their local pharmacy	Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider. eg. relating to sexual health services
Summarise why the protected characteristics you have commented on, are relevant to the proposal? The PNA is a high level assessment of pharmaceutical services across Leicester. Some services such as sexual health services, substance misuse and STOP smoking services collect data on protected characteristics to assess equity of access and uptake separately. **Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?** There are no anticipated impacts in relation to marriage and civil partnership. The Equality Act only protects people at work on			

[7] Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

the basis of their marriage or civil partnership states. The PNA focuses solely on service provision.

Other groups	**Impact of proposal:** Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	**Risk of negative impact:** How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	Children in poverty is a big issue in Leicester with around 30% of children living in low income families	Difficulties in readily accessing a pharmacy near to their homes because of lack of transport and opening times, could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes.	Pharmacies offer a more accessible service for minor ailments, where patients can drop-in for advice and medication without the need for an appointment. Travel analysis shows Leicester residents should be able to reach their nearest pharmacy within 10-20 minutes by foot, car and public transport.
Other vulnerable groups			
Other (describe)			

7. Other sources of potential negative impacts Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.
This PNA finds that overall provision of pharmaceutical services in Leicester is adequate for the population. Future housing developments are included to highlight any potential gaps in pharmacy provision. In December 2016, new policy *Community pharmacy in 2016/17 and beyond*[8] came into effect with the intention of more effectively integrating community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies. These will be reviewed and reported to the Health and Wellbeing board with appropriate advice.
8. Human Rights Implications Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:
9. Monitoring Impact You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to: ▪ monitor impact (positive and negative, intended and unintended) for different groups ▪ monitor barriers for different groups ▪ enable open feedback and suggestions from different communities

[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

- ensure that the EIA action plan (below) is delivered.

Protected characteristics such as age, gender and ethnicity are collected in relation to pharmaceutical services including sexual health (emergency hormonal contraception, chlamydia screening), substance misuse and STOP smoking services. This data is used by commissioning leads to assess any gaps in access/uptake of services. (Data is not routinely collected for all services).

Patients may also use customer feedback or complaints processes to inform pharmacies of specific barriers they experience.

The PNA includes a recommendation for NHS England (and Leicester City Council / Leicester City Clinical Commissioning Group) to review service quality and uptake, including consideration of cultural and equalities needs.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Equality of access to pharmaceutical services for all Leicester residents.	Potential barriers to access and inequalities in access of pharmaceutical services in Leicester have been identified in the PNA through consideration of the demographics across Leicester and through consultation. Recommendations to improve equality of access are included in the PNA	NHS England and Leicester City Council	Review by April 2019
	Equality Impact Assessment to be reviewed before the next PNA in 2021 to assess	Helen Reeve	March 2020

Equality of access to pharmaceutical services for all Leicester residents.	whether additional survey work relating to facilities available at pharmacies for patients with protected characteristics is required.		

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

Article 2: Right to Life

Article 3: Right not to be tortured or treated in an inhuman or degrading way

Article 4: Right not to be subjected to slavery/forced labour

Article 5: Right to liberty and security

Article 6: Right to a fair trial

Article 7: No punishment without law

Article 8: Right to respect for private and family life

Article 9: Right to freedom of thought, conscience and religion

Article 10: Right to freedom of expression

Article 11: Right to freedom of assembly and association

Article 12: Right to marry

Article 14: Right not to be discriminated against

Part 2: First Protocol

Article 1: Protection of property/peaceful enjoyment

Article 2: Right to education

Article 3: Right to free elections