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# Pharmaceutical Needs Assessment 2025

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

Decision to be taken by:

Decision to be taken on/Date of meeting: 05 June 2025

Lead director/officer: Rob Howard

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## Useful information

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

## 1. Summary

- 1.1. Health and Wellbeing boards have a statutory duty to complete a Pharmaceutical Needs Assessment (PNA) every 3 years to assess current and future pharmaceutical services within their area. It is used to inform planning and commissioning of pharmacy services and to inform decision making in response to applications made to provide a new pharmacy.
- 1.2. This PNA has reviewed pharmacy coverage in relation to the population health needs of the people of Leicester City. This has involved looking at the existing services, their locations, the range of services they are providing and the views of the people who are using them. The PNA refers to the services that were provided on the 31<sup>st</sup> March 2024. Pharmacy First data is provided to December 2024.
- 1.3. **Pharmacy Services:** The PNA analysis focusses on the services that are currently provided in pharmacies and not those that have been decommissioned since the last PNA in 2022. All pharmacies are required to dispense medicines as part of their essential services contract with NHS-England. In addition, they may be accredited to provide advanced services or locally commissioned services to provide for the needs of the local population. Pharmacy services are classed as:
- **Essential services:** required in all pharmacies and includes
  - **Advanced services:** optional nationally commissioned services.
  - **Locally commissioned services:** optional locally commissioned services
  - **National Enhanced Services:** nationally specified services with agreement of standard conditions nationally while allowing the flexibility for local decisions to commission the service to meet local population needs, including Covid Vaccination Service
- Prison or hospital pharmacies are excluded from the scope of the PNA.
- 1.4. **Health needs in Leicester:** Leicester is a city characterised by rich diversity and has a relatively young population. It also experiences high levels of deprivation and poorer health outcomes than nationally. The demography and population health of Leicester and six locality areas have been considered with regard to needs and access to pharmaceutical services. Within the scope of this document, the PNA concludes that community based pharmacies are meeting the current needs of residents in Leicester City for essential and advanced services where they are offered.
- 1.5 **Location and access to pharmacies:** There are 83 pharmacies in Leicester (March 2024), equivalent to 2.2 pharmacies per 10,000 population (2.1 in England). All Leicester pharmacies are open for at least 40 hours per week, and 5 are open for 100 hours. The majority of 100-hour pharmacies are located in the West and Central locality areas of Leicester, with another one in

the East. Opening times are generally from 7am to 9pm Monday to Saturday, with some opening for reduced hours on Sunday.

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

**4.1 Population growth:** Office for National Statistics population projections estimate an increase of 7,300 by 2028, giving an overall total population of 387,000. This includes an increase of around 5,000 people aged 65 and over. With the current number of pharmacies, this will offer a rate of 2.1 pharmacies per 10,000 population.

#### **4.2 Summary of gaps in service:**

- Overall, 83 pharmacies in Leicester provide a rate of 2.2 pharmacies per 10,000 population (2.1 in England) although it is acknowledged that pharmacies are not evenly distributed throughout the city, with more pharmacies in the North and Central localities and fewer in the West locality
- Most residents can access their nearest pharmacy within 15 minutes either walking or by public transport and all within a 5 minute drive. Some residents in the west of the city in Braunstone, Western Park, to the north of New Parks and a couple of small enclaves around South Knighton have walk-times over 15 minutes.
- All Leicester pharmacies are open for at least 40 hours per week; around 40% (33) are open up to 50 hours per week and Leicester has 5 pharmacies classified as 100 hour pharmacies. The 100 hour pharmacies are located in the West (2 pharmacies), Central (2), and East (1) locality areas of the city. There is lower provision for extended opening hours in the North West of Leicester, however there is one 100 hour county pharmacy within 1km of the City border towards the north west of the city
- Essential services: Provision is considered to be adequate as all pharmacies must provide these. Some residents may have further to travel where pharmacies are more sparsely distributed and opening hours are shorter (particularly in the north west of Leicester)
- The majority of pharmacies provide the advanced services of Community Pharmacist Consultation Service, Flu Vaccination Service and New Medicines Services. Few pharmacies offer Stoma Appliance Customisation and smoking cessation service

### **4.3 Conclusions and Recommendations:**

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

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

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

- Work with NHS-England/ICB to review areas where there are fewer pharmacies, fewer services provided and lower opening hours to see how pharmacies can be incentivised to open new premises and improve equity of service. This is with particular reference to areas identified with lower provision in the North West and West localities.
- Review cross-city and county-border service provision to ensure uniformity of access and quality of service
- Work closely with Integrated Care Board and Primary Care Networks to tackle health inequalities and address digital literacy
- Work with pharmacies and Local Pharmaceutical Committee to examine how equity issues can be addressed further. Eg a review of service quality and uptake, including consideration of cultural and equalities needs
- Work closely with Integrated Care Board and Primary Care Networks to tackle health inequities in digital literacy
- Consider the additional pressure on pharmacies due to the national pharmaceutical workforce shortage and work with pharmacies to mitigate the impact on service provision
- Encourage pharmacies to offer discretionary services in relation to local need
- Monitor current and future plans of housing development within City to ensure future increases in demand are met with adequate provision.

#### **Recommendations for the promotion of health and healthcare management:**

- Ensure that the promotion of healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones
- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the Integrated Care

System - particularly in relation to providing services which deflect work out of primary care general practice.

- Collate information on all the services (including those directly commissioned by pharmacies) provided in Leicester as this will help to develop a better understanding of the wide range of services offered across the city
- Assess levels of uptake of advanced and locally commissioned services and follow-up low or high performers in order to share best practice.
- Keep under review the appropriateness of monitoring and quality visits to pharmacies, in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and to promote service improvement
- Explore additional services that could be provided in pharmacies to relieve pressure on GP Practice (for example NHS Health Check Service, Hypertension case-finding)
- Improve communication and promotion of current and new services available to the public at their local pharmacy (eg through posters within the pharmacy premises, website)
- It is noted that not all pharmacies providing supervised consumption or needle exchange are offering naloxone. This is an area to be followed up with the provider
- Consider how community pharmacy services can be integrated within neighbourhood models and approaches to improving healthcare for local populations
- Consider the opportunities offered by Independent Prescribing Pharmacies (IPP) to play an increasing role in delivering clinical services in primary care.

**Annual review of policy and pharmacy services:**

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

**2. Recommended actions/decision**

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

### 3. Scrutiny / stakeholder engagement

#### Governance

- 3.1 As many of the relationships required for the PNA are Leicester, Leicestershire and Rutland (LLR) wide – involving representation from NHS England, the Leicestershire Pharmaceutical Committee, Local Professional Network for Pharmacists and the Leicester, Leicestershire and Rutland Local Medical Committee - a PNA Reference Group was established. This Reference Group has supported PNA work across the three Health and Wellbeing Boards, identifying any economies of scale that can be delivered through joint work and ensure that there is an effective process for consultation on each of the PNAs for Leicester, Leicestershire and Rutland.
- 3.2 The principal resourcing for the development of the Leicester City PNA was provided by the Leicester Public Health Intelligence Team, with information and advice provided through the PNA Reference Group by NHS England, the LPC, ICB and others.
- 3.3 The draft PNA has been reviewed by the following:
- DMT: 16 April 2025
  - LMB: 29 April 2025
  - LLR PNA Reference Group: 30 April 2025
  - HWB Board: 05 June 2025

#### Consultation

- 3.4 To gather additional intelligence for the PNA, two surveys ran throughout the spring:
- i. Public survey asking service users for their views on the current pharmaceutical provision in their local area. *The results of this are included as an appendix with the draft report for consultation.*
  - ii. Survey for Pharmacies/pharmaceutical professionals to complete to collect information on pharmaceutical services they currently provide or may provide in the future, access facilities and languages spoken at the premises.
- 3.5 There has been a low response from the professional pharmacy survey – as of 8<sup>th</sup> April 2025, only 17 of 83 (21%) of Leicester pharmacies completed the survey. The closing data has been extended to allow more pharmacies to respond. Initial results are included in the draft PNA and these will be updated in the final PNA.
- 3.6 The PNA is also subject to a 60-day statutory consultation period which will run during June and July 2025. An email link to the draft PNA and the consultation questionnaire will be sent to the organisations below as required by Regulation 8 of the Pharmaceutical Services Regulations:
- the Local Pharmaceutical Committee
  - the Local Medical Committee

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

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

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

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

##### **Purpose**

- 4.1 The purpose of this report is to present the draft Pharmaceutical Needs Assessment (PNA) for comment prior to a statutory public consultation.
- 4.2 The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. As such, if NHS England receives a legal challenge to the services they commission based on the PNA, the local authority could also be part of that legal challenge. It is essential that the process that is followed meets the legislation that is set out and that the PNA is a robust document.
- 4.3 The purpose of the PNA is to:
- Identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future;
  - inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;
  - inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.
- 4.4 The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Leicester City and publish it by 1<sup>st</sup> October 2025.
- 4.5 The PNA has been prepared according to:
- the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (amended) which sets out the minimum information that

must be contained within a PNA and outlines the process that must be followed in its development: <https://www.legislation.gov.uk/ukxi/2013/349/contents>

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

## 5. Detailed report

The full report is attached as Appendix A

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

### 6.1 Financial implications

There are no financial implications in the production of the PNA

### 6.2 Legal implications

#### Commercial Legal

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

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

- Section 128A of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires Health and Wellbeing Boards to assess the need for pharmaceutical services in its area and to publish a statement of its assessment.
- The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that must be contained within a Pharmaceutical Needs Assessment and outlines the process that must be followed in its development.

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

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

Name: Mannah Begum, Principal Lawyer, Commercial Legal Team

Date: 14 May 2025

### 6.3 Equalities implications

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

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

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

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

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

It is important that consultation is accessible.

Equalities Officer, Surinder Singh, Ext 37 4148

### 6.4 Climate Emergency implications

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

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

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

**7. Background information and other papers:**

**8. Summary of appendices:**

Appendix\_A\_Leic\_HWB\_PNA\_draft\_20250605.pdf

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

Appendix\_C\_Pharm\_open\_times\_Mar25.pdf

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

This is not a private report

**10. Is this a “key decision”? If so, why?**

Approval of the draft PNA for the 60-day consultation is a key decision as required to comply with the regulations for Health and Wellbeing Boards to produce a PNA and meet the publication date of 1<sup>st</sup> October 2025