



Leicester Pharmaceutical Needs Assessment

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Executive Summary

The Pharmaceutical Needs Assessment (PNA) is a statutory document used by NHS England to agree changes to the commissioning of local pharmaceutical services. The purpose of the PNA is to make an assessment of the following:

- the demography of its area
- current and future needs for pharmaceutical services in relation to
 - the different needs of different localities within the area
 - whether there is sufficient choice to obtaining pharmaceutical services within its area
 - the effect of pharmaceutical services provided in the area of any neighbouring areas
 - any other NHS services provided in or outside its area which affect pharmaceutical services
 - whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services

This PNA has reviewed the distribution of, access to and range of pharmaceutical services provided within Leicester City pharmacies and pharmacies in Leicestershire County that are located within a short distance of the Leicester border. It also looks at future population projections to assess future provision of services.

This PNA concludes that there is adequate provision of pharmacies and pharmaceutical services within Leicester to serve the population. However there are differences in pharmaceutical services available across the city which means some people may have to travel further to access a particular service or pharmacy out of hours.

Location and Access:

Leicester has 86 Community Pharmacies (as at 31st March 2014) - a rate of 2.3 community pharmacies per 10,000 population, significantly higher than the average for England, 2.0 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 as well as consumer behaviour.

There are nine pharmacies within 0.5 km and a further 15 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 a minimum of 100 hours. A number of pharmacies open for longer than their contracted hours.

Provision of pharmacy 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. Local commissioners within Local Authority Public Health and Clinical Commissioning Groups can take advantage of this in planning delivery of effective healthcare and improving equity of access to healthcare.

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The contractual framework is made up of three main components:

- *Essential services* – which must be provided by all contractors
- *Advanced services* – nationally defined services that can be provided by contractors subject to accreditation requirements
- *Community based services* – services commissioned by Clinical Commissioning Groups and Local Authorities in response to the needs of the local population

Advanced services - Medicines use Review and New Medicine Service - are provided by all pharmacies providing direct personal services to the public. Appliance use Review and Stoma Appliance Customisation is provided by a small number of pharmacies.

Community Based services have a more variable take up by pharmacies and therefore the availability of these by ward varies. Most services, for example, are offered in Stoneygate ward (33 additional services across 10 pharmacies), whereas far fewer services are offered in New Parks and Eyres Monsell wards (respectively 5 and 6 additional services across 1 and 3 pharmacies).

A number of factors influence the extent to which services are taken up for delivery by pharmacies including: additional training required for staff, the assessment of the likely extent of take up of services, 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.

Pharmacies also provide from their own resources other significant free services directly to their 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. Some pharmacies also provide blood pressure measurement and near-patient testing. Some provide educational sessions on self-care and making use of health services.

Projected future needs

The population of Leicester is predicted to grow by around 1,800 per year over the next 22 years between 2015 (337,700) and 2037 (378,200). By 2025, the population is estimated at 356,000, an increase of over 18,000 from 2015. Projections indicate Leicester will have increases in the percentage of the population aged between 10 and 15 years (3,600) and of those aged over 55 (13,800). Numbers are estimated to fall in 15-34 year olds. Leicester is currently home to a large student and EU accession-county population within these age groups.

With these projected increases in the population aged 55, there are likely to be increases in the numbers of people with long term health conditions.

Planning projections indicate a need for 27,200 to 31,700 new homes to be built in Leicester between 2011 and 2013/2036. This equates to 1,268 to 1360 dwellings per year.

Consultation

All elements of the consultation – statutory consultees, respondents to the on-line consultation and participants in targeted events - recognised the contribution that community pharmacies in Leicester make to individual health and wellbeing and towards the health of the local population. In general people feel that they receive a good service from local pharmacies.

There is a recognition that community pharmacies can and do support the city's Health and Wellbeing priorities and there is a willingness by pharmacies and others to engage in this further. This includes the need for pharmacies to play a more proactive and engaging role in local communities around areas such as self-help and support for people with long term conditions, expansion of health promotion activities and campaigns, and more services.

While there is a general consensus that the number of community pharmacies is sufficient for the population of Leicester concern was raised regarding the distribution of pharmacies across Leicester and an apparent lack of immediate choice in certain areas.

The consultation drew attention both to the wide range of languages spoken by pharmacy teams and the need to ensure that local language needs are addressed. Other groups facing issues such as deafness reported mixed experiences. Access and response was generally positive in the local pharmacy where they were known, but more problematic in an unknown pharmacy.

Recommendations

Equity of services

Leicester has a higher rate of pharmacies than the national number of pharmacies per head. 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 the coverage.

Commissioners should:

- Keep locations and opening times under review to assess whether access to pharmacies for essential services is equitable for all Leicester residents.
- Investigate why some pharmacies are providing fewer community based services than others and address this wherever possible.
- Work with pharmacies and others, including the LPC, to examine how equity issues – including the above, language, support for people with disabilities and for people whose identities may make them less confident in taking up services – can further be addressed.
- 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.

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

Commissioners should:

- Examine cost effective ways to maximise the promotion of healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.
- Regarding the promotion of healthy lifestyles (Public Health) requirement of the essential services contract, it is recommended that 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 the Clinical Commissioning Group.

- Consider the opportunity to include pharmacies and develop their roles in commissioning strategies and through the wider Better Care Together plans - particularly in relation to providing services which deflect work out of primary care general practice, eg minor ailments and emergency supply schemes.
- Consider public views from the consultation 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.
- Assess levels of uptake for services and follow-up for low or high performers to share best practice
- Keep under review the level of monitoring and quality visits in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and promote service improvement.

Communication between Pharmacists and GPs and other health care workers

Commissioners should:

- Consider ways to promote the sharing and transfer of patient information electronically between Pharmacists and GPs where this is necessary and appropriate.
- Ensure effective communication relating to patient medication between GPs, pharmacists and healthcare or social workers.

Introduction and Background

This report presents the Pharmaceutical Needs Assessment (PNA) for Leicester City.

From 1 April 2013, 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).

PNAs were first developed in 2004/5 to support the implementation of the new community pharmacy contractual framework and market entry arrangements. The purpose of the PNA is to assess local needs for service provision across Leicester City, to identify any gaps in service or unmet needs of the local population and to identify any services that community pharmacies could provide to address these needs. The PNA must be kept up to date by means of supplementary statements detailing any changes.

The PNA is a key document which is used by NHS England to assess applications for new pharmacies in the city. It will also be used by NHS England 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 use the PNA when commissioning services to meet local health needs and priorities.

The first PNA for Leicester was published in 2011 and this draft PNA is required to be approved by the Leicester Health and Wellbeing Board by 1st April 2015. 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:

- 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 in 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.

Context

Pharmacy White Paper, 2008

The Pharmacy White Paper, Pharmacy in England – Building on strengths and delivering the Future published in April 2008 set out a vision for building on the strengths of pharmacies as part of an overall strategy to ensure safe, effective, fairer and more personalised patient care.

It recognised pharmacists as health professionals with expertise in the use of medicines and the importance of making better use of the clinical skills of community pharmacists in improving access to medicines and promoting their safe and effective use. Focusing on a strategic shift to locate more services in local communities closer to people's homes, the paper identified practical, achievable ways in which 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

It also includes an action plan describing how the Department of Health will monitor future progress on these commitments.

Joint Strategic Needs Assessment (JSNA)

The JSNA is the mechanism by which the NHS and Local Authority can support the joint identification of strategic priorities in Leicester. Its purpose is to identify current and future health and wellbeing needs of the Leicester population, inform local strategic priorities, and also to support the commissioning of services to improve outcomes for local people and reduce health inequalities. The JSNA has informed the current Joint Health and Wellbeing Strategy for Leicester. Further information can be found at:

<http://www.leicester.gov.uk/your-council-services/social-care-health/jsna/>

A new JSNA will be finalised in the winter of 2015/16 and this PNA contains updated population information as does the Director of Public Health Annual Report.

Director of Public Health Annual Report

All Directors of Public Health in England are required to produce an independent annual report on the health of the population they serve, highlighting key health issues for the population. The broad purpose given to this year's report is to:

- inform the City Council, the Health and Wellbeing Board, the Clinical Commissioning Group, NHS England, Public Health England, other partners and the public about the health of the resident population, identifying areas for improvement;
- provide information on health needs to inform the planning and commissioning of health care, health protection and health improvement services and efforts;
- provide a record of the health of the population for comparison over time and with other places.

The Director of Public Health report considers a number of topics relevant to the state of the health of the population of Leicester and identifies key issues and recommendations for actions. It also contains a statistical appendix "Health Facts", which provides information by ward. The electronic link to the Director of Public Health Annual Report 2013/14 is <http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/reports/>

Joint Health and Wellbeing Strategy

Leicester's Joint Health and Wellbeing Strategy for 2013-16, Closing the Gap, is based on the Joint Strategic Needs Assessment and aims to reduce health inequalities in the city. The strategy has five priorities.

Strategic priority 1: **Improve outcomes for children and young people** through reducing infant mortality, reducing teenage pregnancy, improving readiness for school at age five and promoting healthy weight and lifestyles in children and young people

Strategic priority 2: **Reduce premature mortality** by reducing smoking and tobacco use, increasing levels of physical activity and healthy weight, lowering levels of harmful alcohol consumption, improved identification and management of cardiovascular disease, respiratory disease and cancer

Strategic priority 3: **Supporting independence** for people with long term conditions, older people, people with dementia and carers

Strategic priority 4: **Improve mental health and emotional resilience** of children and young people, address common mental health problems in adults and mitigate the risks of mental health problems in groups who are particularly vulnerable and those with severe and enduring mental health needs

Strategic priority 5: **focus on the wider determinants of health** through effective deployment of resources, partnership and community working. This priority is a cross-cutting priority to focus on tackling the wider and social determinants of health – the so called causes of the causes of poor health and health inequalities, and to do this through effective deployment of resources, partnership and community working.

The full document is available from <http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/health-and-wellbeing-board/joint-health-and-wellbeing-strategy/>

Leicester City Clinical Commissioning Group

Leicester City Clinical Commissioning Group (CCG) was established in 2012, and works in partnership with patients, healthcare professionals local authorities to commission healthcare services in response to Leicester's health needs.

Leicester City CCG Strategic objectives and initiatives include:

Cardiovascular disease:

- NHS health checks to detect those at risk
- patient education

- a GP education programme
- reduce prevalence rates of CVD

Chronic obstructive pulmonary disease:

- patient education
- better prevention and condition management
- more community based support services

Mental health:

- improve dementia management
- wider access to psychological therapies
- more access to children's mental health services
- better crisis resolution.

Older people:

- integrated care pathways and better end-of-life care
- develop the integrated health & social care team
- improve quality in care/nursing homes and for the housebound

Maternity, children, young people and families:

- improve early access to (and pathways within) maternity services
- expand access to the healthy child programme
- improve mental health services for children and young people
- review pathways for children and young people with disabilities and long-term conditions

Learning disabilities:

- respond to "A National response: Winterbourne View Hospital"
- health checks
- improve autism and Asperger's pathways
- review short break provision
- define care pathways for complex and challenging needs

Better Care Together

Better Care Together is a partnership of NHS organisations and local authorities across Leicester, Leicestershire and Rutland (LLR). It is driven by a shared recognition that major changes are needed to ensure that services are of the right quality and capable of meeting the future needs of local communities. The aim is to improve services and people's experience of them by focussing on community-based prevention and care – while at the

same time addressing major financial challenges. The programme recognises the need to address changing populations with more long term, complex illness and disability, for staff to work differently, in mixed teams that treat the 'whole person' rather than just one condition at a time, to ensure that services achieve the highest possible standards and be more joined up, to provide excellent results and experience for the people using them and to achieve value for money.

A five year plan 2014-2018 has been approved and focuses on eight workstreams

- Urgent Care
- Frail and Older People
- Long Term Conditions
- Planned care
- Maternity and Neonates
- Children, Young people and families
- Mental Health
- Learning Disabilities

Further information is available from <http://www.bettercareleicester.nhs.uk/>

1.0 Population profile of Leicester

Leicester is the largest city in the East Midlands, with a population of around 330,000¹ and covers an area of 73.3 km². Much of the area is urban, with a high population density of 4,500 people/ km² making it the most densely populated area in the East Midlands.

1.1 Age

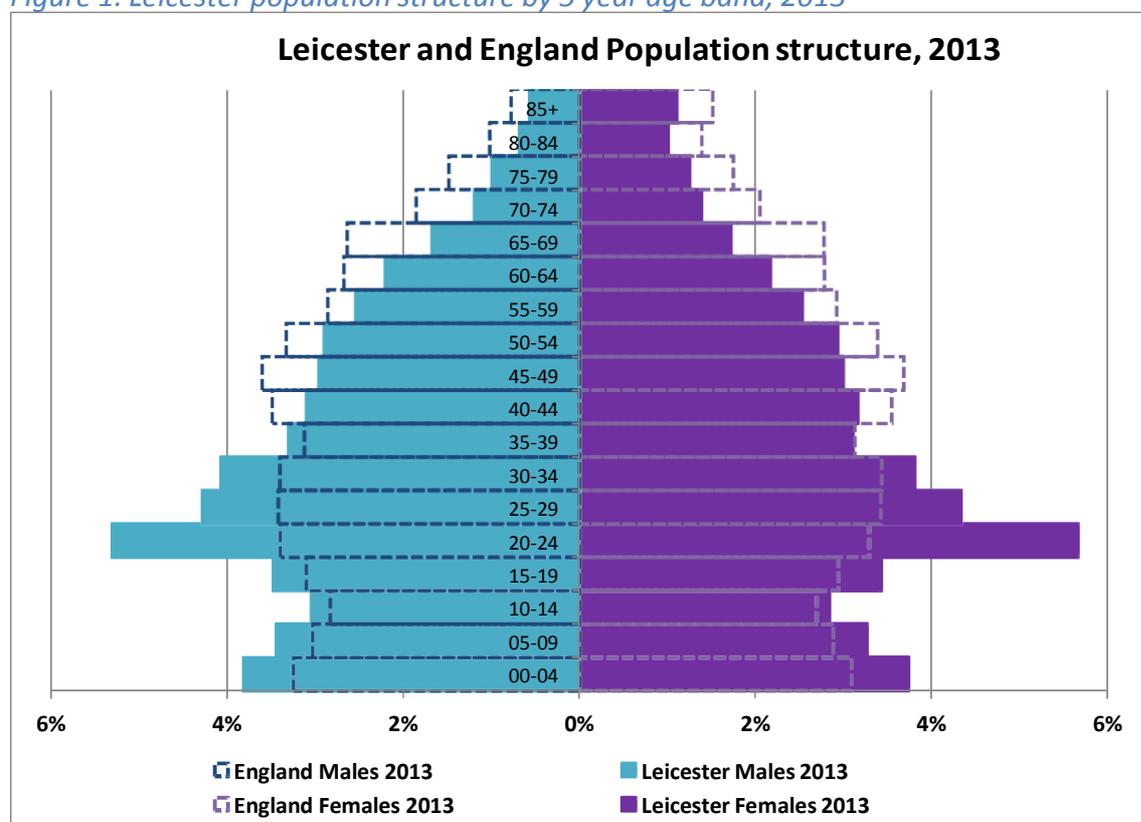
The current population estimate¹ for Leicester is 333,812 of which 165,230 are males (49.5%) and 168,582 (50.5%) are females. Leicester's population is relatively young compared with England;

- a third of all city households include dependent children
- 20% (65,400) of Leicester's population are aged 20-29 years old (14% in England)
- 12% (38,750) of the population are aged over 65 (17% in England).

The large numbers of young people in Leicester are partly students attending Leicester's two universities and partly in-migrants to Leicester.

The population of Leicester is predicted to grow by around 18,000 by 2025². Projections indicate Leicester will have increases in the percentage of the population aged between 5 and 15 years and of those aged over 55. Projections by age can be found in section 7. 1 *Population Trends*.

Figure 1. Leicester population structure by 5 year age band, 2013



Data: ONS mid 2012 population estimates, 2011-based population projections

¹ Office for National Statistics mid-2013 population estimates

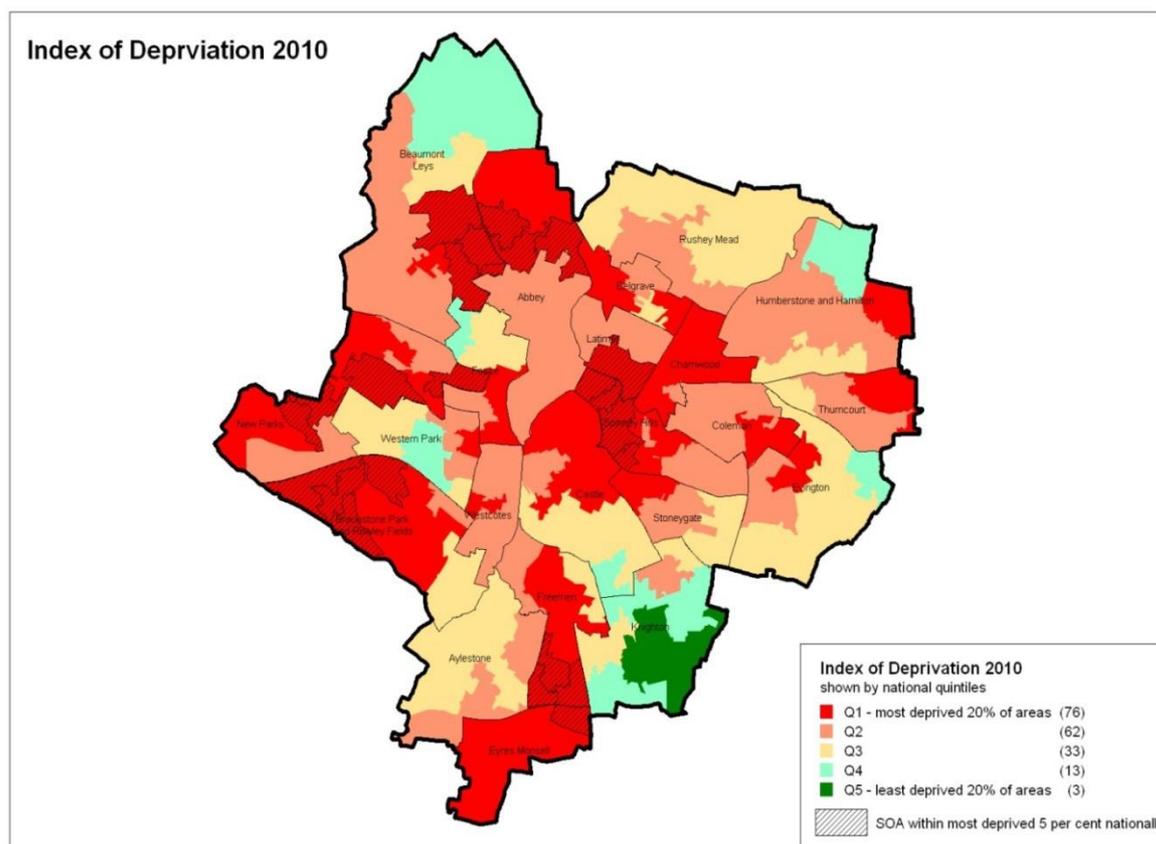
² Office for National Statistics 2012-based population projections

1.2 Deprivation

Leicester is ranked as the 25th most deprived local authority region (out of 354) according to the Indices of Multiple Deprivation 2010 (IMD 2010)³, a national study of deprivation across England developed by the Department for Communities and Local Government. The multiple deprivation index is based on a number of criteria such as economic circumstances, health, crime, housing, educational achievement, skills and the environment.

Although Leicester has some areas of wealth, there are also many areas of extreme and multiple deprivation. The pattern of deprivation across Leicester shows higher levels of deprivation in the west of the city than the east. The majority of the poorest areas of the city are the largely white working class areas on the periphery of the city, along with a few areas in the inner city. The more affluent areas of the city are in the south stretching from Victoria Park to the city boundary alongside the A6 road.

Figure 2. Index of multiple deprivation by Lower super output area, Leicester, 2010



Source: *Index of deprivation 2010*³

Nearly half of Leicester's population live in areas classified as the fifth (20%) most deprived in the country. Some areas within the city, known as 'Lower Super Output Areas' (LSOA's),

³ <http://www.communities.gov.uk/communities/research/indicesdeprivation/deprivation10/>

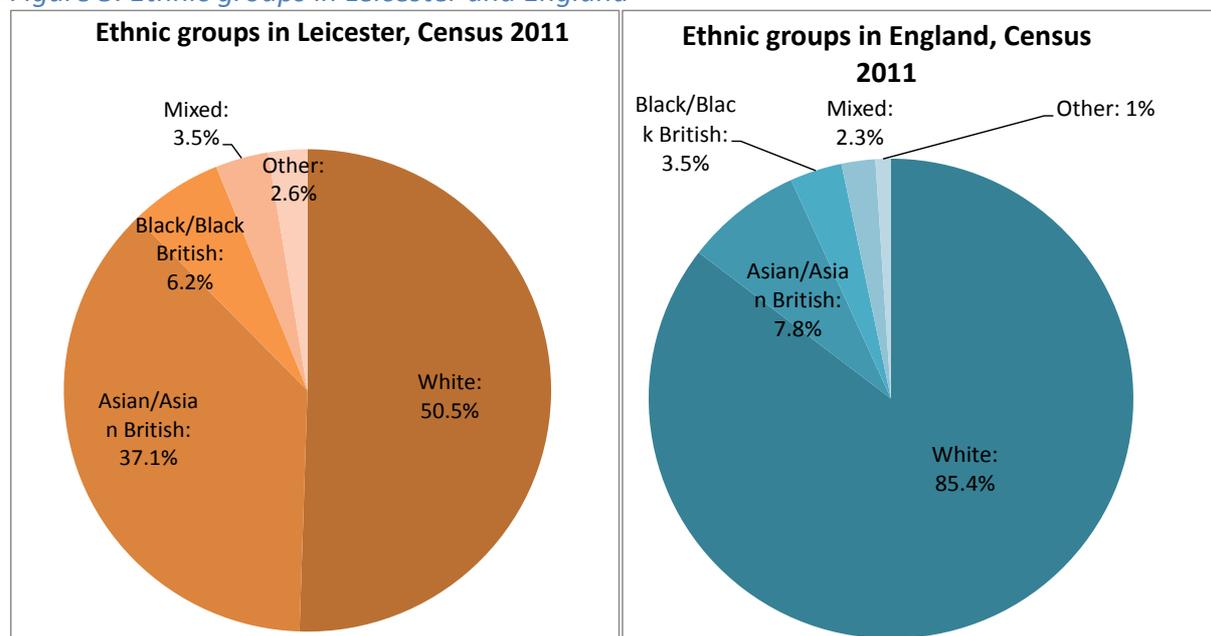
feature within the 5% most deprived of all areas in the country and are home to 12% of Leicester’s population. These areas include parts of the New Parks, Braunstone, Beaumont Leys and Spinney Hills wards as well as the St Matthews, St Marks and Saffron Lane Estates. St Matthews contains 2 LSOAs ranking nationally as some of the most deprived in terms of income deprivation and Braunstone contains two LSOAs ranking the most deprived in terms of education. This is illustrated in the map below.

There is a strong link between deprivation and ill health; life expectancy is significantly lower than the national average for both males and females in Leicester. Deprivation and ill health is explored in more detail in later chapters.

1.3 Ethnicity

Leicester has a very diverse population compared with England as a whole; Around 50% of Leicester’s residents are from Black, Minority, Ethnic (BME) backgrounds compared with 14% in England overall. Thirty-seven per cent of Leicester’s population are of South Asian origin, (mostly Indian), 6% are Black/British, 4% mixed and 3% from other ethnic origins.

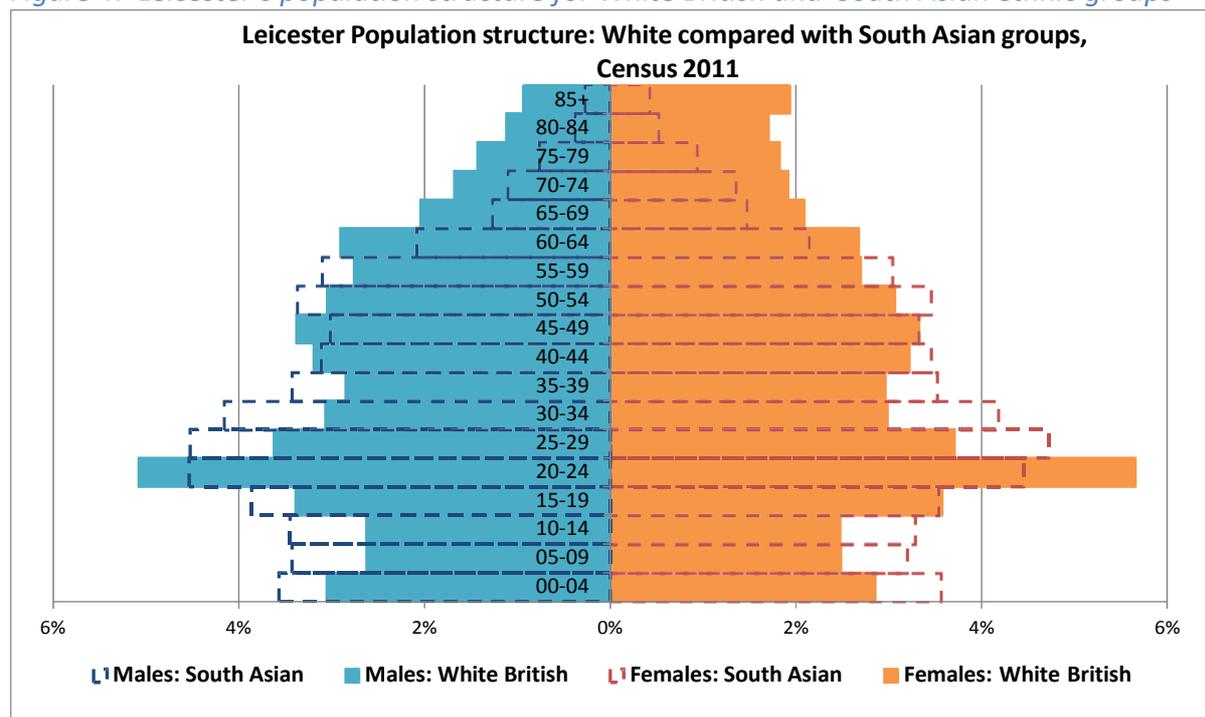
Figure 3. Ethnic groups in Leicester and England



Data: Census 2011

The age profile of Leicester’s BME population is relatively younger than the White population with proportionately more in the younger ages, and fewer aged over 60. The 2011 Census reported 68% of foreign born residents were between 15 and 44 years old when they arrived, and 26% aged 14 or younger on arrival.

Figure 4: Leicester's population structure for White British and South Asian ethnic groups



Source: Census 2011

Overall, the estimated population in Leicester has increased by nearly 50,000 between the Census in 2001 and Census 2011. There has been a decrease in the number of White British, and increases in South Asian, Black, Mixed and other ethnic groups

Table 1: Change in population from Census 2001 and Census 2011 by ethnic group

	All Persons	White British	South Asian	Black	Mixed and other ethnic groups
Census 2011 population	329,839	148,629	105,044	20,585	55,581
Census 2001 population	279,933	169,456	78,230	8,594	23,653
Change in population	49,906	-20,827	26,814	11,991	31,928

Source: Census 2001, Census 2011

A third of Leicester's residents (111,000) were born outside of the UK and just under half (53,000) arrived between 2001 and 2011, partly as a result of the accession of 10 countries into the EU in 2004 and the arrival of third country nationals as either students or professionals recruited to address labour shortages. Leicester is also a designated National Asylum Seeker Service dispersal city, and home to about 450 asylum seekers. It is estimated that there may be as many as 150 languages and/or dialects spoken in Leicester and almost half of pupils in Leicester primary schools have a home language other than English⁴.

⁴ School census 2011

1.4 Languages

Census 2011 reported over a hundred languages spoken in Leicester. The most common are Gujarati (11.5%), Punjabi (2.4%) and Polish (2.0%). Other languages include Urdu, Somali, Arabic, Bengali, Portuguese, Kurdish and Tamil.

The majority of Leicester's population speak English (73%), 18% speak a South Asian language (Gujarati 11.5%, Punjabi 2.4%) and 2% an African language. Other languages spoken include other European (Polish, Latvian), Chinese, West / Central Asian (Kurdish, Persian) and Arabic.

Table 2: Top 3 Languages spoken in Leicester's wards

Ward name	English	South Asian Language total	African Language total	Other European Language (EU) total	East Asian Language total	Arabic total	Top 3 %
Abbey	81.6	8.6		3.2			93.4
Aylestone	93.6	1.7		2.4			97.7
Beaumont Leys	81.7	6.6	4.0				92.3
Belgrave	46.7	47.4		1.4			95.5
Braunstone Park and Rowley Fields	86.9	4.7		3.5			95.1
Castle	74.2			5.8	9.4		89.4
Charnwood	58.0	30.1	3.5				91.6
Coleman	55.5	36.9	1.9				94.3
Evington	73.9	21.2		1.1			96.3
Eyres Monsell	95.3	1.0		1.3			97.7
Fosse	78.9	5.1		11.2			95.2
Freemen	87.9			2.8	3.7		94.4
Humberstone and Hamilton	79.1	13.6				2.2	94.9
Knighton	85.4	8.8		2.3			96.5
Latimer	36.9	58.3		1.4			96.5
New Parks	91.2	1.9		2.2			95.3
Rushey Mead	61.0	33.7		2.7			97.4
Spinney Hills	45.2	41.9	6.0				93.1
Stoneygate	59.7	28.5		3.3			91.6
Thurncourt	87.4	9.2		0.9			97.5
Westcotes	74.2	7.0		10.6			91.8
Western Park	84.4	5.9		6.4			96.7
Leicester Total	72.5	17.7		3.2			93.4

Source: Census 2011

- English is the main language spoken in the majority of wards.
- South Asian languages are spoken more widely mainly in the east of Leicester and are spoken by more than half the population in Belgrave and Latimer;
 - Belgrave: Gujarati (4,000 people), Punjabi (500), Tamil (400), Urdu (100), Hindi (100)
 - Latimer: Gujarati (6,000 people), Punjabi (300), Tamil (200), Hindi (130)
 - Spinney Hills: Gujarati (7,000), Urdu (1,000), Punjabi (500), Bengali (450), Hindi (160)
 - Coleman: Gujarati (3,400), Punjabi (900), Urdu (300)
 - Rushey Mead: Gujarati (3,600), Punjabi (850), Tamil (300), Urdu (150)
 - Stoneygate: Gujarati (2,600), Bengali (850), Punjabi (800), Urdu (500)
- Other European languages are spoken in a number of wards, with higher numbers in Fosse and Westcotes

- Fosse: Polish (1,000), Latvian (100), also Slovak, Lithuanian and Romanian
- Westcotes: Polish (800), Latvian (150), also Slovak and Lithuanian
- Western Park: Polish (500), also Slovak, Lithuanian and Latvian

Chinese languages are spoken in Castle (over 2,000 people) including Malay, Mandarin and Cantonese and in Freeman (over 400 people)

1.5 Religion

Leicester is a very diverse city, and reports a number of religions; Christians make up around a third of the population, 23% have no religion, 19% are Muslim, 15% Hindu and 4% Sikh

- Christians are more prominent in the west of Leicester, as 45-52% of the population in Aylestone, Fosse Eyres Monsell, Western Park, New Parks
- No religion is reported by 23% of the population and wards where no religion is high are also found in the west; Eyres Monsell, Freeman, New Parks
- 19% of Leicester's population are Muslim and found mainly in Spinney Hills (70% of ward), Stoneygate, Coleman and Charnwood
- Over 70% of Latimer's population are Hindu, Belgrave has over 50% Hindus and Belgrave over 40%. Over a fifth of Coleman, Humberstone and Evington's population are also Hindu

Table 3: Religions in Leicester

WARD_NAME	No Religion		Religion Not Stated				Other Religion		
	Christian %	%	Muslim %	Hindu %	%	Sikh %	%	Buddhist %	Jewish %
Abbey	41.2	29.5	7.7	11.3	6.3	2.7	1	0.3	0
Aylestone	52	35.8	1.7	1.7	7.1	0.9	0.4	0.4	0
Beaumont Leys	40.4	29.2	11.3	10.2	5.8	2.1	0.6	0.3	0.1
Belgrave	14.3	6.5	14.1	54.6	3.8	5.5	0.8	0.3	0
Braunstone Park and Rowley Fields	42	38.7	4.7	3.9	6.1	3.7	0.5	0.2	0.1
Castle	35.7	37	11.5	4.5	6.7	2.3	0.7	1.4	0.2
Charnwood	23.2	12.5	38.7	15.9	4.8	4.3	0.4	0.2	0
Coleman	17.2	6.9	39.7	21.8	4.8	8.8	0.6	0.1	0
Evington	31.8	8.8	21.6	20.1	4.8	12.3	0.5	0.1	0.1
Eyres Monsell	47.3	41.8	2.6	0.8	6.4	0.4	0.4	0.3	0.1
Fosse	48.2	31.1	4.9	6.6	6.2	2	0.6	0.4	0.1
Freemen	42	41.3	5.1	2.3	6.6	1.3	0.6	0.7	0.1
Humberstone and Hamilton	33	18.1	15	21.2	5.2	6.6	0.5	0.2	0
Knighton	42.9	22.9	8.5	9.7	6.5	8.2	0.6	0.4	0.3
Latimer	8.9	3.8	8.9	70.9	2.8	3.9	0.6	0.1	0
New Parks	47	39	4.3	2.1	6.4	0.6	0.3	0.3	0.1
Rushey Mead	21.7	9.4	10.5	43.1	4.2	9.8	1	0.3	0.1
Spinney Hills	8.3	2.4	69.6	11.6	4.5	3	0.4	0.1	0
Stoneygate	14.8	10.4	50.2	12.5	5.1	6.2	0.3	0.3	0.2
Thurcroft	44.5	24.2	10.2	8.9	6	5.7	0.2	0.1	0
Westcotes	38	35.7	8.4	6.7	6.4	3.2	0.8	0.7	0.1
Western Park	47.1	32	3.4	7.3	6.4	2.8	0.7	0.3	0.1
Leicester total	32.4	22.8	18.6	15.2	5.6	4.4	0.6	0.4	0.1
Leicester %	32.4%	22.8%	18.6%	15.2%	5.6%	4.4%	0.6%	0.4%	0.1%

Source: Census 2011

1.6 Socio-economic background

The table below gives some figures from Census 2011 relating to economic activity and health status in Leicester, compared with the England average and peer areas.

- Leicester has a higher rate of economic inactivity (35%) than England (30%) with nearly 86,000 classified as economically inactive. The percentage unemployed is higher than nationally, but ranks second within the peer group. This may be accounted for in part from Leicester's student population as well as those unable to work
- Nearly 31,000 (9%) of Leicester's residents provide unpaid care, of which around 13,500 were giving 20 or more hours of care per week. This is lower than nationally, which may be explained by Leicester's younger population structure, and fewer residents aged 60 and over
- There are fewer households in Leicester (15%) with residents aged over 65 than nationally (21%), whilst those with dependent children (one third of all households) and lone parents with dependent children (9%) are higher than nationally (7%)
- Levels of long-term health problems or disability (17.3%) are lower than the East Midlands (18.6%) and England (17.6%). One quarter of households with at least one person with a long-term health problem or disability, include dependent children
- Health status reported as '*good or very good*' (80.5%) is lower than nationally (81.4%) but ranks second highest within the peer areas. Levels of '*bad health*' are higher than nationally
- The level of qualifications in Leicester is lower than the East Midlands and England averages. No qualifications are held by 29% of Leicester's residents, (England 27%) and 21% have achieved level 4 (England 22%)

Table 4: Economic and health status in Leicester, East Midlands and England

Economic activity	England	East Midlands	Leicester	Leicester rank amongst peers
Unemployed	4.4%	4.2%	6.2%	2
Economically inactive	30.1%	30.7%	35.4%	4
Economically active	65.5%	65.1%	58.4%	4
Household composition				
All households aged 65 and over	20.7%	13.9%	14.7%	2
Single person households aged 65+ years	12.4%	9.6%	9.8%	2
All households with dependent children	29.1%	30.9%	33.4%	4
Lone parent households with dependent children	7.1%	8.5%	8.5%	1
Overcrowded households	8.7%	5.5%	15.3%	5
Health and provision of unpaid care				
Day-to-Day Activities Limited	17.6%	18.6%	17.3%	2
Health Good/Very good	81.4%	80.4%	80.5%	2
Health Bad	4.2%	4.3%	4.5%	1
Provides unpaid care	10.2%	10.8%	9.4%	4
Provides unpaid care (20+ hours per week)	3.7%	3.9%	4.1%	4
Qualifications				
No qualifications	22.5%	24.7%	28.6%	5
Level 1	13.3%	13.9%	13.0%	5
Level 2	15.2%	15.6%	12.6%	6
Level 3	12.4%	12.9%	13.0%	4
Level 4	27.4%	23.6%	21.2%	4
Other qualifications	5.7%	5.3%	9.7%	2
Apprenticeship	3.6%	4.0%	2.0%	6
Car / Van availability				
No Cars or Vans in Household	25.8%	22.1%	36.9%	4
1 Car or Van in Household	42.2%	42.5%	42.1%	3
2 Cars or Vans in Household	24.7%	27.4%	16.9%	4
3 Cars or Vans in Household	5.5%	6.0%	3.2%	4
4 or More Cars or Vans in Household	1.9%	2.0%	0.9%	4

Source: Census 2011

Leicester lower than England rate

Leicester higher than England rate

Notes:

- (i) Leicester ranking amongst Peer Cluster (where 1 is best of 7 , 7 is worst within the 7 Peer areas)
 - (ii) A provider of unpaid care looks after or gives help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This doesn't include parenting or caring activities relating to paid employment
 - (iii) Economic inactivity (Census 2011) describes a person between 16 and 74 years old who was not in employment or unable to work the week before the Census
 - (iv) Long term health problems are those which limit day-to-day activities and have lasted or are expected to last at least 12 months, including those related to old age
 - (v) No qualifications: no formal qualifications
Level 1: 1-4 GCSEs or equivalent qualifications
Level 2: 5 GCSEs or equivalent qualifications
Level 3: 2 or more A-levels or equivalent qualifications
Level 4 or above: Bachelor's degree or equivalent, and higher qualifications
Other qualifications: other qualifications including foreign qualifications
Apprenticeships:
-

1.7 Housing, health and wellbeing

The availability and quality of an appropriate home has a substantial impact on health and wellbeing. A warm dry and secure home is associated with better health. Poor housing is associated with increased risk of cardiovascular disease, respiratory disease and depression and anxiety. It has been estimated that poor housing costs the NHS at least £600 million each year. The dimensions of housing in relation to health and wellbeing in Leicester include access, quality, deprivation and poverty, overcrowding and homelessness.

Many of Leicester's private sector homes fail the Decent Homes Standards, due to hazards presented through exposure to excess cold, falls associated with stairs and steps and the risk of fire.

The 2011 Census shows that 15.3% of Leicester's households are overcrowded (have at least one fewer room than occupants). This compares to 8.7% in England.

Planning projections indicate a need for 27,200 to 31,700 new homes to be built in Leicester between 2011 and 2013/2036. This equates to 1,268 to 1360 dwellings per year. (See 7.3)

1.8 Care Homes / Sheltered Accommodation

Leicester City Council currently run and manage 6 residential homes for the elderly as well as a residential Intermediate Care facility. Over and above this, the Council contracts with a

further 100 independent sector providers in the City providing residential care to about 1700 service users. Over recent years, through more focussed care management and Reablement opportunities, the numbers of people entering residential care is dropping and those that do take up a placement tend to be at a higher dependency level than 5-10 years ago. Many of our placements require higher dependency intervention and often have multiple health conditions. The role of effective medical and pharmaceutical support remains a critical part in the delivery of a safe service to a highly vulnerable group of users.

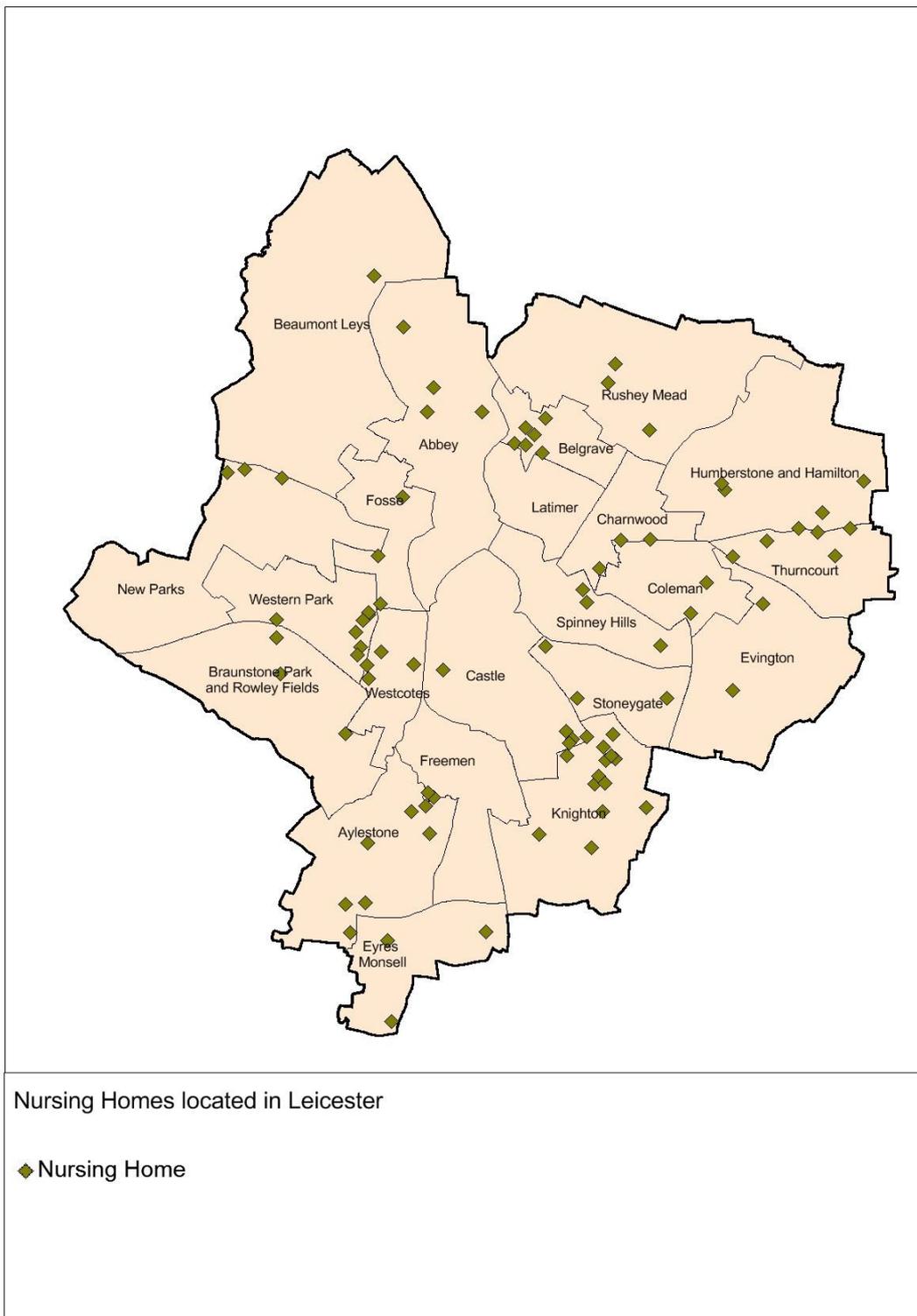
All wards have at least one care home, Knighton has the most with 16 care homes

Table 5: Care homes per ward in Leicester

Ward name	Number of care homes
Abbey	4
Aylestone	9
Beaumont Leys	1
Belgrave	6
Braunstone Park and Rowley Fields	4
Castle	5
Charnwood	3
Coleman	2
Evington	2
Eyres Monsell	5
Fosse	3
Freemen	3
Humberstone and Hamilton	5
Knighton	16
New Parks	3
Rushey Mead	3
Spinney Hills	3
Stoneygate	4
Thurncourt	5
Westcotes	4
Western Park	11
Grand Total	101

Data: Leicester City Council

Figure 5: Care Homes in Leicester



1.9 Students

Leicester has two Universities, both located in Castle ward but Leicester University more south-east and De Montfort University more westerly within the ward. The largest concentration of students is in Castle, Westcotes and Stoneygate wards (Census 2011).

Table 6: Full-time students in Leicester by wards

Ward	Student population	% Student population within ward
Abbey	351	2.4%
Aylestone	213	1.9%
Beaumont Leys	458	2.8%
Belgrave	436	3.8%
Braunstone Park and Rowley Fields	517	2.8%
Castle	3174	13.9%
Charnwood	380	2.9%
Coleman	482	3.3%
Evington	282	2.5%
Eyres Monsell	239	2.1%
Fosse	435	3.3%
Freemen	484	4.4%
Humberstone and Hamilton	403	2.1%
Knighton	471	2.8%
Latimer	425	3.4%
New Parks	380	2.2%
Rushey Mead	407	2.5%
Spinney Hills	852	3.3%
Stoneygate	1143	5.6%
Thurmcourt	232	2.2%
Westcotes	1176	10.1%
Western Park	361	3.4%
Leicester total	13301	4.0%

Data: Census 2011

1.10 Statutory Homeless

Homeless people are a group with some of the most severe and costly health needs in our communities and it has been estimated nationally that this group uses hospital services at a rate 4 to 8 times greater than the general population. It is difficult to estimate the total numbers homeless, though there is also clear evidence of an increase in homelessness. In 2013/2014 (LCC Housing Options data):

- 1842 families and single people were threatened with homelessness (a rise of 13% over the preceding 2 years) *Please note this does not include those that were not prevented and then had negative homeless decisions and were **not** given relief, and those who were not prevented and **did not make a homeless application**.
- 173 families went into hostels and bed and breakfast (a fall of 15% on the preceding 2 years)
- 495 single people went into hostels (an 8% rise on the preceding 2 years)
- 98 individuals were recorded as 'sleeping rough'
 - 229 referrals for rough sleepers were made to dormitory bed spaces at the Dawn Centre (preventing rough sleeping)
 - 145 people with no local connection were reconnected to their city/county
- Reported statutory homeless figures show that 0.53 households per 1,000 were in

temporary accommodation (March 2013)

1.11 Transient Populations

Leicester has a very diverse population, with over 50% of its population from ethnic minority backgrounds. Of the 34 per cent (111,000) of residents in Leicester who were born outside of the UK, just under half (53,000) arrived between 2001 and 2011, partly due to the accession of 10 countries into the EU in 2004 and partly as a result of the arrival of third country nationals into the UK either as students or following government recruitment to address labour shortages. Leicester is also a designated National Asylum Seeker Service dispersal city and home to about 450 asylum seekers.

Summary of key points:

- **Young population:** 20% of Leicester's population are aged 20-29, 12% are aged 65 or over
- **Deprived:** nearly half of Leicester's population live in the 20th most deprived areas nationally
- **Ethnically diverse:** around 50% of Leicester's population are from BME backgrounds, mostly South Asian (37%)
- **Languages:** over 100 languages are spoken in Leicester
- High rates of unemployment, lower levels of educational attainment

2.0 Local Health Needs:

As noted above, Leicester has significant deprivation with around 40% of the population living in areas of the city classified as the fifth most deprived nationally. Deprivation contributes to poor health outcomes for many residents and overall health in Leicester is generally poorer than nationally. Leicester is also a young and diverse city – the average age in Leicester is younger than nationally and around half of the population are from ethnic minority backgrounds. Health problems vary across different population groups and local health services are developed to improve outcomes more effectively for these different population groups.

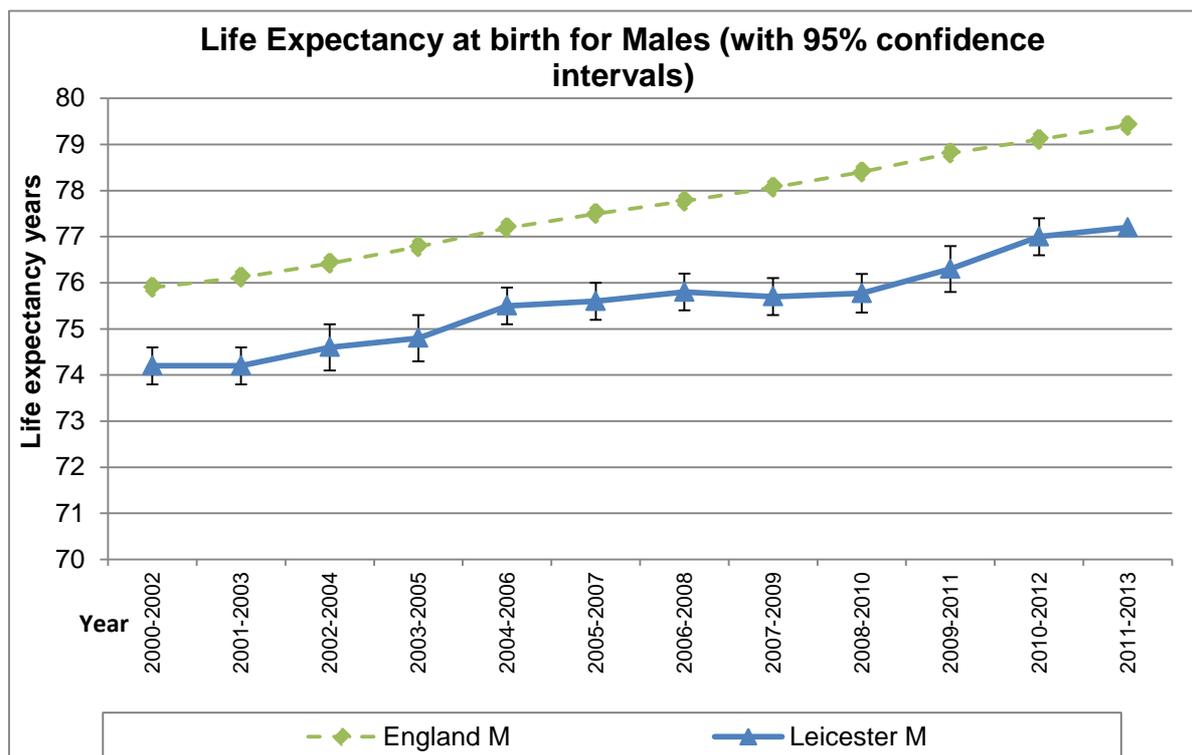
2.1 Life expectancy at birth

Life expectancy⁵ 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. In the period 2001-2003 and 2011-2013, life expectancy increased by 3.0 years from 74.2 to 77.2 for men in Leicester, and by 2.8 years for women in Leicester from 79.1 to 81.9. However, in England life expectancy increased by 3.3 years for men to 79.4 and 2.4 years for women to 83.1. Overall, the gap between Leicester and England has been widening since 2000-2002, however this has shown a small improvement in the last 3 periods (2009-2011, 2010-2012 and 2011-2013)⁷.

⁵ 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.

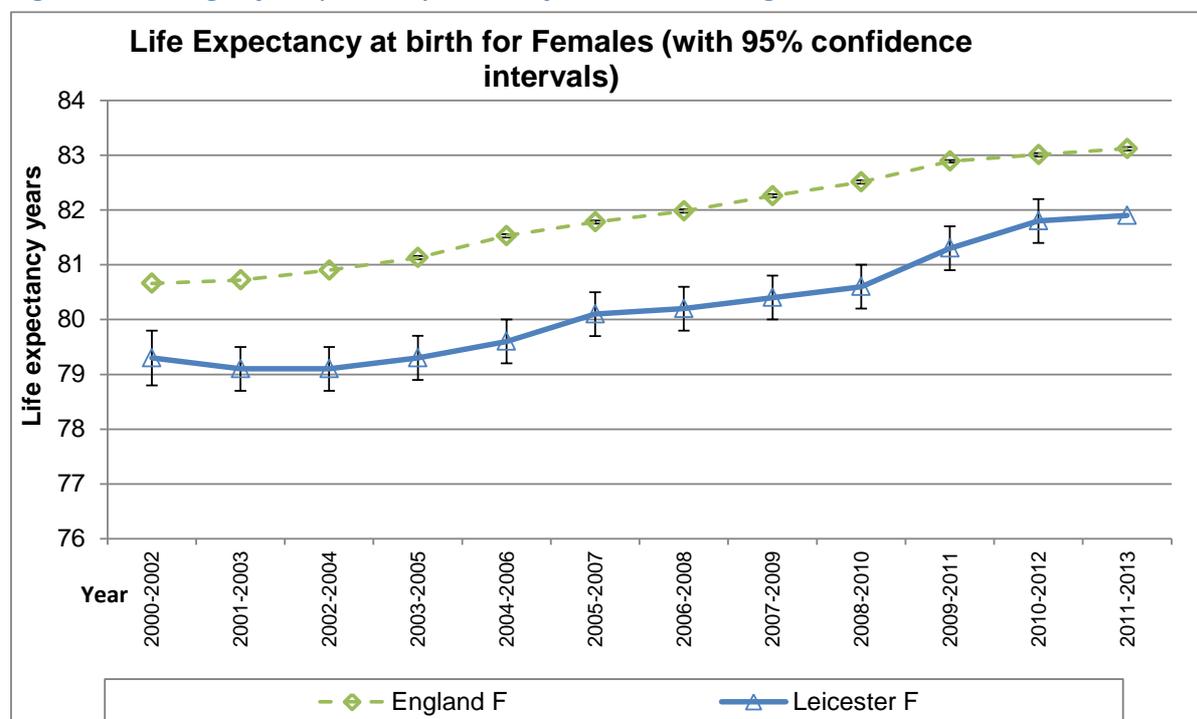
⁶ Office for National Statistics Life expectancy: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-354758>

Figure 6: Average life expectancy at birth for Men in England and Leicester, 2011-2013



Data: Health and Social Care Information Centre; Information portal: <http://www.indicators.ic.nhs.uk>

Figure 7: Average life expectancy at birth for Women in England and Leicester, 2011-2013



Data: Health and Social Care Information Centre; Information portal: <http://www.indicators.ic.nhs.uk>

2.2 Main causes of death

The main causes of death in Leicester are heart disease and stroke, cancers and respiratory diseases, which together account for nearly 70% of all deaths. Cancers are the main cause of premature deaths (in the under 75s), accounting for over a third of early deaths, followed by heart disease and stroke and respiratory diseases. The proportion of deaths from heart disease and stroke in Leicester are slightly higher than nationally in all ages and under 75 year olds, whilst the proportion of deaths from cancers is slightly lower in Leicester. However Leicester residents are on the whole dying at a younger age and have a lower life expectancy than average.

Figure 8: Main causes of death in Leicester, all ages, 2012

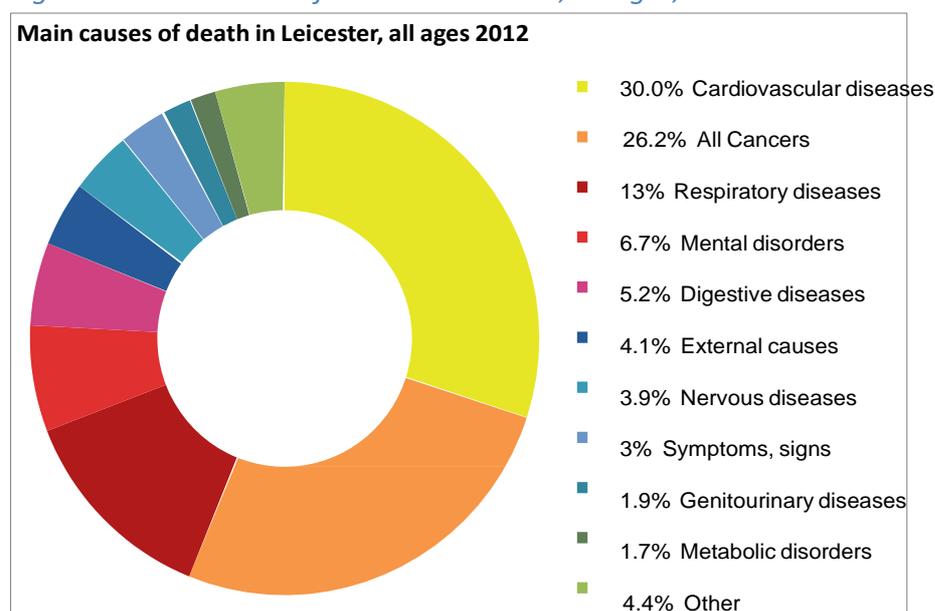
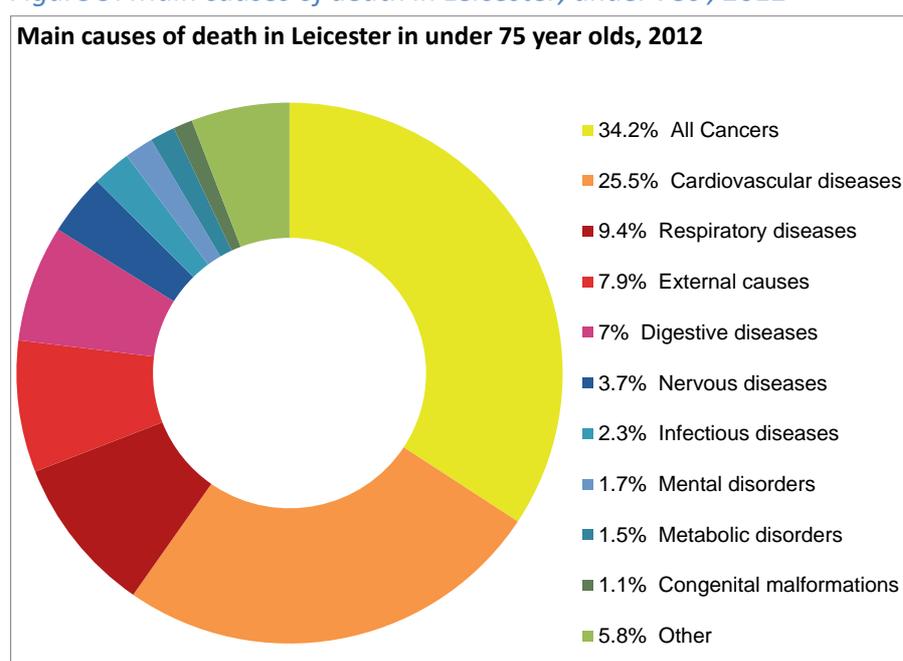


Figure 9: Main causes of death in Leicester, under 75s, 2012

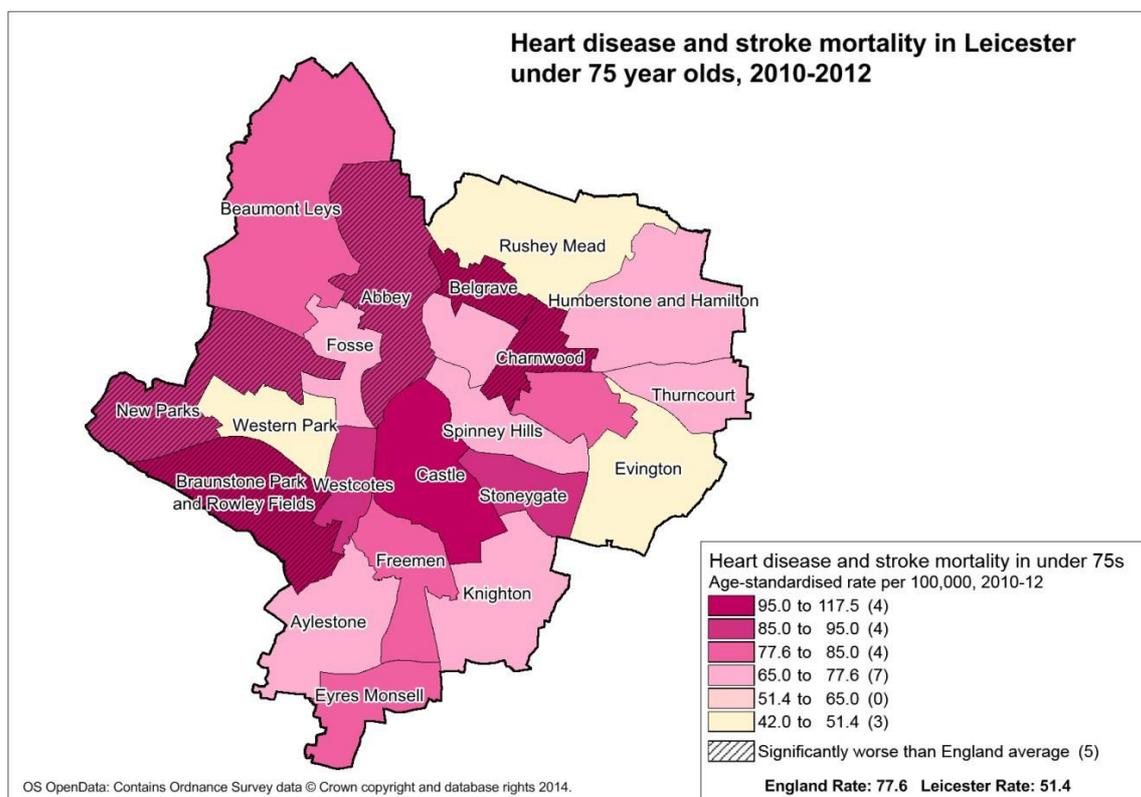


Data: Office for National Statistics mortality data

2.3 Coronary Heart Disease (CHD), Stroke, Cancer mortality

Cardiovascular diseases including heart disease and stroke are the biggest cause of death both nationally and in Leicester. However, the mortality rate from heart disease and stroke in Leicester is significantly worse than England as people are dying at a younger age in Leicester. Mortality rates from heart disease and stroke vary across the city and areas with higher mortality rates generally correlate with areas of higher deprivation. There are 5 wards in Leicester which have a premature mortality rate (under 75 years olds) worse than the England average.

Figure 10: Heart disease and stroke mortality rates in under 75 year olds, 2010-2012



Data: Office for National Statistics mortality data, Population estimates 2010-2012

Cancer is the second largest cause of death, and although cancer mortality rates overall in Leicester are not significantly different to the national ones, there is variation across wards. Cancer mortality is higher in the west of the city with 3 wards significantly worse than the national average and lower in the east of the city where 4 wards show significantly better mortality rates than nationally.

Main types of cancers

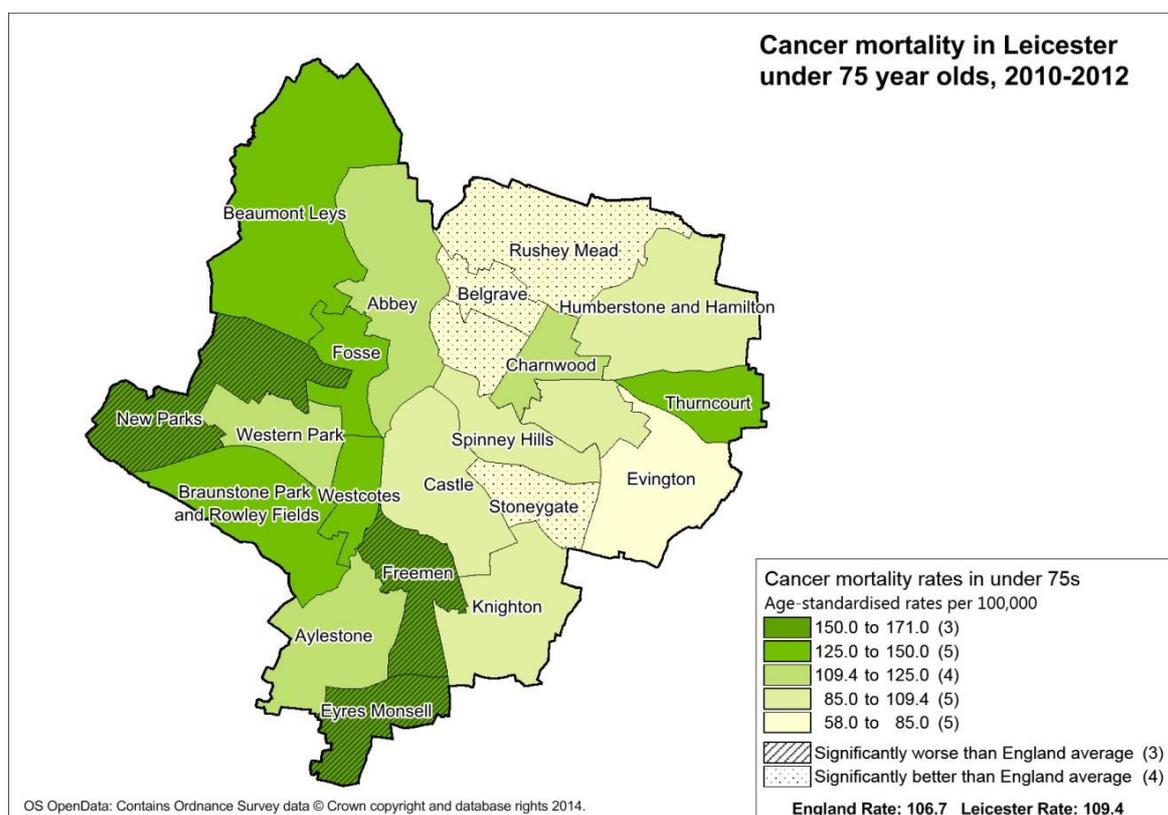
Lung cancer accounts for nearly 23% of all cancer deaths in both men and women in Leicester. Breast cancer (17%) is the second most common cancer in women followed by colorectal cancer (13%). In men, colorectal cancer makes up 10% of cancer deaths and prostate cancer 8%.

Table 7: Top 3 causes of cancer deaths in Leicester men and women, 2012

Cancer	Men	Women
Lung	23%	23%
Colorectal	13%	10%
Breast	17%	
Prostate		8%

Data: ONS mortality data

Figure 11: Cancer mortality rates in under 75 year olds, 2010-2012



Data: Office for National Statistics mortality data, Population estimates 2010-2012

2.4 Smoking related deaths and smoking cessation:

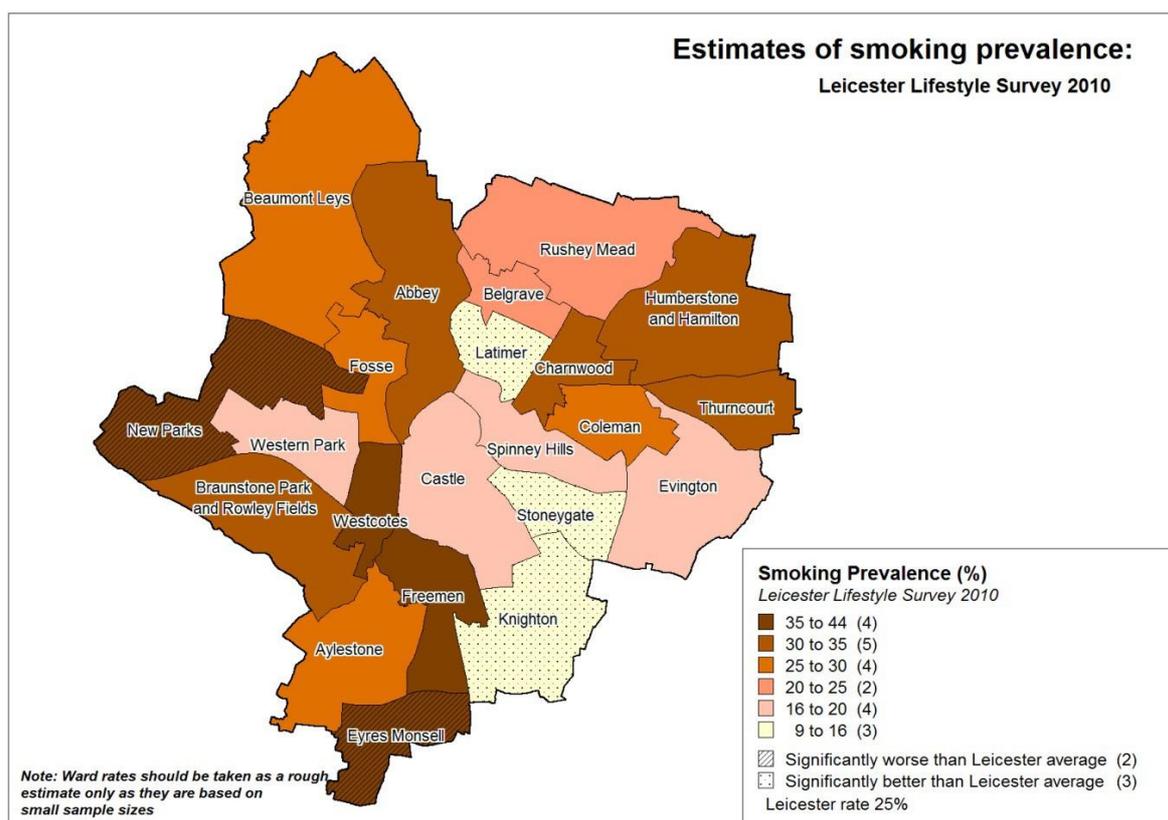
Smoking is the primary cause of preventable illness and premature death and accounts for around 100,000 deaths a year in the UK. About half of all life-long smokers will die prematurely, losing on average about 10 years of life. This is more than the following preventable causes of death combined (obesity, alcohol, road traffic accidents, illegal drugs,

HIV infection). Most smoking-related deaths are from lung cancer, chronic obstructive pulmonary disease (COPD) and coronary heart disease. The figures below show the relation of higher smoking prevalence areas in the city to higher lung cancer mortality.

Rates of adult smoking in England have fallen from 26% in 2000 to 19.5% in 2012. Smoking prevalence in Leicester has been estimated at 20.5% however, there is variation across the city with higher smoking levels in the west of the Leicester, where the population is predominantly White and lower in the east of Leicester where the population is predominantly South Asian. Over 2,500 people a year achieve a 4 week quit status through Leicester’s STOP smoking service.

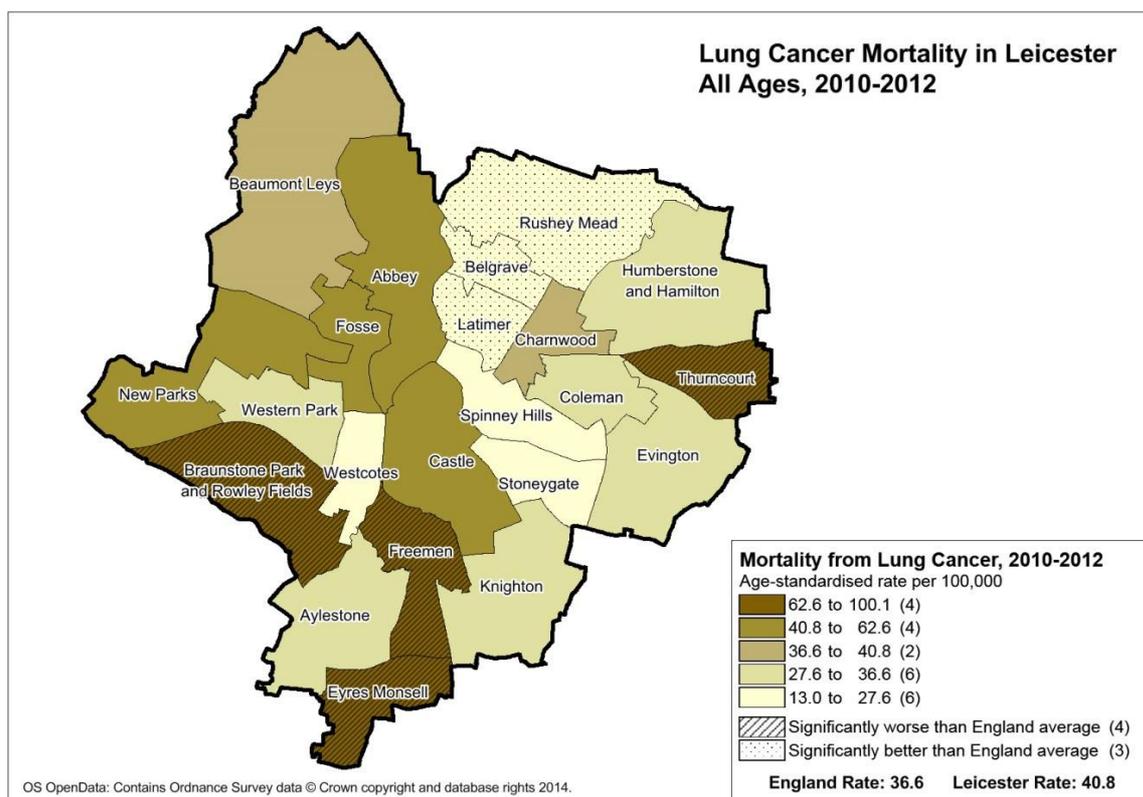
Note: The map below shows smoking prevalence estimates from the Lifestyle Survey carried out in 2010. Smoking prevalence has been falling each year, so the ward estimates are likely to be higher than currently, however it does show differences across the wards. A further survey is being undertaken in early 2015.

Figure 12: Estimates of smoking prevalence in Leicester wards (2010)



Data: Leicester Lifestyle Survey 2010

Figure 13: Lung cancer mortality rate in Leicester, 2010-2012



Data: Office for National Statistics mortality data, Population estimates 2010-2012

2.5 Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.

People with COPD have difficulties breathing and symptoms include, increasing breathlessness when active, a persistent cough with phlegm and frequent chest infections.

The main cause of COPD is smoking, and it usually affects people over the age of 35, although most people are not diagnosed until they are in their fifties. COPD affects more men than women, although rates in women are increasing.

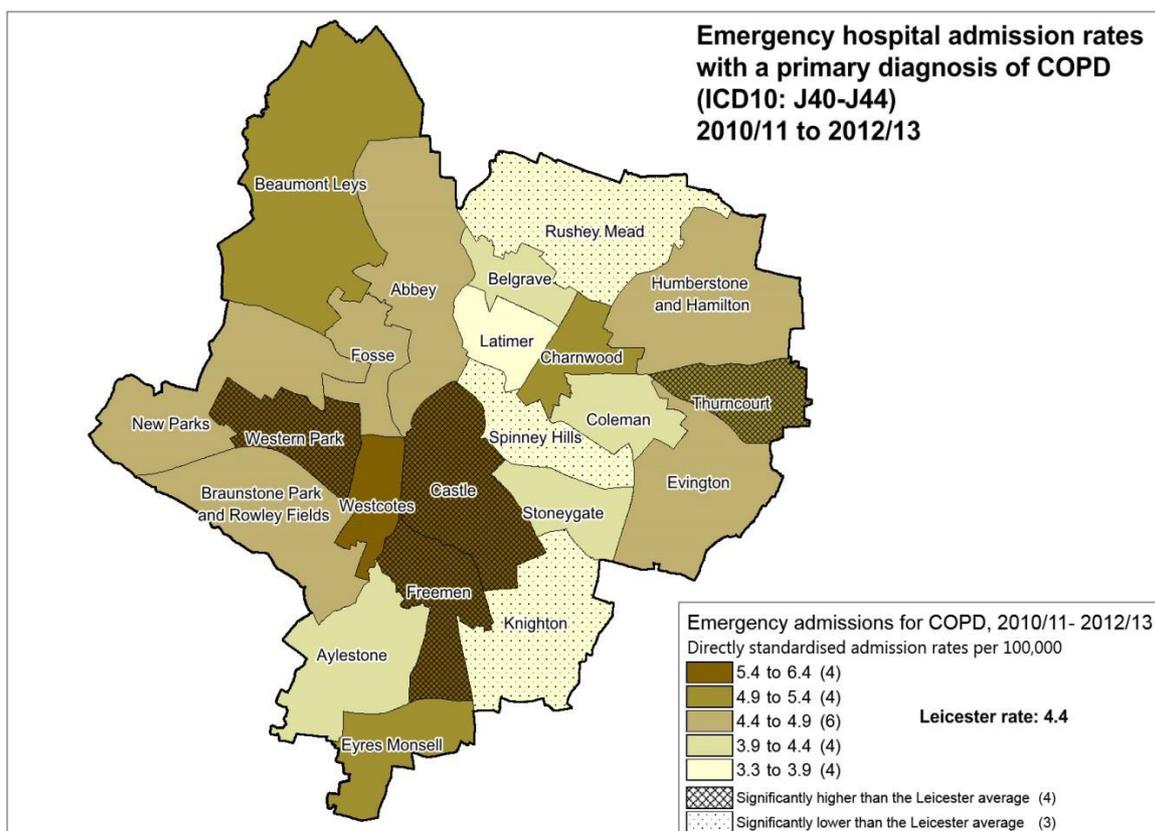
It is thought there are over 3 million people living with the disease in the UK, of which only about 900,000 have been diagnosed. This is because many people who develop symptoms of COPD do not get medical help because they often dismiss their symptoms as a 'smoker's cough'.

In Leicester, there are currently over 5,100 patients (1.4% of the population) registered with COPD, against an expected prevalence of around 3.0% ⁷.

Emergency hospital admission rates for COPD are higher in the west of Leicester, where levels of smoking are higher, and generally lower in the east of Leicester.

Treatments for COPD usually involve relieving the symptoms with medication, for example by using an inhaler to make breathing easier.

Figure 14: Emergency hospital admission rates for COPD, 2010/11 to 2012/13



Data: Hospital inpatient data (SUS)

There are over 100 deaths in Leicester each year from COPD, around 60 in men and 45 in women. Mortality rates are not significantly higher than the England average.

2.6 Diabetes

Diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces. Hyperglycaemia, or raised blood sugar, is a common effect of uncontrolled diabetes.

⁷ Eastern Region Public Health Observatories, Models of expected prevalence, 2011

- Leicester has a higher prevalence of diabetes (8.3%) than nationally (6.0%) with nearly 25,000 patients recorded on GP registers⁹. Diabetes prevalence has been increasing over the past few years, and is expected to continue to rise.

Locally, there are inequalities in long term conditions between different ethnic groups. Many of Leicester's population are from an ethnic minority background and research evidence shows the risk of developing diabetes and of suffering its acute complications at a relatively younger age are higher in ethnic minority groups.

- Prevalence of diabetes is four times greater in the South Asian population when compared to the white population of the city and diabetes prevalence is higher in GP practices with a high proportion of South Asian patients. There are 22 practices with a diagnosed prevalence of over 10%⁹.

Diabetes management in General Practice

GP practices are monitored on a number of checks made to their diabetic patients within a 15 month period.

- Leicester GP practices show a significantly lower % of diabetes patients who have had within the previous 15 months; HbA1c recorded as 7 or less, Neuropathy testing, peripheral pulses recorded and retinal screening.

Hospital admissions for diabetes:

- Diabetes is more prevalent in Asian populations and hospital admission rates related to diabetes are 2.8 times higher than for the White population.
- Rates of acute complications of diabetes have been shown to be strongly related to deprivation with a threefold difference between hospital admission rates in the most and the least deprived sections of the population in Leicester.
- Mortality rates from diabetes are significantly higher in Leicester than in England (2010-2012)
- In 2012, there were 31 deaths in Leicester (13 males, 18 females), with a main cause of death as diabetes.
- Diabetes is also an important contributory factor in a substantial number of premature deaths, mainly from heart disease and stroke. Mortality rates with diabetes complications are three times higher in the most deprived areas compared with the least deprived areas.

2.7 Sexual ill health:

Sexual health is an important part of physical and mental health; the consequences of poor sexual health can be serious including unplanned pregnancy, avoidable illness and mortality from sexually transmitted infections (STIs) and HIV/AIDS.

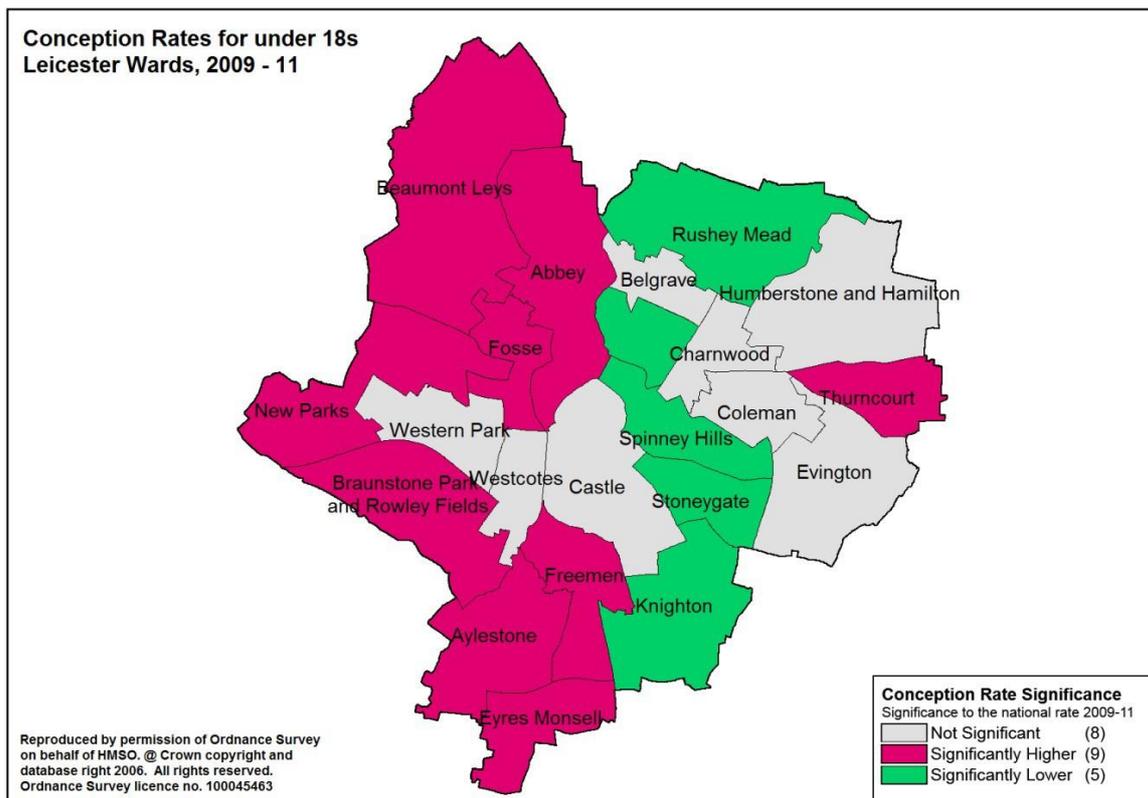
Leicester is currently ranked 60 out of 326 local authorities (where rank 1 is the worst) for diagnosis of acute STIs such as chlamydia, genital warts, gonorrhoea, syphilis and HIV/AIDS.

HIV is one of the fastest growing serious health conditions in the UK. Areas of high prevalence of HIV are defined as those with a diagnosed prevalence rate of more than 2 per 1,000 population aged 15-59 years. Leicester's prevalence is 3.64 per 1,000 15-59 year olds and is the 6th highest prevalent area outside London. There has been a 28% increase from 2008 to 2012 in the number of people with HIV living in Leicester. In 2012 there were 807 HIV positive people living in Leicester. Men who have sex with men (MSM) and African communities continue to be those disproportionately affected. The largest affected group is 25-44 year olds, however there has been a large increase in the number of people with HIV aged over 55.

The burden of sexual infection and ill health is predominantly borne by younger people and this is significant in Leicester, which has a higher population in the 15-24 year age group. Chlamydia is the most common STI in this age group, and although the chlamydia rate is higher in Leicester than other STIs, it is still lower than the national diagnosis rate.

Teenage pregnancy in Leicester has fallen by almost 50% over the past 15 years (from 64.6 to 32.9 per 1,000 15-17 year olds), however it is still significantly higher than the national rate (27.7). The main risk factors for teenage pregnancy include poor educational attainment, achievement or aspiration and poor access to contraception. Higher rates of teenage conception are seen in the west of the city.

Figure 15: Under 18 conception rates per 1,000 15-17 year old girls, 2009-2011



Data: Office for National Statistics Conceptions data

2.8 Mental Health Service users:

Poor mental health is both a contributor to and a consequence of wider health inequalities. It is associated with increased health-risk behaviours and increased morbidity and mortality from physical illness. There are high rates of smoking, drug and alcohol misuse, poor diet and lack of exercise among people with mental illness.

Most lifelong mental illness is acquired before the age of 14 and three-quarters arise by the time a person reaches 25. Evidence suggests that,

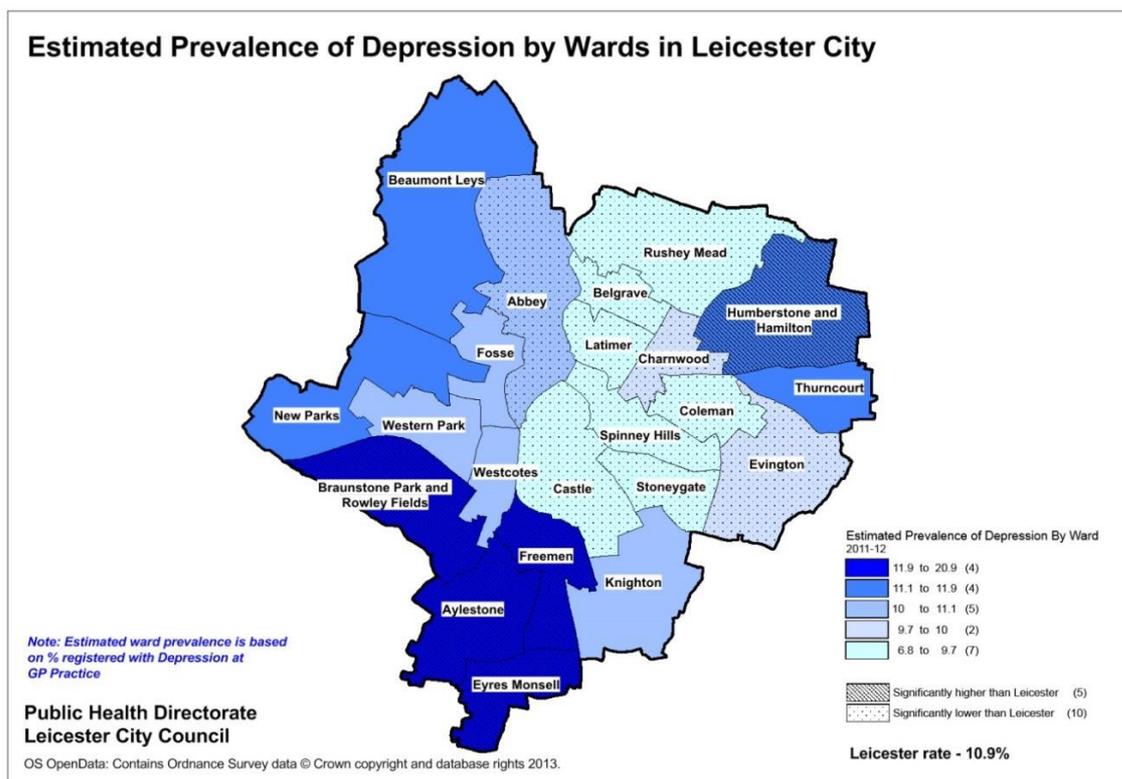
- 17% of the adult population experiences mental ill health at any one time
- 10% of new mothers suffer from post natal depression
- 19% of women and 13.5% of men are affected by depression or anxiety at any one time
- 50% of all women and 25% of men will be affected by depression at some time in their life
- 15% experience a disabling depression
- 4% of the population has a personality disorder
- 1% of the population has a severe mental illness (psychosis)

There are a number of groups within the population that are at a higher risk of developing mental health problems, including asylum seekers and refugees, men from Black/Black British ethnic backgrounds, prisoners and offenders, looked-after children, people with physical illnesses, LGBT people, drug users, the homeless and those experiencing fuel poverty.

In Leicester between 3,500 and 5,250 children have a mental health problem. Around 16-18% of working age adults may experience a common mental health problem at any time. These common mental health problems are more common in females than males (19.7% compared with 12.5%), equivalent to 34,000 to 38,000 people in Leicester. Serious and enduring mental illnesses such as schizophrenia and bipolar affective disorder and other psychosis, affects around 3,400 people. Depression is the most common mental disorder in later life and is affected by deprivation, bereavement, isolation and physical illness.

Mental Health is associated with deprivation and levels of severe mental illness are up to four times higher in the most deprived areas.

Figure 16: Estimated prevalence of depression in Leicester wards



Data: Quality Outcomes Framework prevalence data, GP patient registrations

For adults, there are around 3,700 diagnosed with a mental health problem, 1,750 with dementia and 17,500 on GP registers with depressionⁱ. Recorded depression being

significantly higher in Aylestone, Braunstone Park and Rowley fields, Eyres Monsell, Freeman and Humberstone and Hamilton. However, recorded depression is lower in Belgrave, Castle, Coleman, Latimer, Rushey Mead, Spinney Hills, and Stoneygate ward areas. These areas have similar rates of deprivation, but are characterised by a higher proportion of residents from BME communities.

2.9 Oral Health:

Oral health is mainly affected by an unhealthy diet, hygiene, tobacco and alcohol and these are risk factors for diseases such as oral cancer, dental decay, cardiovascular disease and diabetes. Alcohol and tobacco (alone or in combination) are associated with an increased risk of periodontal disease (disease that attacks the gum and bone and around the teeth), which can lead to tooth loss.

There is currently a lack of local information on adult oral health which will be rectified in the forthcoming epidemiological survey.

The burden of dental disease for children in Leicester is significantly higher than the regional and national averages. Leicester also scores badly when compared against local authority comparators, which have been matched by population and demographic profile. There is a further significant difference in the level of decay experience in children when compared against local authority comparators where the public water supply has been fluoridated. At age 5, children in Leicester have the highest proportion with decay experience nationally.

2.10 Obesity:

Obesity is a risk factor for a range of diseases including cardiovascular disease, type 2 diabetes and cancer. Excess weight can cause musculoskeletal pain and impair mobility from stress on joints and the spine.

Obesity results from the accumulation of body fat when energy intake from eating is greater than energy expended over time. The causes of obesity are complex and include wider societal and environment influences as well as individual lifestyle behaviours. It is linked to poorer mental health and wellbeing.

Nationally, population levels of overweight and obesity are increasing and by 2050, obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children.

In Leicester, levels of overweight and obesity are lower than the national levels, and levels of underweight are significantly higher than the England average.

Table 8: Levels of underweight, healthy weight, overweight and obesity

Area Name	% Underweight	% Healthy weight	% Overweight (not including obese)	% Obese	% Excess weight
England	1.2%	35.0%	40.8%	23.0%	63.8%
Leicester	3.4%	39.7%	37.4%	19.6%	57.0%

Data: Active People Survey, 2012

Obesity in children is published via the National Child Measurement Programme (NCMP) which measures the height and weight of reception (4-5 year old) and year 6 (10-11 year old) children in primary schools. Leicester children show significantly higher levels of obesity than nationally (2012/13) ; 11% of reception year and 21% of year 6 children in Leicester are obese.

2.11 Drug Misuse:

Drug and alcohol misuse is a complex issue and while the number of people with a serious problem is relatively small, someone's substance misuse and dependency affects everyone around them. Risk of addiction is influenced by personality, social environment, age and stage of development. The more risk factors an individual has, the greater the chance that taking drugs can lead to addiction.

National figures⁸ show

- Around 1 in 11 (8.8%) adults aged 16 to 59 had taken an illicit drug in the last year. This is more prevalent in 16 to 24 year-olds (18.9%)
- Levels of last year drug use in 2013/14 were higher than in 2012/13 (16.2%) of 16 to 24 year-olds
- Cocaine, ecstasy, LSD and ketamine use increased between 2012/13 and 2013/14
- Around one-third of adults had taken drugs at some point during their lifetime
- Adults from a White ethnic group generally had higher levels of any drug use (9.5%) than those from non-White background (5.4%)
- Adults living in a household in the lowest income group (£10,000 or less) had the highest levels of drug use in the last year (11.9%) and Class A drug use in the last year (3.6%) compared with all other income groups

There is no prevalence data for drug misuse in Leicester, but based on national data this would equate to:

⁸ <https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew/drug-misuse-findings-from-the-201314-crime-survey-for-england-and-wales>

- Over 18,000 (1 in 11 16-59 year olds) have taken an illicit drug in the last year, with around 6,500 using Class A drugs
- Around 2,900 Opiate and/or crack users (OCUs) or 12.6 OCUs per 1,000 15-64 year olds (nationally 8.4 OCUs per 1,000 population aged 15-64) . Approximately 45% of these were aged between 25-34 years⁹

Drug use is linked to health problems ranging from psychosis and seizures to heart and respiratory problems. In terms of drug-related harm in Leicester:

- 41 hospital admissions with a primary diagnosis of poisoning by illicit drugs in 2012/13
- 62 admissions with a primary diagnosis of drug-related mental health and behavioural disorders
- 473 with a primary or secondary diagnosis of drug-related mental health and behavioural disorders
- 28 deaths relating to drug-misuse in 2010-2012
- Over 1,000 drug-related offences recorded in 2013

There were nearly 1,500 individuals recorded in effective treatment during 2013/14¹⁰

2.12 Accident and emergency attendances

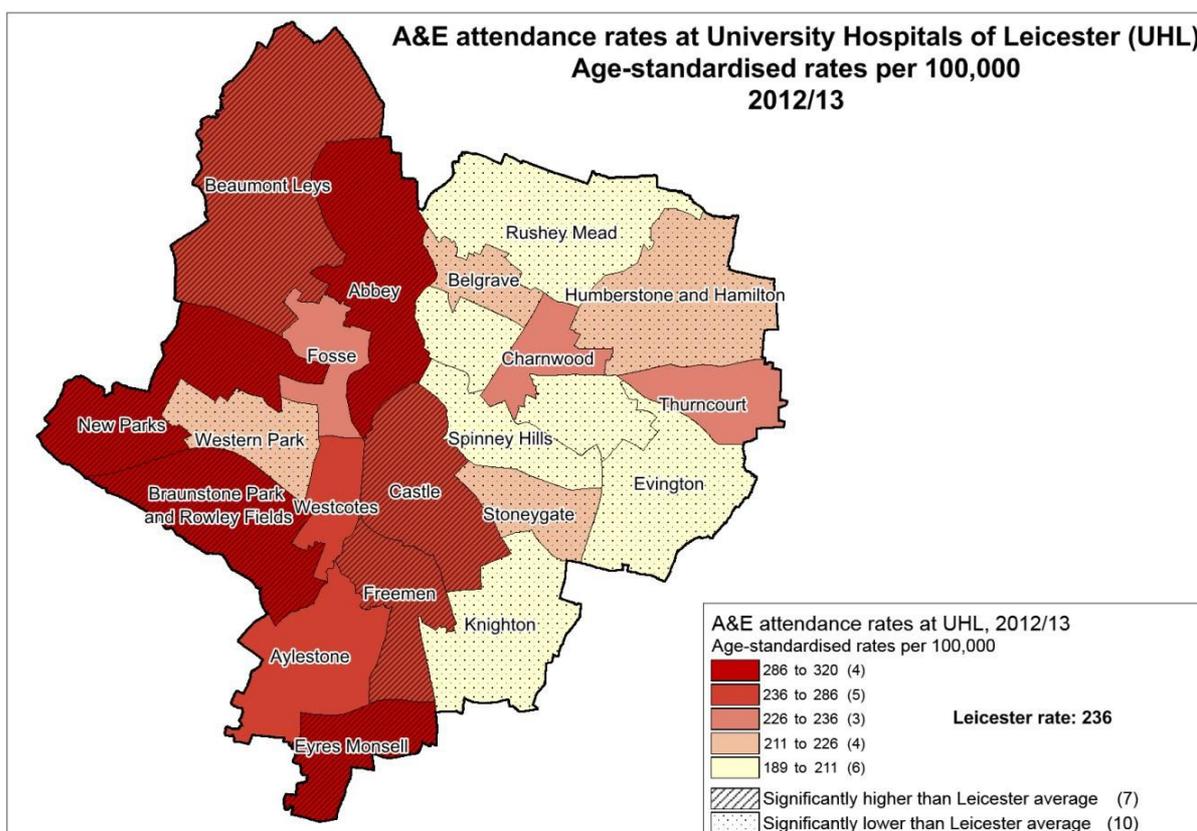
Leicester's accident and emergency department is located within the Leicester Royal Infirmary and A&E attendances in Leicester present a huge burden on the emergency department. The use of A&E varies across the city and the map below shows a much heavier use from residents living in the west of Leicester.

Analysis of A&E attendances carried out in 2010 showed that 15% of all adult attendances at UHL are potentially avoidable and occur within hours (Mon-Fri excluding bank holidays, 8.00am – 6.00pm). The algorithm used for determining potentially avoidable attendances was for adults who were ambulatory, self-referred, arrived in their own transport, received restricted, agreed investigations and treatments and were discharged home or to primary care. Potentially avoidable attendances may be reduced by finding an appropriate alternative such as a minor injury unit, GP surgery or pharmacy.

⁹ Glasgow prevalence estimation model 2011/12

¹⁰ National Drug Treatment Service (NDTMS) data

Figure 17: A&E attendance rates at University Hospitals of Leicester, 2012/13



Data: University Hospitals of Leicester A&E attendances

Summary of key points:

- Life expectancy in Leicester men and women is statistically lower than nationally
- Heart disease and stroke are the main causes of death, followed by cancers and respiratory diseases. These account for nearly 70% of all deaths
- Death rates from heart disease and stroke are statistically higher in Leicester than nationally
- Smoking prevalence varies across the city with higher than average rates in the west, and lower rates in the east
- COPD mortality rates and hospital admission rates are higher in the west of Leicester (as with smoking prevalence)
- Diabetes prevalence is significantly higher in Leicester than nationally, particularly in the east of Leicester which is home to many South Asian residents
- Teenage pregnancy rates are significantly higher than England, and locally higher in the west of Leicester City Council
- Leicester has around 3,700 patients diagnosed with a mental health problem, 1,750 with dementia and 17,500 on GP registers with depression
- Leicester children have statistically significantly higher levels of dental disease than nationally

3.0 Health in Leicester's wards

The health of Leicester's residents varies across the city and it is useful to look at local areas, or wards to highlight some of these differences. Some variations have already been mentioned in the demography and health needs sections. This section provides a summary of the key features within each ward and further detail is provided in the tables at the end.

It should be recognised that wards are primarily electoral areas and thus may not be wholly meaningful or confer identity on different parts of the city. Their use here is to provide some way of discussing local need and this limitation should be taken in to account in making judgements about this.

Please note that the Local Government Boundary Commission has recently published proposed changes to the Leicester ward boundaries.

http://www.lgbce.org.uk/data/assets/pdf_file/0011/23042/Leicester-summary-Aug-2014.pdf which will take effect from 1st April 2015.

The changes are laid out in section 7.4.

3.1 Abbey Ward:

- Young population with 35% of the ward population under 24
- 38% of population is non-White UK¹¹ ethnicity
- Higher child poverty in this ward (41.3%) than England (21.8%)
- 20% of Abbey ward population has long term illness or disability
- Significantly high rate emergency hospital admissions for COPD
- High incidence of lung cancer
- GCSE achievement (5A*) is worse than nationally (ward 40.2%, England 58.8%)
- Significantly worse life expectancy for men than England

3.2 Aylestone Ward:

- Higher proportion of over 85+ year olds (3.1%) compared with England (2.3%)
- Higher percentage of low birthweight babies (9.4%) than England (7.4%)
- Higher levels of long term unemployment (14%, England 10%)
- Higher reported levels of health as being very bad (ward: 1.7%, England 1.2%) and limiting long term illnesses (ward: 19.1%, England 17.6%)
- Incidence of prostate cancer in this ward is half that in England
- Emergency hospital admission rates overall and for COPD are worse than nationally
- Mortality rates from cardiovascular diseases are worse than nationally

¹¹ Non-White UK ethnicity represents all ethnic groups that are not White/British/Irish. ie Black and minority ethnic groups including White European and other White groups of non-UK background

- Life expectancy is significantly worse than nationally for men and women

3.3 Beaumont Leys Ward:

- Larger proportion of the population aged under 16 years (25%, England 19%) and smaller proportion aged over 85 (0.8%, England 2.3%)
- Life expectancy at birth for males (74.9) in this ward is 4 years less than England average(78.9)
- 44% of the population are of non-White UK¹¹ ethnicity
- Higher levels of deprivation relating to child poverty (ward 44.4%, England (21.8%), income deprivation and older people living in deprivation
- Higher unemployment and long term unemployment (ward 22%, 10% England)
- Higher rates of Emergency hospital admissions for COPD and myocardial infarctions
- Higher rates for hospital stays for self-harm and alcohol-related harm
- Coronary heart disease and respiratory diseases are the key causes of death in this ward

3.4 Belgrave Ward:

- 5% fewer older population in this ward than England average (17%)
- 86% of this ward population of Non-White UK¹¹ ethnicity
- High levels of deprivation with 50% of older people and 35% of children living in poverty
- 11% of births in this ward are low birth weight
- Higher rate of obese children at Year 6 in this ward (26%) than England average (19%)
- Higher levels or limiting long term illnesses (20.8% compared with 17.6% nationally)
- High emergency hospital admission rates overall, for CHD and MI
- Worse mortality rates from cardiovascular disease
- Lower levels of binge drinking adults
- Very low cancer incidence overall and in lung
- Life expectancy is similar to national levels

3.5 Braunstone Park and Rowley Fields:

- Nearly 5% fewer older people (over 65s) in this ward than England average (17%)
- Deprivation levels are more than double compared to England for children living poverty (50.8%), income deprivation (33.4%), older people in deprivation (40%)
- Life expectancy at birth is lower than in England by 4.5 years for males and nearly 4 years for females
- Unemployment is over double the national rate (ward 22%, England 10%)

- GCSE attainment is much worse (41%, England 58.8%)
- High levels of limiting long term illness and pensioners living alone
- High rates of emergency hospital admissions for CHD, Stroke, MI and COPD
- Worse rates of mortality from cancers, cardiovascular and respiratory disease
- Worse lung cancer incidence but lower incidence of prostate cancer

3.6 Castle Ward:

- Castle ward demographics are different from other wards; this ward has only 6.4% of under 16 population (England – 18.9%) and 0.7% of age 85 and over (England 2.3%). Half of the population are aged between 15 and 24 years.
- 50% of residents are of Non-White UK¹¹ ethnicity
- High levels of low birth weight babies (9.4%, England 7.5%)
- Levels of overcrowding almost 4 times the average (34%, England 8.7%)
- This ward has 48% of pensioners living alone.
- High rate of binge drinkers (33%) in Castle ward.
- Life expectancy at birth for male is almost 6 years below the average for men (73.1) and nearly 3 years less for women (80.2)
- Higher levels of emergency hospital admissions for CHD and COPD, and hospital stays for self-harm and alcohol-related harm
- Worse mortality rates from cardiovascular and respiratory diseases

3.7 Charnwood Ward:

- Higher proportions of under 16 year olds (27.5%, England 19%) and lower proportions aged over 65 years (8.9%, England 17%)
- 76% of the population from Non-White UK¹¹ ethnicity and 14% non-speaking or poorly speaking English
- High levels of deprivation for income deprivation (36%), child poverty (47.5%) and older people in deprivation (54%) compared to England (14.7%, 47.5%, 54%)
- High levels of long term unemployment (22%), overcrowding (27%, England 9%) and pensioners living alone (36% England 31.5%)
- Poor educational attainment with only 40.5% achieving 5 A* GCSEs (England 58.8%)
- High rates of low birth weight babies (11.7%)
- Levels of binge drinking are better than average
- Emergency hospital admission rates for COPD and MI are higher than average
- Hospital stays for alcohol-related harm are significantly higher than in Leicester overall and England
- Respiratory disease and circulatory diseases are major killing diseases for this ward
- Male life expectancy is 3.5 years lower than average

3.8 Coleman Ward:

- Large proportion of BME (80%) and 15% do not speak English at all or not well
- Nearly half of older people are living in deprivation (47%), higher than in Leicester overall (35.5%) and 2.5 times higher than England (18%)
- High levels of overcrowding (19%, England 9%)
- One of the highest low birth weight rates (11.5%, England 7.4%)
- Low levels of binge drinking
- Significantly lower levels of excess weight in reception year children (similar levels of excess weight in year 6 children)
- Significantly worse emergency hospital admission rates from

3.9 Evington Ward:

- Higher proportion of older people (20.2% aged over 65, England 16.9%)
- Around 64% of the population from BME backgrounds
- Worse rate of low birth weight babies (10%, England 7.4%)
- Higher levels of deprivation overall, for children and the elderly than in England
- Fewer pensioners living alone
- Lower levels of binge drinking, similar levels of obesity and healthy eating
- Lower rates of emergency hospital admission rates from COPD
- Lower incidence of cancer
- Life expectancies for men and women are higher than nationally, with males significantly better by 2.0 years

3.10 Eyres Monsell Ward:

- Higher proportion of under 16s (24.6%, England 18.9%)
- High levels of income deprivation (33.4%), child poverty (46.9%) and older people living in deprivation (37.5%)
- Poor levels of GCSE achievement (34%, England 58.8%)
- Higher levels of pensioners living alone
- Higher levels of hospital admissions for COPD, self-harm and alcohol-related harm
- Worse incidence of lung cancer
- Death rates from cardiovascular diseases and cancers are worse than in England
- Life expectancy for males is 4 years less than England average and females are 2.7 years less

3.11 Fosse Ward:

- Younger population profile with fewer people aged 65 and over (10.4%, England 16.9%)
- Compared to other wards in Leicester this ward has relatively a higher proportion of White UK population (60.7%)
- Higher levels of income deprivation, child poverty and older people living in deprivation than nationally
- Lower GCSE achievement, higher long term unemployment and more pensioners living alone
- Obese children and children with excess weight in reception year is higher in this ward (15.3% and 30.6%) than England average (9.4% and 22.5%)
- Higher hospital admission rates for heart attacks and worse death rates from cardiovascular diseases

3.12 Freeman Ward:

- Much younger population profile with 44% aged under 25 years, and only 8.4% over 65 years (England 30.6%, 16.9%)
- High levels of income deprivation and older people deprivation and over double the rate for child poverty (46.9%) compared with England (21.8%)
- Emergency hospital admission rate for COPD is almost double the England rate
- Lung cancer incidence is worse
- Hospital stays for self-harm and alcohol-related harm are worse than England
- Death rates from respiratory diseases and coronary heart disease are significantly worse
- Male life expectancy over 3 years less than England average

3.13 Humberstone and Hamilton Ward:

- Younger population profile with 25% aged under 16 years and 10.7% aged 65 and over (England 10.7%, 16.9%)
- Worse level of low birth weight babies (8.8%, England average 7.4%)
- High levels of deprivation and 29% of older people living in deprivation (England 18%)
- Lower levels of bad health and limiting long term illnesses
- High levels of emergency hospital admissions for COPD and heart attacks
- Lower incidence of cancers
- Worse levels of premature mortality rates and worse male life expectancy (1.8 years less than England)

3.14 Knighton Ward:

- Relatively fewer Non-White UK¹¹ residents (41.6%) than Leicester average
- Significantly lower levels of income deprivation, child poverty and older people living in deprivation
- High GCSE achievement (74.6%), lower long term unemployment and lower levels of limiting long term illness
- Lower levels of excess weight in reception year and year 6 children
- Lower emergency hospital admission rates for coronary heart disease and COPD
- Lower levels of cancer incidence

3.15 Latimer Ward:

- This ward has fewer residents aged 65 and over (13.7%, England 16.9%)
- 92.9% of residents are from a Non-White UK¹¹ background and 23% cannot speak English well or at all
- Almost 3.5 times more older people live in deprivation (61.7%), than England average (18.1%)
- High levels of overcrowding, long term unemployment, limiting long term illness and unpaid care
- Low birth weight rate in this ward (12.4%) is significantly worse than England average (7.4%)
- Cancer incidence from this ward is significantly lower

3.16 New Parks Ward:

- This ward has a higher proportion of under 16 year olds (26.9%, England 19.9%)
- Lower levels of Non-White UK¹¹ population (77.9%) than Leicester, similar to England
- Levels of income deprivation (35.8%) and child poverty (51.6%) and older people living in deprivation (38.3%) are over double the national levels (14.7%, 21.8%, 18.1%)
- Poor GCSE achievement (48.8%, England 58.8%), high levels of long term unemployment (23.4%, England 10.1%), and limiting long term illness
- More than double the rate of emergency hospital admissions for COPD and worse hospital stay rates for self-harm and alcohol related harm
- Incidence of lung cancer is almost double the rate in England
- Premature death rates from heart diseases and cancers are significantly worse than nationally

- 6 year gap in Life expectancy at birth for men (72.9 years) in the ward and England, 3 year gap for women (79.7)

3.17 Rushey Mead Ward:

- 75% ward population are of Non-white UK¹¹ ethnicity and 9.7% do not speak English at all or well
- 35% of older people live in deprivation in this ward, over double England rate (18.1%), but lower levels of child poverty
- Significantly high levels of low birth weight births (10.5%, England 7.4%)
- Low levels of binge drinkers in this ward (6%) compared to England (20%)
- Emergency hospital admission rate for heart attacks is significantly worse than England, COPD admission rates are significantly better
- Lower levels of cancer incidence and cancer mortality rates

3.18 Spinney Hills Ward:

- Much younger age profile than nationally with 28% aged under 16 years and only 0.8% aged 85 and over (England 18.9%, 2.3%)
- 93.2% of population is of non-White UK¹¹ ethnic background and 18.2% do not speak English at all or well
- Significantly high levels of income deprivation (40.9%), older people in deprivation (70.7%) and child poverty (50.5%) compared to England (14.7%, 18.1% and 21.8%)
- Poor GCSE achievement (44.2%, England 58.8%), high long term unemployment (21.7%, England 10.1%), high levels of overcrowding 25.9% (England 8.7%)
- Significantly worse low birth weight births (11.7%) in this ward compared to England (7.4%)
- High levels of obesity in year 6 children
- Lower levels of cancer incidence
- Hospital admission rates for heart attacks is significantly worse than England
- Worse levels of premature mortality from cardiovascular diseases
- Life expectancy similar levels to nationally

3.19 Stoneygate Ward:

- Much younger age profile than nationally with 43.8% of the population are aged under 25 years old (England 30.6%) and only 9.1% aged 65 and over (England 16.9%)

- 83.8% of residents are of non-White UK backgrounds¹¹, with 10.6% not speaking English at all or well
- High levels of income deprivation (26.4%), child poverty (35%) and older people in deprivation (46%) compared with England (14.7%, 21.8%, 18.1%)
- Poor levels of GCSE achievement, high levels of long term unemployment, high levels of overcrowding
- High rates of low birth weight births (11.1%) compare to England (7.4%)
- Lower levels of excess weight in reception year children
- High emergency hospital admission rates from heart attacks and high mortality rates from cardiovascular diseases in the under 75s
- Lower levels of cancer incidence
- Life expectancy similar levels to nationally

3.20 Thurncourt Ward:

- Higher % of the population aged under 16 years (21.4%, England 18.9%) and higher % aged 65 years and over (18.9%, England 16.9%)
- Higher levels of income deprivation, child poverty and older people living in deprivation
- Worse levels of emergency hospital admissions for COPD
- Mortality rates from cardiovascular disease and cancers are significantly worse than in England
- Male life expectancy is significantly lower than average by 2.2 years

3.21 Westcotes Ward:

- Much younger age profile with 30.9% aged 16-24 (student and migrant populations) and only 5% aged 65 and over (England 11.7% and 16.0%)
- High levels of child poverty (25%) and older people living in deprivation (32%)
- High levels of overcrowding (20.6%) compared to England (8.7%)
- Worse levels of reception year children with excess weight (28.4%, England 22.5%)
- High emergency hospital admission rates for COPD
- Low rates of cancer incidence
- Premature mortality rates significantly worse
- Worse life expectancies with men 4 years less and women 5.3 years less than England

3.22 Western Park Ward:

- Relatively lower proportion of Non-White UK¹¹ population (33%) than Leicester (54.9%)
- Worse levels of deprivation in older people (23.7%) compared to England (18%)
- Better levels of limiting long term illness
- Higher levels of emergency hospital admission rates for COPD
- Lower incidence of colorectal and prostate cancers
- Significantly worse life expectancies for men (2.2 years less) and women (2 years less) than in England

Summary of key points:

- Within the context of Leicester's overall health needs there is considerable variation in health need when viewed at the ward level.

4.0 Location and access to Pharmacies

4.1 Pharmacies in Leicester

Leicester has 86 Community Pharmacies (as at 31st March 2014) and 72 GP Surgeries (including nine branch surgeries). 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 Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS). There are no dispensing GP Practices in Leicester and no appliance contractors. Pharmaceutical Needs Assessment's 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.

Leicester has an overall rate of 2.3 community pharmacies per 10,000 population, significantly higher than the average for England, 2.0 pharmacies per 10,000 population¹². The number of pharmacies has increased from that found in 2011, where the pharmaceutical needs assessment identified 78 pharmacies, of which 3 were 100 hours pharmacies.

4.2 Types of pharmacies

As indicated above there are different types of community pharmacies.

Distance selling pharmacies:

Five are distance selling pharmacies, based in the city, but selling pharmaceuticals over the web. 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.

Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS)

This scheme, introduced in 2005/6 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. The ESPLPS scheme has been withdrawn from 31 March 2015. Where flexibility is required by NHS England in the provision of services use can be made by them of the Local Pharmaceutical Services contract which allows for local arrangements to secure viability of a service provider. One Leicester pharmacy is an ESPLPS and is being considered for a Local Pharmaceutical Services Contract from 1 April 2015.

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.

¹² <http://www.hscic.gov.uk/catalogue/PUB12683/gen-pharm-eng-200304-201213-rep.pdf>

Dispensing Practices:

GP Practices are allowed to dispense medicines and appliances 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.

Pharmacies do not serve a defined population

Table 9, below, lists the wards in which the community pharmacies are located. It should be noted that pharmacies have no designated service area and draw on a more dispersed population than that found in the ward in which they are located - which can include the whole city, and beyond its borders, as customers think fit. *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 of 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.*

Table 9: Pharmacy types, GP Practices and registered populations in Leicester wards

Ward name	Total No. Pharmacies	Essential Small	Internet/ Distance Selling Pharmacy	No. GP	Pharmacies per 10,000 population
		Pharmaceutical Services		Surgeries (including Branch surgeries)	
Abbey	2	0	0	1	1.2
Aylestone	4	0	0	3	3.4
Beaumont Leys	3	0	0	3	1.7
Belgrave	5	0	0	3	3.8
Braunstone Park & Rowley Fields	2	0	0	2	1.0
Castle	7	0	1	8	2.6
Charnwood	5	0	0	3	3.1
Coleman	4	0	0	2	2.4
Evington	3	0	0	2	2.5
Eyres Monsell	3	0	0	4	2.4
Fosse	2	0	0	3	1.5
Freemen	1	0	1	0	0.8
Humberstone and Hamilton	3	0	0	2	1.5
Knighton	4	1	0	3	2.2
Latimer	7	0	0	6	4.5
New Parks	1	0	0	2	0.5
Rushey Mead	3	0	2	2	1.7
Spinney Hills	10	0	1	10	3.5
Stoneygate	6	0	0	5	2.6
Thurncourt	2	0	0	1	1.8
Westcotes	6	0	0	4	4.3
Western Park	3	0	0	3	2.7
Leicester City	86	1	5	72	2.3

Source: NHS England, ONS mid-2012 population estimates

Availability of population data relating to distances from pharmacies is problematic due to information governance requirements so a proxy measure of electoral wards has been adopted to provide a guide to populations served and their use of pharmacy services. While it is recognised, as indicated above, that people will not necessarily always use the

pharmacies within the ward they live in, and pharmacies can draw their customer base from a wider geographical basis, it does enable some comparison between the location of pharmaceutical services across Leicester by smaller geographical areas - on the basis that while residents will always exercise choice most residents will choose to use community pharmacies closer to their home.

Control of entry provisions

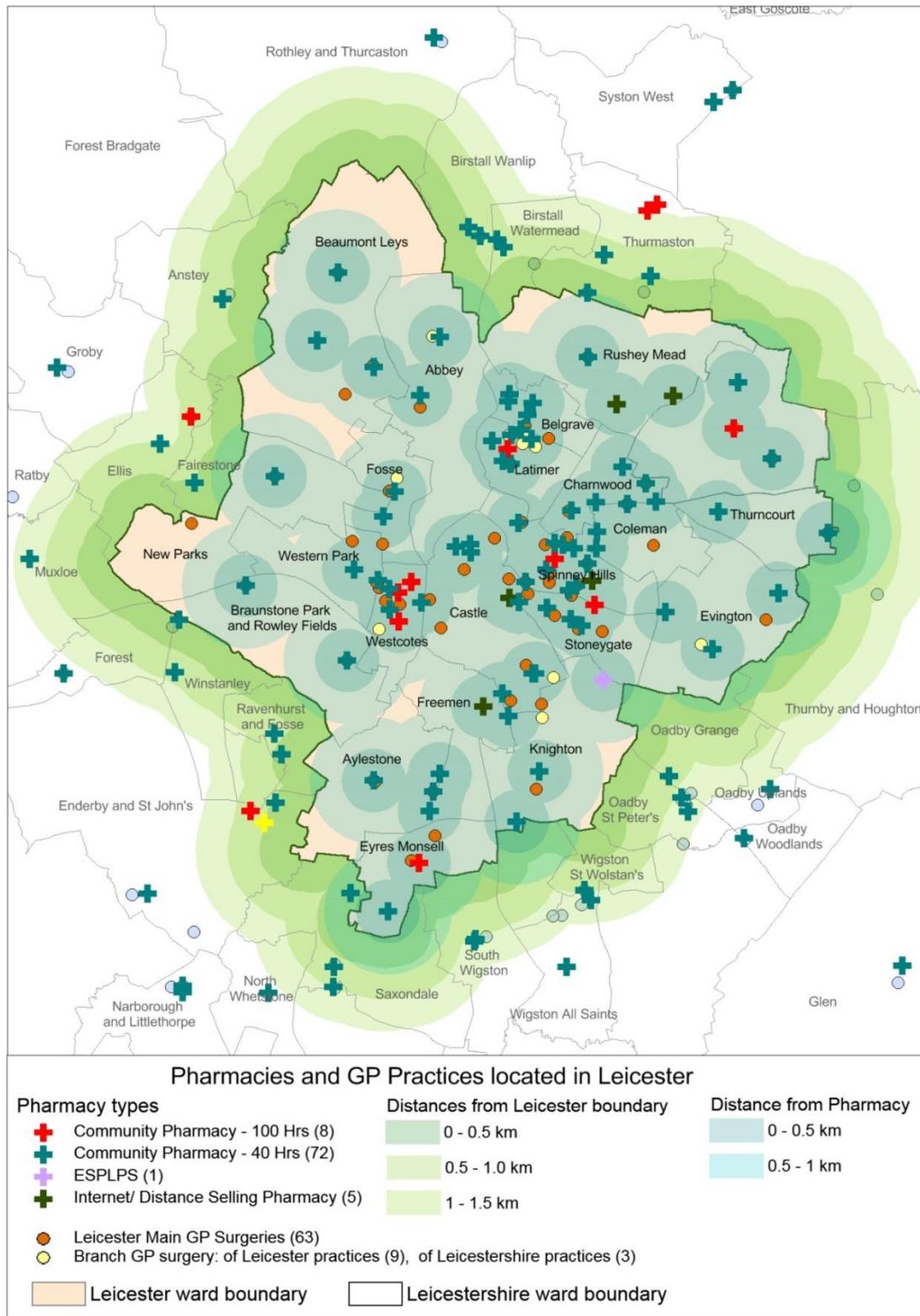
Recent national policy has vacillated between leaving it to the market to determine the number and location of community pharmacies and having a more or less regulated approach to these issues. Control of entry provisions were first introduced in 1983 and came in to full effect in 1987. This had the 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 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.

Location of pharmacies

Noting the above comments, Figure 18 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 Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) contract, indicated above, that a distance within 1km is considered to be reasonable access to a community pharmacy.

Figure 18 also shows that, in addition to the pharmacies located within the city boundary, there are 9 pharmacies within 0.5 km and a further 15 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 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 18: Pharmacies and GP Surgeries in Leicester City

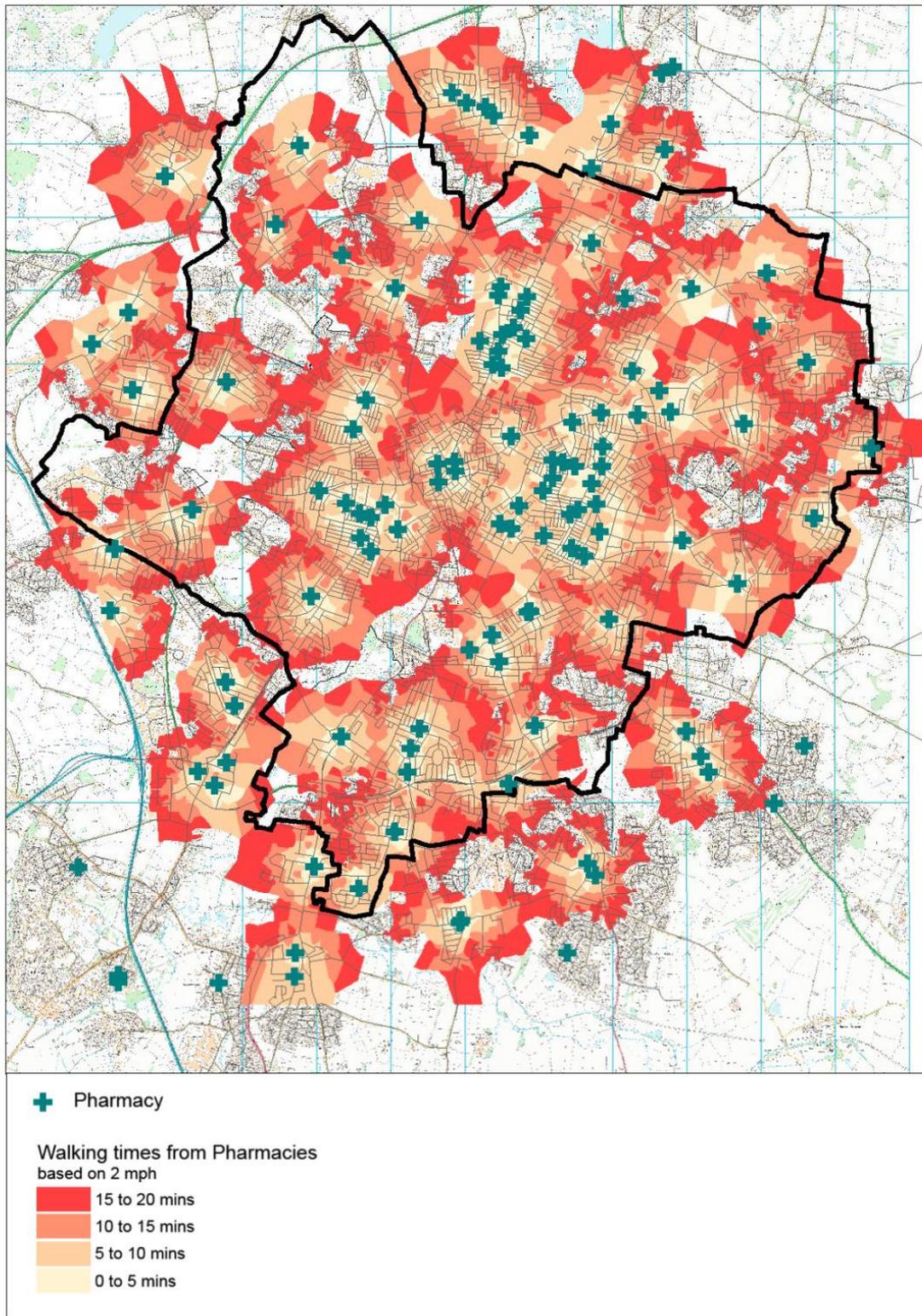


Data: NHS England Pharmacy data, CDS GP Practice data

4.3 Walk-times to Pharmacies

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

Figure 19: Walk times to Pharmacies in Leicester



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 ward 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 ward
- 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

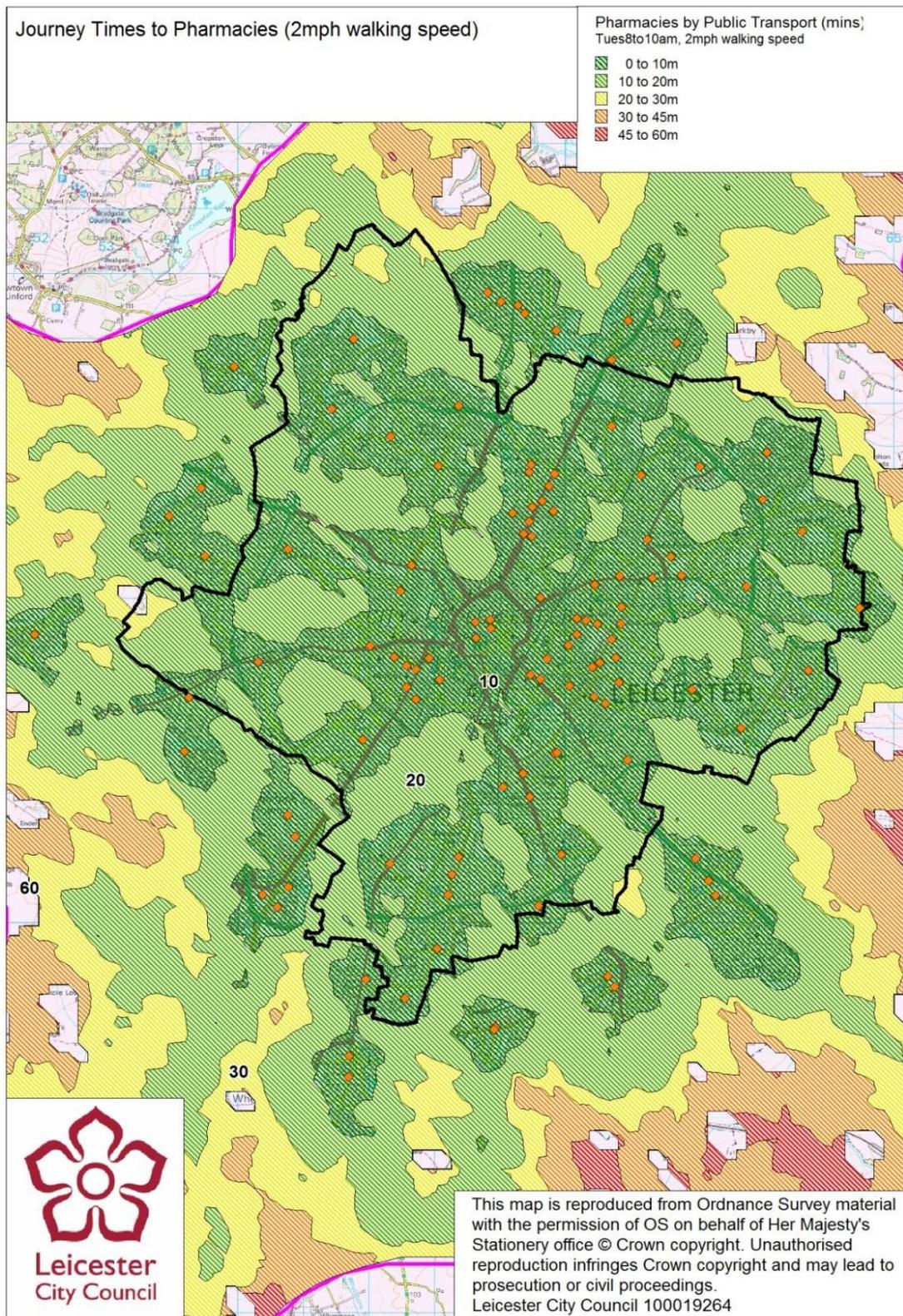
4.4 Public transport travel times to pharmacies

The following map shows travel times by public transport to pharmacies, based on 2 miles per hour walking speed, and a maximum allowed distance of 400m between interchanges (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 Tuesday between 8 and 10am.

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

Figure 20: Public transport travel times to Pharmacies



Y:\Accession\Pharmacies_Aug14/...

Source Leicester City Council Transport Division

4.5 Drive times to Pharmacies

Figure 21 shows that most of Leicester's population live within 1km of a pharmacy (indicated by 0.5 and 1km buffer circles around the pharmacies). In terms of travel times, this means that every pharmacy is accessible by car within 5 minutes, 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 by ward.

Figure 21: Drive-times to Pharmacies in Leicester

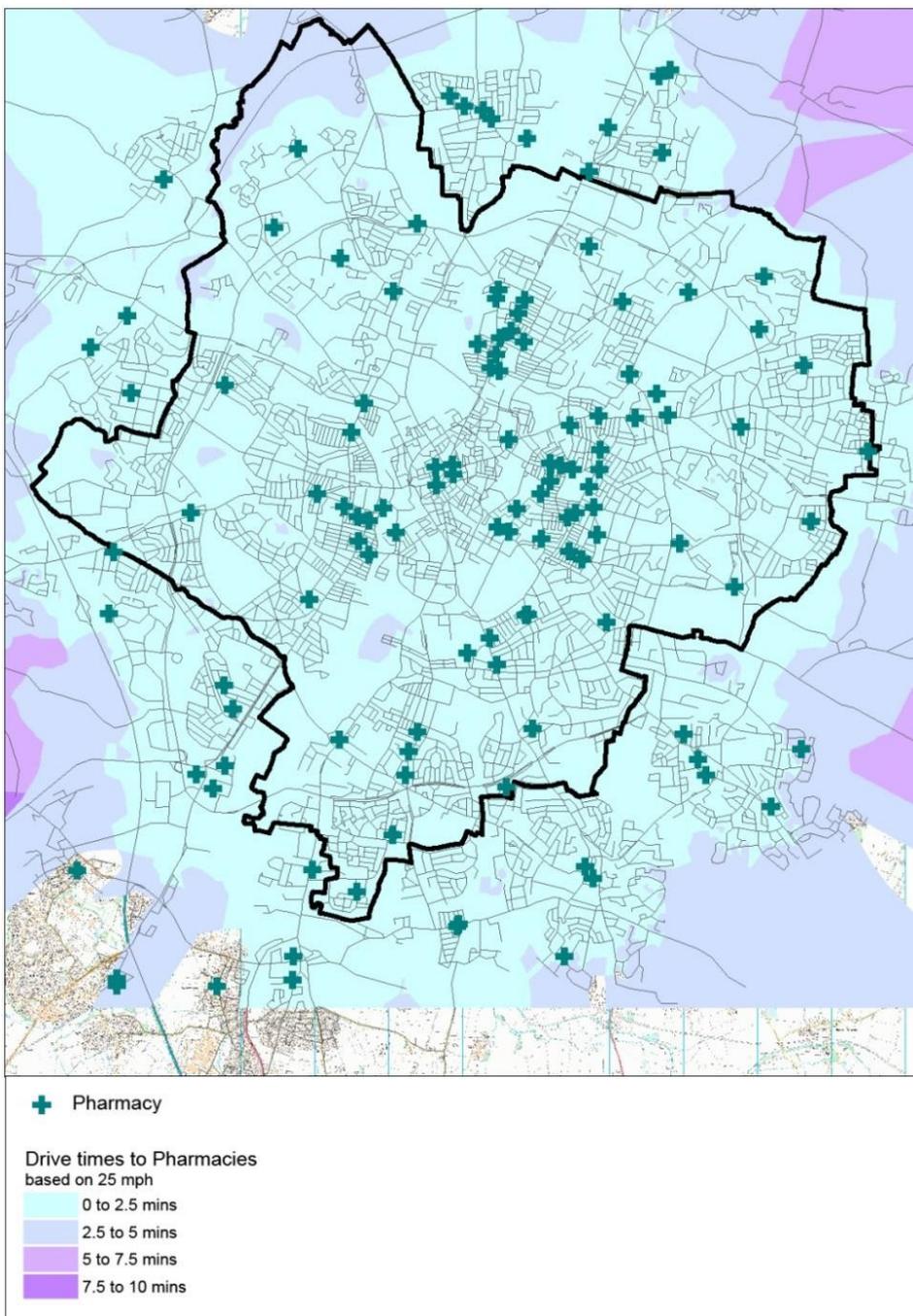


Table 10, below, shows the households by ward in Leicester without cars or vans. Households in Castle ward in the city centre had the lowest number, with 58% of households having no cars or vans. Wards with the highest proportion of households with such vehicles (around 80%) are in the east of Leicester and include Rushey Mead, Humberstone and Hamilton, Evington and Knighton. Wards where car/van ownership is low and pharmacies are more than 0.5km from home include Beaumont Leys, New Parks and Braunstone Park and Rowley Fields.

Table 10: Leicester - Households with no cars or vans

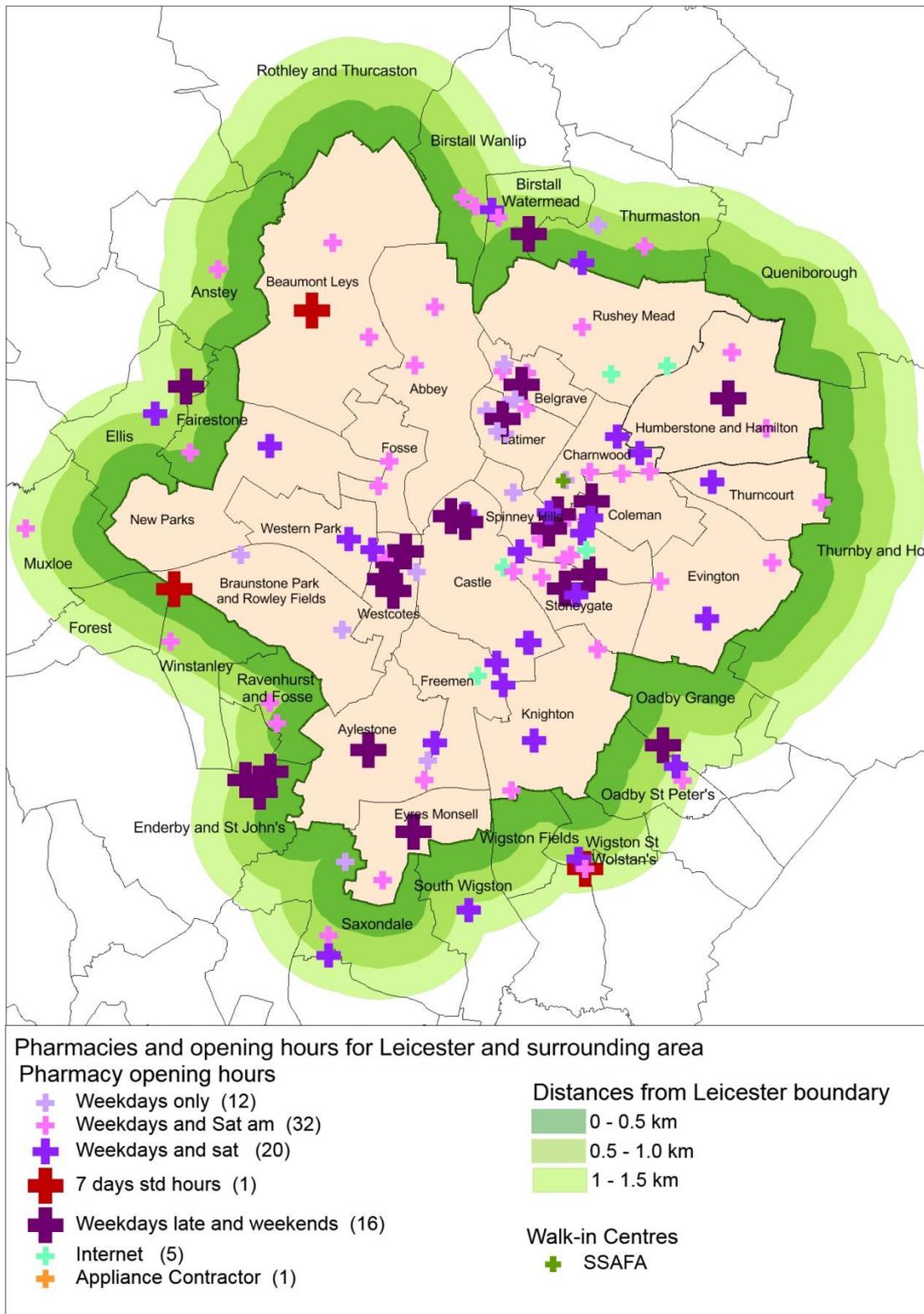
Ward name	Households with No Cars or Vans Count	Households with No Cars or Vans %
Castle	5352	58
Charnwood	2045	46
Westcotes	2257	45
Spinney Hills	3320	44
Latimer	1777	43
New Parks	2960	43
Freemen	1762	42
Braunstone Park and Rowley Fields	2738	40
Eyres Monsell	1869	40
Belgrave	1547	39
Abbey	2418	39
Coleman	1871	39
Stoneygate	2390	38
Fosse	2059	37
Thurncourt	1373	33
Beaumont Leys	2082	32
Western Park	1277	29
Aylestone	1376	28
Humberstone and Hamilton	1522	22
Evington	909	22
Rushey Mead	1123	20
Knighton	1348	20
Leicester total	45375	37

Source: Census 2011

4.6 Pharmacy opening times

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

Figure 22: Pharmacies in Leicester and surrounding area by opening hours



The lowest provision is in Freeman, with one distance selling pharmacy open for 40 hours per week.

- Freeman has one distance selling pharmacy only. Note: there are large areas of commercial and recreational activity in Freeman.
- Rushey Mead has 2 distance selling pharmacies and 1 pharmacy open 52 hours per week including Saturday morning
- 4 wards have less than 100 open pharmacy hours per week
 - Fosse: 1 distance selling pharmacy open for 40 hours per week
 - New Parks: one pharmacy open for 52 hours per week including Saturday
 - Abbey: 2 pharmacies, total of 91.5 hours including Saturday morning
 - Fosse: 2 pharmacies, total of 93.8 hours including Saturday morning
- Spinney Hills has the highest provision: 10 pharmacies open for a total of 546.5 hours per week, including one 100 hour pharmacy, one distance selling pharmacy, late weekday opening hours and weekends

Table 11: Pharmacy opening days by wards:

Opening days	Days open						Internet/ Distance Selling Pharmacy	Leicester Total	Total hours open
	Weekdays only	Weekdays and Sat am	Weekdays and Sat	7 days std hours	Weekdays late and weekends				
Ward name									
Spinney Hills	1	3	3		2	1	10	546.5	
Westcotes	1	1			4		6	469.5	
Latimer	4	2			1		7	365.8	
Stoneygate		2	1		2		5	349.0	
Castle			4		2	1	7	346.0	
Charnwood	1	2	2				5	241.8	
Belgrave	2	2			1		5	239.0	
Coleman		2	1		1		4	232.5	
Aylestone	1	1	1		1		4	219.0	
Eyres Monsell		2			1		3	198.0	
Humberstone and Hamilton		2			1		3	192.5	
Knighton		2	2				4	180.0	
Beaumont Leys		2		1			3	144.5	
Evington		2	1				3	140.8	
Western Park		1	2				3	140.5	
Rushey Mead		1				2	3	139.5	
Thurncourt		1	1				2	101.3	
Braunstone Park and Rowley Fields	2						2	101.0	
Fosse		2					2	93.8	
Abbey		2					2	91.5	
New Parks			1				1	52.0	
Freemen						1	1	40.0	
Leicester City	12	32	19	1	16	5	85	4624.3	
0 km to 0.5km	1	4	1	1	2		9		
0.5km to 1km	1	6	4		4		15		
1km to 1.5km		4	3	1			8		
Total within 1.5km of Leicester	2	14	8	2	6		32		

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 2014) - a rate of 2.3 community pharmacies per 10,000 population, significantly higher than the average for England, 2.0 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.

There are nine pharmacies within 0.5 km and a further 15 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.

5.0 Current Pharmacy Provision and Services

5.1 The Community Pharmacy Contractual Framework

All national NHS pharmaceutical service providers must comply with the contractual framework that was introduced in April 2005. The national framework is set out below and can be found in greater detail on the PSNC website:

<http://www.psnc.org.uk/pages/introduction.html>

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 by Clinical Commissioning Groups and Local Authorities in response to the needs of the local population.

5.2 Provision of pharmacy services

5.2.1 Essential services

The essential services which **must** be provided by all contractors are briefly described in table 12 below.

Table 12: 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	The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

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 ¹³ .
Promotion of healthy lifestyles (Public Health)	The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to: <ul style="list-style-type: none"> • have diabetes, or • be at risk of coronary heart disease, especially those with high blood pressure; or • who smoke; or • are overweight. Pharmacies must also undertake pro-active participation in national/local campaigns, to promote public health messages to
Disposal of unwanted medicines	Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal. NHS England's Leicestershire and Lincolnshire Area team has arrangements for the collection and disposal of waste medicines from pharmacies.
Signposting	The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy.
Support for self-care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

5.2.2 Advanced Services

There are four advanced services within the NHS community pharmacy contractual framework as shown in table 13, below. Community pharmacies can choose to provide any of these listed services following appropriate training and or accreditation by NHS England.

¹³ Further information is available from the NHS Employers website <http://www.nhsemployers.org/case-studies-and-resources/2011/11/clinical-governance-requirements-for-community>

Table 13: Advanced pharmacy services

Advance	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. 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)	<p>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 patient medicines adherence. It is initially focused on particular patient groups and conditions.</p> <p>The service was initially implemented as a time-limited service to be commissioned until March 2013. NHS England has been considering the short term future of the service and has agreed that the service will continue in 2014/15, subject to the outcome of the Department of Health funded academic evaluation of the service, which is expected to report in mid-2014. This means that pharmacy contractors can continue to provide the service until further notice is given or the end of 2014/15 is reached. When the final evaluation is published, NHS England will use it to decide whether to continue commissioning the service.</p> <p>At the time of writing the report has not been published and no decision has been made regarding the long term future of this service.</p>
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)	<p>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.</p> <p>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.</p>
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5.2.3 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.

Currently the community based services commissioned for the Leicester population are as listed below.

Table 14: Community based pharmacy services as at 31st March 2014

Service	Description
Chlamydia Screening	Pharmacies are commissioned to offer a free chlamydia testing kit and treatment service to sexually active people under 25 years of age when services are being sought related to sexual activity; for example when young people purchase condoms, when oral contraceptive pills are dispensed and supplied to patients and when supplying emergency hormonal contraception. The pharmacy will provide advice on how to utilise the chlamydia testing kit, how to return it for testing and what will happen following completion of the test
Emergency Hormonal Contraception (EHC)	Pharmacies are commissioned to provide a free service to women up to 25 years of age following unprotected sexual intercourse to prevent unintended pregnancies.
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.
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.
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 providing this service are trained in the use of palliative care medicines and can provide advice to carers and other healthcare professionals.

5.3 Provision of Pharmacy services in Leicester

Table 15, following, shows the provision of advanced and community based services by pharmacies in Leicester.

Table 15: Service Provision in Leicester Pharmacies

Number of Pharmacies providing community services																
Ward name	No. of Pharmacies	Medicines Use Review	New Medicine Service	Appliance Use Review	Stoma Appliance Customisation	Alcohol brief interventions	Chlamydia screening	Emergency Hormonal Contraception	H-Pylori breath testing	Healthy Living Pharmacy	Minor Ailments	Needle exchange	Supervised consumption	Stop Smoking	Palliative care	Total no services, excl MUR, NMS
Abbey	2	1	1					1			1		2	1	1	6
Aylestone	4	4	4	2	2		2	3	3		3	1	4	2		22
Beaumont Leys	3	3	3	1	1		3	3	1		2	1	3	2	2	19
Belgrave	5	4	3					2	2		4	1	2	2	1	14
Braunstone Park & Rowley Fields	2	2	2				1	1	1		1	1	2	2		9
Castle	7	6	6				3	5	2		1		5	4		20
Charwood	5	5	4	1	1		2	2	2		2	2	3	5	1	21
Coleman	4	4	4	1			3	4	3		3	1	2	3	1	21
Evington	3	3	2				1	2	1		1		2			7
Eyres Monsell	3	3	2	1	1			1					1	2		6
Fosse	2	1					2	2	1				1	2		8
Freemen	1															0
Humberstone and Hamilton	3	3	3				1	2					2	3		8
Knighton	4	4	3	2	1		3	3	3		2	1	1	2		18
Latimer	7	5	5				2	5	3		3		1	3	1	18
New Parks	1	1	1					1			1	1	1	1		5
Rushey Mead	3	2	2				2	2	2		2		1	1		10
Spinney Hills	10	9	8	1	1		4	6	2		6	1	6	5	2	34
Stoneygate	6	5	3				5	5	4		4	1	2	3	1	25
Thurncourt	2	2	1	1			1	2			2		2	2		10
Westcotes	6	5	5				3	3	4		4		5	3	1	23
Western Park	3	3	3						2		2	1	1	2		8
Leicester Total	86	75	65	10	7		38	55	36		44	12	49	50	11	312
Distance from Leicester boundary	No. of Pharmacies	Medicines Use Review	New Medicine Service	Appliance Use Review	Stoma Appliance Customisation	Alcohol brief interventions	Chlamydia screening	Emergency Hormonal Contraception	H-Pylori breath testing	Healthy Living Pharmacy	Minor Ailments	Needle exchange	Supervised consumption	Stop Smoking	Palliative care	
0 km to 0.5km	9	8	3				1	3				1	3	2	1	11
0.5km to 1km	15	15	14	2	2	1	3	9		1		2	4	8	4	36
1km to 1.5km	8	8	8				1	5				1	4	3		14
Over 1.5km	130	104	91	20	13	18	37	67		13		25	55	53	19	320

5.4 Delivery of pharmacy services in Leicester

This section provides information regarding the delivery of essential, advance and community services by pharmacies.

5.4.1 Essential Services

Dispensing and repeat dispensing

During 2013/14 the total prescribing costs for Leicester City CCG were nearly £46,000,000 (see table 16 below). The top three causes for prescriptions were for central nervous system disorders, the endocrine system 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 ward of residence.

Table 16: Prescription items and associated costs, 2013/14

Description	Number of items	Total cost
Central Nervous System	1,125,024	£8,956,394.93
Endocrine System	733,867	£7,983,971.18
Respiratory System	450,374	£5,695,691.42
Cardiovascular System	1,906,797	£4,764,318.83
Nutrition And Blood	424,629	£4,288,456.20
Gastro-Intestinal System	510,231	£2,366,438.95
Skin	332,385	£1,964,239.52
Appliances	154,249	£1,511,954.23
Obstetrics, Gynae + Urinary Tract Disorders	122,928	£1,447,872.28
Stoma Appliances	24,971	£1,276,547.60
Infections	280,915	£1,156,948.22
Immunological Products & Vaccines	90,980	£843,020.12
Musculoskeletal & Joint Diseases	219,453	£788,531.76
Malignant Disease & Immunosuppression	21,412	£750,970.48
Eye	141,475	£690,251.53
Ear, Nose And Oropharynx	76,596	£400,902.25
Dressings	23,226	£389,824.11
Incontinence Appliances	10,747	£228,877.22
Other Drugs And Preparations	7,414	£222,570.94
Anaesthesia	8,359	£131,211.40
Total	6,666,032	£45,858,993.17

Data: EPact prescribing

Repeat prescriptions

It is not possible to distinguish between acute and repeat prescriptions from the prescribing data management system (ePACT). National data suggests that at least 80% of all prescriptions are for repeat prescriptions, however CCG Medicines Management leads suggest that for Leicester this may be as high as 90% of all prescriptions.

Clinical Governance

NHS England monitors clinical governance through self-assessment and self-declaration by pharmacies which can lead where necessary to targeted visits to pharmacies. In addition pharmacists must maintain their required registration with the General Pharmaceutical Council (GPHC) which involves declarations and evidence of meeting continuing professional development (CPD) requirements. The GPHC also inspects pharmacies on a risk based programme.

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. In addition, pharmacies are required undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation. No planned city wide pharmacy campaigns have been run since April 2013 by NHS England. It is a recommendation of this PNA that the campaigns in Leicester for which pharmacies are contracted are defined by NHS England, Local Authority Public Health and the Clinical Commissioning Group.

Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients. The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols, and NHS England will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. Additional segregation is also required under the Hazardous Waste Regulations. These arrangements are maintained by NHS England and collections are made from pharmacies on a monthly, bi-monthly or quarterly basis depending on demand. Separation into solids and liquids is not required by the waste contractor.

Signposting

NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help. NHS England directs pharmacists to NHS Choices, Leicester City CCG and NHS England's own website for further information.

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, including dealing with referrals from NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient. Such records are covered in the clinical governance processes maintained by NHS England indicated above.

5.4.2 Advanced Services

5.4.2.1 Medicines Use Reviews:

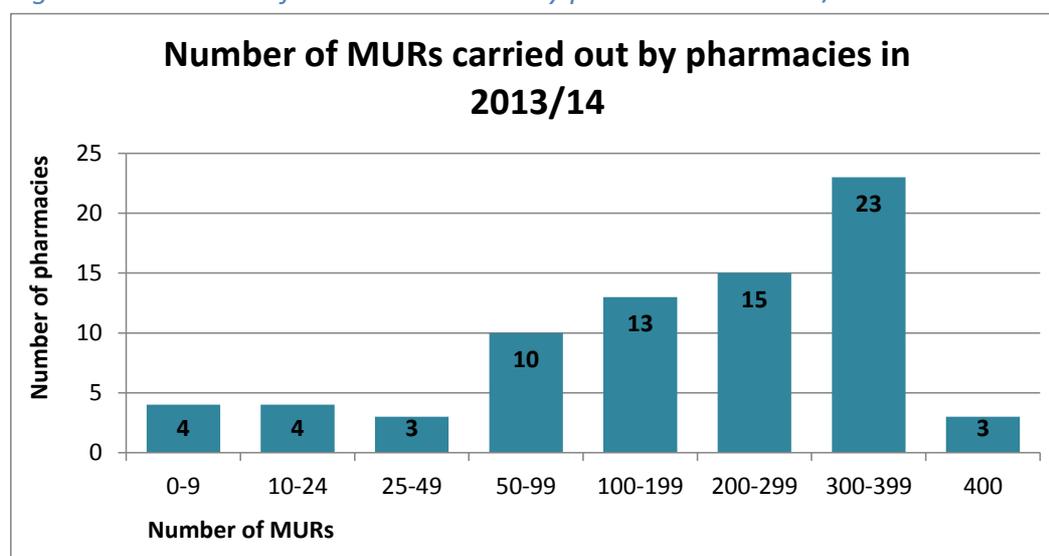
A Medicines Use Review is a free NHS service offered by pharmacies in the UK. The review involves an appointment with the local pharmacist in a private consultation room, to discuss the patient's knowledge and use of medicines.

The main aim of these is to:

- Improve the patient's understanding of their medicine
- Identify any side effects and propose solutions
- Improve patient compliance in taking medicines
- Improve clinical and cost effectiveness by encouraging the patient to order only medicines required

The majority of pharmacies (86%) are accredited to deliver Medicines Use Reviews (MUR). A pharmacy can only deliver a maximum number of 400 MURs each year. In 2013/14 there were over 16,000 MURs delivered in 75 Leicester pharmacies, ranging from 4 to 400 in any individual pharmacy (figure 23). This represents an average of 215 MURs per pharmacy offering the service during the year or 49 MURs per 1,000 population. The least number of MURs carried out during 2013/14 was 4 MURs (four pharmacies). Three pharmacies also carried out the maximum number of 400 during the year.

Figure 23: Number of MURs carried out by pharmacies in 2013/14

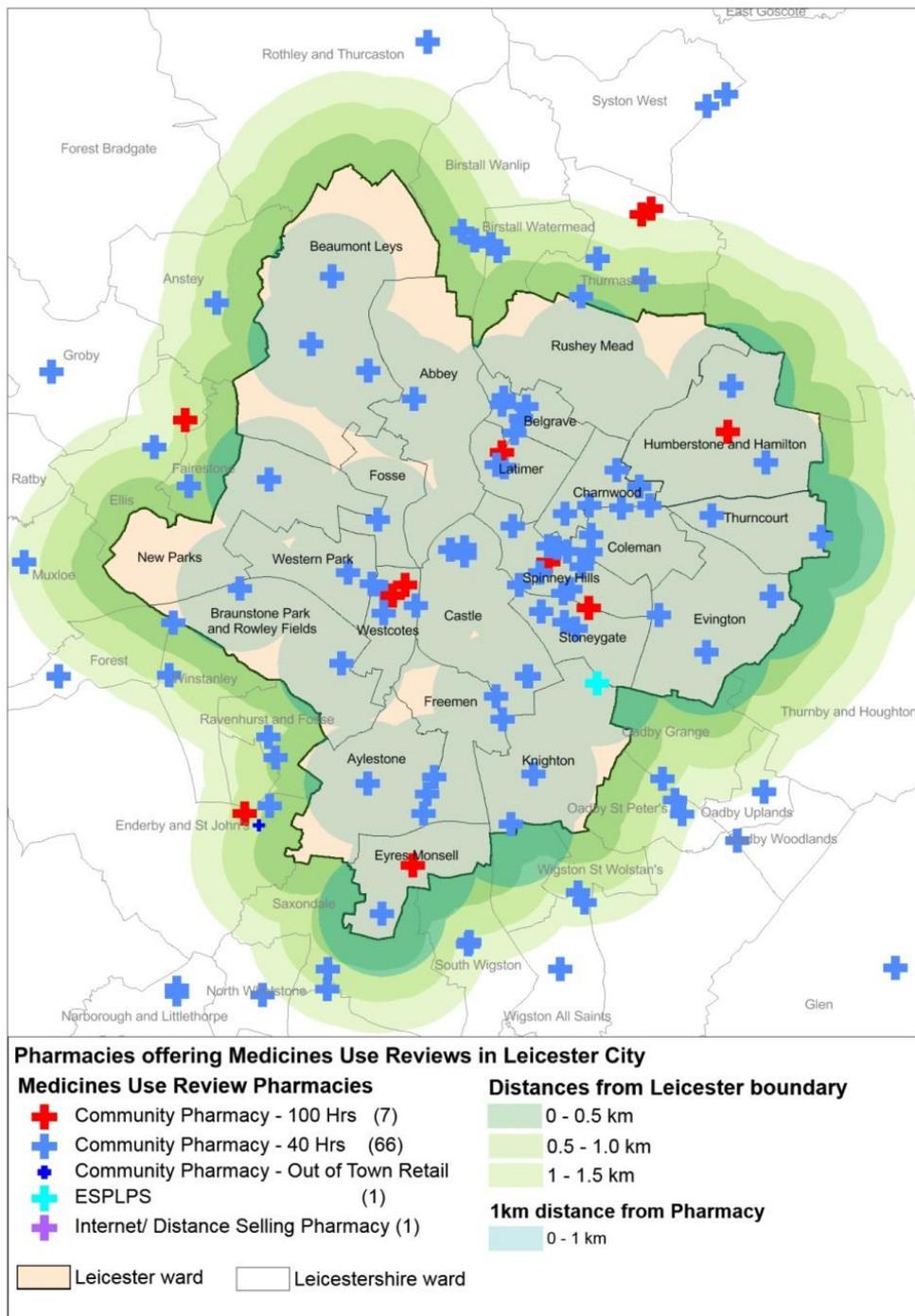


Data: NHS England

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 NHS¹⁴.

Note: the scope of the MUR service is being extended in 2015 to encompass a wider range of conditions and to increase the percentage of targeted reviews that pharmacies can undertake

Figure 24: Pharmacies providing Medicines Use Reviews



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

5.4.2.2 New Medicines Service:

The optimal use of appropriately prescribed medicines is vital to the management of long term conditions but it is estimated that 30-50% of medicines are not taken as recommended. Pharmacists can intervene and provide support and advice to people who are newly prescribed a medicine to manage a long- term condition to make sure they understand how the medication should be taken, thus improving the self-management of their condition.

The service is available for people with the following conditions who have been newly prescribed a listed medicine.

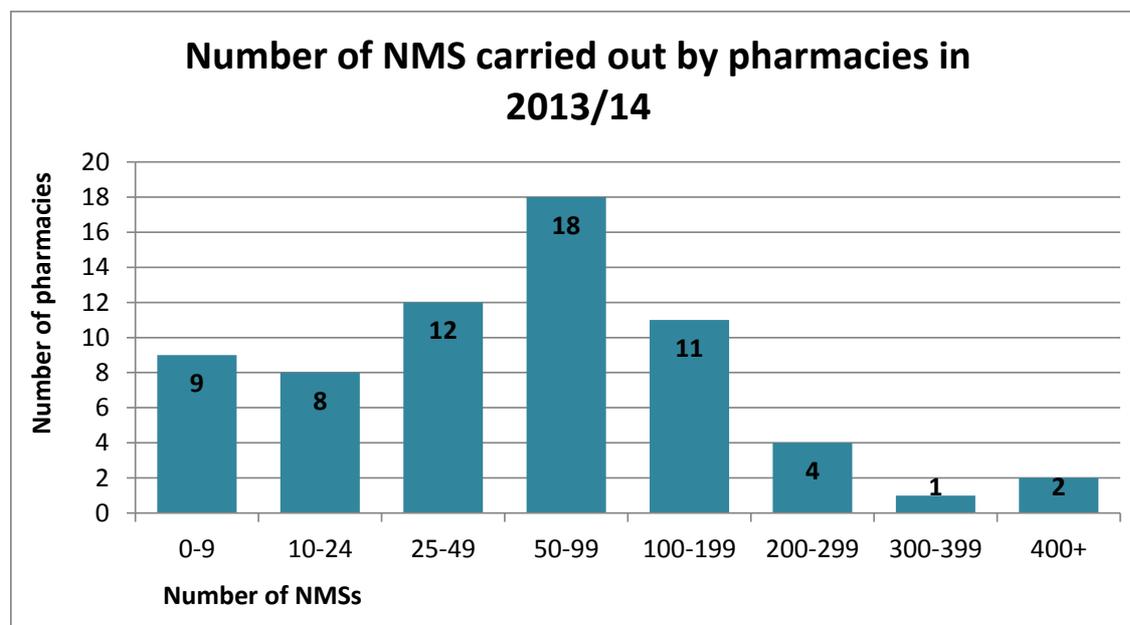
- asthma and COPD
- diabetes (Type 2)
- antiplatelet / anticoagulant therapy
- hypertension

The service is split into three stages, patient engagement, intervention and follow up.

5,698 NMS reviews were carried out by 65 pharmacies during 2013/14. This represents 17 NMS per 1,000 population, with the lowest rates in Abbey and Rushey Mead and the highest rates in Aylestone.

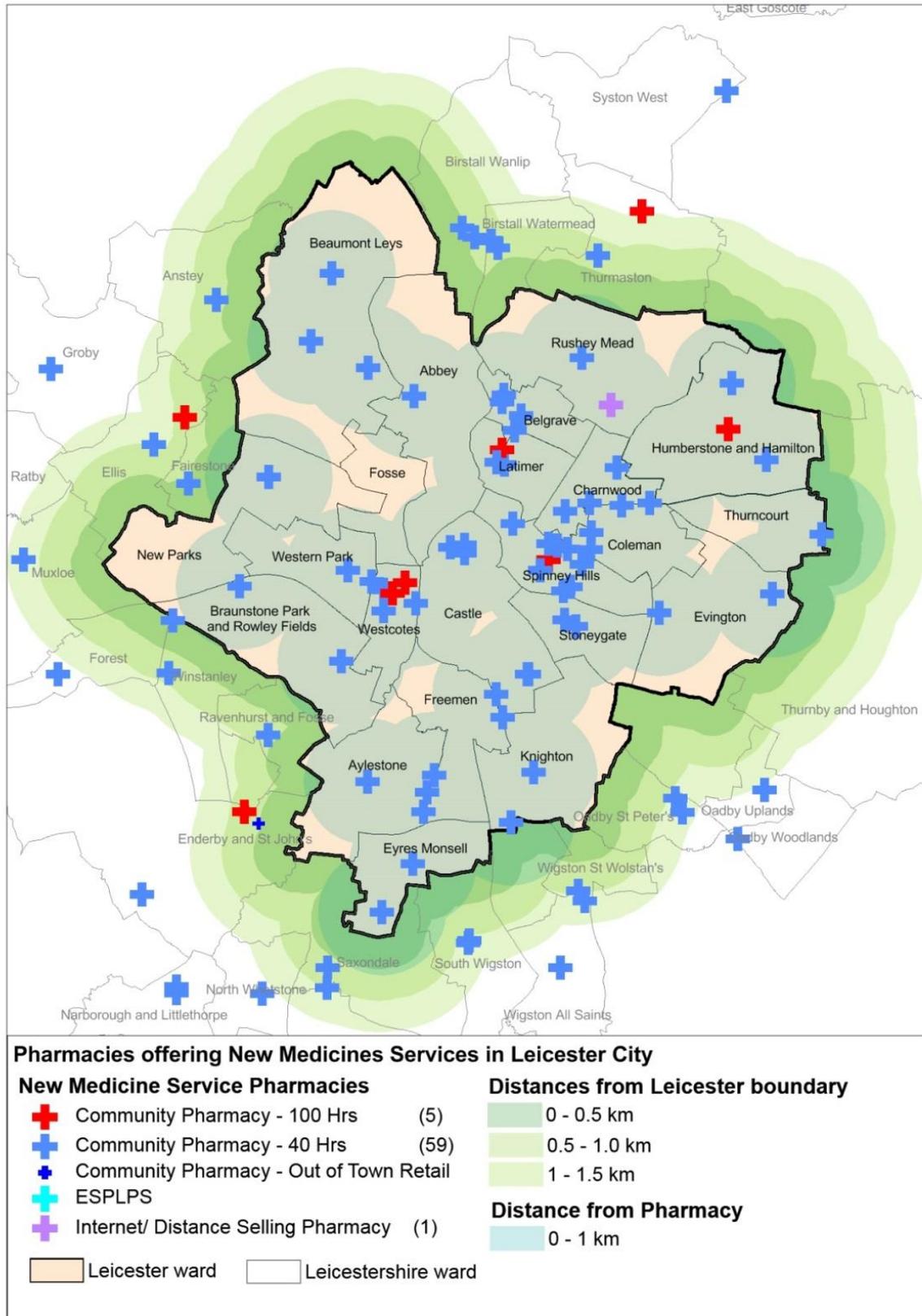
The number of NMS reviews carried out by any accredited pharmacy ranges from 2 to 443, with most pharmacies carrying out up to 200 reviews.

Figure 25: Number of NMS carried out by pharmacies in 2013/14



Data: NHS England

Figure 26: Pharmacies providing New Medicines Services

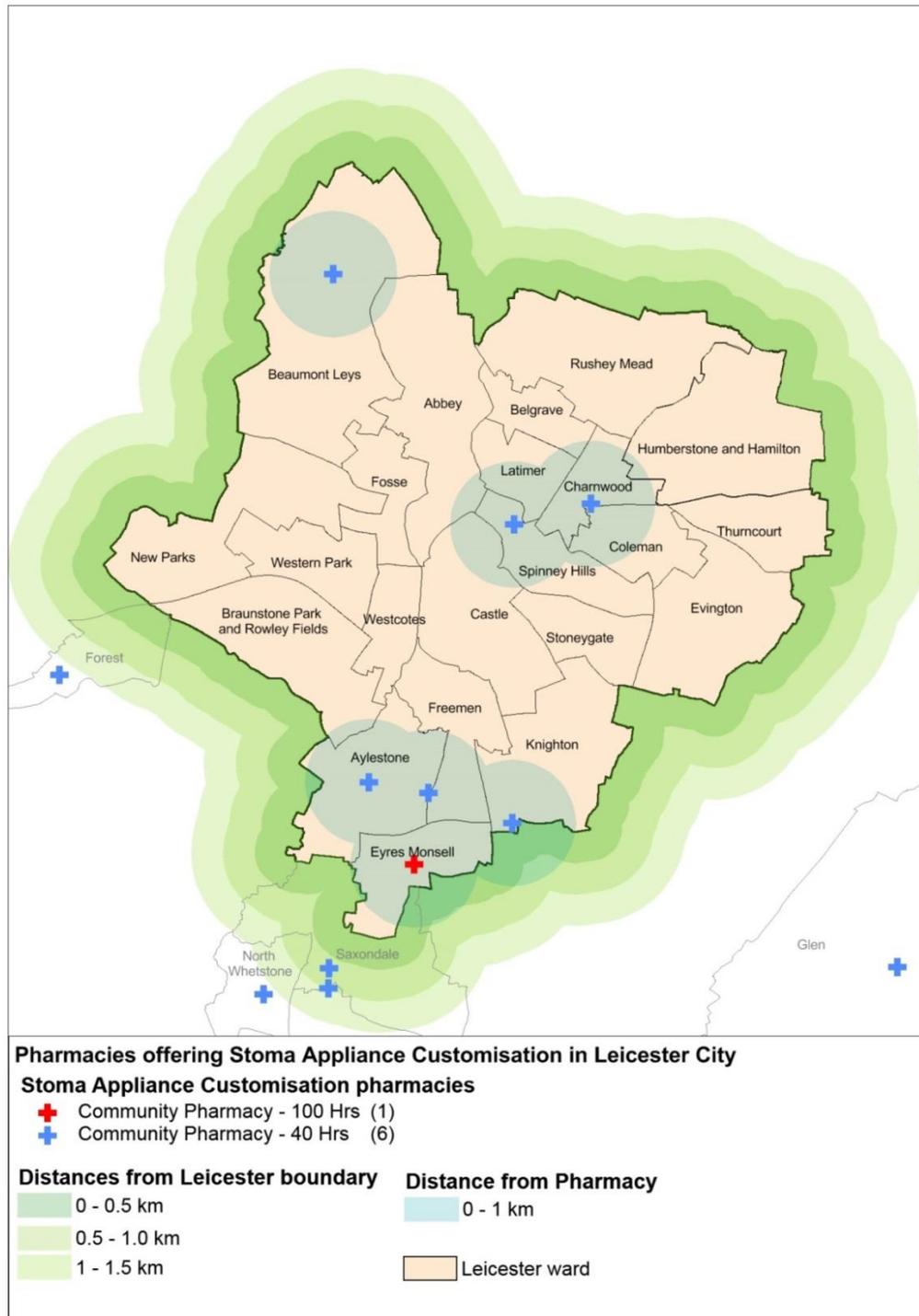


5.4.2.3 Stoma Appliance Customisation

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 27: Pharmacies providing Stoma Appliance Customisation



Stoma Appliance Customisation (SAC) is accredited at 7 pharmacies in Leicester (8%). This is lower than the national average of 15.2% of pharmacies. The SAC service usually involves delivery to the patient’s home and is also available from other providers.

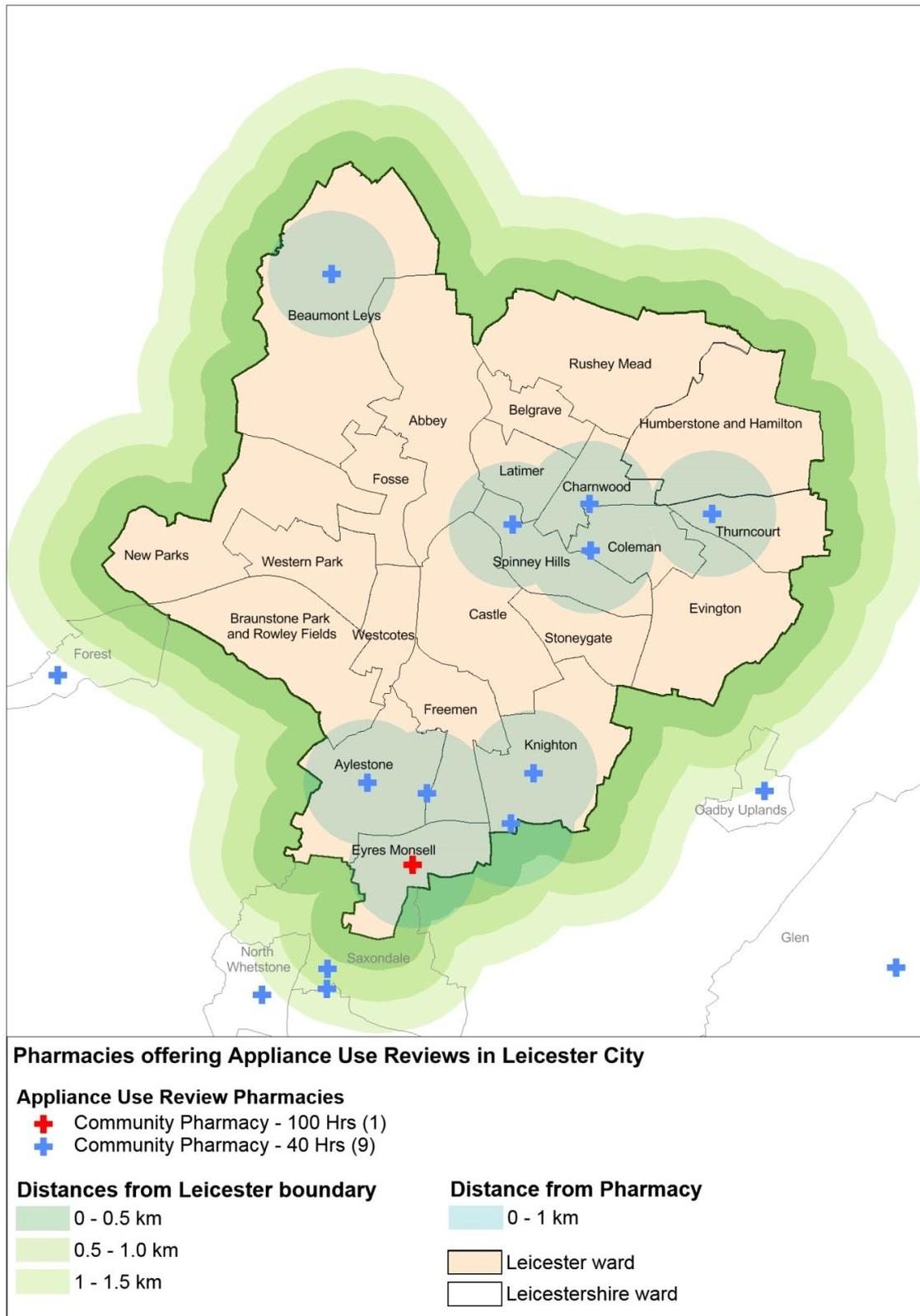
5.4.2.4 Appliance Use Reviews

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' by:

- Establishing the way the patient uses the appliance and the patient's experience of such use;
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- Advising the patient on the safe and appropriate storage of the appliance; and
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

The service allows 1 AUR per 1,000 prescriptions. Eleven pharmacies in Leicester are accredited for AURs (11.5%), similar to the national rate (12%).

Figure 28: Pharmacies providing Appliance Use Reviews

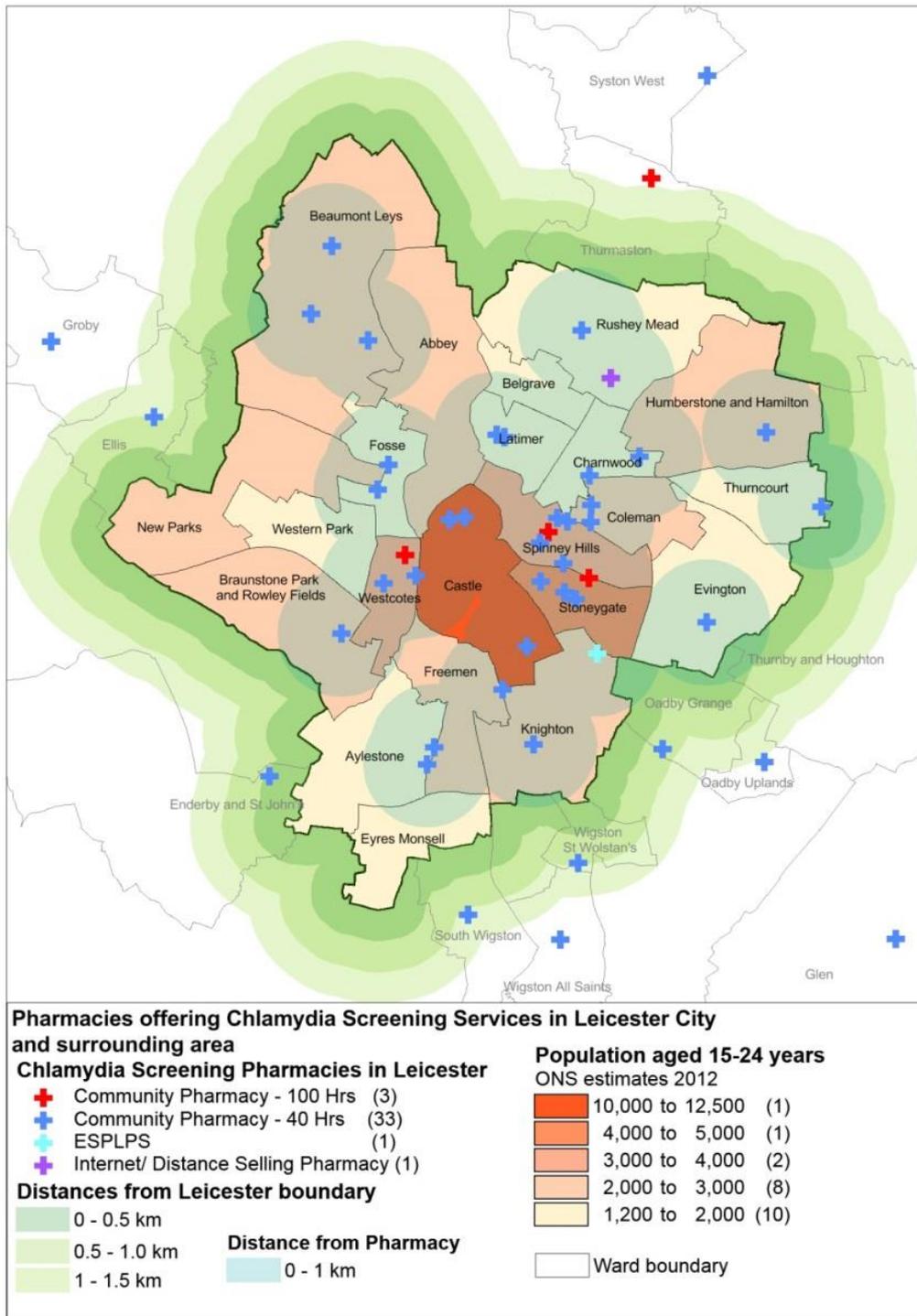


5.4.3 Community Based Services

5.4.3.1 Chlamydia Screening

Chlamydia is the most common sexually transmitted infection and is mostly found in young people aged between 15 and 24. In 2008 the National Chlamydia Screening Programme commenced to screen young people aged 15-24 and reduce the underlying prevalence of the infection. This programme includes the provision of screening in community pharmacies. This has had limited success. Low numbers are screened (112 young people screened during 2013/14) although those screened have a higher rate of diagnosis of infection than the Leicester average. The majority of screenings were through Boots in Highcross followed by Patel's Chemist on Narborough Road. This area (Westcotes) also has a large population aged 15-24 years. There are currently 39 pharmacies in Leicester offering a chlamydia screening service.

Figure 29: Pharmacies providing chlamydia screening in and around Leicester



5.3.4.2 Emergency Hormonal Contraception (EHC)

There are two methods for the provision of EHC.

- 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.
- 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 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. In 2013/14 the EHC scheme funded by LCC provided 2,354 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.

There are 55 pharmacies contracted to provide EHC in Leicester. 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 1km buffers drawn around pharmacies providing EHC (in figure 30) show that there are some areas of New Parks, Western Park and Braunstone Park and Rowley fields where people would need to travel further than 1km to reach a pharmacy with this service, although there are some EHC pharmacies in the county within a 1km of the city border. Within the rest of Leicester, there are only small areas around the outskirts of the city and an area of Freeman that do not have an EHC pharmacy within 1km. However, as indicated above, young people may not choose to use this service at their closest pharmacy.

Table 17, below, shows the uptake of EHC for the period April to December 2013.

1,576 young people under 25 years used the service between April and December 2013. The largest uptake was in the city centre pharmacists (Castle ward), followed by Narborough Road (Westcotes). The following 3 pharmacies account for over 75% of all EHC claims:

- Boots Chemist in Highcross (675 people, 43%)
- Boots on Gallowtree Gate (370 people, 24%)
- Patel's Chemist on Narborough Road (168, 11%)

The majority (62%) using the EHC service were aged between 20-24 years, 37.5% were

aged 15-19 and 0.5% under 15 years.

Figure 30: Pharmacies providing Emergency Hormonal Contraception in and around Leicester

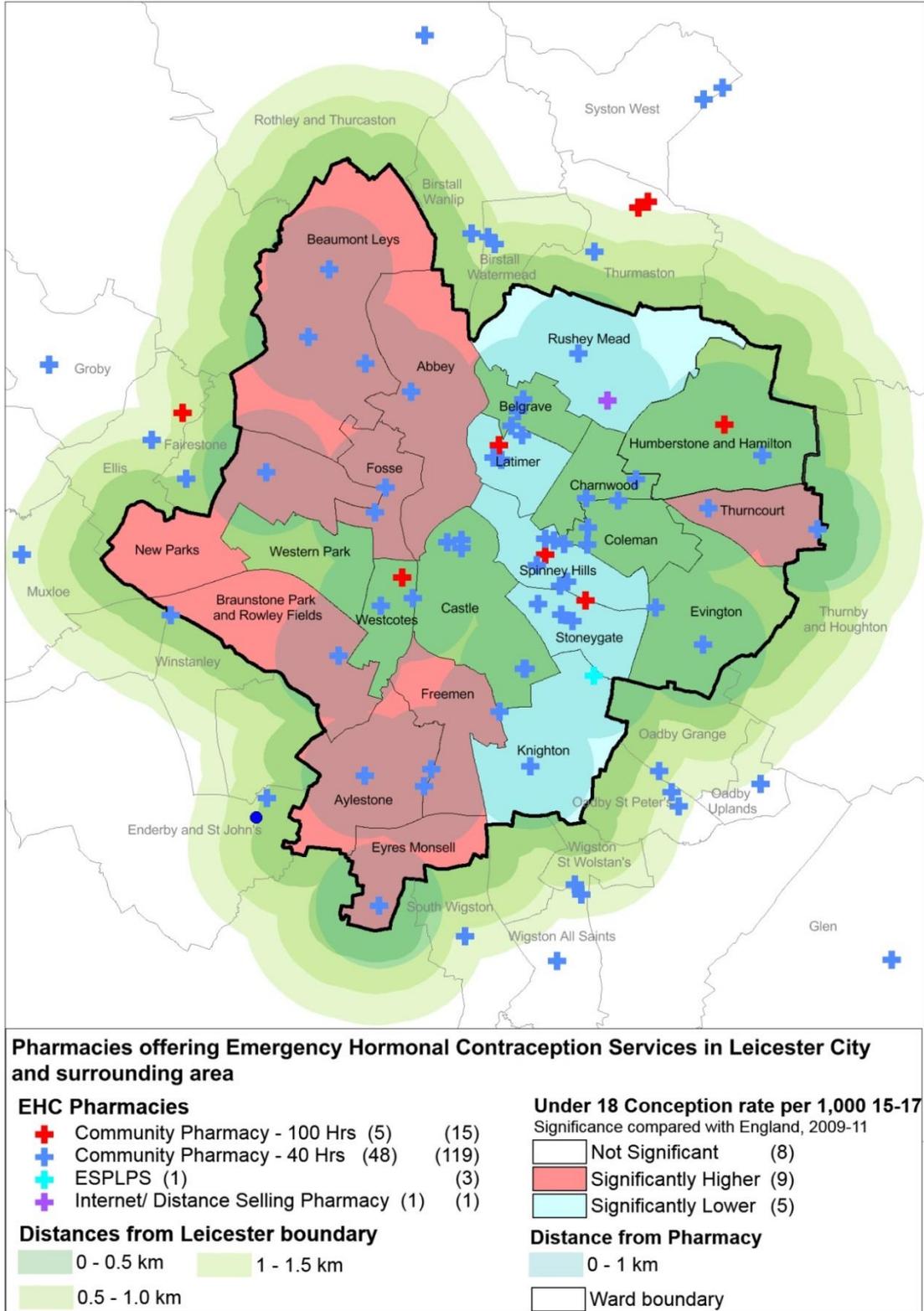


Table 17: Provision of EHC (Apr –Dec 2013) in Leicester Pharmacies and teenage conception rates (2009-11)

Ward name	Number of			EHC per 15-24	Under 18
	EHC pharmacies	EHC Apr-Dec 2013	Female Pop 15-24		conception rate Sig
Abbey	1	0	1055	0.0	Higher
Aylestone	3	10	616	16.2	Higher
Beaumont Leys	3	26	1139	22.8	Higher
Belgrave	2	0	829	0.0	Not Significant
Braunstone Park and Rowley Fields	1	7	1353	5.2	Higher
Castle	5	1212	7047	172.0	Not Significant
Charnwood	2	0	976	0.0	Not Significant
Coleman	4	2	960	2.1	Not Significant
Evington	2	0	685	0.0	Not Significant
Eyres Monsell	1	2	780	2.6	Higher
Fosse	2	8	987	8.1	Higher
Freemen	0	0	1422	0.0	Higher
Humberstone and Hamilton	2	16	1214	13.2	Not Significant
Knighton	3	6	1142	5.3	Lower
Latimer	5	11	875	12.6	Lower
New Parks	1	0	1194	0.0	Higher
Rushey Mead	2	0	946	0.0	Lower
Spinney Hills	6	4	1866	2.1	Lower
Stoneygate	5	15	2108	7.1	Lower
Thurncourt	2	2	602	3.3	Higher
Westcotes	3	255	2085	122.3	Not Significant
Western Park	0	0	828	0.0	Not Significant
Leicester Total	55	1576	30709	51.3	

Data: Pharmacy EHC activity data, ONS population estimates, ONS conceptions data

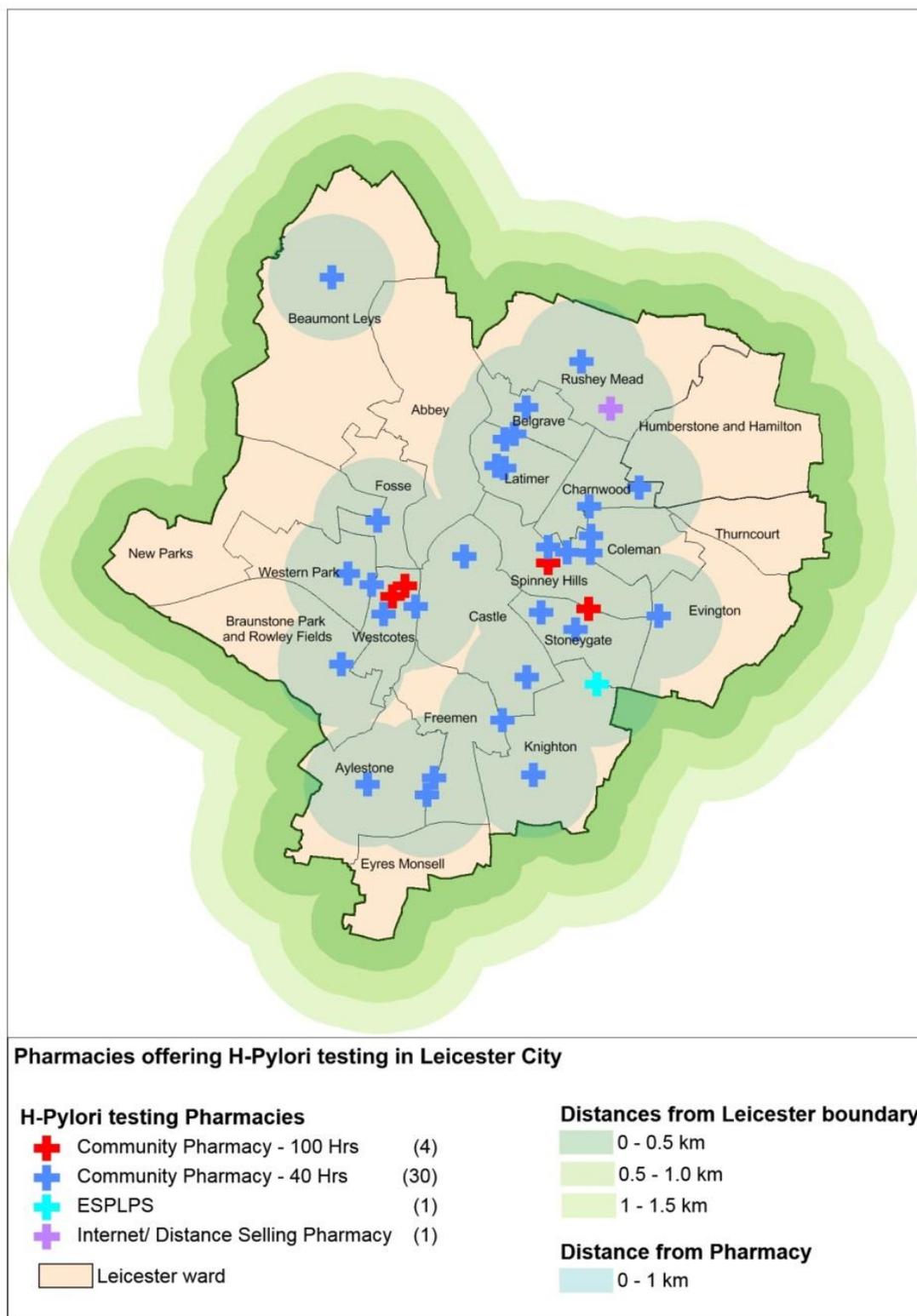
5.3.4.3 H-pylori breath-testing:

This service aims to improve the care of patients with dyspepsia symptoms through the provision of a 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

H-Pylori testing (H-PL) is accredited in 36 pharmacies in Leicester. Figure 31, shows there is lower provision in the east and west outskirts of the city. There is no H-PL service in Abbey, Eyres Monsell, Freeman, Humberstone and Hamilton, New Parks and Thurncourt. Highest provision is in Westcotes with the equivalent of 33 pharmacies per 10,000 population and lowest in Braunstone and Beaumont Leys with 0.6 pharmacies per 10,000 population.

Figure 31: Pharmacies providing H-Pylori breath-testing services



5.4.3.4 Minor Ailments:

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 ailment services are offered at 44 of Leicester's pharmacies as shown in the map below (Figure 32).

Provision of minor ailment services ranges from

- no provision (in Eyres Monsell, Fosse, Freeman, Humberstone and Hamilton)
- low provision in New Park (0.6 pharmacies per 10,000 population)
- high provision in Belgrave (3.4 pharmacies per 10,000 population)

Figure 32: Pharmacies providing Minor Ailment Services

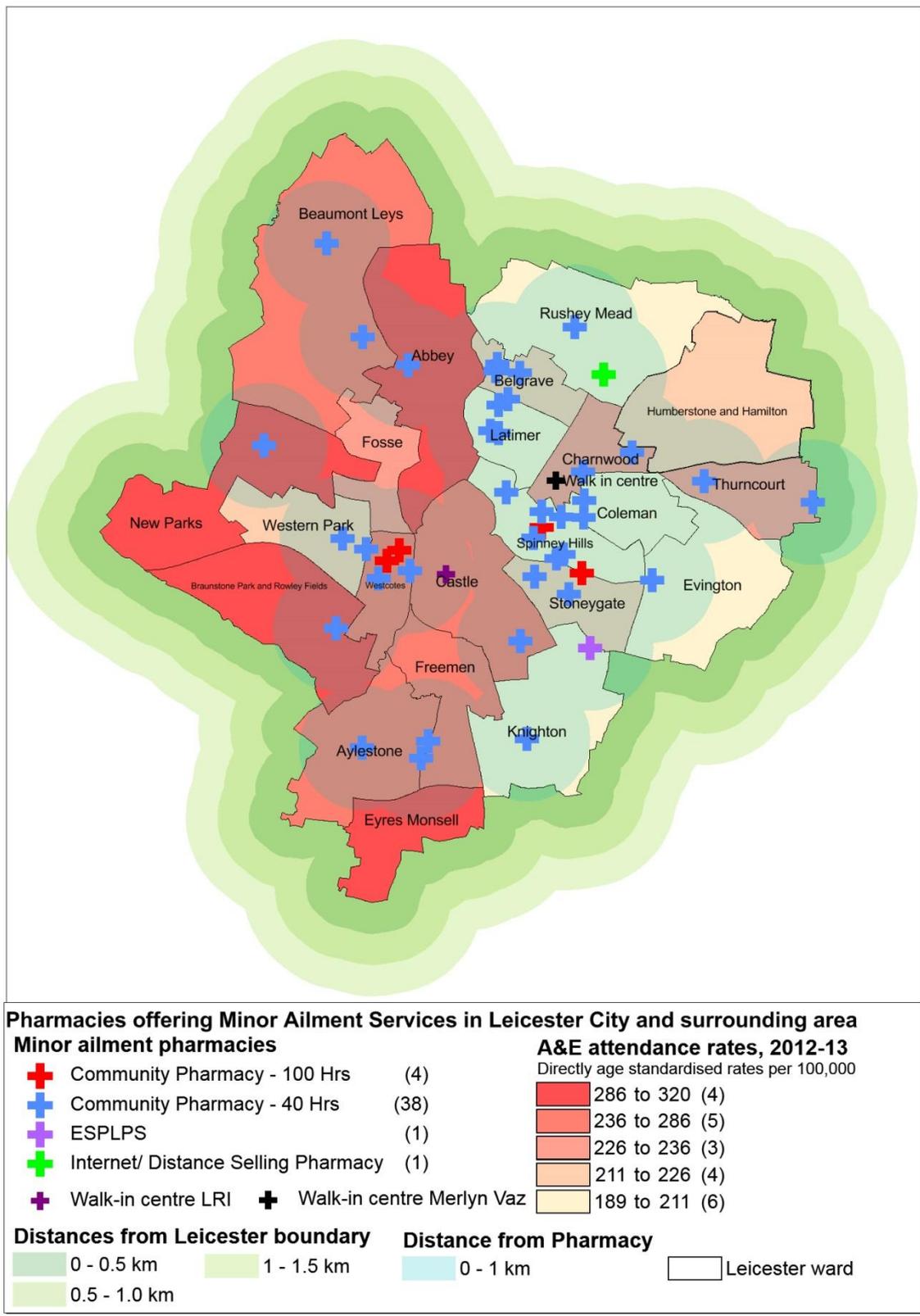


Table 18: Pharmacies providing minor ailment services per 10,000 ward population

Ward name	No of Pharmacies	Minor ailments services	Population (2012)	Pharmacies providing minor ailments services per 10,000 population
Abbey	2	1	14,970	0.7
Aylestone	4	3	11,157	2.7
Beaumont Leys	3	2	16,306	1.2
Belgrave	5	4	11,718	3.4
Braunstone Park & Rowley Fields	2	1	18,074	0.6
Castle	7	1	24,163	0.4
Charnwood	5	2	13,556	1.5
Coleman	4	3	14,634	2.1
Evington	3	1	11,122	0.9
Eyres Monsell	3	0	11,348	0.0
Fosse	2	0	12,990	0.0
Freemen	1	0	10,987	0.0
Humberstone and Hamilton	3	0	19,245	0.0
Knighton	4	2	16,851	1.2
Latimer	7	3	12,612	2.4
New Parks	1	1	17,099	0.6
Rushey Mead	3	2	16,015	1.2
Spinney Hills	10	6	25,300	2.4
Stoneygate	6	4	20,359	2.0
Thurncourt	2	2	10,520	1.9
Westcotes	6	4	12,083	3.3
Western Park	3	2	10,497	1.9
Leicester Total	86	44	331,606	0.1

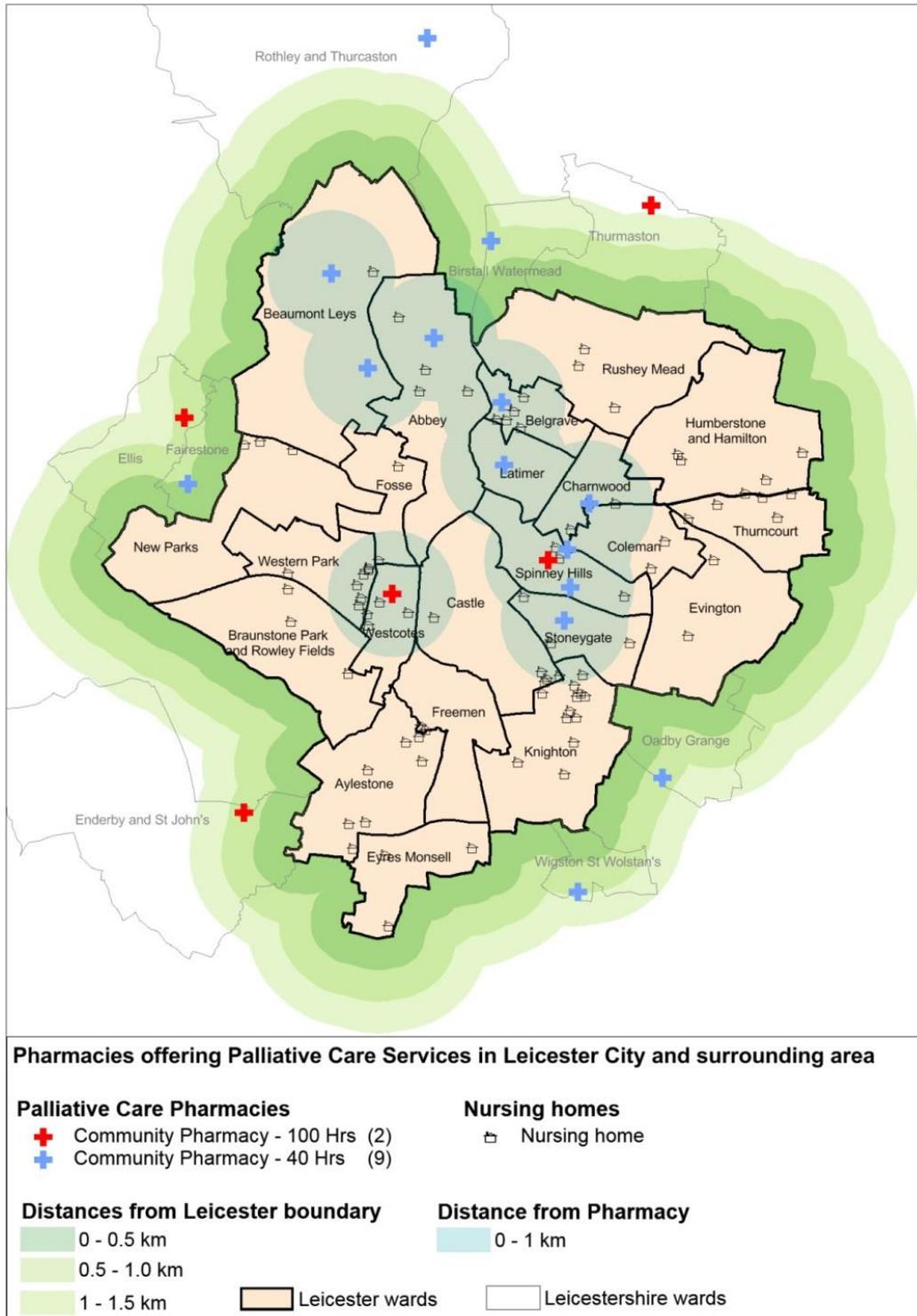
Data: NHS England, ONS population estimates

5.3.4.5 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 33: Pharmacies providing Palliative Care Services



5.4.3.6 Stop Smoking Services:

The Stop Smoking 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 overall is commissioned by the city council and contracts with pharmacies are held by the current provider of the main service, Leicestershire Partnership Trust.

Stop smoking services are offered at 46 pharmacies in Leicester. The pharmacies offer behavioural support for up to 12 weeks and nicotine replacement therapy, recharged to the Stop Smoking Service, to help people wanting to give up.

The map shows the pharmacies in and around Leicester offering Stop Smoking Services and the estimated levels of smoking prevalence from the Leicester Lifestyle Survey of 2010. Smoking prevalence is likely to be lower now than in 2010, and ward estimates will be variable, however they will give an idea of wards 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 stop smoking services in 2013/14. The highest numbers setting a quit date for smoking through their pharmacy were in Westcotes ward (184), Aylestone (158) and Braunstone Park and Rowley Fields (151). Whilst these ward show higher levels of smoking than nationally, they are not the highest. Eyres Monsell and New Parks have the highest levels of smoking and relatively low numbers setting a quit date. Both pharmacies in Eyres Monsell and the single pharmacy in New Parks do offer stop smoking services.

Figure 34: Pharmacies providing Stop Smoking Services in and around Leicester

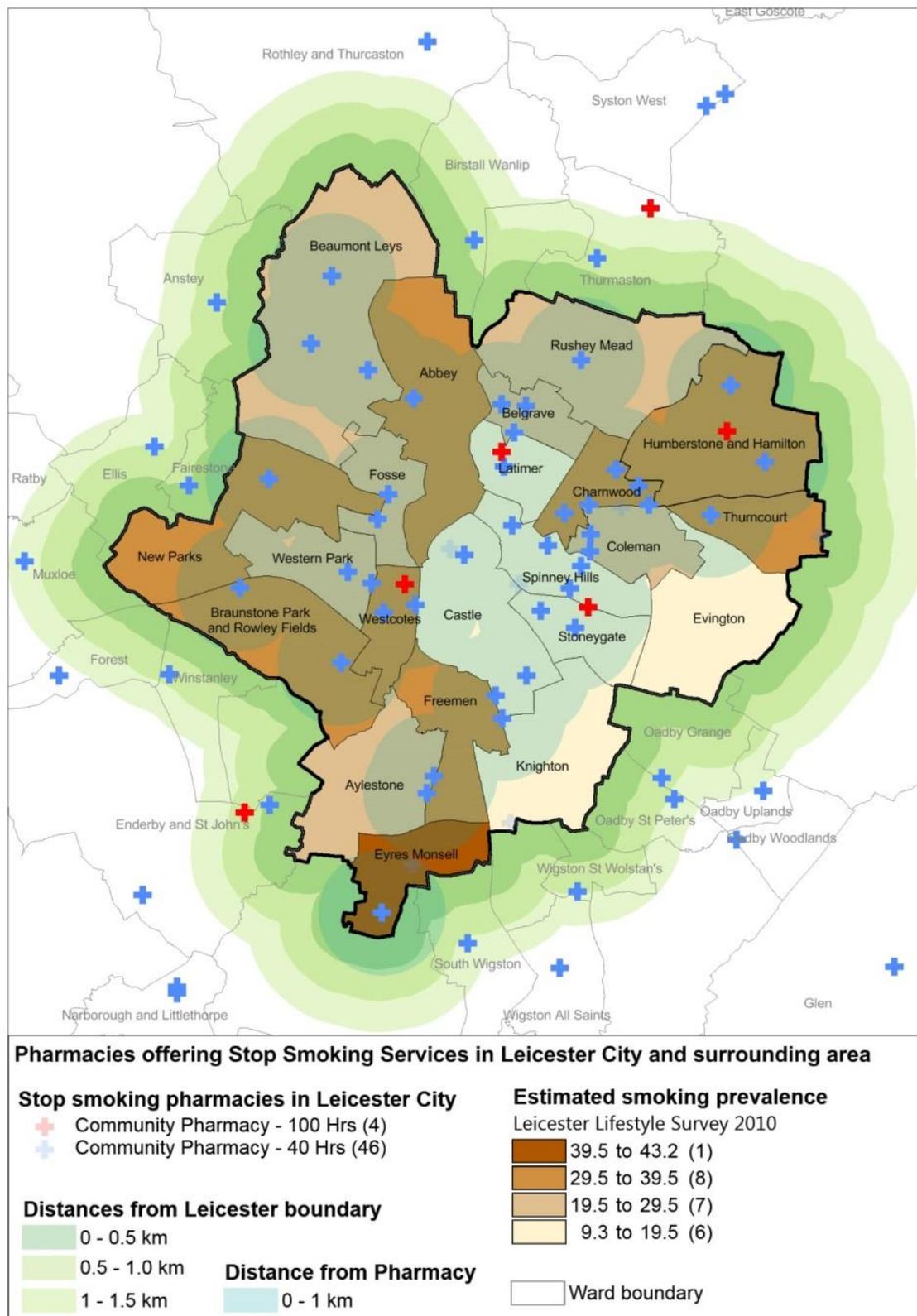


Table 19: Estimated smoking prevalence and uptake of pharmacy Stop smoking service in 2013/14

Ward name	Pharmacies with Stop Smoking Services	Estimated smoking prevalence 2010	Number setting a quit date	Number of 4 week quitters	% Successful quitters	Est smokers	D
Abbey	1	31.8%	54	23	42.6%	3,568	0.3
Aylestone	2	26.7%	158	77	48.7%	2,334	0.9
Beaumont Leys	2	28.5%	41	17	41.5%	3,357	0.6
Belgrave	2	20.5%	37	22	59.5%	1,844	1.1
Braunstone Park and Rowley Fields	2	34.8%	151	80	53.0%	4,520	0.4
Castle	4	18.4%	117	61	52.1%	4,112	1.0
Charnwood	5	30.0%	87	48	55.2%	2,823	1.8
Coleman	3	28.3%	51	26	51.0%	2,982	1.0
Evington	0	16.5%	0	0	0.0%	1,434	
Eyres Monsell	2	43.2%	56	29	51.8%	3,549	0.6
Fosse	2	28.9%	76	41	53.9%	2,938	0.7
Freemen	0	36.1%	0	0	0.0%	3,032	
Humberstone and Hamilton	3	32.5%	70	32	45.7%	4,518	0.7
Knighton	2	9.3%	26	15	57.7%	1,252	1.6
Latimer	3	12.1%	30	13	43.3%	1,216	2.5
New Parks	1	38.1%	71	28	39.4%	4,586	0.2
Rushey Mead	1	24.8%	12	5	41.7%	3,115	0.3
Spinney Hills	5	18.2%	92	64	69.6%	3,174	1.6
Stoneygate	3	11.3%	59	36	61.0%	1,699	1.8
Thurncourt	2	32.5%	3	2	66.7%	2,607	0.8
Westcotes	3	35.9%	184	85	46.2%	3,723	0.8
Western Park	2	19.5%	27	19	70.4%	1,693	1.2
Total	50	25.5%	1402	723	51.6%	64,076	0.8

Data: Stop Smoking service, Leicester Lifestyle Survey 2010, ONS population estimates

Note: Estimated number of smokers is based on the Lifestyle Survey 2010 smoking prevalence. Nationally smoking prevalence has reduced over the past few years.

5.4.3.7 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 12 pharmacies across the city and supervised consumption services at 49, as seen in the map below (figure 35).

Table 20 below shows the uptake of needle exchange service by individuals during 2013/14. Please note there may be fewer individuals in reality 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, an estimated 3,000 individuals used needle exchange services in 2013/14. The Leicester Recovery Partnership Service (not a community pharmacy) provides a service for nearly 800 individuals (around 26%). The next highest uptake is provided by pharmacies in Stoneygate (17%) and Western Park (15%).

Table 20: Needle exchange service uptake by ward

Ward	Supervised consumption pharmacies	Needle exchange pharmacies	Needle exchange Individuals per year	Numbers in drug treatment 13/14
Abbey	2	0	0	83
Aylestone	4	1	255	21
Beaumont Leys	3	1	187	62
Belgrave	2	1	114	14
Braunstone Park & Rowley Fields	2	1	68	84
Castle	5	0	0	113
Charnwood	3	2	186	41
Coleman	2	1	99	28
Evington	2	0	0	17
Eyres Monsell	1	0	0	56
Fosse	1	0	0	43
Freemen	0	0	0	63
Humberstone & Hamilton	0	0	0	28
Knighton	1	1	0	23
Latimer	1	0	0	13
New Parks	1	1	67	119
Rushey Mead	1	0	0	16
Spinney Hills	6	1	291	36
Stoneygate	2	1	505	54
Thurncourt	2	0	0	24
Westcotes	5	0	0	64
Western Park	1	1	442	48
Leicester Recovery Partnership			795	
Leicester total	47	12	3009	1050

Data: Leicestershire Partnership Trust, Alcohol and Drug Service

5.4.4 The wider role of community pharmacies - non- contracted services

A point that came out clearly in responses to the consultation was that, in addition to the above essential, advanced and community based contracts, 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 which can be viewed as adding to the convenience, compliance and safety of medicine collection and use. Some pharmacies also provide blood pressure measurement and near-patient testing¹⁵. Some provide educational sessions on self-care and making use of health services.

5.4.4.1 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 collection services include three distance selling pharmacies.

Only one pharmacy does not provide a free service to collect prescriptions from a GP practices and deliver the dispensed prescription directly to the patient's home. Several pharmacies only provide a delivery service to homes of elderly or infirm patients. One pharmacy does not provide a delivery service.

5.4.4.2 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 take correctly. MDS may not be helpful for patients in all circumstances and careful assessment is required¹⁶. It is however a valued service for patients which all pharmacies except four provide.

¹⁵ 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.

¹⁶ 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.asp>

All pharmacies except one provide the monitored dosage system free of charge.

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.

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

Advanced services - Medicines use Review and New Medicine Service - are provided by all pharmacies providing direct personal services to the public. Appliance use Review and Stoma Appliance Customisation is provided by a small number of pharmacies.

Community Based services have a more variable take up by pharmacies and therefore the availability of these by ward varies. Most services, for example, are offered in Stoneygate ward (33 additional services across 10 pharmacies), whereas far fewer services are offered in New Parks and Eyres Monsell wards (respectively 5 and 6 additional services across 1 and 3 pharmacies).

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 two Leicestershire and Rutland CCGs commission a Healthy Living Pharmacy and Alcohol Brief Interventions not available in Leicester, but at the time of writing they do not commission 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.

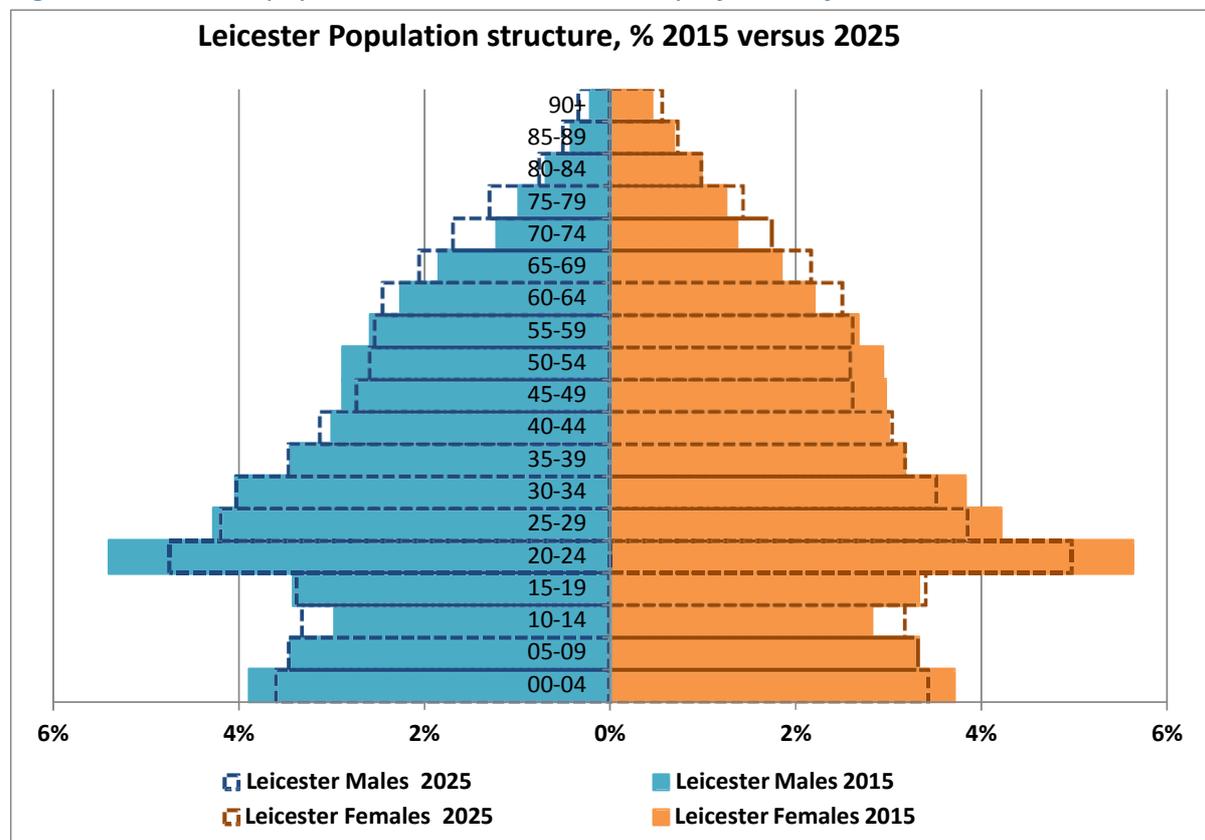
6.0 Projected future needs

6.1 Population trends

The population of Leicester is predicted to grow by around 1,800 per year over the next 22 years between 2015 and 2037².

By 2025 the population is estimated to increase by around 18,000 from 2015. Projections indicate Leicester will have increases in the percentage of the population aged between 10 and 15 years (3,600) and of those aged over 55 (13,800). Numbers are estimated to fall in 15-34 year olds. Leicester is currently home to a large student and EU accession-county population within these age groups.

Figure 36: Leicester population structure 2015 with projections for 2025



Data: ONS 2012-based population projections

6.2 Growth in number of people with long term conditions

With these projected increases in the population aged 55, there are likely to be increases in the numbers with long term conditions. The table below shows the increases in numbers

aged 65 and over, based on the current prevalence of these conditions¹⁷.

The biggest increases in numbers are for the over 65s suffering a moderate or severe hearing impairment (around 1,500 over the next 5 years). Those with a long term illness limiting their day to day activities, those suffering falls and numbers who are obese could each increase by nearly 1,200 by 2020. Diabetes prevalence has been increasing annually over the past few years, possibly due to increased awareness and diagnosis through the NHS health checks? With current prevalence, the number of diabetics would increase by around 600 over the next 5 years.

Table 21: Estimates of numbers of over 65 year olds in Leicester with longstanding health conditions 2015-2030

Summary of Long term health conditions in over 65s predicted to have:	% of o65s	2015	2020	2025	2030
A moderate or severe hearing impairment	43.0%	17,203	18,658	21,546	24,745
A limiting long term illness whose day-to-day activities are limited a lot	29.9%	12,012	13,203	15,100	17,168
A fall	26.8%	10,737	11,920	13,505	15,378
A limiting long term illness whose day-to-day activities are limited a little	26.8%	10,743	11,899	13,517	15,282
A BMI of 30 or more	26.0%	10,419	11,639	13,138	14,674
At least one activity they are unable to manage on their own	18.7%	7,484	8,232	9,358	10,695
A bladder problem at least once a week	16.5%	6,594	7,295	8,322	9,442
Diabetes	12.4%	4,978	5,576	6,323	7,127
A moderate or severe visual impairment	8.9%	3,550	3,863	4,437	5,073
Depression	8.6%	3,455	3,831	4,336	4,891
Dementia	7.2%	2,908	3,191	3,655	4,276
A longstanding health condition caused by a heart attack	4.9%	1,966	2,188	2,486	2,811
A bladder problem less than once a week	3.2%	1,291	1,439	1,630	1,861
Severe depression	2.8%	1,113	1,214	1,392	1,578
A longstanding health condition caused by a stroke	2.3%	925	1,029	1,179	1,345
A hospital admission as a result of falls	2.1%	847	909	1,055	1,220
A longstanding health condition caused by bronchitis and emphysema	1.7%	675	756	859	970
A profound hearing impairment	1.1%	464	512	587	664
Leicester: Total population 65 and over		40,200	44,700	50,700	57,200

Data: Projecting Older People Population Information system (POPPI, 2014)

6.3 Housing growth

Planning intentions and housing developments

Planning projections indicate a need for 27,200 to 31,700 new homes to be built in Leicester between 2011 and 2013/2036. This equates to 1,268 to 1360 dwellings per year.

The 7 below shows projections of housing completions broken down by wards, over the next 10 years. Beyond this it is more difficult to project housing developments by geographic locations.

¹⁷ *Projecting Older People Population Information system (POPPI, 2014)* _
<http://www.poppi.org.uk/index.php>

Table 22: Projected housing completions by wards, 2014/15 to 2023/24

Projected housing completions											
Ward name	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	TOTAL
Abbey	75	94	223	270	390	392	385	481	390	398	3098
Aylestone	0	30	45	30	36	0	0	40	30	40	251
Beaumont Leys	0	0	100	190	220	270	320	360	385	375	2220
Belgrave	0	0	0	0	0	0	0	0	0	0	0
Braunstone Park and Rowley Fields	10	0	0	0	20	27	20	20	20	20	137
Castle	576	687	615	651	488	225	275	260	309	282	4368
Charwood	0	0	0	21	20	20	20	30	11	0	122
Coleman	17	20	23	0	0	0	15	0	0	0	75
Evington	0	0	0	0	0	0	0	0	0	0	0
Eyres Monsell	0	20	13	0	0	0	0	0	0	0	33
Fosse	0	0	0	0	14	0	0	0	25	50	89
Freemen	112	103	119	102	83	60	30	30	80	50	769
Humberstone & Hamilton	30	134	168	160	130	145	80	88	75	20	1030
Knighton	0	0	0	0	0	0	0	0	0	0	0
Latimer	0	40	38	0	0	10	10	0	0	0	98
New Parks	7	0	0	0	10	0	0	0	0	0	17
Rushey Mead	45	85	72	40	41	15	20	0	23	12	353
Spinney Hills	11	0	0	0	0	0	0	0	0	20	31
Stoneygate	0	37	0	0	0	0	0	0	0	0	37
Thurncourt	18	15	0	0	0	0	0	0	0	0	33
Westcotes	333	194	104	65	35	30	30	30	30	60	911
Western Park	0	0	0	0	0	0	0	12	0	0	12
TOTAL	1234	1459	1520	1529	1487	1194	1205	1351	1378	1327	13684

Data: Leicester City Council: Planning, Transportation & Economic Development

The majority (85%) of the new housing is planned in five wards:

- Castle and Abbey wards: These wards contain a lot of the designated regeneration area of the city, and the city centre and together 55% of new housing to 2023/24 is planned in these 2 wards
- Beaumont Leys: the large urban extension of Ashton Green is within Beaumont Leys
- Humberstone and Hamilton: Hamilton urban extension is within this ward
- Westcotes – student development close to De Montfort is planned within this ward

In terms of proposed housing developments and pharmacy provision, the largest housing developments over the next 3 years are planned in Abbey, Castle, Westcotes, Beaumont Leys and Humberstone and Hamilton. Current pharmacy provision in Leicester ranges from less than one per 10,000 population in Freemen through to 4.5 in Latimer. In the wards planned for housing development, Beaumont Leys and Freemen currently have lower provision, although most areas do still have access to a pharmacy within a 1km range.

Pharmacies per 10,000 population

- Abbey: 1.2
- Beaumont Leys 1.7
- Castle: 3.0
- Humberstone and Hamilton: 1.5
- Westcotes: 4.3

6.4 Ward boundary changes

In June 2013, a review of the electoral ward arrangements in Leicester began, with the final proposals released in August 2014. The review was carried out by the Local Government Boundary Commission for England (LGBCE), an independent body which conducts electoral reviews of the number of councillors, and the names, number and boundaries of wards or divisions for a specific local authority.

The review aims to ensure electoral equality ie the number of voters represented by each councillor is approximately the same. Currently, 36% of Leicester's 22 wards have electoral variances greater than +/- 10%. The two outliers Abbey and Spinney Hills wards currently have 20% fewer and 28% more electors than the city average respectively.

The LGBCE's recommendations for Leicester are that the Council should have 54 members, with nine two-member wards and 12 three-member wards. No ward would have an electoral variance of greater than 10% by 2019. The final recommendations published are shown in the figure below. The proposed new arrangements must now be implemented by Parliament and will come into force at the council elections in 2015.

The current ward boundaries are shown as a blue dashed line and the proposed new boundaries are shown with a solid black line. Ward boundary changes have been proposed as below:

- 6.4.1** Abbey: boundary change
- 6.4.2** Aylestone: no change
- 6.4.3** Beaumont Leys:
- 6.4.4** Belgrave: boundary change
- 6.4.5** Braunstone Park and Rowley Fields
- 6.4.6** Castle: boundary change
- 6.4.7** Charnwood: no longer exists - now part of new wards North Evington and Troon
- 6.4.8** Coleman: no longer exists – now part of new ward North Evington and Evington ward
- 6.4.9** Eyres Monsell: no change
- 6.4.10** Evington: boundary change
- 6.4.11** Fosse: boundary change
- 6.4.12** Freeman: no longer exists – now forms new Saffron ward
- 6.4.13** Humberstone and Hamilton
- 6.4.14** Knighton: boundary change
- 6.4.15** Latimer: no longer exists – now incorporated in Belgrave ward
- 6.4.16** New Parks – no longer exists – now forms part of new Western ward

6.4.17 Rushey Mead: boundary change

6.4.18 Spinney Hills: boundary change

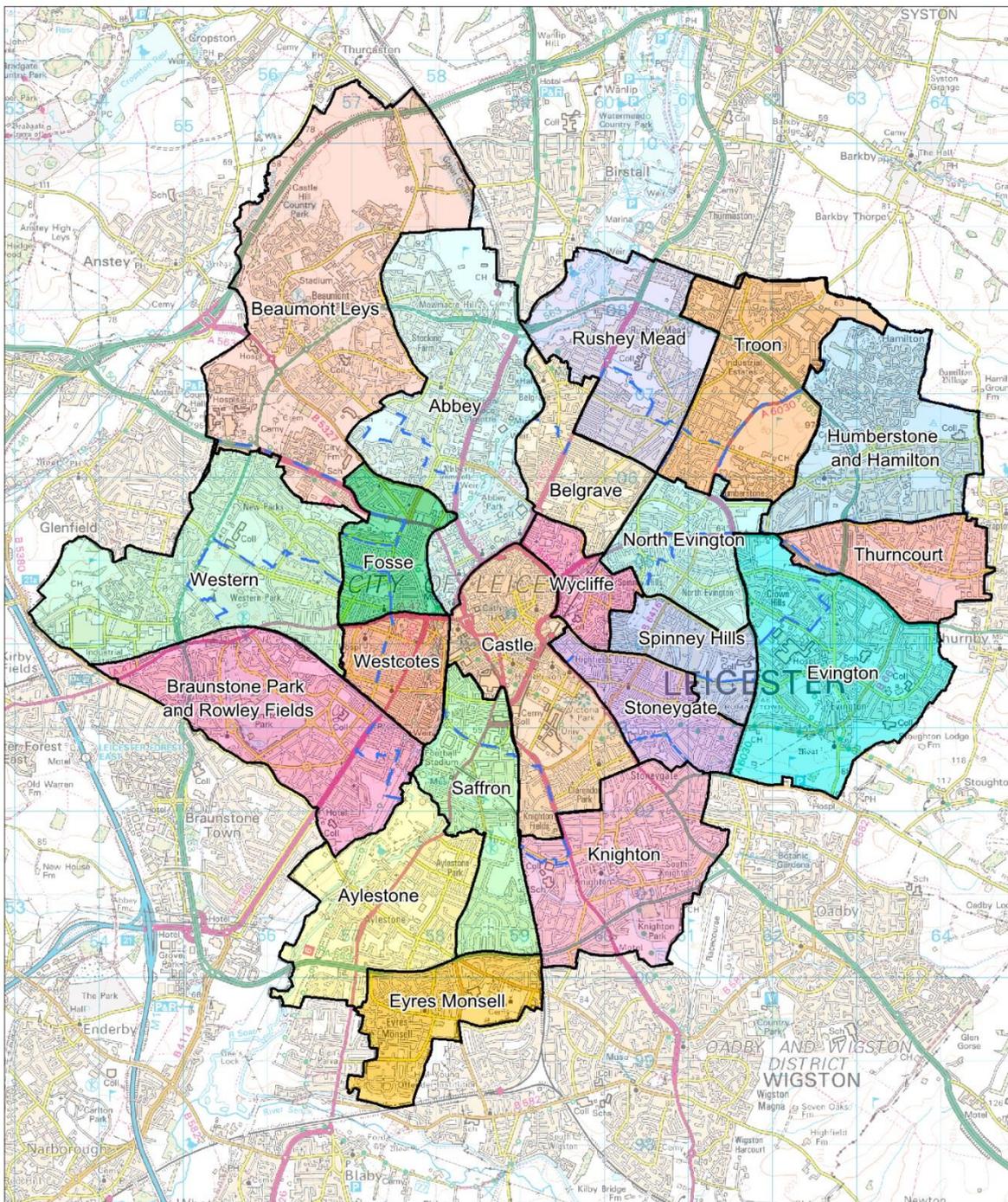
6.4.19 Stoneygate: boundary change

6.4.20 Thurncourt: boundary change

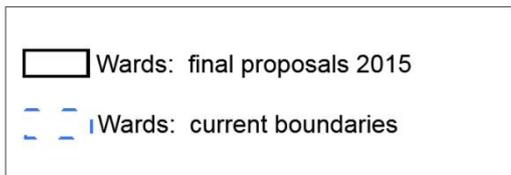
6.4.21 Westcotes: boundary change

6.4.22 Western Park: no longer exists - now forms part of new Western ward

Figure 37: Leicester ward boundary changes 2015: final proposals



Leicester ward boundary changes 2015: final proposals



Data: <https://consultation.lgbce.org.uk/node/1552>

Conclusions

The population of Leicester is predicted to grow by around 18,000 over the next 10 years. Projections indicate Leicester will have increases in the percentage of the population aged between 10 and 15 years (3,600) and of those aged over 55 (13,800). Numbers are estimated to fall in 15-34 year olds. Leicester is currently home to a large student and EU accession-country population within these age groups.

With these projected increases in the population aged over 55, there are likely to be increases in the numbers of people with long term health conditions.

Planning projections indicate a need for 27,200 to 31,700 new homes to be built in Leicester between 2011 and 2036. This equates to 1,268 to 1360 dwellings per year.

There are currently 2.3 pharmacies per 10,000 population in Leicester. With projected increases of 1,800 per year, the rate is still expected to be adequate for Leicester residents over the next 10 years.

7.0 Consultation

7.1 Requirements of the consultation

The Health and Wellbeing Board must consult the following organisations about the contents of the Pharmaceutical Needs Assessment and allow at least 60 days to receive responses to the consultation:

- any Local Pharmaceutical Committee (LPC) for its area or part of its area
- any Local Medical Committee for its area or part of its area
- any persons on the pharmaceutical lists and any dispensing doctors list for its area
- any Local Pharmaceutical Services (LPS) chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services
- any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- the NHSCB
- any neighbouring HWB

7.2 Consultation in Leicester

The public consultation of the draft Pharmaceutical Needs Assessment for Leicester ran from 29 September to 12 December 2014. This asked for feedback from the statutory consultees and the general public. The consultation draft and a summary were distributed electronically and supplemented by hard copies sent out to libraries and pharmacies. An easy read version was also created (see Leicester PNA consultation report: <http://www.leicester.gov.uk/your-council-services/social-care-health/jsna/jspna-reports/>) and distributed.

In addition to the consultation with statutory consultees and the general public, a programme of separate consultation events was organised to provide further opportunities for engagement. This was made up of 13 targeted consultation events within the consultation period, and a public meeting held on 12 November in Leicester Town Hall. In the targeted consultation events, there was an emphasis on engaging with people who fall within the younger demographic of Leicestershire's population, those from Black and Minority Ethnic (BME) populations, and mothers and young families. This focus was a result of the low engagement from these groups received in the pre-consultation engagement

activities undertaken earlier in 2014. Other groups engaged with included the Lesbian, Gay, Transgender, Bisexual community, members of the Sikh, Muslim and Hindu community, Leicester City Youth Council and Youth Advisors and members of the deaf community.

Further engagement was also undertaken as a result of the open meeting on the 12 November which, though poorly attended, highlighted a disparity between the information concerning the number of pharmacists in the Spinney Hills ward and the reality within the St Matthews area of the ward which is home, significantly, to Leicester's Somalian community. As a direct response to this, outreach was conducted within this area by use of an easy read document translated into Somali and more than 50 people from the Somalian community completed the easy read questionnaire.

A full list of the PNA consultation details, distribution and targeted events can be found in the Leicester PNA consultation report: <http://www.leicester.gov.uk/your-council-services/social-care-health/jsna/jspna-reports/>.

7.3 Responses and results

7.3.1 Responses from statutory consultees

All the statutory consultees were contacted and responses were received from NHS England, Leicestershire and Rutland Local Pharmaceutical Committee (LPC), Leicester Health and Wellbeing Scrutiny Commission, Healthwatch and Leicestershire County Council. Additionally feedback was received from Leicester City CCG through the Leicester Joint Integrated Commissioning Board of the Health and Well Being Board.

The Greater East Midlands Commissioning Support Unit were commissioned to support the consultation and a full report on this is available at: <http://www.leicester.gov.uk/your-council-services/social-care-health/jsna/jspna-reports/>.

Key points made in response to the consultation included:

Role of community pharmacies

- PNA should emphasise the contribution that community pharmacies in Leicester make towards the health of the local population.
- There is no recognition of the multiple languages spoken by pharmacy teams – however there are needs for different language skills in localised areas of the city (especially noted in the consultation from St Matthews for the large Somali community)

Control of entry

- Agreement that the number of community pharmacies is sufficient for the population of Leicester.

Strategy

- A recognition of many opportunities for community pharmacies to support Health and Wellbeing Board strategic objectives and the health priorities of Leicester City Clinical Commissioning Group.
- The potential to release more value from pharmaceutical services through better engagement between GPs and secondary care.
- The LPC would like to work with commissioners to design and develop innovative services that will add value to the health of the population of Leicester.

Services commissioned

- Further clarity is needed on who commissions or could commission what from pharmacies, recognising that not all services are commissioned. A number of services are provided on a voluntary basis by pharmacies themselves.
- Concurrence with recommendation to continually review access and provision of essential and advanced services and the need to investigate variation between community based services across pharmacies
- Need to keep under review the provision from pharmacies serving patients from Leicestershire and vice versa.
- Need for pharmacies to play a more proactive and engaging role in local communities – pharmacies already delivering innovative projects could take a championing approach to share across all.
- Further focus on self-help and support for people with long term conditions
- Expansion of health promotion activities and campaign
- Ensuring opening hours allow communities equal access to services
- A desire for pharmacies to provide more services. E.g. “Area Teams could consider provision of further services such as flu vaccinations and cardiovascular checks”, “pharmacies could provide advice on issues such as healthy fasting for patients with multiple health conditions, travelling abroad and avoidance of communicable diseases, tuberculosis, rickets and oral health.”

PNA analysis and presentation

- Concerns about the validity of pharmacies relating to ward populations (which would not be recognised by patients). [See page 115](#)

- Query over the comparison of pharmacies per population in Leicester with the national average – is there any evidence to show optimal levels of provision?
- Inclusion of more qualitative data eg pharmacies report their activity and intervention outcomes on a quarterly basis to the NHSE area team.
- Interpretation of ‘clustering’ of pharmacies – “Where pharmacies located closely together provide the same community services this offers more choice and improved access for patients (rather than an overprovision of services)”.
- Identification of the reasons behind reduced provision of services in some areas and further explanation of the mechanism to become accredited to provide additional services and barriers in place that prevent pharmacies engaging with services.
- Further information requested on quantity and potential impact of pharmacy services
- There should be more discussion of why some services which could be delivered are currently capped.

7.3.2 Responses from the public:

144 people completed the questionnaire on paper or on-line. The monitoring data showed that a wider variety of people were consulted with than in the pre-consultation engagement, and they were more representative of the population in terms of age group and racial background in particular. There was a large representation from the Somali community brought about as result of a pharmacist and a community member attending the open meeting in the Town Hall on the 12 November 2014.

Again, a report on the consultation is available at: <http://www.leicester.gov.uk/your-council-services/social-care-health/jsna/jspna-reports/>. Key themes identified from the consultation are:

- Most people felt that the purpose of the PNA had been adequately explained, however a small number felt that it was difficult to understand, or that there were language issues.
- The majority of respondents felt that the PNA provides an adequate assessment of pharmaceutical services in Leicestershire. The issues raised by those who did not were to do with the relatively small size of the sample of the pre-consultation engagement, and the perceived needs of the Somali community.
- Around two thirds of those who answered the main questionnaire, and half of those who answered the easy read questionnaire felt that the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Leicestershire population and again those who did not gave a number of reasons, including the

need for better access, need for better services in the St Matthews area, better communication, more publicity for services and waiting times.

- Two thirds of those who answered the main questionnaire agreed that the current pharmacy provision and services in Leicester are adequate, but only one third agreed of those who answered the easy read questionnaire. The themes of those who did not agree included lack of awareness of advanced and community based services, and a lack of these services in some pharmacies, the need for better communication and cultural awareness, an imbalance in provision of community pharmacies, so that there are some areas of the city where there is not easy access to a pharmacy and a request for extended opening hours in some areas. The point was made that ward based data can cause problems in overall assessment of provision.
- Gaps in services should be filled but current provision should not necessarily be reduced in areas where there are larger numbers of providers, because of the importance of choice.
- Three quarters of respondents to the main consultation questionnaire agreed with the PNA conclusions and recommendations but only half of those who responded to the easy read version agree. Those who did not gave a number of reasons and recommendations, again on the themes of communication, publicity and distribution of community pharmacies.
- The idea of additional community services is welcomed and encouraged, particularly health checks including blood pressure and cholesterol and flu vaccinations. There were specific recommendations that there should be advice on healthy fasting, TB, rickets and children's oral health and flu vaccinations.
- In general people feel that they receive a good service from local pharmacies.
- Some groups, particularly those with disabilities such as deafness, or from ethnic minorities, would like better communication in the form of translation/interpretation and equalities issues should be addressed, including preparing an Equalities Impact Assessment at the end of the PNA process.
- People feel that the wide variety of services offered by pharmacists is not publicised enough. There should be pharmacy based health campaigns and promotions.
- Publicity about pharmacy services should be available in community venues as well as pharmacies and should be easy to read/understand.
- Opening times need to be extended in some areas.
- Out of hours information should be more widely available.

- There are issues to do with certain locations, particularly St Matthews and New Parks.

7.3.3 Responses from targeted consultation events:

A report on the consultation events is provided in the full consultation report available at: <http://www.leicester.gov.uk/your-council-services/social-care-health/isna/ispna-reports/>

- No problem in accessing a pharmacy (East & West Community Project, Manor House community project in LE3, Sikh Community Centre, Braunstone Frith Vision Sure Start Children's Centre).
- Action Deafness BME group had mixed access / pharmacy experiences; generally positive in the local pharmacy where they were known, but more problematic in an unknown pharmacy .
- New Parks Sure Start reported access issues for those without transport.
- More sensitivity and awareness of cultural differences needed.
- Literature in different languages would be useful.
- Drop-in clinics for blood pressure and cholesterol checks welcomed.
- Lack of knowledge of the advanced services offered by pharmacies and further information requested.

7.4 Consultation conclusions

The consultation provided valuable comment and feedback on the draft PNA.

All elements of the consultation recognised the contribution that community pharmacies in Leicester make to individual health and wellbeing and towards the health of the local population. In general people feel that they receive a good service from local pharmacies. There is a recognition that community pharmacies can and do support the city's Health and Wellbeing priorities and there is a willingness by pharmacies and others to engage in this further. This includes the need for pharmacies to play a more proactive and engaging role in local communities around areas such as self-help and support for people with long term conditions, expansion of health promotion activities and campaigns, and more services, such as for example, flu vaccinations and cardiovascular checks, advice on issues such as healthy fasting for patients with multiple health conditions, travelling abroad and avoidance of communicable diseases, tuberculosis, rickets and oral health.

While there is a general consensus that the number of community pharmacies is sufficient for the population of Leicester, concern was raised regarding the distribution of pharmacies

across Leicester and an apparent lack of immediate choice in certain areas. From one point of view presented through the consultation this geographical clustering of pharmacies providing the same community services offers more choice and improved access for patients. From another point of view presented the concern is that areas with fewer pharmacies providing fewer services practically means less choice for people in those areas without travelling. This will be compounded in areas with low access to public and private transport.

While people feel they receive in general good services from local pharmacies the consultation drew attention both to the wide range of languages spoken by pharmacy teams and the need to ensure that local language needs are addressed. Other groups facing issues such as deafness reported mixed experiences. Access and response was generally positive in the local pharmacy where they were known, but more problematic in an unknown pharmacy.

8.0 Analysis of gaps in service

Leicester has 86 pharmacies located across the City, including 5 distance selling pharmacies and one essential small pharmacies local pharmaceutical services.

Overall Leicester has more pharmacies per head of population than England (2.3 vs 2.02 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 and Latimer wards (around Belgrave Road), another cluster around Spinney Hills/Charnwood and Stoneygate wards. In the west of the city the pharmacies are more widely spread, although there are a number along the Narborough Road area in Westcotes ward.

Using ward populations, the rate of pharmacies per 10,000 population ranges from 0.5 in New Parks to 4.5 in Latimer. Ward 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 ward. But, as explained in the main body of the text above, wards provide some way of talking about geographical differences in a situation where pharmacies do not serve defined populations and 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 27.4 in New Parks to 287.7 in Westcotes.

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. Eight 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, 19 between 50 and 60 hours, 10 pharmacies between 50 and 100 hours and 4 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 Westcotes wards, Eyres Monsell, Spinney Hills, Latimer and Humberstone. There is lower provision for extended opening hours on the west of Leicester, however there are a couple 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 lower, 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 for there being smaller numbers of pharmacists in certain parts of the city.

Advanced services:

There are 4 advanced services which pharmacies may be accredited to offer. The main two are Medicines Use Reviews (MURs) and New Medicines Services, the other two are Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

The majority of pharmacies can provide MURs (86%) and NMS (75%). 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 3 Leicester pharmacies in 2013/14 and 21 pharmacies carried out less than 200 MURs. Overall, there were 16,000 MURs and 5,700 NMS reviews in 2013/14.

Pharmacies generally provided fewer NMS reviews. Two pharmacies 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. It is recommended that MUR activity and quality is monitored and that better

communication between GPs and pharmacists is encouraged to gain a greater benefit from this service.

Very few pharmacies provide the specialised services for AUR (10) and SAC (7). 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.

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.

Chlamydia Screening:

This service is available at 37 pharmacies in Leicester but uptake through the pharmacies is very low and it has limited success in reaching and diagnosing young people. Chlamydia screening is also available at GP surgeries, Leicester Royal Infirmary GU clinic and other local providers of sexual health services. A review of why young people did not use chlamydia screening services via pharmacies and what environment would be more effective (for example premises with access to WC's which would facilitate sample giving) would help inform and improve screening levels in young people.

Emergency Hormonal Contraception:

Although offered by 55 pharmacies in Leicester, the majority of uptake is through the city centre pharmacies and those in Westcotes (Narborough Road). Whilst these are areas with a high number of young people, it is also likely that many young people chose to 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 36 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:

Available at 44 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 12 pharmacies in Leicester and used by over 2,000 individuals in 2013/14. The main provider is the Leicester Recovery Partnership who delivered a service for around 800 individuals. 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:

Eleven 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.

Stop smoking services:

Over 1,400 people were helped and supported to stop smoking through 50 pharmacies in Leicester offering a Stop Smoking service in 2013/14. This represents around a quarter of all people setting a quit date. The service is constantly looking for ways to improve effectiveness, including keeping a register of languages spoken in pharmacies for example in signposting people the most appropriate service for them.

Supervised consumption:

Supervised methadone consumption is offered at 47 pharmacies across Leicester. As with needle exchange, this is part of a wider scheme in substance misuse harm reduction and recovery.

Other services:

An Alcohol brief intervention service is currently under review for pilot in Leicester

pharmacies. This will involve a short, structured and non-confrontational conversation with an individual about their alcohol consumption. It aims to motivate and support an individual to think about and plan changes in their drinking behaviour to reduce consumption and risk of harm.

Healthy Living Pharmacies (HLP) is a service not currently commissioned in Leicester, though it is in Leicestershire and Rutland. This service offers individuals a consultation in a private room with healthy living advice on smoking cessation and obesity / healthy weight. The Healthy Living Pharmacy 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.

Community pharmacies wishing to become HLPs are required to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting environment.

Communication:

Currently, there is not an effective method for electronic transfer of patient information between the pharmacist and the GP Practice. A shared electronic patient record would allow direct input of patient information from the pharmacy indicating, for example, vaccination courses completed or other health checks carried out.

9.0 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 and it may be that some residents 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 2014. 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, that is without being commissioned to do so by NHS England, the CCG or the City Council.

Medicines Use Reviews (MURs) and New Medicines Services (NMRs) are advanced services for which most pharmacies are accredited. The number of reviews carried by pharmacies varies across the city and given the potential benefit to patients, pharmacies could 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. Local commissioners within Local Authority Public Health and Clinical Commissioning Groups can take advantage of this in planning delivery of effective healthcare and improving equity of access to healthcare.

Recommendations:

1. Equity of services:

Leicester has a higher rate of pharmacies than the national number of pharmacies per head. 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 the coverage.

Commissioners should:

- Keep locations and opening times under review to assess whether access to pharmacies for essential services is equitable for all Leicester.
- Investigate why some pharmacies are providing fewer community based services than others and address this wherever possible.
- Work with pharmacies and others, including the LPC, to examine how equity issues – including the above, language, support for people with disabilities and for people whose identities may make them less confident in taking up services – can further be addressed.
- 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

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

Commissioners should:

- Examine cost effective ways to maximise the promotion of healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.
- Regarding the promotion of healthy lifestyles (Public Health) requirement of the essential services contract, it is recommended that 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 the Clinical Commissioning Group.
- Consider the opportunity to include pharmacies and develop their roles in commissioning strategies and through the wider Better Care Together plans -

particularly in relation to providing services which deflect work out of primary care general practice eg minor ailments and emergency supply schemes.

- Consider public views from the consultation 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.
- Assess levels of uptake for services and follow-up for low or high performers to share best practice
- Keep under review the level of monitoring and quality visits in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and promote service improvement.

3. Communication between Pharmacists and GPs and other health care workers

Commissioners should:

- Consider ways to promote the sharing and transfer of patient information electronically between pharmacists and GPs where this is necessary and appropriate
- Ensure effective communication relating to patient medication between GPs, pharmacists and healthcare or social workers.

10.0 Equality Impact Assessment

Title of spending review/service change	Leicester City Pharmaceutical Needs Assessment
Name of division/service	Public Health
Name of lead officer completing this assessment	Steve Petrie
Date EIA assessment completed	16.02.15
Decision maker	e.g. City Mayor/Assistant Mayor/Director
Date decision taken	

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome.

From 1 April 2013, 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 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.

The first PNA for Leicester was published in 2011 and this draft PNA is required to be approved by the Leicester Health and Wellbeing Board by 1st April 2015. 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 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 in the area
- NHS trust or NHS foundation trust
- NHS Commissioning Board
- Any neighbouring Health and Wellbeing Board

This PNA finds that there is adequate provision of pharmaceutical services for the population of Leicester overall. However, it has been noted that in some areas of the city there are fewer pharmacies close to home and less choice in accessing local community need-specific pharmaceutical services. This brief impact assessment aims to consider the equality issues that may be present, and where identified, address them.

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?
<p>Eliminate unlawful discrimination, harassment and victimisation How does the service ensure that there is no barrier to access for anyone with a particular protected characteristic (as set out in our PSED) with needs that could be addressed by that service?</p>	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 for the disabled.
<p>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).</p>	<p>The PNA considers the demographics of the population by local areas (wards) where data is available and relates this to local pharmaceutical service provision. A breakdown of age, gender, ethnicity, religion and language across the city helps to indicate potential inequalities in access. Additionally a public consultation and targeted consultation of seldom heard groups provided an opportunity for Leicester’s residents to feedback on the availability and accessibility of their local pharmacy services. For example it has been highlighted within the consultation that language is a particular issue in pharmaceutical service provision for the Somalian community within St Matthews.</p> <p>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</p>

	<p>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:</p> <ul style="list-style-type: none"> •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 <p>Some pharmacies provide educational sessions on self-care and making use of health services.</p>
<p>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?</p>	<p>Equity of access across the city as above is important in fostering relations between different groups.</p>
<p>3. Who is affected?</p> <p>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.</p>	
<p>All residents of Leicester City</p>	
<p>4. Information used to inform the equality impact assessment</p> <p>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...</p> <p>This PNA has used ONS population counts to provide population numbers by small geographical areas within Leicester. This has been</p>	

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 Castle ward.
- 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 is more dominant in the west of Leicester whilst Muslim is more prevalent in Spinney Hills and Stoneygate, and Hindu in Latimer, Belgrave and Rushey Mead.
- There are over 100 languages spoken in Leicester (Census 2011). English is the main language spoken in the majority of wards (the main language for 73% of Leicester's population), South Asian languages are spoken more widely mainly in the east of Leicester (the main language of 18% of Leicester's population) and 3% speak a European language. The main South Asian languages are Gujurati and Punjabi which are spoken by more than half the population in Belgrave and Latimer. Eastern European languages (Polish, Slovak and Lithuanian) are more prevalent in Fosse and Westcotes wards)
- Overcrowded households show over a third of households in Castle are overcrowded, with high levels in Spinney Hills (26%) and Charnwood (22%)
- Health and provision of unpaid care is highest in Latimer ward (12.5%) and over 10% of residents in Evington, Rushey Mead, Thurncourt, Belgrave, Knighton and Western Park provide some level of unpaid care
- Car ownership is lowest in Castle where nearly 60% of households do not have a car or van available to them, followed by Charnwood (46%), Westcotes (45%), Spinney Hills (44%), Latimer (43%), New Parks (43%), Freeman (42%) and Humberstone and

Hamilton (42%)

- GCSE qualifications are highest in Knighton (78% gain 5+ GCSEs) and lowest in Eyres Monsell (34%), Freeman (35%) and Charnwood (40%)

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 telephone 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 'gay-friendly' symbol on the door.

There is no information available on uptake of services by general or protected characteristics; pharmacies will report uptake of services as part of their contract however it is not a requirement to provide further demographic breakdown.

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?

What is important to them regarding the current service?

A statutory consultation was required. This ran for 60 days and was completed on 12 December 2014. It was preceded by a period of

pre-consultation engagement which helped inform the initial draft PNA.

There were 67 respondents to the main consultation questionnaire and 77 to the easy read questionnaire

The results were as follows:

It was noted from the pre-consultation results that the most important reasons in deciding which pharmacy to use were:

- Friendliness of staff
- Closeness to home
- Closeness to GP
- Trust in the pharmacist
- Being served quickly

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

Overall 65% of those who responded to the main consultation and 35% of those who responded to the easy read questionnaire felt that the service (pharmacy provision in Leicester City) met their needs.

Of those who did not, main comments were around the following:

- Opening Hours
- Language provision
- Better advertising of the range of services offered

How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?

For patients who raised issues around language barriers or disability (hearing) difficulties, these have the potential to cause delays in gaining health advice, access to medicines and care (the patient may need to request the help of friends/relatives to communicate with staff in the pharmacies).

6. Potential equality Impact

Based on any evidence and findings, use the table below to identify if any individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts?

This section also asks you to consider whether any particular vulnerable groups are likely to be affected by the proposal. List the relevant vulnerable groups that may be affected, along with likely impact, and mitigating actions to reduce or remove those negative impacts. These groups need not have protected characteristics.

Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs?	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	<p>Older people make more use of pharmacy services as a greater proportion have long term conditions and receive prescriptions for these.</p> <p>The age profile of respondents to the consultancy questionnaire showed more respondents from the older age groups:</p>	<p>Problems with access can 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 either due to the location, opening times, language or</p>	<p>This PNA has consulted with patients across different ages and presented any issues raised in accessing pharmaceutical services. Recommendations for improvements in equality of provision and access of these services are included in the PNA</p>

	<table border="1" data-bbox="622 220 1104 488"> <thead> <tr> <th>Age</th> <th>Main consultation</th> <th>Easy read</th> </tr> </thead> <tbody> <tr> <td>Under 16</td> <td>1%</td> <td>0%</td> </tr> <tr> <td>16-24</td> <td>13%</td> <td>12%</td> </tr> <tr> <td>25-34</td> <td>7%</td> <td>7%</td> </tr> <tr> <td>35-59</td> <td>39%</td> <td>53%</td> </tr> <tr> <td>60-74</td> <td>19%</td> <td>9%</td> </tr> <tr> <td>75+</td> <td>7%</td> <td>19%</td> </tr> <tr> <td>Not answered</td> <td>12%</td> <td>0%</td> </tr> <tr> <td>Total</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <p data-bbox="622 496 1104 834">There were direct consultation events with Braunstone Frith and New Parks Sure Start Children’s Centres. Access was reported as a problem in New Parks for those without transport and lack of awareness of other pharmaceutical services reported by both Children’s Centres</p>	Age	Main consultation	Easy read	Under 16	1%	0%	16-24	13%	12%	25-34	7%	7%	35-59	39%	53%	60-74	19%	9%	75+	7%	19%	Not answered	12%	0%	Total	100%	100%	disability facilities available in their local pharmacy	
Age	Main consultation	Easy read																												
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Total	100%	100%																												
Disability	<p data-bbox="622 850 1104 959">The consultation was made available in an easy read version for those with a disability.</p> <p data-bbox="622 967 1104 1193">15% of respondents to the main questionnaire reported a disability and 41% completing the easy read (including mental health conditions, learning disabilities and physical disabilities).</p> <p data-bbox="622 1201 1104 1310">There was a consultation event with Action Deafness BME group in St Matthews who reported mixed</p>	Problems with appropriate customer care for disabled users 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 either due to the location, opening times, language or disabled access facilities	This PNA has consulted with patients with disabilities and reported any issues raised in accessing pharmaceutical services. Further consultation on improving access for those with disabilities is recommended, for example greater provision of information in easy read formats, or a means of making the pharmacist aware of the patient’s disability (ID type card)																											

	experiences in pharmaceutical services; generally experiences were good in the local pharmacies where the patient was known and more problematic obtaining medication where the patient was not known.	available in their local pharmacy	
Gender Reassignment	This information was not collected in the consultation although the opportunity for comment was offered	It is not known whether patients within this group may experience difficulties in seeking health advice and medication from their local pharmacy	Further consultation within this patient group could help identify ways in which pharmacy services can be improved
Marriage and Civil Partnership	This information was not collected in the consultation	There could be personal issues regarding individual access to pharmacy services. Patients within this group could experience difficulties in seeking health advice and medication from their local pharmacy	Further consultation within this patient group could help identify potential access issues and how best they could be addressed.
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 outcomes where patients have difficulties in communicating with or accessing pharmacy services	This PNA has consulted with patients across 2 Sure Start Children's Centres and noted difficulties in accessing pharmacies. Recommendations for improvements in equality of provision and access are included

		either due to the location, opening times, language or disabled access facilities available in their local pharmacy	in the PNA																					
Race	<p>The consultation was made available in an easy read version and available in other languages by request for those whose first language is not English.</p> <p>The ethnicity of the consultation respondents was mainly White in the main consultation (67 respondents) and mainly Somalian in the easy read version</p> <table border="1"> <thead> <tr> <th>Ethnic group</th> <th>Main consultation</th> <th>Easy read</th> </tr> </thead> <tbody> <tr> <td>Asian / Asian British</td> <td>9%</td> <td>21%</td> </tr> <tr> <td>Black / Black British</td> <td>12%</td> <td>9%</td> </tr> <tr> <td>Mixed</td> <td>0%</td> <td>4%</td> </tr> <tr> <td>White / White British</td> <td>60%</td> <td>9%</td> </tr> <tr> <td>Not specified</td> <td>19%</td> <td>58%</td> </tr> <tr> <td>Total</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <p>Language barriers were reported by some respondents with a request for staff speaking their language and wider availability of information in different languages</p>	Ethnic group	Main consultation	Easy read	Asian / Asian British	9%	21%	Black / Black British	12%	9%	Mixed	0%	4%	White / White British	60%	9%	Not specified	19%	58%	Total	100%	100%	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 either due to the location, opening times, language or disabled access facilities available in their local pharmacy	This PNA has consulted with patients across different races and presented any issues raised in accessing pharmaceutical services. Recommendations for improvements in equality of provision and access of these services are included in the PNA
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Not specified	19%	58%																						
Total	100%	100%																						
Religion or Belief	The consultation respondents were from the main religions reported in Leicester and were mostly of Muslim faith in the easy read version. Some respondents requested a greater	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	This PNA has consulted with patients across different faith groups and presented any issues raised in accessing pharmaceutical services.																					

	<p>sensitivity to their beliefs/culture from the local pharmacy</p> <table border="1"> <thead> <tr> <th>Religion</th> <th>Main consultation</th> <th>Easy read</th> </tr> </thead> <tbody> <tr> <td>No religion</td> <td>28%</td> <td>9%</td> </tr> <tr> <td>Christian</td> <td>28%</td> <td>6%</td> </tr> <tr> <td>Hindu</td> <td>4%</td> <td>4%</td> </tr> <tr> <td>Muslim</td> <td>21%</td> <td>65%</td> </tr> <tr> <td>Sikh</td> <td>1%</td> <td>16%</td> </tr> <tr> <td>Not given</td> <td>16%</td> <td>0%</td> </tr> <tr> <td>Total</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Religion	Main consultation	Easy read	No religion	28%	9%	Christian	28%	6%	Hindu	4%	4%	Muslim	21%	65%	Sikh	1%	16%	Not given	16%	0%	Total	100%	100%	<p>and medications with possible serious outcomes where facilities within the pharmacy are not appropriate for different cultures or religions.</p>	<p>Recommendations for improvements in equality of provision and access of these services are included in the PNA</p>
Religion	Main consultation	Easy read																									
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Sex	<p>More women than men answered the questionnaire, around 2/3 women and 1/3 men.</p>	<p>Patients may experience difficulties or delays in seeking health advice and medication from their local pharmacy where it does not have staff or a pharmacist of the same sex</p>	<p>Consideration of recommending that male and female pharmacy staff available in all pharmacies</p>																								
Sexual Orientation	<p>The respondents included people of heterosexual, bisexual and gay/lesbian orientation</p> <table border="1"> <thead> <tr> <th>Sexual Orientation</th> <th>Main consultation</th> <th>Easy read</th> </tr> </thead> <tbody> <tr> <td>Bisexual</td> <td>4%</td> <td>1%</td> </tr> <tr> <td>Heteorsexual</td> <td>69%</td> <td>96%</td> </tr> <tr> <td>Gay</td> <td>0%</td> <td>1%</td> </tr> <tr> <td>Lesbian</td> <td>1%</td> <td>1%</td> </tr> <tr> <td>Not answered</td> <td>25%</td> <td>0%</td> </tr> <tr> <td>Total</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Sexual Orientation	Main consultation	Easy read	Bisexual	4%	1%	Heteorsexual	69%	96%	Gay	0%	1%	Lesbian	1%	1%	Not answered	25%	0%	Total	100%	100%	<p>Pharmacy customer care that is not 'gay friendly' may result in patients within this group choosing not to access these pharmacy services and may result in difficulties seeking health advice and medication from staff at their local pharmacy</p>	<p>This PNA has consulted with patients across different races and presented any issues raised in accessing pharmaceutical services. Recommendations for improvements in equality of provision and access of these services are included in the PNA</p>			
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Children in poverty	<p>Child poverty is a big issue in Leicester with over 30% of children living in poverty; 16 wards of 22 show a worse than national level of poverty. Those with the highest levels include New Parks (46%)</p>	<p>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</p>	<p>This PNA has consulted with patients across 2 Sure Start Children's Centres and noted difficulties in accessing pharmacies. Recommendations for improvements in equality of</p>																								

	where access issues have been reported, Freeman, Braunstone Park and Rowley Fields, Eyres Monsell and Abbey (all with over 40% of children living in poverty)	medications with possible serious outcomes.	provision and access are included in the PNA
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7. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

This PNA finds that overall provision of pharmaceutical services in Leicester is adequate for the population. Consultation with the general public and seldom heard groups has highlighted issues found in accessing pharmaceutical services and makes recommendations to address these.

8. 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
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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 with the general public and seldom heard groups. Recommendations to improve equality of access are included in the PNA		PNA published April 2015
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GLOSSARY OF TERMS

AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
EHC	Emergency Hormonal Contraception
ESPLPS	Essential Small Pharmacies Local Pharmaceutical Services
GP	General Practitioner
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
LLR	Leicester, Leicestershire and Rutland
MUR	Medicines Use Review
NCSP	National Chlamydia Screening Programme
NHS	National Health Service
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
ONS	Office of National Statistics
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
SAC	Stoma Appliance Customisation

Appendix 1: Opening Times for Leicester Pharmacies

Ward	Pharmacy Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Abbey	Mr Pickford's Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 17:00	09:00 - 18:30	09:00 - 13:00	Closed
Abbey	Paul Disney Chemist	09:00 - 13:00, 14:00 - 17:30	09:00 - 13:00	Closed				
Aylestone	Howitts Pharmacy	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	Closed
Aylestone	Interpharm (Leics) Chemists	09:00 - 12:45, 13:45 - 18:30	Closed	Closed				
Aylestone	Lloyds Pharmacy	09:00 - 22:00	09:00 - 22:00	09:00 - 22:00	09:00 - 22:00	09:00 - 22:00	09:00 - 17:00	10:00 - 16:00
Aylestone	Saffron Lane Pharmacy	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00	Closed				
Beaumont Leys	Astill Lodge Pharmacy	09:00 - 18:15	09:00 - 18:15	09:00 - 18:15	09:00 - 13:00	09:00 - 18:15	09:00 - 12:30	Closed
Beaumont Leys	Boots UK Limited	09:00 - 14:00, 15:00 - 17:30	09:00 - 17:30	10:00 - 16:00				
Beaumont Leys	KM Brennan (Chemist) Limited	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:30	09:00 - 15:00	Closed
Belgrave	Alpharm	09:00 - 13:00, 14:00 - 19:00	09:00 - 13:00	Closed				
Belgrave	Healthways Chemist	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 15:00	09:00 - 13:00, 14:00 - 18:30	Closed	Closed
Belgrave	Leonard Smith	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00	Closed
Belgrave	Pancholi Chemist	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 17:00	09:00 - 13:00, 14:00 - 18:30	Closed	Closed

Ward	Pharmacy Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Belgrave	Safys Chemist	09:00 - 19:30	09:00 - 19:30	09:00 - 19:30	09:00 - 19:30	09:00 - 19:30	09:00 - 18:30	12:00 - 13:00
Braunstone Park and Rowley Fields	Hockley Farm Chemist	09:00 - 19:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	Closed	Closed
Braunstone Park and Rowley Fields	Merridale Pharmacy	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	08:00 - 18:30	Closed	Closed
Castle	Boots The Chemist	08:30 - 20:00	08:30 - 20:00	08:30 - 20:00	08:30 - 20:00	08:30 - 20:00	08:30 - 19:00	11:00 - 17:00
Castle	Boots UK Limited	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	09:30 - 17:30	Closed
Castle	Boots UK Limited	08:15 - 18:30	08:15 - 18:30	08:15 - 18:30	08:15 - 18:30	08:15 - 18:30	08:15 - 18:30	11:00 - 17:00
Castle	Knights Dispensing Chemist	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 17:00	Closed
Castle	Spiers Chemist	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	10:00 - 16:00	Closed
Castle	The Co-Operative Pharmacy	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 17:30	Closed
Charnwood	Medicine Chest Pharmacy Ltd	09:00 - 13:00, 14:00 - 19:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 19:00	09:00 - 13:00, 14:00 - 19:00	09:00 - 13:00, 14:00 - 19:00	09:00 - 18:00	Closed
Charnwood	Niva Chemist	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00	Closed
Charnwood	Samat Chemist	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 16:00	Closed
Charnwood	Sheridan Pharmacy	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	Closed	Closed
Charnwood	Your Local Boots Pharmacy	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30	08:45 - 18:30	09:00 - 13:00	Closed
Coleman	Lads Chemist	09:00 - 13:00, 14:00 - 19:00	09:00 - 13:00, 14:00 - 19:00	09:00 - 13:00, 14:00 - 19:00	09:00 - 13:00, 15:00 - 19:00	09:00 - 13:00, 14:00 - 19:00	09:00 - 18:00	Closed

Ward	Pharmacy Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Coleman	Medicare Pharmacy Ltd	08:30 - 20:00	08:30 - 20:00	08:30 - 19:00	08:30 - 20:30	08:30 - 19:00	09:00 - 13:00	Closed
Coleman	Vision Pharmacy	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	10:00 - 18:00	11:00 - 17:00
Coleman	Your Local Boots Pharmacy	08:30 - 20:00	08:30 - 18:00	08:30 - 20:00	08:30 - 18:00	08:30 - 18:00	09:00 - 13:00	Closed
Evington	J & A Pharmacy	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 17:30	Closed				
Evington	R Glenton & Son Ltd	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00	Closed				
Evington	Rowlands Pharmacy	09:00 - 13:00, 13:20 - 18:30	09:00 - 13:00, 13:20 - 18:30	09:00 - 13:00, 13:20 - 18:30	09:00 - 13:00, 13:20 - 18:00	09:00 - 13:00, 13:20 - 18:30	09:00 - 13:00	Closed
Eyres Monsell	Lloyds Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 13:00	Closed
Eyres Monsell	Monsell Pharmacy	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 20:30	10:00 - 16:00
Eyres Monsell	The Co-Operative Pharmacy	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00	Closed				
Fosse	Blackbird Pharmacy	08:15 - 18:30	08:15 - 18:30	08:15 - 18:30	08:15 - 17:30	08:15 - 18:30	09:00 - 12:30	Closed
Fosse	Mattock Pharmacy	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00	Closed
Freemen	Warwick Healthcare Limited	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	Closed
Humberstone and Hamilton	Hamilton Pharmacy	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed
Humberstone and Hamilton	Tesco Extra	08:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:00	10:00 - 16:00
Humberstone and Hamilton	Unipharm Chemists	09:00 - 13:00, 14:15 - 18:30	09:00 - 13:00, 14:15 - 18:30	09:00 - 13:00, 14:15 - 18:30	09:00 - 13:00, 14:00 - 17:00	09:00 - 13:00, 14:15 - 18:30	09:00 - 13:00	Closed

Ward	Pharmacy Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Knighton	Brookvale Pharmacy Ltd	09:00 - 13:00, 14:15 - 18:00	09:00 - 13:00, 14:15 - 18:00	09:00 - 13:00, 14:15 - 18:00	09:00 - 13:00, 14:15 - 17:00	09:00 - 13:00, 14:15 - 18:00	09:00 - 13:00, 14:15 - 16:00	Closed
Knighton	Healthcare Chemist	09:00 - 14:00, 15:00 - 18:00	09:00 - 14:00, 15:00 - 18:00	09:00 - 14:00, 15:00 - 18:00	09:00 - 14:00, 15:00 - 18:00	09:00 - 14:00, 15:00 - 18:00	09:00 - 14:00, 15:00 - 17:00	Closed
Knighton	Lloyds Pharmacy	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 13:00	Closed
Knighton	Stoneycroft Chemist	09:00 - 13:00, 14:00 - 17:30	09:00 - 13:00, 14:00 - 17:30	09:00 - 13:00	09:00 - 13:00, 14:00 - 17:30	09:00 - 13:00, 14:00 - 17:30	09:00 - 13:00	Closed
Latimer	Belgrave Pharmacy	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	08:30 - 19:00	Closed	Closed
Latimer	Evergreen Healthcare Limited	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	Closed
Latimer	Rosecare Pharmacy	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	09:00 - 18:00	09:00 - 13:00	Closed
Latimer	Safecare Pharmacy	07:00 - 22:00	07:00 - 22:00	07:00 - 22:00	07:00 - 22:00	07:00 - 22:00	07:00 - 20:00	07:00 - 19:00
Latimer	Saraj Patel Ltd	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 13:00	09:00 - 18:30	Closed	Closed
Latimer	Soni (Leicester) Ltd	09:00 - 18:15	09:00 - 18:15	09:00 - 18:15	09:00 - 16:45	09:00 - 18:15	Closed	Closed
Latimer	Universal Chemist	09:00 - 12:30, 14:00 - 18:30	09:00 - 12:30, 14:00 - 18:30	09:00 - 12:30, 14:00 - 18:30	09:00 - 12:30, 14:00 - 17:00	09:00 - 12:30, 14:00 - 18:30	09:00 - 13:00	Closed
New Parks	The Co-Operative Pharmacy	08:30 - 13:00, 14:00 - 18:30	08:30 - 13:00, 14:00 - 18:30	08:30 - 13:00, 14:00 - 18:30	08:30 - 13:00, 14:00 - 18:30	08:30 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 17:00	Closed
Rushey Mead	FW Pickford (Leicester) Ltd	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 17:30	08:30 - 18:30	10:00 - 13:00	Closed
Rushey Mead	Mr Pickford'S Internet Pharmacy	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	Closed
Rushey Mead	Yakub Chemist Care Home Services	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	Closed	Closed
Spinney Hills	7 - 11 Pharmacy	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	09:00 - 23:00	09:00 - 16:00

Ward	Pharmacy Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Spinney Hills	C K & Sons	09:00 - 13:00, 14:15 - 18:30	09:00 - 13:00, 13:00, 14:15 - 18:00	Closed				
Spinney Hills	Health Serve Pharmacy	09:00 - 13:00, 14:30 - 18:30	09:00 - 13:00	Closed				
Spinney Hills	Health Serve Pharmacy Ltd	09:00 - 13:00, 14:30 - 18:30	09:00 - 13:00, 14:30 - 18:00	09:00 - 13:00	Closed			
Spinney Hills	Highem Chemist	08:30 - 13:00, 14:00 - 20:00	08:30 - 13:00, 14:00 - 19:00	08:30 - 13:00, 14:00 - 20:00	08:30 - 13:00, 14:00 - 19:00	08:30 - 13:00, 14:00 - 19:00	09:00 - 13:00, 13:00, 14:30 - 18:00	Closed
Spinney Hills	Lloyds Pharmacy	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 17:00	08:30 - 18:00	Closed	Closed
Spinney Hills	Moin's Chemist	09:00 - 13:00, 14:30 - 19:00	09:00 - 13:00	Closed				
Spinney Hills	Parkview Leicester Limited	09:00 - 13:00, 14:00 - 19:00	09:00 - 13:00, 13:00, 14:00 - 17:30	Closed				
Spinney Hills	Visionary Meds	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed
Spinney Hills	Yakub Chemist Ltd	09:00 - 13:00, 14:00 - 19:30	11:00 - 13:00	10:00 - 18:00				
Stoneygate	City Pharmacy Ltd	09:00 - 13:30, 14:30 - 17:30	09:00 - 13:00	Closed				
Stoneygate	Daynight Pharmacy	07:30 - 00:00	07:30 - 00:00	07:30 - 00:00	07:30 - 00:00	07:30 - 00:00	08:30 - 20:00	11:00 - 17:00
Stoneygate	Fountain Pharmacy	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	18:00 - 09:00, 13:00 - 14:00	18:00 - 09:00, 13:00 - 14:00	18:00 - 09:00, 09:00, 13:00 - 14:00	Closed
Stoneygate	Medicine Box Chemists	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 17:30	10:00 - 12:30
Stoneygate	Pearl Chemist	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 17:30	Closed

Ward	Pharmacy Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stoneygate	St Stephens Chemist	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00, 15:00 - 18:00	09:00 - 13:00, 14:00 - 18:30	09:00 - 13:00	Closed
Thurncourt	Asha Pharmacy	09:15 - 13:00, 14:00 - 18:00	09:15 - 13:00, 14:00 - 17:00	Closed				
Thurncourt	The Co-Operative Pharmacy	08:00 - 18:15	08:00 - 18:15	08:00 - 18:15	08:00 - 18:15	08:00 - 18:15	08:00 - 12:30	Closed
Westcotes	KM Brennan (Chemist) Limited	09:00 - 13:00, 13:30 - 17:30	09:00 - 13:00	Closed				
Westcotes	Patel's Chemist	09:00 - 20:30	09:00 - 20:30	09:00 - 20:30	09:00 - 20:30	09:00 - 20:30	09:00 - 20:30	09:00 - 20:30
Westcotes	POLY PHARMACY	08:00 - 22:00	08:00 - 22:00	08:00 - 22:00	08:00 - 22:00	08:00 - 22:00	08:00 - 23:00	08:00 - 23:00
Westcotes	Riverside Pharmacy	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed
Westcotes	Tesco In-Store Pharmacy	08:00 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:30	06:30 - 22:00	10:00 - 16:00
Westcotes	Your Pharmacy	09:00 - 00:00	09:00 - 00:00	09:00 - 00:00	09:00 - 00:00	09:00 - 00:00	09:00 - 00:00	14:00 - 00:00
Western Park	Brennans Pharmacy	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00	Closed				
Western Park	Shilchem Ltd	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	Closed
Western Park	St Stephens Chemist	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00	09:00 - 13:00, 14:00 - 18:00	09:00 - 13:00, 14:00 - 17:00	Closed

Appendix B: Terms of Reference. <http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/pharmaceutical-needs-assessment/relevant-documents/>

Appendix C: Leicester City PNA Consultation Documents: <http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/pharmaceutical-needs-assessment/relevant-documents/>