

Pharmaceutical Needs Assessment

Last Updated: 06.01.11

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Background

To be world class commissioners primary care trusts (PCTs) need to have a system in place for commissioning pharmaceutical services based on a comprehensive, well researched and up-to-date pharmaceutical needs assessment (PNA) that allows specific local needs to be targeted and focuses decisions on local priorities.

There is an increased emphasis on pharmaceutical services' contribution to health improvement and public health. PNAs should contribute to the Joint Strategic Needs Assessment (JSNA) and identify the needs of the people living within a locality and how pharmaceutical services are meeting that need or could meet that need. It is intended to be a prospective look at the future needs.

The PNA will be used by NHS Leicestershire County and Rutland (the PCT) to make commissioning and market entry decisions, by contractors as a guide to market entry, by the Strategic Health Authority to monitor the PCT's commissioning competencies for world class commissioning and by the public as a source of information.

The National Health Service (NHS) Act 2006 describes the duty of PCTs, in accordance with regulations, to arrange for provision of pharmaceutical services for its population. Pharmaceutical services are services that are provided under arrangements made by a primary care trust by the following persons:

- (a) the provision of pharmaceutical services (including directed services) with a person on a pharmaceutical list;
- (b) the provision of local pharmaceutical services under a local pharmaceutical scheme (LPS) (but not LP services which are not local pharmaceutical services); or
- (c) the dispensing of drugs and appliances with a person on a dispensing doctor's list (but not other NHS services that may be provided under arrangements made by a primary care trust with a dispensing doctor).

It is acknowledged in this PNA that there are providers of services which would not fall under the above definition of pharmaceutical services but nonetheless affect the PCT's assessment of the overall need for services in its area. For example, smoking cessation, and H-Pylori breath testing are also provided by GP surgeries. Chlamydia screening is provided by GP surgeries, walk in centres and health facilitators.

The NHS (Pharmaceutical) Regulations 2005 outline the process PCTs must comply with in dealing with applications for new pharmacies under the regulatory system known as 'control of entry' (COE). The Regulations Advisory Group is currently considering market entry regulations and aims to consult on the revised regulations in autumn 2010. The current regulations remain in force until any new regulations are laid.

The current regulations stipulate that any entry to the market must be assessed whether the grant of an application is necessary or expedient in order to secure adequate pharmaceutical services in a particular neighbourhood. There are four automatic exemptions to the COE assessment. These exemptions are:

- Pharmacies based in approved retail areas which incorporate or will incorporate leasehold retail premises the gross floor space of which exceeds or will exceed 15,000 square metres and are away from town centres
- Pharmacies that intend to open for more than 100 hours per week

- Applications from members of a consortia wishing to establish new 'one-stop primary care centres' (minimum list size of 18,000 patients)
- Distance selling, wholly mail order or internet based pharmacy services

Within the regulatory framework, any of the exempt applications must be granted by the PCT on the condition that they will provide services as directed by the PCT and hence this is a condition of their inclusion on the pharmaceutical list. Therefore, it is essential that PCTs are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned and thus contribute to more effective patient care.

Leicestershire county and Rutland currently has eight pharmacies granted applications under the 100 hour exemption. All are asked to provide all enhanced services currently commissioned by the PCT within three months of opening. The PCT also has two internet pharmacies. No applications have been received for the other exempt categories.

Leicestershire county and Rutland currently has three pharmacies which hold *Essential Small Pharmacy Local Pharmaceutical Scheme (EPS LPS)* contracts. These contracts have been commissioned in pharmacies that dispense lower volumes of prescriptions, but are in locations where it has been determined by the Department of Health that the service they offer is essential. These ESP LPSs are situated in:

- Wymeswold
- Houghton on the Hill
- Loughborough University

In order to commission effectively from this sector, the pharmaceutical needs assessment (PNA) is an effective tool the PCT will utilise in order to clearly understand the current provision and potential for pharmacy services to identify and meet health needs.

The JSNA localities have been used for the purposes of the PNA. These localities will be used to consider new pharmacy applications. New directions are awaited on market entry and until these are received the current Control of Entry regulations will be used. The localities are identified at fig 2.1

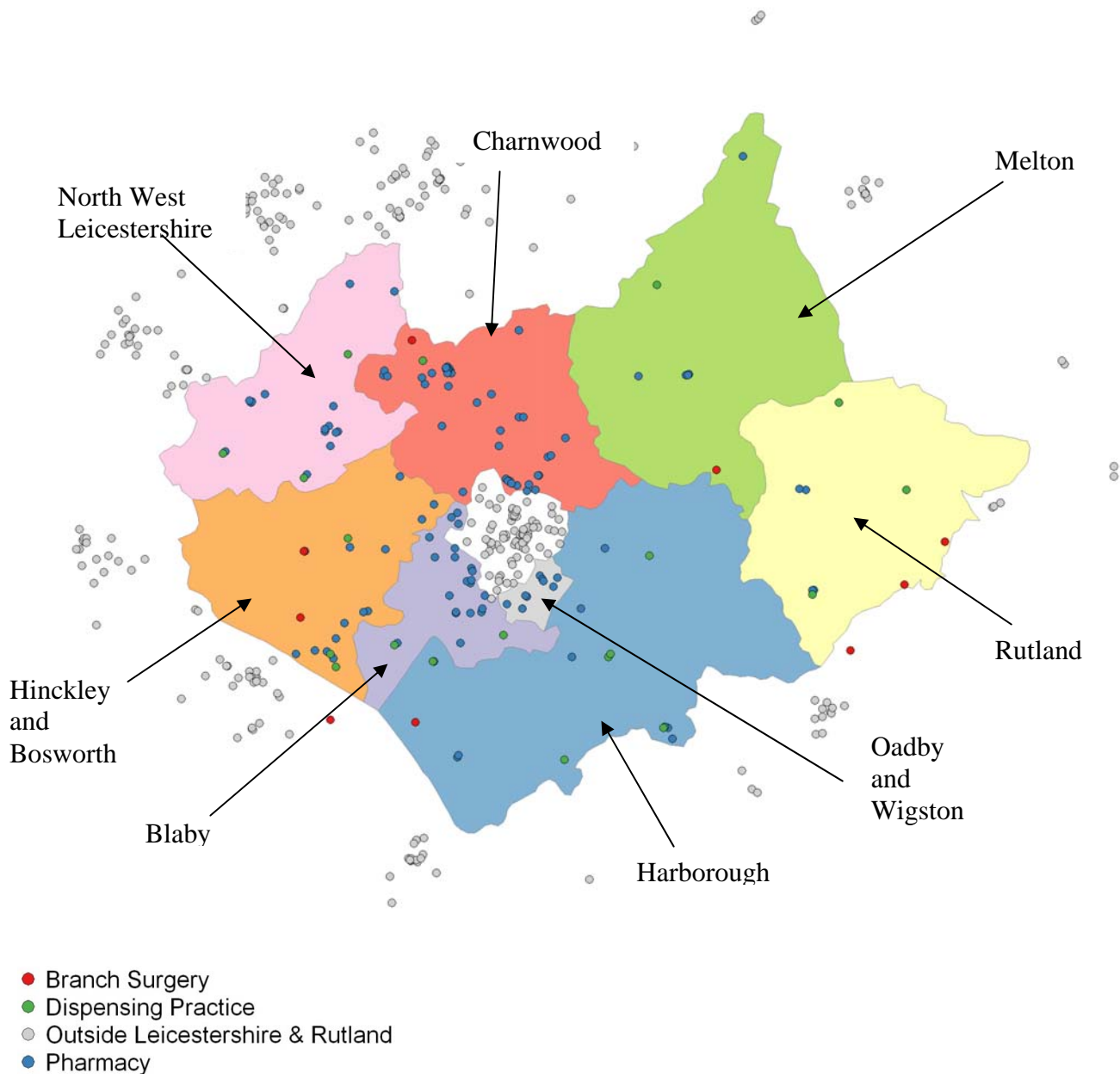
2. Introduction

The four former PCT organisations produced PNAs in 2005. Following the merger of these organisations to become NHS Leicestershire County and Rutland (the PCT) in October 2006, and the publication of PNA Regulations in May 2010, a new PNA is required. The PNA has a dual purpose – supporting the control of entry and pharmacy application process, and commissioning pharmaceutical services.

- **Control of entry and pharmacy application process:**
The PNA provides clarity and direction about which services should be commissioned from pharmacy applications. The PNA is also used to inform the decision making process of the PCT primary care panel. This panel decides whether to approve or decline applications received by the PCT.
- **Effective commissioning of pharmaceutical services:**
The PNA is a tool which can be used to support, inform and drive pharmaceutical service commissioning.

To achieve this dual purpose the PCT needs to be clear about what services are currently provided by pharmacies and dispensing doctors and where. 'Mapping' this with the health needs of the population identifies any gaps in current service provision and identifies areas where pharmaceutical services could be commissioned to meet health need.

Figure 2.1: Map showing the location of pharmacies and dispensing GP practices included in the analysis across Leicester, Leicestershire and Rutland (May 2010)



Source Leicestershire County Council

Figure 2.2: Table showing the number of all pharmacies and dispensing GP practices included in the analysis across Leicester, Leicestershire and Rutland (May 2010)

Across LCR there are:

- 132 pharmacies (including two wholly distance selling internet based pharmacies)
- 19 dispensing GP practices
- 7 dispensing branch surgeries

	Number of pharmacies	Number of dispensing GPs	Number of dispensing branch surgeries
Blaby	22	2	0
Charnwood	41	1	1
Harborough	12	6	1
Hinckley and Bosworth	16	3	2
Melton	7	1	1
NW Leicestershire	16	3	0
Oadby and Wigston	12	0	0
Leicestershire	126	16	5
Rutland	6	3	2

3. About

3.1 Demography

- The 2007 population estimate for Leicestershire is 641,000 and combined with Rutland is 679,400. These population estimates have increased by 5% since 2001.
- Leicestershire has an age structure proportionately similar to England, although it is slightly higher for the 60 plus age group.
- The latest projections around population levels indicate a population increase greater than previously expected, across all areas of the county. This is due to trends in higher fertility, life expectancy and migration, all of which are subject to future uncertainty.
- There is a projected increase in numbers of older people, due to improved life expectancy, which is in line with long-term trends.
- The projected increase in the younger population is a result of the recent increase in births and in the number of people of childbearing age.
- More single person households are projected, especially in the 60 plus age group.
- The Office for National Statistics (ONS) now projects increases in the working age population, especially those aged under 40 years.

- In terms of ethnicity, Leicestershire's 2006 population estimates suggest that 10% of the population were non-White British. Of these, 4% were Indian, 2% Other Asian and 2% Other White or Irish.
- Birth rates have increased in recent years and are projected to remain high. In addition, migration is projected to result in increased numbers in family-forming age groups, resulting in a progressive increase in projected births.
- Death rates are overall lower than the average for England, but there are some areas with higher mortality outcomes.
- According to current ONS estimates, most migration directly affecting Leicestershire is from within the UK.
- Two thirds of the population of Leicestershire live in urban areas around Leicester City, Loughborough/Shepshed, Hinckley, Coalville, Melton Mowbray, Market Harborough and Ashby de la Zouch. One third lives in town and fringe or village areas. Only 2% of the county population live in the most rural hamlet and isolated dwelling areas.

3.2 Population

Figure 3.1 Total estimated population 2007

	ONS mid-year estimates		Registered with GP	Pharmacy per 1000 population
	2007	Increase in estimated numbers from 2001 to 2007	2007	
Blaby	92,900	2,500 (3%)	95,000	4.31
Charnwood	164,800	11,200 (7%)	169,000	4.12
Harborough	82,300	5,500 (7%)	84,300	7.12
Hinckley & Bosworth	104,400	4,200 (4%)	106,300	6.64
Melton	49,200	1,300 (3%)	49,900	7.12
North West Leicestershire	90,400	4,700 (5%)	93,100	5.81
Oadby & Wigston	56,800	1,000 (2%)	59,100	4.92
Rutland UA	38,400	3,800 (11%)	32,600	5.43
Leicestershire only	641,000	30,700 (5%)	656,800	
Leicestershire and Rutland	679,400	34,500 (5%)	689,400	

Source: Office for National Statistics, Population Estimates Unit, August 2008. GP list figures reported in JSNA 2008.

3.3 Age

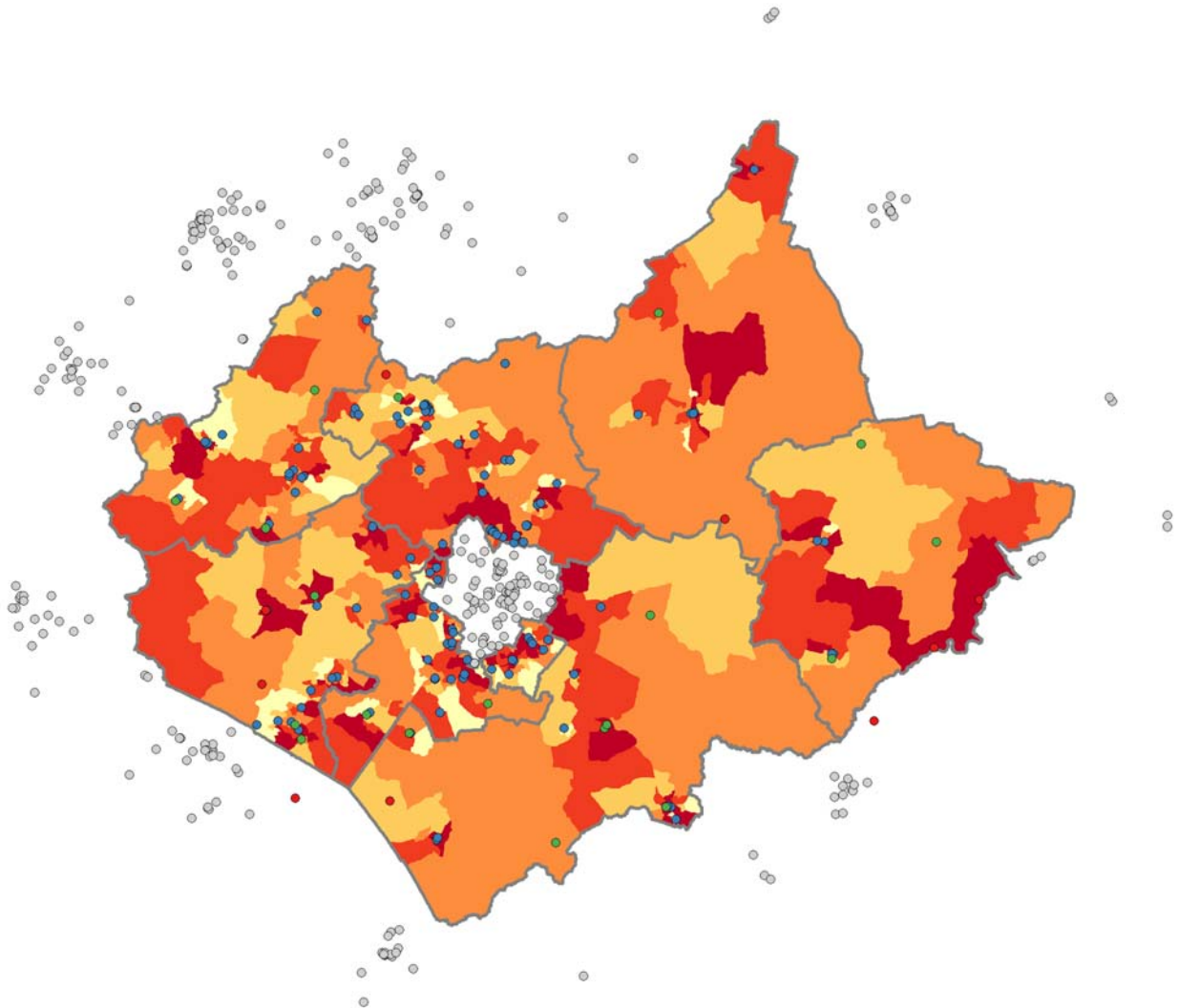
Figure 3.2 Estimated population mid 2007: Leicestershire districts and whole primary care trust area by 20 year age groups.

% shows localities age group of the Leicestershire and Rutland total.

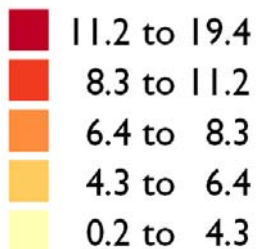
	Age				
	0-19	20-39	40-59	60-79	80+
Blaby	22,200 (14%)	22,700 (14%)	26,500 (14%)	17,400 (14%)	4,100 (14%)
Charnwood	39,000 (24%)	49,200 (29%)	42,600 (22%)	27,400 (22%)	6,600 (22%)
Harborough	20,300 (12%)	17,400 (10%)	25,200 (13%)	15,600 (12%)	3,800 (13%)
Hinckley and Bosworth	23,700 (14%)	25,000 (15%)	31,100 (16%)	19,900 (16%)	4,700 (16%)
Melton	11,500 (7%)	10,900 (7%)	15,000 (8%)	9,400 (8%)	2,400 (8%)
North West Leicestershire	21,700 (13%)	21,700 (13%)	26,200 (14%)	16,800 (13%)	4,000 (13%)
Oadby and Wigston	14,600 (9%)	12,900 (8%)	15,600 (8%)	10,900 (9%)	2,800 (9%)
Rutland	10,700 (7%)	7,500 (4%)	10,500 (5%)	7,800 (6%)	1,900 (6%)
Leicestershire and Rutland	163,700	167,300	192,800	125,100	30,300

Source: Office for National Statistics, Population Estimates Unit, August 2008.

Figure 3.3: Map showing the % of people aged 75+ years by lower super output
Maps are produced using lower super output area, these were created by ONS
(Office for National Statistics). They were aggregated using 2001 census output
areas and have a minimum population size of 1,000 persons (1,500 average).



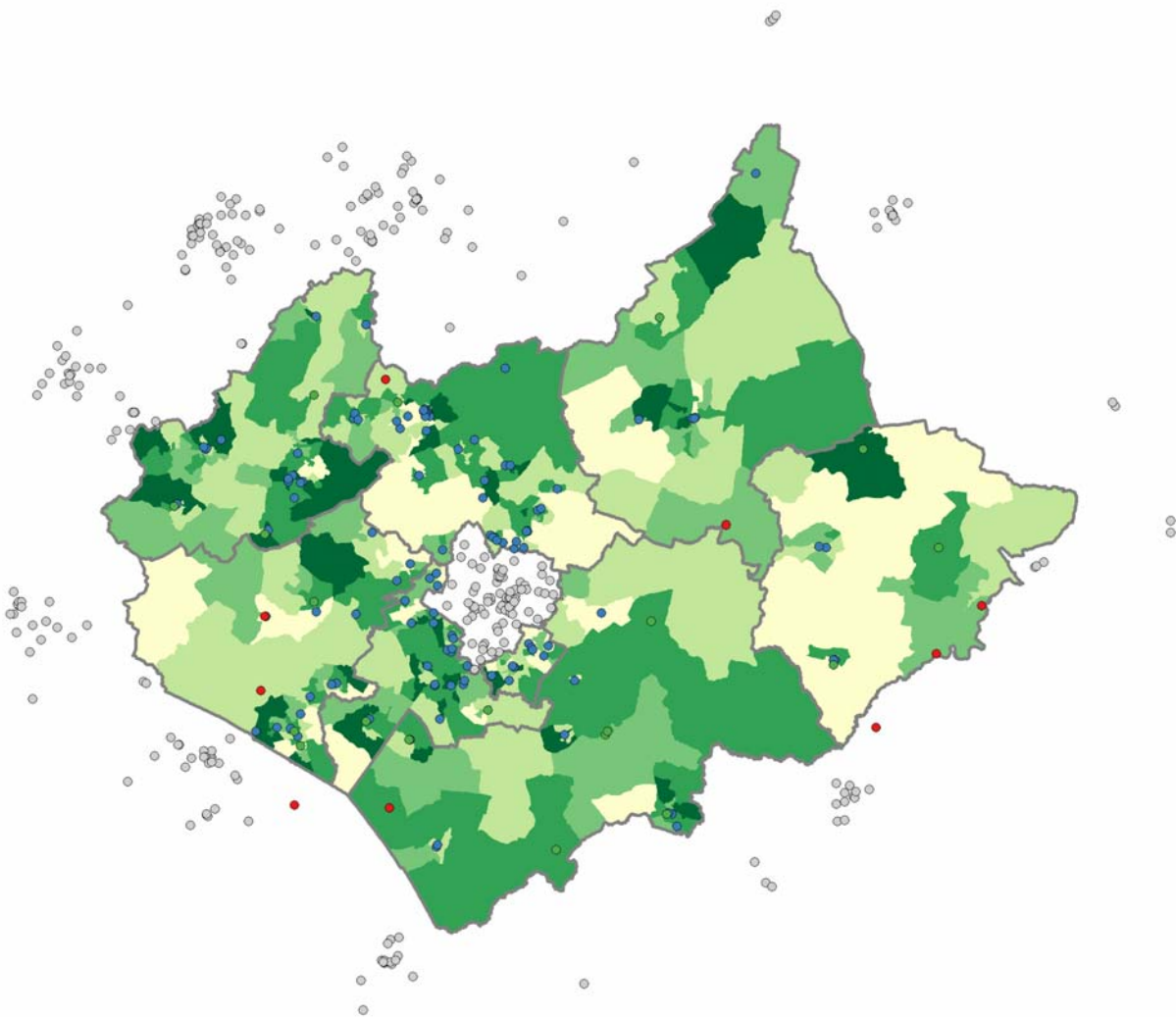
% aged 75+ years



Source Leicestershire County Council

Figure 3.3 shows the areas with the greatest percentage of people aged 75 and over. These can be seen within Charnwood, North West Leicestershire and Hinckley and Bosworth.

Figure 3.4: Map showing the % of people aged under 5 years by lower super output area



% aged under 5 years



Source Leicestershire County Council

Figure 3.4 shows the areas with the greatest percentage of people aged under 5. These can be seen within North West Leicestershire and Harborough.

3.4 Ethnicity

Figure 3.5 Ethnic groups by age, 2006

		All groups	White: British	Asian or Asian British: Indian	White: Other White incl Irish	Asian or Asian British or Mixed except Indian	Black or Black British or Mixed	Chinese or Other Ethnic Group
All Ages	Leicestershire (1000s)	635.1	570.6	23.2	15.5	7.5	8.1	6.1
0-15	Leicestershire	19%	18%	22%	10%	29%	30%	15%
16-64/59	Leicestershire	62%	61%	69%	70%	65%	65%	84%
65/60+	Leicestershire	19%	20%	9%	20%	7%	6%	3%
All Ages	Rutland (1000s)	38.5	35.8	0.3	1.2	0.5	0.4	0.2
0-15	Rutland	19%	18%	0	1%	0	0	0
16-64/59	Rutland	58%	54%	1%	2%	1%	1%	1%
65/60+	Rutland	22%	21%	0	1%	0	0	0
0-15	England	19%	19%	19%	11%	26%	28%	14%
16-64/59	England	62%	61%	72%	72%	66%	64%	81%
65/60+	England	19%	20%	9%	17%	8%	7%	5%

Source: Office for National Statistics experimental population estimates by ethnic group for local authority areas, & Correction: Current Estimates - Population Estimates by Ethnic Group Mid-2007 (experimental) Note: figures may not total exactly due to rounding

3.5 Deprivation

According to the Index of Multiple Deprivation 2007, the following lower level super output areas in Leicestershire were the ten most deprived in the health deprivation and disability domain scale:

- Charnwood, Loughborough Bell Foundry
- North West Leicestershire, Greenhill North East
- Charnwood, Loughborough Warwick Way
- North West Leicestershire, Greenhill Centre
- Charnwood, Loughborough Centre South
- Hinckley and Bosworth, Hinckley Westfield Junior School
- North West Leicestershire, Norris Hill, Ashby Wolds and Albert Village
- Hinckley and Bosworth, Hinckley Trinity West
- Charnwood, Loughborough Central Station
- Charnwood, Loughborough Canal South

Further information is available from the report *Indices of Deprivation 2007 – Headline Results*, Leicestershire County Council, Research and Information Team, www.lsr-online.org.

3.6 Social marketing

Experian's Mosaic UK is a household-based consumer classification system which is widely used by organisations in the public sector to analyse the socio-economic composition of UK consumers at household address or postcode. Data sources for Mosaic UK include the 2001 census, 'edited' electoral roll, Experian's lifestyle information, ONS local area statistics and other data sources.

There are 15 lifestyle groups within the Mosaic UK classification. Figure 1.3 shows the spread of the lifestyle groups, the dominant groups within Leicestershire county and Rutland (LCR) are:

Group A: Residents of isolated rural communities

Residents in this group are likely to have strong roots in the local community. Many will belong to families which have been established in the locality for many generations, and those who have moved in more recently are likely to be taking active steps to become involved in a community which prides itself in the help it gives to local people in times of need.

Levels of health are typical of the national average.

Physical access to public and commercial services is a serious issue for most residents. Although most adults have access to a car for their own use, school age children and the elderly suffer from the absence of public transport. Though residents prefer to deal with service providers face to face they accept that for practical reasons they are often reliant on the internet and the telephone.

Group B: Residents of small and mid-sized towns with strong local roots

Resident in this group are likely to belong to families who have lived in the area for many years. People therefore have strong roots in the local community. They have the support of extended family networks and of friends they made at school.

Levels of health are relatively good.

Residents have good access to public and commercial services. Though many older people do not drive a car and public transport networks are restricted, most people live within walking distance of services that they need on a day-to-day basis. However, access to specialist services often involves longer journeys to regional centres.

Group D: Successful professionals living in suburban or semi-rural homes

Many residents in this group have been brought up in a different town or region of the country from the one in which they currently live.

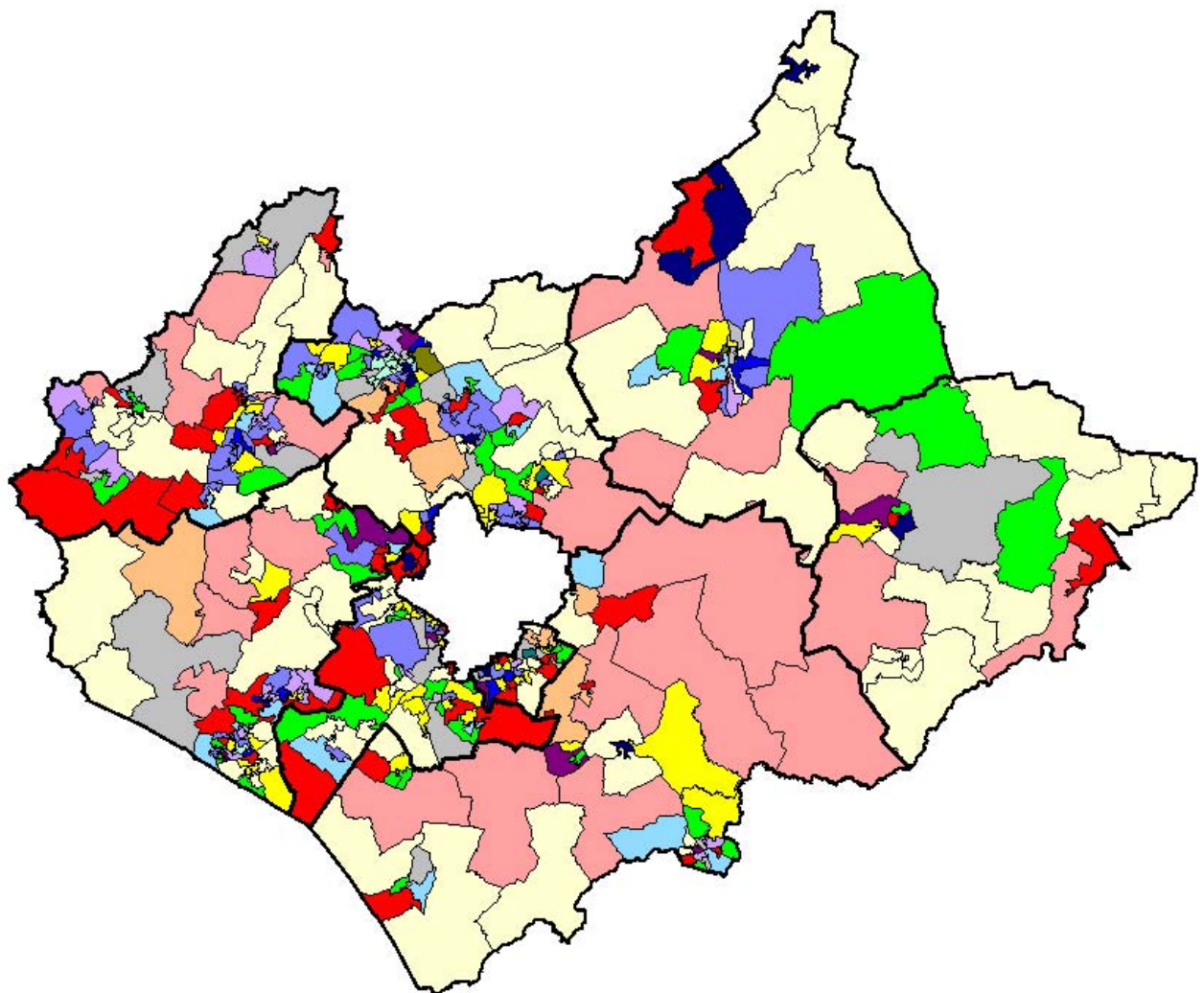
Most people in these neighbourhoods experience good health.

Residents have good access to cars but often live in places poorly served by public transport. They are people who tend to use the internet for accessing information rather than for entertainment, and would choose it as a method of finding out about local authority services.

Figure 3.6: Map showing Mosaic classification by lower super output area

Mosaic Classification Groups 2009

- A Residents of isolated rural communities
- B Residents of small and mid-sized towns with strong local roots
- C Wealthy people living in the most sought after neighbourhoods
- D Successful professionals living in suburban or semi-rural homes
- E Middle income families living in moderate suburban semis
- F Couples with young children in comfortable modern housing
- G Young, well-educated city dwellers
- H Couples and young singles in small modern starter homes
- I Lower income workers in urban terraces in often diverse areas
- J Owner occupiers in older-style housing in ex-industrial areas
- K Residents with sufficient incomes in right-to-buy social housing
- L Active elderly people living in pleasant retirement locations
- M Elderly people reliant on state support
- N Young people renting flats in high density social housing
- O Families in low-rise social housing with high levels of benefit need
- U Unclassified



Source: Experian Mosaic UK

4. Leicestershire County and Rutland's health and PCT priorities

Staying healthy – Joint Strategic Needs Assessment (JSNA) key findings

- For Leicestershire county and Rutland residents life expectancy is 79.0 years for men and 82.4 years for women in Leicestershire, and 80.1 years for men and 84.7 years for women in Rutland.
- In 2008 there were 5,187 deaths to patients resident in Leicestershire county and Rutland. 27% of these were related to diseases of the circulatory system, 23% to diseases of the respiratory system and 24% were due to neoplasm (cancer).
- 1,630 of the deaths were people aged under 75. This is one in three deaths occurring prematurely. Of the premature deaths, 36% are due to neoplasm, 25% are due to diseases of the circulatory system and 14% are due to respiratory diseases.
- In Britain, almost two thirds of adults and a third of children are either overweight or obese. Without clear action, these figures will rise to almost nine in ten adults and two thirds of children by 2050.
- Modelled estimates of adult obesity (2003-05) estimate there are 137,665 obese adults in Leicestershire county and Rutland. The PCT's population has a higher prevalence than the England average.
- Between 2007 and 2008 the second *Active People Survey*¹¹ showed that nationally 21.3% of the population exercises at least three times a week for 30 minutes at moderate intensity.
- There are approximately 94,304 binge drinkers in Leicestershire county and Rutland, 107,672 hazardous drinkers and 21,910 harmful drinkers.
- Nationally, more than 82,000 people started drug treatment in 2007/08, of whom more than 64,000 (78%) remained in structured treatment for 12 weeks, thus ensuring treatment was likely to be more effective in the long term. In LCR there were 2,003 people in treatment in 2007/08.
- Overall smoking estimates for 2006 place smoking prevalence for England at 25%. This is 1 in 4 of the adult population.
- In total it is estimated that there are 120,100 smokers in Leicestershire county and Rutland. Overall, prevalence is lower in than it is in England at 21.9% compared with 26.9%.
- In 2007/08 the resolution team saw 7,272 clients and 4,192 of these clients successfully quit smoking for four weeks. LCR had 760 per 1,000 of population quit smoking.
- Between 1995 and 2007, there was an increase in the number of new cases of STIs at Loughborough genito-urinary medicine (GUM) clinic from 235 to 510 . This increase is largely due to an increase in Chlamydia.
- There were a total of 183 HIV-positive residents seeking treatment in 2007.
- In 2008/09 the PCT screened 12,288 people for Chlamydia, 14.3% of the eligible population.

The main aims of *Choosing Health* are:

- Tackling health inequalities
- Reducing the number of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health and wellbeing
- Reducing harm and encouraging sensible drinking
- Helping children and young people to lead healthy lives

- Promoting healthy and active life amongst older people

4.1 Life expectancy

Life expectancy is a key measure of the overall health of the population. Overall life expectancy in Leicestershire (79 years for men and 82.4 years for women) and Rutland (80.1 years for men and 84.7 years for women) is above average when compared to the rest of the country. However, this masks considerable variations within and between districts. North West Leicestershire has the lowest average life expectancy at 77.8 years for men and 81.3 for women. The life expectancy for the district is an average of rates across the district and masks the differential within areas that are a result of underlying inequalities in small areas. For example, a boy born in the most deprived areas of Charnwood can expect to live for 4.8 years less than the average in the whole area of Charnwood. The most significant causes of the inequalities are circulatory diseases and, to a lesser extent, cancer and respiratory diseases. Risk factors associated with these diseases need to be addressed in order to reduce inequalities in life expectancy. These factors include high cholesterol, hypertension, and in particular, smoking, lack of physical activity, poor diet and obesity.

The life expectancy of males living in LCR is equal to or above the national average. The locality with the greatest life expectancy is Rutland at 80.6 years, followed by Harborough at 79.8 years. North West Leicestershire has the lowest life expectancy within Leicestershire at 77.3 years. The life expectancy for women living in Hinckley and Bosworth and North West Leicestershire is below the national average. Those living in all other areas of LCR have above national average life expectancy. See Figure 4.1

Figure 4.1 Life expectancy and gender

Locality	Males		Females	
	Life expectancy	Difference to national	Life expectancy	Difference to national
North West Leicestershire	77.3	0.0	81.3	-0.3
Charnwood	77.9	0.6	81.8	0.2
Oadby and Wigston	78.2	0.9	81.7	0.1
Melton	78.6	1.3	82.5	0.9
Hinckley and Bosworth	79.0	1.7	81.4	-0.2
Blaby	79.4	2.1	83.3	1.7
Harborough	79.8	2.5	82.3	0.7
Rutland	80.6	3.3	84.0	2.4
East Midlands	77.3	0.0	81.3	-0.3
England	77.3		81.6	

Healthy life expectancy

All of the Leicestershire localities, excluding North West Leicestershire, have an above average healthy life expectancy at 65 years. People living in North West Leicestershire have a shorter healthy life expectancy at 65 years than the national average (-0.4 years). See Figure 4.2 for further details.

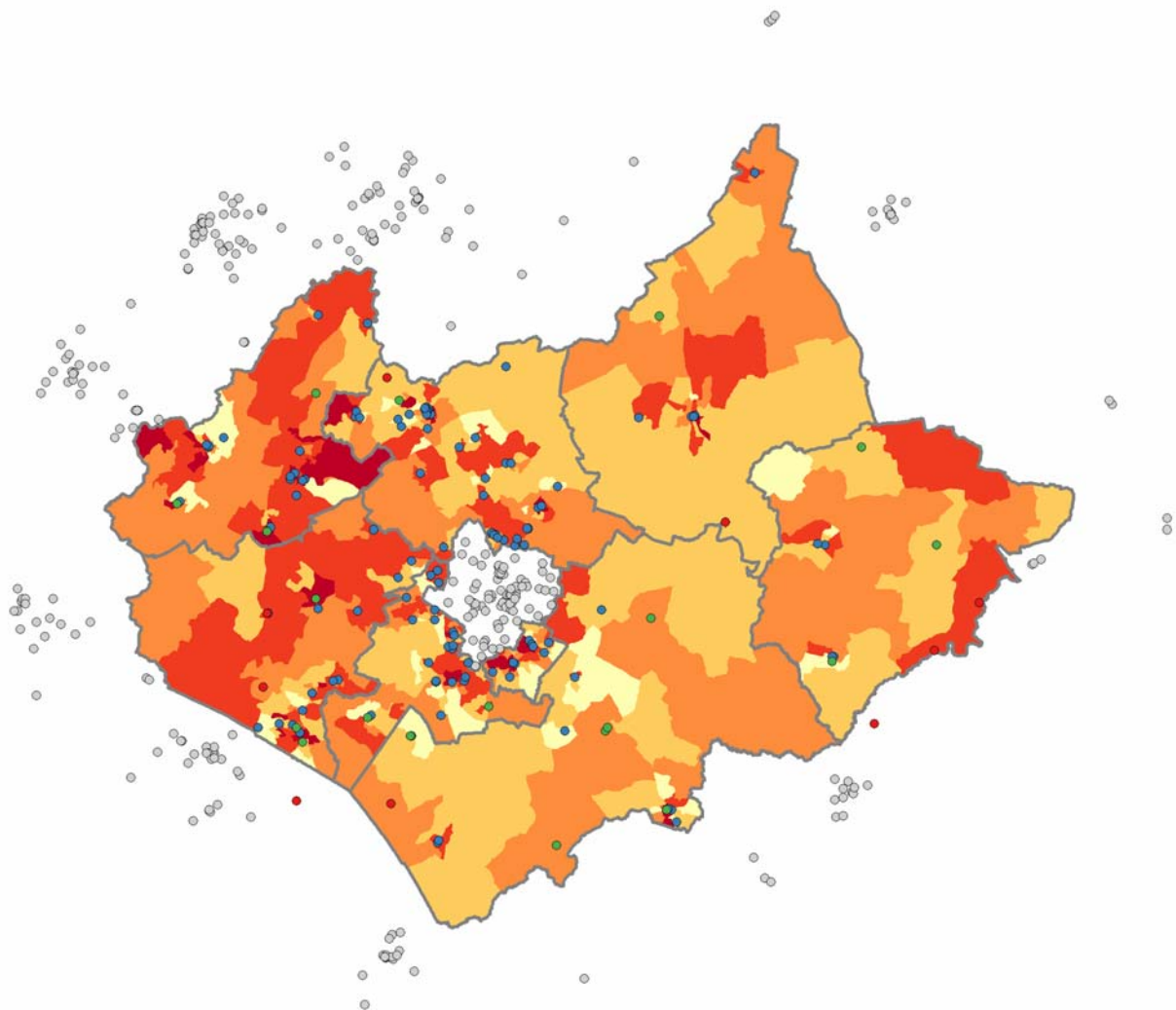
Figure 4.2: Healthy life expectancy at 65 years with a comparison to national average

Locality	Healthy life expectancy	Difference to national
North West Leicestershire	12.1 years	-0.4 years
Hinckley and Bosworth	13.2 years	0.7 years
Charnwood	13.3 years	0.8 years
Melton	13.5 years	0.9 years
Blaby	13.9 years	1.4 years
Harborough	14.3 years	1.8 years
Oadby and Wigston	14.4 years	1.9 years
Rutland	15.3 years	2.8 years
England	12.5 years	

Please note that health expectancy combines life expectancy and population data with data on the health of a population to give an index of the expected remaining years of healthy life. The methodology used to calculate the health expectancies was reported in an article in *Health Statistics Quarterly (HSQ) 26*.

It may be fair to assume that ill health will be more prevalent in North West Leicestershire when compared with other Leicestershire localities. Consequently, the increased provision of preventative health services in this locality may be justified. It may be necessary to increase the capacity of social care services to meet the needs of people with reduced abilities to complete daily living activities.

Figure 4.3: Map showing the percentage of people with a limiting long-term illness (LLTI) by lower super output area



% with LLTI



Source Leicestershire County Council

Figure 4.3 shows the areas with the greatest percentage of people with a limiting long-term illness (LLTI), these can be seen within North West Leicestershire and Hinckley and Bosworth.

4.2 Obesity

Obesity in Britain has reached epidemic proportions. Almost two thirds of adults and a third of children are either overweight or obese.¹

In LCR it is estimated that there are 137,665 obese adults which at 24.8% is higher prevalence than the England average. This data is included in the table below. Moreover, this is predicted to rise further by 2015 and it is estimated that 36% of men and 28% of women in England will be obese, rising to potentially 60% men and 50% of women by 2050.

Obesity increases the risk of several diseases, such as type 2 diabetes (an obese woman is 12.7 times more likely to have diabetes than a woman of healthy weight), hypertension, cardiovascular disease and some cancers.

Figure 4.4 Model-based estimates of obesity (adults) in 2003-2005

Area	Estimate %	Lower %	Upper %	ONS 2007 Population 16+	Estimated number of obese adults	Pharmacy per 1000 of target population
Blaby	25.6	23.5	27.8	75,400	19,302	1.2
Charnwood	24.9	22.8	27.0	136,900	34,088	1.1
Harborough	22.8	20.7	25.0	66,100	15,071	0.5
Hinckley and Bosworth	25.3	23.3	27.5	85,800	21,707	0.8
Melton	24.1	22.1	26.3	40,100	9,664	1.1
North West Leicestershire	25.9	23.9	28.1	73,100	18,933	0.8
Oadby and Wigston	24.1	22.1	26.3	46,500	11,207	1.1
Rutland	25.8	22.7	29.2	31,100	8,024	0.7
LCR	24.8	24.0	25.7	551,100	137,665	0.9
England	23.6	23.0	24.2	41,436,200	9,778,943	

4.3 Alcohol

The misuse of alcohol – whether as chronically heavy drinking or binge-drinking – not only poses a threat to the health of the drinker, but also to family, friends, communities and wider society through such problems as crime, anti-social behaviour and loss of productivity.

Alcohol is directly linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, violence, liver disease and sexually transmitted diseases. It is also known that there is an association between excessive consumption of alcohol and the increased risk of developing breast cancer.

The majority of the Leicester, Leicestershire and Rutland population are either low drinkers who drink within the recommended limits or are non-drinkers.

In LCR there are approximately:

- 94,304 binge drinkers.
- 107,672 hazardous drinkers.
- 21,910 harmful drinkers.ⁱⁱ

Leicestershire county and Rutland has significantly lower admissions for alcohol-related harm than the national average. However, admissions for alcohol-related harm are significantly higher in Oadby and Wigston and Rutland than the national average. Between 2002/03 and 2007/08 the admission rate for alcohol-related harm across LCR increased at a similar rate to the England rate. The overall increase in the number of alcohol-related admissions was 99% from 5,197 admissions in 2002/03 to 10,349 admissions in 2007/08.

There are approximately 5,888 binge drinkers in Rutland with the highest proportion of binge drinkers (19%) in LCR. This places Rutland at 255/354 of the local authorities in England

Local figures for the number (per 100,000) of children hospitalised for an alcohol-related problem (excluding accident and emergency attendances) between 2002-2005 show that there is a geographical variation across Leicestershire. The locality with the least amount of admissions (per 100,000) is Harborough, whilst the locality with the greatest amount of admissions (per 100,000) is Hinckley and Bosworth. It is evident that a greater number of boys are being admitted for an alcohol-related problem in comparison to girls.

Figure 4.5 Hospital admission rates 2002 – 2005

	Rate per 100,000 for alcohol specific admission 2002-05 (not including A and E)		National rank out of 354 areas (the higher the rank the worse the problem)		Gap from national average	
	Male	Female	Male	Female	Male	Female
Blaby	17.95	16.33	64	51	-0.11	-0.17
Charnwood	25.61	39.02	106	136	-0.08	-0.08
Harborough	10.06	10.66	18	26	-0.14	-0.19
Hinckley and Bosworth	34.23	39.2	144	138	-0.05	-0.08
Melton	16.59	17.3	25	23	-0.12	-0.17
North West Leics	23.72	52.67	95	180	-0.09	-0.02
Oadby and Wigston	15.5	29.27	38	99	-0.12	-0.12

4.4 Substance misuse

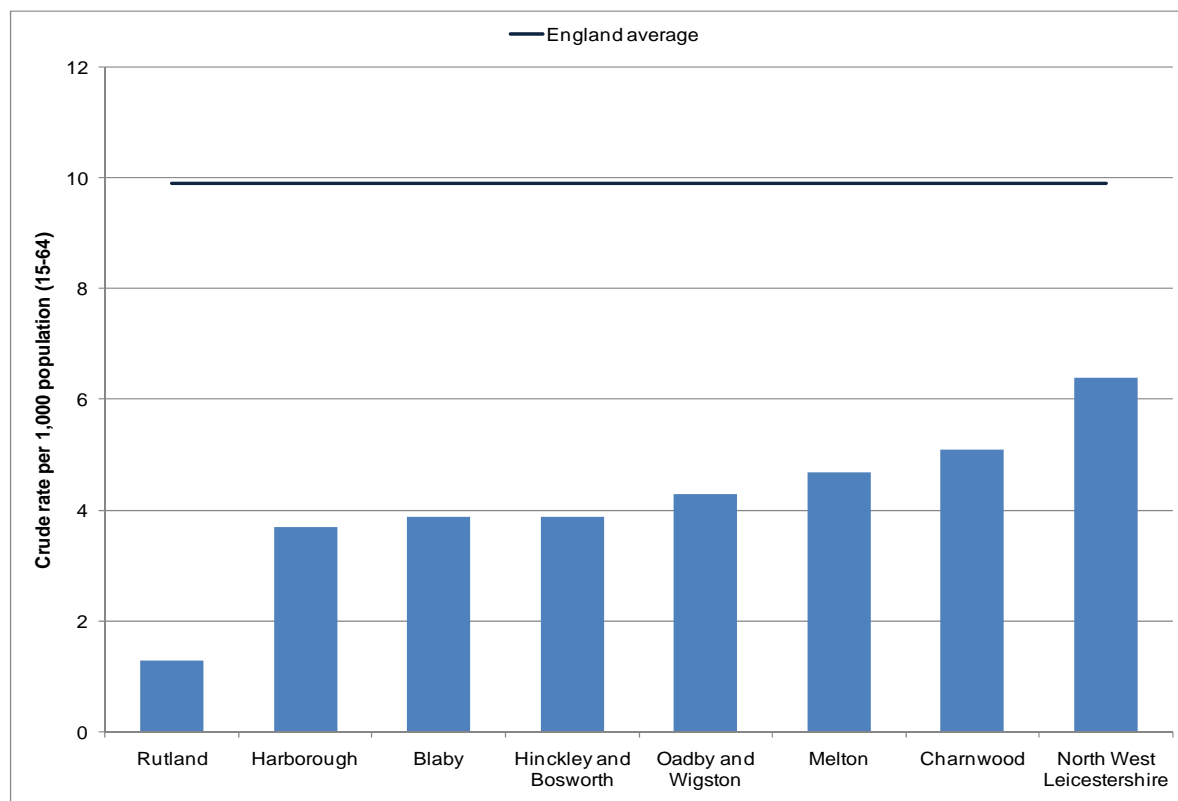
The Department of Health is the lead government department for drug treatment policy, guidance and funding. The department also helps deliver government campaigns on drugs, such as FRANK, and sponsors the National Treatment Agency, a special health authority (created by the government in 2001) with responsibility for the effective delivery of drug treatment services.

The Home Office leads on tackling drug crime and has overall responsibility for delivering the government's drug strategy *Drugs: Protecting Families and Communities - 2008-2018*

Strategy in partnership with other government departments, including the Department of Health.

Drug misuse is lower in LCR than that seen nationally (9.9 per 1,000 population).

Figure 4.6 Drug misuse in Leicestershire county and Rutland, persons (15-64)



Since the baseline year of 2002-03 the Leicestershire Drug and Alcohol Action Team (DAAT) and service providers have had considerable success in increasing the numbers in treatment year on year. The DAAT is on track to achieve further increases in the current financial year. From 2002-03 to 2007-08 numbers almost doubled with 623 more people in structured treatment.

Figure 4.7 Numbers in treatment in Leicestershire and Rutland

Numbers in treatment	2002-03	2003-04	2004 - 05	2005 - 06	2006 – 07	2007 - 08	2008 - 09
Leicestershire county	710	789	924	1,051	1,322	1,333	1,189
Rutland			18	27	28	26	14
Leicestershire county and Rutland	710	789	942	1,078	1,350	1,359	2,003

4.5 Smoking

In Leicestershire county and Rutland, approximately 120,100 smokers remain exposed to the significant health risks from smoking, and are concentrated in our more deprived communities. Smoking is one of the most significant contributing factors to reduced life expectancy and increased ill health, particularly cancer, coronary heart disease and

respiratory disease. Beyond the well-recognised effects on health, tobacco also plays a role in perpetuating poverty, deprivation and health inequality.

In total it is estimated that there are 120,100 smokers in Leicestershire county and Rutland.¹ Smoking prevalence ranges from 17.6% in Rutland to 24.4% in Melton District (boosted by a large prison population), with a PCT average of 21.9%; well below the East Midlands average prevalence of 24.7 and England average of 26.9%.

¹ Note the 2006 data estimates smoking prevalence at 25% in the ethnicity data. The 2003-05 estimates estimate the prevalence at 26.9%. These discrepancies will be due to the date for which the data is presented

Figure 4.8 Model-based estimates of current smoking (adults) in Leicestershire county and Rutland, 2003-2005

Area	Upper %	Lower %	Estimate %	ONS 2006 population 16+	Estimated number of smokers	Pharmacies per 1000 target population
Blaby	22.6	17.0	19.6	74,902	14,681	1.5
Charnwood	26.3	20.9	23.5	134,315	31,564	1.2
Harborough	22.5	17.4	19.8	65,134	12,897	0.5
Hinckley and Bosworth	25.7	20.4	22.9	85,149	19,499	0.9
Melton	27.9	21.1	24.4	39,763	9,702	1.1
North West Leicestershire	26.0	20.8	23.3	72,318	16,850	0.9
Oadby and Wigston	23.8	18.4	21.0	45,982	9,656	1.3
Rutland	20.7	14.8	17.6	30,923	5,442	1.1
LCR	22.9	20.8	21.9	548,486	120,118	1.0
East Midlands	24.9	23.4	24.7	2,711,933	675,271	
England	24.1	22.8	26.9	31,636,162	7,624,315	

Leicestershire county and Rutland continues to support patients to stop smoking. In 2007/08 the resolution team saw 7,272 clients. 4,192 clients successfully quit for 4 weeks; a total of 57% of all clients. Overall there were 760 quitters per 1,000 population.

4.6 Sexual health

The consequences of poor sexual health can have a long-lasting and severe impact on people's lives.

In response to the increasing rates of sexually transmitted infections nationally and concerns about rates of unintended pregnancies, particularly for teenagers, the government has set the following challenging key targets:

- Chlamydia screening available across England with 25% of 15-24 year olds uptaking a screen in 09/10.

- Maintain access to genito-urinary medicine (GUM) clinic within 48 hours of contacting a service.
- Reduce under 18 conception rate by 2010.

There is also a national drive to improve access to the full range of contraceptive choices.

Sexually transmitted infections in LCR

Patients from Leicestershire county and Rutland will access a significant proportion of their GUM services from University Hospitals of Leicester NHS Trust's clinic and a smaller proportion access services from Loughborough hospital clinic.

Since 2000, Chlamydia has become the most commonly diagnosed STI. In 2007/08 NHS LCR screened: 12,288 people aged 15-24 for Chlamydia. This equates to 14.3% of the population.

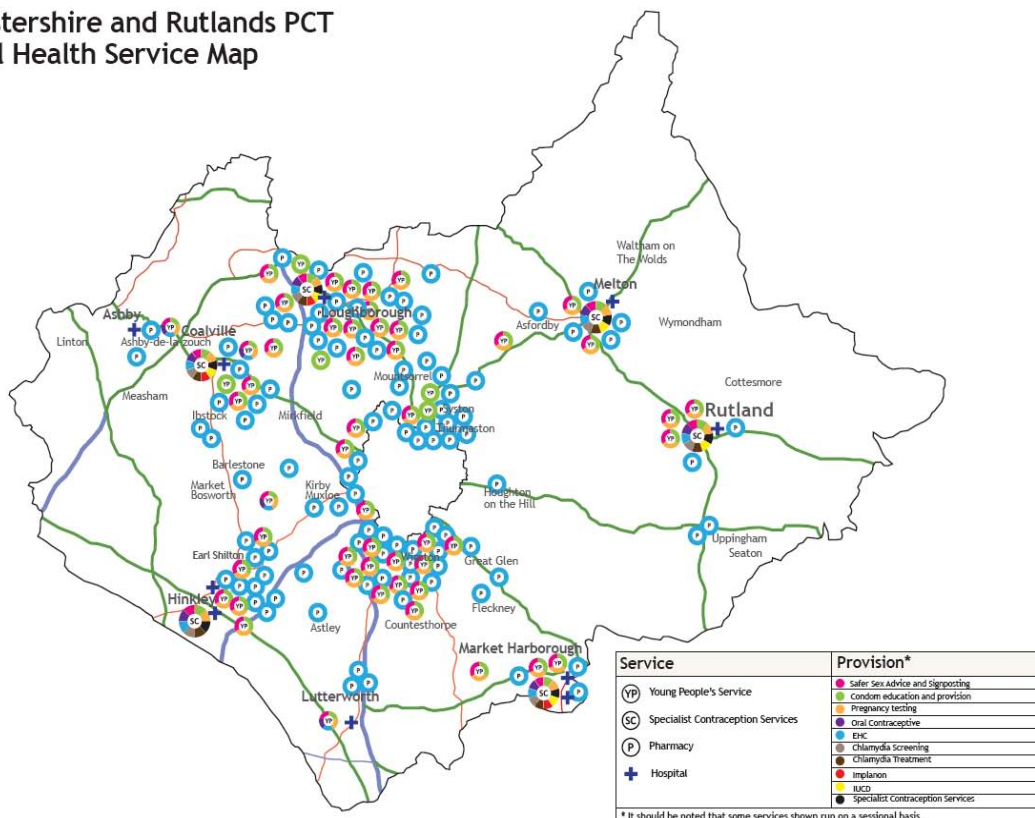
There were a total of 183 HIV positive LCR residents seeking treatment in 2007, a 121.7% increase from 2002. As HIV tends to be a chronic disease with current medical advances with each year of new infections, the number of residents seeking treatment will continue to steadily increase. Early diagnosis and treatment are important in improving health outcomes and reducing onwards transmission.

Contraceptive services

Contraceptive services are available from a range of providers including community contraceptive services (often called family planning), general practice, young people's community sexual health services and pharmacies. Different providers offer different levels of service. There is a need to improve awareness of and access to the full range of contraception including long acting reversible methods (LARC).

Figure 4.9 Location of sexual health services in Leicestershire county and Rutland

Leicestershire and Rutlands PCT
Sexual Health Service Map

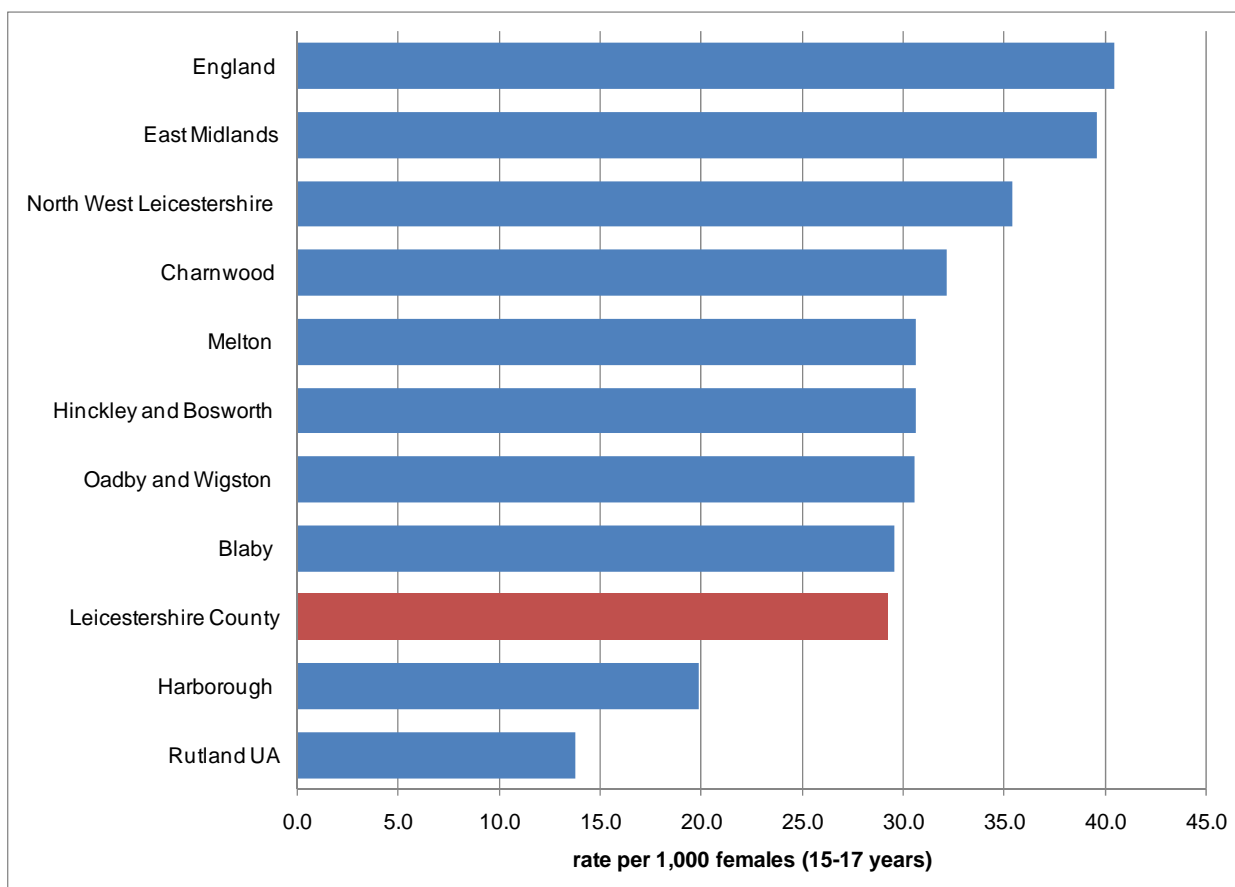


Teenage pregnancy

There were more than 350 conceptions to women under the age of 18 within Rutland in 2006. Leicestershire county (29.2 per 1,000 women aged 15-17) and Rutland (13.8 per 1,000 aged 15-17) have teenage conception rates that are significantly lower than the England rate of 40.4 per 1,000 women aged 15-17 years.

Leicestershire county has experienced a 23% reduction in its under-18 conception rate between 1998-2006. This is higher than the reduction seen nationally and regionally. Whilst Leicestershire county has lower conception rates than the national average, the rate of decline is not consistent and is insufficient to meet the 2010 target.

Figure 4.10 Under 18 conception rate (2004-2006).



Source: Office for National Statistics and Teenage Pregnancy Unit

North West Leicestershire has the highest under-18 conception rate of 35.4 (per 1,000 females aged 15-17 years). Rutland has the lowest rate (13.8 per 1,000 females aged 15-17 years), followed by Harborough (19.8 per 1,000 females). All districts have seen a reduction in their under-18 conception rate between 1998-06 with the exception of Blaby and Oadby and Wigston. The under-18 conception rate has increased in Blaby by 4.2% since 1998, increasing from 28.4 to 29.5.

4.7 Long-term conditions

Long-term conditions refers to a group of illnesses that, at present, cannot be cured but can be controlled by medication and other therapies.

Limiting long-term illness

In 2008 there were 115,200 people aged 65 and over living with a limiting long-term illness. This is expected to increase by 55% to 178,100 in 2025.

Leicestershire county and Rutland has a significantly higher recorded prevalence (compared with the national average) of:

- Hypertension
- Cancer
- Asthma
- Heart failure
- Chronic kidney disease
- Atrial fibrillation

Leicestershire county and Rutland has a significantly lower recorded prevalence (compared with the national average) of:

- Coronary heart disease
- Stroke
- Chronic obstructive pulmonary disease
- Epilepsy
- Hypothyroid disease
- Mental health
- Dementia
- Obesity

Diabetes

Figure 4.11 shows the spread of the recorded diabetics across Leicestershire county and Rutland. Oadby and Wigston is the local authority district with the highest prevalence rate for diabetes at 5.3%. There are a number of factors that will influence this. Oadby and Wigston has a high proportion of patients from minority ethnic groups. It is also an area that experiences some material deprivation. However, it is important that we recognise that this could also be due to other factors, such as better recording and diagnosing of diabetes in this area.

Figure 4.11 Recorded *Quality and Outcomes Framework (QOF)* prevalence by district 2007/08.

	QOF list size	Number on diabetes QOF register	Diabetes Age-Specific Prevalence (based on PPD list aged 17+)	LCL	UCL
Blaby	90586	3642	4.96%	4.81%	5.12%
Charnwood	173116	6794	4.86%	4.75%	4.98%
Harborough	81207	2534	3.90%	3.75%	4.05%
Hinckley and Bosworth	97207	3729	4.71%	4.56%	4.86%
Melton	40144	1545	4.77%	4.54%	5.00%
North West Leicestershire	93341	3710	4.95%	4.80%	5.11%
Oadby and Wigston	57367	2452	5.29%	5.09%	5.50%
Rutland	33939	1281	4.68%	4.43%	4.93%
LCR	666907	25687	4.77%	4.71%	4.83%

- Recorded prevalence is similar to national and regional levels of around 4.7% (25,687 people).
- Prevalence of diabetes is projected to rise to around 6.3% in 2025; 46,840 people in Leicestershire county and Rutland.
- LCR experiences significantly lower premature mortality rates from diabetes than the national and regional rates.
- In Leicestershire county and Rutland, there were 291 excess deaths among people with diabetes aged between 20 and 79 in 2005 – around 10% of all deaths in this age group.

Coronary obstructive pulmonary disease (COPD)

- Recorded prevalence is significantly lower than national and regional levels at around 1.5% (8,452 patients).
- Estimated prevalence of COPD is 14,244 people or 2.6%; a gap of around 6,000 undiagnosed patients (just over 1% of the population).
- The estimated prevalence is predicted to rise to 2.9% by 2025 (15,865 people).
- Between 2004 and 2006 there were 644 deaths from COPD; 31% of these were premature (ie patients under 75 years old).

Cardiovascular disease (CVD)

- 27% of premature deaths are from circulatory disease.
- LCR experiences significantly lower mortality rates from CVD than the national and regional rates.
- Premature mortality rates have fallen – a reduction of 57% between 1993 and 2006.

Hypertension

- Nationally, 1 in 3 people have hypertension.
- LCR has 90,491 people on its hypertension registers – around 14% of GP list size.
- LCR's estimated prevalence indicates 163,776 people or 29.2% of population. This implies that around 12.7% have undiagnosed hypertension (73,300 people).
- Hypertension prevalence is predicted to rise across LCR to 198,585 by 2020, a total increase of 21.5% on the 2008 levels.

Coronary heart disease (CHD)

- GP registers indicate that the prevalence of CHD is significantly lower than national levels with 22,610 people across LCR diagnosed, or 3.4% of the population.
- In 2008 it was estimated that 28,287 people had CHD (5.0%). Therefore, there is a gap of 5,577 undiagnosed patients.
- By 2020 it is estimated that 36,573 people will be living with CHD; a prevalence of 5.8%. This is an overall increase of 29.2%.
- Whilst a significant proportion of the population has CHD, mortality rates, particularly premature mortality rates from CHD, have been declining rapidly.

Stroke

- GP registers indicate that the prevalence of stroke is significantly lower than national levels with 10,408 people suffering from a stroke (1.6% of LCR's population).
- In 2008 it was estimated that 13,271 people were living with stroke in Leicestershire county and Rutland (2.4% of the adult population). Therefore, there is a gap of 3,000 undiagnosed patients.
- By 2020 it is estimated that 17,313 people across LCR will be living with stroke; a prevalence of 2.8%. This is an overall increase of 30%.
- In 2005/07 there were 1,640 deaths as a result of stroke in (550 per year). 259 of these deaths were in people under 75 years of age.
- Leicestershire county and Rutland has significantly lower mortality from stroke (45 deaths per 100,000) than the national average (50 deaths per 100,000).
- The number of deaths has fallen from around 73 deaths per 100,000 in 1995/97 to around 45 deaths per 100,000 in 2003/06, a similar reduction to that seen nationally.

4.8 Key issues

The current burden of ill health that faces Leicestershire county and Rutland is immense, with:

- 46,840 estimated diabetics
- 14,244 patients estimated to have chronic obstructive pulmonary disease
- 163,766 patients estimated to have hypertension
- 28,287 patients estimated to have coronary heart disease
- 13,271 patients estimated to be living with stroke

5. Current pharmaceutical provision

5.1 Essential services

All 132 pharmacies (two of which are wholly distance selling) in Leicestershire county and Rutland provide the following essential services: dispensing, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles, signposting, support for self care, and clinical governance. These pharmacies provide the PCT with the necessary competencies, qualifications, skills and premises to commission current and future pharmaceutical services to meet the needs of the population.

The two wholly distance selling pharmacies do not only meet the needs of local people but nonetheless secure improvements and wider access to services in addition to the high street pharmacies. Wholly distance selling pharmacies cannot see patients face to face but provide a mail order/delivery dispensing service over a large area.

5.2 Advanced services – medicine use review and prescription intervention service

The medicines use review (MUR) service is provided by accredited community pharmacists, from approved premises (usually the pharmacy consultation room), to help patients to manage their medicines safely and effectively, and provide patients with information and advice about their medicines (including those purchased over the counter). The MUR aims to improve understanding of how and why the medicines should be used, and identify any problems experienced with medicines. It supports but does not replace the clinical medication review with the GP. Currently 127 of the 130 'high street' LCR community pharmacies provide this service.

The following have been identified as priority groups for MURs:

- Patients recently discharged from hospital, where medication has been changed
- Patients taking warfarin
- Patients taking methotrexate
- Patients taking lithium
- Patients with diabetes
- Patients with COPD
- Patients at risk of falls
- Older patients on complex medication regimes
- Patients with possible compliance concerns

5.3 Enhanced services

Enhanced services are those that are commissioned locally by the PCT in response to local health need. Enhanced services are voluntary on the part of the pharmacy and do attract an additional payment if delivered. The regulations do not allow for these services to be commissioned from wholly mail order pharmacies (internet). The following services are currently commissioned:

- Nicotine replacement therapy

Ninety nine community pharmacies offer clients of the PCT accredited stop smoking services support for their quit attempt through the supply of nicotine replacement therapies, without prescription, for a fee not exceeding the normal prescription charge.

H. pylori breath testing service

Sixty four community pharmacies offer the free breath testing service to patients with dyspepsia who have been referred by their GP. The service is also available from most GP practices.

- Chlamydia screening and treatment

As part of the sexual health strategy, 41 community pharmacies provide a free Chlamydia screening service to young people aged 16-24 years. Those who test positive are then provided with the appropriate antibiotics.

- Emergency hormonal contraception

The provision, by accredited community pharmacists, of emergency hormonal contraception, free of charge and without prescription, under a 'patient group direction'. The service is available to young women up to the age of 25 years, from 100 community pharmacies.

- Palliative care drugs

Twenty community pharmacies, many with extended opening hours, currently participate in holding the agreed formulary of drugs for palliative care. This enables ready access to the medications used in the *Liverpool Care Pathway*, and support patients at the end of life.

- Not dispensed scheme

Sixty four pharmacies participate in this intervention scheme at the point of dispensing. It is intended to help minimise the amount of medicines which are dispensed but never used. The scheme is not intended to prevent patients from obtaining medicines which they need. Patient safety should also be improved through the reduction in storage of unused medicines in the home.

- Needle exchange

As part of harm reduction, a small number of community pharmacies participate in the needle exchange scheme for those injecting drugs.

- Supervised consumption of methadone

In conjunction with the Drug and Alcohol Action Team (DAAT), sixty two community pharmacies supervise the consumption, by registered addicts, of daily doses of methadone.

- Smoking cessation counselling

Forty five pharmacies have stop smoking service accredited counsellors providing support to smokers undergoing a quit attempt.

5.4 GP dispensing practices

GP Practices are allowed to dispense medicines and appliances to patients under Schedule 2 of the Pharmaceutical Regulations. They are only allowed to dispense to patients who live in a PCT determined controlled locality 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 nineteen GP dispensing practices, listed below, located within the PCT area offering dispensing services from main and/or branch surgeries. Two of these practices also have community pharmacies within their premises.

Practice

- Countesthorpe Health Centre
- Billesdon
- Market Harborough
- Husbands Bosworth
- Market Overton
- Long Clawson
- Belton
- Burbage
- Newbold Verdon
- Loughborough
- Broughton Astley
- Uppingham
- Measham Medical Unit
- Stoney Stanton
- Empingham medical Centre
- Ibstock
- Castle mead Hinckley
- Kibworth x 2

The PCT is currently undertaking a rurality review to produce a map of its determined controlled areas. The outcome of which may have an impact on dispensing practices and the number of patients who are eligible to be dispensed to by their GP practice. There will be a formal consultation period following which the final maps will be published and if necessary a revised assessment of this PNA. It is anticipated that the final map will be added to the PNA by April 2011.

All nineteen practices actively participate in the voluntary national 'Dispensary Services Quality Scheme' (DSQS). The elements reviewed in the scheme are:

- The Practice has an accountable lead GP for quality of dispensing services
- Practice staff who are working in the practice dispensary have the competencies and knowledge to perform their tasks and roles. The practice should hold a record, including qualifications and details of the criteria used by the practice for the assessment of competence.
- The practice has a level of staffing that reflects the dispensary's configuration and hours of opening
- Patient confidentiality
- Standard operating procedures for all aspects of dispensary work

- Undertake clinical audit and risk management
- Dispensary Review of Use of Medicines (DRUM): face to face with the patient to find out their compliance and agreement with their prescribed medicines, and to help identify any problems that they may be having. This is offered to 10% of the practices' dispensing patients, or their carers, at least once a year.

Dispensing doctors do not fall under the definition of pharmaceutical service providers for pharmaceutical enhanced services

5.5 Prescriptions dispensed

Figure 5.1 Numbers of prescriptions dispensed

	Items	Percentage
Practice dispensing	1205327	11.31%
Inside PCT area	7877634	73.97%
Outside PCT area	1494008	14.03%
Appliance contractors	70169	0.66%
Enteral nutrition	2990	0.03%
All	10650128	100%

From the analysis of dispensing in 2009, access to dispensing services within the PCT area would appear to be good. The majority (74%) of all prescriptions generated from our GP practices are dispensed by community pharmacies sited within the PCT area. A further 11% of prescriptions are dispensed 'in-house' by GP dispensing practices, for the more rural patients. Of those dispensed in other PCT areas, most are by pharmacies situated just outside of our borders. A small number of prescriptions, such as for stoma or continence appliances or home nutrition, are dispensed by specialist companies elsewhere.

We are about to go out to consultation on the determination of rural areas which may have an impact on the number of patients who are eligible for dispensing across the county. Following the consultation the PNA will be updated by a supplementary statement explaining any changes and a revised assessment would follow.

5.6 Patient views

A questionnaire was developed to obtain patient views on current pharmaceutical services. Detail of the engagement process and distribution of the questionnaires can be found in Section 7: Engagement and consultation. 787 responses were received from people who reside in Leicestershire and Rutland and on the county borders. (The full analysis can be found at Appendix 2).

Responses about you

- 60% of respondents were female and 39% were male; 57% were age 60 plus years; 91% were white; 23% considered that they had a disability
- More than 33% of respondents had high blood pressure
- 22% of respondents got their prescription from a GP dispensary and 78% from a pharmacy
- 88% of respondents used the pharmacy/GP dispensary most often to collect their own medication or on behalf of another

- 25% of respondents used the pharmacy least often to buy medicines and 22% to ask for advice
- 62% of respondents used the pharmacy/GP dispensary at least once a month
- 10% of respondents used the pharmacy/GP dispensary at least once a week

Satisfaction with services

- 92% of respondents used the same pharmacy/GP dispensary on a regular basis
- 74% of respondents used the same pharmacy/GP dispensary regularly because of the convenience of the location and 83% because the pharmacy was familiar with them and their condition
- The top four most important reasons that help the respondents decide which pharmacy/GP dispensary to use were: 70% because it's close to home, 66% the friendliness of staff, 49% it's close to their GP and 47% because they have trust in the dispensing staff/pharmacists
- 83% of respondents are happy with their current arrangements for obtaining repeat medication
- 54% of respondents order their repeat prescriptions from the pharmacy
- 65% of respondents have never had any problems with their medicines
- 13% of respondents reported that they had had side effects from their medication with 9% experiencing problems with getting medicines out of the packaging and 7% have difficulty remembering to take medicines
- 33% of respondents had had a MUR. Of those, 89% felt that they benefited from their MUR and 28% felt that they could benefit from a MUR; 30% didn't know if it would be of any benefit
- 87% of respondents felt that they received enough information to ensure that they took their medicines correctly and knew about the likely side effects. 95% felt that the information was helpful
- Only 7% of respondents were offered a reminder or prompt card to assist them in taking their medicines. Of those who were not offered a reminder or prompt card 75% indicated that they would not have found this helpful
- 92% of respondents reported that they were not offered any type of compliance device to help prompt them to take their medicine
- 7% of respondents reported that they or persons they care for had been discharged with a compliance device and, of those, 16% had experienced difficulties in getting the compliance device supplied through a pharmacy/GP dispensary
- 92% of respondents indicated that they had not had any problems finding a pharmacy to get medicine dispensed, get advice or buy medicines in the last 12 months
- Of the 8% who had experienced a problem at the pharmacy for 70% the problem occurred on a week day. Of these, 81% experienced the problem between 8.00am and 6.00pm For 80% of those who had experienced a problem their reason for attending the pharmacy was to obtain prescription medicines, and 10% to get advice.
- Of the 8% who experienced a problem 34% visited another pharmacy, 19% visited a walk-in centre or their GP, 26% waited until the pharmacy was open

Comments on services

- Of the respondents 38% would like the pharmacy to order their prescription from the GP; 34% would like the pharmacy to pick up the prescription from the GP; 19%

would like their medicines in a container that is easy to open; 18% would like home delivery; 16% would like their medicines in an organiser to help them remember when to take them; 14% would like someone to explain their medicines to them; 14% would like the label on their medicines in a larger print; and 11% would like a chart to help them to remember when to take their medicines

- 68% of respondents were aware that pharmacists offered a medicines use review (MUR) service
- 13% of respondents indicated that they use their pharmacy if they are unable to get a GP appointment and 11% to gain support for a long-term condition
- 88% of respondents were aware that stop smoking services were available at some pharmacies and 71% knew of emergency hormonal contraception
- 52% of respondents would be likely or very likely to use a blood testing service
- 49% of respondents would be likely or very likely to use a travel vaccine service
- 13% of respondents would be likely or very likely to use an alcohol screening service
- 42% of respondents would be likely or very likely to use a disease specific clinic service
- 39% of respondents would be likely or very likely to use a weight management service
- 57% of respondents would be likely or very likely to use a screening for heart disease and diabetes service

In summary

The questionnaire received responses from a wide range of respondents, many of whom used pharmaceutical services regularly. One fifth of respondents use a GP dispensary to obtain their medicines. Most respondents use pharmaceutical services on a regular basis for ongoing medical conditions and for the collection of medicines. A high percentage of respondents use the same pharmacy on a regular basis and this was mostly due to the convenient location and continuity of care. A high number of respondents are happy with their arrangements for repeat medication and more than half have never had any problems with their medicines. There are a high number of respondents who would like their pharmacy to be more involved in the ordering and collection of prescriptions.

Two thirds of the respondents were aware of the MUR service but only one third had received a MUR. Of these, a high proportion stated that they had benefited.

A high proportion of respondents reported that they had received enough information about their medicines and that the information was helpful.

Just 8% had experienced problems in finding a pharmacy to meet their needs within the last 12 months. Of those, the problem was not generally related to access but more to the supply of medicines.

There was a general awareness of some of the other services available from local pharmacies.

Respondents were less likely to use an alcohol screening service than the other suggested services.

5.7 Contractor questionnaire

Eighty four out of 132 pharmacies completed the baseline questionnaire, the results are therefore a reflection of the 84 pharmacies' responses and do not necessarily reflect the position across the whole of the PCT's area

Stoma customisation

There is no stoma customisation in Oadby and Wigston, and Rutland, with two and one providers respectively intending to provide in the next 12 months.

Harborough have the highest numbers of providers at 57%.

Appliance provision

Harborough has the highest number of respondents providing all types of appliance provision at 86%, with Oadby and Wigston having the lowest at 40%. There is provision in all localities.

Enhanced services

A significant number of respondents across all eight localities indicated that they are willing and able to provide, if commissioned, a range of enhanced services.

Building restrictions

Respondents reported that four were in conservation areas, two were listed buildings and one is situated within a university building.

Consultation rooms and toilet facilities

All (100%) of the pharmacies who responded in North West Leicestershire have a consultation room with wheelchair access.

All (100%) of the pharmacies that responded in Melton, and Oadby and Wigston had a consultation room.

Three of the 84 respondents did not have a consultation room, one of which plans to have one within the next 12 months.

Thirty five per cent of the total respondents had hand washing facilities in the consultation room, with Blaby having the highest proportion at 57% of pharmacies and Hinckley and Bosworth having the lowest proportion at 18%.

Twenty four per cent of the total respondents had hand washing facilities near the consultation room, with Harborough having the highest proportion at 43% of pharmacies and North West Leicestershire having the lowest proportion at 10%.

Thirty one per cent of the total respondents had no hand washing facilities available for consultation, with Hinckley and Bosworth having the highest proportion at 55% of pharmacies and Blaby, Harborough, and Rutland having the lowest proportion at 14%.

Thirty one per cent of the total respondents had no toilet facilities available for patients, with Rutland having the highest proportion at 57% of pharmacies and Melton having the lowest proportion at 0%.

Collection and delivery services

Sixty one per cent of the total respondents provide a service to patients to order repeat prescriptions from the GP practice, with Rutland, and Oadby and Wigston having the highest proportion at 100% of pharmacies and Hinckley and Bosworth having the lowest proportion at 57%.

Seventy three per cent of the total respondents provide a service to patients to collect prescriptions from the GP practice, with 100% of pharmacies in Blaby, Charnwood, Harborough, Melton, North West Leicestershire and Rutland providing this service.

Sixty two per cent of the total respondents provide a service to patients for the delivery of dispensed medicines free of charge; with Melton, North West Leicestershire and Oadby and Wigston having the highest proportion at 100% of pharmacies and Rutland having the lowest proportion at 50%.

5.8 Quality of pharmaceutical services

Quality monitoring of pharmaceutical services prior to 2009 was carried out purely by self assessment. Overall, the quality of services provided across LCR was high with all pharmacies providing the essential services shown at 5.1. In most case the standards of premises are good.

In 2009/10 the PCT embarked on a three-year rolling programme of contract monitoring which changed the process so that a third of pharmacies each year receive a face-to-face assessment in addition to their self assessment. All 19 dispensing practices received a quality monitoring visit. The outcome of the contract and quality monitoring has resulted in all pharmacies and dispensing practices agreeing and implementing action plans to further improve services.

Further to the above, in 2008/09 NHS LCR undertook an exercise to complete a comprehensive audit for controlled drugs in all independent contractor sites as part of a wider action plan on controlled drugs. This highlighted a number of actions that were agreed within individual contractor action plans and these have now been implemented.

5.8.1 Complaints

All community pharmacies are required to have in place a system for reviewing complaints which is aligned to the *NHS Complaints Regulations 2009*. In most cases pharmacies such as the multiples have corporate complaints procedures with individual pharmacies reporting in to head office. Independent contractors have their own local recording systems. In both multiples and independents complaints are normally dealt with at the time, as in any other retail environment. Contractors are required, from this year, to submit an overview of the number of complaints received including a summary of the complaint type. However, at this point, not all pharmacies have made their annual returns and therefore that information is not included in this report.

Below is a summary of complaints received directly by the PCT which are, in the main, not about the actual incident but about the way the complaint was handled by the pharmacies concerned.

Figure 5.2 Table showing the number and types of complaints

Locality	Number of Complaints	Category
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	2009/10	
Blaby	0	
Charnwood	2	2 re errors
Harborough	1	re access to services
Hinckley and Bosworth	4	2 re errors 1 re access to services
Melton	1	1 re errors
North West Leicestershire	0	
Oadby and Wigston	1	1 re access to services
Rutland	3	2 re errors 1 re access to services
Leicestershire only	7	
Leicestershire and Rutland	10	

5.8.2 Incidents

As with complaints pharmacies should have in place systems for recording and investigating incidents with serious implications, including those relating to controlled drugs, and reporting them to the PCT. Below is a summary of the incidents that the PCT has been made aware of:

Figure 5.3 Table showing a summary of the number and types of incidents reported

Locality	Number of Incidents 2009/10	Category
Blaby	3	2 re dispensing errors 1 re direction of prescriptions
Charnwood	5	3 re dispensing errors 1 re advice given 1 re out of date medicines
Harborough	0	
Hinckley and Bosworth	2	1 re attempted theft of medicines 1 re dispensing error
Melton	3	3 re dispensing errors
North West Leicestershire	2	1 re dispensing error 1 re admin issues – record keeping
Oadby and Wigston	6	5 re dispensing errors 1 re missing medicines
Rutland	1	1 re direction of prescriptions
Leicestershire only	21	
Leicestershire and Rutland	22	

5.8.3 PALS(Patient Advice and Liaison Service)

Figure 5.4 Table showing a summary of number and types of enquiries received by PALS

Locality	Number of PALS enquiries 2009/10	Category
Blaby	4	2 re health information 2 re dispensing errors
Charnwood	6	1 re dispensing error 2 re access to services 1 re drug info 1 re how to make complaint 1 re nutritional advice
Harborough	0	
Hinckley and Bosworth	8	4 re access to services 2 re how to make complaint 2 re dispensing errors
Melton	2	2 re how to make complaint
North West Leicestershire	1	1 re dispensing error
Oadby and Wigston	1	1 re dispensing error
Rutland	2	1 re how to make complaint 1 re access to services
Leicestershire only	22	
Leicestershire and Rutland	24	

5.8.4 Patient satisfaction questionnaires

As part of their essential services pharmacies are required to provide the PCT with a summary of the patient satisfaction surveys undertaken annually. Most of the pharmacies have now returned these summaries and, on the whole, patients agree that the services provided by their local pharmacies are very good. The main areas that were highlighted for improvement were waiting times and seating for patients. .In terms of waiting times a number of pharmacies have undertaken audits of waiting times and are implementing changes to improve in this area. In terms of seating in waiting areas most pharmacies have some seating, and some are looking at ways of improving this area of concern but in some pharmacies the physical size and layout prevents any changes to improve seating.

5.8.5 NICE guidance and safety alerts

The PCT receives, on a regular basis, safety alerts and information from agencies in relation to medicines and medical devices. These are disseminated to contractors as and when appropriate. Compliance with these alerts lies with the contractor and any action they wish to take to ensure compliance is entirely at their discretion. The PCT provides assurance that these alerts are disseminated. Within the current financial year there have been only two medical device alerts pertinent to pharmacies and eleven alerts relating to medicines.

5.9 Opening hours

All pharmacy contractors are required to provide 40 core hours per week and any additional time is classified as supplementary hours. Core hours are non-discretionary and any changes to them must be agreed with the PCT. Supplementary hours can be changed by a contractor by giving three months' notice of the change. Figure 5.5 shows only core hours, which are less than supplementary hours, and therefore pharmacy services may be accessible beyond the hours shown.

Additionally, 100 hour pharmacies provide 100 core hours of opening every week.

Figure 5.5 Access to pharmacy services are available in each locality as shown below

Localities	Monday to Friday	Saturday	Sunday
Blaby	8.00am – 11.00pm	7.00am – 11.00pm	8.00am – 10.00pm
Charnwood	8.00am – 12midnight	7.00am – 12midnight	9.00am – 7.00pm
Harborough	8.30am – 6.30pm	8.30am – 5.30pm	none
Hinckley and Bosworth	8.30am – 8.00pm	8.00am – 8.00pm	10.00am – 4.00pm
Melton	8.30am – 6.00pm	8.45am – 6.00pm	10.00am – 4.00pm*
North West Leicestershire	6.30am – 12midnight	6.30am – 12midnight	10.00am – 4.00pm
Oadby and Wigston	8.00am – 10.00pm	8.00am – 10.00pm	10.00am – 4.00pm
Rutland	8.00am – 6.30pm	8.00am – 6.00pm	none

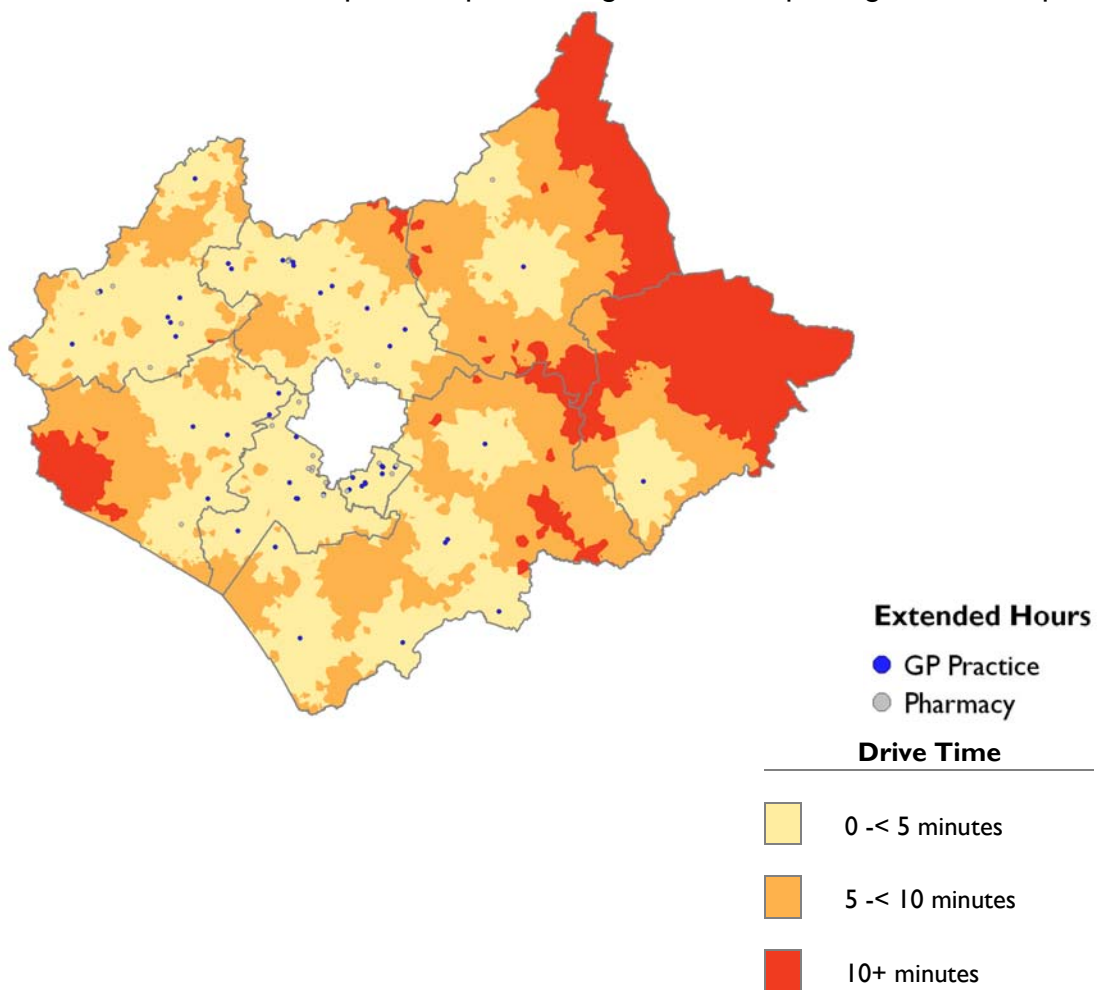
All hours listed are core hours apart from the one marked with * which indicates supplementary hours. Therefore, there is access to pharmacy services in the majority of localities apart from Sundays in Rutland

The out of hours GP service runs from 6.30pm to 8.00am on Monday to Friday and then from 6.30pm on Fridays to 8.00am on Mondays to cover the weekend. The on-call doctors have a formulary of drugs which they provide to patients if necessary. Therefore, no prescriptions are routinely written in the out of hours period, only in exceptional circumstances. There is an out of hours pharmacist who would be contacted by the out of hours service to dispense urgent prescriptions where necessary.

Prior to July 2010 an evening, weekend and bank holiday rota was commissioned in the Melton, Rutland and Harborough localities. A number of the pharmacies asked to stop participating in the rota, so an audit was undertaken of the prescriptions dispensed during the rota hours. It was concluded that the use of the rota pharmacies had reduced significantly and the service was ceased at the end of July 2010.

5.10 GP extended hours in relation to pharmacy opening hours

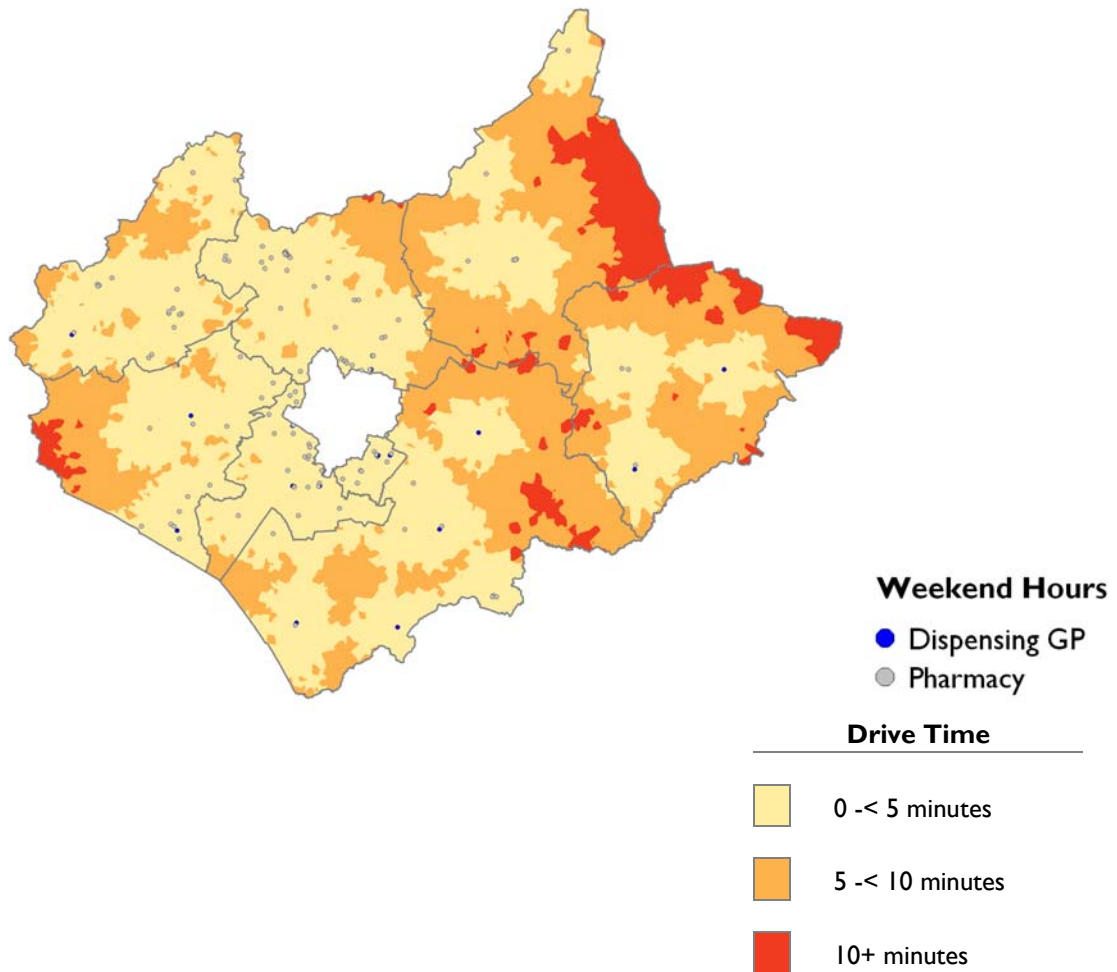
Figure 5.6 Drive time from GP practice performing extended opening hours to a pharmacy



local authority	drive time		
	within 5 minutes	within 10 minutes	more than 10 minutes
Leicestershire	89.7%	8.8%	1.4%
Blaby	99.0%	1.0%	0.0%
Charnwood	96.6%	3.4%	0.0%
Harborough	76.0%	23.8%	0.1%
Hinckley & Bosworth	86.9%	10.9%	2.2%
Melton	63.3%	22.8%	13.8%
NW Leicestershire	91.3%	8.7%	0.0%
Oadby & Wigston	100.0%	0.0%	0.0%
Rutland	16.9%	35.5%	47.6%

Source Leicestershire County Council

Figure 5.7 Drive time during the weekend to a pharmacy



local authority	drive time		
	within 5 minutes	within 10 minutes	more than 10 minutes
Leicestershire	94.1%	5.5%	0.4%
Blaby	99.4%	0.6%	0.0%
Charnwood	98.6%	1.4%	0.0%
Harborough	84.4%	15.6%	0.0%
Hinckley & Bosworth	94.0%	5.8%	0.2%
Melton	76.2%	19.5%	4.3%
NW Leicestershire	95.6%	4.4%	0.0%
Oadby & Wigston	100.0%	0.0%	0.0%
Rutland	57.7%	35.5%	6.8%

Source Leicestershire County Council

6. Pharmacy services mapped to health need

NHS LCR has decided to use the eight localities used in the JSNA document for the PNA. These are:

- Blaby (B)
- Charnwood (Ch)
- Harborough (H)
- Hinckley and Bosworth (H&B)
- Melton (M)
- North West Leicestershire (NWL)
- Oadby and Wigston (O&W)
- Rutland (R)

The reasons for using these areas are:

- Data is readily available for these areas
- These areas reflect those used in the JSNA. This means the information is easier to access and relevant to all areas
- These localities boundaries match with the local authorities', therefore making it easier to align services already offered
- We are already working in partnership for the PNA with local authorities

Figure 6.1 Number of pharmacies providing advanced and enhanced services (by area/locality) relating to health need

Pharmacy services	B	Ch	H	H&B	M	NWL	O&W	R	Totals
Number of pharmacies in locality	22	40	12	15	7	16	12	6	130
Needle exchange	1 (4)	5 (10)	1(3)	5 (5)	3 (3)	3 (5)	1(3)	0(1)	19
Supervised consumption of methadone	8	16	3	10	7	10	6	2	62
Emergency hormonal contraception	15 (22)	28 (40)	9 (12)	15 (15)	7 (7)	8 (16)	10 (12)	4 (6)	100
Chlamydia	8 (12)	9 (15)	4 (6)	5 (7)	2 (3)	6 (6)	7 (4)	0 (1)	41
Smoking cessation counselling	7 (10)	13 (20)	4 (6)	7 (8)	4 (4)	3 (8)	5 (6)	2 (3)	45
Nicotine replacement therapy	15 (22)	27 (40)	6 (12)	14 (15)	7 (7)	14 (16)	11 (12)	5 (6)	99
<i>H Pylori</i> testing service	10 (5)	14 (10)	7 (3)	8 (4)	4 (2)	10 (4)	8 (3)	3 (3)	64
Palliative care drugs*	4 (4)	4 (4)	1 (1)	2 (2)	1 (1)	5 (4)	2 (2)	1 (1)	20
Not dispensed scheme	5 (11)	16 (20)	3 (6)	10 (8)	8 (4)	9 (8)	9 (6)	4 (3)	64
Medicines use reviews	22 (22)	40 (40)	8 (12)	15 (15)	7 (7)	15 (16)	12 (12)	6 (6)	127

- The table above excludes wholly distance selling pharmacy provision as the above services excluding 'not dispensed scheme' are not allowable for wholly distance selling pharmacy provision
- The figures in brackets () indicate the minimum number of participating pharmacies to move from an amber to green rating
- The thresholds are determined based on health needs of the locality population and geographical size and distribution of existing service providers.

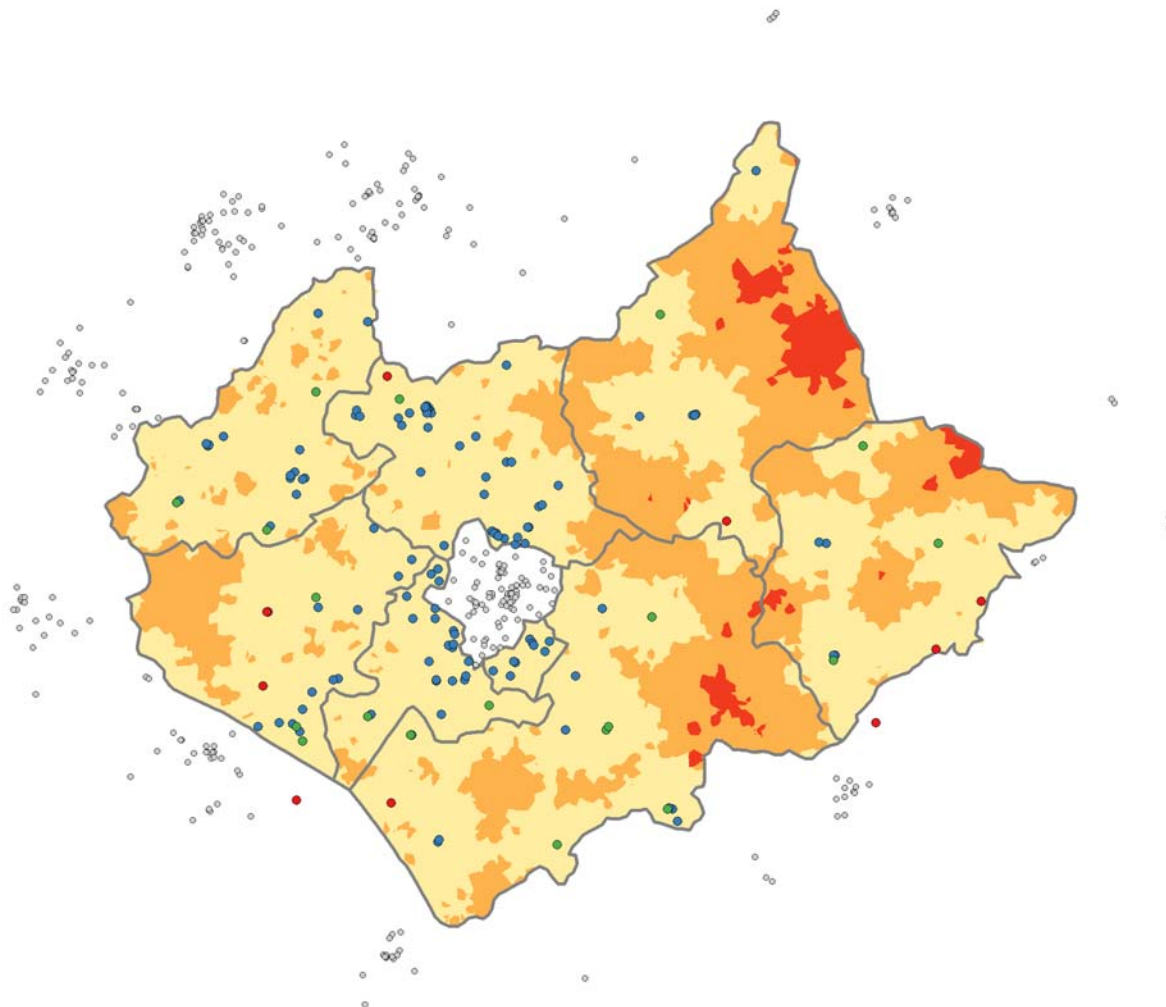
*Palliative care drugs have been rated as green as the provision of the service has been targeted to particular pharmacies for their accessibility and lengthened opening times

An individual's ability to access services partly depends upon their access to different modes of transport. Individuals may live within 'driving distance' of a particular service but may not have access to a car or public transport. Figure 3.1 and Figure 3.2 show relatively good access to pharmacies and dispensing GP practices. Based on drive time analysis nine out of ten residents in Leicestershire live within less than five minutes of their nearest dispensing pharmacy or dispensing GP practice. In Rutland approximately eight




out of ten people live within less than five minutes of their nearest pharmacy or dispensing GP practice.

There are some areas within LCR where people have to drive more than ten minutes to get to the nearest pharmacy or dispensing GP practice. These are visible in Melton, Rutland and Harborough.

Figure 6.2: Map showing the drive times to the nearest dispensing pharmacy and dispensing GP practice across Leicester, Leicestershire and Rutland



Drive Time

-  0 -< 5 minutes
-  5 -< 10 minutes
-  10+ minutes

Source Leicestershire County Council

Figure 6.3: Table showing the proportion of the population according to the drive times to the nearest dispensing pharmacy and dispensing GP practice across Leicester, Leicestershire and Rutland

Local authority	Drive time		
	Within 5 minutes	Within 10 minutes	More than 10 minutes
Leicestershire	96.3%	3.5%	0.1%
Blaby	99.4%	0.6%	0.0%
Charnwood	99.6%	0.4%	0.0%
Harborough	92.7%	7.3%	0.0%
Hinckley and Bosworth	96.6%	3.4%	0.0%
Melton	78.5%	19.6%	1.8%
NW Leicestershire	97.6%	2.4%	0.0%
Oadby and Wigston	100.0%	0.0%	0.0%
Rutland	83.3%	16.2%	0.5%

Source Leicestershire County Council

Individuals may live within ‘walking distance’ of a particular service but what constitutes ‘walking distance’ will vary from individual to individual. Figures 6.4 and 6.5 show relatively poor access to pharmacies and dispensing GP practices.

Based on walk time analysis 24% of residents in Leicestershire live approximately 30 minutes or more away from their nearest pharmacy or dispensing GP practice. Thirty six per cent of Leicestershire residents live within ten minutes walk time from the nearest pharmacy or dispensing GP practice. In Rutland, approximately 53% of people live 30 minutes or more away from their nearest pharmacy or dispensing GP practice.

Figure 6.4: Map showing the walking times to the nearest dispensing pharmacy and dispensing GP practice across Leicester, Leicestershire and Rutland

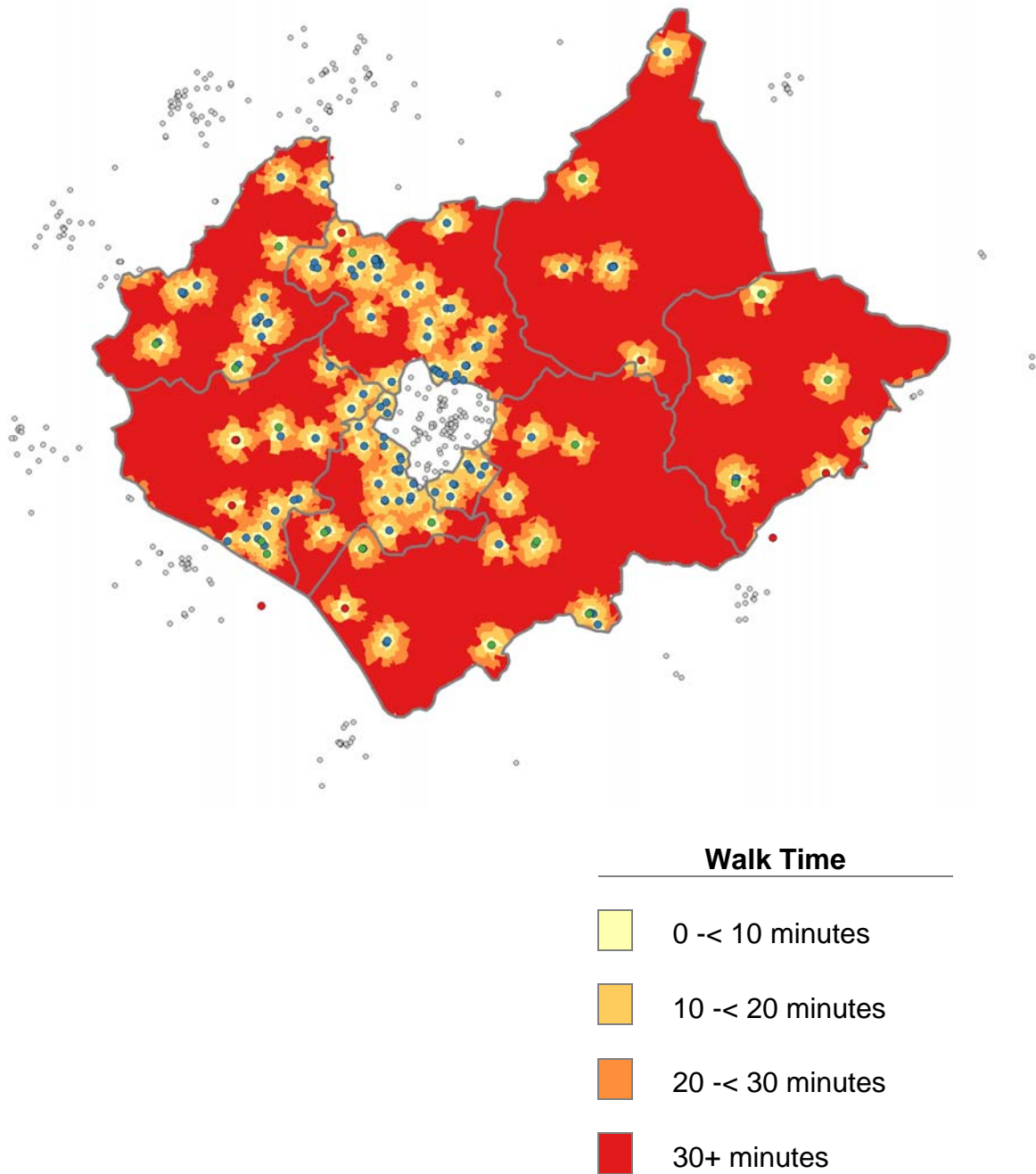


Figure 6.5: Table showing the proportion of the population according to the walking times to the nearest dispensing pharmacy and dispensing GP practice across Leicester, Leicestershire and Rutland

Local authority	walking time			
	Within 10 minutes	Within 20 minutes	Within 30 minutes	More than 30 minutes
Leicestershire	36.6%	38.8%	12.0%	12.6%
Blaby	40.4%	45.1%	7.7%	6.8%
Charnwood	47.6%	42.4%	5.3%	4.7%
Harborough	26.7%	32.7%	17.2%	23.4%
Hinckley and Bosworth	39.5%	37.1%	10.3%	13.1%
Melton	15.2%	26.4%	26.8%	31.7%
NW Leicestershire	27.0%	31.9%	21.2%	19.9%
Oadby and Wigston	41.5%	51.4%	7.1%	0.0%
Rutland	28.0%	19.5%	5.4%	47.0%

Source Leicestershire County Council

Figure 6.6 illustrates the percentage of the population who live more than 20 minutes' walk time from the nearest pharmacy or dispensing GP practice. It shows:

- Harborough, Melton, Rutland and North West Leicestershire all have the greatest percentage of the population that live more than 20 minutes from the nearest pharmacy or dispensing GP practice. They are all above the Leicestershire and LCR average.
- Harborough, North West Leicestershire, Rutland and Melton all have higher percentages of people living more than 20 minutes from the service aged over 75 years. They are all above the Leicestershire and LCR average.

Melton and Harborough have higher percentages within LCR which are significantly lower compared to the rest of the population in the area.

- Harborough, North West Leicestershire, Rutland and Melton all have higher percentages of people living more than 20 minutes from the service aged under 5 years. They are all above the Leicestershire and LCR average.

Hinckley and Bosworth has a percentage that is greater than Leicestershire and below LCR but is significantly higher compared to the rest of the population in the area.

- Harborough, North West Leicestershire, Rutland and Melton all have higher percentages of people living more than 20 minutes from the service with a limiting long-term illness (LLTI). They are all above the Leicestershire and LCR average.

Melton and Harborough have higher percentages within LCR which are significantly lower compared to the rest of the population in the area.

- Harborough, North West Leicestershire, Rutland and Melton all have higher percentages of people living more than 20 minutes from the service who are lone parents. They are all above the Leicestershire and LCR average.
- Harborough, North West Leicestershire, Rutland and Melton all have higher percentages of people living more than 20 minutes from the service who do not have a car. They are all above the Leicestershire and LCR average.

Figure 6.6: Table showing the proportion of the population who live more than 20 minutes' walk to the nearest pharmacy for each local authority and local authority district

Geographical Area	% of the population who live more than 20 minutes walk from the nearest pharmacy or dispensing GP						
	Total Population	over 75 years	under 5 years	Limiting long term illness	Lone parents	No car	Rural
Blaby	14.5%	13.5%	13.8%	▼ 13.1%	14.0%	▼ 10.0%	▲ 42.6%
Charnwood	10.0%	10.7%	9.9%	▼ 8.4%	▼ 5.6%	▼ 4.4%	▲ 23.5%
Harborough	40.6%	▼ 30.0%	▲ 43.7%	▼ 34.5%	30.5%	▼ 20.4%	▲ 48.7%
Hinckley & Bosworth	23.4%	▼ 18.2%	▲ 26.5%	▼ 20.4%	18.8%	▼ 14.4%	▲ 48.0%
Melton	58.5%	▼ 53.4%	55.8%	▼ 53.1%	49.4%	▼ 37.5%	▲ 70.2%
NW Leicestershire	41.1%	40.2%	38.9%	41.7%	38.6%	▼ 36.2%	▲ 45.1%
Oadby and Wigston	7.1%	▼ 3.5%	7.6%	▼ 4.6%	5.5%	▼ 2.0%	- -
Leicestershire	24.6%	▼ 21.8%	25.6%	▼ 22.4%	▼ 19.3%	▼ 15.8%	▲ 44.7%
Rutland	52.4%	▼ 47.3%	50.6%	50.6%	44.2%	▼ 32.1%	- 52.4%
Leicestershire & Rutland	26.2%	▼ 23.4%	26.8%	▼ 23.8%	▼ 20.0%	▼ 16.5%	▲ 45.9%

▼ significantly lower compared to the rest of the population in the area

▲ significantly higher compared to the rest of the population in the area

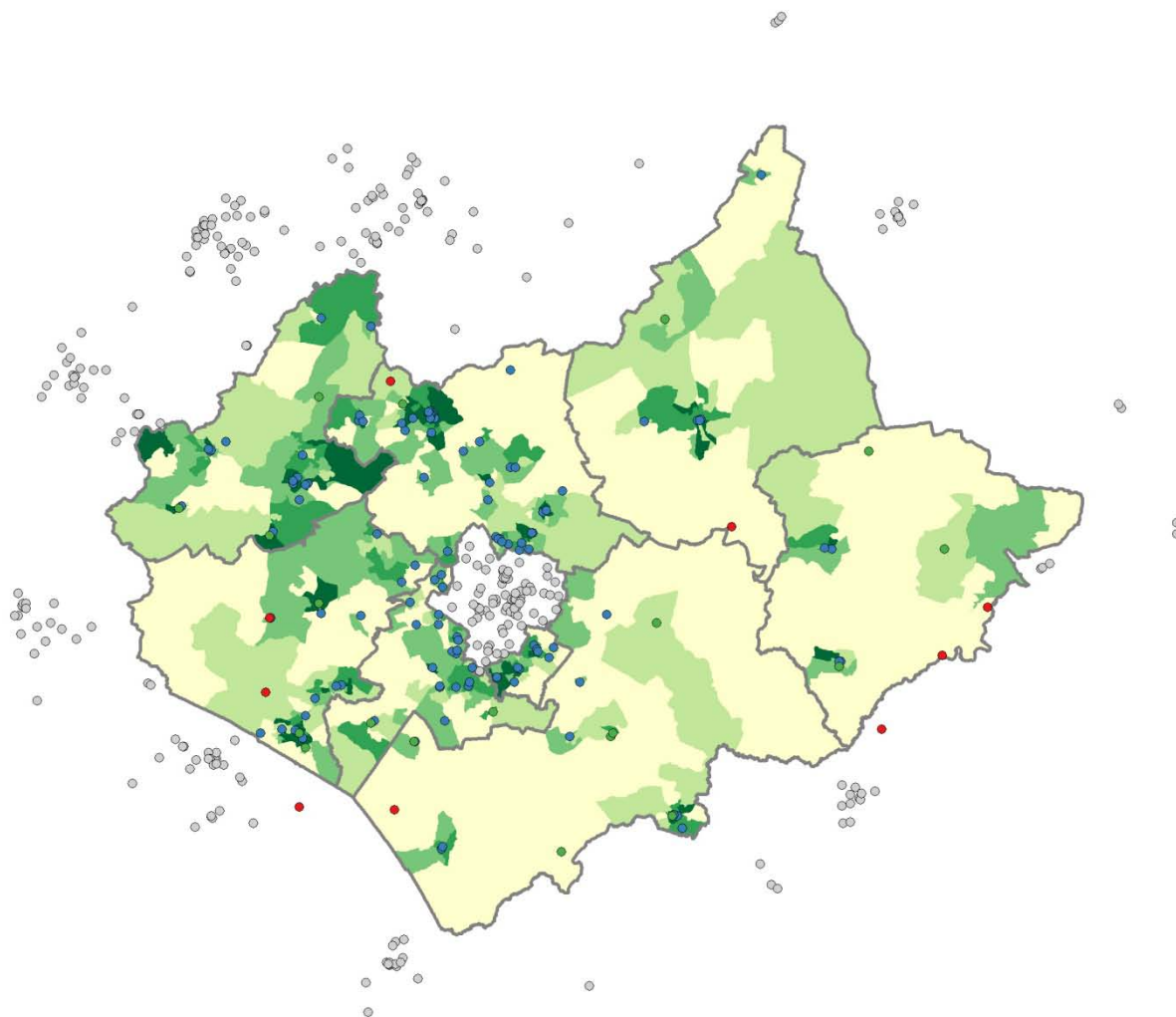
significance level used = 99%

- denotes the result is not applicable

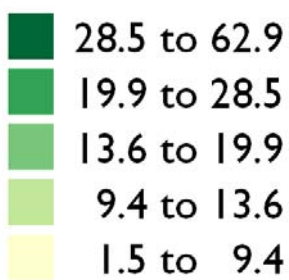
Source Leicestershire County Council

The methodology underpinning the above maps can be found at Section 10

Figure 6.7: Map showing the % of households with no cars by lower super output area



% no car



Source Leicestershire County Council

Figure 6.7 shows the areas with the greatest percentage of people with no car, these can be seen within Blaby, North West Leicestershire and Hinckley and Bosworth.

7. Engagement and consultation

Preparation for the engagement process for the pharmaceutical needs assessment began in May 2010. Engagement, consultation and participation are all words used to describe different kinds of involvement activity. The engagement process has been undertaken to discuss with service users their ideas, our plans to produce a pharmaceutical needs assessment, their experiences, what users want from services, and how to make the best use of resources. Feedback from the engagement process will influence the final pharmaceutical needs assessment to make sure that pharmaceutical services meet the needs and preferences of service users.

The engagement process has been a robust and far reaching process, to ensure that NHS LCR has engaged with the right people (members of the public who use the services), including those who are easy to overlook (the seldom heard) and other stakeholders.

The engagement process included a questionnaire (available both online and in hard copy and as an easy read version) and face-to-face engagement with a variety of community groups.

As part of the communications and engagement strategy NHS LCR has its own membership scheme, 'be healthy, be heard', with more than 9,000 members. The purpose of the membership scheme is to provide members with key health messages to help them to become as healthy as possible and to provide a mechanism for feedback into NHS LCR, so that members' views can be heard by decision makers. The membership is representative of the population served by NHS LCR, including members from seldom heard groups. Therefore, members were invited to complete the questionnaire.

The project team also visited a total of 13 community forums across the area. A presentation was given and members of the community were invited to complete a hard copy questionnaire or to complete an online version.

Hard copy questionnaires were sent out to all 133 pharmacies across Leicestershire and Rutland.

The Rutland and Leicestershire Local Involvement Networks (LINKs) were also involved in the engagement process and invited their members to complete the questionnaire. The Rutland LINK steering group received a presentation on the pharmaceutical needs assessment and were given the opportunity for direct face-to-face feedback.

The engagement team visited a number of seldom heard groups and gave an easy read presentation on the pharmaceutical needs assessment and collected face-to-face individual feedback on pharmaceutical services.

These groups included:

- People with learning disabilities
- Gypsy/travellers
- Older people
- Young people
- People with visual impairment
- Carers
- People living in areas of health inequalities
- BME groups

- People living in rural isolation

By working in partnership with both Voluntary Action LeicesterShire and Rutland we were also able to invite members of the voluntary sector to be part of the engagement process.

We received a total of 787 questionnaires. Information received will now be fed into the pharmaceutical needs assessment to be consulted on by those involved in the engagement process.

8. Summary and action plan

In summary

- A third of LCR's population live in town and fringe or village areas. Only 2% of the county's population live in the most rural hamlets and isolated dwellings.
- Charnwood has the highest registered population, followed by Hinckley and Bosworth.
- The higher users of pharmaceutical services are the over 75 year olds and the under fives.
- Charnwood, North West Leicestershire and Hinckley and Bosworth have the greatest percentage of over 75 year olds and North West Leicestershire and Harborough have the greatest percentage of under fives.
- Ethnicity in Leicestershire county broadly reflects the population in England across all age groups. Oadby and Wigston has a high proportion of the population from minority ethnic groups.
- Ethnicity in Rutland is significantly low in comparison to the population in England across all ethnic groups.
- Indices of Multiple Deprivation scales show that the ten most health deprived super output areas in Leicestershire are in the three localities of Charnwood, North West Leicestershire and Hinckley and Bosworth.
- The dominant groups within LCR are residents of:
 - isolated rural communities
 - small and mid-sized towns with strong local roots
 - successful professionals living in suburban or semi-rural homes
- The majority of deaths and premature deaths within LCR are due to diseases of the circulatory system, respiratory system and neoplasm (cancer).
- Risk factors associated with these diseases that need to be addressed include high cholesterol, hypertension, smoking, lack of physical exercise, poor diet and obesity.
- There is a higher prevalence of obese adults in LCR than the England average.
- Overall prevalence of smokers is lower in LCR than it is in England.

- Life expectancy in LCR is above average when compared to the rest of the country. However, there is variation within and between localities as North West Leicestershire has the lowest life expectancy and a boy born in the most deprived areas of Charnwood can expect to live for 4.8 years less than average in the whole area of Charnwood.
- North West Leicestershire and Hinckley and Bosworth have the greatest percentage of people with a limiting long-term illness.
- Blaby has the highest number of pharmacies per 1000 population of obese adults, followed by Melton, Charnwood and Oadby and Wigston. The number of obese adults are spread quite evenly across LCR.
- LCR's population in the majority are low drinkers who drink within the recommended limits or are non-drinkers.
- Admissions for alcohol-related harm are significantly higher in Oadby and Wigston, and Rutland than the national average.
- There are significantly higher numbers of binge drinkers in Rutland and this places Rutland as 255/354 local authorities in England
- North West Leicestershire has the highest number of alcohol-specific admissions for females followed by Hinckley and Bosworth, and Charnwood.
- Drugs misuse in LCR is lower than that seen nationally.
- North West Leicestershire has the highest number of drug misusers per 1000 population followed by Charnwood, and Melton.
- Blaby has the highest number of pharmacies per 1000 smokers followed by Oadby and Wigston and then Charnwood.
- There is a broad spread of sexual health services across LCR but they are mainly clustered in urban areas.
- LCR has a lower under-18 conception rate than the national average. North West Leicestershire has the highest and Rutland has the lowest under-18 conception rate.
- Prevalence of diabetes is similar to the national average; prevalence is projected to rise to around 6.3% by 2025. Oadby and Wigston has the highest prevalence rate for diabetes.
- Prevalence of coronary obstructive pulmonary disease (COPD) is significantly lower than the national average. Prevalence is projected to rise to 2.9% by 2025.
- Mortality rates from cardiovascular disease is significantly lower than the national average. Premature deaths have fallen by 57% between 1993 and 2006.

- Prevalence of coronary heart disease is significantly lower than the national average. Prevalence is projected to rise to 5.8% by 2020.
- Current pharmaceutical provision covers a wide range of enhanced services, many of which are supplemented by provision from other providers.
- General access and geographical coverage of pharmaceutical services is good.
- Of the 58 (8%) of patients who responded to the patient questionnaire and had experienced a problem within the last 12 months, there is no trend in their geographical location and the majority were related to the supply of medicines and not physical access.
- 62% of the pharmacies that responded to the baseline questionnaire offer a collection and delivery service to patients.
- 96.3% of patients are within a five minute drive time to either a pharmacy or dispensing practice. The localities with the greatest percentage of people with no car are Blaby, North West Leicestershire, and Hinckley and Bosworth.
- 75% of people live within 20 minutes walking distance of either a pharmacy or dispensing practice.
- Harborough, Melton, Rutland, and North West Leicestershire all have the greatest percentage population that live more than 20 minutes walk from the nearest pharmacy or dispensing practice, they also have higher percentages of over 75 year olds and under fives and people who do not have a car living more than 20 minutes walk from a service.

Figure 8.1 Table summarising the current enhanced service provision and an acknowledgement that this service provision may be extended or expanded in the future if funding becomes available.

Identified health need	PCT target/aim	Current service commissioned from community pharmacy	Service provided by other agencies to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
Achieving Balanced Health Priorities:					
Needle exchange	Project in collaboration with the commissioners (Drug and Alcohol Action Team - DAAT) to ascertain if there needs to be an increase in the number	Via enhanced service. Coverage appears to be low across most localities	DAAT community drug clinics and some voluntary sector provision	To be clarified	PCT to obtain determination from DAAT the number and location of pharmacies required to deliver this service. To meet the patients needs

	of pharmacy providers				as identified through their recent review
Emergency hormonal contraception	To get equity of timely provision across the localities	Via enhanced service	GP surgeries, family planning clinics, walk-in centres	Less provision in Charnwood, North West Leicestershire and Rutland due to size of geographical area	PCT to write out to pharmacies not currently providing service to encourage uptake in areas of need. PCT to work with pharmacies in areas of need to resolve barriers to uptake.
Chlamydia screening and treatment	To improve quality of screen with a targeted approach	Via enhanced service	GP surgeries, family planning clinics, walk-in centres, health facilitators	Currently being evaluated, looking at targeting quality screening in areas of identified high need	PCT to write out to pharmacies not currently providing service to encourage uptake in areas of need. PCT to work with public health and pharmacies in areas of need to resolve barriers to uptake.
Smoking cessation	Project in collaboration with the providers LCR Community Health services (CHS) to increase the number of pharmacy providers	Via enhanced service	GP surgeries, walk-in centres, health facilitators	Pharmacy coverage is low in all localities.	PCT to liaise with CHS to communicate with pharmacies not currently providing service to encourage uptake in areas of need. PCT and CHS to work with pharmacies in areas of need to resolve

					barriers to uptake.
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Identified health need	PCT target/aim	Current service commissioned from community pharmacy	Service provided by other agencies to address that need	Gap between need and current provision	How could community pharmacy meet the needs in the future
H-Pylori breath test	To increase access and equity of provision across all localities	Via enhanced service	GP surgeries	Less provision in Charnwood, and Rutland due to size of geographical area	PCT to write out to pharmacies not currently providing service to encourage uptake in areas of need. PCT to work with pharmacies in areas of need to resolve barriers to uptake
Medicines use review (MUR)	For every pharmacy to provide this service	Via advanced service	Dispensing doctors undertake a review ie dispensing review of medication but it is not the same.	Incomplete provision in Harborough and North West Leicestershire	The PNA has not identified the need for a higher quantity of MURs, But it is evident that there needed to be a more targeted quality approach to those who benefit most. Therefore the PCT has developed criteria to enable MURs to be more focused and to quantify their health outcomes. The criteria are to be signed off and distributed to all

					pharmacies. Developmental work to be implemented to enable MURs to be delivered in patients homes
Aspirational Developments if funding becomes available	<p>Consideration of pharmacy contribution to as new pathways of care are developed</p> <p>Aspirational developments for targeted pharmacy based services could include. extension to MDS provision, Cholesterol, BP, Minor Ailments and Diabetes Testing .</p> <p>Development of alternative models of commissioning for discrete populations to meet specific needs rather than using the “one size fits all” approach</p>	Not currently commissioned	GP surgeries	Not necessarily an identified gap but to understand the contribution that pharmacy can make to existing and developing pathways.	Liaise with Local Pharmaceutical Committee and emerging commissioning consortia to understand the contribution of pharmacy to the existing and developing pathways.
Patient need remains of primary importance and has been clearly established in this document. Given the current uncertainty with regard to the provision of funding for services, the availability of resource to meet those patients needs remain a challenge.					

9. Conclusion

Patient need remains of primary importance and has been clearly established in this document. Given the current uncertainty with regard to the provision of funding for services, the availability of resource to meet those patient needs remain a challenge.

After considering all the elements of the PNA NHS LCR concludes that there is adequate provision of NHS dispensing services across NHS LCR with a range of high street pharmacies, 100-hour pharmacies, wholly distance selling pharmacies and dispensing practices. It is noted that there is variance in the distribution of the number of pharmacies in each locality.

There are areas where pharmaceutical services, as part of the Terms of Service, could be developed to map more effectively onto the health needs of localities. The PCT will continue to work with pharmacy contractors and the Local Pharmaceutical Committee to identify good practice and develop models of effective working that meets the needs of specific communities

There are localities where there could be an increase in the provision of enhanced services and these are set out in figure 8.1 and NHS LCR will work with existing providers to improve access to these services.

In the current financial climate NHS LCR is not in a position to commission any new enhanced services from pharmaceutical providers in 2011/2012. This will be reviewed as part of NHS LCR's annual commissioning process.

The PCT and emerging commissioning consortia will need to consider the role of community pharmacists when new pathways of care are developed to ensure their knowledge and skills are fully utilised.

Whilst the PNA has demonstrated that there are adequate levels of pharmaceutical services at a countywide level, individual community pharmacists, or other health care providers, may have knowledge of particular health needs that could be addressed by more targeted pharmacy based services as an aspirational development.

Also aspirationally alternative models of commissioning could be developed to both develop services for discrete populations to meet specific needs rather than using the "one size fits all" approach

In light of the recent white paper *Equity and Excellence: Liberating the NHS* the PNA will need to be reviewed as the new landscape evolves.

As previously mentioned, the PNA will be reviewed once the outcome of NHS LCR's rurality mapping consultation is complete and the impact on GP dispensing practices and pharmaceutical services are known. Currently 19 GP practices provide dispensing services to patients.

10. Methodologies

Notes for methodology for drive and walk times

Data

Road network source: ITN network (May 2010)

Pharmacy data: NHS LCR, primary care (August 2010)

Methodology

Adopted to the methodology used by the Department for Transport to calculate the 2008 Core National Local Authority Accessibility Indicators.

Calculations

Using a network analysis, calculate the travel times between each census output area and the nearest dispensing pharmacy. There are 2,994 output areas within Leicester, Leicestershire and Rutland each containing an average of 320 people.

Travel times are calculated for walking, cycling and driving to the nearest dispensing pharmacy, using the networks shown in Figure 1.1 based on the link speeds shown in Figure 1.2.

Figure 9.1: Networks and parameters

Network	Data	Parameters
Walk	Roads and footpaths from ITN network, excluding motorways	Maximum walking distance of 2km walking speeds shown in Figure 9.2
Car	Roads from ITN network, excluding pedestrianised streets and alleys	Car travel speeds shown in Figure 9.2

Figure 9.2: Link speeds

Road Type	Car Speed		Walk Speed	
	Km/h	mph	Km/h	mph
Motorway	100.0	62.1	-	-
A Road	75.0	46.6	4.8	3.0
B Road	65.0	40.4	4.8	3.0
Minor road	60.0	37.3	4.8	3.0
Local street	35.0	21.7	4.8	3.0
Private road – restricted access	30.0	18.6	4.8	3.0
Private road – public access	30.0	18.6	4.8	3.0
Pedestrian street	-	-	4.8	3.0
Alley	-	-	4.8	3.0

APPENDIX 1

Pharmacy Core & Total Opening hours

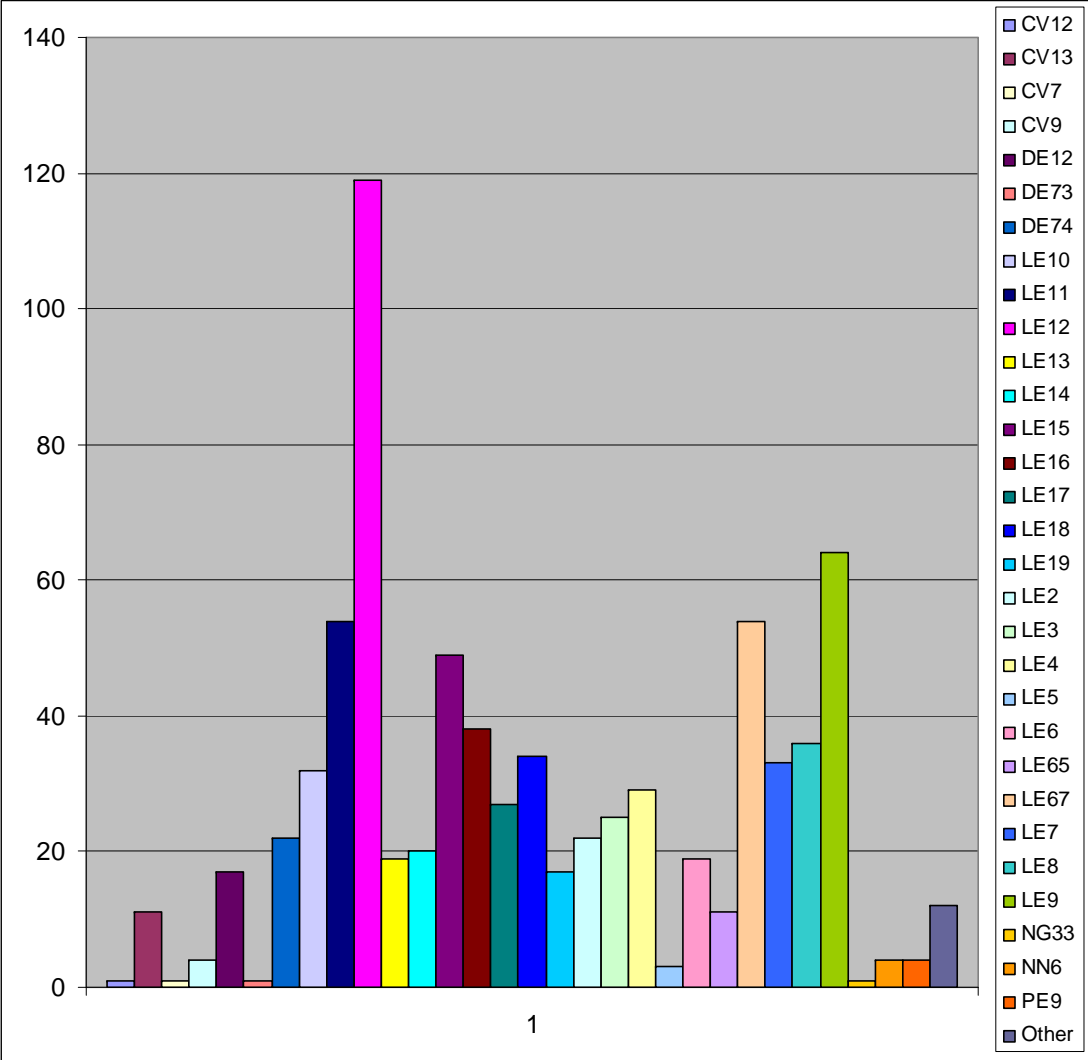
Pharmacy opening hours and locations can be accessed by the link below:

<http://www.lcr.nhs.uk/Library/APPENDIX1PharmacyOpeningHoursFeb2011.pdf>

This document contains the information held by the PCT on contracted hours. It has been highlighted by some pharmacy contractors that these hours do not correspond with their understanding of their core and supplementary hours. A further verification exercise is to be undertaken which will ensure that the correct opening hours are held by the PCT, this may require contract variations which will have to follow due process.

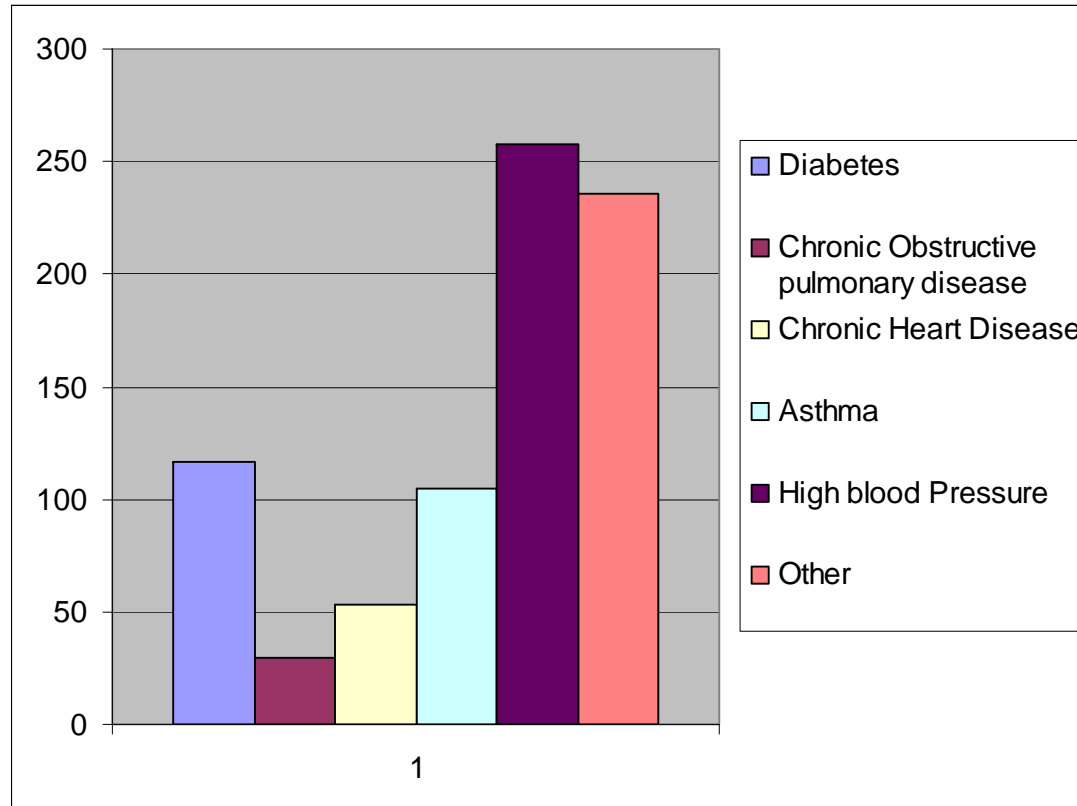
Appendix 2 – Public questionnaire analysis

1. In which part of Leicestershire county and Rutland do you live?



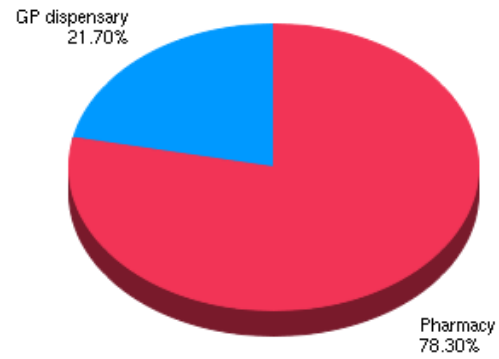
Item	Count	Item	Count
CV12	1	LE19	17
CV13	11	LE2	22
CV7	1	LE3	25
CV9	4	LE4	29
DE12	17	LE5	3
DE73	1	LE6	19
DE74	22	LE65	11
LE10	32	LE67	54
LE11	54	LE7	33
LE12	119	LE8	36
LE13	19	LE9	64
LE14	20	NG33	1
LE15	49	NN6	4
LE16	38	PE9	4
LE17	27	Other	12
LE18	34		

2. Do you have any of the following long-term conditions?

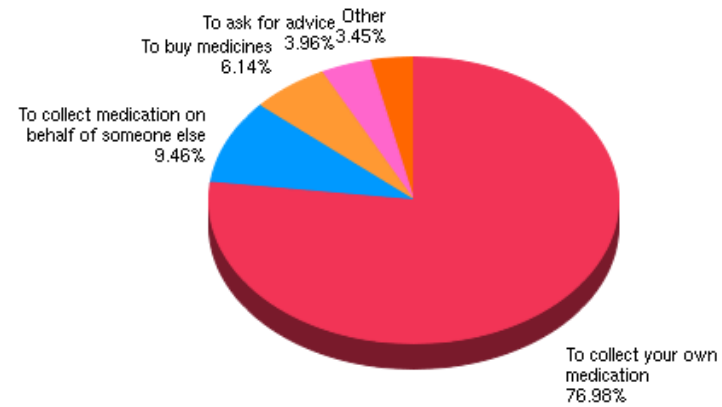


Item	Count
Diabetes	117
Chronic obstructive pulmonary disease	30
Chronic heart disease	53
Asthma	105
High blood pressure	258
Other	236

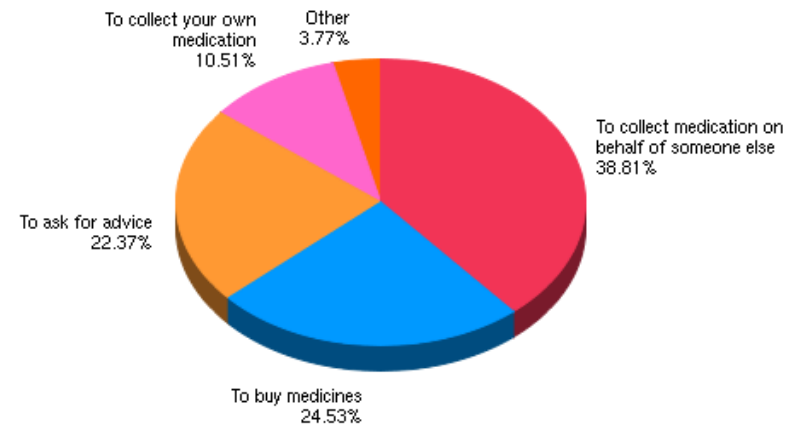
3. Do you get your medication from your pharmacy or GP dispensary?



4. For which of the following do you most often use a pharmacy/GP dispensary?



5. For which of the following do you least often use a pharmacy/GP dispensary?



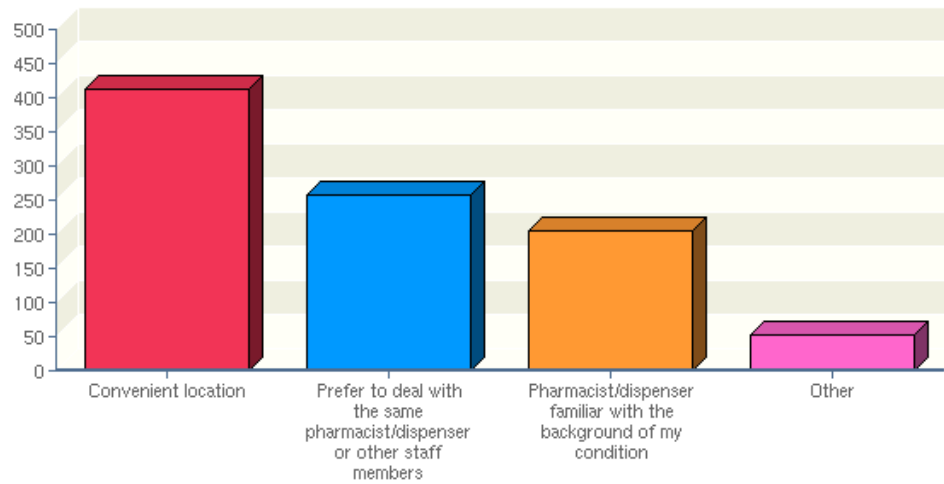
6. How often do you use a pharmacy/GP dispensary?



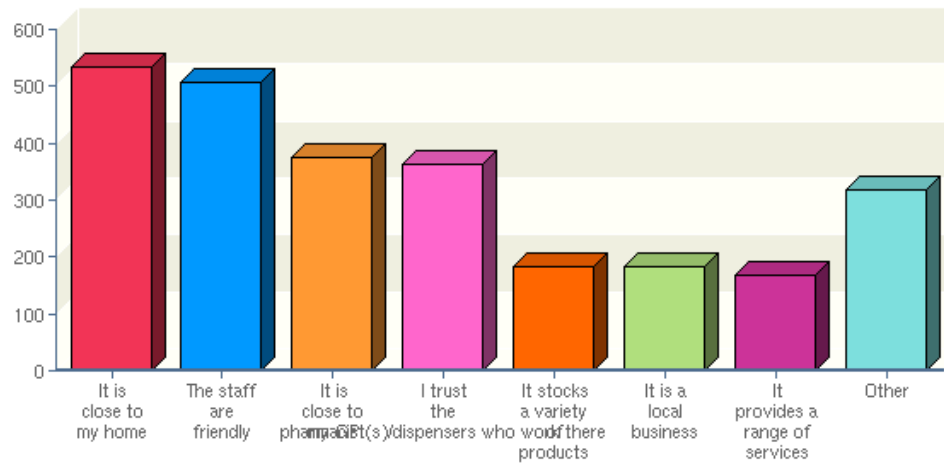
7. Do you use the same pharmacy/GP dispensary on a regular basis?



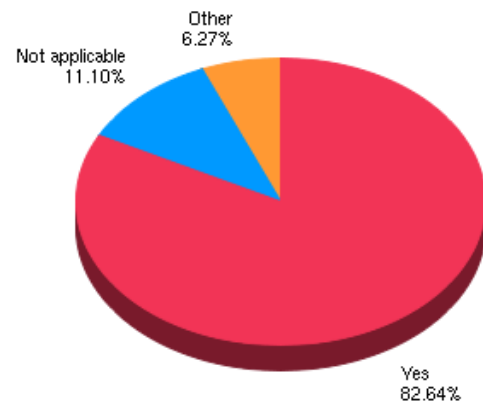
8. Is it because of the following?



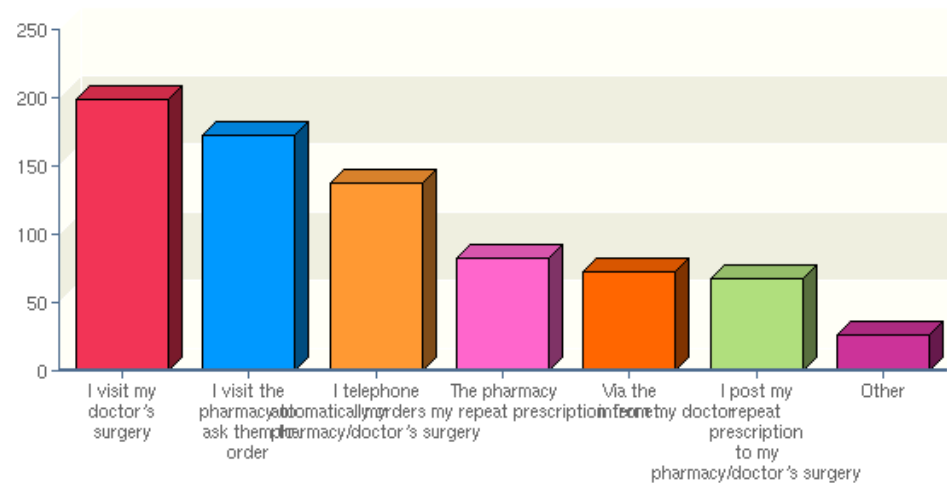
9. Please tick up to four of the most important reasons which help you decide which pharmacy/GP dispensary you use from the following:



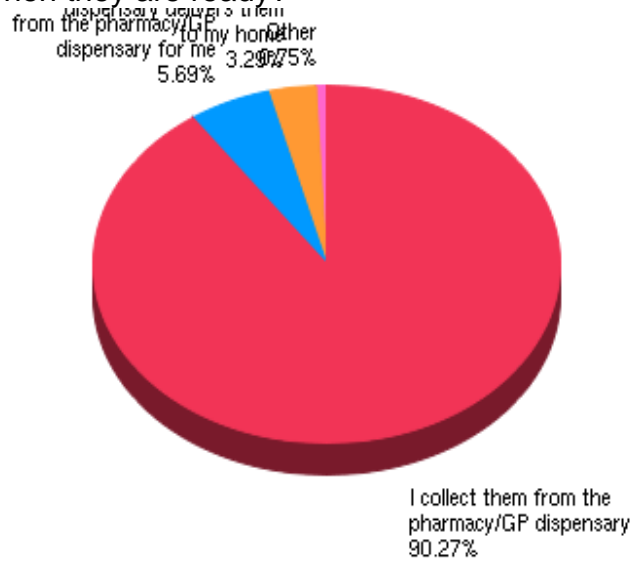
10. Are you happy with your current arrangements for obtaining your repeat medication?



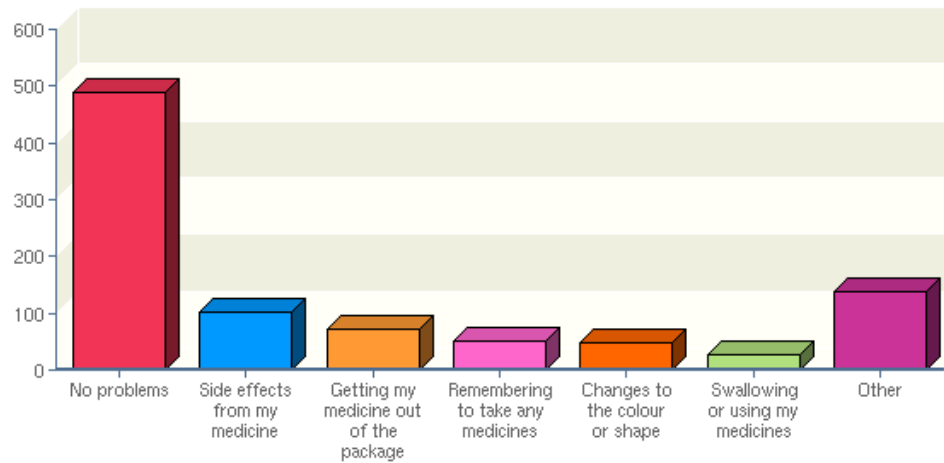
11. How do you order your repeat prescription?



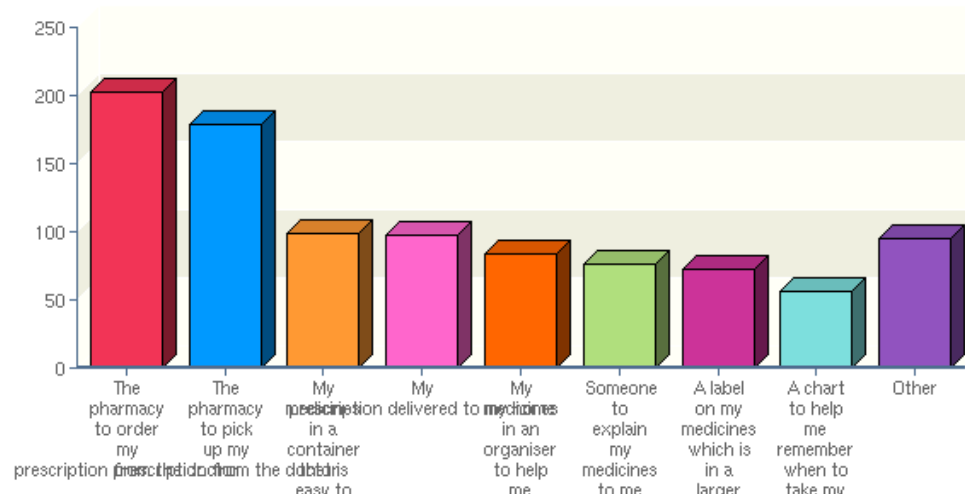
12. How do you usually get your medicines when they are ready?



13. Have you ever had any problems with your medicines?



14. Which of the following would you like? (tick as many as necessary)



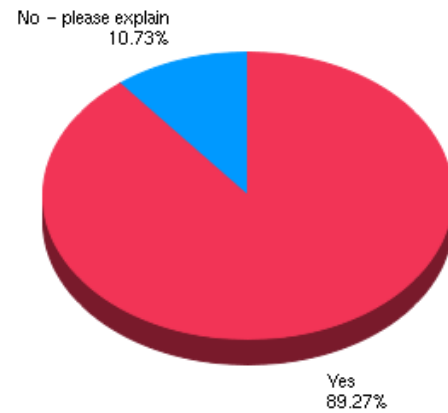
15. Are you aware that pharmacists offer this service within the pharmacy?



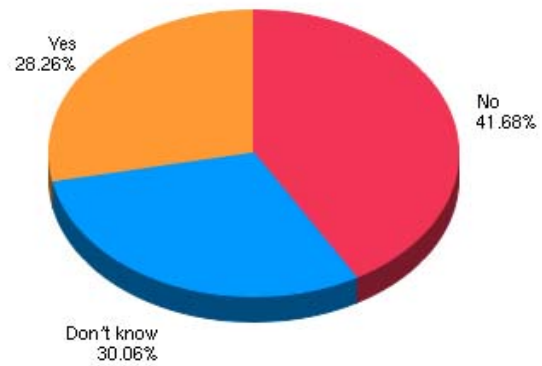
16. Have you ever had a medicines use review (MUR)?



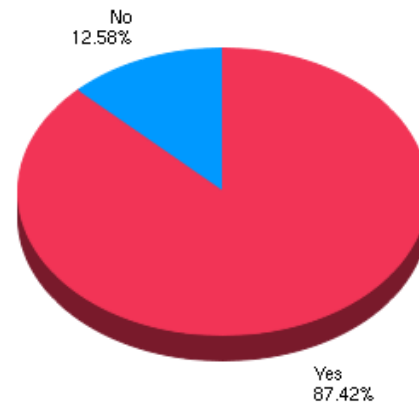
17. Did you benefit from your medicines use review (MUR)?



18. Do you think you could benefit from a medicines use review (MUR)?



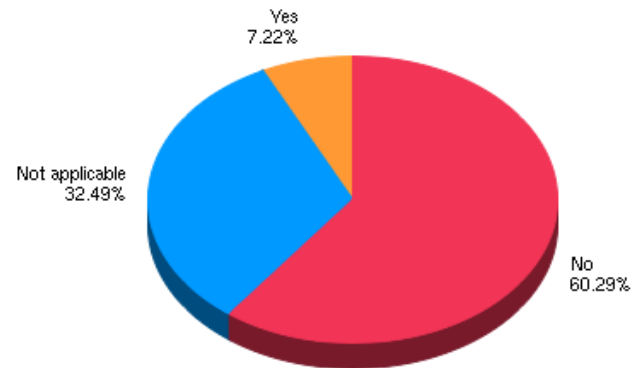
19. When you last got your medication did you get enough information on how to take your medicine correctly and likely side effects?



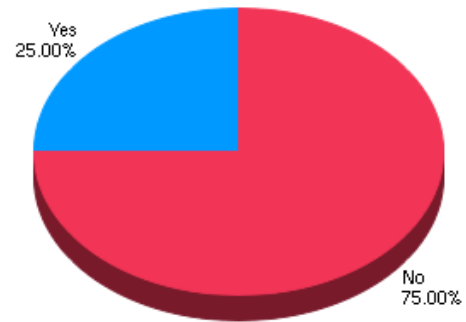
20. Was this information helpful?



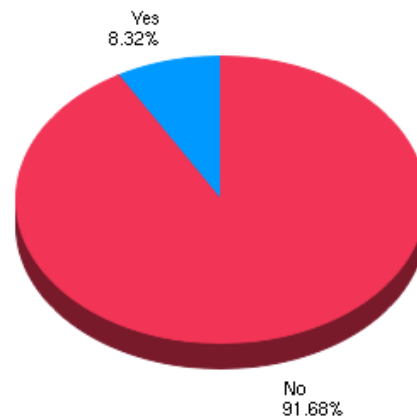
21. Were you offered a reminder or prompt card to assist you in taking your medicines?



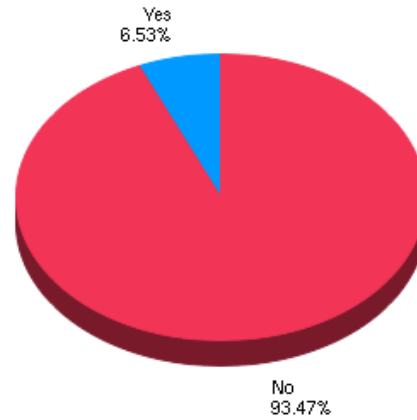
22. Would this have helped you?



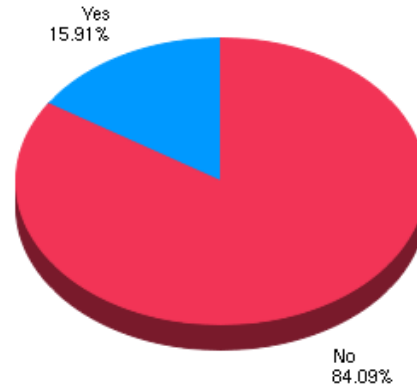
23. Were you offered any type of compliance device (eg medicines tray, medicines organiser, dossett box) to help prompt you to take your medicine?



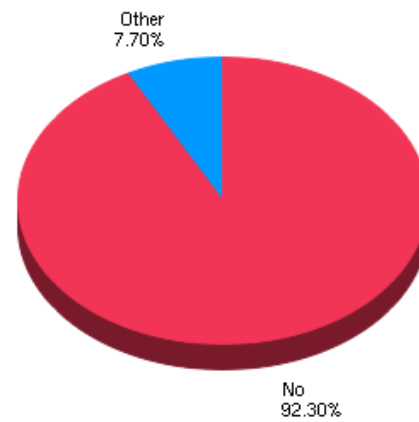
24. Have you/your relatives/persons you care for been discharged from hospital with a compliance device (eg medicines tray)?



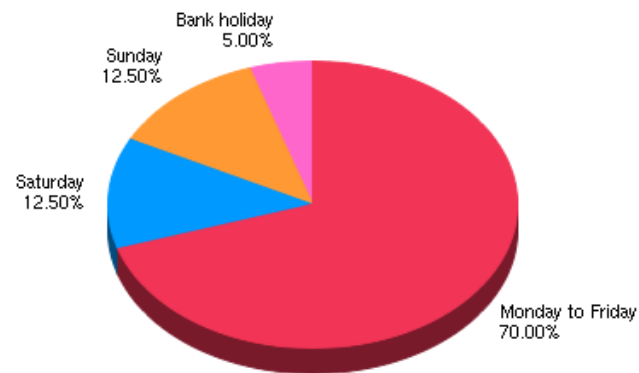
25. Have you had any difficulty in getting this compliance device supplied through a pharmacy/GP dispensary?



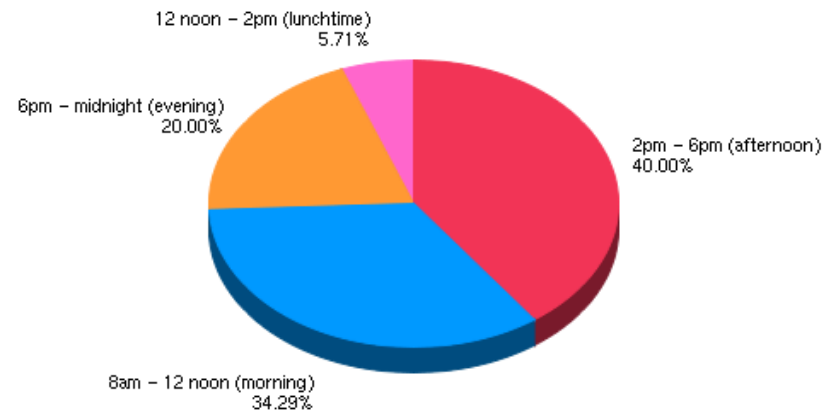
26. In the last 12 months have you had any problems finding a pharmacy to get a medicine dispensed, to get advice or to buy medicines?



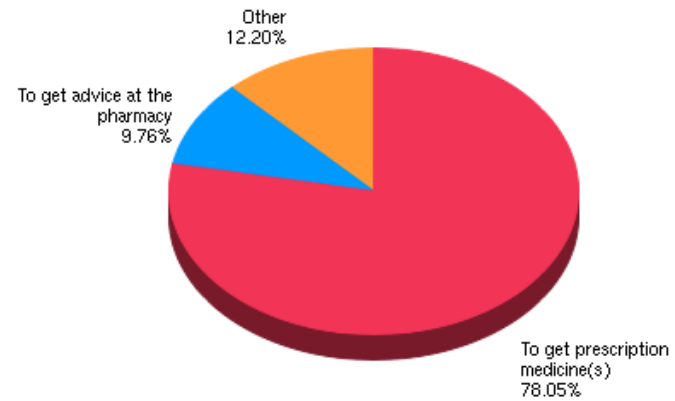
27. What day of the week was it?



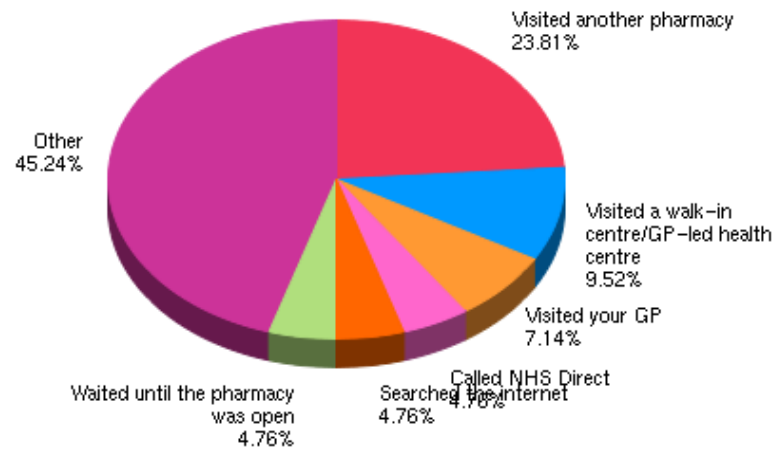
28. What time of the day was it?



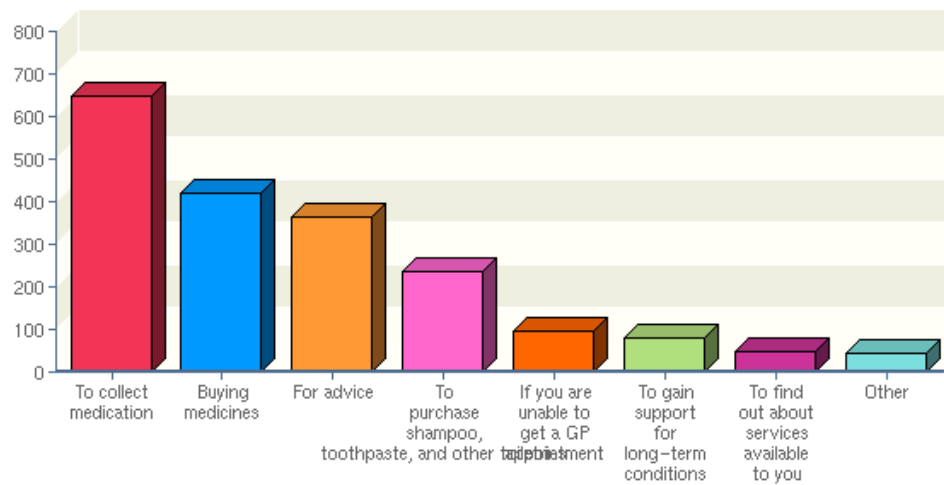
29. What was your main reason for going to the pharmacy on the day you had a problem?



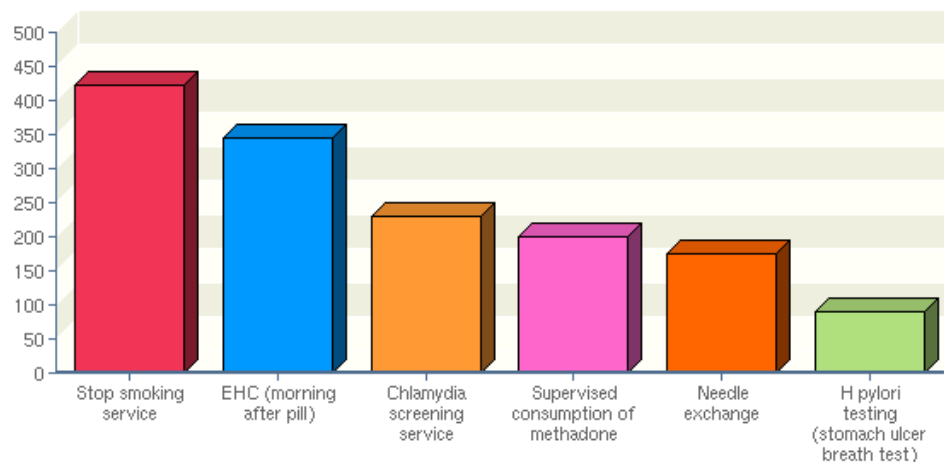
30. On the day you had the problem what did you do?



31. What do you use your local pharmacy for?



32. Other than collecting medication from your local pharmacy, do you know that some pharmacies in Leicestershire county and Rutland offer the following NHS services (please tick all you have heard of)?



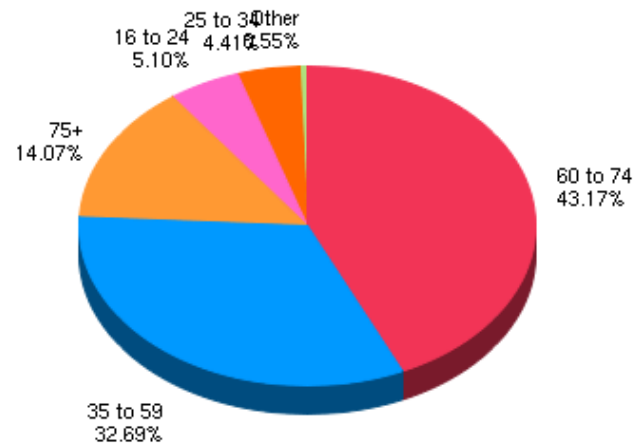
33. If pharmacies offered the following services how likely would you be to use them?

Table 1 of 2	Item	Very unlikely	Unlikely	Neutral	Likely	Very likely	Total
#0	Blood testing	27.4% 190	5.5% 38	14.7% 102	16.5% 114	35.9% 249	693
#1	Travel vaccines	29.9% 190	8.2% 52	13.2% 84	18.4% 117	30.2% 192	635
#2	Alcohol screening services	65.2% 354	11.6% 63	10.1% 55	4.6% 25	8.5% 46	543
#3	Clinics on your condition	34.9% 211	6.3% 35	16.6% 100	16.2% 98	26.0% 157	604
#4	Weight management services	37.2% 227	8.4% 51	15.2% 93	15.1% 92	24.1% 147	610
#5	Screening for heart disease and diabetes	28.2% 171	4.6% 28	10.7% 65	22.8% 138	33.7% 204	606
#6	Average %	36.4%	7.3%	13.5%	15.8%	27.0%	3,691.0

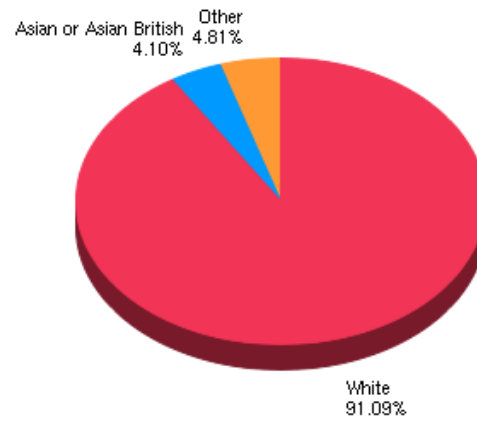
34. Gender



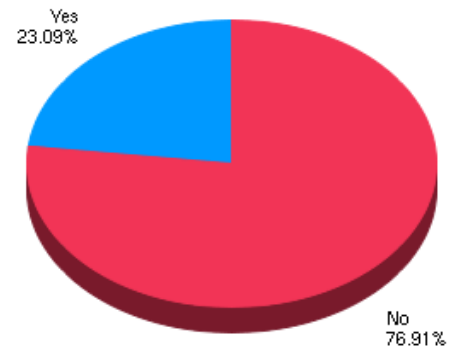
35. Age group



36. Ethnic group



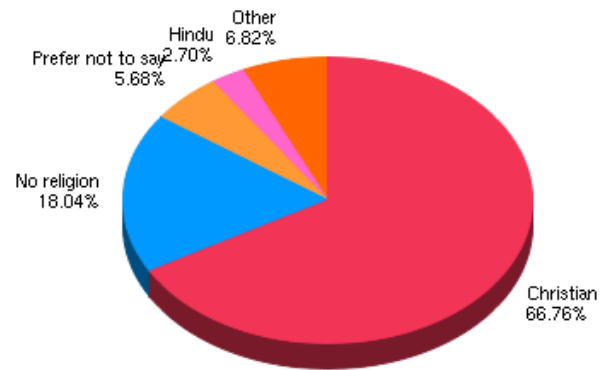
37. Do you consider yourself to have a disability



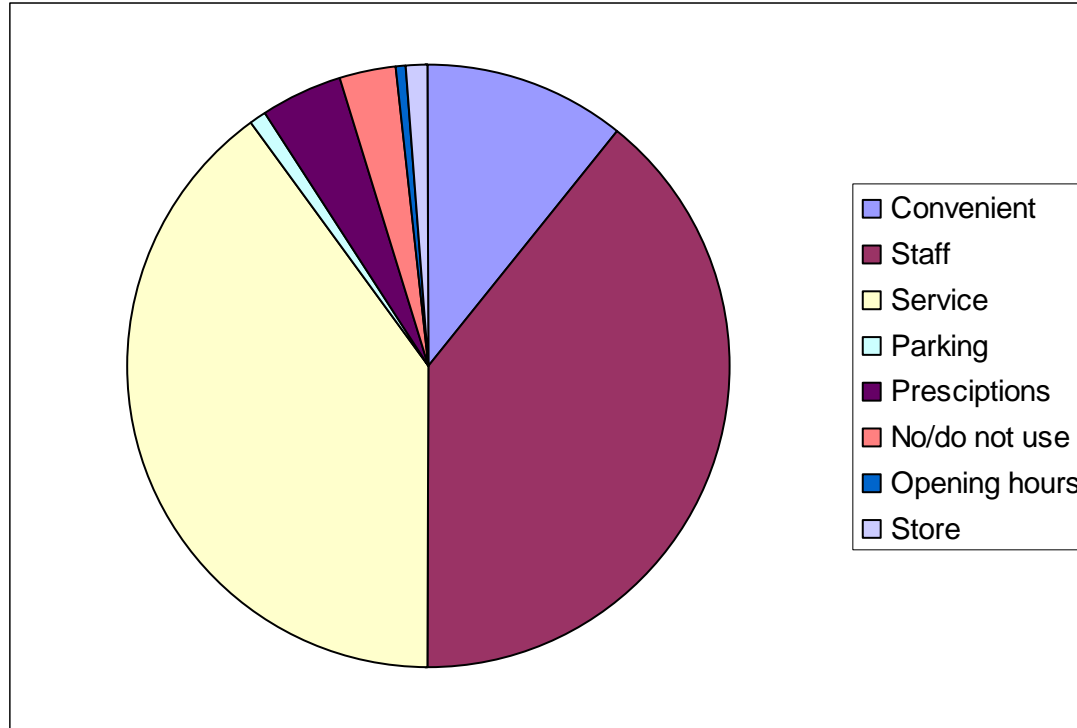
38. Sexual orientation



39. Religion and belief

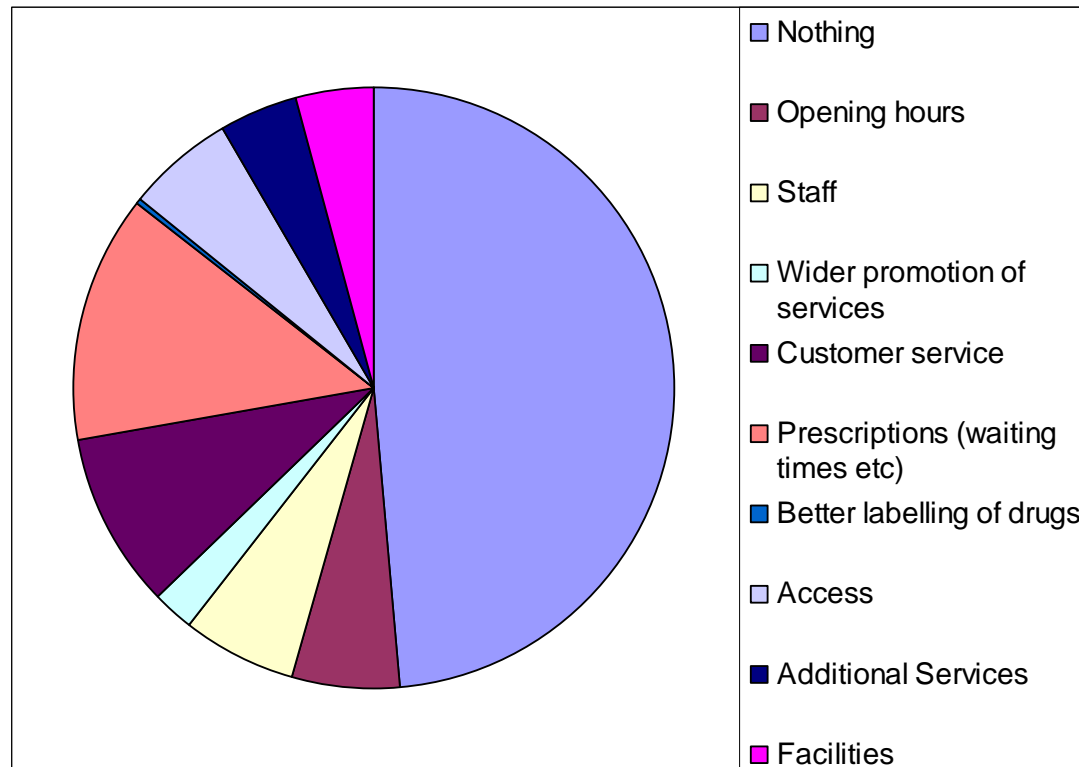


40. What do you consider to be good about the pharmacy services?



Areas that are good	responses
Convenient	45
Staff	161
Service	164
Parking	3
Prescriptions	19
No/do not use	12
Opening hours	3
Store	4

41. Could anything be improved?



What could be improved	Responses
Nothing	152
Opening hours	18
Staff	19
Wider promotion of services	7
Customer service	29
Prescriptions (waiting times etc)	42
Better labelling of drugs	1
Access	18
Additional services	13
Facilities	13

Appendix 3 - Resources used and footnotes

JSNA – Leicestershire
JSNA – Rutland

ⁱ *Health Survey for England 2003 to 2005. Neighbourhood Statistics: model based estimates of healthy lifestyle.* [Online] February 1 2009.

Available from URL:

<http://www.neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=7&b=277034&c=leicestershire&d=13&e=6&g=466548&i=1001x1003x1004&m=0&r=1&s=1246613058769&enc=1&dsFamilyId=969>

ⁱⁱ North West Public Health Observatory, Department of Health, Liverpool John Moores University. Local Alcohol Profiles for England. [Online] 2009. Available from: URL: <http://www.nwph.net/alcohol/lape/>

Appendix 4 – Latest Amendments to PNA

Will be updated on an ongoing basis.

Appendix 5 – Consultation Report

A public consultation on the draft PNA was undertaken from 1 September to 30 November 2010, the results and responses are included in the consultation report. This Appendix can be accessed by this link:

<http://www.lcr.nhs.uk/Library/APPENDIX5PNAConsultationReportFeb2011.pdf>