

## Leicestershire's Pharmaceutical Needs Assessment

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## FOREWORD AND EXECUTIVE SUMMARY

The purpose of the Pharmaceutical Needs Assessment (PNA) is to:

- identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future;
- inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;
- inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.

The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>.<sup>1</sup>

This PNA has reviewed pharmacy (excluding internet pharmacies) and dispensing GP coverage in relation to the population health needs of the people of Leicestershire. This has involved looking at the existing services, their locations, the breadth of services they are providing and the views of the people that are using them. The PNA refers to the services that were provided on the 31<sup>st</sup> March 2017. The PNA analysis focusses on the services that are currently provided in pharmacies.

Within the scope of this document, the PNA concludes that community based pharmacies and dispensing GPs are meeting the current needs of the Leicestershire population for essential, and where offered, advanced services. The consistency and quality of the advanced services should be continually reviewed and the uptake of Medicines Use Reviews, New Medicines Services and Seasonal Influenza should be increased wherever possible.

The provision of Community Based Services across Leicestershire is good, but more needs to be done to ensure that services across the county are consistent. A review of service quality and uptake could provide further insight into the effectiveness of these local services.

Community pharmacies are the most accessible healthcare professional for members of the public to see, and they are highly valued by their customers. Pharmacies are essential in promoting healthy lifestyles both now and in the future, supporting health and social care, particularly with issues such as helping patients care for themselves (self-care) in the community. This could cut down the number of unnecessary admissions to hospital. The role of pharmacies supporting extended access in General Practice needs to be considered in future.

The landscape of health care in Leicester, Leicestershire and Rutland is changing through local and national policy development which is underway, but their full impact on Community Pharmacy is not yet known. Appendix K provides a brief overview of the current developments. This appendix will be updated annually to reflect developments as they arise.

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## **BACKGROUND AND INTRODUCTION**

### **1. Introduction**

If a person (a pharmacist, a dispenser of appliances or a GP) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

In order to be included on a relevant pharmaceutical list, the applicant applies by proving they are able to meet a pharmaceutical need as set out in the relevant Pharmaceutical Needs Assessment (PNA). There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

In April 2013, as part of overarching changes to health and social care, in the Health and Social Care Act 2012, Health and Wellbeing Boards (HWBs) were established. They are hosted in local authorities nationwide and became responsible for developing and updating PNAs for their population. At this time, the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred to NHS England.

The current PNA for Leicestershire was produced in March 2015 by the Leicestershire Health and Wellbeing Board. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires all Health and Wellbeing Boards to publish a revised assessment within three years of publication of their first assessment. This PNA replaces the 2015 document.

### **2. Purpose of the PNA**

PNAs are key local tools for understanding the provision of pharmaceutical services in a local area and also identifying and assessing which pharmaceutical services need to be provided by local community pharmacies and other providers in the future.

They inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be.

They are aligned to other relevant local plans for health and social care such as the Joint Strategic Needs Assessment (JSNA) and they examine the local population demographics and services available in the neighbouring HWB areas that may affect local service need.

PNA's identify gaps and inform decision making in response to applications made to NHS England by organisations to provide a new pharmacy. The organisation that will make these decisions is NHS England hence the PNA is of particular importance to them.

The PNA must contain the following:

- A statement of pharmaceutical services provided that are necessary to meet needs in the area.
- A statement of other services which are provided but that have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWB has identified as not being provided but which would, if they were provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by the local authority, NHS England, Clinical Commissioning Groups (CCGs) or other NHS trusts which may affect the need for pharmaceutical services.
- An explanation of how the assessment has been carried out including how the consultation was carried out.
- A map of providers of pharmaceutical services.

### **3. Pharmaceutical services and pharmacy contracts**

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies, dispensing GPs and appliance contractors.

There are three tiers of community pharmaceutical services:

- "*Essential services*" which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service<sup>1</sup> – the dispensing of medicines, promotion of healthy lifestyles and support for self-care;
- "*Advanced services*" which are services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors; and Seasonal Influenza Vaccination.

- “Enhanced services” which are locally commissioned services commissioned by NHS England, CCGs and local authorities.

**Quality assurance:**

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

The General Pharmaceutical Council carry out inspections in all registered pharmacy premises to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of pharmacy services<sup>2</sup>.

All pharmacies are required to conduct an annual community pharmacy patient questionnaire (Patient Satisfaction Questionnaire) which allows patients to provide feedback to community pharmacies on the services they provide<sup>3</sup>.

**3.1. Essential services**

The essential services listed below are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the ‘pharmacy contract’).

**Table 1: Essential pharmacy services**

<b>Essential Services</b>	<b>Description</b>
<b>Dispensing</b>	The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
<b>Repeat Dispensing</b>	The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant

<b>Essential Services</b>	<b>Description</b>
	issues to the prescriber.
<b>Clinical governance</b>	Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction. <sup>4</sup>
<b>Promotion of healthy lifestyles (Public Health)</b>	The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to: <ul style="list-style-type: none"> <li>• have diabetes; or</li> <li>• be at risk of coronary heart disease, especially those with high blood pressure; or</li> <li>• smoke; or</li> <li>• be overweight</li> </ul> and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
<b>Disposal of Unwanted Medicines</b>	Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal. NHS England's Leicestershire and Lincolnshire Area team has arrangements for the collection and disposal of waste medicines from pharmacies.
<b>Signposting</b>	The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy.
<b>Support for self-care</b>	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

### 3.2. **Advanced services**

There are five advanced services within the NHS community pharmacy contractual framework (the 'pharmacy contract'). Community pharmacies can choose to provide any or all of these listed services. The NHS Urgent Medicine Supply Advanced Service (NUMSAS) is currently commissioned as an Advanced Service in a national pilot.

**Table 2: Advanced pharmacy services**

<b>Advanced Services</b>	<b>Description</b>
<b>The Medicines Use Review (MUR)</b>	<p>Accredited pharmacists undertaking structured adherence-centered reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.</p> <p>National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. An MUR feedback form will be provided to the patient's GP where there is an issue for them to consider.</p>
<b>New Medicine Service (NMS)</b>	<p>This service was introduced on 1st October 2011. The service provides support for people with long term conditions who have been newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.</p>
<b>Appliance Use Review (AUR)</b>	<p>This service can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use. This is achieved by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, including advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.</p>

<b>Advanced Services</b>	<b>Description</b>
<b>Stoma Appliance Customisation (SAC)</b>	<p>The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.</p> <p>If the pharmacist is unable to provide the prescribed service, they should either refer (with the patient's consent) the patient to another pharmacy or provide the patient with the contact details of at least two pharmacies or providers that are able to supply the service.</p>
<b>Seasonal Influenza (flu) Vaccination</b>	<p>This service commenced on 16th September 2015, where NHS England commissioned community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups, to support GP services in increasing vaccination rates.</p> <p>The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service.</p>

Advanced Services	Description
<b>NHS Urgent Medicine Supply Advanced Service (NUMSAS)</b>	<p>On 20th October 2016, the Department of Health (DH) and NHS England announced that a national pilot of a community pharmacy Urgent Medicine Supply Service would be commissioned as an Advanced Service. The objectives of the service are to:</p> <ul style="list-style-type: none"> <li>• manage appropriately NHS 111 requests for urgent medicine supply;</li> <li>• reduce demand on the rest of the urgent care system;</li> <li>• resolve problems leading to patients running out of their medicines; and</li> <li>• increase patients' awareness of electronic repeat dispensing.</li> </ul> <p>The service was planned to run from 1st December 2016 to 31st March 2018, but has been extended for a further six months until September 2018.</p>

### 3.3. Community based services

In addition to the services above, pharmacies can also offer services to meet the health needs of their local populations. These services currently include:

**Table 3: Community based pharmacy services**

Community Based Services	Description
<b>Emergency Hormonal Contraception (EHC)</b>	<p>This is a free service to women up to 25 years of age following unprotected sexual intercourse to prevent unintended pregnancies.</p>
<b><i>H.pylori</i> screening</b>	<p>This service is a breath testing service for patients with dyspepsia symptoms to detect the presence of <i>Helicobacter</i> bacteria which can cause stomach ulcers.</p>
<b>Healthy Living Pharmacies</b>	<p>Pharmacies are commissioned to reduce health inequalities within the local community by delivering high quality health and</p>

<b>Community Based Services</b>	<b>Description</b>
<b>(HLP)</b>	wellbeing services, promoting health and providing proactive health advice to customers.
<b>Needle exchange</b>	A service for intravenous drug users, providing clean needles and so reducing the risk of infection such as hepatitis.
<b>Supervised consumption</b>	A service for registered drug addicts, providing regular monitored doses of an opiate substitute to support becoming progressively drug free.
<b>Champix provision</b>	A service to provide Champix (Varenicline) as part of a Patient Group Directive to service users on referral by the Quit Ready Leicestershire Stop Smoking Service.
<b>Palliative care</b>	Palliative care is aimed at offering the patient the highest possible level of comfort during the last phase of their life. This service aims to facilitate prompt access to palliative care medicines by patients and their representatives.
<b>Alcohol brief intervention</b>	A screening, advice and support service to higher risk and increasing risk drinkers aged 18 and over.
<b>Emergency Repeat Medicines Scheme (ERMS)</b>	A service to facilitate appropriate access to repeat medication Out-of-Hours, enabling patients to access an urgent supply of their regular prescription medicines when appropriate. The service is commissioned by West Leicestershire Clinical Commissioning Group only.

### 3.4. **Pharmacy contracts**

There are four types of community pharmacy contractors. They are:

- **Those held on a pharmaceutical list (standard contract)** - healthcare professionals working for themselves or as employees who practise in pharmacy: the field of health sciences focusing on safe and effective medicines use.
- **Dispensing appliance contractors** - appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- **Dispensing doctors** - medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”.
- **Local Pharmaceutical Service (LPS) contract** allows NHS England to

commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract, a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

### **3.5. Distance selling pharmacies**

Distance selling pharmacies (e.g. internet pharmacies) are able to provide the full range of essential, advanced and enhanced services to the population.

A distance selling pharmacy must not provide essential services to a person who is present at the pharmacy, or in the vicinity of it. The pharmacy must provide essential services safely and effectively without face to face contact with any member of staff on the premises. For example, a distance selling pharmacy will receive a prescription via post (or via the electronic prescription service) and dispense it the next day, sending it via courier. The pharmacist telephones the patient to counsel the patient on the medicine's correct use. This arrangement satisfies the conditions as no face to face contact has taken place on the pharmacy's premises.

A distance selling pharmacy may provide advanced and enhanced services on the premises, as long as any essential service which forms part of the advanced or enhanced service is not provided to persons present at the premises. For example, a distance selling pharmacy receives a prescription and dispenses it the next day, sending it via post with a consent form and explanatory leaflet about the New Medicine Service, inviting the patient to contact the pharmacy. The patient lives locally and so makes arrangements to visit the pharmacy, to complete the NMS. The pharmacy would need to be very careful not to provide or offer to provide any of the essential services whilst the patient is at the pharmacy. The patient brings some unwanted medicine back to the pharmacy at the same time as attending for the NMS consultation.

## **4. What is excluded from the scope of the PNA?**

The PNA is set out by regulation to cover the community based pharmacy services that have been described in section 3 of this report. There are other providers of pharmaceutical services in Leicestershire that have not been included in the assessment of need. These are set out below:

#### 4.1. **Prison Pharmacy**

Pharmaceutical services are provided in HMP Gartree prison in Leicestershire. Health services provided within prisons require a pharmaceutical service to support the delivery of healthcare and the supply of medicines. The unique nature of the environment and the predominance of certain clinical services in some prisons, such as substance misuse services, means that these services are provided by contracted providers with a model that is determined to support the prison population safely.

#### 4.2. **Hospital Pharmacy**

Around 20% of pharmacists work in hospitals and play an essential role in patient care. Working as part of a multidisciplinary team, hospital pharmacists manage caseloads and provide treatment programmes for all hospital patients. In Leicestershire, patients will access acute care from a range of hospital providers, including:

- University Hospitals of Leicester NHS Trust
- Community hospitals in Melton, Market Harborough, Loughborough, Coalville, Hinckley and Bosworth
- Out of county providers, such as Nottingham, Derby, Burton, Peterborough, etc.

Whilst in hospital, patients' medicines will be dispensed and managed by hospital pharmacists. Once the patient is discharged to the community their pharmaceutical needs will be met by their community pharmacist.

### 5. **Process followed for developing the PNA**

The Health and Wellbeing Board in Leicestershire tasked the Integration Executive to oversee the PNA on their behalf. They established a joint project team across Leicester, Leicestershire and Rutland to develop a PNA for each local authority.

The interagency PNA Project Team was established because many of the relationships required for the PNA were Leicester, Leicestershire and Rutland (LLR) wide. The team included representation from NHS England Area Team, the Leicestershire Pharmaceutical Committee and the Local Professional Network for Pharmacists. The group's terms of reference are attached as Appendix A.

The PNA was subject to a 60 day statutory consultation period which ran from 2<sup>nd</sup> October 2017 to 2<sup>nd</sup> January 2018. An additional consultation also took place with local pharmaceutical professionals between June and August 2017 to gather evidence to

support the PNA. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following:-

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

The full range of statutory bodies required were contacted and asked to participate in the consultation. In addition, the consultation was distributed widely to other groups likely to be interested.

## **Appendix A – PNA Project Team Terms of Reference**

# HEALTH NEEDS OF THE POPULATION OF LEICESTERSHIRE

## 6. Population of Leicestershire

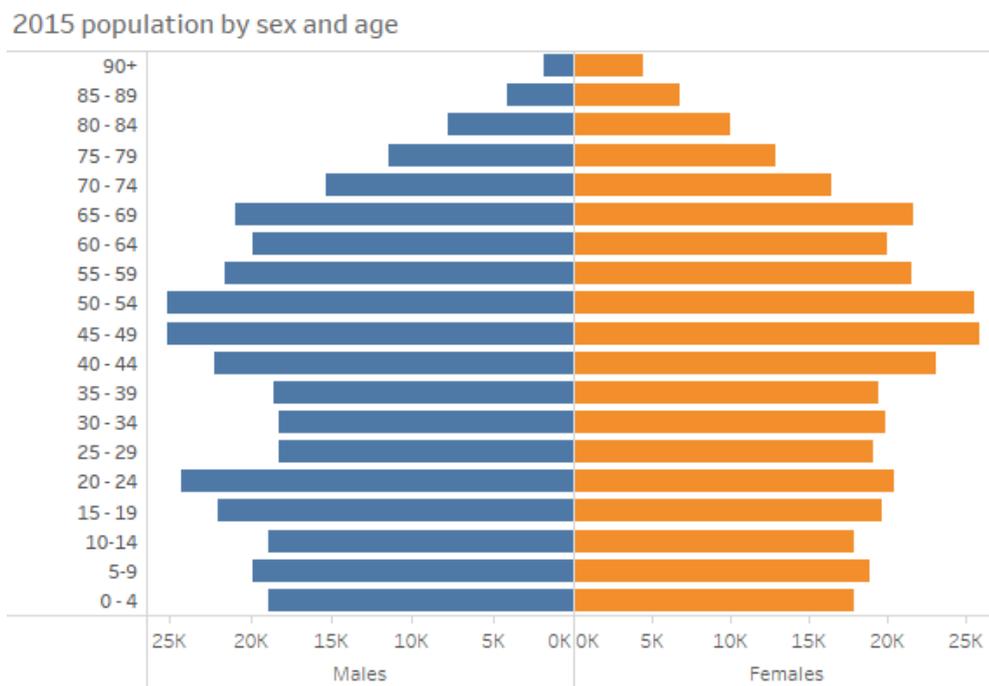
Leicestershire’s Joint Strategic Needs Assessment (JSNA) was published in 2015.<sup>5</sup> Since the publication of the JSNA, additional reports have been published to further enrich the evidence base for the health and wellbeing of the population. This includes The Leicestershire Joint Health and Wellbeing Strategy 2017-2022<sup>6</sup>, the Public Health Outcomes Framework (PHOF) tool published for Leicestershire County Council and Local Authority Districts, and the Director of Public Health’s Annual Reports. The latest Director of Public Health’s Annual Report for 2016 focused on reviewing the influence of the wider determinants of health, such as good housing, good education, employment, social interactions and family support, on the health of the population.

These reports are all available from <http://www.lsr-online.org/health-and-wellbeing-leicestershire3.html>

### 6.1. Population estimates

- In 2015, the population of Leicestershire was 675,309 people.<sup>7</sup>
- 116,340 people were aged 65-84 years (17.2%) and 17,093 people were aged 85 years and over (2.5%)<sup>7</sup>

**Figure 1: 2015 Population pyramid**



**Table 4: 2015 Population estimates for Leicestershire<sup>7</sup>**

Age	Male	% of Total Population	Female	% of Total Population
0 - 4	18,900	2.8%	17,866	2.6%
5-9	19,832	2.9%	18,827	2.8%
10-14	18,839	2.8%	17,804	2.6%
15 -19	22,055	3.3%	19,666	2.9%
20 -24	24,252	3.6%	20,399	3.0%
25 -29	18,222	2.7%	19,114	2.8%
30 -34	18,268	2.7%	19,862	2.9%
35 -39	18,553	2.7%	19,369	2.9%
40 -44	22,261	3.3%	23,037	3.4%
45 -49	25,172	3.7%	25,882	3.8%
50 -54	25,168	3.7%	25,501	3.8%
55 -59	21,628	3.2%	21,560	3.2%
60 -64	19,894	2.9%	19,945	3.0%
65 -69	20,950	3.1%	21,638	3.2%
70 -74	15,303	2.3%	16,431	2.4%
75 -79	11,424	1.7%	12,898	1.9%
80 -84	7,727	1.1%	9,969	1.5%
85 -89	4,105	0.6%	6,730	1.0%
90+	1,793	0.3%	4,465	0.7%
All Ages	334,346	49.5%	340,963	50.5%

## 6.2. Deprivation

The wider determinants of health are described and measured within the English Indices of Deprivation 2015.<sup>8</sup> These are a group of measures which gauge different aspects of deprivation. Deprivation is a general lack of resources and opportunities, which includes financial poverty and a range of other aspects such as lack of access to education or good quality housing. The measures are combined into an overall measure of the amount of deprivation in an area called the Index of Multiple Deprivation (IMD), which can be used to compare different local areas.<sup>9</sup>

The indices of deprivation use several measures in each of seven “domains”:

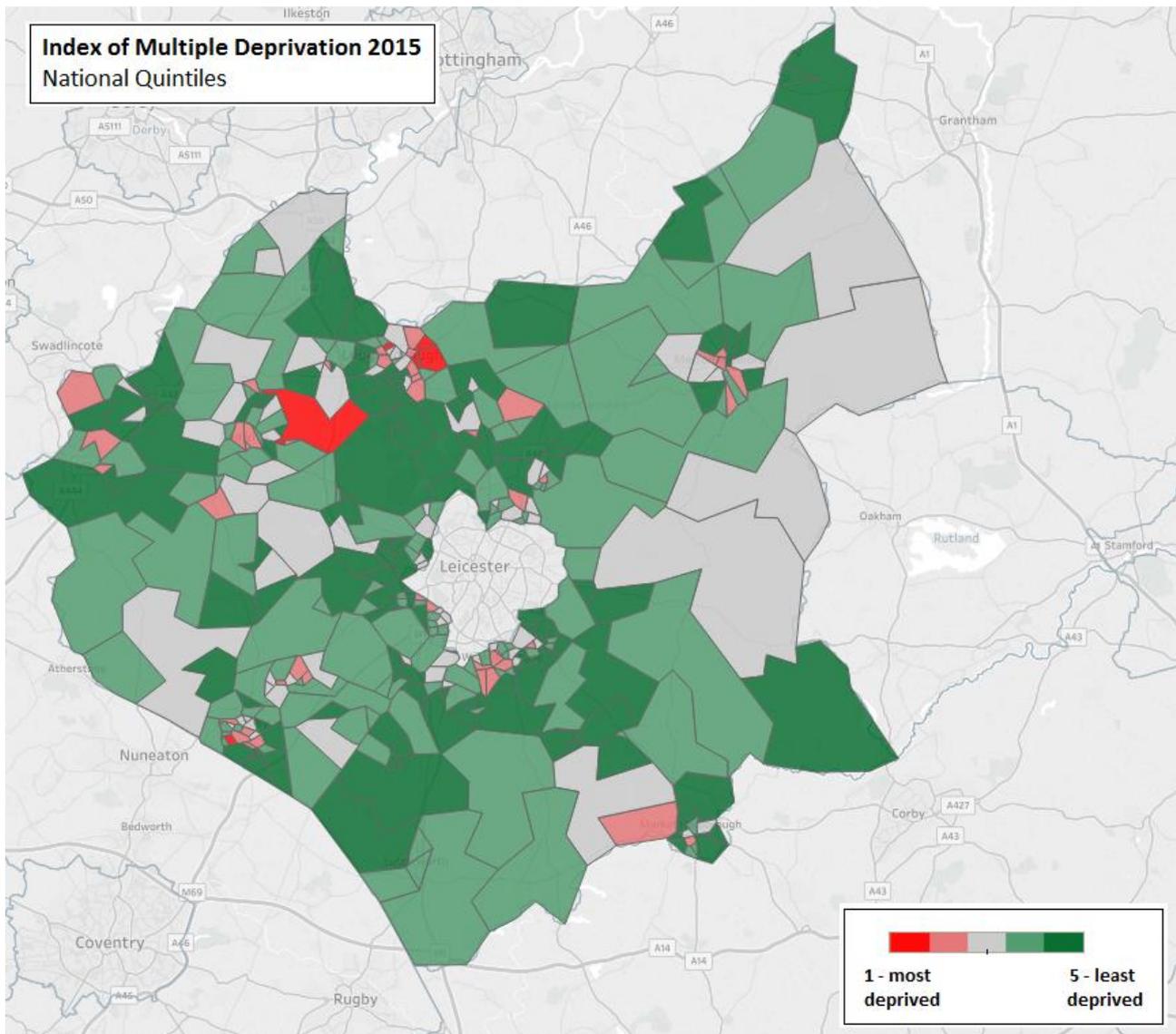
- Income deprivation, including Income deprivation affecting children (IDACI) and Income deprivation affecting older people (IDAOP);
- Employment deprivation;
- Health deprivation and disability;
- Education, skills and deprivation;
- Barriers to housing and services;
- Crime; and
- Living environment deprivation.

Figure 2 presents the level of deprivation in different areas of Leicestershire according to the IMD 2015. The data are presented as “quintiles” of deprivation - areas of Leicestershire that fall into the most deprived fifth (20%) of areas in England are quintile 1, those in the second most deprived fifth of areas are quintile 2, and so on, through to quintile 5 which are areas that are within the least deprived fifth (20%) in England.

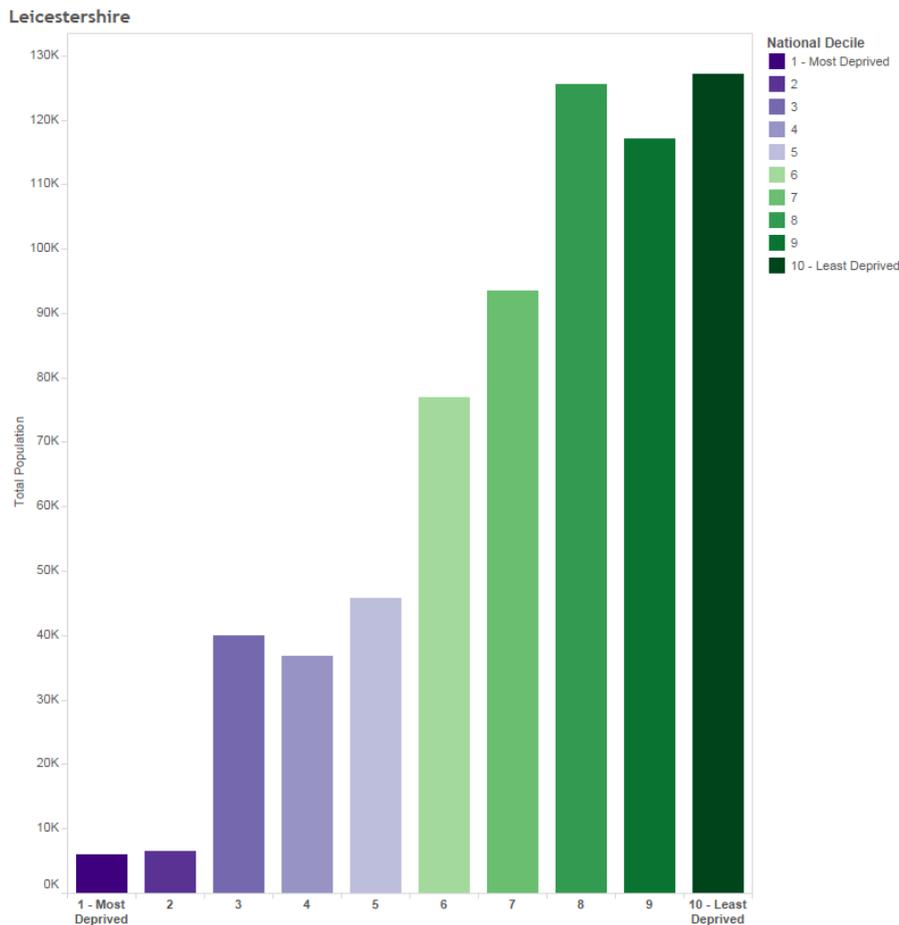
Figure 3 shows how much of the population of Leicestershire lives in each deprivation quintile, and demonstrates that:

- 2% of the population of Leicestershire (12,546) people live in areas categorised within the most deprived 20% of areas in the country.
- Three districts in Leicestershire; Charnwood, Hinckley and Bosworth and North West Leicestershire, have areas which are in the most deprived 20% in the country.
- 11% of the Leicestershire population live in the second quintile of deprivation (in the most deprived 20-40% of areas in England), accounting for over 76,000 people. All seven districts have people in this category of deprivation.
- Over two-thirds (69%) of the population of Leicestershire live in the least 20% deprived and least 20-40% deprived of areas in England.

**Figure 2: English Indices of Multiple Deprivation 2015 by national quintile for Leicestershire<sup>8</sup>**



**Figure 3: Population by deprivation decile in Leicestershire, 2015<sup>8</sup>**



Sum of All Ages for each National Decile. Color shows details about National Decile. The data is filtered on Leicestershire, which keeps 396 members.

### 6.3. Ethnicity

- The 2011 Census reported that 578,432 people in Leicestershire were White British, representing 88.9% of the total population. This is higher than the proportion in England of 79.8%.<sup>10</sup>
- The most significant black and minority ethnic group was Asian Indian, with 28,598 people, 4.4% of the total population. This is higher than the proportion in England of 2.6%.<sup>10</sup>

### 7. Life Expectancy

- Between 2013 and 2015, life expectancy for males in Leicestershire was 80.5 years and for females was 83.9 years.<sup>11</sup> This is significantly better than the England average for both males and females.
- Healthy life expectancy for 2013-15 for males was 63.6 years for males and 65.8 years for females.<sup>11</sup> This is significantly better than the England average for females

but not for males.

## **8. Lifestyles**

The lifestyle statistics presented below relate to the population of Leicestershire and they are taken from the Public Health Outcomes Framework:<sup>11</sup>

- In 2016, 13.5% of adults smoked. This is lower than the England average.
- In 2015/16, the alcohol related hospital admission rate was 592 per 100,000 (3,994 admissions). This is significantly lower than the England average.
- In 2013-15, 64.7% of adults were overweight or obese. This is similar to the England average.
- In 2015/16, 21.3% of children aged 4-5 years were overweight or obese. This is similar to the England average.
- In 2015/16, 31.3% of children aged 10-11 years were overweight or obese. This is significantly lower than the England average.
- In 2015, 26.0% of adults were physically inactive. This is similar to the England average.
- In 2015/16, 6.9% of people reported a low happiness score for self-reported wellbeing. This is similar to the England average.
- In 2015/16, 16.8% of people reported a high anxiety score for self-reported wellbeing. This is similar to the England average.

## **9. Burden of disease in the population**

The 2015-16 Quality and Outcomes Framework Data collected by GPs gives a good indication of the numbers of patients that GPs are seeing with long term conditions.<sup>12</sup> In Leicestershire there were:

- 99,069 people on GP hypertension registers, 14.8% of the total population. This is significantly higher than the England prevalence of 13.8%.
- 40,365 people on GP asthma registers, 6.0% of the total population. This is significantly higher than the England prevalence of 5.9%.

- 52,384 people on GP depression registers, 9.8% of the population aged 18 years and over. This is significantly higher than the England prevalence of 8.3%.
- 36,445 people on GP diabetes registers, 6.7% of the population aged 17 years and over. This is significantly higher than the England prevalence of 6.5%.
- 20,809 people on GP coronary heart disease registers, 3.1% of the total population. This is significantly lower than the England prevalence of 3.2%.
- 17,325 people on GP cancer registers, 2.6% of the total population. This is significantly higher than the England prevalence of 2.4%.
- 11,757 people on GP stroke or transient ischaemic attacks registers, 1.8% of the total population. This is similar to the England prevalence of 1.7%.
- 11,947 people on GP COPD registers, 1.8% of the total population. This is significantly lower than the England prevalence of 1.9%.

**Appendix B: 2015/16 Quality and Outcomes data for Leicestershire County and the Districts**

## **10. Local health needs**

Health profiles are published annually by Public Health England and provide a useful snapshot of the health needs of the local population.<sup>13</sup> The health profiles for Leicestershire and the constituent districts are included in Appendix C. The key findings are summarised in this section.

The health of people in Leicestershire is generally better than the England average. Deprivation is lower than average, however about 12% (14,050) children live in low income families. Life expectancy for both men and women is higher than the England average.<sup>13</sup>

Table 5 shows how people's health in each local authority district across Leicestershire compares to the rest of England. It is clear that Leicestershire performs well in many indicators, with 20 indicators that are significantly better than the England average. However, this is not consistent across all districts in Leicestershire and there is room to improve the overall health of Leicestershire's population.

The table identifies a number of areas where Leicestershire can focus to improve health, both through focusing on areas where the county is worse than the national average and through focusing on the areas where Leicestershire's performance is similar to the national average.

There is one indicator where Leicestershire has poor performance: recorded diabetes. Across Leicestershire there are other indicators where performance could be improved. North West Leicestershire has four indicators where performance is worse than the national average, Hinckley and Bosworth has three indicators and Melton has two indicators where performance is worse than the national average.

### **Appendix C – 2017 Health profiles for Leicestershire and the districts**

**Table 5: 2017 Health profile summary<sup>13</sup>**

		Blaby	Charnwood	Harborough	Hinckley and Bosworth	Meiton	North West Leicestershire	Oadby and Wigston	Leicestershire CC
Our Communities	1 Deprivation score (IMD 2015)								
	2 Children in low income families (under16s)								
	3 Statutory homelessness								
	4 GCSEs achieved	↓	↑		↓		↑		
	5 Violent crime (violent offences)								
	6 Long term unemployment								
Childrens and young peoples health	7 Smoking status at time of delivery	↓							↓
	8 Breast feeding initiation*	↑	↑			↑			↑
	9 Obese children (year6)		↑			↓	↑		
	10 Alcohol-specific hospital stays (under 18)			↓					
	11 Under 18 conceptions		↓	↑					
Adults health and lifestyle	12 Smoking prevalence in adults		↑	↓	↑				↑
	13 Percentage of physically active adults		↓					↓	
	14 Excess weight in adults					↓			
Disease and poor health	15 Cancer diagnosed at early stage								
	16 Hospital stays for self harm				↑				
	17 Hospital stays for alcohol related harm	↑		↑	↑				
	18 Recorded diabetes		↑						
	19 Incidence of TB								
	20 New sexually transmitted infections (STI)								
	21 Hip fractures in people aged 65 and over		↓						
Life expectancy and causes of	22 Life expectancy at birth (male)							↓	
	23 Life expectancy at birth (female)								
	24 Infant mortality							↓	
	25 Killed and seriously injured on roads	↓			↑	↓			
	26 Suicide rate								
	27 Smoking related deaths								
	28 Under 75 mortality rate: cardiovascular								
	29 Under 75 mortality rate: cancer				↓	↑	↑		
	30 Excess winter deaths								
	*	Data has not been updated							
	Significantly better than England average								
	Not significantly different from England Average								
	Significantly worse than England average								
	No significance or not compared								
↑	Rag rating has moved from red to amber or amber to green; ie performance has improved from 2016								
↓	Rag rating has moved from green to amber or amber to red; ie performance is not as good as 2016								

## **11. Leicestershire's Health and Wellbeing Priorities**

The Joint Health and Wellbeing Strategy was published in 2016.<sup>6</sup> The strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment.<sup>5</sup> It sets out the key priorities that partners need to address in order to improve the needs of the population. The 2017-22 strategy identified the following key outcomes<sup>6</sup>:

- Outcome 1: The people of Leicestershire are enabled to take control of their own health and wellbeing;
- Outcome 2: The gap between health outcomes for different people and places has reduced;
- Outcome 3: Children and young people in Leicestershire are safe and living in families where they can achieve their potential and have good health and wellbeing;
- Outcome 4: People plan ahead to stay healthy and age well and older people feel they have a good quality of life ; and
- Outcome 5: People give equal priority to mental health and wellbeing and can access the right support throughout their life.

The priorities have all been further developed, with sub-committees of the Health and Wellbeing Board taking these work streams forward. The Health and Wellbeing Board will publish an annual report, describing the progress that is being made to deliver the Joint Health and Wellbeing Strategy.

## **12. Community Pharmacy in 2016/17 and Beyond**

The landscape of health care in Leicester, Leicestershire and Rutland is changing through local and national policy development which is underway, but their full impact on Community Pharmacy is not yet known. Appendix K provides a brief overview of the current developments.

### **12.1. Leicester, Leicestershire and Rutland Sustainability and Transformation Plan**

Sustainability and Transformation Plans (STPs) are five-year plans covering all NHS spending in England, stemming from NHS England's Five Year Forward View<sup>14</sup>. Leicester, Leicestershire and Rutland's draft STP<sup>15</sup> for developing local health and social care services over the next five years was published in November 2016. The LLR population is getting older, and as such, people often have more long term illnesses that need

managing. The plan states that some services are not currently consistently delivering the quality and access of care wanted for local people. The draft STP for Leicester, Leicestershire and Rutland details how those challenges can be tackled and contains a number of proposals.

## CURRENT PHARMACEUTICAL PROVISION

The information about services presented in this report refers to the status of services on 31<sup>st</sup> March 2017. Where services have changed significantly in the past 12 months this is referenced in the report but the baseline date for the presented data is fixed at this date.

### 13. Location of pharmacies

Figure 4 shows the location and type of services in and around Leicestershire. Leicestershire has 131 pharmacies and 22 GP dispensing locations, comprising of 16 main practices, and six branch practices. These 153 services are distributed across the seven localities as shown in Table 6. Leicestershire also has three internet/distance selling pharmacies which are not included in this analysis.

**Table 6: Leicestershire pharmaceutical services, 2017**

District	Pharmacies	GP Practices with Dispensing Services	Population (Mid-2015 estimate)	Pharmacies per 10,000 Population	Pharmacies and Dispensing Premises per 10,000 Population
Blaby	22	2	96,544	2.3	2.5
Charnwood	40	1	176,720	2.3	2.3
Harborough	14	7	89,284	1.6	2.4
Hinckley and Bosworth	18	5	108,769	1.7	2.1
Melton	9	5	50,912	1.8	2.7
North West Leicestershire	16	2	97,247	1.6	1.9
Oadby and Wigston	12	0	55,833	2.1	2.1
Leicestershire	131	22	675,309	1.9	2.3

Overall, Leicestershire has 1.9 pharmacies per 10,000 population. In 2015/16 there were 11,688 pharmacies in England.<sup>16</sup> With a population of 54,786,327 people in 2015,<sup>7</sup> the average number of community pharmacies for England is 2.1 per 10,000 population. Despite Leicestershire being a rural area, the county has a similar overall coverage of pharmacies per 10,000 population as England. This represents a very high level of population coverage. The England value here has been used as a guide as there is no set target for pharmacy provision.

The coverage of pharmacies is not uniform, ranging from 1.6 pharmacies per 10,000 population in Harborough and North West Leicestershire to 2.3 pharmacies per 10,000 population in Blaby and Charnwood. The availability of pharmacies in the localities will be driven by the rurality of large parts of Leicestershire and is mitigated by the availability of dispensing GPs. Leicestershire has 22 dispensing GP locations. Of these, 16 are main surgeries and six are branch surgeries. Of these six dispensing branches, two have main dispensing practices also based in Leicestershire. One branch has a main surgery in Rutland which also dispenses. The remaining three have main surgeries in Leicestershire which do not dispense.

Combining community pharmacies (excluding internet pharmacies) and dispensing GPs, as the contractors that are able to provide local residents with dispensing services, gives a better indication of the total population coverage for Leicestershire. In June 2015, there were 1,050 dispensing GPs in England.<sup>17</sup> When combined with the number of pharmacies, this gives an England average of 2.3 contractors per 10,000 population. Leicestershire also has 2.3 contractors per 10,000 population, which is directly comparable with the England average when combining pharmacies and dispensing GPs. There is variation across the localities, ranging from lowest coverage in North West Leicestershire at 1.9 per 10,000 population to 2.7 per 10,000 in Melton.

The combined provision of core pharmacy services in Leicestershire is similar to the England average and the issues linked to access are discussed further within this report.

### 13.1. **Local Pharmaceutical Service (LPS) contract**

On the 31<sup>st</sup> March 2017, NHS England commissioned two pharmacies in Leicestershire under an Essential Small Pharmacies Local Pharmaceutical Contract (LPS). These pharmacies receive additional payments for providing pharmacy services because they are located in areas where there will be lower demand in terms of prescriptions, either because of special populations such as students or because they are in very rural areas where uptake will be low.

There is one LPS service in Loughborough University to support the student population and one pharmacy that is based in a rural area in Wymeswold.

NHS England will work with both the Loughborough University Pharmacy and the Wymeswold Pharmacy to agree ongoing provision through a LPS contract. These contracts will be time limited and it is important that NHS England continues to review pharmacy provision for the population of these areas to ensure that the arrangements that are available meet the needs of the population. It is important to note that provision for

these areas will be shaped through ongoing negotiations with NHS England. Any changes to the provision for these populations should be supported with an addendum to the PNA to review pharmacy provision within these areas.

### 13.2. **Distance selling pharmacies**

In addition to community pharmacies and dispensing GPs, residents are also able to access pharmacy services from distance selling, or internet, pharmacies both based locally in Leicestershire and further away in other areas. Leicestershire has three distance selling or internet pharmacies; two in Charnwood and one in Hinckley and Bosworth

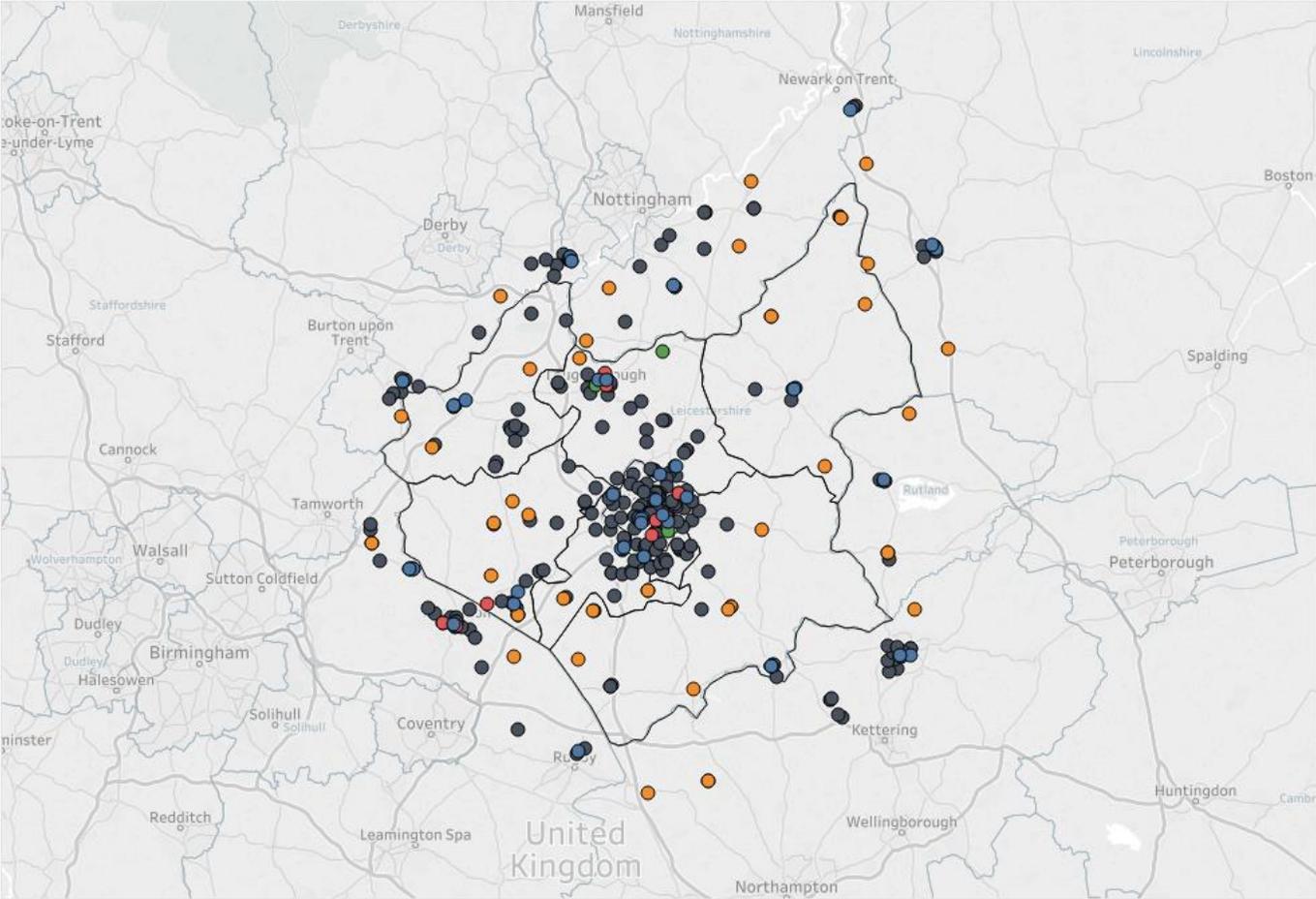
Distance selling pharmacies are able to provide the full range of essential, advanced and enhanced services to the population. However, a distance selling pharmacy must not provide essential services to a person who is present at the pharmacy, or in the vicinity of it.

The distance selling pharmacies do add to the overall provision in Leicestershire, but will also provide services that cover a much wider area than Leicestershire. Because they are not able to provide face to face essential services they have been excluded from the overall count of pharmacies per 10,000 population. They have not been included in the analysis examining access to services using drive and walk times.

### 13.3. **Comparison to Pharmaceutical Needs Assessment 2015**

Since the Pharmaceutical Needs Assessment 2015, between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2017, five pharmacies opened in Leicestershire and five pharmacies closed. Four pharmacies changed ownership. One pharmacy closed in Birstall and another one opened in Loughborough, ensuring the counts of pharmacies throughout Leicestershire remained stable.

Figure 4: Leicestershire pharmaceutical services, as of 31<sup>st</sup> March 2017



- Description
- 100-hour pharmacy
  - Dispensing GP Practice
  - Internet/Distance Selling
  - Local Pharmaceutical Service
  - Pharmacy

## **14. Services available in Leicestershire**

### **14.1. Essential services**

Essential services are provided by all pharmacies in Leicestershire, including internet pharmacies, as part of the NHS Community Pharmacy Contractual Framework. These services are managed by NHS England. They include: dispensing, repeat dispensing, clinical governance, promotion of healthy lifestyles, disposal of unwanted medicines, signposting and support for self-care (see Table 1).

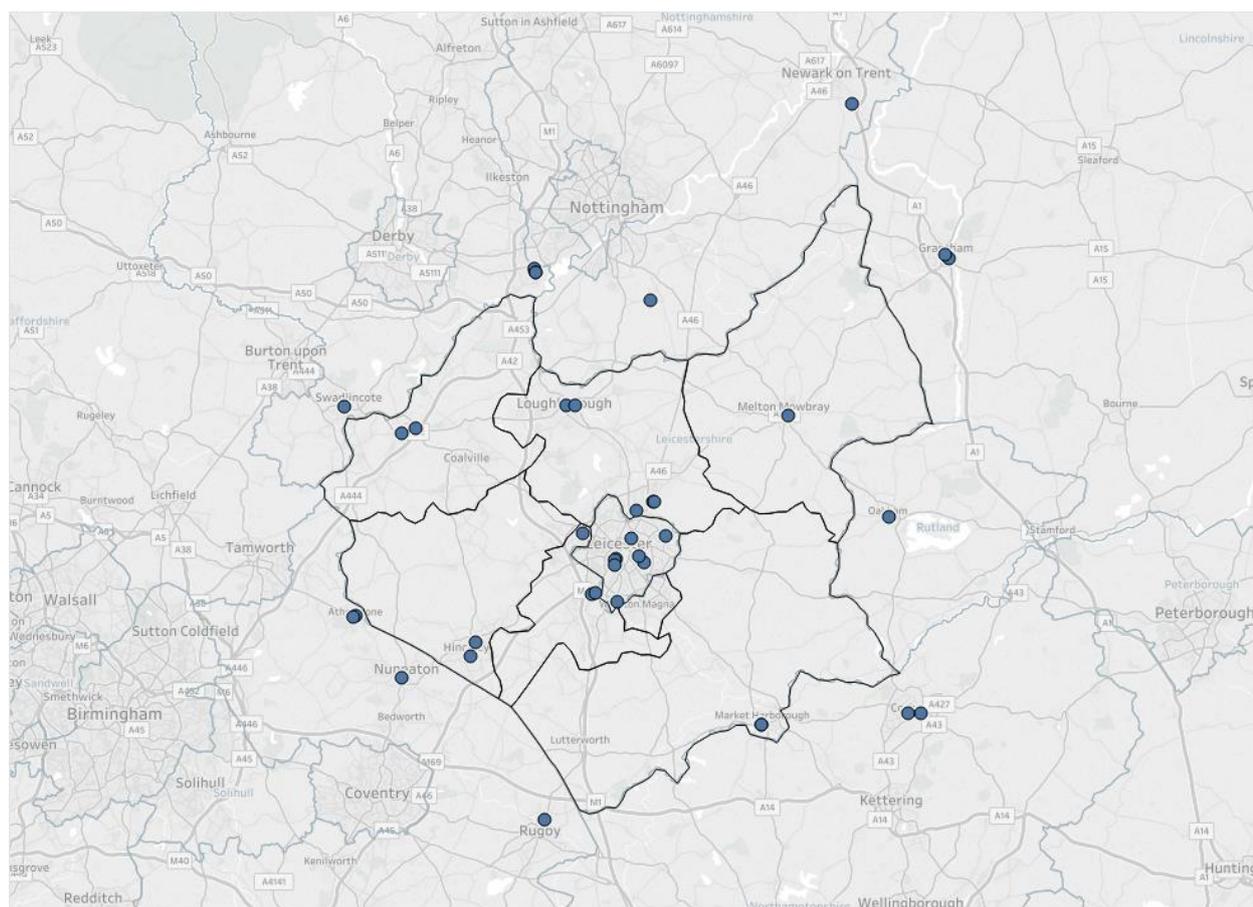
#### **14.1.1. Opening hours**

Pharmacies have core contractual hours of 40 per week and these are agreed with NHS England.

Pharmacies across Leicestershire are open at varying times, providing a service somewhere in the county at almost all times between 6.30am and midnight, Monday to Saturday. In Leicestershire, there are 15 pharmacies that are contracted to open for 100 hours per week, as illustrated in Figure 5. Oadby and Wigston is the only district without a 100 hours pharmacy, however, proximity to city pharmacies reduces the impact of this. Services are more restricted on Sundays and Bank Holidays, but pharmaceutical provision is available from 8am until 10pm in the county. Charnwood has the most pharmacies available on a Sunday, with seven open across the day and North West Leicestershire the least with only one open on Sundays.

Derbyshire Health United (DHU) Health Care Community Interest Company runs the Clinical Navigation Hub and Home Visiting Service. These services have access, through an on call pharmacist, to out of hours on call pharmacy provision for Leicestershire which ensures urgent prescriptions are dispensed during the out of hours and bank holiday period.

**Figure 5: Leicestershire 100 hour pharmacies, 2016**



Description  
■ 100-hour pharmacy

### 14.1.2. Prescribing activity

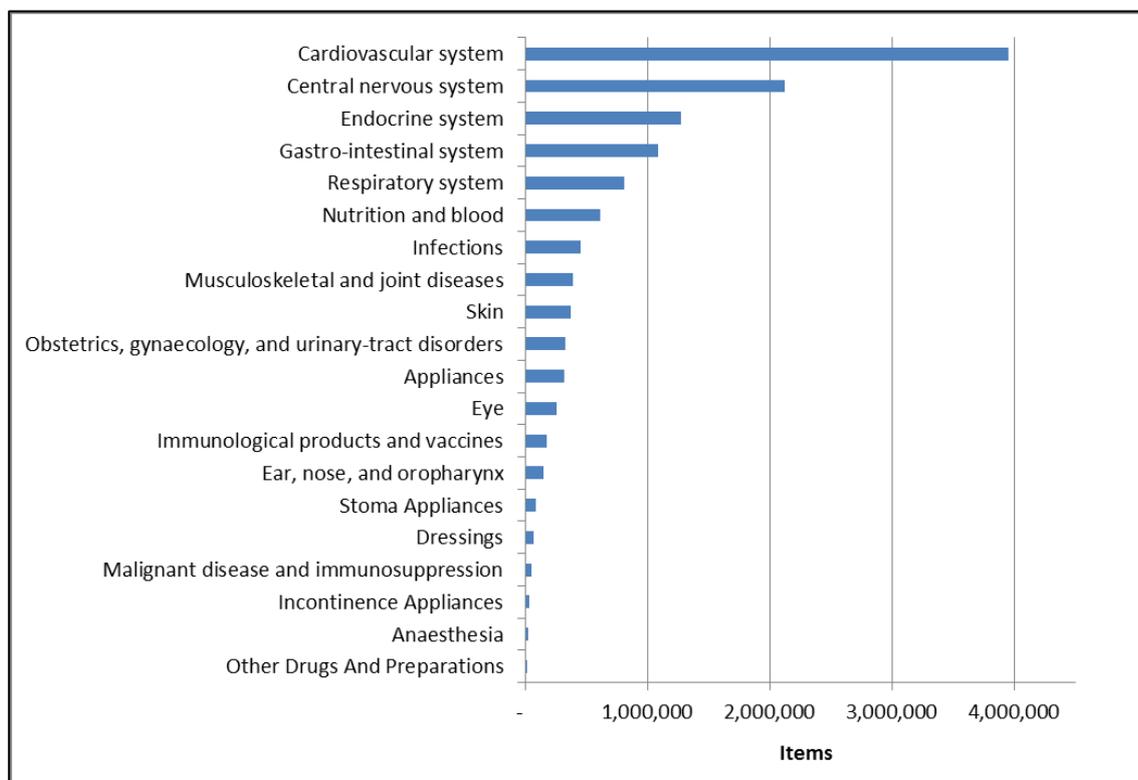
GP practices in Leicestershire prescribed over 12.5 million items<sup>18</sup> in 2016/17. This is almost 19 items per head of the registered population<sup>19</sup>. The largest proportions of prescriptions were drugs for the cardiovascular system which includes treatments for high cholesterol and hypertension. This correlates with the disease prevalence data included in Section 8. More details are shown in Table 7 and Figure 6.

The prescriptions are dispensed by community pharmacies, internet pharmacies and dispensing GP practices.

**Table 7: Number of items prescribed for Leicestershire 2016/17**

	Items prescribed	Registered population (April 2016) <sup>19</sup>	Items per head population
Blaby	1,720,405	97,221	17.7
Charnwood	3,150,927	185,627	17.0
Harborough	1,767,296	86,527	20.4
Hinckley and Bosworth	2,227,291	103,236	21.6
Melton	676,032	41,906	16.1
North West Leicestershire	1,940,627	94,688	20.5
Oadby and Wigston	1,073,417	57,707	18.6
Leicestershire	12,555,995	666,912	18.8

**Figure 6: Prescribing activity by BNF Chapter for Leicestershire 2016/17**



### 14.1.3. Drive and walk time analysis

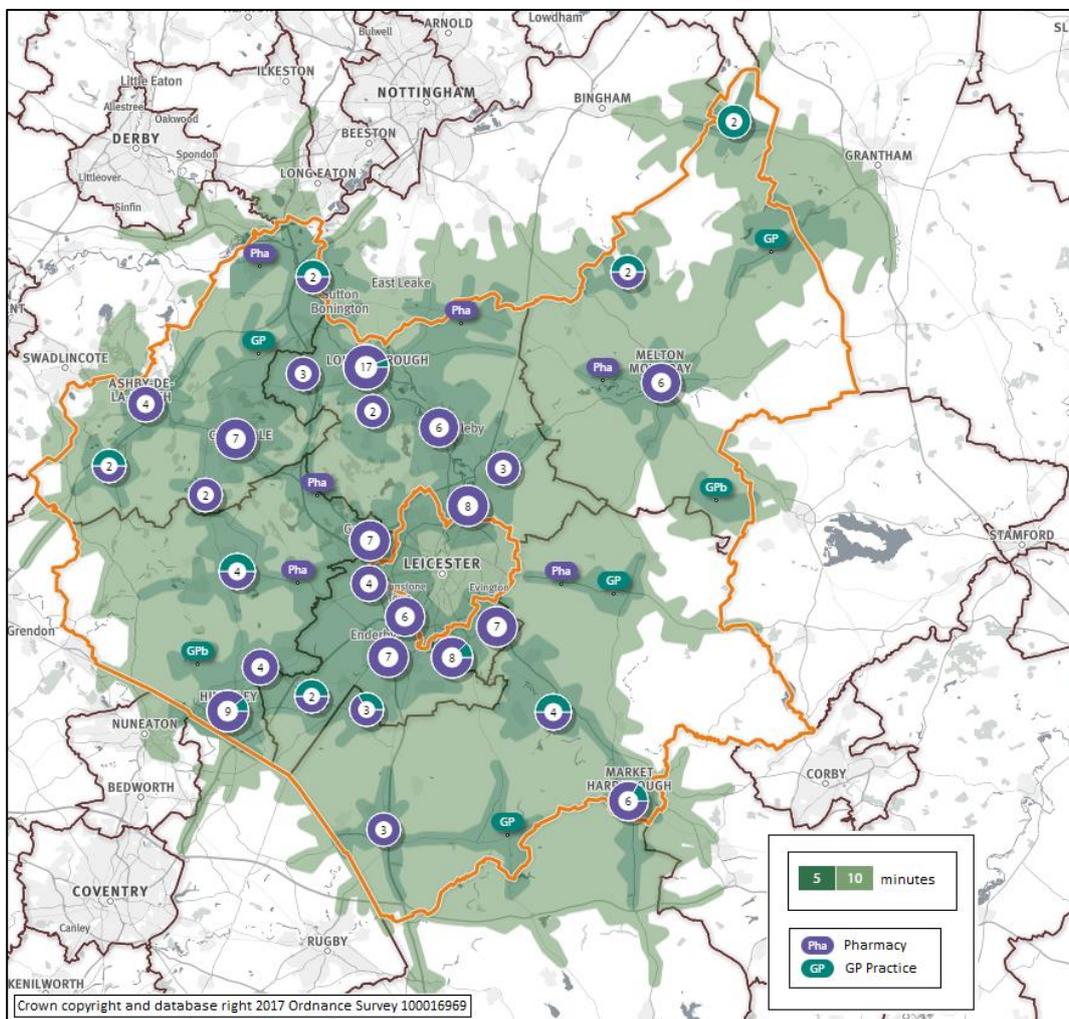
Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool<sup>20</sup> it is possible to analyse how long it takes to walk or drive from any Lower Super Output Area (LSOA) to the nearest pharmacy or dispensing GP practice location. Pharmacies and

dispensing GPs outside of the Leicestershire boundary have not been included in this analysis. The drive-time map for Leicestershire pharmacies is shown in Figure 7. Although some areas of the county appear to be outside of the 10 minute drive boundary, this does not account for a high proportion of the population, as shown in Table 8.

Overall, 90.5% of the Leicestershire population live within a five minute drive time of a pharmacy or dispensing GP practice and 1.3% of the population (8,546 people) live outside of the 10 minute drive time boundary.

Melton has the highest proportion of its population more than 10 minutes' drive from a pharmacy or dispensing GP practice, at 6.3%, and 5.2% of Harborough's population live this far from a pharmacy or dispensing GP practice. In contrast, the whole population of Oadby and Wigston live within a 5 minute drive of a pharmacy or dispensing GP practice.

**Figure 7: Drive time to nearest pharmacy or dispensing GP practice location**

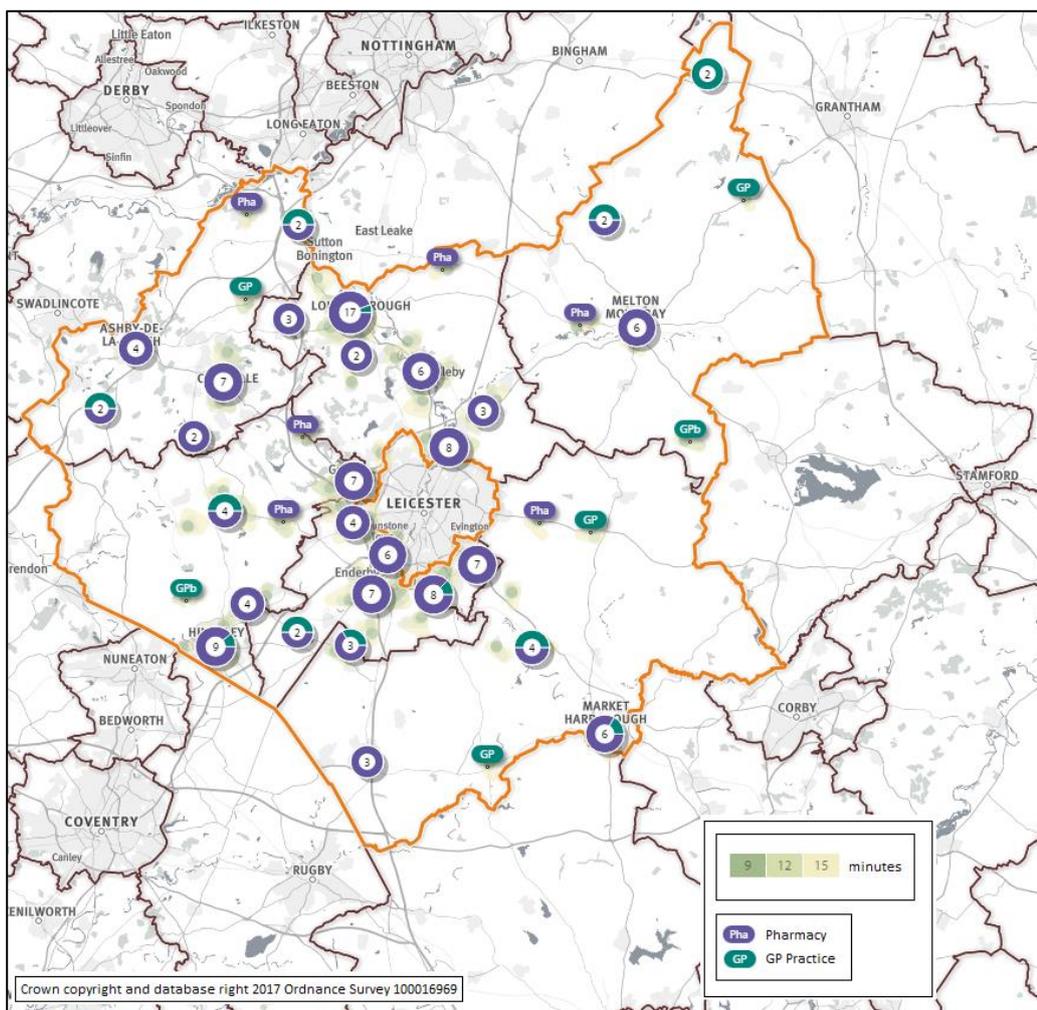


**Table 8: Population by drive-time**

	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
Blaby	94,089	97.5%	2,455	2.5%	0	0.0%
Charnwood	168,902	95.6%	7,818	4.4%	0	0.0%
Harborough	72,852	81.6%	11,807	13.2%	4,625	5.2%
Hinckley and Bosworth	96,511	88.7%	9,240	8.5%	3,018	2.8%
Melton	39,225	77.0%	8,478	16.7%	3,209	6.3%
North West Leicestershire	82,743	85.1%	14,504	14.9%	0	0.0%
Oadby & Wigston	55,833	100.0%	0	0.0%	0	0.0%
Leicestershire	611,375	90.5%	55,388	8.2%	8,546	1.3%

Figure 8 and Table 9 illustrate the walk time to a pharmacy or dispensing GP surgery. Overall, over half the county's population live less than a 9 minute walk from a pharmacy, just under a quarter (23.0%) live between 9 and 15 minutes' walk and just over a quarter (25.5%) live over a 15 minute walk time.

**Figure 8: Walking time to the nearest pharmacy or dispensing GP surgery**



**Table 9: Population by walk-time**

	Less than 9 minutes		9-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent
Blaby	62,852	65.1%	20,235	21.0%	13,457	13.9%
Charnwood	111,787	63.3%	37,984	21.5%	26,949	15.2%
Harborough	31,228	35.0%	20,308	22.7%	37,748	42.3%
Hinckley and Bosworth	60,987	56.1%	23,954	22.0%	23,828	21.9%
Melton	15,459	30.4%	11,685	23.0%	23,768	46.7%
North West Leicestershire	37,112	38.2%	20,505	21.1%	39,630	40.8%
Oadby and Wigston	28,288	50.7%	18,191	32.6%	9,354	16.8%
Leicestershire	347,713	51.5%	155,155	23.0%	172,441	25.5%

#### 14.1.4. Access and populations affected by deprivation

Table 10 and Table 11 show drive and walk times respectively for the population living in areas classified into local deprivation quintiles.

- 100% of those living in the most deprived areas in Leicestershire are within a 5 minute drive of a pharmacy or dispensing GP practice
- 25% of people living in Leicestershire's most deprived areas live more than a 15 minute walk from the nearest pharmacy or dispensing GP practice.
- 0.9% of those living in the least deprived areas are more than a 10 minute drive from a pharmacy or dispensing GP practice

**Table 10: Estimated population by deprivation quintile and drive times**

Deprivation quintile	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
Quintile 1 - most deprived	12,546	100.0%	-	0.0%	-	0.0%
Quintile 2	75,002	97.7%	1,788	2.3%	-	0.0%
Quintile 3	110,409	89.9%	10,805	8.8%	1,540	1.3%
Quintile 4	186,541	85.2%	27,768	12.7%	4,687	2.1%
Quintile 5 - least deprived	226,877	92.9%	15,027	6.2%	2,319	0.9%

**Table 11: Estimated population by deprivation quintile and walking times**

Deprivation quintile	Less than 9 minutes		9-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent
Quintile 1 - most deprived	6,747	53.8%	2,667	21.3%	3,132	25.0%
Quintile 2	59,025	76.9%	7,132	9.3%	10,633	13.8%
Quintile 3	69,667	56.8%	25,897	21.1%	27,190	22.1%
Quintile 4	101,054	46.1%	57,065	26.1%	60,877	27.8%
Quintile 5 - least deprived	111,220	45.5%	62,394	25.5%	70,609	28.9%

#### 14.1.5. Access and people by age profile

Table 12 and Table 13 show drive and walk times respectively for the estimated population belonging to each age band.

- 10.8% of the population aged 65-84 in Leicestershire are more than a 5 minute drive for a pharmacy or dispensing GP practice, compared with 9.5% of the total population.
- Over half (55.2%) of the population aged 15-24 live less than a 9 minute walk from their nearest pharmacy or dispensing GP practice, compared with 49.9% of the population aged 65-84 years.
- Although almost half (48.5%) of Leicestershire's population live more than a 9 minute walk a pharmacy or dispensing GP practice, this proportion is higher for 65-84 year olds (50.1%).

**Table 12: Estimated population by age and drive times**

Age-band	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
0-14	101,907	90.9%	8,750	7.8%	1,411	1.3%
15-24	79,993	92.6%	5,656	6.5%	723	0.8%
25-64	310,189	90.3%	28,830	8.4%	4,417	1.3%
65-84	103,727	89.2%	10,793	9.3%	1,820	1.6%
85+	15,559	91.0%	1,359	8.0%	175	1.0%

**Table 13: Estimated population by age and walk times**

Age-band	Less than 9 minutes		9-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent
0-14	57,251	51.1%	25,781	23.0%	29,036	25.9%
15-24	47,670	55.2%	19,551	22.6%	19,151	22.2%
25-64	175,764	51.2%	78,276	22.8%	89,396	26.0%
65-84	58,065	49.9%	27,433	23.6%	30,842	26.5%
85+	8,963	52.4%	4,114	24.1%	4,016	23.5%

#### 14.1.6. Access and rurality

Table 14 and Table 15 show drive and walk times respectively for the estimated population

by Rural Urban classification<sup>21</sup>. This illustrates that:

- 100% of those living in ‘urban city and town’ and ‘rural town and fringe’ areas in Leicestershire are within a 10 minute drive of a pharmacy or dispensing GP practice
- 10% of those living in ‘rural village and dispersed’ areas are more than a 10 minute drive from a pharmacy or dispensing GP practice
- 85% of those living in ‘rural village and dispersed’ areas in Leicestershire are more than a 15 minute walk from a pharmacy or dispensing GP practice

**Table 14: Estimated population by rurality and drive times**

Rurality	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
Urban city and town	467,901	99.5%	2,525	0.5%	-	0.0%
Rural town and fringe	118,003	96.1%	4,775	3.9%	-	0.0%
Rural village and dispersed	25,471	31.0%	48,088	58.6%	8,546	10.4%

**Table 15: Estimated population by rurality and drive times**

Rurality	Less than 9 minutes		9-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent
Urban city and town	261,379	55.6%	124,111	26.4%	84,936	18.1%
Rural town and fringe	83,072	67.7%	22,021	17.9%	17,685	14.4%
Rural village and dispersed	3,262	4.0%	9,023	11.0%	69,820	85.0%

#### 14.1.7. Public transport

There are many public transport services available across the county. These can be viewed at the Leicestershire County Council website: <https://www.leicestershire.gov.uk/roads-and-travel/buses-and-public-transport>

Bus services in Leicestershire are run mainly on a commercial basis with the bus operators choosing where and how frequently they operate services. Rural bus services generally have lower usage and run less frequently than in urban areas. Generally, they would be hourly or less in frequency. Although some of the rural services are commercially

operated, due to the dispersed geographical nature of communities and the longer distances to be covered, those services are less likely to be economically self-sustainable. The Council does support some rural services either wholly or partially. In some instances and where deemed necessary, when commercially operated services/journeys have been withdrawn and to meet its statutory obligations, the council has put alternative provision in place, either in the form of a Demand Responsive Transport service (DRT), a bookable car/taxi service, or a replacement local bus service. This provision enables residents to continue to undertake journeys and access essential services such as health and shopping.

At the time of writing, Centrebus has registered to withdraw all the commercial journeys on their service 8, which runs from Grantham to Loughborough, with only the council supported journeys remaining in the timetable. This retraction was due to take effect on 14 August 2017. Upon receipt of the registration to amend the service, Leicestershire County Council assessed the impact of this change upon residents. As a result, the Council is supporting the reinstatement of the removed journeys as an interim measure through to March 2018. To assess the demand, by March 2018 the Council will be undertaking a comprehensive analysis, including on board surveys, to understand the level of demand and the nature of journeys being made by those using the service.

The county council are also in the process of developing a new passenger transport policy (PTP). It is intended to consult on the PTP during spring 2018 and it is anticipated that the PTP should be implemented in April 2019. The need for passenger transport provision would be assessed under this new policy once implemented.

#### 14.1.8. **Access and language**

The 2011 Census found that the main language spoken throughout all Middle Super Output Areas (MSOAs) in Leicestershire was English. However, understanding the proficiency of English and other languages spoken by the population of Leicestershire is essential to ensure the population is able to access the appropriate service to treat their health needs.

Figure 9 shows there are multiple areas in the county where the percentage of the population who cannot speak English well or cannot speak English at all is significantly higher than the national average. These areas are Loughborough, Thurmaston, Oadby and areas in Blaby.



Figure 10 examines the second most prevalent language spoken throughout the MSOAs in Leicestershire. The figure shows in areas of Blaby, Charnwood and Oadby and Wigston, Gujarati and Punjabi are spoken as the main languages. There is a large population who speak Bengali as their main language in Loughborough and in areas of Hinckley, Melton and North West Leicestershire, the second most prevalent main language is Polish.

In the PNA engagement activity (described in PNA Professional Results below) responders reported Gujarati was spoken in 80% of pharmacies, Punjabi in 46% and Polish in 9%. Of those who reported to speaking these languages, the opening hours were covered by a Gujarati speaker 78% of the time, a Punjabi speaker 73% of the time and a Polish speaker 61% of the time. Polish is spoken by staff in two pharmacies in Hinckley and Bosworth, one in Melton and one in Oadby and Wigston. A distance selling pharmacy is the other pharmacy where Polish was reported to be spoken by staff. The absence of Polish spoken by staff in North West Leicestershire and Harborough potentially represents a barrier to the access of pharmaceutical services for this community.

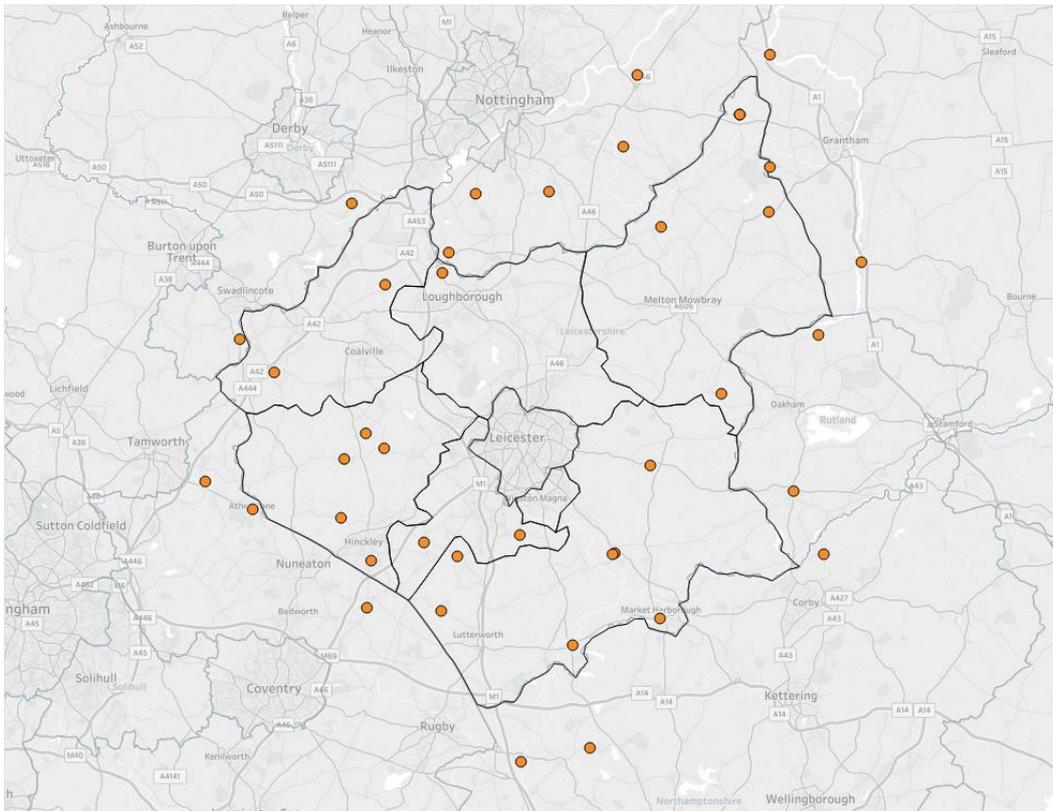
#### 14.1.9. **GP dispensing**

Dispensing doctors may generally only provide pharmaceutical services to patients who live in a designated controlled locality and more than 1.6km (1 mile) from a pharmacy. A controlled locality is an area that has been determined, by NHS England, a predecessor organisation or on appeal by the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), to be 'rural in character'.<sup>1</sup>

Patients may at any time request in writing that their GP practice provides them with pharmaceutical services. The practice should then check that they meet one of the conditions to be designated a dispensing practice. The purpose of GP dispensing is to recognise the difficulties of providing a full range of essential pharmacy services in rural areas and to provide the patients that live in rural areas with an alternative provider for dispensing services. Leicestershire has 22 GP dispensing locations illustrated in Figure 11. Dispensing GPs bordering the county are also present in this Figure. The areas that are designated as rural in Figure 12 represent the controlled localities in Leicestershire.

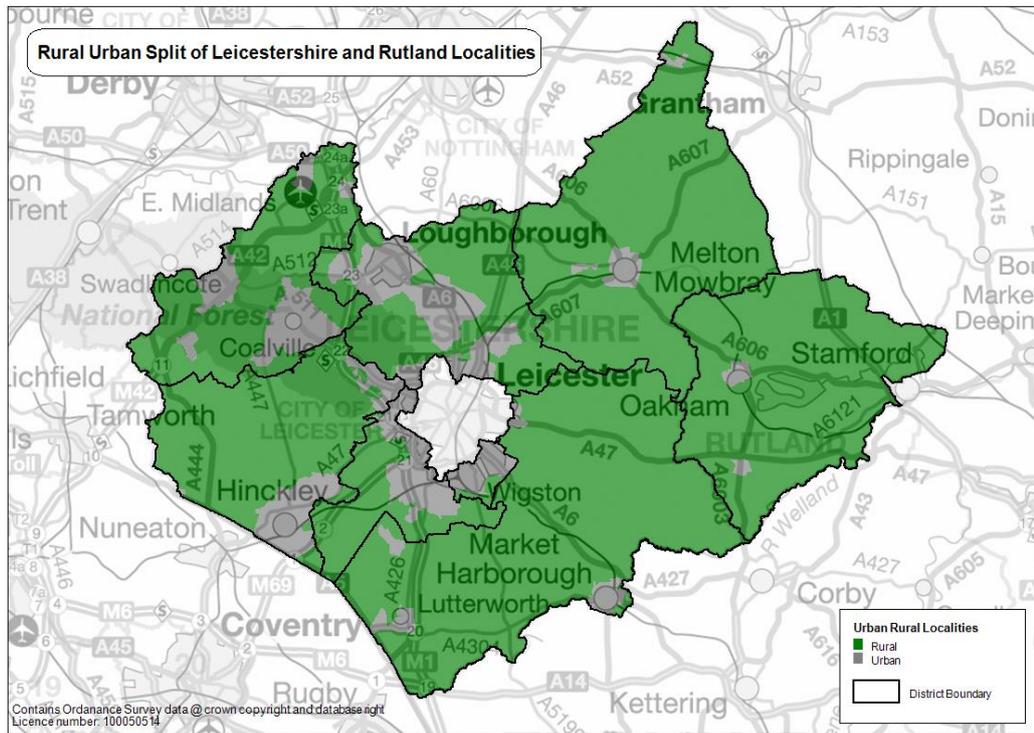
The dispensing GP surgeries are spread across the localities and whilst a patient may live over a 15 minute walk or 20 minute drive time to their nearest pharmacy or dispensing GP surgery, there is a strong correlation between the walk time analysis and the rural area designation. Designated patients in need of dispensing services will be able to access these as part of their GP visit; but the opening times of GP surgeries will restrict this. The drive and walk time analysis within this report includes the time it will take the people of Leicestershire to get to either a community pharmacy or a dispensing GP surgery.

**Figure 11: Dispensing GP practices**



Description  
 ■ Dispensing GP Practice

**Figure 12: Urban and rural areas, Leicestershire and Rutland**





Leicestershire continues to monitor the situation to ensure that provision of community pharmacy services remains adequate over the coming years.

- **Rutland** – Rutland borders the Melton and Harborough district. The draft 2018 PNA for Rutland concludes that the community based pharmacies are meeting the current needs of the Rutland population for Essential and Advanced services. The provision of Community Based Services across Rutland is good, but more needs to be done to increase the uptake of these services and to ensure that services across the county are consistent.
- **Lincolnshire** – Lincolnshire shares a border with Melton district. The draft 2018 Lincolnshire PNA concludes that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB areas.
- **Nottinghamshire** – Nottinghamshire borders the districts of Charnwood, Melton and North West Leicestershire. Rushcliffe is the closest of Nottinghamshire's districts to Leicestershire. Rushcliffe's housing strategy has estimated that around 6,297 houses could be built by 2022/23. The draft 2018 Nottinghamshire PNA accounted for this and found that "The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next three years and current capacity should be sufficient." With this in mind they concluded "that pharmaceutical need in Rushcliffe is adequately met by the current providers of pharmaceutical services." While there are potential cross border flows between Leicestershire and Nottinghamshire both counties' PNAs have reported that the needs are adequately covered. This means that the current pharmacy services are adequate for the needs of the population.
- **Derbyshire** – Derbyshire borders North West Leicestershire District. The area of Derbyshire bordering Leicestershire is Southern Derbyshire. The draft 2018 PNA for Derby City and Derbyshire concluded that "the PNA found that that pharmaceutical need in South Derbyshire is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2021 when the PNA is revisited or in the event of significant changes affecting need."
- **Staffordshire** – Staffordshire shares a small part of the border with North West Leicestershire. The draft 2018 Staffordshire PNA found "overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs." The PNA did identify a gap in out of hours service provision on a Sunday: "There appears to be a gap in service provision on Sundays. Whilst the demand for dispensing services is likely to be much lower at weekends

compared to weekdays as GP surgeries are usually closed, NHS England need to consider this potential gap in pharmaceutical provision on Sundays across the County, particular when considering applications for new or altered pharmacy opening hours.”

- **Warwickshire** – Warwickshire’s Nuneaton and Bedworth borough and Rugby borough share a border with North West Leicestershire, Hinckley and Bosworth and Harborough districts. The draft 2018 Warwickshire PNA concluded that “the number and distribution of the current pharmaceutical service provision in Warwickshire is assessed as sufficient.” However during the period of 2017-2022, an estimated 13,600 houses will be built and so in areas of significant development and population growth, additional future pharmacy provision will need to be considered. An estimated 4,544 houses are projected to be built during 2017-2020 within the Nuneaton and Bedworth borough and Rugby borough that border Leicestershire. However the trajectories are rough estimates and these may change year on year depending on the economy. At the time of writing, information was not available on specifically which developments would take place over the next three years. However the Warwickshire HWB “will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available.
- **Northamptonshire** – Northamptonshire borders Harborough district. The draft 2018 PNA for Northamptonshire concluded that the provision of essential, advanced and enhanced services appears adequate to meet the population’s current needs. With regard to the housing that is due to be built during the lifetime of the PNA document, the Northamptonshire Health and Wellbeing Board, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies.

#### 14.1.11. **Stakeholder views**

Leicestershire County Council will undertake an engagement exercise to ask stakeholders of pharmacy services and providers of pharmacy services to tell us their views on the services that they access. The findings are all available in the following appendices:

- **Appendix F: Professionals Pharmacy Questionnaire Summary Report**
- **Appendix I: Statutory Consultation Summary Report**

- **Appendix L: PNA Easy Read Document**

In addition, detailed comments were made by members of the Reference Group and in written submission from the LPC and NHS England on the draft PNA 2018. The intelligence leads for the PNA also attended meetings with the CCGs to provide updates on the 2018 PNA process.

#### 14.1.12. **PNA Stakeholder Results for Leicestershire.**

In total, 17 people from Leicestershire responded to the public questionnaire.

- Of those four individuals who answered the demographic profile questions, 50% of responders were female and 50% were male. 75% were aged 65 or over. 100% of responders were white. 50% stated that they had a long-standing illness, disability or infirmity.
- Nearly half (47%) of respondents were pharmacist or appliance contractors, and a quarter were members of the public (24%).
- Respondents were asked to what extent they agreed or disagreed that the purpose of the PNA was clearly explained in the draft. The vast majority said they agreed (94%), and no respondent disagreed.
- Respondents were asked to what extent they agreed or disagreed that the draft PNA adequately reflects the current community pharmacy provision in Leicestershire. The vast majority said they agreed (87%), whereas one respondent disagreed.
- Respondents were asked whether there are any pharmaceutical services currently provided in Leicestershire that were not highlighted within the draft PNA. All respondents said 'No'.
- Respondents were asked to what extent they agreed or disagreed that the needs of the population of Leicestershire have been adequately reflected in the draft PNA. The vast majority said they agreed (75%), whereas one respondent disagreed.
- Respondents were asked whether there are any gaps or issues in pharmaceutical provision in Leicestershire that have not been reflected in the draft PNA. The majority said 'No', although nearly half said 'Yes' (45%). Respondents were then asked 'If yes, what are these?' Respondents' suggestions included minor illness provision and pharmacy provision not meeting population needs in Ashby. One respondent commented on the future of LPS contracts.

- Respondents were asked to what extent they agreed or disagreed with the recommendations in the draft PNA. The vast majority said they agreed (77%), whereas one respondent disagreed. The respondent who said 'Tend to disagree' said the draft PNA could be clearer.
- Respondents were asked whether anything else should be included in the PNA. The majority said 'No', whereas a third said 'Yes' (33%). Respondents were then asked 'If yes, what are these?' Two respondents suggested improving the monitoring of medication ordering or the repeat prescription management by pharmacies, and two felt the PNA should remain flexible to meet up-to-date need. One respondent specified the PNA should state how the Health and Wellbeing Board wants the provision of pharmacy services to change and include some vision of the future role of community pharmacy in Leicestershire. One respondent suggested new pharmacists should be closely monitored.

No respondents answered the Easy Read version of the questionnaire.

#### 14.1.13. **Professionals pharmacy questionnaire for Leicestershire**

Overall the total number of professionals who responded to the questionnaire across Leicester City, Leicestershire and Rutland was 105. The total number who responded to the professional questionnaire within Leicestershire was 61.

- 97% of responders felt that the number of pharmacies in the local area was adequate or better.
- 95% of responders felt that the range of services provided by pharmacies in the local area was adequate or better.
- 95% of responders felt that the location of pharmacies in the local area was adequate or better.
- 95% of responders felt that there was no need for more pharmacies in the local area.

#### 14.2. **Advanced services**

Advanced services are commissioned by NHS England from pharmacies. These are voluntary agreements and any pharmacy can choose to deliver these services as long as they meet the requirements set out in the Secretary of State Direction around issues such as premises and staff training. These services provide an opportunity for community pharmacists to engage with and empower their patients to take greater control of their

health through more effective use of their prescribed medication or appliance. This in turn should help prevent their conditions from unnecessarily getting worse and thus contribute towards savings to the NHS. Advanced services can be provided by community pharmacies and by distance selling pharmacies.

There are 5 advanced services:

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Stoma Customisation
- Appliance Use Reviews
- Seasonal Influenza (flu) Vaccination Programme

Table 16 shows the number of community pharmacies offering each service by locality. Of the 131 community pharmacies in Leicestershire, 125 are offering Medicines Use Reviews, 109 are offering the New Medicines Service, 20 are offering Stoma Customisation, one is offering Appliance Use Reviews and 98 are offering the Seasonal Influenza Vaccination.

In addition to community pharmacy provision, two distance selling/internet pharmacies offer Stoma Appliance Customisations, one offers both MURs and NMS and none offer AURs. These pharmacies are not included in the analysis.

One pharmacy located in Charnwood closed in July 2016. This pharmacy provided MURs up until the point of closure, and so has been included in analysis of MURs for 2016/17 activity. It has not been included in Figure 13 and Figure 14 which show pharmacies delivering the service as of March 2017. Where there was a change in ownership, the number of each advanced service delivered was totalled to accurately reflect counts of activity.

As the NHS Urgent Medicine Supply Advanced Service (NUMSAS) is currently a pilot and the sustainability of this service is unknown, this Advanced Service has not been included in the PNA.

**Table 16: Advanced services – number of community pharmacies providing each service (excluding internet pharmacy) as of March 2017**

Advanced services in community pharmacies						
	Total Pharmacies	Medicines Use Reviews	New Medicines Service	Stoma customisation	Appliance Use Reviews	Seasonal Influenza (Flu Vaccination Programme)
Blaby	22	19	17	5	0	14
Charnwood	40	39	32	6	1	29
Harborough	14	14	11	3	0	9
Hinckley and Bosworth	18	16	14	2	0	13
Melton	9	9	9	2	0	7
North West Leicestershire	16	16	15	1	0	15
Oadby and Wigston	12	12	11	1	0	11
Leicestershire	131	125	109	20	1	98

#### 14.2.1. Medicines Use Reviews

The Medicines Use Reviews (MUR) service is a structured review of a patient's use of their medicines which aims to improve the patient's knowledge, understanding and use of their medicines. It supports patients to gain the maximum benefit from their prescribed medication(s) by taking them safely and effectively. The MUR consists of a single consultation, usually taking place at the community pharmacy.

Table 17 shows the number of Medicines Use Reviews conducted in 2016/17. As of March 2017, 125 out of the 131 community pharmacies in Leicestershire provide MURs. Up until July 2016, 126 pharmacies delivered this service. In 2016/17 a total of 37,249 reviews were carried out, a rate of 55.2 MURs per 1,000 population. There is variation in the level of activity by district ranging from 41.9 MURs per 1,000 population in Harborough, to 74.2 MURs per 1,000 population in Oadby and Wigston.

Each pharmacy is able to financially claim for 400 MURs per financial year. In certain circumstances, such as a pharmacy opening after 1<sup>st</sup> October or where NHS England has made arrangements with a pharmacy contractor, pharmacies are only able to claim for the first 200 MURs. For the purpose of this analysis, 400 MURs has been used as an

expected base for calculation. Rates have been calculated as per activity, rather than financial claims, to best measure how the needs of the population were being met. In 2016/17, 126 pharmacies carried out 37,249 MURs which is lower than the 50,400 that could have been carried out. The gap between the actual number of MURs and the potential MURs is indicated in Table 17 for each district. In total, 73.9% of the potential MURs were carried out, varying from 64.3% in Charnwood to 86.3% in Oadby and Wigston.

In 2015/16, in England, 94.4% of all pharmacies were providing MURs.<sup>16</sup> Across Leicestershire, the overall percentage of pharmacies providing this service was higher at 96.2%. This remains the case when accounting for the closed pharmacy where ongoing MUR provision lies at 95.4%. However, in Blaby (86.4%) and Hinckley and Bosworth (88.9%), there are a lower proportion of pharmacies providing this service than the England average.

As well as the community based pharmacies delivering MURs, the three internet pharmacies are also registered to provide this service for local patients. These pharmacies have not been included in this analysis.

**Table 17: Number of Medicines Use Reviews in community pharmacy by locality**

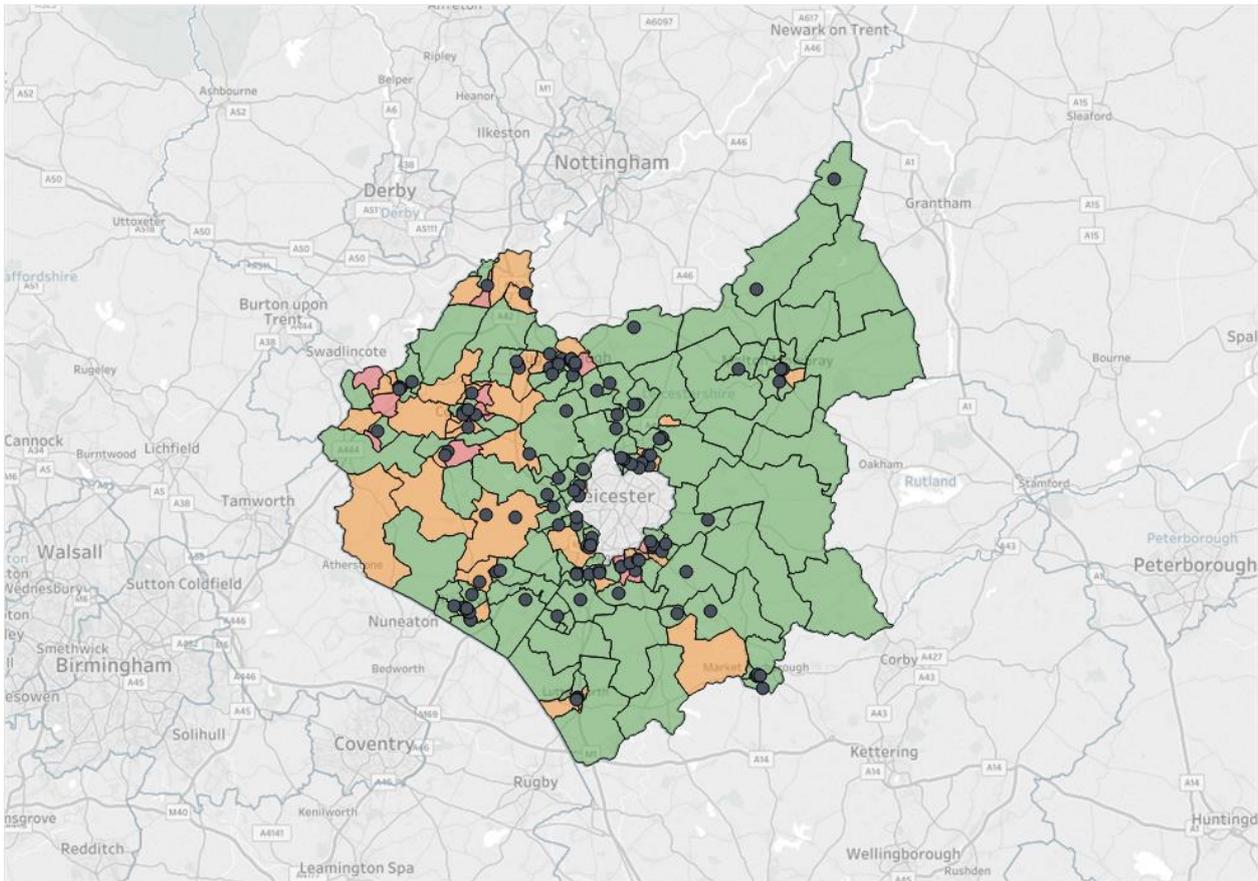
	Pharmacies providing MURs in 2016/17	MUR Activity 2016/17	Mid- 2015 Pop	Reviews per 1,000 pop	Total possible MURs*	Gap between MUR Activity & possible MURs ((%) carried out)	% of pharmacies providing MURs
Blaby	19	6,013	96,544	62.3	7,600	1,587 (79.1%)	86.4%
Charnwood	40	10,290	176,720	58.2	16,000	5,710 (64.3%)	100.0%
Harborough	14	3,745	89,284	41.9	5,600	1,855 (66.9%)	100.0%
Hinckley and Bosworth	16	5,286	108,769	48.6	6,400	1,114 (82.6%)	88.9%
Melton	9	2,700	50,912	53.0	3,600	900 (75.0%)	100.0%
North West Leicestershire	16	5,072	97,247	52.2	6,400	1,328 (79.3%)	100.0%
Oadby and Wigston	12	4,143	55,833	74.2	4,800	657 (86.3%)	100.0%
Leicestershire	126	37,249	675,309	55.2	50,400	13,151 (73.9%)	96.2%

\*Using 400 as expected base figure for calculation

Figure 14 shows the estimated prevalence of people in each ward in Leicestershire with bad or very bad health compared to the England average and the location of pharmacies offering MURs in Leicestershire.

There is generally good geographical coverage of pharmacies providing MURs. The wards that have a higher proportion of patients with bad or very bad health are in close proximity to pharmacies that provide this service, which is evident from the map.

**Figure 14: Estimated prevalence of adults with bad or very bad health, and pharmacies providing MURs**



### 14.2.2. New Medicines Service

The New Medicines Service (NMS) is designed to provide early support to patients to maximise the benefits of their newly prescribed medication. The NMS can be provided to patients who have been newly prescribed a medicine for one of the following conditions/therapy areas:

- asthma and COPD;
- type 2 diabetes;
- antiplatelet/anticoagulant therapy;
- hypertension

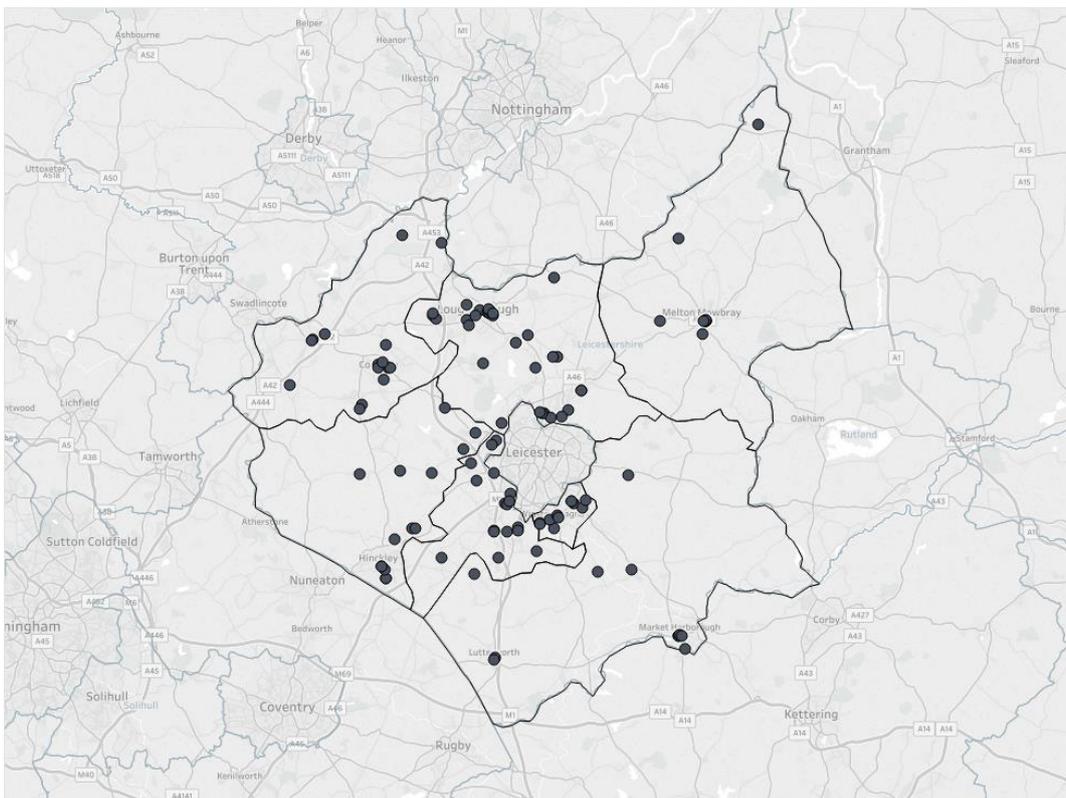
For each condition/ therapy area, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines for the relevant condition then they will be eligible to receive the service. The service is split into three stages; patient engagement, intervention and follow up. Figure 15 shows the location of pharmacies offering the NMS service in Leicestershire. Table 18 shows the number of New Medicines Services in community pharmacies conducted in 2016/17.

Overall, 109 of the 131 pharmacies in Leicestershire are providing the NMS. In 2016/17 a total of 11,593 NMS were carried out, a rate of 17.2 per 1,000 population. The level of activity varied by district with the lowest rate of activity in Melton at 10.1 NMS per 1,000 population and the highest in North West Leicestershire with 26.3 NMS per 1,000 population.

In 2015/16, 80.8% of community pharmacies in England were providing NMS.<sup>16</sup> The percentage delivering this service is higher in Leicestershire at 83.2%. Blaby, Charnwood, Harborough and Hinckley and Bosworth localities are slightly below the national average.

In Leicestershire, as well as community based pharmacies providing NMS, the internet pharmacy in Hinckley and Bosworth is also registered to provide this service for local patients. This pharmacy is not included in the analysis.

**Figure 15: Advanced Services - New Medicines Service**



**Table 18: Number of New Medicines Services in community pharmacy by locality**

	Pharmacies providing New Medicines Service	New Medicines Service 2016/17	Population	NMS per 1,000 population	% Pharmacies carrying out NMS
Blaby	17	1,660	96,544	17.2	77.3%
Charnwood	32	2,104	176,720	11.9	80.0%
Harborough	11	1,477	89,284	16.5	78.6%
Hinckley and Bosworth	14	1,884	108,769	17.3	77.8 %
Melton	9	512	50,912	10.1	100.0%
North West Leicestershire	15	2,553	97,247	26.3	93.8%
Oadby and Wigston	11	1,403	55,833	25.1	91.7%
Leicestershire	109	11,593	675,309	17.2	83.2%

#### 14.2.3. **Stoma customisation**

Stoma Appliance Customisation (SAC) involves the customisation of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliances and to improve the duration of usage, thereby reducing waste.

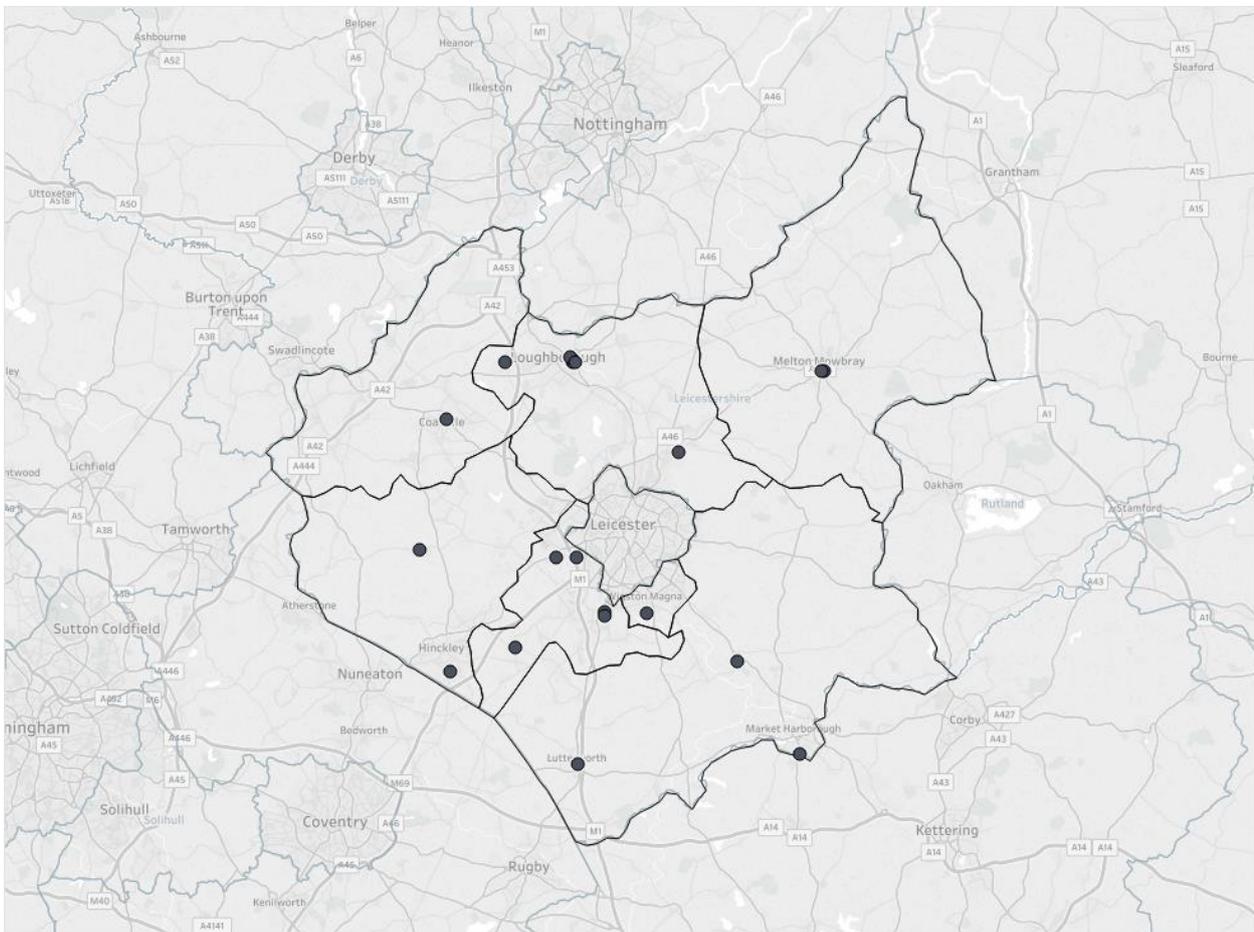
Figure 16 shows the location of pharmacies offering this service in Leicestershire. Table 19 lists the numbers of pharmacies offering the service by district. Overall, 20 pharmacies provide the stoma customisation service across Leicestershire, ranging from one pharmacy in North West Leicestershire and Oadby and Wigston, to six in Charnwood. Although there are only a small number of pharmacies providing this service in the county, pharmacies are able to signpost patients to appliance contractors who provide this service.

Nationally, 14.7% of community pharmacies delivered stoma customisation in 2015/16.<sup>16</sup> In Leicestershire, 15.2% of pharmacies provide this service. Blaby, Charnwood, Melton and Harborough exceeded the national average, while the other three districts did not.

**Table 19: Pharmacies carrying out Stoma Appliance Customisation 2016/17**

	Total Pharmacies	Pharmacies providing stoma customisation	% Pharmacies providing SAC
Blaby	22	5	22.7%
Charnwood	40	6	15.0%
Harborough	14	3	21.4%
Hinckley and Bosworth	18	2	11.1%
Melton	9	2	22.2%
North West Leicestershire	16	1	6.3%
Oadby and Wigston	12	1	8.3%
Leicestershire	131	20	15.2%

**Figure 16: Locally Enhanced Services - Stoma Appliance Customisation Service**



#### 14.2.4. **Appliance Use Reviews**

Appliance Use Reviews (AUR) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any specified appliance (e.g. catheter) by:

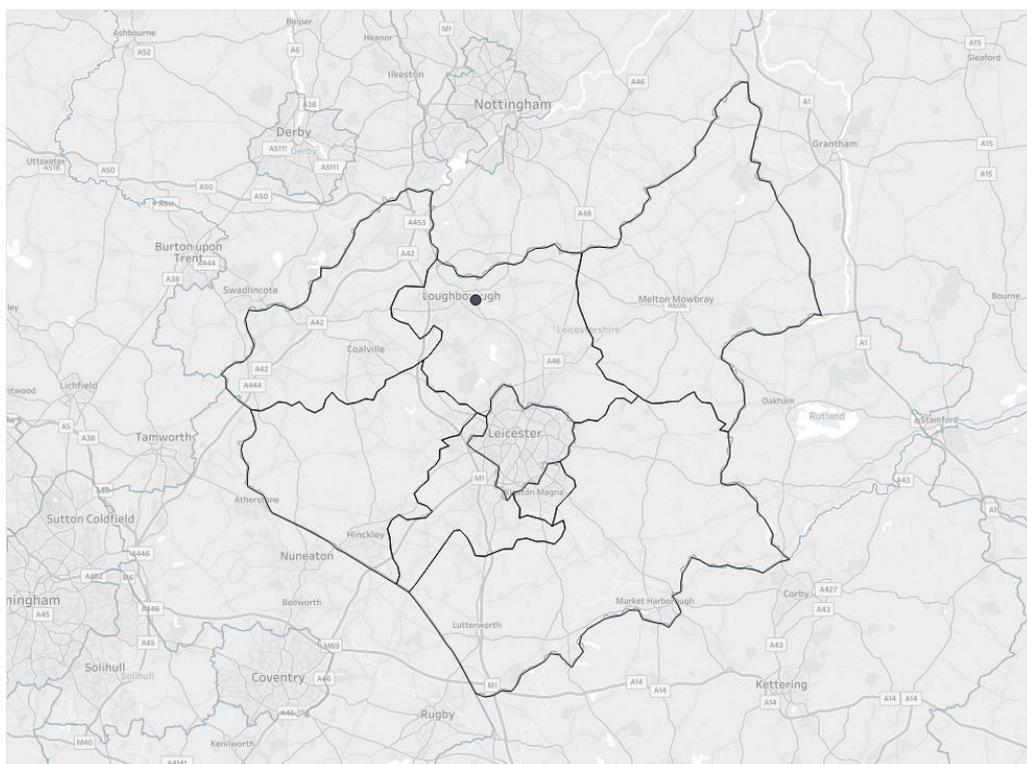
- Establishing the way the patient uses the appliance and the patient's experience of such use;
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- Advising the patient on the safe and appropriate storage of the appliance;
- Advising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

Nationally, 1.2% of community pharmacies provided AURs in 2015/16.<sup>16</sup> In Leicestershire, 0.8% of pharmacies provide this service which equates to one pharmacy in Charnwood (Table 20). Although there is only one pharmacy providing this service in the county, pharmacies are able to signpost patients to appliance contractors' specialists who provide this service.

**Table 20: Pharmacies carrying out Appliance Use Reviews 2016/17**

	Total Pharmacies	Pharmacies providing Appliance Use Reviews	% Pharmacies providing AUR
Blaby	22	0	0.0%
Charnwood	40	1	2.5%
Harborough	14	0	0.0%
Hinckley and Bosworth	18	0	0.0%
Melton	9	0	0.0%
North West Leicestershire	16	0	0.0%
Oadby and Wigston	12	0	0.0%
Leicestershire	131	1	0.8%

**Figure 17: Advanced Services - Appliance Use Reviews**



#### 14.2.5. **Seasonal Influenza (flu) Vaccination Programme**

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) supports NHS England, on behalf of Public Health England (PHE), in providing an effective vaccination programme in England. This service covers those patients most at risk from influenza who are aged 18 years and older and from the following eligible groups:

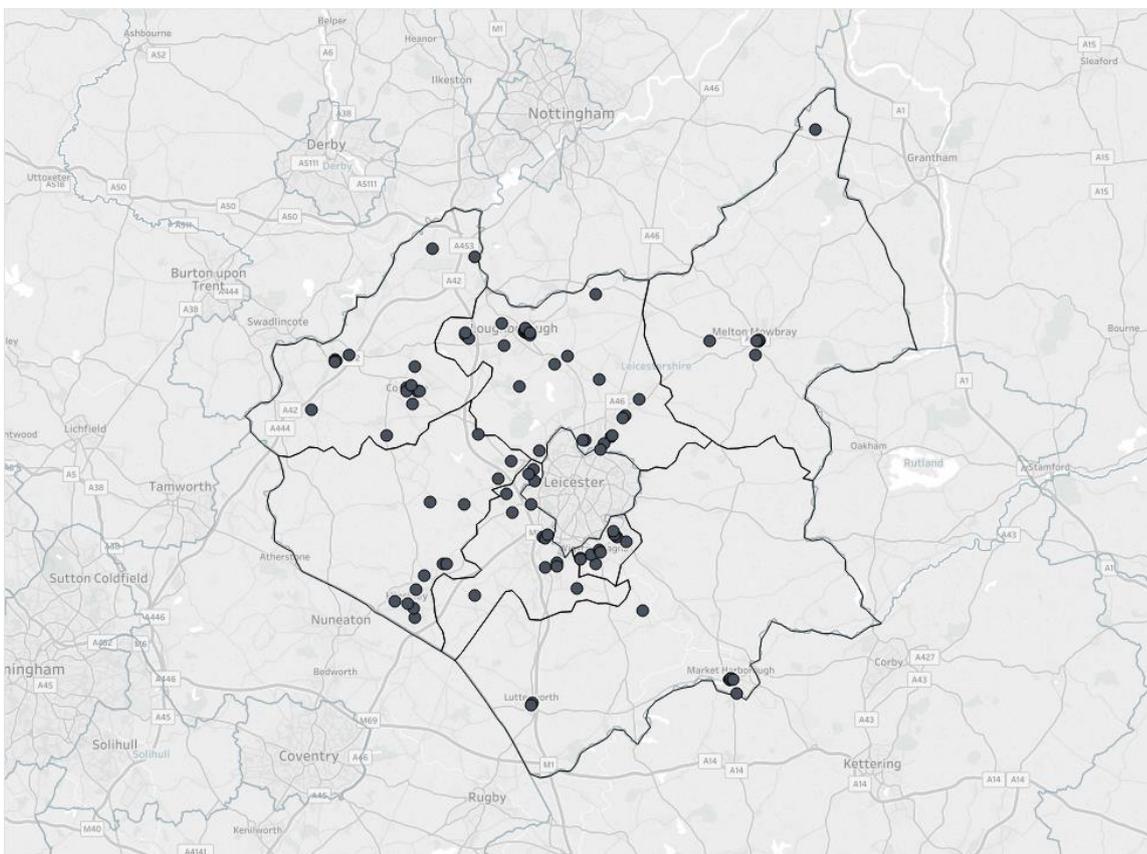
- All people aged 65 years or over
- Those with certain medical conditions (e.g. chronic obstructive pulmonary disease, chronic heart disease, diabetes etc.)
- All pregnant women (including those women who become pregnant during the flu season)
- People living in long-stay residential care homes or other long-stay care facilities
- Carers

This advanced service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to

meet their local NHS vaccination targets. The service for the 2016/17 influenza season commenced from 1st September 2016 and continued until 31st March 2017. Pharmacies were asked to focus on vaccinating eligible patients between 1st September 2016 and 31st January 2017, with eligible patients being vaccinated as soon as the vaccine was available.

Figure 18 shows the location of pharmacies offering the National Influenza Adult Vaccination Service (NIAVS) in Leicestershire. Table 21 shows the quantity of vaccines administered by pharmacy contractors who signed up to provide the National Influenza Adult Vaccination Service in the 2016-17 influenza season.

**Figure 18: Advanced Services – Seasonal Influenza Vaccination**



**Table 21: Pharmacies carrying out Seasonal Influenza Vaccination**

	Pharmacies providing NIAVS	Quantity of Influenza Vaccinations 2016/17	Population (18+)	Vaccinations per 1,000 population	% Pharmacies carrying out NIAVS
Blaby	14	1,958	76,331	25.7	63.6%
Charnwood	29	2,587	143,140	18.1	72.5%
Harborough	9	1,041	70,486	14.8	64.3%
Hinckley and Bosworth	13	942	87,087	10.8	72.2%
Melton	7	938	40,666	23.1	77.8%
North West Leicestershire	15	1,645	77,107	21.3	93.8%
Oadby and Wigston	11	1,630	44,799	36.4	91.7%
Leicestershire	98	10,741	539,616	19.9	74.8%

Overall, there are 98 pharmacies providing the NIAVS out of the 131 pharmacies in Leicestershire.<sup>22</sup> In 2016/17, a total of 10,741 vaccinations were carried out, a rate of 19.9 per 1,000 population aged 18 years and above. The level of activity varied by district with the lowest rate of activity in Hinckley and Bosworth, at 10.8 vaccinations per 1,000 population, to 36.4 vaccinations per 1,000 population in Oadby and Wigston.

In 2015/16, 72.3% of community pharmacies in England were providing the NIAVS. The percentage providing this service is higher in Leicestershire at 74.8%. Four districts in Leicestershire, (Blaby, Charnwood, Harborough and Hinckley and Bosworth) have a service provision percentage that is lower than the national average.

#### 14.3. Quality in essential and advanced services

Quality monitoring of essential and advanced services commissioned by NHS England is carried out by self-assessment. Targeted visits are undertaken where concerns are raised. In addition, new pharmacies that have opened and existing pharmacies that have relocated are visited.

#### 14.4. Community Based Services

Community based services are additional services that are commissioned by CCGs or by local authorities to meet the health needs of their populations. A number of these services are commissioned from community pharmacies.

The services that are currently commissioned by Leicestershire County Council are:

- Emergency Hormonal Contraception (EHC);
- Needle and syringe exchange for people with drug addictions;
- Supervised administration of methadone and other substitutes;
- Alcohol brief advice/intervention and harm reduction services;
- Champix provision to help people who want to stop smoking

The services that are currently commissioned by the East Leicestershire and Rutland, and West Leicestershire Clinical Commissioning Groups are:

- Palliative Care;
- *Helicobacter pylori* breath testing service;
- Emergency Repeat Medicines Scheme (ERMs)

These community based services are voluntary agreements and pharmacies are not compelled to offer any or all of the services. Table 22 shows the number of pharmacies offering each service by locality.

**Table 22: Number of providers providing community based services as of 31st March 2017**

	EHC	Needle Exchange	Supervised Consumption	Alcohol Brief Advice	Champix Stop Smoking
Blaby	10	2	11	1	8
Charnwood	23	5	27	6	20
Harborough	6	6	10	3	6
Hinckley and Bosworth	10	6	13	4	12
Melton	5	3	6	0	3
North West Leicestershire	12	3	14	1	7
Oadby and Wigston	9	1	7	4	8
Leicestershire	75	26	88	19	64

#### 14.4.1. **Emergency hormonal contraception**

Following an episode of unprotected sexual intercourse (UPSI), the provision of emergency contraception can help to prevent unplanned pregnancy. Intrauterine devices provide the best method of emergency contraception as they give lasting protection. However, emergency hormonal contraception (EHC) is frequently a preferred method.

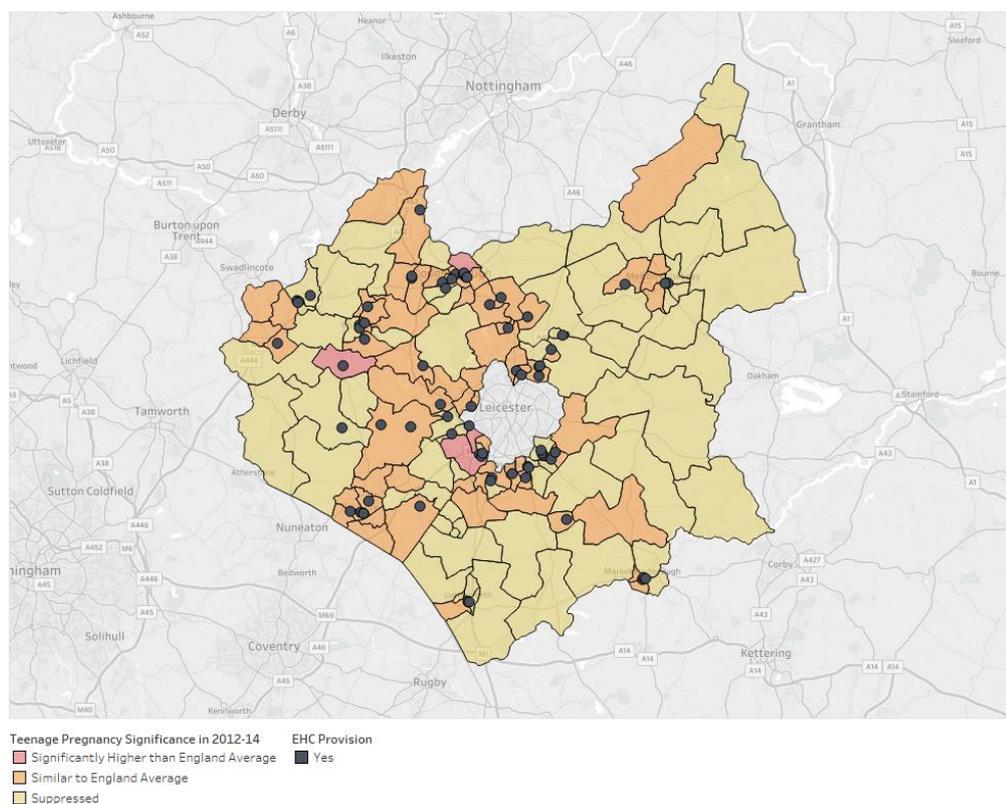
A public health community based service contract is currently in place which commissions the provision of free Levonorgestrel for women under 25 years of age in pharmacy settings across Leicestershire and Rutland. The scheme is provided in Leicester, Leicestershire and Rutland by Staffordshire and Stoke-on-Trent Partnership NHS Trust. Taking Levonorgestrel emergency hormonal contraception within 72 hours of unprotected sex can help prevent pregnancy. Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD specifies the age range of clients that are eligible for the service. Provision of EHC to eligible women is a useful tool in reducing teenage pregnancy and abortion rates for under 25s.

Pharmacies claim for four different types of EHC activity: consultations, Levonelle, replacement doses in the case of vomiting, and double doses. Recent changes in Faculty of Sexual and Reproduction Healthcare (FSRH) guidance suggest that a double dose is required in individuals with a BMI higher than 26 or weight over 70kg. The PGD is being revised to reflect this change. In the past year, there were three double doses administered in Leicestershire, all in the Charnwood district.

Figure 19 shows the location of pharmacies offering this service in Leicestershire from March 2017. This shows that whilst there is a good coverage of pharmacies providing EHC across Leicestershire, with 75 pharmacies offering the service, there are some areas of the county with higher rates of teenage pregnancy that do not have a local pharmacy providing EHC. These areas, however, are in close proximity to pharmacies providing this service in neighbouring wards.

In 2016/17, 49 pharmacies delivered the EHC service, including 12 100 hour pharmacies. There were 2,428 pharmacy based consultations for EHC, and Levonelle (Levonorgestrel) was issued in 2,357 of these. Table 23 illustrates that the overall consultation rate in Leicestershire pharmacies was 60.6 consultations per 1,000 females aged 15-24. This varied from a rate of 21.3 per 1,000 females in Melton to 98.8 per 1,000 females in Charnwood. This indicates that the provision is different in each area of the county, and the public health team needs to ensure that access is equitable across the whole range of EHC providers.

**Figure 19: Rates of under 18 conceptions by ward, and pharmacies by EHC provision**



**Table 23: Community based services activity 2016/17 - Emergency Hormonal Contraception in 2016/17**

Locality	Pharmacists providing service	Consultations*	Levonelle*	2015 Population Female aged 15-24	Consultations per 1,000 female population aged 15-24
Blaby	6	232	236	4,927	47.1
Charnwood	12	1,344	1,282	13,599	98.8
Harborough	5	201	200	4,387	45.8
Hinckley and Bosworth	10	195	191	5,421	36.0
Melton	2	56	57	2,625	21.3
North West Leicestershire	8	178	169	5,300	33.6
Oadby and Wigston	6	222	222	3,806	58.3
Leicestershire	49	2,428	2,357	40,065	60.6

\*Please note, the discrepancy between the number of consultations claimed and EHC items dispensed may not reflect that consultations haven't been performed, just that they have not been claimed for.

EHC is also provided by the specialist integrated sexual health service, GP practices and by the school nursing service.

A new EHC drug, Ulipristal, has been found to have a lower failure rate and is effective for up to five days after UPSI. A review of the cost-effectiveness of Ulipristal versus Levonorgestrel for emergency hormonal contraception has been produced as part of the Leicestershire and Rutland Sexual Health Strategy 2016-2019.<sup>23</sup> The findings will be considered during year two of the strategy (2017/18).

#### 14.4.2. **Substance misuse services**

There are currently two community based services for substance misuse, the **Needle Exchange Service** and the **Supervised Methadone Consumption Service**. The Public Health Team at Leicestershire County Council commissions these services through Turning Point, a national charity that supports and treats people with alcohol and substance misuse problems. Turning Point has been commissioned to manage the whole system for people in Leicestershire with respect to substance misuse, and the pharmacy is a key part of the pathway for community based services. Turning Point have put in place agreements with pharmacies to deliver needle exchange and supervised methadone consumption to support treatment and harm reduction in the community.

##### **Needle exchange**

The overall aim of the Needle Exchange Service is to reduce the rates of equipment sharing amongst injecting drug users, thereby preventing the risks of infection and drug related harm (individual and community). Pharmacies provide access to sterile equipment including needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, will be provided to promote safe injecting practice and reduce transmission of infections by substance misusers. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service.

Figure 20 shows the location of pharmacies offering this service in Leicestershire. Overall, 26 out of Leicestershire's 131 pharmacies provided the Needle Exchange Service as of 31<sup>st</sup> March 2017: six each in both Harborough and Hinckley and Bosworth, five in Charnwood, three each in Melton and North West Leicestershire, two in Blaby and one in Oadby and Wigston. This includes two 100-hour pharmacies, one in Melton and one in

Harborough.

**Figure 20: Community Based Services - Needle Exchange Service**

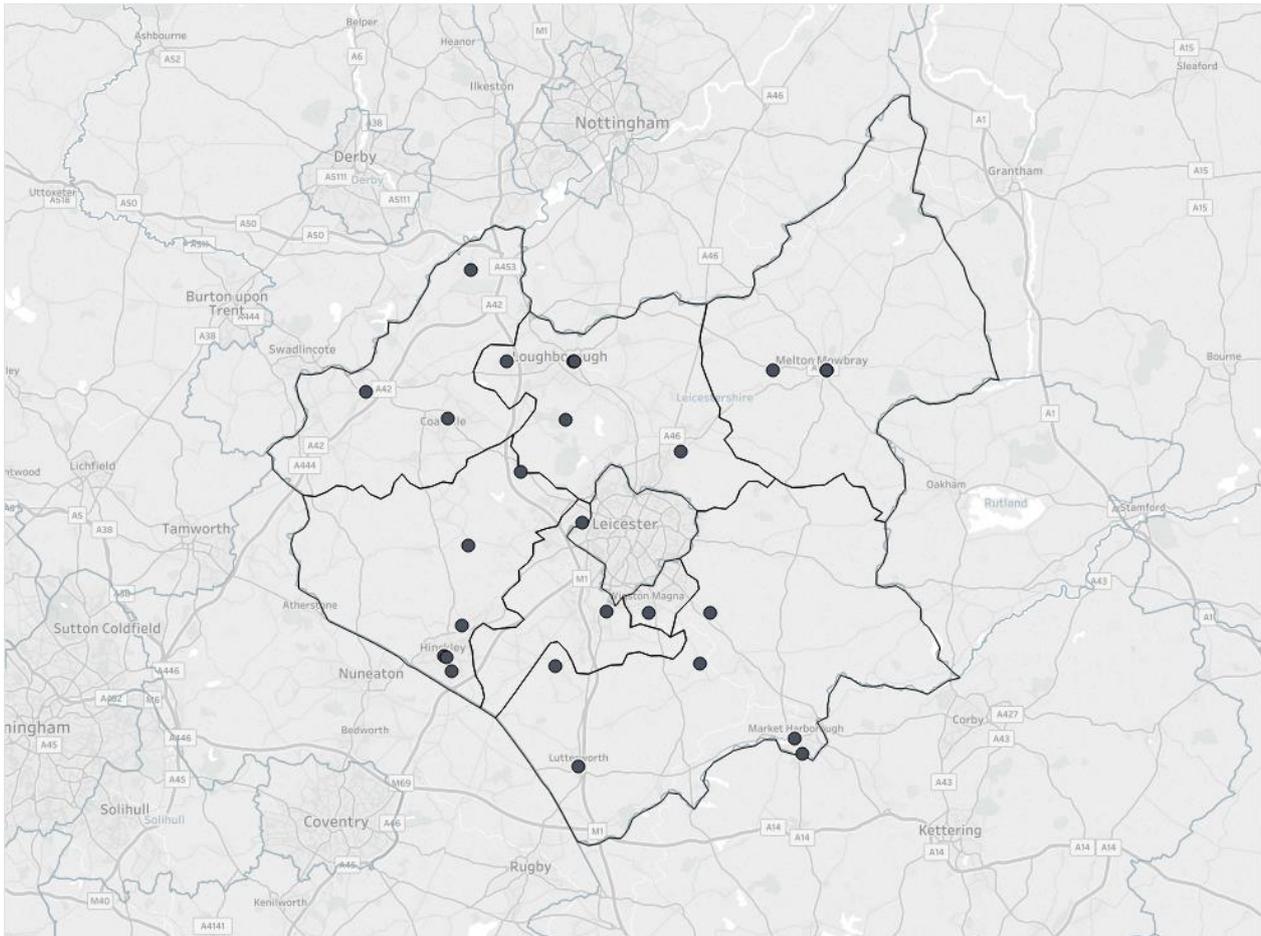


Table 24 shows the uptake of the needle exchange service by individuals between June 2016 to May 2017.<sup>24</sup> There were 13,461 recorded transactions for 2,633 individuals using the needle exchange service during the 12 month period. These transactions occurred in 17 pharmacies in Leicestershire. The highest number of transactions occurred in Charnwood, which also had the highest number of unique individuals. Please note there may be fewer individuals than shown as individuals are counted on the basis of their initials and a reference code provided to the pharmacy, however the same individual may provide a different set of initials/references on another visit. Data has been used with the recognition that there may be data quality issues due to no mechanisms of data quality assurance.

**Table 24: Needle exchange service uptake by district (June 2016 – May 2017)**

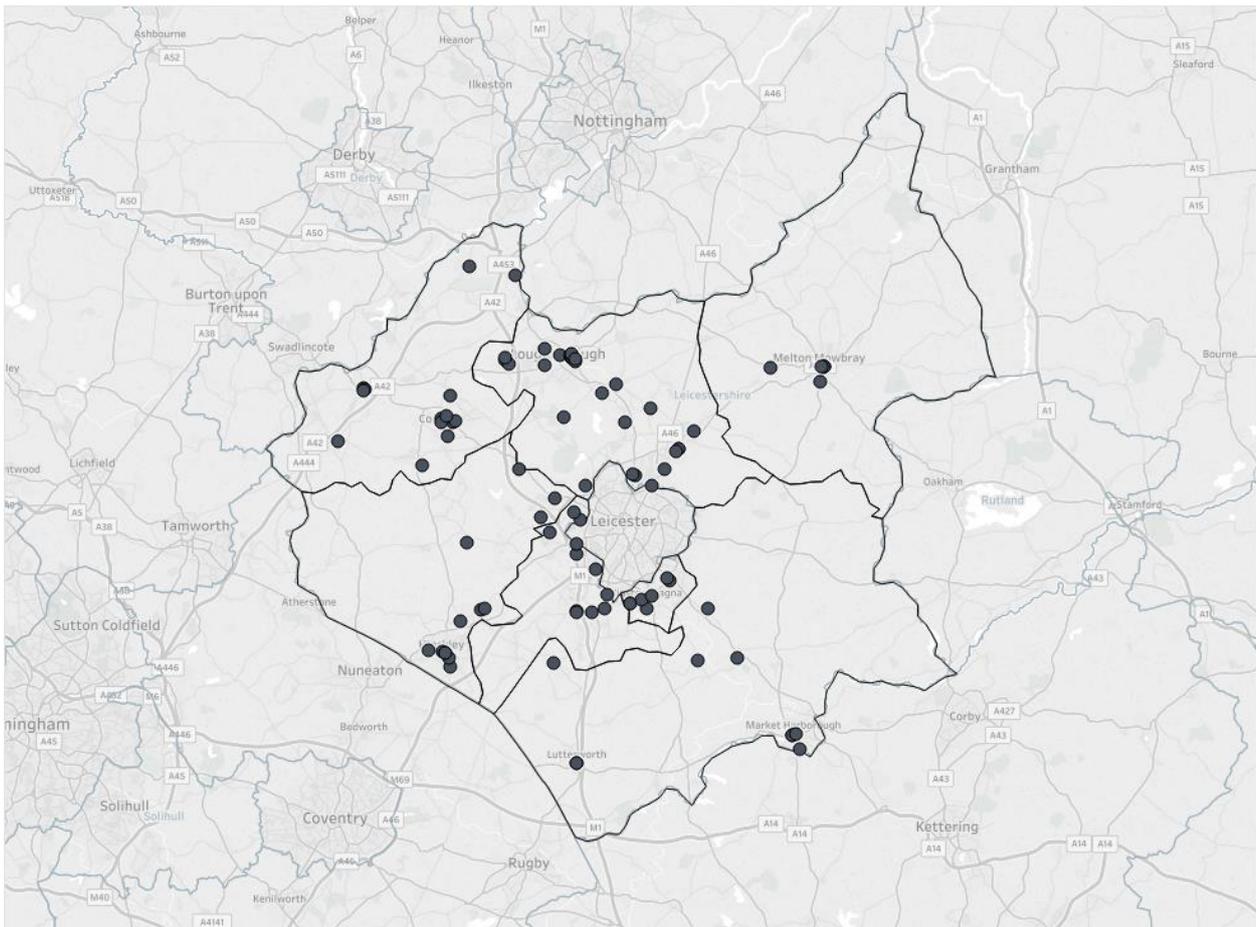
District	Unique Individuals	No. of Transactions
Blaby	268	580
Charnwood	1599	9076
Harborough	264	1684
Hinckley and Bosworth	133	361
Melton	240	1250
North West Leicestershire	129	510
Leicestershire	2633	13461

### **Supervised methadone consumption**

This service requires the pharmacist to supervise the consumption of methadone or other prescribed drugs at the point of dispensing in the pharmacy ensuring that the dose has been administered to the patient. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. The pharmacy will provide support and advise the patient including referral to primary care or specialist centres where appropriate.

Figure 21 illustrates the location of pharmacies providing supervised methadone consumption in Leicestershire. 88 pharmacies are providing this service with the highest level of coverage in Charnwood (with 27 pharmacies) and the lowest coverage in Melton and Oadby and Wigston (with six and seven respectively). This includes seven 100-hour pharmacies.

**Figure 21: Community Based Services - Supervised Methadone Consumption Service**



#### 14.4.3. Alcohol brief interventions

The Alcohol Brief Intervention (ABI) Service is a short, evidence-based, structured and non-confrontational conversation about alcohol consumption. The service seeks to motivate and support an individual to think about and plan changes in their drinking behaviour in order to reduce their consumption and their risk of harm.

The alcohol brief intervention service comprises four different components:

- Patients (16+) screened using the shortened AUDIT-C questionnaire
- Patients (16+) screened positive using the AUDIT-C questionnaire, further assessed using the full ten-question AUDIT questionnaire to determine increasing, higher risk or likely dependent drinking.
- Patients (16+) identified as drinking at increasing risk or higher risk levels who have received a brief intervention to help them reduce their alcohol-related risk.

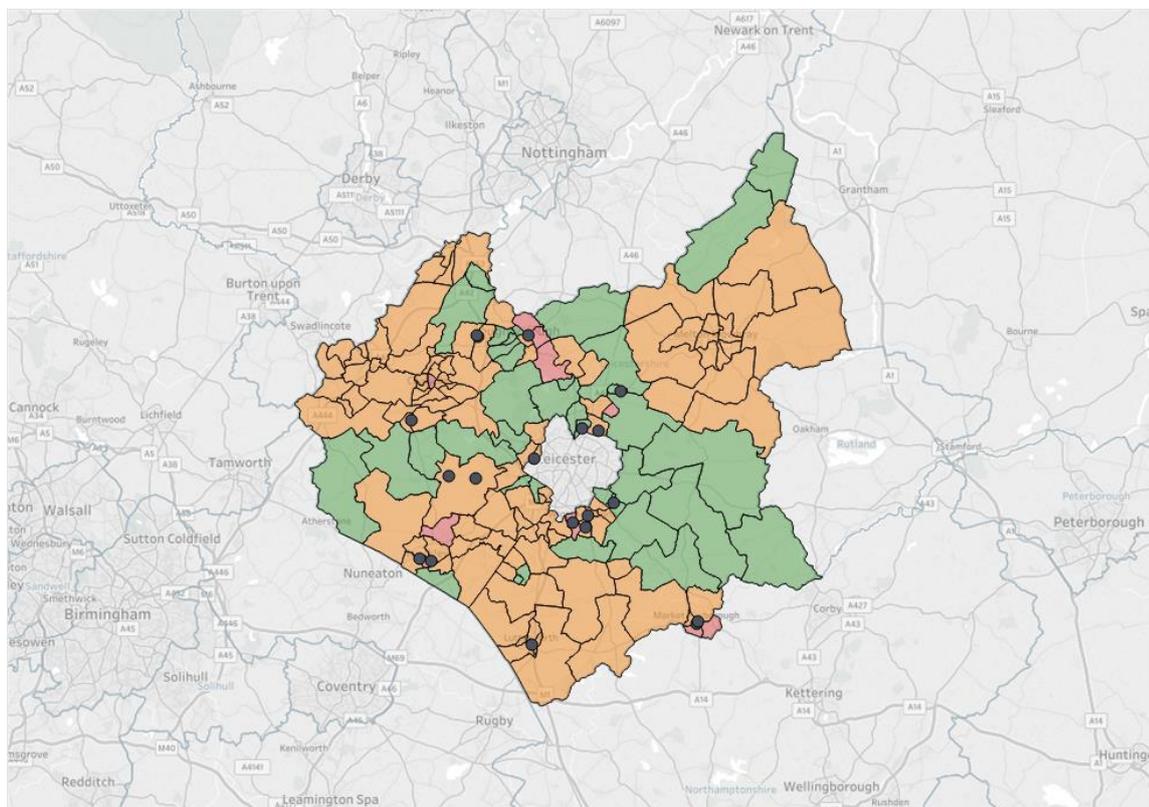
- Registered patients (16+) identified as likely dependent drinking who have been referred for specialist advice for dependent drinking.

The service is cumulative and all clients will be offered the AUDIT-C screening, with clients only being offered the next level of the service if assessed as necessary.

As of 2017/18, the service is now open to any provider based in a clinical setting, including GPs and community pharmacies as well as other suitable providers. These providers are monitored to ensure that the services are meeting the needs of the population of Leicestershire.

There are 19 pharmacies in Leicestershire that provide an alcohol brief intervention as of 31<sup>st</sup> March 2017: six in Charnwood, four each in Hinckley and Bosworth and in Oadby and Wigston, three in Harborough, and one each in Blaby and North West Leicestershire. Three of these are 100 hour pharmacies, with one each located in Harborough, Charnwood and Hinckley and Bosworth.

**Figure 22: Community Based Services – Alcohol brief interventions**



Providing Alcohol Brief Interventions  
 ■ Yes

Alcohol related harm (SAR)  
 ■ Significantly Higher than England Average  
 ■ Significantly Lower than England Average  
 ■ Similar to England Average

#### 14.4.4. Stop smoking service

As of January 2017, there was a change in smoking services commissioned by Leicestershire County Council. The Stop Smoking Service delivered through Community Pharmacies, including Nicotine Replacement Therapy (NRT) provision, was decommissioned due to Public Health budget reductions. Pharmacies were no longer sub-contracted to provide smoking cessation services but are contracted to provide Champix (Varenicline) as part of a Patient Group Directive (PGD) to service users on referral by the Quit Ready Leicestershire Stop Smoking Service (SSS). All behavioural intervention is delivered by the core Quit Ready SSS, including the provision of nicotine replacement therapy. Pharmacists are encouraged to provide brief opportunistic intervention and signpost all smokers to the Quit ready SSS for further support and advice.

**Figure 23: Estimated prevalence of smokers, and pharmacies authorised to deliver Champix**

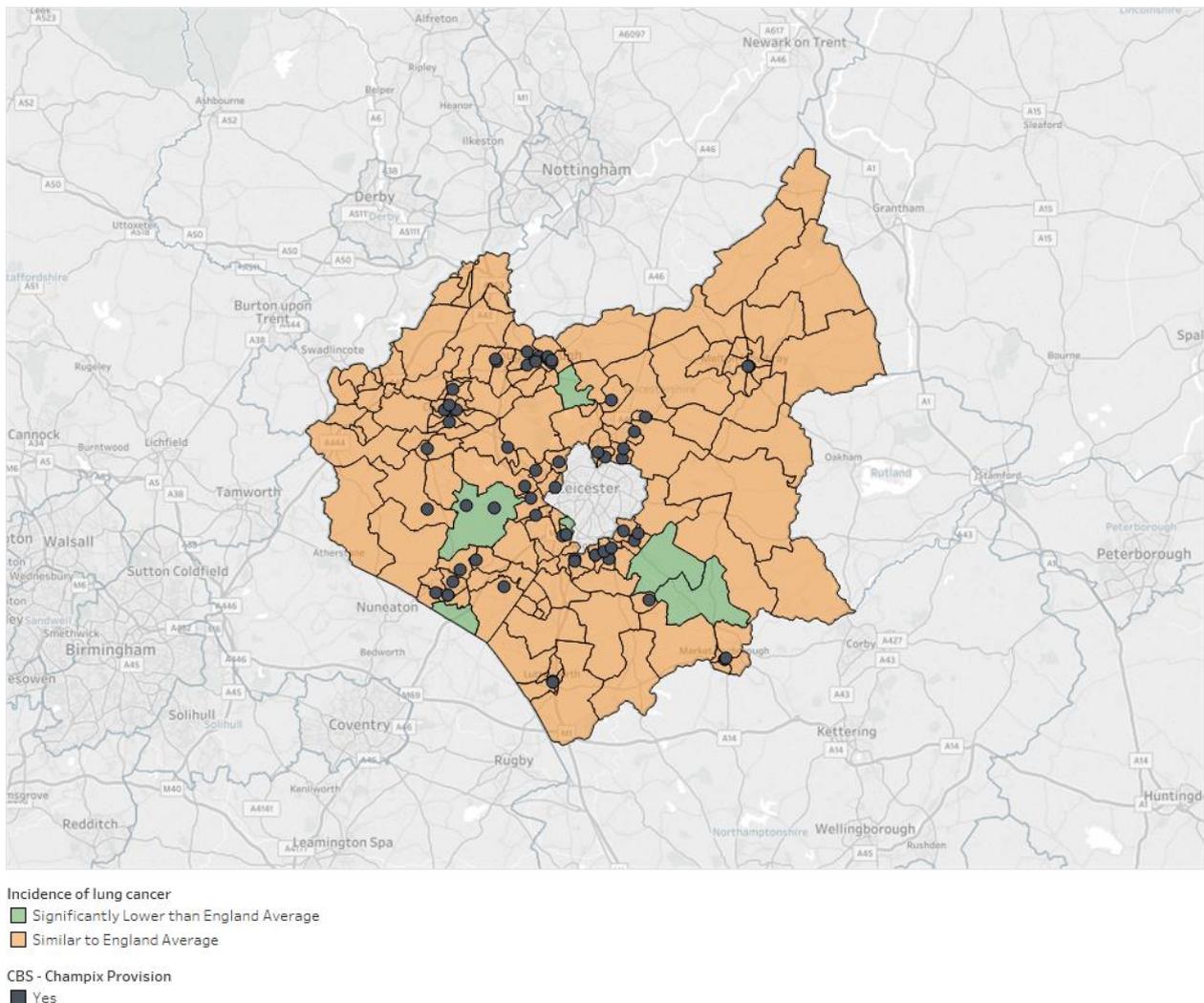


Figure 23 shows the location of pharmacies authorised to deliver Champix in Leicestershire and the estimated prevalence of smoking by ward. Table 25 demonstrates

the number of pharmacies providing Champix vouchers, against the smoking prevalence for each district.

Across Leicestershire, 64 pharmacies are authorised to provide the Champix service as of 31<sup>st</sup> March 2017. This includes eight 100-hour pharmacies. Charnwood has the highest provision with 20 pharmacies and Melton the lowest with three. Provision across the county has a high amount of variability. The provision averages 0.9 pharmacies offering Champix per 1,000 estimated smokers, but this varies from 0.5 per 1,000 smokers in Blaby and North West Leicestershire to 1.6 per 1,000 smokers in Oadby and Wigston.

Despite being authorised to deliver the Champix service, as of 1<sup>st</sup> April 2017, not all pharmacies signed up to deliver the service were actually doing so. Across Leicestershire, 43 pharmacies were providing the Champix service, which includes eight 100-hour pharmacies. Charnwood has the highest number of pharmacies delivering the service with 10 pharmacies and Melton the lowest with one.

In 2016/17, Stop Smoking Services in pharmacies were delivered by two separate providers and mechanisms, this makes examining activity data difficult. Between quarters 1 to 3 2016/17, smoking cessation was delivered by the Quit 51 service within 52 pharmacies with 751 quit dates were set. Of those who set a quit date, 50% of smokers had quit at 4 weeks, which dropped to 26% by week 12. In quarter 4 2016/17, pharmacies were no longer sub-contracted to provide smoking cessation services but were contracted to provide Champix (Varenicline) as part of a PGD to service users on referral by the Quit Ready Leicestershire SSS. There were 265 Champix vouchers administered across Leicestershire, with 72,848 estimated smokers, this gives a rate of 3.6 vouchers per 1,000 smokers. There is also one pharmacy in Leicester providing this service which has not been included in the analysis.

**Table 25: Estimated number of smokers, and pharmacy provision and pharmacy based CBS provision**

	Champix Pharmacies	Population 18+ (mid 2015 estimates)	Smoking Prevalence (2016) APS	Estimated number of smokers	Pharmacies authorised to deliver Champix per 1,000 smokers
Blaby	8	76,331	20.3	15,495	0.5
Charnwood	20	143,140	10.5	15,030	1.3
Harborough	6	70,486	11.2	7,894	0.8
Hinckley and Bosworth	12	87,087	11.6	10,102	1.2
Melton	3	40,666	10.5	4,270	0.7
North West Leicestershire	7	77,107	19.0	14,650	0.5
Oadby and Wigston	8	44,799	11.1	4,973	1.6
Leicestershire	64	539,616	13.5	72,848	0.9

\*Leicestershire smoking estimates will not equal total districts due to survey data calculations applied to local population

#### 14.4.5. Palliative care

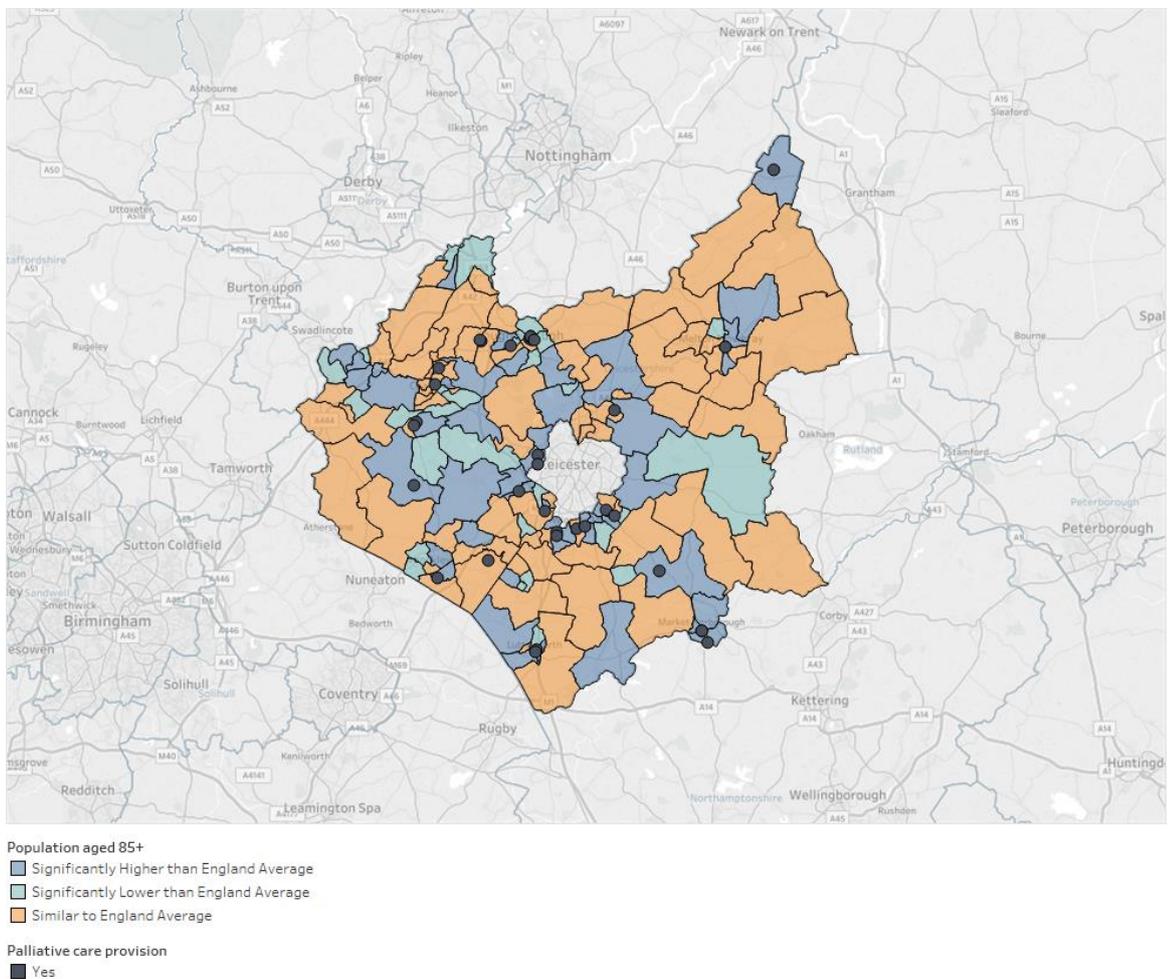
Palliative care is aimed at offering the patient the highest possible level of comfort during the last phase of their life. The service aims to facilitate prompt access to palliative care medicines, including Teicoplanin, by patients and their representatives. The nature and demand for palliative care drugs means they are not always readily available from community pharmacies. The service therefore requires providers to stock a range of palliative care and other specialist medication in the relevant formulary, in a bid to reduce hospital admissions for symptom management. Figure 24 and Table 26 shows the estimated proportion of the population aged 85 and over, (compared to the England average) and pharmacies providing palliative care services.

As of 31<sup>st</sup> March 2017, 35 pharmacies were providing the palliative care service during their normal contracted hours. Four of these were 100 hour pharmacies. This is unevenly spread with nine in Charnwood, seven in Blaby, six in Harborough, three in Melton, two in Hinckley and Bosworth and four each in North West Leicestershire and Oadby and Wigston. Pharmacies contracted through the WLCCG are to provide the service until 30<sup>th</sup> September 2017. The contract for ELRCCG has not been specified.

Using the proportion of people aged 85 years and over as an indicator of potential need for palliative care services, the overall provision for Leicestershire is 2.0 pharmacies per 1,000 adults aged 85 years and over. This ranges from 0.7 per 1,000 adults aged 85 year and over in Hinckley and Bosworth to 2.9 per 1,000 aged 85 year and over in Blaby.

The best available indicator to monitor activity for the Palliative care service is the number of out of date drugs claimed for by each pharmacy. Activity may not be truly reflected if claims are not submitted for expired drugs. However, it is not possible to measure the number of claims which have not been submitted. In 2016/17, two pharmacies contracted through ELRCCG claimed the annual signing up fee of £100, and one pharmacy claimed a total of £6.92 for expired drugs. From WLCCG, seven pharmacies claimed for a total of 161 out of date drugs.

**Figure 24: Proportion of population aged 85 and over, and pharmacies proving palliative care services**



**Table 26: Population aged 85 and over, and pharmacies providing palliative care services**

Locality	Pharmacies providing palliative care services	Population 85+ (mid 2015 estimates)	Pharmacies providing palliative care services, per 1,000 adults aged 85+
Blaby	7	2,436	2.9
Charnwood	9	4,132	2.2
Harborough	6	2,379	2.5
Hinckley and Bosworth	2	2,776	0.7
Melton	3	1,315	2.3
North West Leicestershire	4	2,259	1.8
Oadby and Wigston	4	1,796	2.2
Leicestershire	35	17,093	2.0

#### 14.4.6. *H. pylori* screening

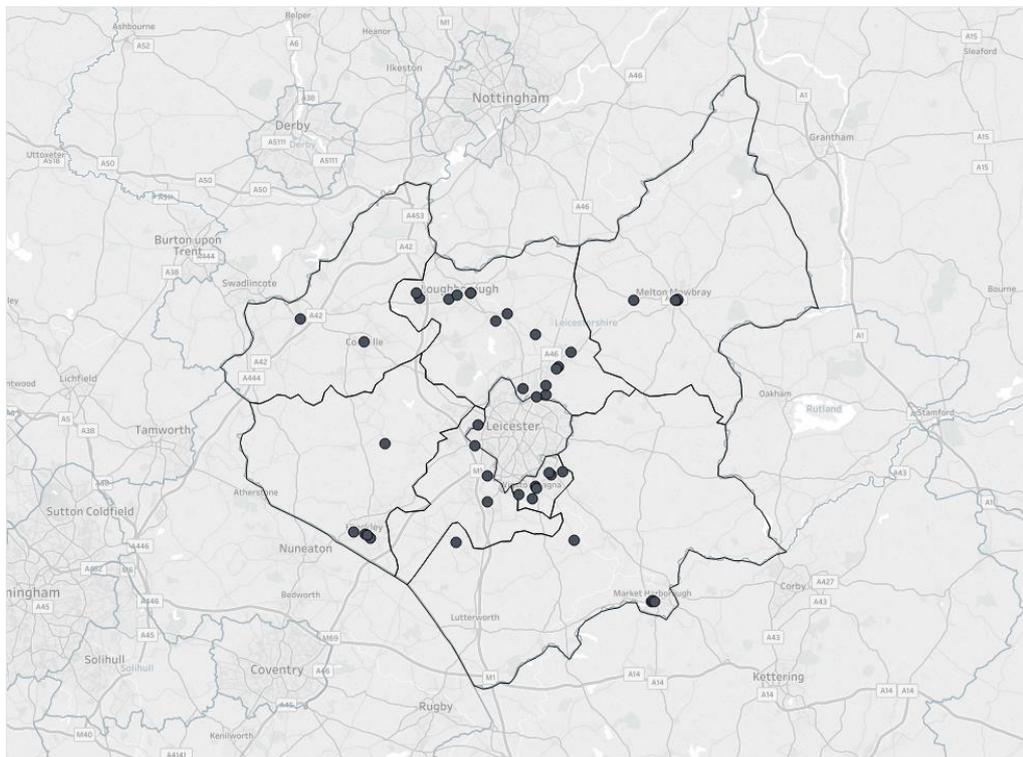
This service is a breath testing service for patients with dyspepsia symptoms to detect the presence of *Helicobacter pylori* bacteria which can cause stomach ulcers. This service is commissioned by East Leicestershire and Rutland CCG and West Leicestershire CCG, but hosted by West Leicestershire CCG.

Overall, 43 out of Leicestershire's 131 pharmacies provided the *H. pylori* service in 2016/17. This includes two 100-hour pharmacies, one in Harborough and one in Charnwood. GPs are also able to provide the service. For the purpose of this analysis, only dispensing GPs were taken into consideration. There is one GP branch surgery based in Rugby which offers this service, where the main GP surgery is based in Hinckley and Bosworth. This branch surgery has not been included in the analysis.

Figure 25 shows the location of pharmacies offering this service in Leicestershire. Table 27 shows pharmacy provision of the *H. pylori* service varies across districts from 0.2 per 10,000 population in North West Leicestershire to 1.3 per 10,000 population in Oadby and Wigston. The rate for Leicestershire is 0.6 per 10,000 population. This increases to 0.8 per 10,000 population when dispensing GPs who provide the service are also accounted for. Whilst the highest rate of provision by district remains at 1.3 per 10,000 population in Oadby and Wigston, the lowest increases to 0.4 per 10,000 population in North West Leicestershire. The provision in districts with lower rates may increase when taking all non-dispensing GPs into consideration.

Contracts from 31<sup>st</sup> March 2017 onwards are yet to be confirmed.

**Figure 25: Pharmacies offering *H. pylori* screening**



H Pylori Provision  
■ Yes

**Table 27: Population and pharmacies providing *H. pylori* services 2016/17**

Locality	Pharmacies providing <i>H. pylori</i> services	Pharmacies and dispensing GPs providing <i>H. pylori</i> services	Pop (mid 2015 estimates)	Pharmacies providing <i>H. pylori</i> services per 10,000 population	Pharmacies and Dispensing GPs providing <i>H. pylori</i> Services per 10,000 population
Blaby	4	5	96,544	0.4	0.5
Charnwood	16	16	176,720	0.9	0.9
Harborough	5	10	89,284	0.6	1.1
Hinckley and Bosworth	5	9	108,769	0.5	0.8
Melton	4	5	50,912	0.8	1.0
North West Leicestershire	2	4	97,247	0.2	0.4
Oadby and Wigston	7	7	55,833	1.3	1.3
Leicestershire	43	56	675,309	0.6	0.8

#### 14.4.7. **Healthy Living Pharmacies**

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

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

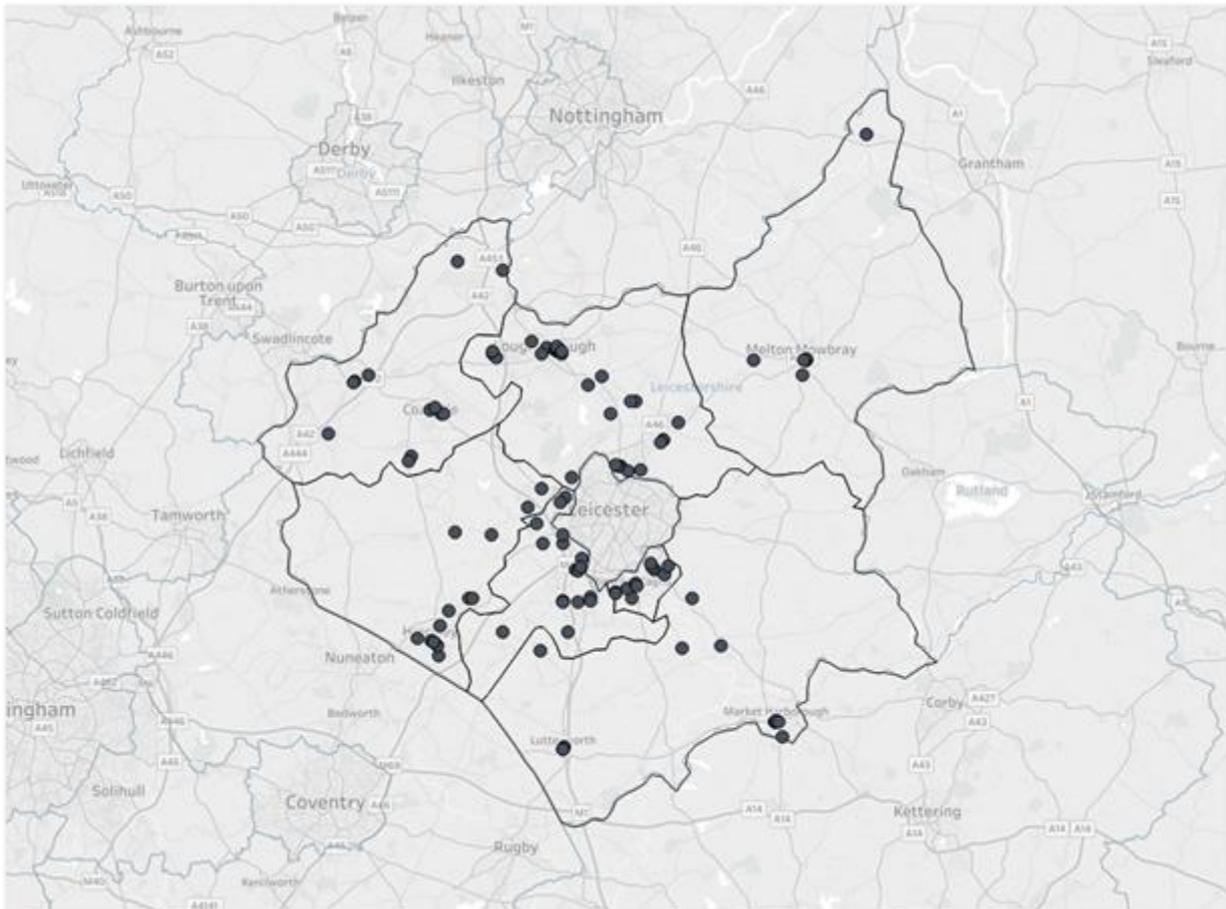
There are three levels of service delivery within the HLP framework:

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

Healthy Living Pharmacies have a health and wellbeing ethos, where everyone in the team works together to proactively engage their customers in health promotion activities through advice on smoking cessation and obesity/healthy weight. They need a health promotion zone in the pharmacy and at least one full-time equivalent health champion, who has qualified for a Royal Society for Public Health (RSPH) level 2 award in understanding health improvement.

There are over 150 qualified Level 1 health champions across Leicester, Leicestershire and Rutland and more working towards it (as of November 2017)<sup>25</sup>.

**Figure 26: Pharmacies in Leicestershire with a Healthy Living Pharmacy Level 1 Registered Professional**



#### 14.4.8. **Emergency Repeat Medicines Scheme (ERMs)**

Out of Hours (OOH) medical services in West Leicestershire experience high levels of demand at the weekends and bank holidays to supply repeat prescriptions for patients who have run out of their routine medicines. This is a major drain on medical cover at busy times resulting in delays for patients requiring urgent medical care and delays for patients in genuine need of prescribed medicine. This Emergency Repeat Medicine Scheme has been commissioned to reduce demand on urgent medical care by providing medicines under an NHS funded Emergency Supply. The data of the pharmacies providing the ERMs service and corresponding activity was unable to be sourced to include in the PNA.

#### 14.5. **Comparison between pharmacy services in 2014 and 2017**

Table 28 below shows a comparison between the number of pharmacies offering Advanced and Community Based Services in 2014 and 2017. The number of pharmacies has remained stable throughout this time. The number of pharmacies providing MURs, NMS and AURs has reduced, although pharmacists are able to signpost patients to specialist services who provide these services. There are more pharmacies offering community based services in 2017. EHC provision has slightly decreased since the previous PNA; however access is unlikely to be affected as the service is provided in all localities with good uptake and is available by the sexual health service, GP practices and by the school nursing service. The Chlamydia screening service has been decommissioned and the Stop Smoking Service has changed in service design since the last PNA. Since the last PNA, the number Healthy Living Pharmacy Level 1 registered professionals has increased considerably.

**Table 28: Services offered by pharmacies in 2014, 2017**

	Mar-14	Mar-17
Pharmacies	131	131
Local Pharmaceutical Service	3	2
Internet Pharmacies	2	3
Dispensing GPs	23	22
MUR	126	125
NMS	111	109
SAC	15	20
AUR	18	1
Seasonal Influenza	N/A	98
Alcohol Risk Reduction	12	19
Chlamydia	39	0
Emergency Hormonal Contraception	82	75
Needle Exchange	24	26
Supervised Consumption	66	88
Healthy Living Pharmacies (Level 1)	12	104
Stop Smoking	62	64
Palliative Care	22	35

#### 14.6. Service level agreements and non-contracted services

Many services provided by community pharmacists are commissioned locally according to the needs of the area. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, NHS Trusts and Clinical Commissioning Groups.

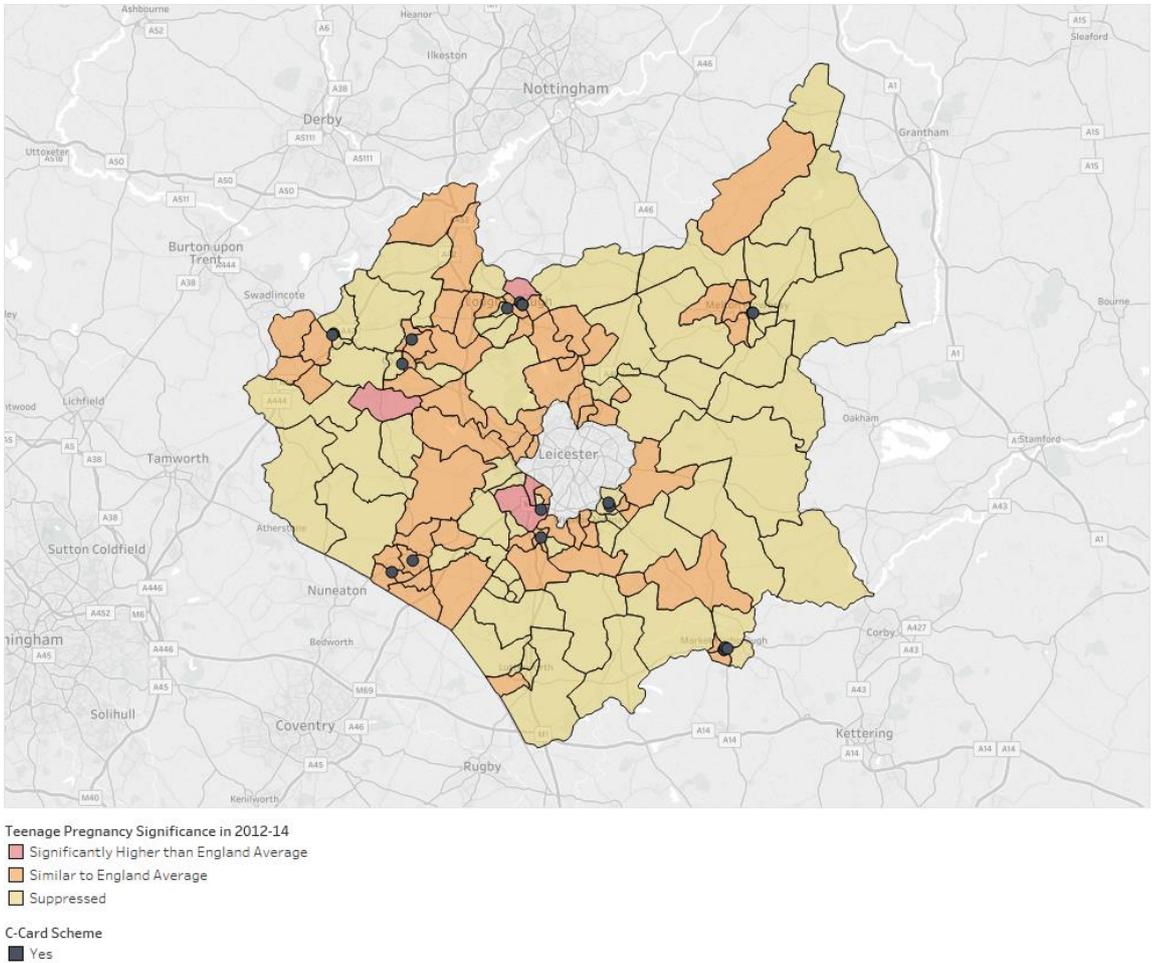
##### 14.6.1. C-Card

The C-Card is a plastic card that gives anyone aged 24 and under quick and easy access to free condoms from a range of venues, such as schools, leisure centres, SureStart Children's Centres and pharmacies. It is a confidential service which also offers information and advice about sexual health and relationships. The C-card scheme is provided in Leicester, Leicestershire and Rutland by Staffordshire and Stoke-on-Trent Partnership NHS Trust.

Figure 27 shows the location of pharmacies offering this service in Leicestershire. As of the 31<sup>st</sup> March 2017, 20 pharmacies were signed up for the C-Card scheme in Leicestershire. Overall, Leicestershire has 2.3 pharmacies delivering the C-Card scheme per 10,000 population aged 15-24 years, The level of provision varies by district with the lowest provision in Charnwood with 1.3 pharmacies per 10,000 population aged 15-24

years, to 4.3 pharmacies per 10,000 population aged 15-24 years in Harborough. As the service is also provided in various other locations, including youth centres, clinics and educational settings, service provision may be higher in districts where there are fewer pharmacies.

**Figure 27: Pharmacies providing C-Card**



**Table 29: Pharmacies providing the C-Card scheme**

District	Pharmacies	Population aged 15-24 (2015)	Pharmacies per 10,000 population
Blaby	2	10,458	1.9
Charnwood	4	31,077	1.3
Harborough	4	9,302	4.3
Hinckley and Bosworth	2	11,133	1.8
Melton	2	5,300	3.8
North West Leicestershire	4	10,795	3.7
Oadby and Wigston	2	8,307	2.4
Leicestershire	20	86,372	2.3

#### 14.6.2. **Fluenz childhood immunisation service**

Leicestershire Partnership Trust (LPT) provide a school aged immunisation service offering a variety of vaccines including Fluenz/Flumist nasal spray. Fluenz/Flumist is offered to all children in school years 1-6 across Leicester, Leicestershire and Rutland.

To maximise the uptake, every school is visited once according to a schedule. Children who are home-schooled are visited in their home to offer the vaccination. There are occasions where children, whose parents have consented, are not able to have the vaccine on the day of the school visit. The most common reasons are temporary exclusions (e.g. severely blocked nose, fever and wheeze) or the child is off school on the day of the visit.

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

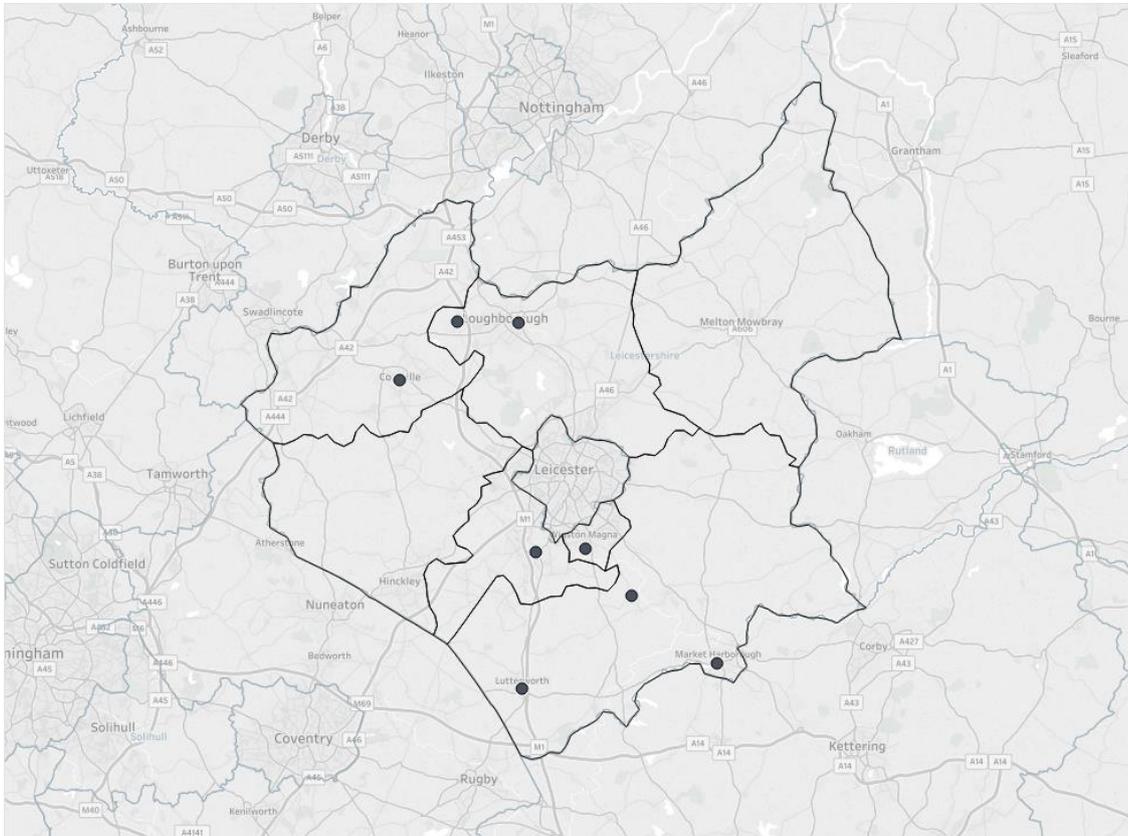
- Prevent transmission and reduce complications of the 'flu within the community;
- Maximise uptake of Fluenz/Flumist;
- Provide patients and parents with another opportunity to receive the Fluenz/Flumist;
- Provide a service that is accessible, convenient, professional and friendly.

The service was successfully delivered in 2015-16 and recommissioned in 2016-17 by

Leicestershire Partnership Trust. Figure 28 shows during the 2016-17 influenza season that eight pharmacies in Leicestershire provided the Fluenz/Flumist nasal spray.

The activity figures have not been provided as the service is still in a pilot form.

**Figure 28: Location of pharmacies offering Fluenz in 2016/17**



### 14.6.3. **Extended-spectrum beta-lactamase (ESBL)**

Extended-spectrum beta-lactamase (ESBL) are enzymes produced in some bacteria which are more resistant to antibiotics like penicillin and make infections harder to treat. For example, E.coli are one of the most common bacteria causing urinary tract infections. ESBL-producing strains of E.coli are more resistant to antibiotics and can sometimes progress to cause more serious infections such as blood poisoning. There are still a few antibiotics that can be used to treat infections caused by ESBL producing bacteria, and these are stocked in 23 pharmacies in Leicestershire.

## 15. **Digital Developments**

The Electronic Prescription Service (EPS) enables new and repeat prescriptions to be sent electronically from the GP to the patient's nominated pharmacy.

Pharmacies are now able to access an electronic Summary Care Record (SCR) for patients. The NHS SCR is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record with the patient’s consent. SCR was rolled out to pharmacies from March 2016 and will help support safer patient care and treatment.

A web-based system called PharmOutcomes<sup>26</sup> collates information on pharmacy services. Local and national analysis and reporting of PharmOutcomes helps improve the evidence base for more effective community pharmacy services.

## 16. Projected future needs

### 16.1. Population projections

The population of Leicestershire is growing and by 2039 the total population is predicted to reach 784,400 people, a total population growth of 17.4% compared with 2014.<sup>27</sup>

However, the population is not growing uniformly across the different age bands. In the next 25 years, the population is predicted to grow as follows:<sup>27</sup>

- A 11% increase in children and young people aged 0-24 years (196,900 people to 217,600)
- A 4% increase in the working age population aged 25-64 (from 341,100 people to 354,400)
- A 49% increase in people aged 65-84 (from 113,400 people to 168,500)
- A 162% increase in the oldest population group of people aged 85 years and over (from 16,700 people to 43,700)

**Table 30: Leicestershire population projections by age band (in 1,000s) - 2014 to 2039<sup>27</sup>**

	2014	2015	2020	2025	2030	2035	2039
0-24	196.9	196.9	198.4	204.3	212.5	215.6	217.6
25-64	341.1	342.7	351.5	355.2	351.2	350.7	354.4
65-84	113.4	116.2	128.3	140.3	154.4	162.9	168.5
85+	16.7	17.1	19.8	24.0	30.3	39.8	43.7
All ages	667.9	672.7	697.9	723.8	748.4	769.2	784.4

It is estimated that the total population of Leicestershire will grow by an average of 4,700

people per year.

Table 31 presents a simple model to assess the numbers of contractors providing essential services by locality based on population growth. In March 2017, there were 131 community pharmacies and 22 GP dispensing locations, comprising of 16 main practices, and six branch practices, all providing essential services.

Table 6 demonstrates the current coverage for Leicestershire, which overall matches the England average of 2.3 community pharmacies and GP dispensing practices per 10,000 population. However, Leicestershire has a rate of 1.9 community pharmacies per 10,000 population which is lower than the national rate of 2.1 community pharmacies per 10,000 population.

Table 31 uses a simple population model to assess how many pharmacies providing essential services will be needed in each locality (using a mix of community pharmacies and dispensing GPs) to maintain this level of access. It is important to note that the national average rate is an aspiration and not a target and the pharmacy coverage available for the Leicestershire population is excellent for a rural local authority, and further boosted by the availability of GP dispensing services. This is not a nationally recognised standard but a benchmark for the Health and Wellbeing Board to aspire to and not for NHS England to use when determining a new pharmacy application under the PNA.

The pharmacy coverage across Leicestershire is sufficient for the existing and projected populations to 2020, although this is not a uniform picture in each locality. This is not an indication that there is a need for additional pharmacies in the localities that are affected earliest (Hinckley and Bosworth and North West Leicestershire), but rather a need to ensure that the pharmacy system across Leicestershire continues to meet the needs of the whole population in the way that it is currently doing. The increasing number of distance selling pharmacies has the potential to increase local pharmacy capacity, for example in performing MURs, to ensure that the needs of local people are being met.

**Table 31: Estimated contractor need based on projected population growth**

**Projected population (in 1000's)<sup>27</sup>**

	2014	2015	2020	2025	2030	2035	2039
Blaby	95.9	96.4	99.6	103.0	105.9	108.7	110.8
Charnwood	173.5	176.0	185.6	194.6	203.9	211.0	216.2
Harborough	88.0	88.6	92.2	95.9	99.2	102.2	104.3
Hinckley and Bosworth	107.7	108.4	112.2	116.0	119.4	122.3	124.4
Melton	51.0	51.2	52.7	54.3	55.7	57.0	57.8
North West Leicestershire	95.9	96.4	99.2	102.2	104.9	107.4	109.1
Oadby And Wigston	55.9	55.7	56.3	57.9	59.4	60.6	61.7
Leicestershire	667.9	672.7	697.9	723.8	748.4	769.2	784.4

**Estimated pharmacies needed to maintain 2.3 pharmacies and GP dispensing practices per 10,000 population**

	2014	2015	2020	2025	2030	2035	2039
Blaby	22	22	23	24	24	25	25
Charnwood	40	40	43	45	47	49	50
Harborough	20	20	21	22	23	24	24
Hinckley and Bosworth	25	25	26	27	27	28	29
Melton	12	12	12	12	13	13	13
North West Leicestershire	22	22	23	24	24	25	25
Oadby and Wigston	13	13	13	13	14	14	14
Leicestershire	154	155	161	166	172	177	180

## 16.2. Long term conditions

The unprecedented increase in the older population will lead to increases in the number of people living with long-term conditions. The Projecting Older People Population Information System (POPPI) provides estimates and projections of the number of people that are likely to be affected by long term conditions both now and in the future in Leicestershire.<sup>28</sup> Table 32 shows the number of people in Leicestershire predicted to be living with various long term conditions. The increase that is proposed in most long term conditions by POPPI is higher than the overall population growth. Between 2015 and 2030

there will be an additional 29,500 older people living with a limiting long term illness (48% increase). The most significant predicted growth is older adults living with dementia where there will be an estimated additional 6,300 people, an increase of 69%.

**Table 32: Projections of older people, age 65 years and over, with long term conditions, 2015-2030 from POPPI**

	2015	2020	2025	2030	% Change 2015- 2030
Older adults with a limiting long term illness	61,998	70,382	80,834	91,499	47.6%
Older adults who are obese or morbidly obese	35,122	38,562	42,072	46,739	33.1%
Older adults predicted to have Type 1 or Type 2 diabetes	16,692	18,623	20,641	23,182	38.9%
Older adults predicted to have depression	11,508	12,819	14,241	16,048	39.5%
Older adults predicted to have dementia	9,125	10,767	12,927	15,411	68.9%
Older adults predicted to have a longstanding health condition caused by a heart attack	6,541	7,347	8,253	9,272	41.8%
Older adults predicted to have a longstanding health condition caused by a stroke	3,086	3,494	3,971	4,467	44.8%
Older adults predicted to have a longstanding health condition caused by bronchitis and emphysema	2,262	2,535	2,826	3,175	40.4%

### 16.3. Future housing

The Housing & Economic Development Needs Assessment (HEDNA) for Leicester and Leicestershire was published in January 2017.<sup>29</sup> It contains an objective assessment of needs for new housing from 2011 to 2036. Table 33 shows the results of the needs assessment for new housing from this report.<sup>23</sup>

**Table 33: Housing objective assessment of need conclusions, 2011-2036**

	Objectively-Assessed Housing Need to 2036 – Dwellings per annum
Leicester	1668
Blaby	361
Charnwood	994
Harborough	514
Hinckley and Bosworth	454
Melton	170
North West Leicestershire	448
Oadby and Wigston	155
Leicestershire	3096

The conclusions on Objectively-Assessed Need (OAN) across Leicester City and Leicestershire as a whole, are based on taking the conclusions on the need based on past demographic trends (over the last 10 years), which indicate a need for 4,265 dwellings per annum. Overlaying the conclusions based on the market signals and affordable housing needs evidence of the adjustments necessary to improve affordability, this warrants an overall adjustment of 11%. On this basis, the HEDNA identifies an objectively assessed need for 117,900 dwellings between 2011-36 across Leicester and Leicestershire (4,716 dwellings per annum).

The new housing developments will provide housing for the increase in the population identified by the HEDNA. Population growth linked to plans for housing development are not included in the population projections, but the impact on services will be considered as part of the Health Impact Assessment that is carried out for new developments.

## **17. Follow-up to the 2015 Pharmaceutical Needs Assessment**

### **17.1. Use made of the 2015 PNA by NHS England**

As indicated in the Background and Introduction section of this assessment, the PNA is part of the NHS “market entry” or “control of entry” system for community pharmacies. If a pharmacist, dispenser of appliances or a GP wants to provide NHS pharmaceutical services, they are, under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) regulations required to apply to NHS England to be included on a pharmaceutical list. They must prove they are able to meet a pharmaceutical need as set out in the PNA.

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

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

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

Since the last PNA in 2015 and up to the end of March 2017, there have been 23 applications relating to pharmacies whose location is or, if the application was approved, would be in Leicestershire. These are summarised below.

**Table 34: Pharmacy applications for Leicestershire and Rutland: April 2015 – March 2017**

Application regarding	Number of applications	Successful	Unsuccessful
Change of ownership	16	16	0
Outline consent/premises approval	4	3	1
Change to core opening hours	0	0	0
Suspension of services	0	0	0
Mergers (consolidation)	0	0	0
Unforeseen benefits	3	1	2
Distance selling	0	0	0

In general terms, applications regarding change of ownership or applications regarding relocation, do not necessarily imply a change of pharmaceutical service provision. In general, there is concern whether a gap is created in pharmaceutical service provision or an application for a new pharmacy would meet a genuine shortfall in community pharmacy provision in Leicestershire. Applicants may claim that their application is based on benefits unforeseen in the PNA. Two of the unsuccessful applications in Table 34 are in relation to “unforeseen benefits”. Brief reasons for these rejections provided by NHS England were “due to lack of innovation”, “already sufficient provision” and “no evidence of gaps in

service”. Feedback from NHS England indicates that they have made reference to the PNA 2015 mostly in the “unforeseen benefits” applications.

## 17.2. **Applications for mergers of community pharmacies**

As indicated in Section 12.0 in “Community pharmacy in 2016/17 and beyond”, “changes would be made to the market entry (control of access) regulations aimed at facilitating the consolidation of pharmacies by, for example, preventing a new pharmacy stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes.”

These changes have been issued in “Regulation 26A Consolidations<sup>30</sup>”. This lays out the key requirements for a consolidation between pharmacies and also the statutory protections which discourage or prevent subsequent applications for a pharmacy seeking to replace the closing pharmacy in a merger.

These statutory protections have implications for the Health and Wellbeing Board, though NHS England has issued no information regarding these to Health and Wellbeing Boards (as at 10th August 2017). The four protections are presented in Table 34 below.

The Pharmaceutical Services Negotiating Committee Briefing on Regulation 26A Consolidations (June 2017) observes (p6) that “any new (revised) PNA might usefully record where consolidations have taken place and no gap was created, to ensure this knowledge is not lost. This should avoid future unsuccessful applications based on the closing pharmacy where there remains no gap in the provision of services.<sup>30</sup>”

## 17.3. **Further information regarding regulations**

The above comments regarding regulations and their interpretation are intended as a general explanation for people who are not specialists in this area. These should not be relied upon as a basis for, or a challenge to, an application to NHS England. NHS England makes available detailed information in its Pharmacy Manual<sup>31</sup> (322 pages) available at <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/pharmacy-manual-apr16.pdf> (accessed 10 August 2017). The Department of Health, NHS pharmaceutical services: assessing applications<sup>32</sup>, guidance is available at <https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications> (accessed 10 August 2017).

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

**Table 35: Statutory protection for a consolidated pharmacy<sup>30</sup>**

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

application 'presupposes that a gap in pharmaceutical services provision has been or is to be created by' the closing pharmacy (its removal from the pharmaceutical list) as a result of a Regulation 26A consolidation. Crucially, this statutory protection only applies until the PNA is revised. (Regulation 18(2)(g) and Regulation 19(5)).

This ensures that any future unforeseen benefits application during the relevant PNA will fail, if it is based on the argument that a Regulation 26A consolidation created a gap in the provision of pharmaceutical services.

#### **17.4. Follow up to the 2015 PNA Recommendations**

This is the second Pharmaceutical Needs Assessment undertaken by the Leicestershire Health and Wellbeing Board. The first one was approved and issued in March 2015 and will be replaced by this current document, as required by the regulations.

**Table 36: Follow up to Recommendations from the 2015 PNA**

Service	Commis.	Recommendation	Follow Up
Essential	NHSE	NHS England continues to monitor the quality of essential services and agree action plans with pharmacies where this is deemed necessary.	NHSE undertakes targeted annual contractual visits based on information obtained from self-assessment as well as comments received from CCGs, Local Authority Public Health and where appropriate, the General Pharmaceutical Council (GPhC) and including patient comments/ feedback and complaints. The aims of these visits are to seek assurance and improve the quality of pharmacy services provided.
		NHS England to review the provision for the rural populations of Wymeswold and Bagworth and ensure that the services that are available to the people in these areas continue to meet their needs.	Services to the population in Bagworth are available from pharmacies and GP Dispensing practices in the neighbouring areas. NHS England will continue to monitor services available for the population in Bagworth. NHS England has commissioned an LPS Contract for the population of Wymeswold until 2020. A review will be undertaken before the expiry of the contract.
		NHS England explore ways in which it can support pharmacies to access and use translation services and develop their promotional materials in an easy read format.	NHS England has undertaken a review of how patients use interpreting services so they can access the best care and information. <a href="https://www.england.nhs.uk/commissioning/primary-care/primary-care-comm/interpreting/">https://www.england.nhs.uk/commissioning/primary-care/primary-care-comm/interpreting/</a> A framework has been developed in helping commission models for delivering quality interpreting services. Pharmacies locally can seek support from NHS England to help with translation services. Promotional materials as part of national pharmacy health campaigns are available in easy read format.
		All of the issues identified in the equalities statement should be considered by NHS England when reviewing current and planning for future pharmacy services.	NHS England seeks to ensure pharmacy services that it commissions meet the needs of all its population. Consideration is given to the issues identified in the equalities statement.

Advanced	NHSE	<p>The commissioners of the advanced services continue to commission pharmacies to carry out the advanced services. It is recommended that NHS England continues to monitor the quality of advanced services and agree action plans with pharmacies where this is deemed necessary.</p>	<p>NHSE has encouraged all pharmacies to sign up for the three main advanced services (MUR, NMS and Flu) and will be working with the LPC to ensure pharmacies are maximising the numbers of MUR, NMS and Flu Vaccination that they can provide. These services are monitored through the targeted annual contractual visit.</p>
		<p>It is recommended that NHS England review the provision of MURs in the community with an aim to increase the uptake of the service in all localities.</p>	<p>NHSE has encouraged all pharmacies to sign up for this service and provide the maximum number of MURs (400) and will be working with the LPC to ensure pharmacies are maximising the numbers of MURs that they can provide.</p>
		<p>Commissioners should review the national changes to the NMS contract linked to the national evaluation and ensure that this service is commissioned in line with the national direction in the future.</p>	<p>Following a review of the NMS Service in 2014 by the Department of Health which concluded that this service delivered better patient outcomes at a reduced cost to the NHS, the recommendation was that it should continue. NHS England made a decision to continue commissioning this service.</p>
CBS	PH, LCC	<p>Public Health must maximise the potential role of pharmacy in promoting healthy lifestyle behaviours and in supporting people to change their behaviours when they are ready to make a lifestyle change, through frontline identification of clients, providing appropriate brief advice and referral to other specialist services. There is a need to ensure that Public Health is effectively linked into the essential services component of the pharmacy contract around the promotion of healthy lifestyles.</p>	<p>The CBS for provision of free Emergency Hormonal Contraception now includes the requirement for Pharmacies to actively promote the online Chlamydia Screening Programme, general awareness of chlamydia and other sexual health issues to promote good sexual health and signposting to other sexual health services as necessary. Contracted pharmacies are also required to engage with and support the local C-Card condom distribution delivery model. Work is ongoing to review the Patient Group Direction in response to changes in Faculty of Reproductive and Sexual Health Services guidance relating to women whose weight exceeds 70kg or with a BMI of over 26.</p>
		<p>The CBS that are commissioned by public health must be continually reviewed for their effectiveness, the equity of access to the services across Leicestershire, the quality of the service and the value for money that the services offer. Public Health need to maximise the pharmacies offering these services and</p>	<p>Providers accepted to deliver CBS are subject to ongoing performance monitoring on a quarterly basis, as specified in the requirement Specification and Contract documentation. Quality visits for the CBS are scheduled to commence in late 2017.</p>

CBS		ensure that they are provided in the areas of highest population health needs.	
	CCGs	CCGs have an opportunity to embed pharmacy as a key part of their primary care strategy and their commissioning strategy whilst ensuring that pharmacy is developed to effectively support general practice. Increasing the role of pharmacy in helping patients to self-manage will help to reduce the number of GP appointments these patients will need and to reduce the number of hospitalisations.	Both CCGs in Leicestershire have begun work on self-care and guidance has been issued with regards to areas of prescribing that could be dealt with through community pharmacy. This included reducing prescribing of “when required” (PRN) paracetamol and a number of other over the counter products. Clinicians were requested to signpost patients to community pharmacy where appropriate. In East Leicestershire and Rutland CCG, pharmacists are already embedded in the majority of GP practices and these staff should act as a link with community pharmacy.
		CCGs commissioning the CBS schemes must be continually reviewed for their effectiveness, the equity of access to the services across Leicestershire, the quality of the service and the value for money that the services offer. CCGs need to maximise the pharmacies offering these services and ensure that they are provided in the areas of highest population health needs.	In ELR CCG, there are no monitoring arrangements of the nature described in the recommendation.
		The CCGs should consider the provision of a minor ailment scheme as a CBS.	In ELR CCG, there is no intention to initiate a scheme of this nature.

## **18. Response to the 60 day statutory consultation**

There is a statutory requirement for each Health and Wellbeing Board to consult a number of bodies about the contents of the Pharmaceutical Needs Assessment for a minimum of 60 days. The consultation period took place between 2<sup>nd</sup> October 2017 and 2<sup>nd</sup> January 2018. Results have been incorporated into this final PNA and the consultation responses are available in Appendix I. An additional consultation also took place with local pharmaceutical professionals between June and August 2017 to gather evidence to support the PNA. The consultation responses from the professional survey are available in Appendix F.

## **19. Equality Statement**

Available in Appendix M.

## **20. Gap analysis**

### **20.1. Essential Services**

Leicestershire benefits from three different types of provider for essential services, community pharmacies, distance selling pharmacies and dispensing GPs. Combining all three providers for the delivery of essential services, residents of Leicestershire have similar or better levels of access (providers per 10,000 population) to the England average. However, with the projected increases in population that are anticipated in Leicestershire, the areas of North West Leicestershire, Hinckley and Bosworth and Oadby and Wigston should be reviewed again in 2021 to ensure that the provision remains adequate to meet the future needs of the populations in these areas.

Access to essential services by car is good with 99% of Leicestershire residents living within a 10 minute drive-time of a pharmacy or dispensing GP surgery. 74% of residents live within a 15 minute walk-time of a pharmacy or dispensing GP surgery. The use of GP dispensing in rural areas helps to moderate the rural access issues.

There is very good coverage of pharmacy across Leicestershire between 6.30 am and midnight Monday to Saturday. There is access to pharmacy services on Sundays and bank holidays across the county, although fewer services are open and patients may need to travel further. Patients that need to access emergency pharmacy services outside of opening times are able to access an emergency pharmacy service through the out of hours service.

***No gaps have been identified in the provision of essential services during normal***

***working hours or outside of normal working areas across the whole Health and Wellbeing Board area. Furthermore, no gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole Health and Wellbeing Board area.***

## 20.2. **Advanced Services**

Across Leicestershire, the delivery of advanced services is at a higher percentage than the England average, with 96% of pharmacies providing Medicines Use Reviews, 83% providing the New Medicines Service and 75% providing the Seasonal Influenza Vaccination.

Stoma Appliance Customisation and Appliance Use Reviews are provided using pharmacies, but are also commissioned through an alternative specialist provider and population needs are met through the combination of the two types of provision. Pharmacies that do not provide this service are able to signpost patients to the appliance contractors who provide this service.

The MUR and NMS services are two services that are important in helping to support patients to manage their own conditions in the community. It is essential that the opportunities for supporting patients using these services is maximised, by ensuring that patient uptake of both of these services in pharmacies increases where this is low and that the quality of the services offered in pharmacies is consistently high.

Whilst 96% of local pharmacies are carrying out MURs it has been demonstrated that the providers are not maximising the uptake of MURs and only 74% of the potential MURs are carried out in the community. There is an opportunity to increase the uptake of these services in the community.

***No gaps have been identified in the provision of advanced services across the whole Health and Wellbeing Board area. No gaps have been identified in the provision of advanced services at present or in the future that would secure improvements or better access to advanced services across the whole HWB area.***

## 20.3. **Community Based Services (CBS)**

Across Leicestershire a good range of community based services are offered by pharmacies. The CBS schemes provide the CCGs and Local Authorities with an opportunity to increase the role of pharmacies in delivering the primary care and the public health agendas. Pharmacies are very highly valued by the people that use them and

pharmacies have considerable day-to-day accessibility to clients making them an ideal setting for supporting patients and clients to either make informed lifestyle choices or to manage their own health conditions effectively.

The analysis of CBS identified a number of schemes with good population coverage and uptake of services but also some gaps when relating the coverage to health needs. The key findings are summarised below:

- Emergency Hormonal Contraception is a well-developed service provided in all localities with good uptake. All teenage pregnancy hotspots are covered by this service by pharmacies situated in these hotspots or in neighbouring wards.
- Substance misuse services are commissioned by the specialist treatment provider, Turning Point, and include needle exchange and supervised methadone consumption services in Leicestershire. These services have good geographical distribution throughout the county and are part of a wider whole system approach to harm reduction and treatment of people affected by substance misuse.
- The Alcohol Brief Interventions scheme has been developed to be available as a CBS that can be provided in any appropriate setting. The uptake and delivery of this service will be evaluated by Public Health.
- From January 2017, pharmacies are contracted to provide Champix (Varenicline) as part of a Patient Group Directive to service users on referral by Quit Ready Leicestershire Stop Smoking Service (SSS). The provision of Champix by pharmacies in Leicestershire does show variation throughout the districts, particularly in Blaby and North West Leicestershire. However all behavioural interventions are delivered by the core Quit Ready SSS via telephone support, text messaging, webchat and email.
- The H.pylori CBS is a CCG based service that is led by West Leicestershire CCG. Geographical variation exists throughout Leicestershire with the lowest provision in Blaby and North West Leicestershire; however this may increase when taking provision by non-dispensing GPs into consideration. This should be evaluated by the CCG.
- Palliative Care is a service that has been rolled out widely throughout Leicestershire, but with less provision in Hinckley and Bosworth. With the projected increases in very elderly populations across Leicestershire this is a service that is likely to become increasingly important and West Leicestershire CCG should review the value of providing this service more widely for their patients in Hinckley and

Bosworth.

***Based on current information, no gaps have been identified in the provision of enhanced services across the whole Health and Wellbeing Board area. No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole Health and Wellbeing Board area.***

## **21. Recommendations:**

### **21.1. Equity of Service**

NHS England (and where relevant Leicestershire County Council, East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire Clinical Commissioning Group) should:

- Keep locations and opening times under review to assess whether access to pharmacies for essential services is equitable for all Leicestershire residents.
- Work with pharmacies and the Local Pharmaceutical Committee to examine how equity issues can be further addressed and particularly how the requirements of “Community Pharmacy 2016/17 and beyond” are progressing and impacting on the county’s prevention agenda.
- Pharmacy service provision should be kept under review, particularly where provision has cross-city and cross-county border use, to ensure that issues of quality and uniformity of access to advanced and community based services are regularly considered.
- Investigate if barriers to access exist for individuals whose main language is not English. The PNA Professional Survey has highlighted a potential barrier to access for the Polish community in North West Leicestershire and Harborough.

### **21.2. Promote optimal use of pharmacy services in promoting health and healthcare management**

NHS England (and where relevant Leicestershire County Council, East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire Clinical Commissioning Group) should:

- Support the implementation of Healthy Living Pharmacy (HLP) to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in

reducing unhealthy behaviours and adopting healthier ones. Data tracking the implementation of this HLP framework should be routinely available.

- Ensure that the promotion of the healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled. While NHS England retains responsibility for this area of the pharmacy contract, local campaigns should in future be jointly defined by NHS England, Local Authority Public Health and the Clinical Commissioning Groups.
- Consider the opportunity to include and develop the role of pharmacies in commissioning strategies and through the wider Sustainability and Transformation Plan, particularly in relation to providing services which deflect work out of primary care general practice.
- Assess levels of uptake of advanced and community based services and follow-up low or high performers in order to share best practice.

### **21.3. Implications of Community Pharmacy 2016/17 and beyond implementation**

NHS England (and where relevant Leicestershire County Council, East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire Clinical Commissioning Group) should:

- Provide detailed guidance to the Health and Wellbeing Board on new responsibilities given to it in connection with regulations regarding mergers and consolidation of community pharmacies within the Health and Wellbeing Board area.
- Review evidence of impact on services annually and report any findings to the Health and Wellbeing Board with appropriate advice.

## **22. Conclusions:**

The PNA looks at pharmacy cover across Leicestershire in relation to the health needs of the people who live there. It includes existing services, where they are located, the breadth of services they are providing and the views of people using them, and looks forward to how pharmacies could be more widely used in the future.

**Overall, the community based pharmacies are meeting the current needs of the Leicestershire population for Essential and Advanced services. The consistency and quality of the three main advanced services should be continually reviewed and**

**the uptake of Medicines Use Reviews, New Medicines Services and Seasonal Influenza should be increased wherever possible. The provision of Community Based Services across Leicestershire is good, but more needs to be done to ensure that services across the county are consistent. A review of service quality and uptake could provide insight into the effectiveness of these local services.**

Community pharmacies are the easiest healthcare workers for members of the public to access, and they are highly valued by their customers. Pharmacies will be essential in promoting healthy lifestyles and also supporting health and social care in the future, particularly with issues such as helping patients care for themselves (self-care) in the community. This will cut down the number of unnecessary admissions to hospital. The role of pharmacies supporting extended access in General Practice needs to be considered.

## GLOSSARY OF TERMS

ABI	Alcohol Brief Intervention
AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
DHU	Derbyshire Health United
DRT	Demand Responsive Transport
EHC	Emergency Hormonal Contraception
ELRCCG	East Leicestershire and Rutland Clinical Commissioning Group
ELSPLPS	Essential Small Pharmacies
ERMs	Emergency Repeat Medicines Scheme
EPS	Electronic Prescription Service
ESBL	Extended-Spectrum Beta-Lactamase
FSRH	Faculty of Sexual and Reproduction Healthcare
GP	General Practitioner
H. pylori	Helicobacter pylori
HWB	Health and Wellbeing Board
IDACI	Income Deprivation Affecting Children
IDAOP	Income Deprivation Affecting Older People
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LPS	Local Pharmaceutical Services
LPT	Leicestershire Partnership Trust
LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
MUR	Medicines Use Review
NHS	National Health Service
NIAVS	National Influenza Adult Vaccination Service
NMS	New Medicines Service

NRT	Nicotine Replacement Therapy
ONS	Office of National Statistics
OOH	Out of Hours
PHE	Public Health England
PGD	Patient Group Directive
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
SCR	Summary Care Record
WLCCG	West Leicestershire Clinical Commissioning Group
UPSI	Unprotected Sexual Intercourse

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## **LIST OF APPENDICES**

Appendix A: PNA Project Team Terms of Reference

Appendix B: 2015/16 Quality and Outcomes data for Leicestershire County and the Districts

Appendix C: 2017 Health Profiles for Leicestershire and the Districts

Appendix D: Full list of pharmacy opening hours

Appendix E: Professionals Pharmacy Questionnaire

Appendix F: Professionals Pharmacy Questionnaire Summary Report

Appendix G: Leicestershire Draft PNA Summary Document for Statutory Consultation

Appendix H: Statutory Consultation Questionnaire

Appendix I: Statutory Consultation Summary Report

Appendix J: Statutory Consultation Easy Read Questionnaire

Appendix K: Policy Developments Related to Community Pharmacies

Appendix L: Leicestershire's PNA 2018 Easy Read

Appendix M: Equalities Statement