

LEICESTERSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2022 - SUMMARY

Introduction

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, and
- inform decision making by NHS England and NHS Improvement in response to applications made by pharmacists and dispensing doctors to provide a new pharmacy.

The PNA is a statutory document that is used by NHS England and NHS Improvement 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

<https://www.legislation.gov.uk/uksi/2013/349/contents>

This PNA has reviewed pharmacy coverage (excluding internet pharmacies) and dispensing GPs in relation to the 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 31st of March 2021 – the latest full data period.

Population Health Needs

Demographics

- The 2020 population of Leicestershire was just under 713,100 (ONS Mid-Year Population Estimates). This estimate includes almost 17% of children (119,600, ages 0 to 14), 63% working-age adults (446,800, ages 15 to 64) and 21% of those aged 65 and above (almost 146,700).
- While the population structure of Leicestershire is broadly similar to the national average, the proportion of those over 65 is 2% higher and of those below that age is 2% lower than across England.
- Nearly 2% of the population of Leicestershire (11,642 people) live in areas categorised within the most deprived 20% (decile 1 and 2) 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 deciles 3 and 4 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.

- Although overall the population of Leicestershire have significantly lower socio-economic deprivation levels than the national average, there are pockets of urban deprivation, as well as rural disadvantage which is not represented well by the general IMD score.
- The 2011 Census reported that 578,432 people in Leicestershire were White British, representing 88.9% of the total population which is higher than the proportion in England of 79.8%. The most significant black and minority ethnic group (BAME) was Asian Indian, with 28,598 people, 4.4% of the total population. This is higher than the proportion in England of 2.6%.

Population Health

Table 5 (page 22 in the main PNA document) shows a basket of health indicators in each local authority district across Leicestershire compares to the rest of England. Leicestershire **performs well in many indicators**, with 16 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, with a particular concern about smoking status at time of delivery, **rates of hip fractures** in population over 65 years of age and **breast-feeding initiation rates**.

Between 2018 and 2020, the **life expectancy** for males in Leicestershire was 80.5 years and for females was 84.1 years. This is better than the England average for both males and females (79.3 and 83.1 years, respectively). However, healthy life expectancy is not significantly different to the England average for males or females - for 2017-19 it was 63.5 years and 63.6 years, respectively.

The 2020/21 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**. The burden of disease statistics for the population of Leicestershire is presented in **Error! Reference source not found.** (page 25, main document). On a number of issues, such as **hypertension, depression, asthma or cancer**, Leicestershire has a higher burden of disease than elsewhere in the country.

Population Growth

The population of Leicestershire is growing and **by 2043** the total population is predicted to reach over 860,600 people, at least **23% increase** on 2018. This includes a **43% increase in people aged 65-84** (to over 177,100) and a **104% increase in those aged 85 years and above** (to over 37,000). With such a high predicted growth in the numbers of the elderly, the prevalence of long-term conditions is likely to create a significant burden to health and social care in the future.

Essential Services

Pharmacies

Leicestershire has **132 pharmacies**. Out of these, **128 are community pharmacies**, one is a dispensing appliance contractor and three are distance selling pharmacies. There are a total of 18 GP dispensing locations.

Overall, Leicestershire has 1.9 pharmacies per 10,000 population. In 2020/21 there were 11,636 pharmacies in England. With a population of 56,550,138 people in 2020, 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 **good level of population coverage**. The England value here has been used as a guide as there is no set target for pharmacy provision. Since 2018/19, the overall coverage of pharmacies in Leicestershire has remained at 1.9 per 10,000 population.

The coverage of pharmacies is **not uniform**, ranging from 1.4 pharmacies per 10,000 population in Harborough to 2.2 pharmacies per 10,000 population in Charnwood and Blaby. The availability of pharmacies in the localities is affected by the rurality of large parts of Leicestershire and is mitigated by the availability of dispensing GPs.

The pharmacy coverage across 3 districts in Leicestershire (Harborough, Hinckley and Bosworth and North-West Leicestershire) **needs to be kept under review** and may need further consideration in the light of actual population and housing growth, to maintain sufficiency for the projected populations to 2024. This is not an indication that there is a need for additional pharmacies in the localities that are affected earliest, 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 signposting to services, to ensure that the needs of local people are being met. Future housing growth expected but the actual areas are subject to change and planning decisions. These will be kept under review.

Opening Hours

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. The hours of opening for pharmacies in Leicestershire are summarised in **Error! Reference source not found.** and Table 9 .

Services are more restricted on Sundays and Bank Holidays, but pharmaceutical provision is available from 8am until 10pm in the county. Across Leicestershire, 18.9% (25) of pharmacies are open 7 days a week (standard and late hours), with Charnwood (6) having the most pharmacies available on a Sunday, whilst Melton and North-West Leicestershire each have the least with only one pharmacy open on a Sunday. Out of the 132 pharmacies

in Leicestershire, 44.6% (59) are open late during the weekend and on a Saturday, ranging from 17 pharmacies in Blaby to 2 in Melton.

Drive and Walk Time

The majority (over 91%) of the population live **within a five-minute drive time** of a pharmacy or dispensing GP practice with only 0.3% outside of the 15-minute drive time. All the population outside the 15 minutes' drive live in the district of Harborough with 2.5% of Harborough's population living more than 15 minutes' drive from a pharmacy or dispensing GP.

Over a third of the County's population live less than a **5-minute walk** from a pharmacy, just under a quarter (24.3%) live between 6- and 10-minutes' walk, over 15 percent (15.5%) live between 11- and 15-minutes' walk, and just over a quarter (25.5%) live over a 15-minute walk time.

Nearly a half (just under 46%) of population live **within a 5-minute drive by public transport** from a pharmacy or dispensing GP practice on a weekday morning, 36% live between 6 and 10 minutes, and only 8% needs more than a 15-minute travel.

All residents of the most **deprived areas** in Leicestershire are within a 5-minute **drive** of a pharmacy or a dispensing GP practice. 28.9% of people living in Leicestershire's most deprived areas live more than a 15-minute **walk** from the nearest pharmacy or dispensing GP practice. 100% of those living in the most deprived areas in Leicestershire are within a 10-minute **public transport** journey on a weekday morning of a pharmacy or dispensing GP practice.

Less than 3% of those living in **rural areas** ('rural village and dispersed') are more than a 15-minute drive from a pharmacy or dispensing GP practice, however, more than a half (over 55.6%) of those in 'rural village and dispersed' areas in Leicestershire are more than 15-minutes public transport journey on a weekday morning of from a pharmacy or dispensing GP practice.

Language

There are multiple areas in the county with a significantly higher than average proportion of the population who cannot speak **English** well or cannot speak English at all. These areas are Loughborough, Thurmaston, Oadby and areas in Blaby (Figure 12, page 45 in main report). In areas of Blaby, Charnwood and Oadby and Wigston, Gujarati and Punjabi are spoken as the **second most prevalent languages** (Figure 13), while there is a large population who speak Bengali as their main language in Loughborough and in areas of Hinckley, and Melton. In North-West Leicestershire and other areas, the second most prevalent main language is Polish.

Through the PNA Professionals Survey (see below) respondents reported **languages other than English** spoken in Leicestershire pharmacies. Gujarati was spoken in 53% of pharmacies, Punjabi in 47%, Urdu in 20% and Polish in 12%. Gujarati is spoken by staff in four pharmacies in Blaby, 12 in Charnwood, four in Harborough, two in Hinckley and

Bosworth, one in North-West Leicestershire and four in Oadby and Wigston. Punjabi is spoken by staff in four pharmacies in Blaby, nine in Charnwood, three in Harborough, two in Hinckley and Bosworth, three in North-West Leicestershire and three in Oadby and Wigston. Urdu is spoken by staff in two pharmacies in Blaby, two in Charnwood, one in Harborough, one in Hinckley and Bosworth, two in North-West Leicestershire and two in Oadby and Wigston. Polish is spoken in two Pharmacies in Hinckley and Bosworth and one pharmacy each in Charnwood, Melton, North-west Leicestershire and Oadby and Wigston.

Other Pharmacy Services

Advanced Services

Advanced services are services provided by pharmacies in addition to essential services under voluntary arrangements. They are commissioned by NHS England and NHS Improvement from practices that can meet requirements set out in the Secretary of State's Direction around issues such as being able to provide appropriate premises and staff training.

Of the 132 community pharmacies operating in Leicestershire, 115 (87%) were offering the **New Medicines Service (NMS)**, 124 (94%) were offering the **Community Pharmacist Consultation Service (CPCS)**, 17 were offering **Stoma Customisation** (13%), 116 (88%) were offering the Seasonal **Influenza Vaccination** and 120 (91%) were offering **Medicines Use Review** and **Prescription Intervention Service**.

Across Leicestershire, the delivery of advanced services is at a **higher percentage than the England average** and Table 23 on page 51 of the main PNA document details the relevant figures by district.

Community Based Services

Community based services are services commissioned locally, usually by a local authority or a clinical commissioning group and tailored to meet the needs of the population. They are based on voluntary agreements and pharmacies are not compelled to offer any or all of the services. Several community-based services are provided across Leicestershire, including emergency hormonal contraception (EHC), needle exchange and supervised consumption.

The overall consultation rate for **emergency hormonal contraception (EHC)** in Leicestershire pharmacies was 15.8 consultations per 1,000 females aged 15-24. This varied from a rate of 0.8 per 1,000 females in Melton to 33.6 per 1,000 females in Oadby & Wigston. 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.

Appliance Use Reviews and **Hepatitis C testing** are not provided by community pharmacists in Leicestershire, but these are services not provided widely nationally. However, Leicestershire pharmacies that do not provide this service are able to signpost patients to the appliance contractors who provide this service.

Tables 24 and 25 (pages 52 and 53) in the main document provide further details of community-based services in Leicestershire.

Cross Border Provision

Cross border pharmacy provision is also an important element of pharmacy access for county residents, such as to City pharmacies for those that work or live close to Leicester and those that live closer to towns on the outer county border. The Council will be looking to influence the content of other PNAs, such as the PNA for Leicester to ensure that overall provision is considered.

Consultation Views

Professionals Survey Results

Of the 74 responses to the LLR Pharmacy Professionals Survey, 84% stated that they used **locum** pharmacists and 69% used **relief** pharmacists, with recruitment difficulties experienced particularly in community pharmacist, dispenser, and medicines counter assistant roles. A majority (69%) felt able to maintain the current level of services, with just 18% disagreeing.

Most would be willing to provide **NHS and local authority commissioned services** with training and/or facilities. Over a half (58%) plan to expand the business with 29% planning to expand online services

Over 80% of respondents indicated that the **number of pharmacies** and the **location** within a 3-mile radius are 'excellent' or 'good' and 15% judged those as adequate. Ratings for the **range of services** provided within a 3-mile radius are slightly lower, with 71% rating 'excellent' or 'good' and 19% 'adequate'.

User Survey Results

Regarding access to services, 73% of respondents agreed that pharmacy opening hours met their needs, with 16% disagreeing; 94% found it easy to find a pharmacy open in the day, whilst 33% found it easy in the evening. Just over half (53%) of respondents found access easy at weekends.

Nearly two-thirds of respondents (73%) were satisfied with the **advice from pharmacies**. However, the satisfaction with **advice from GP dispensaries** was more varied (40% very/fairly satisfied, 12% neither satisfied nor dissatisfied and 8% were dissatisfied). The most important issues for respondents were **quality of service, availability** of medicines, **private areas** to speak to a pharmacist, physical **accessibility**, and **location**. Vaccinations were also mentioned as important.

The majority (81%) agreed that the pharmacy provides a **good service** and provides **clear advice** (72%). Some responses highlighted some concerns about speaking to a pharmacist **without being overheard**. **Access to medicines on time and busy pharmacists** were also raised as issues.

A substantial proportion (37%) indicated that they had **caring responsibilities** and highlighted the value of pharmacists having family knowledge/awareness of circumstances.

Responses indicated that caring needs were generally met, and people felt that their physical access needs were also met.

Regarding mode of delivery, 10% of survey participants had delivery by post or pharmacy (and most of these respondents agreed that their pharmacy provides a good service), whilst 90% collected. The majority indicated that they were not likely to use **postal (73%) or online (home delivery) services (64%)** within the next 3 years.

Conclusions

Combining all three types of providers for the delivery of essential services, residents of Leicestershire have similar levels of access (measured as the number of providers per 10,000 population) to the England average.

Whilst current access to pharmacy provision is largely good, with the **projected increases in population** that are anticipated in Leicestershire, the areas of Harborough, Hinckley and Bosworth, and North-West Leicestershire should in particular be kept under review to ensure that the provision remains adequate to meet the future needs of the populations in these areas. The large amount of **housing development** in the county should also be kept under review and taken into consideration as this may present particular geographical areas of need for further pharmaceutical services.

Generally, **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. Three-quarters of residents live within a 15-minute walk-time of a pharmacy or dispensing GP surgery. It is worth noting that despite this, of residents in the most **rural parts of the county** 85% live more than 15 minutes' walk of a pharmacy or dispensing GP surgery. 92% of residents live within a 15-minute public transport journey (weekday AM) of a pharmacy or dispensing GP surgery. **Public and community transport is important to support access in certain areas**, particularly the rural east of the county.

Across Leicestershire, the delivery of **advanced services** is at a higher percentage than the England average, with the majority of pharmacies providing CPCS, NMS and seasonal flu vaccination. CPCS and NMS 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. Just 13% of practices provide Stoma Customisation.

Appliance Use Reviews and Hepatitis C testing are not provided by community pharmacists in Leicestershire, but practices are able to signpost patients to the relevant appliance contractors.

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 vaccinations should be increased wherever possible.

The provision of **community-based services** (CBS) across Leicestershire 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. A review of service quality and uptake could provide further insight into the effectiveness of these local services. The analysis of CBS identified a number of schemes with **good population coverage and uptake of services**, such as EHC or substance misuse services, but also some gaps when relating the coverage to the current or future health needs, e.g., palliative medicines supply.

Recommendations

Equity of Service

NHS England (and where relevant Leicestershire County Council, Leicestershire CCG/ICS) should:

- Keep locations and opening times under review in the light of population and housing growth to assess whether access to pharmacies for essential services is equitable for all Leicestershire residents. In particular for Bank holidays and Sunday.
- 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.
- The availability of public, community and voluntary transport provision to pharmacy and GP dispensing locations should also be kept under review
- Keep under review recruitment difficulties for some pharmacies, use of private consultation rooms and timely access to some medicines.

Increase the use of pharmacy services in promoting health and healthcare management

NHS England and NHS Improvement (and where relevant Leicestershire County Council, Leicestershire and Rutland CCG/ICS) should:

- Ensure the promotion of the healthy lifestyles (Public Health) requirements of the essential services. 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 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.

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, with a potential to cut down the number of unnecessary hospital admissions. The role of pharmacies supporting extended access in General Practice needs to be considered in the future.