LEICESTERSHIRE PHARMACEUTICAL NEEDS ASSESSMENT – SUPPORTING APPENDICES

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APPENDIX A: LLR PNA REFERENCE GROUP TERMS OF REFERENCE

LEICESTERSHIRE COUNTY COUNCIL, RUTLAND COUNTY COUNCIL AND LEICESTER CITY COUNCIL

PHARMACEUTICAL NEEDS ASSESSMENT

REFERENCE GROUP

TERMS OF REFERENCE

Purpose:

The Pharmaceutical Needs Assessment (PNA) is a legal duty of the Health and Wellbeing Board (HWB) and each HWB will need to publish its own revised PNA for its area by 1st October 2022.

The purpose of this reference group is to oversee the development of the PNA for Leicestershire, the PNA for Rutland and the PNA for Leicester City.

The team will set the timetable for the development of the PNA, agree the format and content of the PNA and ensure that each PNA fulfils statutory duties around consultation for the PNA.

The team will be a task and finish group, meeting between December 2021 and September 2022.

Key responsibilities:

- To oversee the PNA process
- To ensure that the development of the PNA meets the statutory duties of the HWBs
- To ensure active engagement from all stakeholders
- To communicate to a wider audience how the PNA is being developed
- To ensure that the PNA addresses issues of provision and identifies need
- To map current provision of pharmaceutical services
- To identify any gaps in pharmaceutical provision
- To map any future provision

Governance:

- Leicestershire County Council – the Health and Wellbeing Board will ensure the PNA is conducted according to the legislation.

- Rutland County Council – the Health and Wellbeing Board will ensure the PNA is conducted according to the legislation.

- Leicester City Council - the Health and Wellbeing Board will ensure the PNA is conducted according to the legislation

- The reference group will be chaired by the Public Health Director, Mike Sandys.

PNA Reference Group membership:

Local Authority PNA Leads
- Mike Sandys, Leicestershire County Council, Chair
- Andy Brown Business Intelligence, Leicestershire County Council
- Vivienne Robbins, Public Health Lead for Rutland County Council
- Helen Reeve, Leicester City Council

Local Pharmaceutical Committee
- Chief Officer and Secretary, Rajshri Owen

Clinical Commissioning Group
- Gillian Stead, Medicines Management lead, LLR CCG
- Amit Sammi, Head of Strategy and Planning, LLR CCG

HealthWatch
- Harsha Kotecha, Leicester and Leicestershire
- Janet Underwood, Rutland

NHS England
- Dianne Wells, Commissioning Manager

UHL

- Claire Ellwood, Chief Pharmacist, UHL and ICS

Public Health Intelligence Leads
- Victoria Rice, Leicestershire County Council
- Hana Blackledge, for Rutland County Council
- Helen Reeve, Leicester City Council

Local Medical Committee
- Charlotte Woods

Voluntary Action LeicesterShire
- Kevin Allen-Khimani - TBC

Leicestershire Equalities Challenge Group
- Matthew Hulbert

District Council Representative
- TBC

NB: Membership will be reviewed regularly and may be extended by agreement of the Reference Group members

Frequency of meetings: five meetings have been arranged – December 2021, February 2022, March 2022, May 2022, August 2022.

Additional meetings may be required between January 2022 and May 2022 as this will be the main development phase of the PNA.

Support arrangements:

The minutes of the meetings will be taken by admin support at Leicestershire County Council.

Confidentiality

An undertaking of confidentiality will be signed by all members of the Reference Group.

During the period of membership of the Reference Group, members may have access to information designated by the Local Authorities or other members as being of a confidential nature and which must not be divulged, published or disclosed without prior written consent. Improper use of or disclosure of confidential information will be regarded as a serious disciplinary matter and will be referred back to the employing organisation. For the avoidance of doubt as to whether an agenda item is confidential all papers will be marked as confidential before circulation to the group members.

Declarations of Interest

Where there is an item to be discussed, where a member could have a commercial or financial interest, the interest is to be declared and formally recorded in the minutes of the meeting.

Office for Health
Improvement
& Disparities

Public Health Outcomes Framework - at a glance summary

Leicestershire

Key

Significance compared to goal / England average:

Significantly worse (red)	**Significantly lower** (blue)	↑ **Increasing / Getting worse**	↑ **Increasing / Getting better**
Not significantly different (amber)	**Significantly higher** (light blue)	↓ **Decreasing / Getting worse**	↓ **Decreasing / Getting better**
Significantly better (green)	**Significance not tested** (grey)	↑ **Increasing**	↓ **Decreasing**
		→ **No significant change**	– **Could not be calculated**

Notes

- Indicators that are shaded blue rather than red/amber/green are presented in this way because it is not straightforward to determine for these indicators whether a high value is good or bad.
- The Change from previous column shows whether there has been a change in value compared to the previous data point. Statistically significant changes highlighted in this column have been calculated by comparing the confidence intervals for the respective time points. If the confidence intervals do not overlap, the change has been flagged as significant.
- Recent trend refers to the analysis done in the Fingertips tool which tests for a statistical trend. Changes in this column are calculated using a chi-squared statistical test for trend. This is currently only available for certain indicator types; full details are available in the tool.
- Increases or decreases are only shown if they are statistically significant. Where no arrow is shown, no comparison has been made. This may be due to the fact that the required data to make the comparison is not available for the time point, or that no confidence interval values are available for the indicator.

A. Overarching indicators

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
A01a - Healthy life expectancy at birth	All ages	Male	2017 - 19	63.5	63.2	Years	–	➡
A01a - Healthy life expectancy at birth	All ages	Female	2017 - 19	63.6	63.5	Years	–	➡
A01b - Life expectancy at birth	All ages	Male	2020	79.9	78.7	Years	–	⬇
A01b - Life expectancy at birth	All ages	Female	2020	83.7	82.6	Years	–	⬇
A01c - Disability-free life expectancy at birth	All ages	Male	2017 - 19	63.1	62.7	Years	–	➡
A01c - Disability-free life expectancy at birth	All ages	Female	2017 - 19	63.3	61.2	Years	–	➡
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	6.00	9.70	Years	–	➡
A02a - Inequality in life expectancy at birth	All ages	Female	2018 - 20	4.90	7.90	Years	–	➡
A02c - Inequality in healthy life expectancy at birth LA	All ages	Male	2009 - 13	9.03	-	Years	–	–
A02c - Inequality in healthy life expectancy at birth LA	All ages	Female	2009 - 13	9.56	-	Years	–	–
A01a - Healthy life expectancy at 65	65	Male	2017 - 19	11.1	10.6	Years	–	➡
A01a - Healthy life expectancy at 65	65	Female	2017 - 19	11.0	11.1	Years	–	➡
A01b - Life expectancy at 65	65	Male	2020	18.3	18.1	Years	–	⬇
A01b - Life expectancy at 65	65	Female	2020	21.4	20.7	Years	–	⬇
A01c - Disability-free life expectancy at 65	65	Male	2017 - 19	9.37	9.86	Years	–	➡
A01c - Disability-free life expectancy at 65	65	Female	2017 - 19	11.0	9.74	Years	–	➡
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	3.80	5.20	Years	–	➡
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	3.00	4.80	Years	–	➡

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	10.4	15.6	%	↓	↑
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	12.3	19.1	%	↓	↑
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception	5 yrs	Persons	2018/19	72.1	71.8	%	↑	→
B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	5 yrs	Persons	2018/19	48.7	56.5	%	↑	→
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	6 yrs	Persons	2018/19	83.4	81.8	%	↑	→
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	6 yrs	Persons	2018/19	63.0	70.1	%	↑	→
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	5 yrs	Persons	2018/19	83.3	82.2	%	↑	→
B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	5 yrs	Persons	2018/19	73.1	72.6	%	↑	→
B03 - Pupil absence	5-15 yrs	Persons	2018/19	4.49	4.73	%	→	→
B04 - First time entrants to the youth justice system	10-17 yrs	Persons	2020	122.6	169.2	per 100,000	→	→
B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	16-17 yrs	Persons	2020	4.70	5.48	%	→	↓
B06a - Adults with a learning disability who live in stable and appropriate accommodation	18-64 yrs	Persons	2020/21	84.3	78.3	%	↑	→
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	18-69 yrs	Persons	2020/21	46.0	58.0	%	—	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	10.6	10.6	Percentage points	—	→
B08b - Gap in the employment rate between those with a learning disability and the overall employment rate	18-64 yrs	Persons	2019/20	69.3	70.6	Percentage points	—	→
B08c - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	18-69 yrs	Persons	2019/20	74.5	67.2	Percentage points	—	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	76.9	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	1.91	1.92	%	—	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	0.96	1.02	%	—	→
B10 - Killed and seriously injured (KSI) casualties on England's roads	All ages	Persons	2020	62.1 $	86.1 $	per billion vehicle miles	—	—
B11 - Domestic abuse-related incidents and crimes	16+ yrs	Persons	2020/21	23.1 [b]	30.3	per 1,000	—	—
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	20.2	41.9	per 100,000	—	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	22.3 ~	29.5 ~	per 1,000	↑	↑
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	1.84 ~	2.29 ~	per 1,000	↑	↑
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	23.6	27.9	%	—	—
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	3.63	4.00		—	—
B13c - First time offenders	10+ yrs	Persons	2020	111.5	159.9	per 100,000	↓	↓

Public Health Outcomes Framework - at a glance summary

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B14a - The rate of complaints about noise	All ages	Persons	2019/20	3.31 $	6.37 $	per 1,000	–	↓
B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	All ages	Persons	2016	2.51	5.50	%	–	–
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	All ages	Persons	2016	5.19	8.48	%	–	–
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	6.82 ~	11.3	per 1,000	–	↓
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	0.49 ~	4.03	per 1,000	–	→
B16 - Utilisation of outdoor space for exercise/health reasons	16+ yrs	Persons	Mar 2015 - Feb 2016	20.8	17.9	%	–	→
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	9.40	10.3	%	→	–
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	11.2	13.4	%	–	–
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	18+ yrs	Persons	2019/20	41.6	45.9	%	–	→
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	18+ yrs	Persons	2018/19	30.0	32.5	%	–	→
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	21.1	22.3	%	–	–
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	10.7	17.0	%	→	↑
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	32.9	42.6 ~	per 100,000	–	–

C. Health improvement

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2020	31.2	34.6	per 1,000	→	↓
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2019	13.3	15.7	per 1,000	→	→
C02b - Under 16s conception rate / 1,000	<16 yrs	Female	2019	2.77	2.45	per 1,000	→	→
C03a - Obesity in early pregnancy	Not applicable	Female	2018/19	21.8	22.1	%	—	—
C03c - Smoking in early pregnancy	Not applicable	Female	2018/19	13.1	12.8	%	—	—
C04 - Low birth weight of term babies	=37 weeks gestational age at birth	Persons	2020	2.17	2.86	%	→	→
C05a - Baby's first feed breastmilk	Newborn	Persons	2018/19	- [a]	67.4	%	—	—
C06 - Smoking status at time of delivery	All ages	Female	2020/21	10.5	9.60	%	→	→
C07 - Proportion of New Birth Visits (NBVs) completed within 14 days	<14 days	Persons	2020/21	86.8	88.0 [e]	%	—	↑
C08a - Child development: percentage of children achieving a good level of development at 2-2½ years	2-2.5 yrs	Persons	2020/21	70.3	82.9 [e]	%	—	→
C08b - Child development: percentage of children achieving the expected level in communication skills at 2-2½ years	2-2.5 yrs	Persons	2020/21	78.3	86.8 [e]	%	—	↓
C08c - Child development: percentage of children achieving the expected level in personal-social skills at 2-2½ years	2-2.5 yrs	Persons	2020/21	78.8	90.2 [e]	%	—	↓
C09a - Reception: Prevalence of overweight (including obesity)	4-5 yrs	Persons	2019/20	19.0	23.0	%	↓	→
C09b - Year 6: Prevalence of overweight (including obesity)	10-11 yrs	Persons	2019/20	30.6	35.2	%	→	→
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2020/21	45.5	44.6	%	—	→
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	<15 yrs	Persons	2020/21	41.4	75.7	per 10,000	↓	↓
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	0-4 yrs	Persons	2020/21	57.5	108.7	per 10,000	↓	↓
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	15-24 yrs	Persons	2020/21	69.6	112.4	per 10,000	↓	↓
C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern	5-16 yrs	Persons	2019/20	35.9	37.4	%	↓	→
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2020/21	123.3	181.2	per 100,000	↓	→
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	16+ yrs	Persons	2019/20	57.0	55.4	%	—	↑
C16 - Percentage of adults (aged 18+) classified as overweight or obese	18+ yrs	Persons	2019/20	62.7	62.8	%	—	→
C17a - Percentage of physically active adults	19+ yrs	Persons	2019/20	67.6	66.4	%	—	→
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2019/20	21.9	22.9	%	—	→
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	18+ yrs	Persons	2020	9.30	12.1	%	—	—
C19a - Successful completion of drug treatment - opiate users	18+ yrs	Persons	2020	6.70 &	4.74	%	→	→
C19b - Successful completion of drug treatment - non-opiate users	18+ yrs	Persons	2020	45.0 &	33.0	%	→	↑
C19c - Successful completion of alcohol treatment	18+ yrs	Persons	2020	42.1 &	35.3	%	→	→
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	2.93	5.02	per 100,000	—	→
C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	18+ yrs	Persons	2020/21	83.0	38.1	%	↑	→

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	All ages	Persons	2020/21	403.7	455.9	per 100,000	→	↓
C22 - Estimated diabetes diagnosis rate	17+ yrs	Persons	2018	79.4	78.0	%	−	→
C23 - Percentage of cancers diagnosed at stages 1 and 2	All ages	Persons	2019	- [a]	55.1	%	−	−
C24a - Cancer screening coverage - breast cancer	53-70 yrs	Female	2021	64.9 ~	64.1 ~	%	↓	↓
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2021	74.2 ~	68.0 ~	%	→	↓
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2021	78.0 ~	74.7 ~	%	↓	↓
C24d - Cancer screening coverage - bowel cancer	60-74 yrs	Persons	2021	70.4 ~	65.2 ~	%	↑	↑
C24e - Abdominal Aortic Aneurysm Screening - Coverage	65	Male	2020/21	81.7 ~	55.0 ~	%	→	→
C24m - Newborn Hearing Screening - Coverage	<1 yr	Persons	2020/21	98.9	97.5 ~	%	−	→
C24n - Newborn and Infant Physical Examination Screening - Coverage	<1 yr	Persons	2020/21	95.3	97.3 ~	%	−	−
C26a - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	40-74 yrs	Persons	2016/17 - 20/21	63.6	71.8	%	−	↓
C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	40-74 yrs	Persons	2016/17 - 20/21	49.8	46.5	%	−	↑
C26c - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	40-74 yrs	Persons	2016/17 - 20/21	31.7	33.4	%	−	↓
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	16+ yrs	Persons	2020	17.9	18.6	%	−	→
C28a - Self-reported wellbeing - people with a low satisfaction score	16+ yrs	Persons	2020/21	5.99	6.06	%	−	→
C28b - Self-reported wellbeing - people with a low worthwhile score	16+ yrs	Persons	2020/21	- ^	4.38	%	−	−
C28c - Self-reported wellbeing - people with a low happiness score	16+ yrs	Persons	2020/21	7.73	9.21	%	−	→
C28d - Self-reported wellbeing - people with a high anxiety score	16+ yrs	Persons	2020/21	22.5	24.2	%	−	→
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2020/21	1641	2023	per 100,000	→	↓
C29 - Emergency hospital admissions due to falls in people aged 65-79	65-79 yrs	Persons	2020/21	722.2	936.6	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 80+	80+ yrs	Persons	2020/21	4304	5174	per 100,000	→	↓
2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	6-8 weeks	Persons	2020/21	- [a]	47.6 [e]	%	−	−

D. Health protection

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
D01 - Fraction of mortality attributable to particulate air pollution	30+ yrs	Persons	2019	5.33	5.13	%	–	–
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	15-24 yrs	Persons	2020	1130 *	1408 *	per 100,000	↓	↓
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	15-64 yrs	Persons	2020	346.2	619.0	per 100,000	↓	↓
D03b - Population vaccination coverage - Hepatitis B (1 year old)	1 yr	Persons	2020/21	90.0	- [d]	%	–	→
D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	1 yr	Persons	2020/21	96.3 *	92.0 *	%	↓	→
D03d - Population vaccination coverage - MenB (1 year)	1 yr	Persons	2020/21	96.3 *	92.1 *	%	–	→
D03e - Population vaccination coverage - Rotavirus (Rota) (1 year)	1 yr	Persons	2020/21	94.6 *	90.2 *	%	→	→
D03f - Population vaccination coverage - PCV	1 yr	Persons	2019/20	96.8 *	93.2 *	%	→	→
D03g - Population vaccination coverage - Hepatitis B (2 years old)	2 yrs	Persons	2020/21	91.7	- [d]	%	–	→
D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2 yrs	Persons	2020/21	97.0 *	93.8 *	%	↓	→
D03i - Population vaccination coverage - MenB booster (2 years)	2 yrs	Persons	2020/21	95.1 *	89.0 *	%	–	→
D03j - Population vaccination coverage - MMR for one dose (2 years old)	2 yrs	Persons	2020/21	96.1 *	90.3 *	%	→	→
D03k - Population vaccination coverage - PCV booster	2 yrs	Persons	2020/21	96.1 *	90.1 *	%	→	→
D03l - Population vaccination coverage - Flu (2-3 years old)	2-3 yrs	Persons	2020/21	68.9 & *	56.7 ~ *	%	↑	↑
D03m - Population vaccination coverage - Hib / MenC booster (2 years old)	2 yrs	Persons	2020/21	95.9 *	89.8 *	%	→	→
D04a - Population vaccination coverage - DTaP/IPV booster (5 years)	5 yrs	Persons	2020/21	93.3 *	85.3 *	%	→	→
D04b - Population vaccination coverage - MMR for one dose (5 years old)	5 yrs	Persons	2020/21	97.7 *	94.3 *	%	→	→
D04c - Population vaccination coverage - MMR for two doses (5 years old)	5 yrs	Persons	2020/21	95.0 *	86.6 *	%	↑	→
D04d - Population vaccination coverage - Flu (primary school aged children)	4-11 yrs	Persons	2020	67.7 & *	62.5 ~ *	%	–	↑
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old)	12-13 yrs	Female	2019/20	84.7 *	59.2 *	%	↓	↓
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old)	12-13 yrs	Male	2019/20	78.7 *	54.4 *	%	–	–
D04f - Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old)	13-14 yrs	Female	2019/20	87.5 *	64.7 *	%	→	↓
D04g - Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years)	14-15 yrs	Persons	2019/20	93.0 *	87.0 *	%	–	→
D05 - Population vaccination coverage - Flu (at risk individuals)	6 months-64 yrs	Persons	2020/21	55.1 & *	53.0 ~ *	%	→	↑
D06a - Population vaccination coverage - Flu (aged 65+)	65+ yrs	Persons	2020/21	83.5 & *	80.9 ~ *	%	↑	↑
D06b - Population vaccination coverage - PPV	65+ yrs	Persons	2020/21	71.9 *	70.6 *	%	→	↑
D06c - Population vaccination coverage – Shingles vaccination coverage (71 years)	71	Persons	2019/20	48.8 *	48.2 *	%	–	→
D07 - HIV late diagnosis (all CD4 less than 350) (%)	15+ yrs	Persons	2018 - 20	26.5 @ *	42.4 *	%	–	→
D08a - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months	All ages	Persons	2019	90.0	82.0	%	→	→
D08b - TB incidence (three year average)	All ages	Persons	2018 - 20	4.30	7.96	per 100,000	–	→
D09 - NHS organisations with a board approved sustainable development management plan	Not applicable	Not applicable	2015/16	40.0	66.2	%	→	→
D10 - Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2020	0.80 *	0.75 *	per STAR-PU	–	↓

E. Healthcare and premature mortality

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
E01 - Infant mortality rate	<1 yr	Persons	2018 - 20	3.25	3.90	per 1,000	–	→
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2018/19	18.2	23.4	%	–	↓
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	<75 yrs	Persons	2020	118.8	140.5	per 100,000	→	→
E04a - Under 75 mortality rate from all cardiovascular diseases	<75 yrs	Persons	2020	61.8	73.8	per 100,000	→	→
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	<75 yrs	Persons	2020	23.6	29.2	per 100,000	→	→
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020	121.5	125.1	per 100,000	→	→
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	<75 yrs	Persons	2020	49.3	51.5	per 100,000	→	→
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020	17.2	20.6	per 100,000	→	→
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	<75 yrs	Persons	2020	14.7	18.2	per 100,000	→	→
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020	24.7	29.4	per 100,000	→	→
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	<75 yrs	Persons	2020	11.8	17.1	per 100,000	→	→
E08 - Mortality rate from a range of specified communicable diseases, including influenza	All ages	Persons	2020	5.80	8.25	per 100,000	→	→
E09a - Premature mortality in adults with severe mental illness (SMI)	18-74 yrs	Persons	2018 - 20	95.2 [c]	103.6	per 100,000	–	→
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI)	18-74 yrs	Persons	2018 - 20	573.6	451.0	%	–	→
E10 - Suicide rate	10+ yrs	Persons	2018 - 20	8.38	10.4	per 100,000	–	→
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2019/20	- x	14.4	%	–	–
E12a - Preventable sight loss - age related macular degeneration (AMD)	65+ yrs	Persons	2019/20	111.1	105.4	per 100,000	→	→
E12b - Preventable sight loss - glaucoma	40+ yrs	Persons	2019/20	8.74	12.9	per 100,000	→	→
E12c - Preventable sight loss - diabetic eye disease	12+ yrs	Persons	2019/20	1.80	2.95	per 100,000	→	→
E12d - Preventable sight loss - sight loss certifications	All ages	Persons	2019/20	40.2	41.4	per 100,000	→	→
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2020/21	671.8	528.7	per 100,000	→	↓
E13 - Hip fractures in people aged 65-79	65-79 yrs	Persons	2020/21	227.4	219.3	per 100,000	→	↓
E13 - Hip fractures in people aged 80+	80+ yrs	Persons	2020/21	1960	1426	per 100,000	→	↓
E14 - Excess winter deaths index	All ages	Persons	Aug 2019 - Jul 2020	17.4	17.4	%	–	→
E14 - Excess winter deaths index (age 85+)	85+ yrs	Persons	Aug 2019 - Jul 2020	24.0	20.8	%	–	→
E15 - Estimated dementia diagnosis rate (aged 65 and over)	65+ yrs	Persons	2021	61.2 *	61.6 *	%	→	→

Public Health Outcomes Framework - at a glance summary

Blaby

Key

Significance compared to goal / England average:

Significantly worse (red)	**Significantly lower** (blue)	↑ **Increasing / Getting worse**	↑ **Increasing / Getting better**
Not significantly different (amber)	**Significantly higher** (light blue)	↓ **Decreasing / Getting worse**	↓ **Decreasing / Getting better**
Significantly better (green)	**Significance not tested** (grey)	↑ **Increasing**	↓ **Decreasing**
		→ **No significant change**	– **Could not be calculated**

Notes

- Indicators that are shaded blue rather than red/amber/green are presented in this way because it is not straightforward to determine for these indicators whether a high value is good or bad.
- The Change from previous column shows whether there has been a change in value compared to the previous data point. Statistically significant changes highlighted in this column have been calculated by comparing the confidence intervals for the respective time points. If the confidence intervals do not overlap, the change has been flagged as significant.
- Recent trend refers to the analysis done in the Fingertips tool which tests for a statistical trend. Changes in this column are calculated using a chi-squared statistical test for trend. This is currently only available for certain indicator types; full details are available in the tool.
- Increases or decreases are only shown if they are statistically significant. Where no arrow is shown, no comparison has been made. This may be due to the fact that the required data to make the comparison is not available for the time point, or that no confidence interval values are available for the indicator.

A. Overarching indicators

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
A01b - Life expectancy at birth	All ages	Male	2020	80.5	78.7	Years	—	→
A01b - Life expectancy at birth	All ages	Female	2020	84.3	82.6	Years	—	→
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	1.70	9.70	Years	—	→
A02a - Inequality in life expectancy at birth	All ages	Female	2018 - 20	-1.40	7.90	Years	—	→
A01b - Life expectancy at 65	65	Male	2020	18.2	18.1	Years	—	↓
A01b - Life expectancy at 65	65	Female	2020	22.2	20.7	Years	—	→
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	1.60	5.20	Years	—	→
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	-0.90	4.80	Years	—	→

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	10.1	15.6	%	↓	↑
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	11.6	19.1	%	↓	↑
B03 - Pupil absence	5-15 yrs	Persons	2018/19	4.52	4.73	%	→	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	9.89	10.6	Percentage points	−	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	72.0	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	2.12	1.92	%	−	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	0.85	1.02	%	−	→
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	23.1	41.9	per 100,000	−	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	20.6	29.5 x	per 1,000	↑	↑
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	2.14	2.29 x	per 1,000	↑	→
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	20.2	27.9	%	−	−
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	3.58	4.00		−	−
B14a - The rate of complaints about noise	All ages	Persons	2019/20	2.96	6.37 @	per 1,000	→	→
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	8.04	11.3	per 1,000	−	↓
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	0.26	4.03	per 1,000	−	→
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	8.40	10.3	%	→	−
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	9.66	13.4	%	−	−
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	22.7	22.3	%	−	−
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	9.20	17.0	%	→	↑
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	29.0	42.6 x	per 100,000	−	−

C. Health improvement

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2020	25.7	34.6	per 1,000	→	↓
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2019	13.7	15.7	per 1,000	→	→
C04 - Low birth weight of term babies	=37 weeks gestational age at birth	Persons	2020	1.73	2.86	%	→	→
C06 - Smoking status at time of delivery	All ages	Female	2020/21	9.10	9.60	%	→	→
C09a - Reception: Prevalence of overweight (including obesity)	4-5 yrs	Persons	2019/20	19.8	23.0	%	→	→
C09b - Year 6: Prevalence of overweight (including obesity)	10-11 yrs	Persons	2019/20	30.2	35.2	%	→	→
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2020/21	- ^	44.6	%	—	—
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	<15 yrs	Persons	2020/21	35.6	75.7	per 10,000	↓	↓
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	0-4 yrs	Persons	2020/21	35.4	108.7	per 10,000	→	↓
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	15-24 yrs	Persons	2020/21	59.6	112.4	per 10,000	↓	↓
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2020/21	111.8	181.2	per 100,000	→	→
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	16+ yrs	Persons	2019/20	57.4	55.4	%	—	→
C16 - Percentage of adults (aged 18+) classified as overweight or obese	18+ yrs	Persons	2019/20	67.5	62.8	%	—	→
C17a - Percentage of physically active adults	19+ yrs	Persons	2019/20	66.2	66.4	%	—	→
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2019/20	21.7	22.9	%	—	→
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	18+ yrs	Persons	2020	8.00	12.1	%	—	—
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	-	5.02	per 100,000	—	—
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	All ages	Persons	2020/21	381.4	455.9	per 100,000	↓	→
C22 - Estimated diabetes diagnosis rate	17+ yrs	Persons	2018	78.5	78.0	%	—	→
C23 - Percentage of cancers diagnosed at stages 1 and 2	All ages	Persons	2019	45.1	55.1	%	→	→
C24a - Cancer screening coverage - breast cancer	53-70 yrs	Female	2021	74.8	64.1 x	%	↓	↑
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2021	77.0	68.0 x	%	→	↓
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2021	79.0	74.7 x	%	↓	→
C24d - Cancer screening coverage - bowel cancer	60-74 yrs	Persons	2021	71.3	65.2 x	%	↑	↑
C24e - Abdominal Aortic Aneurysm Screening - Coverage	65	Male	2020/21	84.3	55.0 x	%	→	→
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	16+ yrs	Persons	2020	18.8	18.6	%	—	→
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2020/21	1434	2023	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 65-79	65-79 yrs	Persons	2020/21	593.0	936.6	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 80+	80+ yrs	Persons	2020/21	3874	5174	per 100,000	→	→

D. Health protection

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
D01 - Fraction of mortality attributable to particulate air pollution	30+ yrs	Persons	2019	5.50	5.13	%	=	=
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	15-24 yrs	Persons	2020	1531 *	1408 *	per 100,000	➜	➜
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	15-64 yrs	Persons	2020	337.0	619.0	per 100,000	⬇	⬇
D07 - HIV late diagnosis (all CD4 less than 350) (%)	15+ yrs	Persons	2018 - 20	25.0 ~ *	42.4 *	%	=	➜
D08b - TB incidence (three year average)	All ages	Persons	2018 - 20	6.31	7.96	per 100,000	=	➜
D10 - Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2020	0.84 *	0.75 *	per STAR-PU	=	⬇

E. Healthcare and premature mortality

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
E01 - Infant mortality rate	<1 yr	Persons	2018 - 20	2.20	3.90	per 1,000	–	➔
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2018/19	19.0	23.4	%	–	➔
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	<75 yrs	Persons	2020	121.8	140.5	per 100,000	➔	➔
E04a - Under 75 mortality rate from all cardiovascular diseases	<75 yrs	Persons	2020	52.2	73.8	per 100,000	➔	➔
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	<75 yrs	Persons	2020	20.2	29.2	per 100,000	➔	➔
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020	131.9	125.1	per 100,000	➔	➔
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	<75 yrs	Persons	2020	63.4	51.5	per 100,000	➔	➔
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020	11.6	20.6	per 100,000	–	–
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	<75 yrs	Persons	2020	- &	18.2	per 100,000	–	–
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020	20.3	29.4	per 100,000	➔	➔
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	<75 yrs	Persons	2020	- &	17.1	per 100,000	–	–
E08 - Mortality rate from a range of specified communicable diseases, including influenza	All ages	Persons	2020	- $	8.25	per 100,000	–	–
E10 - Suicide rate	10+ yrs	Persons	2018 - 20	9.60	10.4	per 100,000	–	➔
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2019/20	13.5	14.4	%	–	➔
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2020/21	621.4	528.7	per 100,000	➔	➔
E13 - Hip fractures in people aged 65-79	65-79 yrs	Persons	2020/21	206.0	219.3	per 100,000	➔	➔
E13 - Hip fractures in people aged 80+	80+ yrs	Persons	2020/21	1826	1426	per 100,000	➔	➔
E14 - Excess winter deaths index	All ages	Persons	Aug 2019 - Jul 2020	19.1	17.4	%	–	➔
E14 - Excess winter deaths index (age 85+)	85+ yrs	Persons	Aug 2019 - Jul 2020	34.6	20.8	%	–	➔
E15 - Estimated dementia diagnosis rate (aged 65 and over)	65+ yrs	Persons	2021	64.5 *	61.6 *	%	➔	➔

Office for Health
Improvement
& Disparities

Public Health Outcomes Framework - at a glance summary

Charnwood

Key

Significance compared to goal / England average:

Significantly worse	**Significantly lower**	↑ **Increasing / Getting worse**	↑ **Increasing / Getting better**
Not significantly different	**Significantly higher**	↓ **Decreasing / Getting worse**	↓ **Decreasing / Getting better**
Significantly better	**Significance not tested**	↑ **Increasing**	↓ **Decreasing**
		→ **No significant change**	– **Could not be calculated**

Notes

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A. Overarching indicators

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
A01b - Life expectancy at birth	All ages	Male	2020	79.5	78.7	Years	−	→
A01b - Life expectancy at birth	All ages	Female	2020	83.9	82.6	Years	−	→
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	7.10	9.70	Years	−	→
A02a - Inequality in life expectancy at birth	All ages	Female	2018 - 20	9.20	7.90	Years	−	→
A01b - Life expectancy at 65	65	Male	2020	18.2	18.1	Years	−	↓
A01b - Life expectancy at 65	65	Female	2020	21.6	20.7	Years	−	→
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	4.30	5.20	Years	−	→
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	5.90	4.80	Years	−	→

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	10.8	15.6	%	↓	→
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	12.9	19.1	%	↓	→
B03 - Pupil absence	5-15 yrs	Persons	2018/19	4.56	4.73	%	→	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	14.4	10.6	Percentage points	—	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	81.3	75.1	%	↑	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	1.85	1.92	%	—	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	0.84	1.02	%	—	→
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	19.2	41.9	per 100,000	—	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	25.0	29.5 &	per 1,000	↑	↑
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	1.82	2.29 &	per 1,000	↑	→
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	28.1	27.9	%	—	—
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	3.86	4.00		—	—
B14a - The rate of complaints about noise	All ages	Persons	2019/20	3.23	6.37 x	per 1,000	→	↓
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	- ^	11.3	per 1,000	—	—
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	- $	4.03	per 1,000	—	—
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	10.1	10.3	%	→	—
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	11.8	13.4	%	—	—
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	23.6	22.3	%	—	—
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	12.4	17.0	%	↓	→
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	27.9	42.6 &	per 100,000	—	—

C. Health improvement

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2020	30.7	34.6	per 1,000	→	↓
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2019	14.8	15.7	per 1,000	→	→
C04 - Low birth weight of term babies	=37 weeks gestational age at birth	Persons	2020	1.68	2.86	%	→	↓
C06 - Smoking status at time of delivery	All ages	Female	2020/21	11.4	9.60	%	→	→
C09a - Reception: Prevalence of overweight (including obesity)	4-5 yrs	Persons	2019/20	22.3	23.0	%	→	→
C09b - Year 6: Prevalence of overweight (including obesity)	10-11 yrs	Persons	2019/20	31.2	35.2	%	→	→
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2020/21	40.3	44.6	%	–	–
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	<15 yrs	Persons	2020/21	30.0	75.7	per 10,000	↓	↓
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	0-4 yrs	Persons	2020/21	41.9	108.7	per 10,000	→	→
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	15-24 yrs	Persons	2020/21	48.7	112.4	per 10,000	↓	→
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2020/21	118.3	181.2	per 100,000	↓	→
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	16+ yrs	Persons	2019/20	56.7	55.4	%	–	–
C16 - Percentage of adults (aged 18+) classified as overweight or obese	18+ yrs	Persons	2019/20	59.4	62.8	%	–	→
C17a - Percentage of physically active adults	19+ yrs	Persons	2019/20	65.7	66.4	%	–	→
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2019/20	24.3	22.9	%	–	→
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	18+ yrs	Persons	2020	14.4	12.1	%	–	–
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	3.14	5.02	per 100,000	–	→
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	All ages	Persons	2020/21	417.4	455.9	per 100,000	→	↓
C22 - Estimated diabetes diagnosis rate	17+ yrs	Persons	2018	84.5	78.0	%	–	→
C23 - Percentage of cancers diagnosed at stages 1 and 2	All ages	Persons	2019	- ~	55.1	%	–	–
C24a - Cancer screening coverage - breast cancer	53-70 yrs	Female	2021	76.1	64.1 &	%	↓	↓
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2021	70.2	68.0 &	%	↓	↓
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2021	77.8	74.7 &	%	↓	↓
C24d - Cancer screening coverage - bowel cancer	60-74 yrs	Persons	2021	70.4	65.2 &	%	↑	↑
C24e - Abdominal Aortic Aneurysm Screening - Coverage	65	Male	2020/21	83.8	55.0 &	%	→	→
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	16+ yrs	Persons	2020	15.6	18.6	%	–	↓
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2020/21	1488	2023	per 100,000	→	↓
C29 - Emergency hospital admissions due to falls in people aged 65-79	65-79 yrs	Persons	2020/21	649.2	936.6	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 80+	80+ yrs	Persons	2020/21	3922	5174	per 100,000	→	↓

D. Health protection

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
D01 - Fraction of mortality attributable to particulate air pollution	30+ yrs	Persons	2019	5.46	5.13	%	=	=
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	15-24 yrs	Persons	2020	1046 *	1408 *	per 100,000	↓	↓
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	15-64 yrs	Persons	2020	376.0	619.0	per 100,000	↓	↓
D07 - HIV late diagnosis (all CD4 less than 350) (%)	15+ yrs	Persons	2018 - 20	16.7 *	42.4 *	%	=	→
D08b - TB incidence (three year average)	All ages	Persons	2018 - 20	5.65	7.96	per 100,000	=	→
D10 - Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2020	0.77 *	0.75 *	per STAR-PU	=	↓

E. Healthcare and premature mortality

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
E01 - Infant mortality rate	<1 yr	Persons	2018 - 20	4.37	3.90	per 1,000	―	➡
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2018/19	20.5	23.4	%	―	➡
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	<75 yrs	Persons	2020	114.3	140.5	per 100,000	➡	➡
E04a - Under 75 mortality rate from all cardiovascular diseases	<75 yrs	Persons	2020	64.6	73.8	per 100,000	➡	➡
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	<75 yrs	Persons	2020	23.2	29.2	per 100,000	➡	➡
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020	116.3	125.1	per 100,000	➡	➡
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	<75 yrs	Persons	2020	47.1	51.5	per 100,000	➡	➡
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020	20.7	20.6	per 100,000	➡	➡
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	<75 yrs	Persons	2020	17.6	18.2	per 100,000	➡	➡
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020	30.0	29.4	per 100,000	➡	➡
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	<75 yrs	Persons	2020	13.1	17.1	per 100,000	➡	➡
E08 - Mortality rate from a range of specified communicable diseases, including influenza	All ages	Persons	2020	8.39	8.25	per 100,000	―	―
E10 - Suicide rate	10+ yrs	Persons	2018 - 20	7.04	10.4	per 100,000	―	➡
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2019/20	13.8	14.4	%	―	➡
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2020/21	692.3	528.7	per 100,000	➡	➡
E13 - Hip fractures in people aged 65-79	65-79 yrs	Persons	2020/21	237.1	219.3	per 100,000	➡	➡
E13 - Hip fractures in people aged 80+	80+ yrs	Persons	2020/21	2012	1426	per 100,000	➡	➡
E14 - Excess winter deaths index	All ages	Persons	Aug 2019 - Jul 2020	18.1	17.4	%	―	➡
E14 - Excess winter deaths index (age 85+)	85+ yrs	Persons	Aug 2019 - Jul 2020	24.0	20.8	%	―	➡
E15 - Estimated dementia diagnosis rate (aged 65 and over)	65+ yrs	Persons	2021	64.8 *	61.6 *	%	➡	➡

Office for Health
Improvement
& Disparities

Public Health Outcomes Framework - at a glance summary

Harborough

Key

Significance compared to goal / England average:

Significantly worse	**Significantly lower**	↑ **Increasing / Getting worse**	↑ **Increasing / Getting better**
Not significantly different	**Significantly higher**	↓ **Decreasing / Getting worse**	↓ **Decreasing / Getting better**
Significantly better	**Significance not tested**	↑ **Increasing**	↓ **Decreasing**
		→ **No significant change**	— **Could not be calculated**

Notes

- Indicators that are shaded blue rather than red/amber/green are presented in this way because it is not straightforward to determine for these indicators whether a high value is good or bad.
- The Change from previous column shows whether there has been a change in value compared to the previous data point. Statistically significant changes highlighted in this column have been calculated by comparing the confidence intervals for the respective time points. If the confidence intervals do not overlap, the change has been flagged as significant.
- Recent trend refers to the analysis done in the Fingertips tool which tests for a statistical trend. Changes in this column are calculated using a chi-squared statistical test for trend. This is currently only available for certain indicator types; full details are available in the tool.
- Increases or decreases are only shown if they are statistically significant. Where no arrow is shown, no comparison has been made. This may be due to the fact that the required data to make the comparison is not available for the time point, or that no confidence interval values are available for the indicator.

A. Overarching indicators

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
A01b - Life expectancy at birth	All ages	Male	**2020**	80.3	78.7	Years	—	→
A01b - Life expectancy at birth	All ages	Female	**2020**	83.5	82.6	Years	—	→
A02a - Inequality in life expectancy at birth	All ages	Male	**2018 - 20**	2.30	9.70	Years	—	→
A02a - Inequality in life expectancy at birth	All ages	Female	**2018 - 20**	-1.40	7.90	Years	—	→
A01b - Life expectancy at 65	65	Male	**2020**	19.2	18.1	Years	—	→
A01b - Life expectancy at 65	65	Female	**2020**	21.4	20.7	Years	—	→
A02a - Inequality in life expectancy at 65	65	Male	**2018 - 20**	0.80	5.20	Years	—	→
A02a - Inequality in life expectancy at 65	65	Female	**2018 - 20**	-1.00	4.80	Years	—	→

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	8.00	15.6	%	↓	→
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	9.20	19.1	%	↓	→
B03 - Pupil absence	5-15 yrs	Persons	2018/19	4.37	4.73	%	→	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	9.08	10.6	Percentage points	–	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	82.1	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	2.12	1.92	%	–	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	1.50	1.02	%	–	→
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	14.6	41.9	per 100,000	–	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	16.0	29.5 x	per 1,000	↑	→
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	1.17	2.29 x	per 1,000	↑	→
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	17.3	27.9	%	–	–
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	3.33	4.00		–	–
B14a - The rate of complaints about noise	All ages	Persons	2019/20	2.53	6.37 @	per 1,000	↓	↑
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	5.13	11.3	per 1,000	–	→
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	0.23	4.03	per 1,000	–	→
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	8.90	10.3	%	→	–
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	9.67	13.4	%	–	–
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	17.4	22.3	%	–	–
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	6.90	17.0	%	→	→
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	35.7	42.6 x	per 100,000	–	–

C. Health improvement

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2020	24.9	34.6	per 1,000	→	↓
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2019	11.6	15.7	per 1,000	→	→
C04 - Low birth weight of term babies	=37 weeks gestational age at birth	Persons	2020	2.52	2.86	%	→	→
C06 - Smoking status at time of delivery	All ages	Female	2020/21	9.10	9.60	%	→	→
C09a - Reception: Prevalence of overweight (including obesity)	4-5 yrs	Persons	2019/20	16.3	23.0	%	→	→
C09b - Year 6: Prevalence of overweight (including obesity)	10-11 yrs	Persons	2019/20	28.2	35.2	%	→	→
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2020/21	50.0	44.6	%	—	—
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	<15 yrs	Persons	2020/21	52.4	75.7	per 10,000	→	→
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	0-4 yrs	Persons	2020/21	75.8	108.7	per 10,000	→	→
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	15-24 yrs	Persons	2020/21	93.3	112.4	per 10,000	→	→
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2020/21	138.5	181.2	per 100,000	→	→
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	16+ yrs	Persons	2019/20	66.5	55.4	%	—	—
C16 - Percentage of adults (aged 18+) classified as overweight or obese	18+ yrs	Persons	2019/20	62.8	62.8	%	—	→
C17a - Percentage of physically active adults	19+ yrs	Persons	2019/20	74.1	66.4	%	—	→
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2019/20	16.3	22.9	%	—	→
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	18+ yrs	Persons	2020	8.90	12.1	%	—	—
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	-	5.02	per 100,000	—	—
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	All ages	Persons	2020/21	391.9	455.9	per 100,000	→	→
C22 - Estimated diabetes diagnosis rate	17+ yrs	Persons	2018	67.5	78.0	%	—	→
C23 - Percentage of cancers diagnosed at stages 1 and 2	All ages	Persons	2019	- ^	55.1	%	—	—
C24a - Cancer screening coverage - breast cancer	53-70 yrs	Female	2021	46.1	64.1 x	%	↓	↓
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2021	75.2	68.0 x	%	→	↓
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2021	78.3	74.7 x	%	→	↓
C24d - Cancer screening coverage - bowel cancer	60-74 yrs	Persons	2021	69.3	65.2 x	%	↑	→
C24e - Abdominal Aortic Aneurysm Screening - Coverage	65	Male	2020/21	80.6	55.0 x	%	→	→
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	16+ yrs	Persons	2020	16.8	18.6	%	—	→
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2020/21	1657	2023	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 65-79	65-79 yrs	Persons	2020/21	619.6	936.6	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 80+	80+ yrs	Persons	2020/21	4665	5174	per 100,000	→	→

D. Health protection

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
D01 - Fraction of mortality attributable to particulate air pollution	30+ yrs	Persons	2019	5.11	5.13	%	–	–
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	15-24 yrs	Persons	2020	1031 *	1408 *	per 100,000	→	↓
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	15-64 yrs	Persons	2020	289.9	619.0	per 100,000	↓	↓
D07 - HIV late diagnosis (all CD4 less than 350) (%)	15+ yrs	Persons	2018 - 20	25.0 ~ *	42.4 *	%	–	→
D08b - TB incidence (three year average)	All ages	Persons	2018 - 20	2.88	7.96	per 100,000	–	→
D10 - Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2020	0.84 *	0.75 *	per STAR-PU	–	↓

E. Healthcare and premature mortality

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
E01 - Infant mortality rate	<1 yr	Persons	2018 - 20	4.55	3.90	per 1,000	—	→
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2018/19	15.5	23.4	%	—	→
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	<75 yrs	Persons	2020	108.7	140.5	per 100,000	→	→
E04a - Under 75 mortality rate from all cardiovascular diseases	<75 yrs	Persons	2020	66.5	73.8	per 100,000	→	→
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	<75 yrs	Persons	2020	24.6	29.2	per 100,000	→	→
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020	119.8	125.1	per 100,000	→	→
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	<75 yrs	Persons	2020	47.8	51.5	per 100,000	→	→
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020	14.7	20.6	per 100,000	—	—
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	<75 yrs	Persons	2020	10.5	18.2	per 100,000	—	—
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020	19.2	29.4	per 100,000	→	→
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	<75 yrs	Persons	2020	- &	17.1	per 100,000	—	—
E08 - Mortality rate from a range of specified communicable diseases, including influenza	All ages	Persons	2020	- $	8.25	per 100,000	—	—
E10 - Suicide rate	10+ yrs	Persons	2018 - 20	8.10	10.4	per 100,000	—	→
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2019/20	12.7	14.4	%	—	→
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2020/21	702.8	528.7	per 100,000	→	→
E13 - Hip fractures in people aged 65-79	65-79 yrs	Persons	2020/21	208.3	219.3	per 100,000	→	→
E13 - Hip fractures in people aged 80+	80+ yrs	Persons	2020/21	2137	1426	per 100,000	→	→
E14 - Excess winter deaths index	All ages	Persons	Aug 2019 - Jul 2020	5.70	17.4	%	—	→
E14 - Excess winter deaths index (age 85+)	85+ yrs	Persons	Aug 2019 - Jul 2020	8.10	20.8	%	—	→
E15 - Estimated dementia diagnosis rate (aged 65 and over)	65+ yrs	Persons	2021	54.3 *	61.6 *	%	↓	→

Office for Health
Improvement
& Disparities

Public Health Outcomes Framework - at a glance summary

Hinckley and Bosworth

Key

Significance compared to goal / England average:

Significantly worse	**Significantly lower**	↑ **Increasing / Getting worse**	↑ **Increasing / Getting better**
Not significantly different	**Significantly higher**	↓ **Decreasing / Getting worse**	↓ **Decreasing / Getting better**
Significantly better	**Significance not tested**	↑ **Increasing**	↓ **Decreasing**
		→ **No significant change**	− **Could not be calculated**

Notes

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A. Overarching indicators

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
A01b - Life expectancy at birth	All ages	Male	2020	81.0	78.7	Years	━	➡
A01b - Life expectancy at birth	All ages	Female	2020	83.3	82.6	Years	━	➡
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	7.00	9.70	Years	━	➡
A02a - Inequality in life expectancy at birth	All ages	Female	2018 - 20	7.00	7.90	Years	━	➡
A01b - Life expectancy at 65	65	Male	2020	19.0	18.1	Years	━	➡
A01b - Life expectancy at 65	65	Female	2020	20.8	20.7	Years	━	➡
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	4.50	5.20	Years	━	➡
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	5.30	4.80	Years	━	➡

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	11.2	15.6	%	↓	↑
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	13.1	19.1	%	↓	↑
B03 - Pupil absence	5-15 yrs	Persons	2018/19	4.30	4.73	%	→	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	0.81	10.6	Percentage points	−	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	79.0	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	2.31	1.92	%	−	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	1.09	1.02	%	−	→
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	22.5	41.9	per 100,000	−	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	22.6	29.5 ^	per 1,000	↑	↑
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	2.14	2.29 ^	per 1,000	↑	↑
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	23.7	27.9	%	−	−
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	3.43	4.00		−	−
B14a - The rate of complaints about noise	All ages	Persons	2019/20	5.90	6.37 &	per 1,000	→	→
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	7.36	11.3	per 1,000	−	→
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	0.61	4.03	per 1,000	−	→
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	9.00	10.3	%	→	−
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	11.4	13.4	%	−	−
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	21.3	22.3	%	−	−
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	10.6	17.0	%	→	→
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	28.4	42.6 ^	per 100,000	−	−

C. Health improvement

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2020	40.9	34.6	per 1,000	→	↓
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2019	13.6	15.7	per 1,000	→	→
C04 - Low birth weight of term babies	=37 weeks gestational age at birth	Persons	2020	1.42	2.86	%	→	→
C06 - Smoking status at time of delivery	All ages	Female	2020/21	11.9	9.60	%	→	→
C09a - Reception: Prevalence of overweight (including obesity)	4-5 yrs	Persons	2019/20	16.5	23.0	%	—	→
C09b - Year 6: Prevalence of overweight (including obesity)	10-11 yrs	Persons	2019/20	31.2	35.2	%	—	→
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2020/21	41.2	44.6	%	—	→
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	<15 yrs	Persons	2020/21	55.2	75.7	per 10,000	↓	↓
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	0-4 yrs	Persons	2020/21	94.6	108.7	per 10,000	→	→
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	15-24 yrs	Persons	2020/21	92.8	112.4	per 10,000	→	→
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2020/21	136.9	181.2	per 100,000	→	→
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	16+ yrs	Persons	2019/20	52.1	55.4	%	—	→
C16 - Percentage of adults (aged 18+) classified as overweight or obese	18+ yrs	Persons	2019/20	60.6	62.8	%	—	→
C17a - Percentage of physically active adults	19+ yrs	Persons	2019/20	66.1	66.4	%	—	→
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2019/20	23.5	22.9	%	—	→
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	18+ yrs	Persons	2020	5.70	12.1	%	—	—
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	5.02	5.02	per 100,000	—	→
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	All ages	Persons	2020/21	379.5	455.9	per 100,000	→	→
C22 - Estimated diabetes diagnosis rate	17+ yrs	Persons	2018	79.1	78.0	%	—	→
C23 - Percentage of cancers diagnosed at stages 1 and 2	All ages	Persons	2019	- $	55.1	%	—	—
C24a - Cancer screening coverage - breast cancer	53-70 yrs	Female	2021	56.0	64.1 ^	%	↓	↓
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2021	76.7	68.0 ^	%	↑	↓
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2021	77.7	74.7 ^	%	→	→
C24d - Cancer screening coverage - bowel cancer	60-74 yrs	Persons	2021	71.4	65.2 ^	%	↑	↑
C24e - Abdominal Aortic Aneurysm Screening - Coverage	65	Male	2020/21	85.5	55.0 ^	%	→	→
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	16+ yrs	Persons	2020	18.6	18.6	%	—	→
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2020/21	1888	2023	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 65-79	65-79 yrs	Persons	2020/21	861.7	936.6	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 80+	80+ yrs	Persons	2020/21	4864	5174	per 100,000	→	→

D. Health protection

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
D01 - Fraction of mortality attributable to particulate air pollution	30+ yrs	Persons	2019	5.32	5.13	%	=	=
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	15-24 yrs	Persons	2020	1160 *	1408 *	per 100,000	↓	→
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	15-64 yrs	Persons	2020	342.5	619.0	per 100,000	↓	↓
D07 - HIV late diagnosis (all CD4 less than 350) (%)	15+ yrs	Persons	2018 - 20	50.0 *	42.4 *	%	=	→
D08b - TB incidence (three year average)	All ages	Persons	2018 - 20	2.37	7.96	per 100,000	=	→
D10 - Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2020	0.87 *	0.75 *	per STAR-PU	=	↓

E. Healthcare and premature mortality

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
E01 - Infant mortality rate	<1 yr	Persons	2018 - 20	2.51	3.90	per 1,000	—	➡
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2018/19	16.8	23.4	%	—	➡
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	<75 yrs	Persons	2020	119.1	140.5	per 100,000	➡	➡
E04a - Under 75 mortality rate from all cardiovascular diseases	<75 yrs	Persons	2020	53.1	73.8	per 100,000	➡	➡
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	<75 yrs	Persons	2020	20.8	29.2	per 100,000	➡	➡
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020	107.1	125.1	per 100,000	➡	➡
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	<75 yrs	Persons	2020	43.3	51.5	per 100,000	➡	➡
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020	18.1	20.6	per 100,000	—	➡
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	<75 yrs	Persons	2020	15.2	18.2	per 100,000	—	➡
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020	24.4	29.4	per 100,000	➡	➡
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	<75 yrs	Persons	2020	13.2	17.1	per 100,000	➡	➡
E08 - Mortality rate from a range of specified communicable diseases, including influenza	All ages	Persons	2020	- ~	8.25	per 100,000	—	—
E10 - Suicide rate	10+ yrs	Persons	2018 - 20	8.63	10.4	per 100,000	—	➡
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2019/20	13.4	14.4	%	—	➡
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2020/21	692.9	528.7	per 100,000	➡	➡
E13 - Hip fractures in people aged 65-79	65-79 yrs	Persons	2020/21	218.3	219.3	per 100,000	➡	➡
E13 - Hip fractures in people aged 80+	80+ yrs	Persons	2020/21	2069	1426	per 100,000	➡	➡
E14 - Excess winter deaths index	All ages	Persons	Aug 2019 - Jul 2020	17.5	17.4	%	—	➡
E14 - Excess winter deaths index (age 85+)	85+ yrs	Persons	Aug 2019 - Jul 2020	29.5	20.8	%	—	➡
E15 - Estimated dementia diagnosis rate (aged 65 and over)	65+ yrs	Persons	2021	64.1 *	61.6 *	%	➡	➡

Office for Health
Improvement
& Disparities

Public Health Outcomes Framework - at a glance summary

Melton

Key

Significance compared to goal / England average:

Significantly worse	**Significantly lower**	↑	**Increasing / Getting worse**	↑	**Increasing / Getting better**
Not significantly different	**Significantly higher**	↓	**Decreasing / Getting worse**	↓	**Decreasing / Getting better**
Significantly better	**Significance not tested**	↑	**Increasing**	↓	**Decreasing**
		→	**No significant change**	−	**Could not be calculated**

Notes

- Indicators that are shaded blue rather than red/amber/green are presented in this way because it is not straightforward to determine for these indicators whether a high value is good or bad.
- The Change from previous column shows whether there has been a change in value compared to the previous data point. Statistically significant changes highlighted in this column have been calculated by comparing the confidence intervals for the respective time points. If the confidence intervals do not overlap, the change has been flagged as significant.
- Recent trend refers to the analysis done in the Fingertips tool which tests for a statistical trend. Changes in this column are calculated using a chi-squared statistical test for trend. This is currently only available for certain indicator types; full details are available in the tool.
- Increases or decreases are only shown if they are statistically significant. Where no arrow is shown, no comparison has been made. This may be due to the fact that the required data to make the comparison is not available for the time point, or that no confidence interval values are available for the indicator.

A. Overarching indicators

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
A01b - Life expectancy at birth	All ages	Male	2020	79.6	78.7	Years	=	→
A01b - Life expectancy at birth	All ages	Female	2020	84.6	82.6	Years	=	→
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	4.00	9.70	Years	=	→
A02a - Inequality in life expectancy at birth	All ages	Female	2018 - 20	4.10	7.90	Years	=	→
A01b - Life expectancy at 65	65	Male	2020	18.0	18.1	Years	=	↓
A01b - Life expectancy at 65	65	Female	2020	21.8	20.7	Years	=	→
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	3.60	5.20	Years	=	→
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	2.50	4.80	Years	=	→

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	10.3	15.6	%	→	→
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	12.1	19.1	%	→	→
B03 - Pupil absence	5-15 yrs	Persons	2018/19	4.50	4.73	%	→	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	6.32	10.6	Percentage points	−	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	76.3	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	2.66	1.92	%	−	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	1.42	1.02	%	−	→
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	22.5	41.9	per 100,000	−	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	22.0	29.5 [a]	per 1,000	↑	→
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	1.99	2.29 [a]	per 1,000	↑	→
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	27.2	27.9	%	−	−
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	4.16	4.00		−	−
B14a - The rate of complaints about noise	All ages	Persons	2019/20	3.16 ~	6.37 ~	per 1,000	→	→
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	- @	11.3	per 1,000	−	−
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	0.52	4.03	per 1,000	−	→
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	10.6	10.3	%	→	−
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	12.5	13.4	%	−	−
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	14.7	22.3	%	−	−
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	10.1	17.0	%	→	→
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	52.4	42.6 [a]	per 100,000	−	−

C. Health improvement

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2020	18.1	34.6	per 1,000	↓	→
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2019	12.9	15.7	per 1,000	→	→
C04 - Low birth weight of term babies	=37 weeks gestational age at birth	Persons	2020	3.69	2.86	%	→	→
C06 - Smoking status at time of delivery	All ages	Female	2020/21	8.70	9.60	%	→	→
C09a - Reception: Prevalence of overweight (including obesity)	4-5 yrs	Persons	2019/20	22.0	23.0	%	→	→
C09b - Year 6: Prevalence of overweight (including obesity)	10-11 yrs	Persons	2019/20	32.1	35.2	%	→	→
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2020/21	37.8	44.6	%	—	→
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	<15 yrs	Persons	2020/21	35.9	75.7	per 10,000	↓	→
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	0-4 yrs	Persons	2020/21	41.0	108.7	per 10,000	→	→
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	15-24 yrs	Persons	2020/21	72.0	112.4	per 10,000	↓	→
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2020/21	122.2	181.2	per 100,000	→	→
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	16+ yrs	Persons	2019/20	60.6	55.4	%	—	→
C16 - Percentage of adults (aged 18+) classified as overweight or obese	18+ yrs	Persons	2019/20	62.8	62.8	%	—	→
C17a - Percentage of physically active adults	19+ yrs	Persons	2019/20	70.7	66.4	%	—	→
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2019/20	18.8	22.9	%	—	→
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	18+ yrs	Persons	2020	7.50	12.1	%	—	—
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	-	5.02	per 100,000	—	—
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	All ages	Persons	2020/21	434.1	455.9	per 100,000	→	→
C22 - Estimated diabetes diagnosis rate	17+ yrs	Persons	2018	74.3	78.0	%	—	→
C23 - Percentage of cancers diagnosed at stages 1 and 2	All ages	Persons	2019	- &	55.1	%	—	—
C24a - Cancer screening coverage - breast cancer	53-70 yrs	Female	2021	72.9	64.1 [a]	%	↓	→
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2021	75.2	68.0 [a]	%	→	↓
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2021	77.8	74.7 [a]	%	→	→
C24d - Cancer screening coverage - bowel cancer	60-74 yrs	Persons	2021	70.9	65.2 [a]	%	↑	↑
C24e - Abdominal Aortic Aneurysm Screening - Coverage	65	Male	2020/21	74.2	55.0 [a]	%	→	↓
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	16+ yrs	Persons	2020	22.3	18.6	%	—	→
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2020/21	1485	2023	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 65-79	65-79 yrs	Persons	2020/21	716.9	936.6	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 80+	80+ yrs	Persons	2020/21	3714	5174	per 100,000	→	→

D. Health protection

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
D01 - Fraction of mortality attributable to particulate air pollution	30+ yrs	Persons	2019	5.08	5.13	%	−	−
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	15-24 yrs	Persons	2020	1399 *	1408 *	per 100,000	→	→
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	15-64 yrs	Persons	2020	338.8	619.0	per 100,000	→	→
D07 - HIV late diagnosis (all CD4 less than 350) (%)	15+ yrs	Persons	2018 - 20	100.0 ^ *	42.4 *	%	−	→
D08b - TB incidence (three year average)	All ages	Persons	2018 - 20	3.26	7.96	per 100,000	−	→
D10 - Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2020	0.66 *	0.75 *	per STAR-PU	−	↓

E. Healthcare and premature mortality

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
E01 - Infant mortality rate	<1 yr	Persons	2018 - 20	2.99	3.90	per 1,000	—	➡
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2018/19	19.9	23.4	%	—	➡
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	<75 yrs	Persons	2020	114.2	140.5	per 100,000	➡	➡
E04a - Under 75 mortality rate from all cardiovascular diseases	<75 yrs	Persons	2020	63.5	73.8	per 100,000	➡	➡
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	<75 yrs	Persons	2020	26.1	29.2	per 100,000	➡	➡
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020	132.5	125.1	per 100,000	➡	➡
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	<75 yrs	Persons	2020	49.8	51.5	per 100,000	➡	➡
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020	- $	20.6	per 100,000	—	—
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	<75 yrs	Persons	2020	- x	18.2	per 100,000	—	—
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020	19.7	29.4	per 100,000	➡	➡
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	<75 yrs	Persons	2020	- x	17.1	per 100,000	—	—
E08 - Mortality rate from a range of specified communicable diseases, including influenza	All ages	Persons	2020	- $	8.25	per 100,000	—	—
E10 - Suicide rate	10+ yrs	Persons	2018 - 20	6.92	10.4	per 100,000	—	—
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2019/20	13.6	14.4	%	—	➡
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2020/21	632.5	528.7	per 100,000	➡	⬇
E13 - Hip fractures in people aged 65-79	65-79 yrs	Persons	2020/21	223.6	219.3	per 100,000	➡	➡
E13 - Hip fractures in people aged 80+	80+ yrs	Persons	2020/21	1818	1426	per 100,000	➡	➡
E14 - Excess winter deaths index	All ages	Persons	Aug 2019 - Jul 2020	17.5	17.4	%	—	➡
E14 - Excess winter deaths index (age 85+)	85+ yrs	Persons	Aug 2019 - Jul 2020	22.6	20.8	%	—	➡
E15 - Estimated dementia diagnosis rate (aged 65 and over)	65+ yrs	Persons	2021	59.4 *	61.6 *	%	➡	➡

Office for Health
Improvement
& Disparities

Public Health Outcomes Framework - at a glance summary

North West Leicestershire

Key

Significance compared to goal / England average:

Significantly worse	↑ **Increasing / Getting worse**	↑ **Increasing / Getting better**
Not significantly different	↓ **Decreasing / Getting worse**	↓ **Decreasing / Getting better**
Significantly better	↑ **Increasing**	↓ **Decreasing**
	→ **No significant change**	− **Could not be calculated**

Significantly lower	
Significantly higher	
Significance not tested	

Notes

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A. Overarching indicators

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
A01b - Life expectancy at birth	All ages	Male	2020	78.9	78.7	Years	▬	➡
A01b - Life expectancy at birth	All ages	Female	2020	82.9	82.6	Years	▬	➡
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	8.30	9.70	Years	▬	➡
A02a - Inequality in life expectancy at birth	All ages	Female	2018 - 20	5.90	7.90	Years	▬	➡
A01b - Life expectancy at 65	65	Male	2020	17.7	18.1	Years	▬	⬇
A01b - Life expectancy at 65	65	Female	2020	21.2	20.7	Years	▬	➡
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	4.60	5.20	Years	▬	➡
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	4.10	4.80	Years	▬	➡

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	10.8	15.6	%	↓	→
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	13.0	19.1	%	↓	→
B03 - Pupil absence	5-15 yrs	Persons	2018/19	4.68	4.73	%	→	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	14.5	10.6	Percentage points	–	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	68.4	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	0.68	1.92	%	–	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	0.15	1.02	%	–	→
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	22.2	41.9	per 100,000	–	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	24.1	29.5 x	per 1,000	↑	↑
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	1.83	2.29 x	per 1,000	→	→
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	19.3	27.9	%	–	–
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	3.50	4.00		–	–
B14a - The rate of complaints about noise	All ages	Persons	2019/20	2.66 ~	6.37 ~	per 1,000	↓	→
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	6.33	11.3	per 1,000	–	→
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	0.40	4.03	per 1,000	–	→
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	9.80	10.3	%	→	–
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	12.8	13.4	%	–	–
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	19.8	22.3	%	–	–
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	12.6	17.0	%	→	→
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	46.9	42.6 x	per 100,000	–	–

C. Health improvement

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2020	44.7	34.6	per 1,000	→	↓
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2019	14.6	15.7	per 1,000	→	→
C04 - Low birth weight of term babies	=37 weeks gestational age at birth	Persons	2020	2.54	2.86	%	→	→
C06 - Smoking status at time of delivery	All ages	Female	2020/21	11.8	9.60	%	→	→
C09a - Reception: Prevalence of overweight (including obesity)	4-5 yrs	Persons	2019/20	18.5	23.0	%	→	→
C09b - Year 6: Prevalence of overweight (including obesity)	10-11 yrs	Persons	2019/20	30.5	35.2	%	→	→
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2020/21	- &	44.6	%	—	—
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	<15 yrs	Persons	2020/21	44.9	75.7	per 10,000	↓	↓
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	0-4 yrs	Persons	2020/21	71.9	108.7	per 10,000	→	→
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	15-24 yrs	Persons	2020/21	101.1	112.4	per 10,000	→	→
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2020/21	140.8	181.2	per 100,000	→	→
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	16+ yrs	Persons	2019/20	51.9	55.4	%	—	→
C16 - Percentage of adults (aged 18+) classified as overweight or obese	18+ yrs	Persons	2019/20	71.3	62.8	%	—	→
C17a - Percentage of physically active adults	19+ yrs	Persons	2019/20	72.2	66.4	%	—	→
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2019/20	19.2	22.9	%	—	→
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	18+ yrs	Persons	2020	6.80	12.1	%	—	—
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	-	5.02	per 100,000	—	—
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	All ages	Persons	2020/21	447.0	455.9	per 100,000	→	↓
C22 - Estimated diabetes diagnosis rate	17+ yrs	Persons	2018	78.1	78.0	%	—	→
C23 - Percentage of cancers diagnosed at stages 1 and 2	All ages	Persons	2019	46.9	55.1	%	→	→
C24a - Cancer screening coverage - breast cancer	53-70 yrs	Female	2021	57.0	64.1 x	%	↓	↓
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2021	77.5	68.0 x	%	→	↓
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2021	78.3	74.7 x	%	→	→
C24d - Cancer screening coverage - bowel cancer	60-74 yrs	Persons	2021	70.9	65.2 x	%	↑	↑
C24e - Abdominal Aortic Aneurysm Screening - Coverage	65	Male	2020/21	77.1	55.0 x	%	→	↓
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	16+ yrs	Persons	2020	19.8	18.6	%	—	→
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2020/21	1878	2023	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 65-79	65-79 yrs	Persons	2020/21	854.8	936.6	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 80+	80+ yrs	Persons	2020/21	4845	5174	per 100,000	→	→

D. Health protection

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
D01 - Fraction of mortality attributable to particulate air pollution	30+ yrs	Persons	2019	5.29	5.13	%	▬	▬
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	15-24 yrs	Persons	2020	1039 *	1408 *	per 100,000	↓	↓
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	15-64 yrs	Persons	2020	318.7	619.0	per 100,000	↓	↓
D07 - HIV late diagnosis (all CD4 less than 350) (%)	15+ yrs	Persons	2018 - 20	0.00 $ *	42.4 *	%	▬	→
D08b - TB incidence (three year average)	All ages	Persons	2018 - 20	2.29	7.96	per 100,000	▬	→
D10 - Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2020	0.82 *	0.75 *	per STAR-PU	▬	↓

E. Healthcare and premature mortality

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
E01 - Infant mortality rate	<1 yr	Persons	2018 - 20	2.63	3.90	per 1,000	—	→
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2018/19	13.9	23.4	%	—	↓
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	<75 yrs	Persons	2020	137.9	140.5	per 100,000	→	→
E04a - Under 75 mortality rate from all cardiovascular diseases	<75 yrs	Persons	2020	64.5	73.8	per 100,000	→	→
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	<75 yrs	Persons	2020	27.2	29.2	per 100,000	→	→
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020	134.3	125.1	per 100,000	→	→
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	<75 yrs	Persons	2020	47.4	51.5	per 100,000	→	→
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020	22.3	20.6	per 100,000	→	→
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	<75 yrs	Persons	2020	20.3	18.2	per 100,000	→	→
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020	30.1	29.4	per 100,000	→	→
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	<75 yrs	Persons	2020	19.3	17.1	per 100,000	→	→
E08 - Mortality rate from a range of specified communicable diseases, including influenza	All ages	Persons	2020	- ^	8.25	per 100,000	—	—
E10 - Suicide rate	10+ yrs	Persons	2018 - 20	9.53	10.4	per 100,000	—	→
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2019/20	13.5	14.4	%	—	→
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2020/21	746.3	528.7	per 100,000	→	→
E13 - Hip fractures in people aged 65-79	65-79 yrs	Persons	2020/21	302.2	219.3	per 100,000	→	→
E13 - Hip fractures in people aged 80+	80+ yrs	Persons	2020/21	2034	1426	per 100,000	→	→
E14 - Excess winter deaths index	All ages	Persons	Aug 2019 - Jul 2020	21.1	17.4	%	—	→
E14 - Excess winter deaths index (age 85+)	85+ yrs	Persons	Aug 2019 - Jul 2020	22.2	20.8	%	—	→
E15 - Estimated dementia diagnosis rate (aged 65 and over)	65+ yrs	Persons	2021	56.3 *	61.6 *	%	→	→

Public Health Outcomes Framework - at a glance summary

Oadby and Wigston

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑ Increasing / Getting worse	↑ Increasing / Getting better
Not significantly different	Significantly higher	↓ Decreasing / Getting worse	↓ Decreasing / Getting better
Significantly better	Significance not tested	↑ Increasing	↓ Decreasing
		→ No significant change	— Could not be calculated

Notes

- Indicators that are shaded blue rather than red/amber/green are presented in this way because it is not straightforward to determine for these indicators whether a high value is good or bad.
- The Change from previous column shows whether there has been a change in value compared to the previous data point. Statistically significant changes highlighted in this column have been calculated by comparing the confidence intervals for the respective time points. If the confidence intervals do not overlap, the change has been flagged as significant.
- Recent trend refers to the analysis done in the Fingertips tool which tests for a statistical trend. Changes in this column are calculated using a chi-squared statistical test for trend. This is currently only available for certain indicator types; full details are available in the tool.
- Increases or decreases are only shown if they are statistically significant. Where no arrow is shown, no comparison has been made. This may be due to the fact that the required data to make the comparison is not available for the time point, or that no confidence interval values are available for the indicator.

A. Overarching indicators

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
A01b - Life expectancy at birth	All ages	Male	2020	78.8	78.7	Years	−	→
A01b - Life expectancy at birth	All ages	Female	2020	84.2	82.6	Years	−	→
A02a - Inequality in life expectancy at birth	All ages	Male	2018 - 20	8.30	9.70	Years	−	→
A02a - Inequality in life expectancy at birth	All ages	Female	2018 - 20	5.80	7.90	Years	−	→
A01b - Life expectancy at 65	65	Male	2020	17.3	18.1	Years	−	↓
A01b - Life expectancy at 65	65	Female	2020	20.9	20.7	Years	−	→
A02a - Inequality in life expectancy at 65	65	Male	2018 - 20	4.40	5.20	Years	−	→
A02a - Inequality in life expectancy at 65	65	Female	2018 - 20	5.10	4.80	Years	−	→

B. Wider determinants of health

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2019/20	12.0	15.6	%	↓	↑
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2019/20	14.1	19.1	%	↓	→
B03 - Pupil absence	5-15 yrs	Persons	2018/19	4.59	4.73	%	→	→
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	16-64 yrs	Persons	2019/20	18.7	10.6	Percentage points	–	→
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	74.0	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	1.87	1.92	%	–	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	1.15	1.02	%	–	→
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	23.3	41.9	per 100,000	–	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	23.2	29.5 x	per 1,000	↑	→
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	1.72	2.29 x	per 1,000	→	→
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2018/19	21.5	27.9	%	–	–
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2018/19	2.57	4.00		–	–
B14a - The rate of complaints about noise	All ages	Persons	2019/20	1.68 ~	6.37 ~	per 1,000	↓	→
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	7.26	11.3	per 1,000	–	↓
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	1.33	4.03	per 1,000	–	→
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	2018	8.90	10.3	%	→	–
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2019	10.2	13.4	%	–	–
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	23.7	22.3	%	–	–
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	11.2	17.0	%	→	→
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	All ages	Persons	2016 - 18	18.1	42.6 x	per 100,000	–	–

C. Health improvement

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
C01 - Total prescribed LARC excluding injections rate / 1,000	All ages	Female	2020	19.0	34.6	per 1,000	→	↓
C02a - Under 18s conception rate / 1,000	<18 yrs	Female	2019	8.53	15.7	per 1,000	→	→
C04 - Low birth weight of term babies	=37 weeks gestational age at birth	Persons	2020	3.60	2.86	%	→	→
C06 - Smoking status at time of delivery	All ages	Female	2020/21	8.80	9.60	%	→	→
C09a - Reception: Prevalence of overweight (including obesity)	4-5 yrs	Persons	2019/20	16.7	23.0	%	→	→
C09b - Year 6: Prevalence of overweight (including obesity)	10-11 yrs	Persons	2019/20	30.9	35.2	%	→	→
C10 - Percentage of physically active children and young people	5-16 yrs	Persons	2020/21	55.6	44.6	%	–	–
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	<15 yrs	Persons	2020/21	35.4	75.7	per 10,000	→	↓
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	0-4 yrs	Persons	2020/21	52.1	108.7	per 10,000	→	→
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	15-24 yrs	Persons	2020/21	59.0	112.4	per 10,000	→	→
C14b - Emergency Hospital Admissions for Intentional Self-Harm	All ages	Persons	2020/21	115.5	181.2	per 100,000	→	→
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	16+ yrs	Persons	2019/20	57.3	55.4	%	–	→
C16 - Percentage of adults (aged 18+) classified as overweight or obese	18+ yrs	Persons	2019/20	56.4	62.8	%	–	→
C17a - Percentage of physically active adults	19+ yrs	Persons	2019/20	58.6	66.4	%	–	→
C17b - Percentage of physically inactive adults	19+ yrs	Persons	2019/20	27.8	22.9	%	–	→
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	18+ yrs	Persons	2020	15.3	12.1	%	–	–
C19d - Deaths from drug misuse	All ages	Persons	2018 - 20	-	5.02	per 100,000	–	–
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	All ages	Persons	2020/21	365.3	455.9	per 100,000	→	↓
C22 - Estimated diabetes diagnosis rate	17+ yrs	Persons	2018	90.9	78.0	%	–	→
C23 - Percentage of cancers diagnosed at stages 1 and 2	All ages	Persons	2019	53.0	55.1	%	→	→
C24a - Cancer screening coverage - breast cancer	53-70 yrs	Female	2021	72.4	64.1 x	%	↓	↓
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	25-49 yrs	Female	2021	69.0	68.0 x	%	↓	↓
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	50-64 yrs	Female	2021	76.4	74.7 x	%	↓	↓
C24d - Cancer screening coverage - bowel cancer	60-74 yrs	Persons	2021	66.6	65.2 x	%	↑	→
C24e - Abdominal Aortic Aneurysm Screening - Coverage	65	Male	2020/21	81.1	55.0 x	%	→	↑
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem	16+ yrs	Persons	2020	16.9	18.6	%	–	→
C29 - Emergency hospital admissions due to falls in people aged 65 and over	65+ yrs	Persons	2020/21	1692	2023	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 65-79	65-79 yrs	Persons	2020/21	809.5	936.6	per 100,000	→	→
C29 - Emergency hospital admissions due to falls in people aged 80+	80+ yrs	Persons	2020/21	4250	5174	per 100,000	→	→

D. Health protection

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
D01 - Fraction of mortality attributable to particulate air pollution	30+ yrs	Persons	2019	5.33	5.13	%	=	=
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	15-24 yrs	Persons	2020	970.4 *	1408 *	per 100,000	→	→
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	15-64 yrs	Persons	2020	416.4	619.0	per 100,000	→	→
D07 - HIV late diagnosis (all CD4 less than 350) (%)	15+ yrs	Persons	2018 - 20	25.0 ^ *	42.4 *	%	=	→
D08b - TB incidence (three year average)	All ages	Persons	2018 - 20	7.01	7.96	per 100,000	=	→
D10 - Adjusted antibiotic prescribing in primary care by the NHS	All ages	Persons	2020	0.79 *	0.75 *	per STAR-PU	=	↓

E. Healthcare and premature mortality

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
E01 - Infant mortality rate	<1 yr	Persons	2018 - 20	2.55	3.90	per 1,000	━	➡
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2018/19	18.3	23.4	%	━	⬇
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	<75 yrs	Persons	2020	116.4	140.5	per 100,000	➡	➡
E04a - Under 75 mortality rate from all cardiovascular diseases	<75 yrs	Persons	2020	74.4	73.8	per 100,000	➡	➡
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	<75 yrs	Persons	2020	25.2	29.2	per 100,000	━	━
E05a - Under 75 mortality rate from cancer	<75 yrs	Persons	2020	114.3	125.1	per 100,000	➡	➡
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	<75 yrs	Persons	2020	48.9	51.5	per 100,000	➡	➡
E06a - Under 75 mortality rate from liver disease	<75 yrs	Persons	2020	- $	20.6	per 100,000	━	━
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	<75 yrs	Persons	2020	- &	18.2	per 100,000	━	━
E07a - Under 75 mortality rate from respiratory disease	<75 yrs	Persons	2020	22.9	29.4	per 100,000	━	➡
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	<75 yrs	Persons	2020	- &	17.1	per 100,000	━	━
E08 - Mortality rate from a range of specified communicable diseases, including influenza	All ages	Persons	2020	- $	8.25	per 100,000	━	━
E10 - Suicide rate	10+ yrs	Persons	2018 - 20	9.68	10.4	per 100,000	━	➡
E11 - Emergency readmissions within 30 days of discharge from hospital	All ages	Persons	2019/20	14.7	14.4	%	━	➡
E13 - Hip fractures in people aged 65 and over	65+ yrs	Persons	2020/21	552.7	528.7	per 100,000	➡	➡
E13 - Hip fractures in people aged 65-79	65-79 yrs	Persons	2020/21	152.0	219.3	per 100,000	➡	➡
E13 - Hip fractures in people aged 80+	80+ yrs	Persons	2020/21	1715	1426	per 100,000	➡	➡
E14 - Excess winter deaths index	All ages	Persons	Aug 2019 - Jul 2020	25.3	17.4	%	━	➡
E14 - Excess winter deaths index (age 85+)	85+ yrs	Persons	Aug 2019 - Jul 2020	30.8	20.8	%	━	➡
E15 - Estimated dementia diagnosis rate (aged 65 and over)	65+ yrs	Persons	2021	61.6 *	61.6 *	%	➡	➡

Accompanying indicator value notes

symbols	Data note
*	Value compared to a goal (see below)
~	Value is modelled or synthetic estimate
$	Value cannot be calculated as number of cases is too small
^	Value presented but numerator and denominator suppressed for disclosure control due to small denominator
&	Value suppressed for disclosure control due to small count
x	Aggregated from all known lower geography values

Thresholds for indicators that are compared against a goal

Indicator Name	Green	Amber	Red
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	>= 2,300	1,900-2,300	< 1,900
D07 - HIV late diagnosis (all CD4 less than 350) (%)	< 25%	25-50%	>= 50%
D10 - Adjusted antibiotic prescribing in primary care by the NHS	<= mean England prescribing (2013/14)		> mean England prescribing (2013/14)
E15 - Estimated dementia diagnosis rate (aged 65 and over)	>= 66.7% (significantly)	Similar to 66.7%	< 66.7% (significantly)

QOF Disease Prevalence (%): Lower Tier Local Authorities

Group	Disease Register		England	Leicestershire	Blaby	Charnwood	Harborough	Hinckley & Bosworth	Melton	North West Leicestershire	Oadby & Wigston	Rutland
Cardiovascular	AF - Atrial Fibrillation	Prevalence	2.0%	2.4%	2.3%	2.1%	2.6%	2.5%	2.9%	2.5%	2.6%	3.3%
		Register 2020-21	1,243,503	17,341	2,294	4,086	2,380	2,732	1,564	2,763	1,522	1,316
	CHD - Coronary Heart Disease	Prevalence	3.0%	3.0%	3.1%	2.7%	2.8%	3.1%	3.4%	3.1%	3.4%	3.6%
		Register 2020-21	1,850,657	21,607	3,087	5,258	2,596	3,424	1,809	3,415	2,018	1,433
	HF - Heart Failure	Prevalence	0.9%	1.2%	1.1%	1.1%	0.9%	1.6%	1.5%	1.1%	1.4%	1.7%
		Register 2020-21	550,613	8,750	1,060	2,255	834	1,703	798	1,241	859	702
	HYP - Hypertension	Prevalence	13.9%	15.2%	15.5%	13.4%	14.9%	16.3%	17.2%	15.3%	16.8%	17.3%
		Register 2020-21	8,457,600	109,966	15,437	26,500	13,895	17,758	9,263	17,155	9,958	6,977
	PAD - Peripheral Arterial Disease	Prevalence	0.6%	0.6%	0.5%	0.5%	0.5%	0.6%	0.7%	0.6%	0.6%	0.6%
		Register 2020-21	356,958	4,006	470	1,072	444	646	397	636	341	243
	STIA - Stroke and Transient Ischa..	Prevalence	1.8%	1.9%	1.9%	1.7%	1.9%	2.1%	2.0%	1.9%	2.1%	2.3%
		Register 2020-21	1,093,593	13,700	1,916	3,278	1,801	2,239	1,052	2,151	1,263	944
Clinical	NDH-Non-diabetic hyperglycaemia	Prevalence	5.3%	3.4%	1.8%	3.1%	3.1%	5.0%	5.2%	3.3%	3.7%	10.0%
		Register 2020-21	2,573,210	20,072	1,396	4,989	2,334	4,394	2,255	2,942	1,762	3,232
High Dependency	CAN - Cancer	Prevalence	3.2%	3.5%	3.5%	3.0%	3.9%	3.8%	4.0%	3.4%	3.3%	4.3%
		Register 2020-21	1,948,913	25,080	3,514	5,837	3,634	4,155	2,180	3,811	1,949	1,733
	CKD - Chronic Kidney Disease (18..	Prevalence	4.0%	3.9%	3.0%	2.9%	4.2%	5.6%	4.3%	4.6%	3.9%	5.2%
		Register 2020-21	1,917,102	22,872	2,371	4,610	3,105	4,914	1,885	4,138	1,849	1,665
	DM - Diabetes Mellitus (17+)	Prevalence	7.1%	7.0%	6.9%	6.8%	6.0%	7.2%	7.0%	7.0%	8.8%	6.3%
		Register 2020-21	3,491,868	41,255	5,538	11,053	4,542	6,437	3,078	6,403	4,204	2,084
	PC - Palliative Care	Prevalence	0.5%	0.8%	1.1%	0.6%	0.9%	0.7%	1.0%	0.7%	1.2%	1.5%
		Register 2020-21	282,431	6,046	1,129	1,249	822	760	564	805	717	612
Lifestyle	OB - Obesity (18+)	Prevalence	6.9%	6.0%	6.5%	5.4%	5.4%	5.9%	7.4%	6.9%	5.8%	3.8%
		Register 2020-21	3,334,036	35,183	5,127	8,679	4,030	5,154	3,250	6,227	2,716	1,210
Mental Health & Neurology	DEM - Dementia	Prevalence	0.7%	0.8%	0.9%	0.8%	0.8%	0.9%	0.9%	0.7%	1.0%	0.8%
		Register 2020-21	430,857	5,867	872	1,490	734	954	469	781	567	336
	DEP - Depression (18+)	Prevalence	12.3%	13.9%	15.0%	12.5%	12.6%	15.3%	16.3%	14.5%	12.9%	10.3%
		Register 2020-21	5,955,865	81,091	11,873	20,041	9,416	13,449	7,139	13,092	6,081	3,336
	EP - Epilepsy (18+)	Prevalence	0.8%	0.8%	0.8%	0.8%	0.7%	0.8%	0.8%	0.8%	0.8%	0.8%
		Register 2020-21	386,381	4,509	611	1,221	512	692	358	746	369	242
	LD - Learning Disabilities	Prevalence	0.5%	0.4%	0.4%	0.4%	0.3%	0.5%	0.3%	0.4%	0.5%	0.4%
		Register 2020-21	324,291	2,897	350	845	295	492	183	457	275	147
	MH - Mental Health	Prevalence	0.9%	0.8%	0.7%	0.9%	0.7%	0.8%	0.6%	0.6%	1.0%	0.7%
		Register 2020-21	574,227	5,534	655	1,763	622	862	345	723	564	274
Musculoskeletal	OST - Osteoporosis (50+)	Prevalence	0.8%	0.9%	0.5%	0.6%	0.5%	1.5%	1.1%	0.5%	1.7%	0.9%
		Register 2020-21	169,090	2,538	224	466	210	697	270	240	431	172
	RA - Rheumatoid Arthritis (16+)	Prevalence	0.8%	0.8%	0.8%	0.7%	0.7%	0.8%	0.8%	0.8%	1.1%	0.7%
		Register 2020-21	382,517	4,874	679	1,213	554	755	380	773	520	242
Respiratory	AST - Asthma	Prevalence	6.4%	6.7%	6.4%	6.1%	6.7%	7.2%	6.8%	7.4%	6.8%	6.8%
		Register 2020-21	3,629,071	45,538	5,924	11,295	5,872	7,374	3,465	7,797	3,811	2,612
	COPD - Chronic Obstructive Pulm..	Prevalence	1.9%	1.8%	1.8%	1.7%	1.6%	1.9%	1.8%	2.1%	1.8%	2.0%
		Register 2020-21	1,170,437	13,140	1,798	3,308	1,526	2,102	982	2,348	1,076	795

APPENDIX D: ADVANCED SERVICES – DATA AND ANALYSIS

Medicines Use Reviews (MUR) and Prescription Intervention Service

The Medicines Use Reviews (MUR) and Prescription Intervention Service was decommissioned on 31st March 2021. The MUR and Prescription Intervention Service consisted of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, so they can manage their medicines more effectively, particularly those receiving medicines for long-term conditions. An MUR was not usually conducted more than once a year. A Prescription Intervention was simply an MUR which was triggered by a significant adherence problem which came to light during the dispensing of a prescription. It was over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service.

Table 1 shows the number of Medicines Use Reviews and Prescription Intervention Service activity conducted in 2019/20 and 2020/21. As of March 2021, 120 out of the 132 (90.9%) community pharmacies in Leicestershire provide MURs and Prescription Intervention Services compared to 85.5% in England. There has been a 58% decrease in the number of MURs and Prescription Intervention Service conducted in pharmacies between 2019/20 (27,048) and 2020/21 (11,314). It is important to note that during 2020/21 many services may have been restricted due to the Covid-19 pandemic. In 2020/21 a total of 11,314 reviews were carried out, a rate of 15.9 MURs per 1,000 population. There is variation in the level of activity by district ranging from 18.1 MURs per 1,000 population in Charnwood, to 11.7 MURs per 1,000 population in Harborough.

Table 1: Number of Medicines Use Reviews and Prescription Intervention Service, in community pharmacy by locality, 2020/21

	Pharmacies providing MURs & Prescription Intervention Service in 2020/21	MUR & Prescription Intervention Activity 2020/21	MUR & Prescription Intervention Activity 2019/20	Mid- 2020 Pop	Reviews per 1,000 Pop (2020/21)	Proportion of pharmacies providing MURs & Prescription Intervention service (2020/21) (%)
Blaby	19	1,665	4,219	101,950	16.3	86.4%
Charnwood	37	3,403	8,223	188,416	18.1	88.1%
Harborough	12	1,116	2,451	95,537	11.7	92.3%
Hinckley and Bosworth	17	1,745	4,317	113,666	15.4	89.5%
Melton	9	843	1,931	51,394	16.4	100.0%
North West Leicestershire	16	1,538	3,550	104,809	14.7	100.0%

Oadby and Wigston	10	1,004	2,357	57,313	17.5	90.9%
Leicestershire	120	11,314	27,048	713,085	15.9	90.9%

Source: NHS England & NHS Improvement, Pharmaceutical Dataset, September 2021

New Medicines Services

The New Medicines Service (NMS) is designed to provide early support to patients to maximise the benefits of their newly prescribed medication, which will generally help them to appropriately improve their medication adherence and self-manage their long term condition.

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
• diabetes (Type 2)
• hypertension
• hypercholesterolaemia
• osteoporosis
• gout
• glaucoma
• epilepsy
• Parkinson's disease
• urinary incontinence/retention
• heart failure
• acute coronary syndromes
• atrial fibrillation
• long term risks of venous thromboembolism/embolism
• stroke/transient ischemic attack
• coronary heart disease

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, they will be eligible to receive the service. The service is split into three stages; patient engagement, intervention and follow up.

Figure shows the location of pharmacies offering the NMS service in Leicestershire.

Table 2 shows the number of New Medicines Services in community pharmacies conducted in 2020/21. Overall, 115 of the 132 pharmacies in Leicestershire provided the NMS. In 2020/21 a total of 13,618 NMS were carried out, a rate of 19.1 per 1,000 population. The level of activity varied by district with the lowest rate of activity in Harborough at 11.1 NMS per 1,000 population and the highest in Blaby with 23.8 NMS per 1,000 population.

In 2020/21, 82.0% of community pharmacies in England were providing NMS. The percentage delivering this service is higher in Leicestershire at 87.1%. Blaby and Charnwood are slightly below the national average. Since 2018/19, the number of NMS conducted in

community pharmacies have increased by 9% from 12,885 to 14,039 in 2019/20. However, in 2020/21 a 3% decrease was witnessed since 2019/20, due to the pandemic many services may have been restricted due to the Covid-19 pandemic.

Figure 1: Advanced Services - New Medicines Service
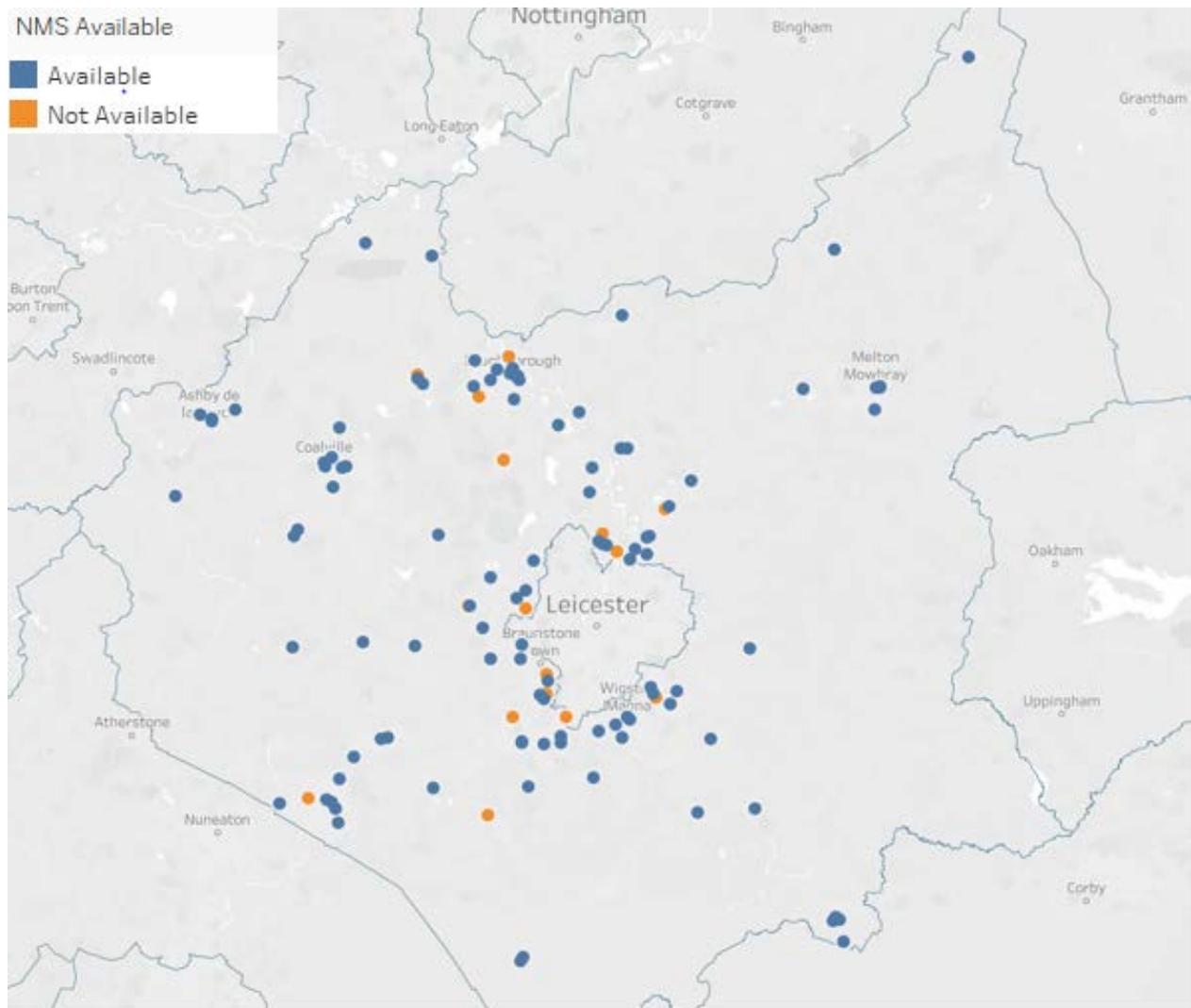
Source: NHS England and Improvement, Pharmaceutical Dataset, September 2021

Table 2 - Pharmacies carrying out New Medicine Services 2020/21

	Pharmacies providing NMS	Number of New Medicine service performed	Population	NMS per 1,000 population	Percentage of pharmacies providing NMS
Blaby	17	2421	101,950	23.8	77.3%
Charnwood	34	3506	188,416	18.6	81.0%
Harborough	12	1056	95,537	11.1	92.3%
Hinckley and Bosworth	17	2526	113,666	22.2	84.2%
Melton	9	727	51,394	14.1	100%
North West Leicestershire	16	2041	104,809	19.5	100%
Oadby and Wigston	10	1341	57,313	23.4	90.9%
Leicestershire	115	13,618	713,085	19.1	87.1%

Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

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.

Table 3 lists the numbers of pharmacies offering the service by district while **Figure 2** shows the location of pharmacies offering this service in Leicestershire. The number of pharmacies offering stoma customisation has remained similar at 18 in 2018/19 and 17 in 2019/20 and 2020/21. Overall, 17 pharmacies provide the stoma customisation service across Leicestershire, ranging from one pharmacy in Hinckley & Bosworth, Melton, and North-West Leicestershire 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, 10.2% of community pharmacies delivered stoma customisation in 2020/21. In Leicestershire, 12.9% of pharmacies provided this service. Blaby, Charnwood, Harborough, Melton and Oadby & Wigston exceeded the national average, while the other two districts did not.

Table 3: Pharmacies carrying out Stoma Appliance Customisation 2020/21

	Total Pharmacies	Pharmacies providing stoma customisation	% Pharmacies providing SAC
Blaby	22	3	13.6%
Charnwood	42	6	14.3%
Harborough	13	3	23.1%
Hinckley and Bosworth	19	1	5.3%
Melton	9	1	11.1%
North West Leicestershire	16	1	6.3%
Oadby and Wigston	11	2	18.2%
Leicestershire	132	17	12.9%

Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

Figure 2: Advanced Services - Stoma Customisation Service
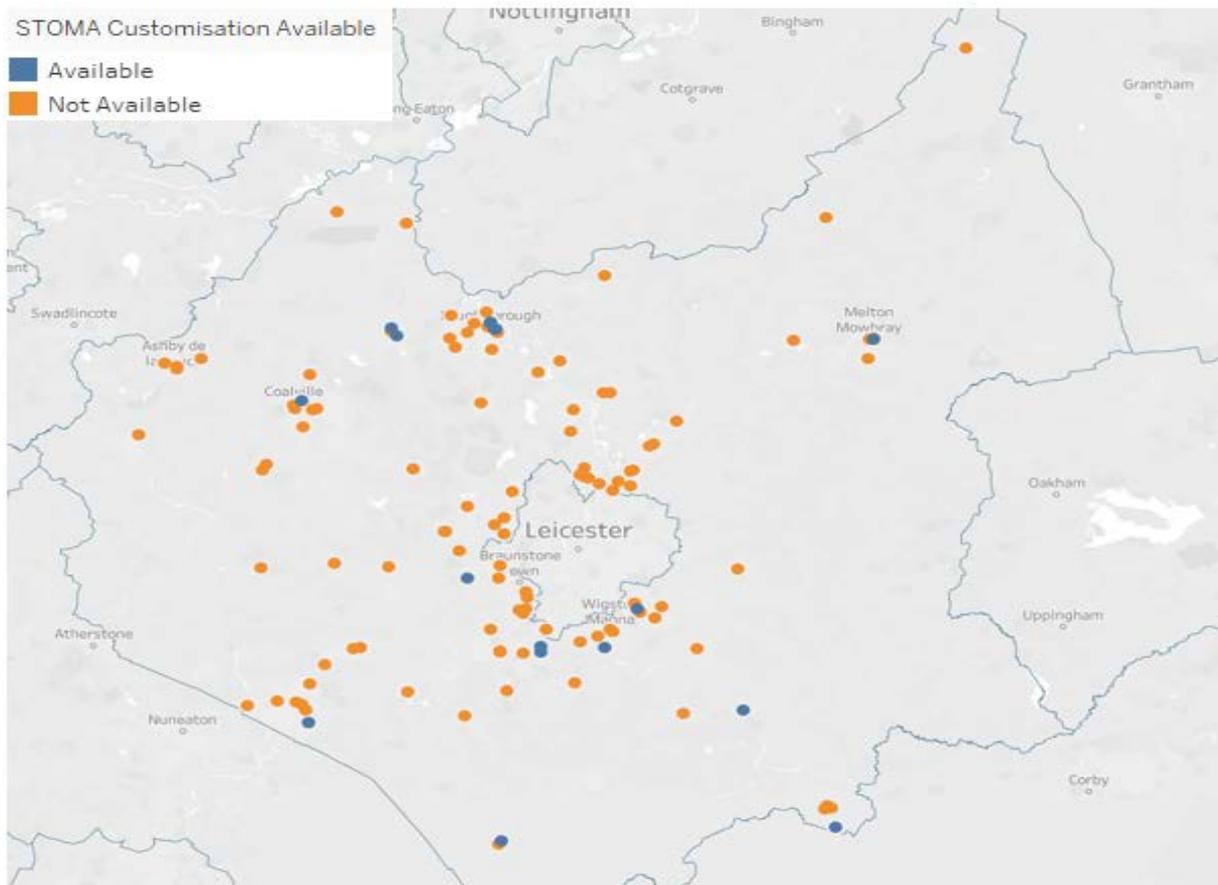
Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

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).

Establishing the way a patient uses the appliance and the patient's experience of such use

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

Nationally, 0.3% of community pharmacies provided AURs in 2020-21. There are no pharmacies in Leicestershire providing this service, although pharmacies are able to signpost patients to appliance contractors' specialists who provide this service.

Seasonal Influenza (flu) Vaccination Programme

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) supports NHS England and NHS Improvement, 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.

Figure 3 shows the location of pharmacies offering the National Influenza Adult Vaccination Service (NIAVS) in Leicestershire.

Table **4** shows the quantity of vaccines administered by pharmacy contractors who signed up to provide the National Influenza Adult Vaccination Service in the 2020-21 influenza season.

Figure 3: Advanced Services – Seasonal Influenza Vaccination
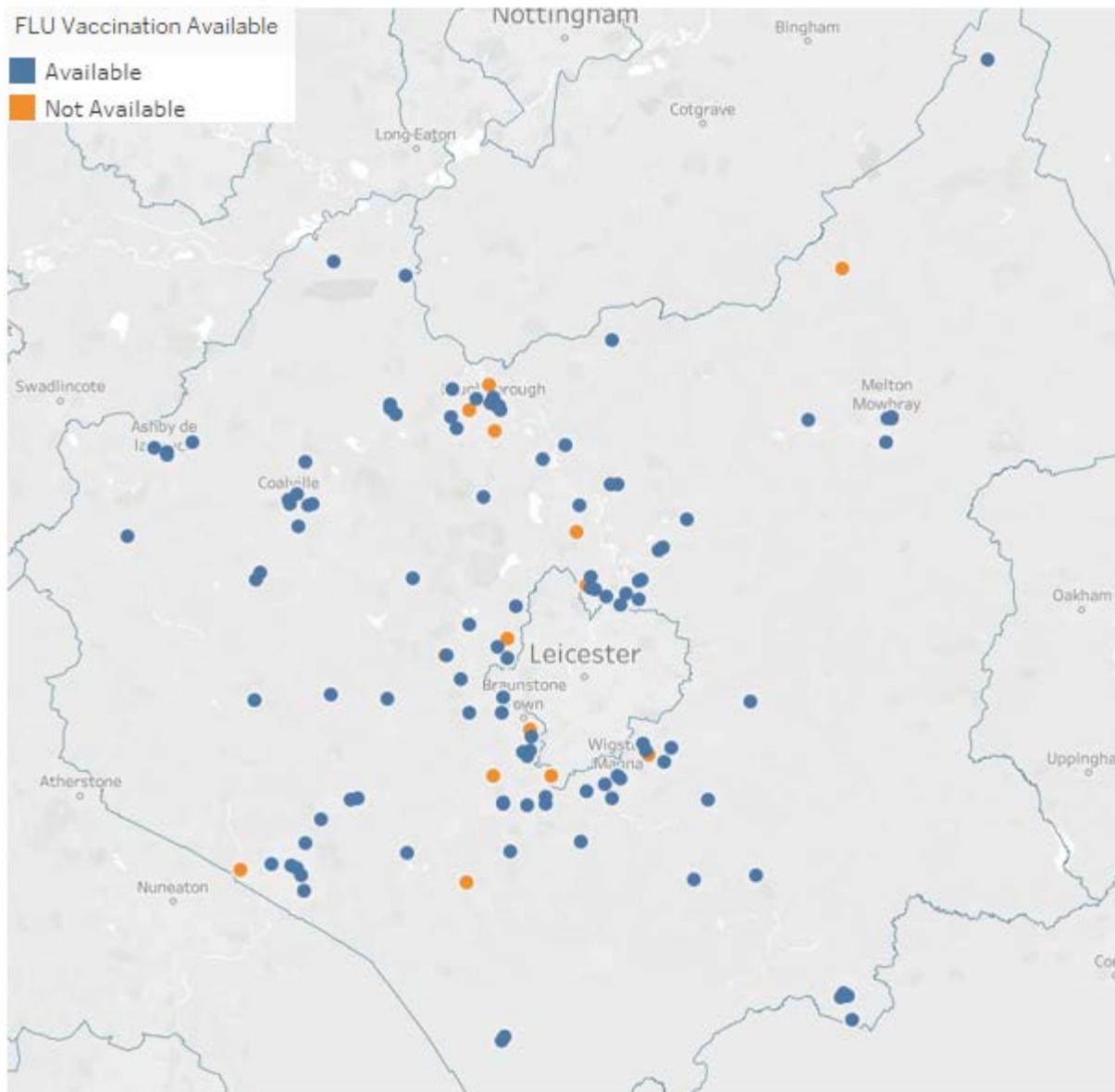
Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

Table 4: Pharmacies carrying out Seasonal Influenza Vaccination, 2020/21

	Pharmacies providing NIAVS	Seasonal Influenza Vaccination Total Income	Seasonal Influenza vaccination total vaccines	Population (18+)	Vaccinations per 1,000 population	% Pharmacies carrying out NIAVS
Blaby	18	£63,231.84	6,273	80,253	78.2	75.0%
Charnwood	36	£98,380.80	9,760	152,440	64.0	85.7%
Harborough	10	£44,876.16	4,452	75,861	58.7	90.9%
Hinckley and Bosworth	15	£48,404.16	4,802	90,964	52.8	88.2%
Melton	6	£32,639.04	3,238	41,347	78.3	75.0%
North-West Leicestershire	16	£57,808.80	5,735	83,385	68.8	100%
Oadby and Wigston	9	£47,960.64	4,758	45,492	104.6	90.0%
Leicestershire	116	£393,305.44	39,018	569,742	68.5	87.9%

Source: NHS Business Services Authority, Advanced service flu report, January 2022.

Overall, there are 116 pharmacies providing the NIAVS out of the 132 pharmacies in Leicestershire.[i] In 2020/21, a total of 39,018 vaccinations were carried out, a rate of 68.5 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 52.8 vaccinations per 1,000 population, to 104.6 vaccinations per 1,000 population in Oadby and Wigston.

In 2020/21, 84.4% of community pharmacies in England were providing the NIAVS. The percentage providing this service is higher in Leicestershire at 87.9%. Two districts in Leicestershire, (Blaby and Melton have a service provision percentage that is lower than the national average.

Community Pharmacist Consultation Services

The Community Pharmacy Consultation service CPCS was introduced in November 2020 and this service replaced the NHS Urgent Medicine Supply service pilot. General Practices and NHS 111 can refer patients for minor illness consultation at pharmacies offering CPCS.

Figure 4 shows the locations of the pharmacies that offer CPCS in Leicestershire.

Figure 4: Advanced Services – Community Pharmacist Consultation
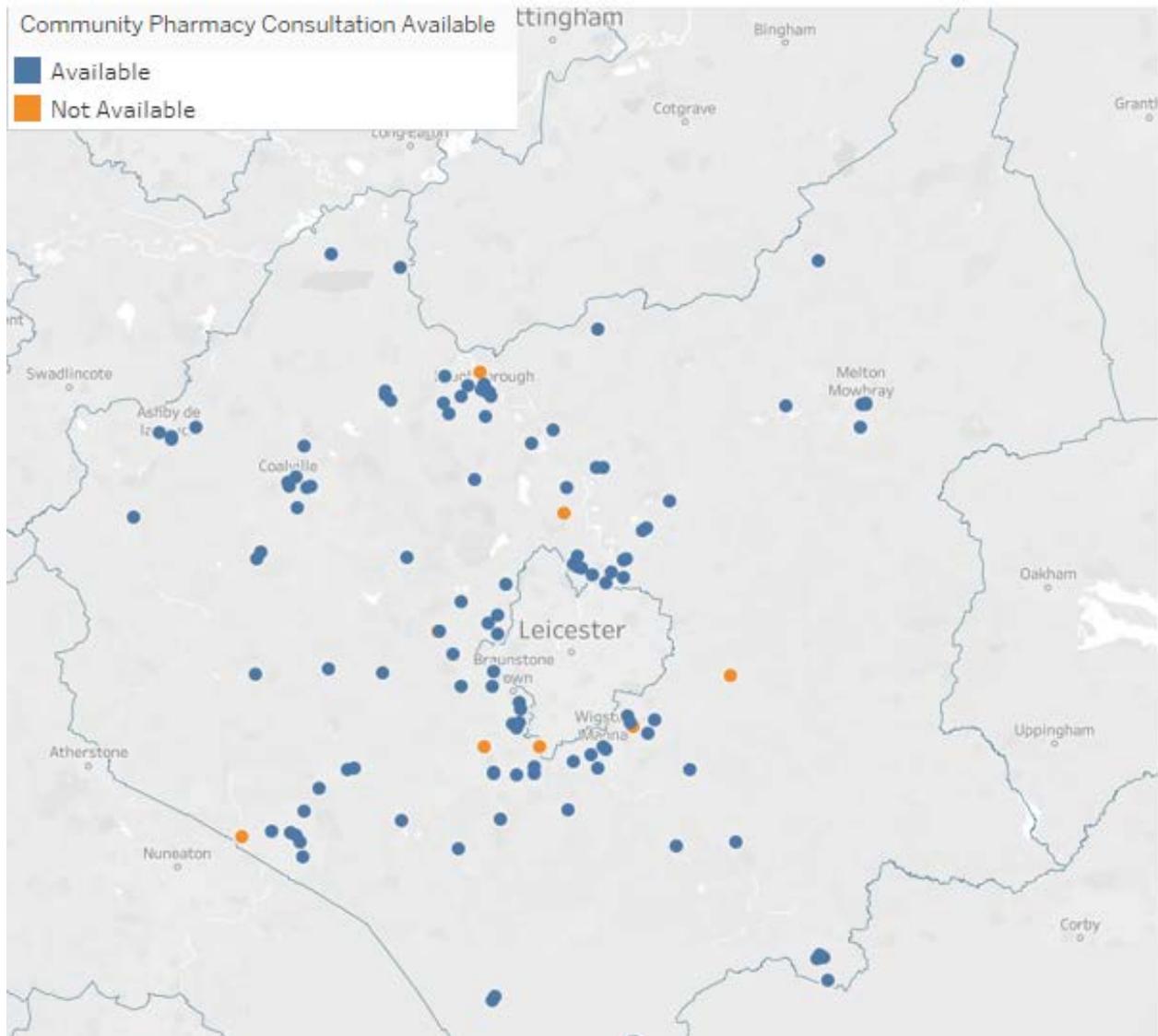
Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

In 2020-21, there was an increase in the total of community pharmacist consultations carried out from 982 in 2019/20 to 2,938. In Leicestershire, this equates to a rate of 4.1 per 1,000 population. The breakdown by district can be seen in **Table 5**. In 2020-21, 79.8% of community pharmacies in England were providing CPCS. The percentage providing this service was higher in Leicestershire at 93.9%. No Areas in Leicestershire had a lower proportion of pharmacies providing CPCS than the national figure.

Table 5: Pharmacies carrying out Community Pharmacy Consultation services in 2020/21

	Pharmacies providing CPCS	Number of consultations performed	Population	Consultations per 1,000 population	Proportion of pharmacies providing CPCS
Blaby	20	506	101,950	5.0	90.9%
Charnwood	39	768	188,416	4.1	95.1%
Harborough	10	393	95,537	4.1	90.9%
Hinckley and Bosworth	15	446	113,666	3.9	88.2%
Melton	7	210	51,394	4.1	100%
North-West Leicestershire	16	309	104,809	3.0	100%
Oadby and Wigston	9	306	57,313	5.3	90.0%
Leicestershire	124	2,938	713,085	4.1	93.9%

Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

Covid-19 Lateral Flow Device Distribution

From March 2021 to March 2022, lateral flow device distribution was added to the advanced services available at some community pharmacies. Lateral flow devices were free to collect for members of the public. This service ceased from 1st April 2022. No data was collected nationally.

Hepatitis C Testing Service

The Hepatitis C Antibody testing service is point of care testing for Hepatitis C antibodies in people who inject drugs who haven't yet accepted treatment for substance use and is available from pharmacies who offer this service. Those who test positive are referred for further confirmatory testing. Nationally, less than 0.1% of community pharmacies provided a Hepatitis C Antibody testing service in 2020-21. There are no pharmacies in Leicestershire providing the Hepatitis C Antibody testing service.

Hypertension Case Finding Service

Also known as the NHS Blood pressure check, from October 2021 pharmacies provided clinic blood pressure testing to those aged over 40 to identify those with high blood pressure. Where clinically indicated, patients are then offered 24-hour ambulatory blood pressure monitoring, the results of which are shared with the person's GP. No National data is available for this service.

Pandemic Delivery Service

Originally offered to Clinically Extremely Vulnerable people shielding due to the COVID-19 pandemic, before being offered to people who had been notified of the need to self-isolate by NHS Test and Trace. Delivery of prescriptions from pharmacies was organised via a variety of methods including volunteer delivery or direct pharmacy delivery. This service ceased from 5th March 2022. No data was collected nationally.

Smoking Cessation Service

This service enables NHS trusts to refer patients to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. There is no 2020/21 data available on this service as it only became an advanced service in 2022.

APPENDIX E: COMMUNITY BASED SERVICES - DATA AND ANALYSIS

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 (**Table 6**) are:
- Emergency Hormonal Contraception (EHC)
- Needle and syringe exchange for people with drug addictions; (via Turning Point)
- Supervised administration of methadone and other substitutes; (via Turning Point)
- Champix provision to help people who want to stop smoking; this has been paused due to discontinuation of production of the treatment.

Table 6: Local authority commissioned Community-Based Services as of 31st March 2021

	Emergency Hormonal Contraception	Needle Exchange	Supervised Consumption
Blaby	9	2	7
Charnwood	18	4	22
Harborough	6	2	5
Hinckley and Bosworth	7	4	11
Melton	4	2	3
North-West Leicestershire	8	3	13
Oadby and Wigston	9	2	6
Leicestershire	**61**	**19**	**67**

Source: Community Based Service Dataset, Leicestershire County Council and Turning Point Dataset.

The services that are currently commissioned by Leicester, Leicestershire and Rutland CCGs (**Table 7**) are:
- Extended Care Services Tier 1- Conjunctivitis and UTI treatment
- Extended Care Services Tier 2a- Impetigo, Eczema and insect bite treatment
- Palliative Medicine Supply
- Emergency Supply Service
- Covid-19 Vaccinations

Table 7: CCG commissioned Community Based Services 2020-21

	CCG Commissioned Enhanced Service 2020-21						
	Palliative medicines	Emergency supply service	Tier 1-Conjunctivitis	Tier 1 - UTI	Tier 2a - Impetigo	Tier 2a - Insect bites	Tier 2a - Eczema
Blaby	0	10	13	14	12	11	11
Charnwood	0	23	23	23	15	15	15
Harborough	0	11	9	9	6	6	6
Hinckley & Bosworth	0	6	14	14	11	11	11
Melton	0	5	5	5	2	2	2
North-West Leicestershire	1	9	10	10	8	8	8
Oadby & Wigston	0	7	6	6	5	5	5
Leicestershire	**1**	**71**	**80**	**81**	**59**	**58**	**58**

Source: NHS England & NHS Improvement CCG commissioned Enhanced services 2020-21

These community-based services are voluntary agreements and pharmacies are not compelled to offer any or all of the services.

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 with the aim of reducing unintended conceptions and improving sexual health for young people by:

- Provision of free oral Emergency Contraception (Ulipristal acetate (UPA) or Levonelle (LNG) to women under 25 years in Leicestershire and Rutland from accessible community-based settings that provide a timely, open access service in line with the criteria and patient group directions (PGDs) as detailed in this specification

- Active promotion of the online Chlamydia Screening Programme, online STI testing platform, general awareness of chlamydia and other sexual health issues to promote good sexual health and signposting to other sexual health services as necessary

- Provision of clear signposting and advice in relation to sexual health services

- Strengthening of a local network of contraceptive and sexual health services to help ensure easy and swift access to advice and services

- Provision of advice on the use of condoms to prevent infection and of public health information on safer sex practices to increase the knowledge of risks associated with

STIs. Providers will be expected as a minimum to engage with and support the local C-Card condom distribution delivery model

Figure 5 shows the location of pharmacies offering this service in Leicestershire as at end of March 2021 on a background of teenage pregnancy rates. This shows that whilst there is a good coverage of pharmacies providing EHC across Leicestershire, with 61 pharmacies offering the service, there are also no areas with higher than national rates of teenage pregnancy.

Figure 5: Rates of under 18 conceptions by ward, and pharmacies by EHC provision
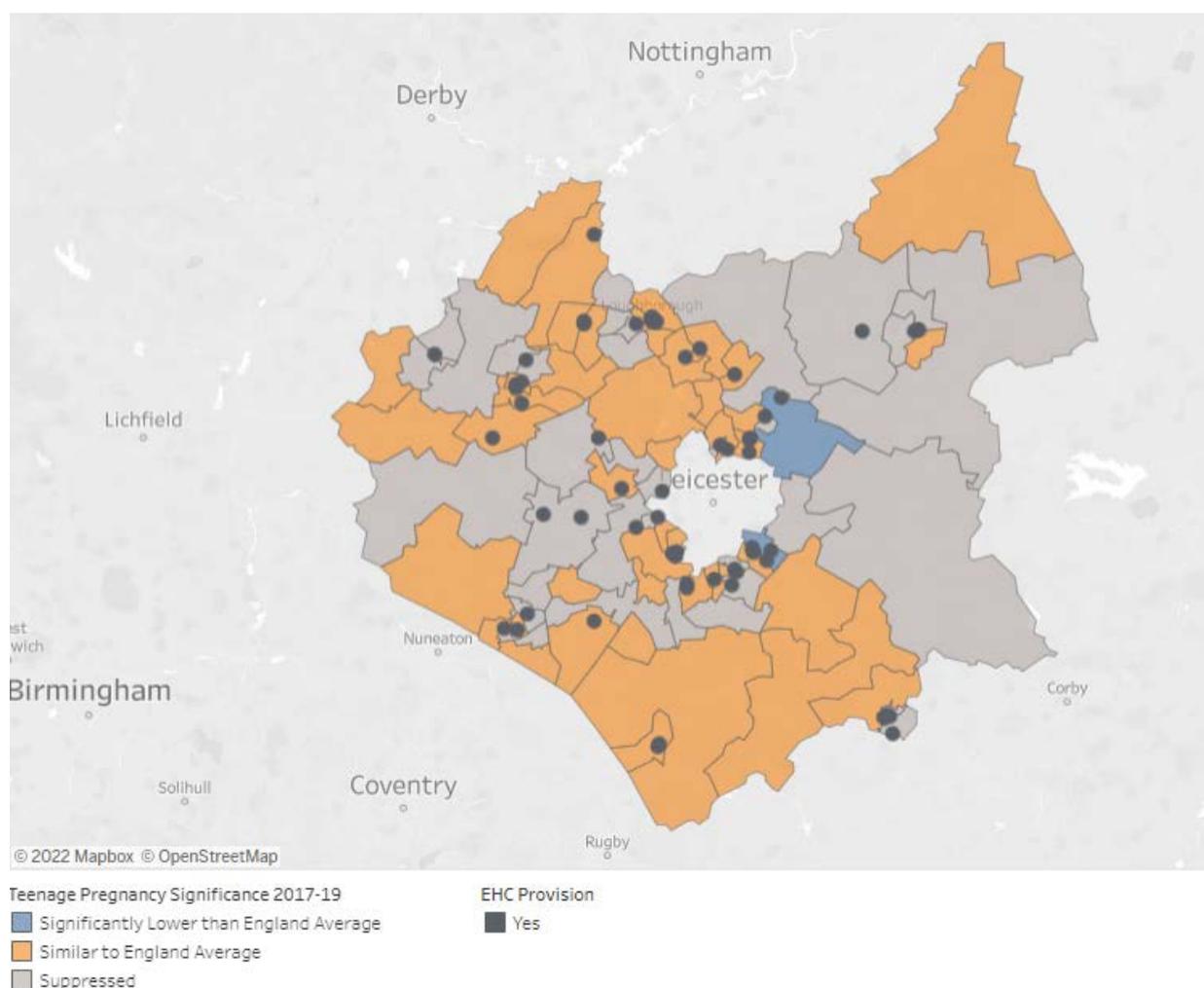
Source: Community Based Service Dataset, Leicestershire County Council, 2021

In 2020/21, 61 pharmacies delivered the EHC service (**Table 8**), including six 100-hour pharmacies. There were 623 pharmacy-based consultations for EHC, and Levonelle (Levonorgestrel) was issued in 193 of these. The overall consultation rate 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.

Table 8: Community Based Services activity 2020/21 - Emergency Hormonal Contraception in 2020/21

	Pharmacists providing service	Consultations	Levonelle	2020 Population Female (15-24)	Consultations per 1,000 female population aged 15-24
Blaby	9	92	37	4851	19.0
Charnwood	18	203	59	13638	14.9
Harborough	6	49	9	4401	11.1
Hinckley and Bosworth	7	70	17	5183	13.5
Melton	4	2	1	2413	0.8
North-West Leicestershire	8	88	21	5434	16.2
Oadby and Wigston	9	119	49	3544	33.6
Leicestershire	**61**	**623**	**193**	**39464**	**15.8**

Source: Community Based Service Dataset, Leicestershire County Council

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.

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 6 shows the location of pharmacies offering this service in Leicestershire. Overall, 19 of Leicestershire's pharmacies provided the Needle Exchange Service as of 31st March 2021.

Figure 6: Needle Exchange Service
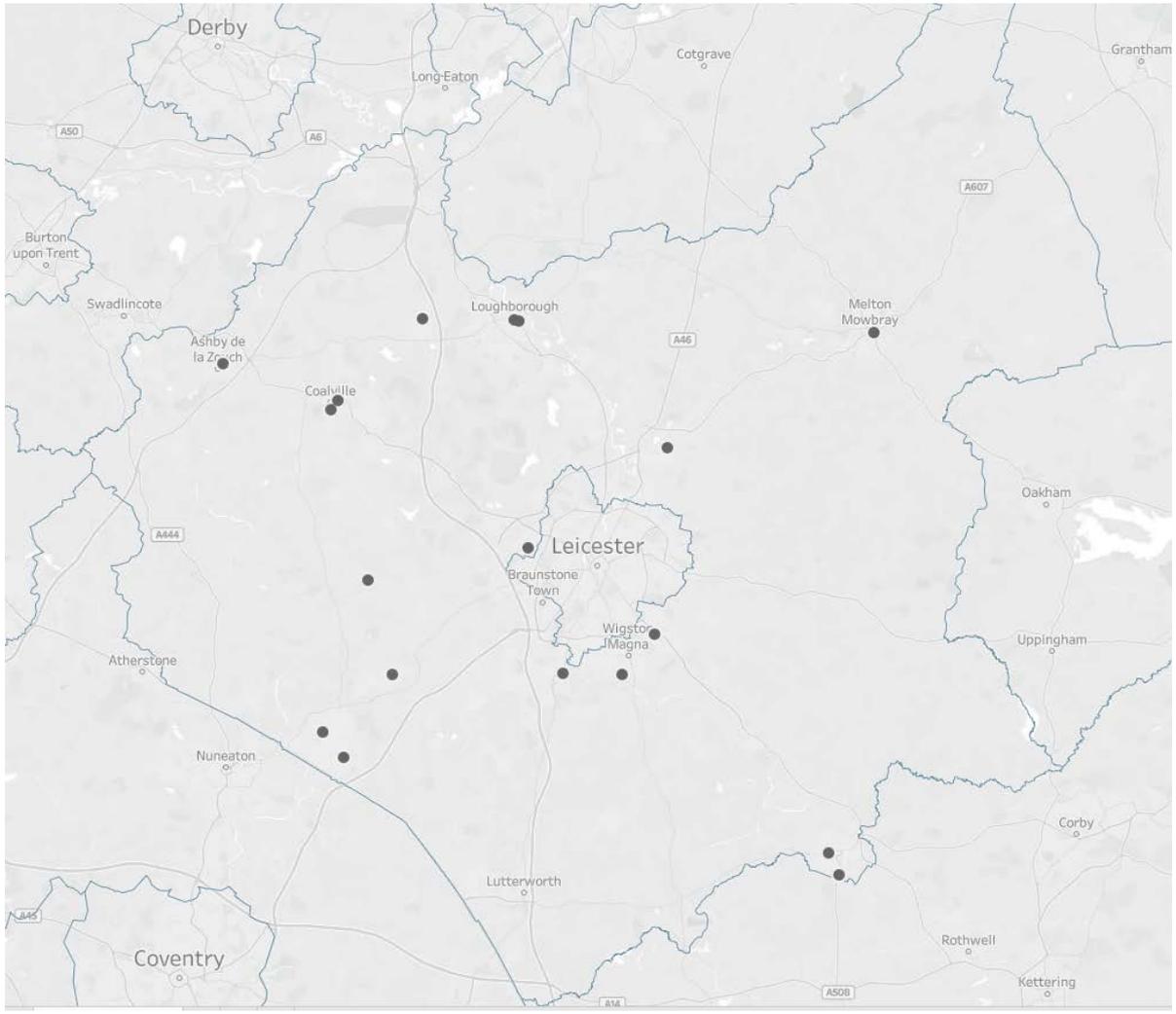
Source: Turning point dataset 2020-21

Table 9 shows the uptake of the needle exchange service by District in 2020-21[ii] There were 14,117 recorded transactions for the needle exchange service during the 12-month period. These transactions occurred in 19 pharmacies in Leicestershire. The highest number of transactions occurred in Charnwood. Data has been used with the recognition that there may be data quality issues due to no mechanisms of data quality assurance.

Table 9: Needle exchange service uptake by district (2020-2021)

	No. of Pharmacies providing Needle exchange	No. of Transactions
Blaby	2	1,290
Charnwood	4	5,282
Harborough	2	967
Hinckley and Bosworth	4	1,101
Melton	2	4,833
North West Leicestershire	3	482
Oadby & Wigston	2	162
Leicestershire	**19**	**14,117**

Source: Turning point dataset 2020-21

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 7 illustrates the location of pharmacies providing supervised methadone consumption in Leicestershire. In 2020-21 67 pharmacies provided this service with the highest level of coverage in Charnwood (with 22 pharmacies) and the lowest coverage in Melton with just three pharmacies. **Table 10** shows the supervised methadone consumption service by individuals in 2020-21.

Figure 7: Supervised Methadone Consumption Service
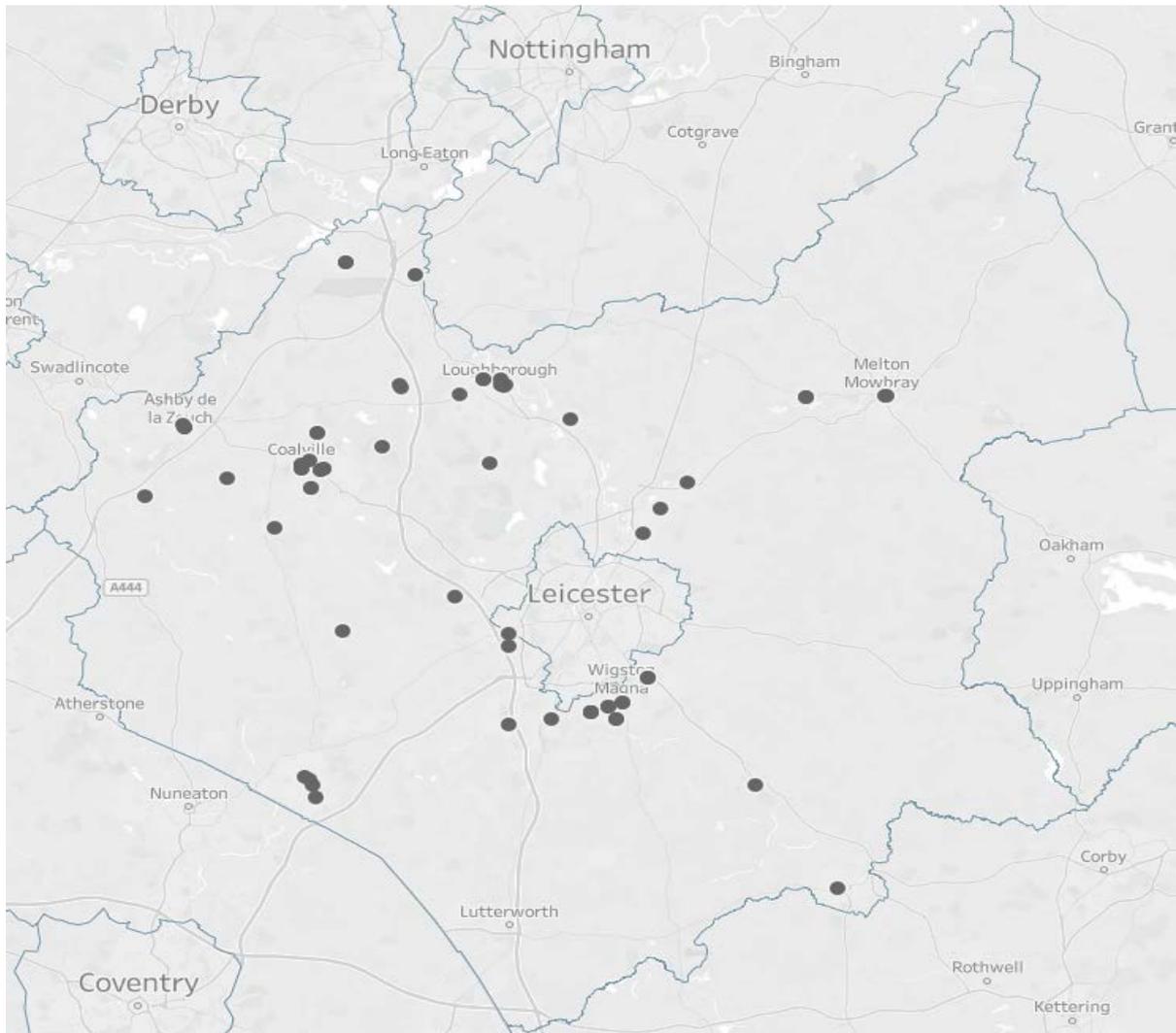
Source: Turning point dataset 2020-21

Table 10: Supervised Methadone consumption service uptake by district (2020-2021)

	No. of Pharmacies providing Supervised Methadone consumption	No. of Transactions
Blaby	7	3,437
Charnwood	22	19,206
Harborough	5	2,797
Hinckley and Bosworth	11	10,526
Melton	3	554
North-West Leicestershire	13	4,663
Oadby & Wigston	6	664
Leicestershire	**67**	**41,847**

Source: Turning point dataset 2020-21

Palliative Medicine Supply

The Palliative Medicine Supply Service requires pharmacies to keep a supply of an agreed list of palliative care drugs to ensure that when prescribed by healthcare providers the drugs can be supplied quickly to palliative patients to ensure their comfort and maintain a good level of care. Just one Pharmacy in Leicestershire provided this service in 2020-21, this pharmacy is located in Castle Donington in North-West Leicestershire.

Emergency Supply Service

The Emergency Supply Service allows pharmacists to prescribe prescription only medicines to a patient previously prescribed the requested drug without a prescription. This means a patient can in emergency situations receive a drug without visiting a doctor and is intended to lessen demand for emergency medical care for repeat prescriptions. In 2020-21 71 Pharmacies provided the emergency supply service. The districts of these providers are summarised in **Table 11**.

Table 11: Pharmacies in Leicestershire providing Emergency supply services

	Number of Pharmacies providing Emergency Supply service in 2020-21
Blaby	10
Charnwood	23
Harborough	11
Hinckley & Bosworth	6
Melton	5
North-West Leicestershire	9
Oadby & Wigston	7
Leicestershire	**71**

Source: NHS England & NHS Improvement CCG commissioned Enhanced services 2020-21

PNA Pharmacy Survey 2022

This report was generated on 09/09/22. Overall 99 respondents completed this questionnaire. The report has been filtered to just show responses for Leicestershire (62 responses) and to exclude the open comments.

Approximately, how many over the counter enquiries does the pharmacy get per year?

0-500 (3)	6%
501-1,000 (2)	4%
1,001-5,000 (12)	25%
5,001-10,000 (9)	18%
10,001-25,000 (14)	29%
25,001-50,000 (5)	10%
50,001+ (4)	8%
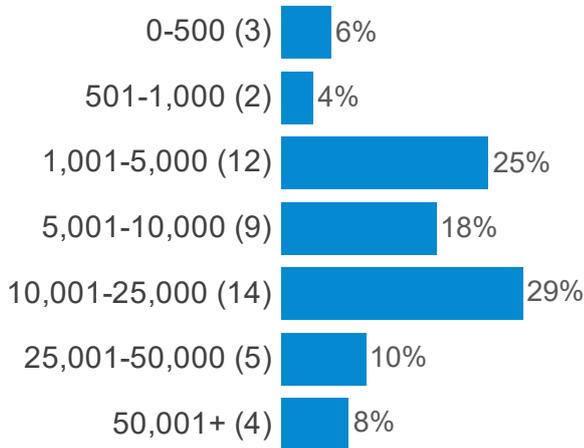
Is there a consultation area on the premises?

Yes (60)	100%
No (-)	

If yes... (Does the area have wheelchair access?)

Yes (53)	90%
No (6)	10%

If yes... (Is the consultation area in a closed room?)

Yes (59)	100%
No (-)	

If yes... (Are there hand washing facilities in the area?)

Yes (45)	76%
No (14)	24%

PNA Pharmacy Survey 2022

If yes... (Are there hand washing facilities close to the area?)

Yes (12) ████████████████████████ 92%

No (1) ██ 8%
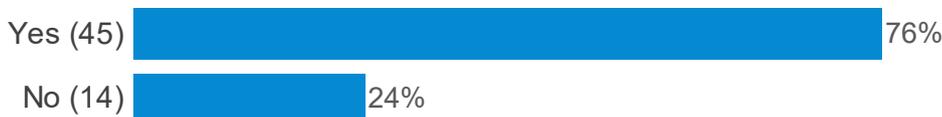
If yes... (Do patients attending for consultation have access to toilet facilities?)

Yes (20) ████████ 34%

No (39) ██████████████ 66%
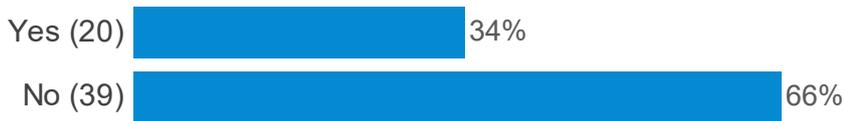
Are you planning to provide a consultation area within the next 12 months?

Yes (-)

No (-)

If yes... (Will the area have wheelchair access?)

Yes (-)

No (-)

Don't know (-)

If yes... (Will the consultation area be in a closed room?)

Yes (-)

No (-)

Don't know (-)

If yes... (Will there be hand washing facilities in the area?)

Yes (-)

No (-)

Don't know (-)

If yes... (Will there be hand washing facilities close to the area?)

Yes (-)

No (-)

Don't know (-)

If yes... (Will patients attending for consultation have access to toilet facilities?)

Yes (-)

No (-)

Don't know (-)

Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or NHS England and NHS Improvement local team has given consent for use)?

Yes (1) 2%

No (59) 98%

Is the pharmacy willing to undertake consultations in the patient's home / other suitable site?

Yes (26) 43%

No (34) 57%

PNA Pharmacy Survey 2022

Which of the following facilities does the pharmacy have to help people access services? Please tick all that apply.

Automatic door assistance (29) — 49%
Bell at the front door (7) — 12%
Disabled toilet facility (8) — 14%
Hearing loop (28) — 48%
Large print labels/leaflets (34) — 58%
Wheelchair ramp access (34) — 58%
Dementia-friendly space (33) — 56%
None of the above (2) — 3%
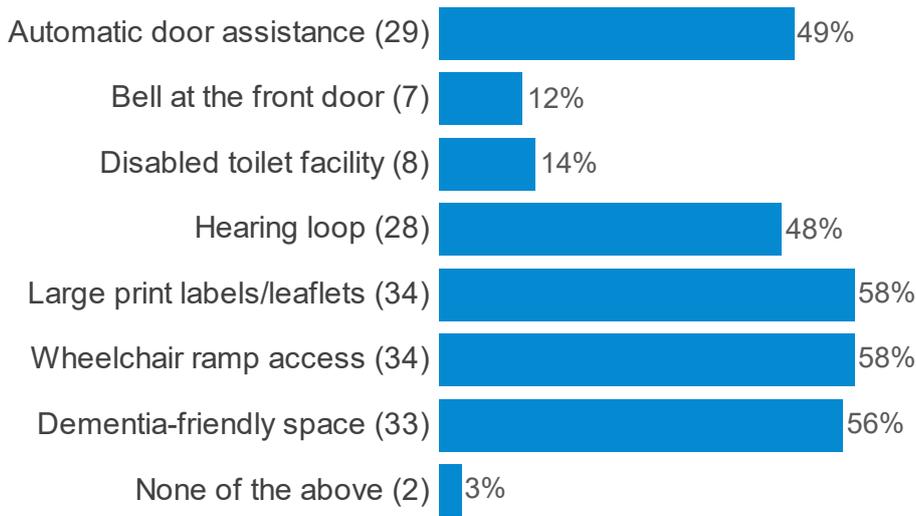
Is the pharmacy entitled to Pharmacy Access Scheme payments?

Yes (6) — 10%
No (27) — 45%
Don't know (27) — 45%
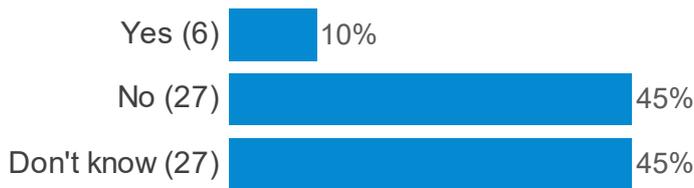
Which of the following languages are spoken by pharmacy staff (in addition to English)? Please tick all that apply.

Language	%
Arabic (3)	5%
Bengali (or Sylheti or Chatgaya) (4)	7%
British Sign Language (2)	3%
Chinese (-)	
French (3)	5%
Gujarati (33)	56%
Polish (6)	10%
Portuguese (4)	7%
Punjabi (28)	48%
Somali (1)	2%
Spanish (2)	3%
Tamil (-)	
Urdu (11)	19%
Other (please specify) (14)	24%
None of the above (11)	19%
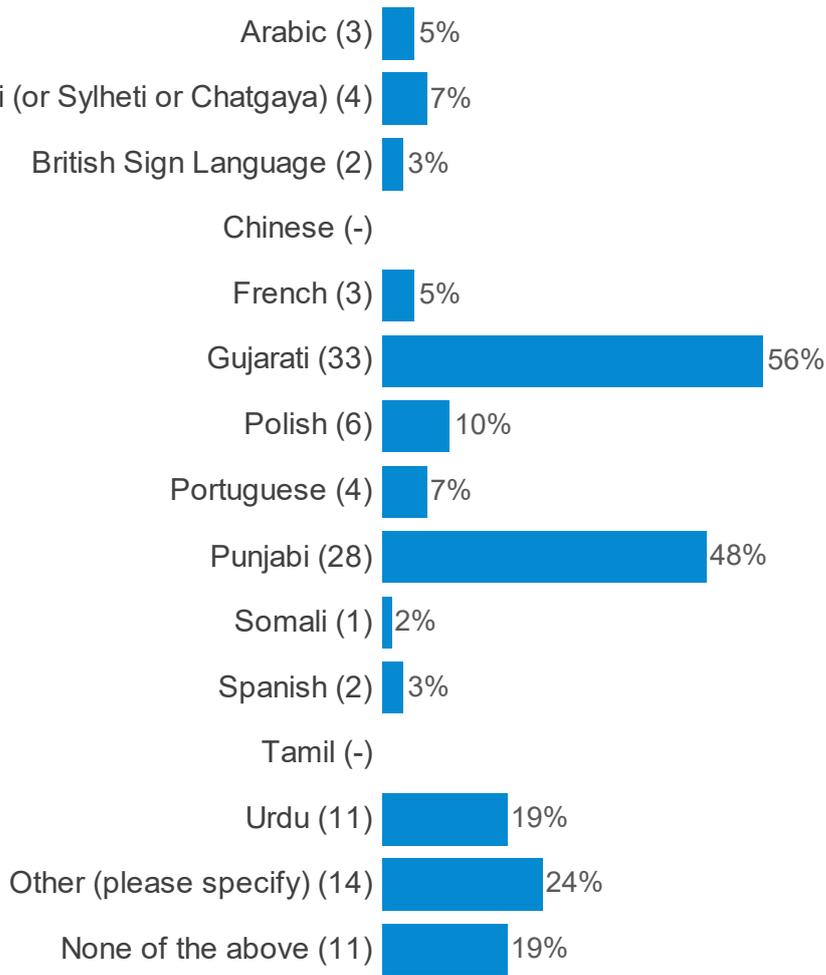
If a patient who is unable to speak English attends the pharmacy, what is the usual course of action? Please tick all that apply.

	%
They are served by a member of staff who can speak that language (38)	67%
Use a language service (25)	44%
Other (please specify) (24)	42%
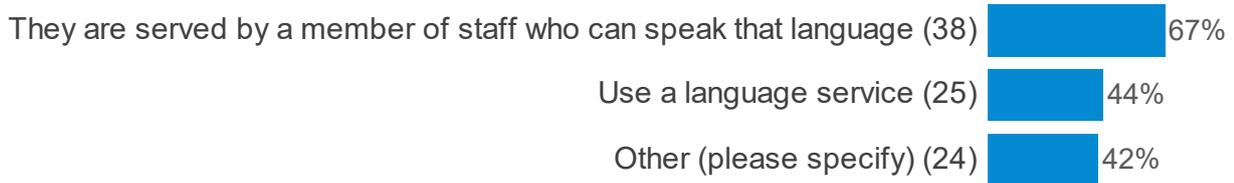
Do you use the following? (Locum Pharmacists)

	%
Yes (46)	85%
No (8)	15%

Do you use the following? (Relief Pharmacists)

Yes (32) ████████████████████████ 71%

No (13) ██████ 29%
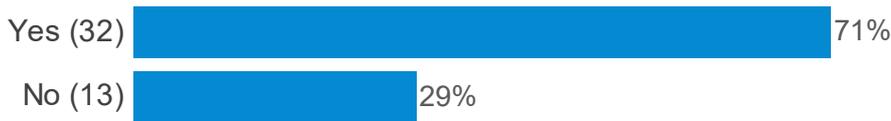
Do you use the following? (Other locum pharmacy staff)

Yes (7) █████ 20%

No (28) ██████████████████████████ 80%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Community Pharmacist (MPharm))
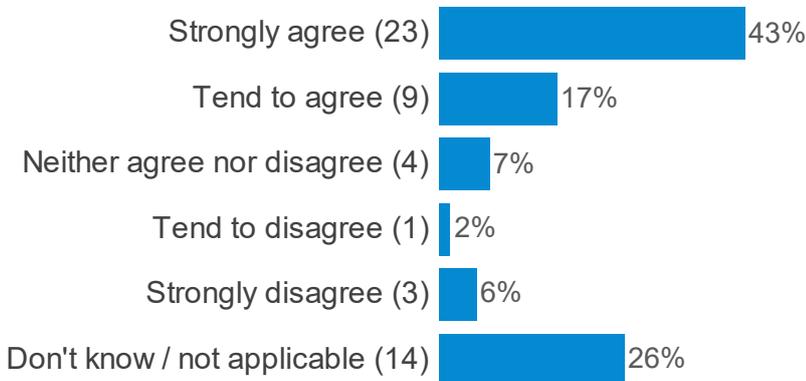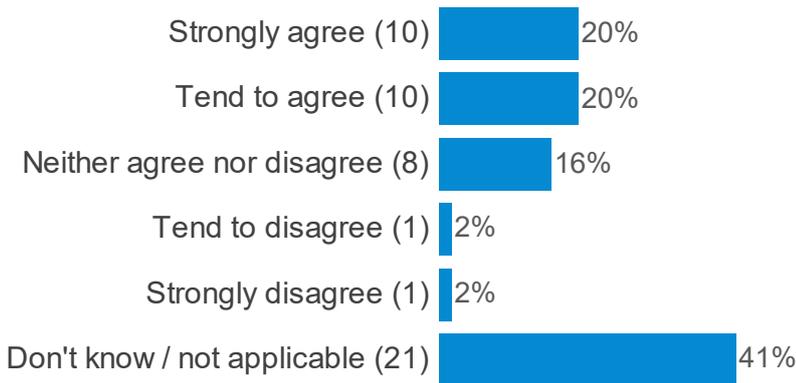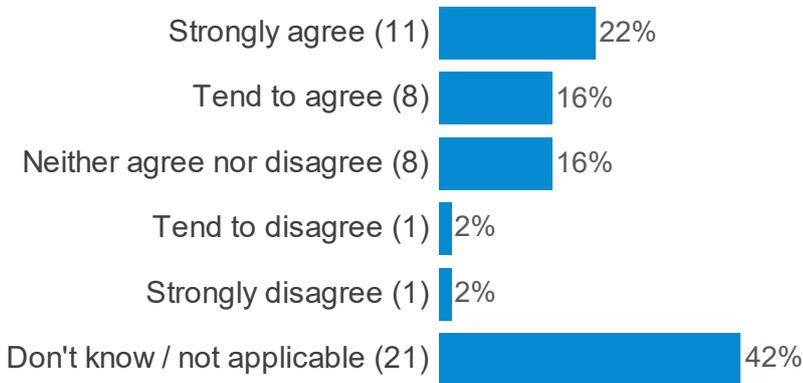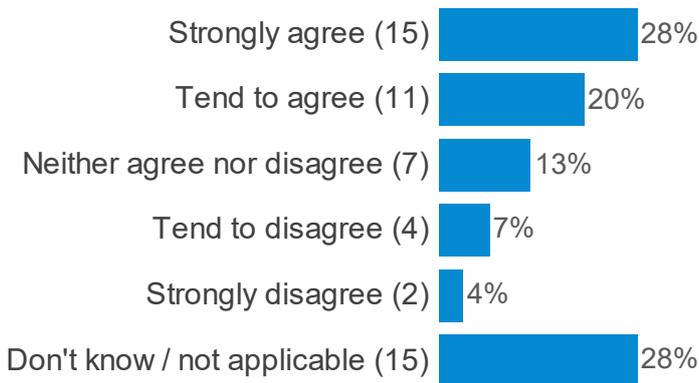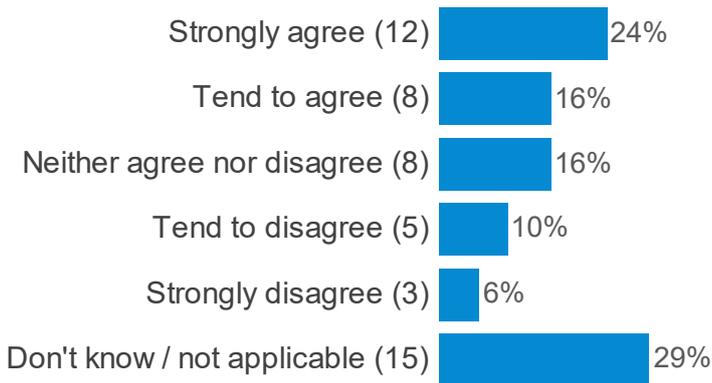
Strongly agree (23) ████████████ 43%

Tend to agree (9) ████ 17%

Neither agree nor disagree (4) █ 7%

Tend to disagree (1) | 2%

Strongly disagree (3) █ 6%

Don't know / not applicable (14) ██████ 26%

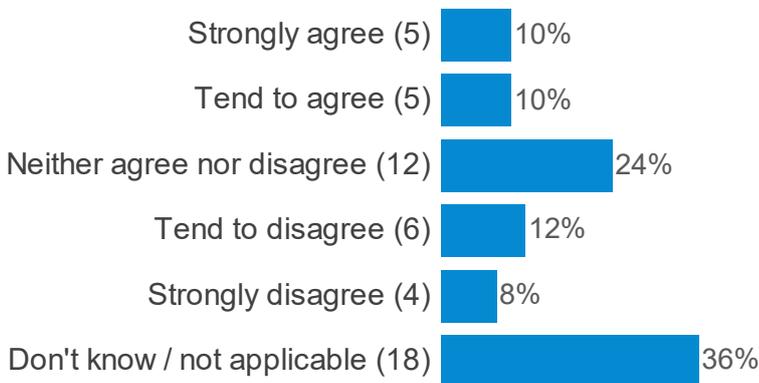## To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Community Pharmacist with clinical diploma)
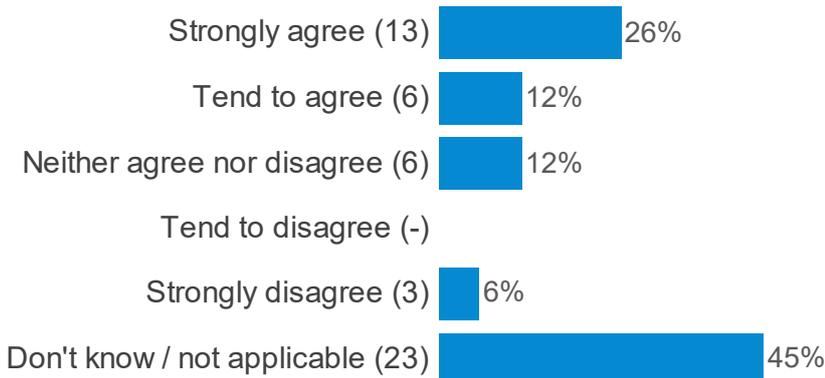
Strongly agree (13) ██████ 26%

Tend to agree (6) ██ 12%

Neither agree nor disagree (6) ██ 12%

Tend to disagree (-)

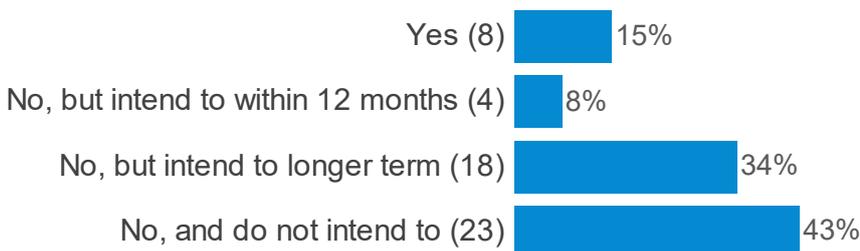Strongly disagree (3) █ 6%

Don't know / not applicable (23) ██████████ 45%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Independent Prescriber Pharmacist (IPPs))
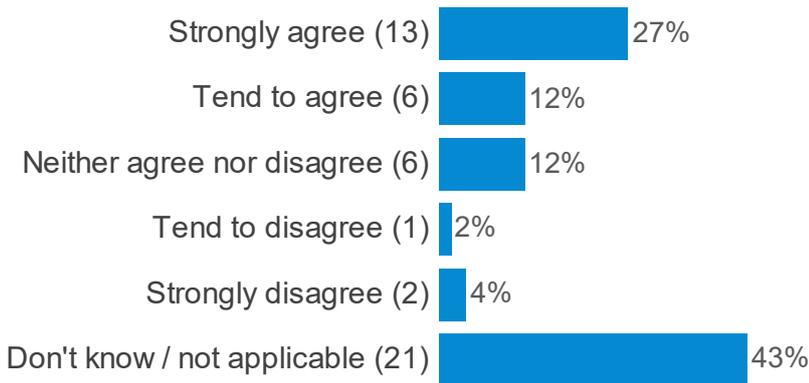
Strongly agree (13) — 27%
Tend to agree (6) — 12%
Neither agree nor disagree (6) — 12%
Tend to disagree (1) — 2%
Strongly disagree (2) — 4%
Don't know / not applicable (21) — 43%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Pre-registration Pharmacist)
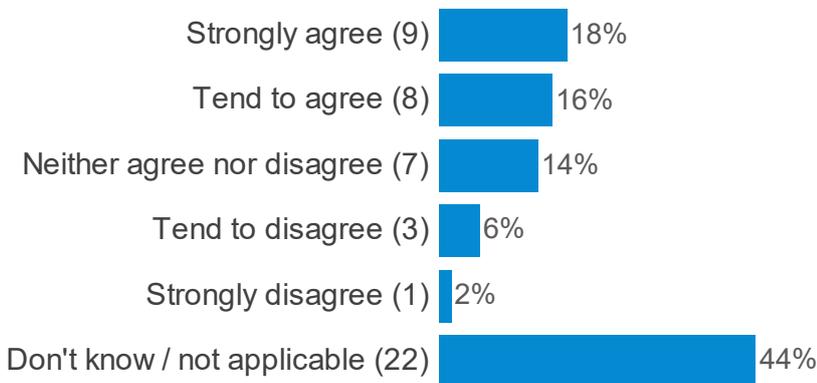
Strongly agree (9) — 18%
Tend to agree (8) — 16%
Neither agree nor disagree (7) — 14%
Tend to disagree (3) — 6%
Strongly disagree (1) — 2%
Don't know / not applicable (22) — 44%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Apprenticeship)
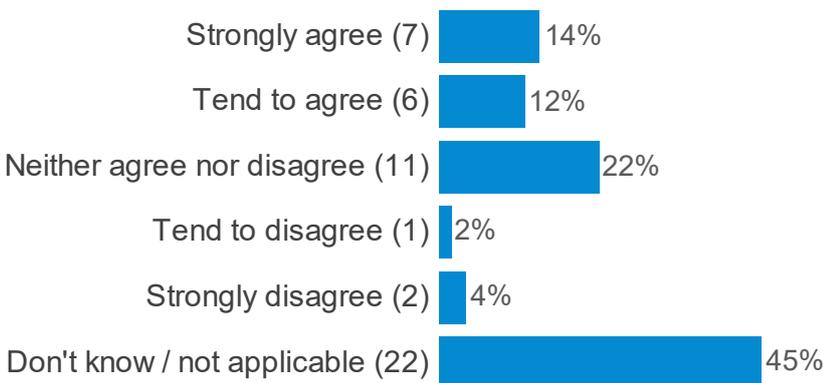
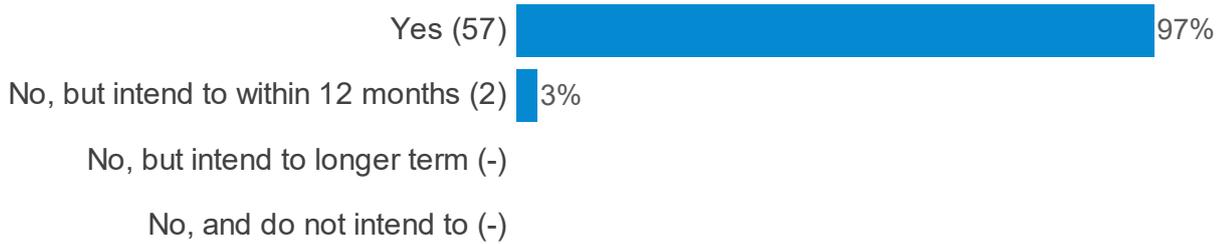Strongly agree (7) — 14%
Tend to agree (6) — 12%
Neither agree nor disagree (11) — 22%
Tend to disagree (1) — 2%
Strongly disagree (2) — 4%
Don't know / not applicable (22) — 45%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Accredited Pharmacy Technician)

Response	%
Strongly agree (10)	20%
Tend to agree (10)	20%
Neither agree nor disagree (8)	16%
Tend to disagree (1)	2%
Strongly disagree (1)	2%
Don't know / not applicable (21)	41%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Accuracy Checking Technician)

Response	%
Strongly agree (11)	22%
Tend to agree (8)	16%
Neither agree nor disagree (8)	16%
Tend to disagree (1)	2%
Strongly disagree (1)	2%
Don't know / not applicable (21)	42%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Dispenser)

Response	%
Strongly agree (15)	28%
Tend to agree (11)	20%
Neither agree nor disagree (7)	13%
Tend to disagree (4)	7%
Strongly disagree (2)	4%
Don't know / not applicable (15)	28%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Medicines Counter Assistant)

Strongly agree (12) 24%

Tend to agree (8) 16%

Neither agree nor disagree (8) 16%

Tend to disagree (5) 10%

Strongly disagree (3) 6%

Don't know / not applicable (15) 29%

To what extent do you agree or disagree that your pharmacy experiences recruitment difficulties in the following roles? (Delivery driver)

Strongly agree (5) 10%

Tend to agree (5) 10%

Neither agree nor disagree (12) 24%

Tend to disagree (6) 12%

Strongly disagree (4) 8%

Don't know / not applicable (18) 36%

Does the pharmacy provide the following Advanced Services? (Appliance Use Review Service (AUR))

Yes (8) 15%

No, but intend to within 12 months (4) 8%

No, but intend to longer term (18) 34%

No, and do not intend to (23) 43%

Does the pharmacy provide the following Advanced Services? (Community Pharmacist Consultation Service (CPCS))

Yes (57) — 97%

No, but intend to within 12 months (2) — 3%

No, but intend to longer term (-)

No, and do not intend to (-)

Does the pharmacy provide the following Advanced Services? (Flu Vaccination Service)

Yes (56) — 97%

No, but intend to within 12 months (1) — 2%

No, but intend to longer term (1) — 2%

No, and do not intend to (-)
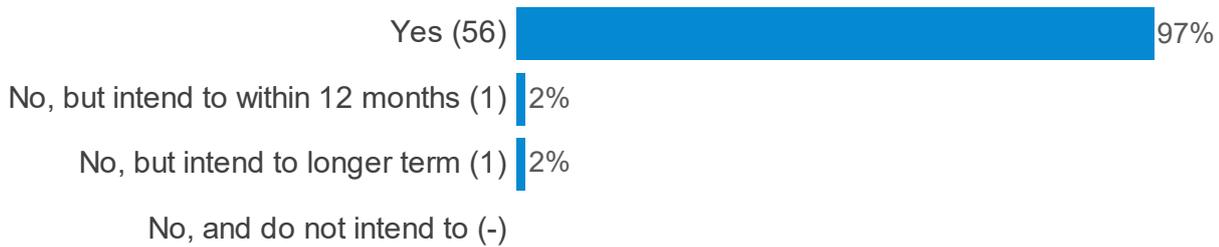
Does the pharmacy provide the following Advanced Services? (Hepatitis C Testing Service)

Yes (1) — 2%

No, but intend to within 12 months (9) — 16%

No, but intend to longer term (25) — 46%

No, and do not intend to (20) — 36%
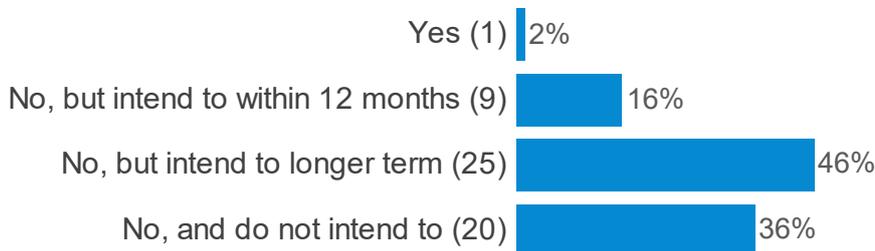
Does the pharmacy provide the following Advanced Services? (Hypertension Case-Finding Service)

Yes (24) — 44%

No, but intend to within 12 months (22) — 40%

No, but intend to longer term (7) — 13%

No, and do not intend to (2) — 4%

Does the pharmacy provide the following Advanced Services? (New Medicine Service (NMS))

Yes (58) ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓ 97%

No, but intend to within 12 months (1) ▎2%

No, but intend to longer term (-)

No, and do not intend to (1) ▎2%
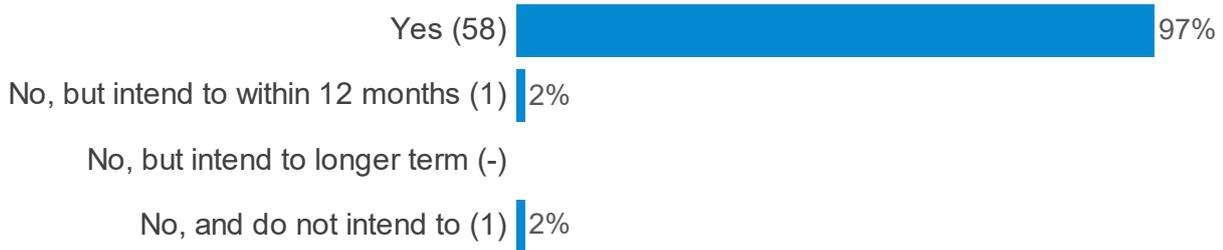
Does the pharmacy provide the following Advanced Services? (Pandemic Delivery Service)

Yes (42) ▓▓▓▓▓▓▓▓▓▓▓▓▓▓ 72%

No, but intend to within 12 months (-)

No, but intend to longer term (2) ▎3%

No, and do not intend to (14) ▓▓▓▓ 24%
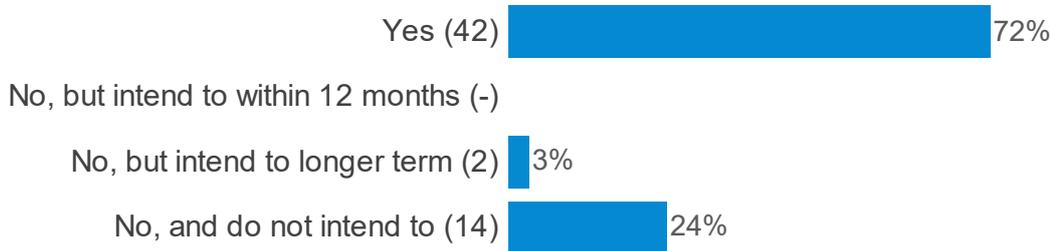
Does the pharmacy provide the following Advanced Services? (Stoma Appliance Customisation Service (SAC))

Yes (10) ▓▓▓ 19%

No, but intend to within 12 months (2) ▎4%

No, but intend to longer term (16) ▓▓▓▓ 30%

No, and do not intend to (26) ▓▓▓▓▓▓ 48%
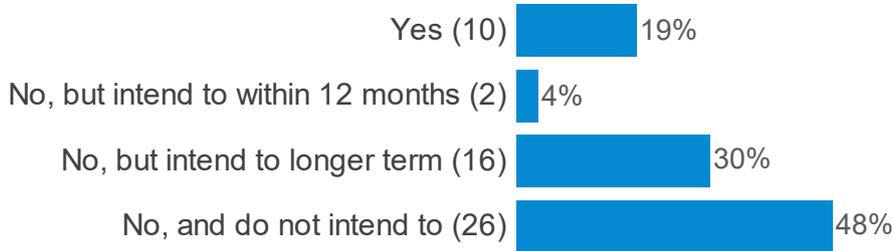
Does the pharmacy provide the following Advanced Services? (Stop Smoking Service)
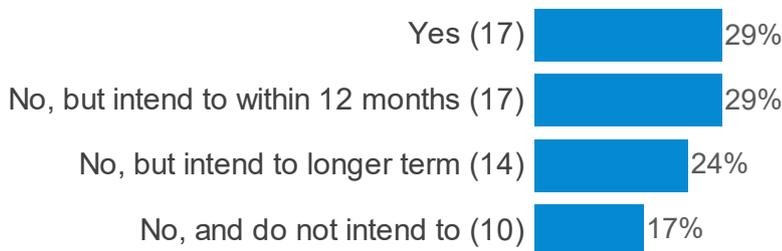
Yes (17) ▓▓▓▓ 29%

No, but intend to within 12 months (17) ▓▓▓▓ 29%

No, but intend to longer term (14) ▓▓▓ 24%

No, and do not intend to (10) ▓▓▓ 17%

PNA Pharmacy Survey 2022

Which of the following NHS England commissioned services do you currently provide? Please tick all that apply.

Service	Percentage
Allergies (3)	6%
Alzheimer's/dementia (4)	8%
Anticoagulant Monitoring Service (1)	2%
Anti-viral Distribution Service (1)	2%
Asthma (3)	6%
Care Home Service (3)	6%
CHD (1)	2%
Chlamydia Testing Service (1)	2%
Chlamydia Treating Service (1)	2%
Contraceptive Service (not EC) (3)	6%
COPD (-)	
Depression (-)	
Diabetes type I (-)	
Diabetes type II (-)	
Emergency Contraception Service (27)	51%
Emergency Supply Service (29)	55%
Epilepsy (1)	2%
Gluten Free Food Supply Service (i.e. not via FP10) (2)	4%
Heart failure (-)	
Home Delivery Service (not appliances) (22)	42%
Hypertension (21)	40%
Independent Prescribing Service (1)	2%
Language Access Service (1)	2%
Medication Review Service (16)	30%
Medicines Assessment and Compliance Support Service (3)	6%
Medicines Optimisation Service (3)	6%
Minor Ailment Scheme (9)	17%
Needle and Syringe Exchange Service (13)	25%
Not Dispensed Scheme (3)	6%
Obesity management (adults and children) (4)	8%
On Demand Availability of Specialist Drugs Service (1)	2%
Out of Hours Services (6)	11%
Parkinson's disease (-)	
Patient Group Direction Service (22)	42%
Phlebotomy Service (-)	
Prescriber Support Service (1)	2%
Schools Service (-)	
Screening - Alcohol (-)	
Screening - Cholesterol (1)	2%
Screening - Diabetes (4)	8%
Screening - Gonorrhoea (-)	
Screening - H. pylori (-)	
Screening - HbA1C (-)	
Screening - Hepatitis (-)	
Screening - HIV (-)	
Screening - Other (-)	
Sharps Disposal Service (4)	8%
Stop Smoking Service (11)	21%
Supervised Administration Service (23)	43%
Supplementary Prescribing Service (-)	
Childhood vaccinations (2)	4%
COVID-19 vaccinations (6)	11%
Hepatitis (at risk workers or patients) vaccinations (2)	4%
HPV vaccinations (6)	11%
Meningococcal vaccinations (1)	2%
Pneumococcal vaccinations (8)	15%
Seasonal Influenza Vaccination Service (38)	72%
Travel vaccinations (8)	15%
Other vaccinations (4)	8%
Vascular Risk Assessment Service (NHS Health Check) (2)	4%
Other (Please specify) (1)	2%

Which of the following NHS England commissioned services would you be willing to provide? (Allergies)

Yes (10) — 21%
Yes, with training (15) — 31%
Yes, with facilities (-)
Yes, with training and facilities (18) — 38%
No, not currently willing to provide (5) — 10%

Which of the following NHS England commissioned services would you be willing to provide? (Alzheimer's/dementia)

Yes (5) — 12%
Yes, with training (13) — 30%
Yes, with facilities (1) — 2%
Yes, with training and facilities (16) — 37%
No, not currently willing to provide (8) — 19%

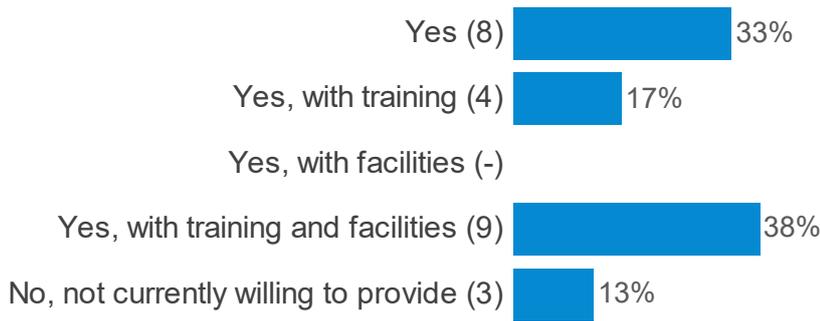**Which of the following NHS England commissioned services would you be willing to provide? (Anticoagulant Monitoring Service)**

Yes (9) — 19%
Yes, with training (14) — 29%
Yes, with facilities (-)
Yes, with training and facilities (19) — 40%
No, not currently willing to provide (6) — 13%

Which of the following NHS England commissioned services would you be willing to provide? (Anti-viral Distribution Service)

Yes (10) — 23%

Yes, with training (9) — 21%

Yes, with facilities (-)

Yes, with training and facilities (16) — 36%

No, not currently willing to provide (9) — 21%

Which of the following NHS England commissioned services would you be willing to provide? (Asthma)

Yes (13) — 26%

Yes, with training (13) — 26%

Yes, with facilities (1) — 2%

Yes, with training and facilities (18) — 36%

No, not currently willing to provide (5) — 10%

Which of the following NHS England commissioned services would you be willing to provide? (Care Home Service)

Yes (7) — 18%

Yes, with training (5) — 13%

Yes, with facilities (-)

Yes, with training and facilities (16) — 40%

No, not currently willing to provide (12) — 30%

Which of the following NHS England commissioned services would you be willing to provide? (CHD)

Yes (8) ▬ 18%
Yes, with training (9) ▬ 21%
Yes, with facilities (-)
Yes, with training and facilities (17) ▬ 39%
No, not currently willing to provide (10) ▬ 23%

Which of the following NHS England commissioned services would you be willing to provide? (Chlamydia Testing Service)

Yes (10) ▬ 23%
Yes, with training (8) ▬ 18%
Yes, with facilities (-)
Yes, with training and facilities (18) ▬ 41%
No, not currently willing to provide (8) ▬ 18%

Which of the following NHS England commissioned services would you be willing to provide? (Chlamydia Treating Service)

Yes (9) ▬ 21%
Yes, with training (9) ▬ 21%
Yes, with facilities (-)
Yes, with training and facilities (17) ▬ 39%
No, not currently willing to provide (9) ▬ 21%

Which of the following NHS England commissioned services would you be willing to provide? (Contraceptive Service (not EC))

Yes (10) — 21%
Yes, with training (13) — 28%
Yes, with facilities (2) — 4%
Yes, with training and facilities (17) — 36%
No, not currently willing to provide (5) — 11%

Which of the following NHS England commissioned services would you be willing to provide? (COPD)

Yes (11) — 22%
Yes, with training (13) — 26%
Yes, with facilities (2) — 4%
Yes, with training and facilities (19) — 37%
No, not currently willing to provide (6) — 12%
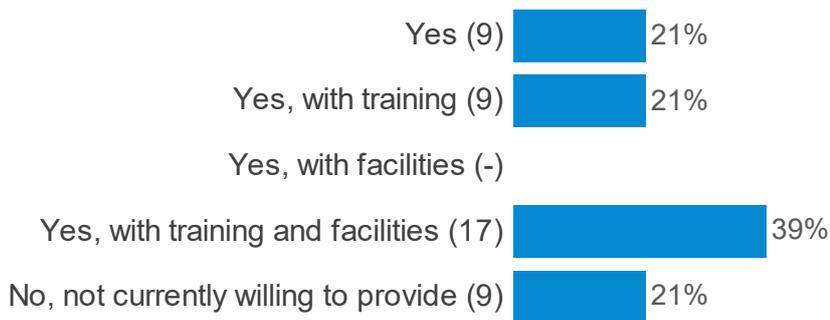
Which of the following NHS England commissioned services would you be willing to provide? (Depression)
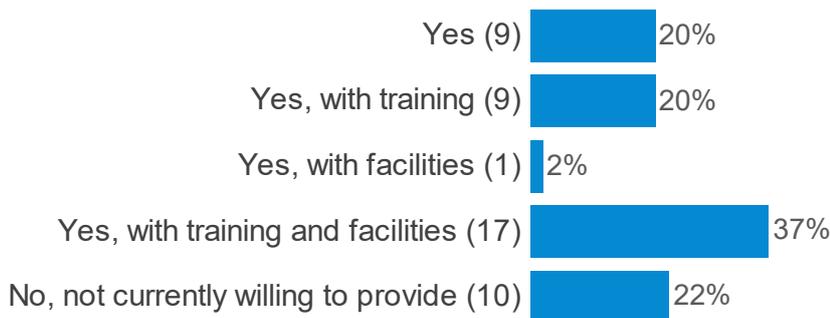
Yes (9) — 20%
Yes, with training (9) — 20%
Yes, with facilities (1) — 2%
Yes, with training and facilities (17) — 37%
No, not currently willing to provide (10) — 22%

Which of the following NHS England commissioned services would you be willing to provide? (Diabetes type I)

Yes (11)	23%
Yes, with training (11)	23%
Yes, with facilities (1)	2%
Yes, with training and facilities (19)	40%
No, not currently willing to provide (6)	13%

Which of the following NHS England commissioned services would you be willing to provide? (Diabetes type II)

Yes (12)	25%
Yes, with training (10)	20%
Yes, with facilities (1)	2%
Yes, with training and facilities (20)	41%
No, not currently willing to provide (6)	12%

Which of the following NHS England commissioned services would you be willing to provide? (Emergency Contraception Service)

Yes (8)	30%
Yes, with training (3)	11%
Yes, with facilities (-)	
Yes, with training and facilities (14)	52%
No, not currently willing to provide (2)	7%

Which of the following NHS England commissioned services would you be willing to provide? (Emergency Supply Service)

Yes (8) — 33%
Yes, with training (4) — 17%
Yes, with facilities (-)
Yes, with training and facilities (9) — 38%
No, not currently willing to provide (3) — 13%
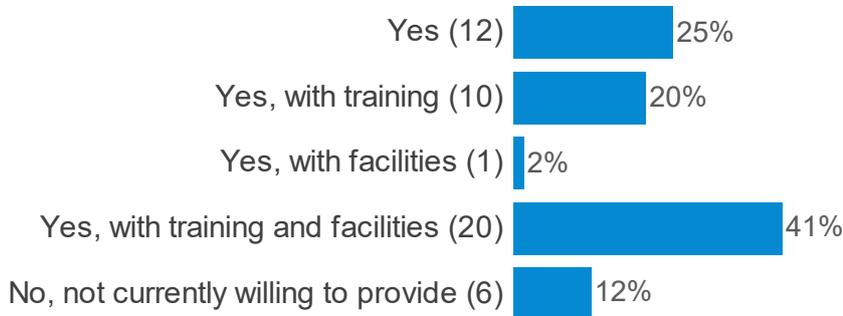
Which of the following NHS England commissioned services would you be willing to provide? (Epilepsy)
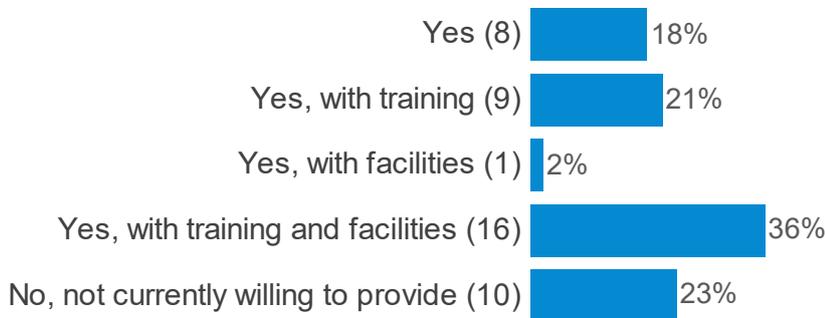
Yes (8) — 18%
Yes, with training (9) — 21%
Yes, with facilities (1) — 2%
Yes, with training and facilities (16) — 36%
No, not currently willing to provide (10) — 23%

Which of the following NHS England commissioned services would you be willing to provide? (Gluten Free Food Supply Service (i.e. not via FP10))
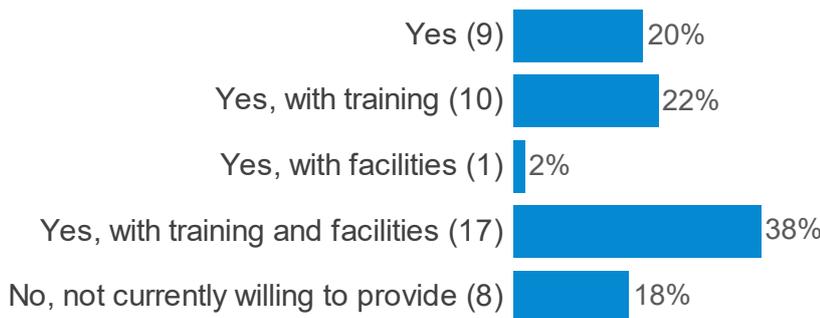
Yes (9) — 20%
Yes, with training (10) — 22%
Yes, with facilities (1) — 2%
Yes, with training and facilities (17) — 38%
No, not currently willing to provide (8) — 18%

Which of the following NHS England commissioned services would you be willing to provide? (Heart failure)

Yes (8) — 17%
Yes, with training (10) — 22%
Yes, with facilities (-)
Yes, with training and facilities (21) — 46%
No, not currently willing to provide (7) — 15%

Which of the following NHS England commissioned services would you be willing to provide? (Home Delivery Service (not appliances))

Yes (6) — 21%
Yes, with training (3) — 11%
Yes, with facilities (-)
Yes, with training and facilities (12) — 43%
No, not currently willing to provide (7) — 25%

Which of the following NHS England commissioned services would you be willing to provide? (Hypertension)
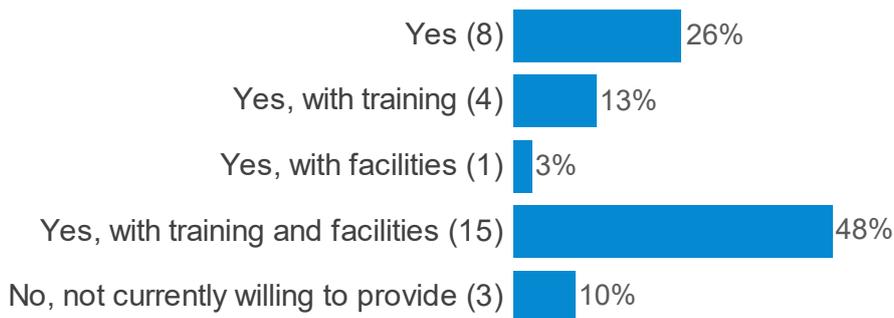
Yes (8) — 26%
Yes, with training (4) — 13%
Yes, with facilities (1) — 3%
Yes, with training and facilities (15) — 48%
No, not currently willing to provide (3) — 10%

Which of the following NHS England commissioned services would you be willing to provide? (Independent Prescribing Service)
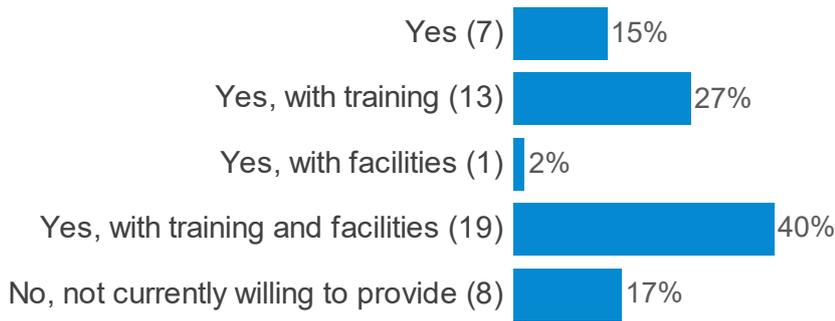
Yes (7) — 15%
Yes, with training (13) — 27%
Yes, with facilities (1) — 2%
Yes, with training and facilities (19) — 40%
No, not currently willing to provide (8) — 17%

Which of the following NHS England commissioned services would you be willing to provide? (Language Access Service)
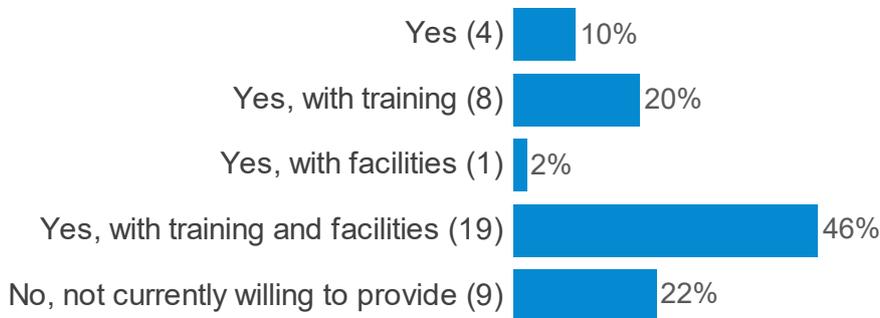
Yes (4) — 10%
Yes, with training (8) — 20%
Yes, with facilities (1) — 2%
Yes, with training and facilities (19) — 46%
No, not currently willing to provide (9) — 22%

Which of the following NHS England commissioned services would you be willing to provide? (Medication Review Service)

Yes (8) — 24%
Yes, with training (6) — 18%
Yes, with facilities (-)
Yes, with training and facilities (14) — 41%
No, not currently willing to provide (6) — 18%

Which of the following NHS England commissioned services would you be willing to provide? (Medicines Assessment and Compliance Support Service)

Yes (8)	18%
Yes, with training (10)	22%
Yes, with facilities (-)	
Yes, with training and facilities (19)	42%
No, not currently willing to provide (8)	18%

Which of the following NHS England commissioned services would you be willing to provide? (Medicines Optimisation Service)
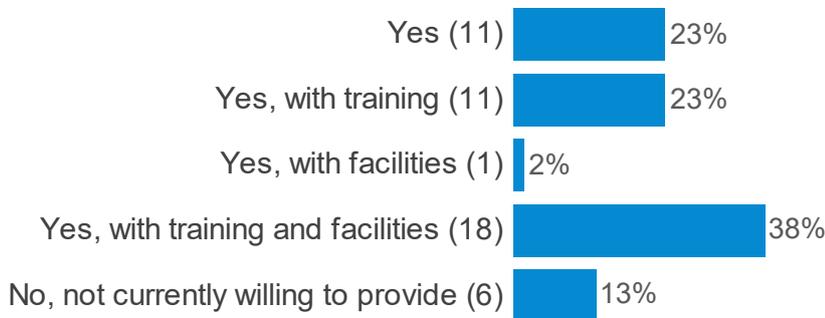
Yes (11)	23%
Yes, with training (11)	23%
Yes, with facilities (1)	2%
Yes, with training and facilities (18)	38%
No, not currently willing to provide (6)	13%

Which of the following NHS England commissioned services would you be willing to provide? (Minor Ailment Scheme)

Yes (11)	27%
Yes, with training (9)	22%
Yes, with facilities (-)	
Yes, with training and facilities (16)	39%
No, not currently willing to provide (5)	12%

Which of the following NHS England commissioned services would you be willing to provide? (Needle and Syringe Exchange Service)

Yes (7) — 20%
Yes, with training (5) — 14%
Yes, with facilities (-)
Yes, with training and facilities (15) — 43%
No, not currently willing to provide (8) — 23%

Which of the following NHS England commissioned services would you be willing to provide? (Not Dispensed Scheme)

Yes (12) — 29%
Yes, with training (7) — 17%
Yes, with facilities (-)
Yes, with training and facilities (17) — 41%
No, not currently willing to provide (6) — 14%

Which of the following NHS England commissioned services would you be willing to provide? (Obesity management (adults and children))

Yes (11) — 26%
Yes, with training (11) — 26%
Yes, with facilities (-)
Yes, with training and facilities (16) — 37%
No, not currently willing to provide (5) — 12%

Which of the following NHS England commissioned services would you be willing to provide? (On Demand Availability of Specialist Drugs Service)
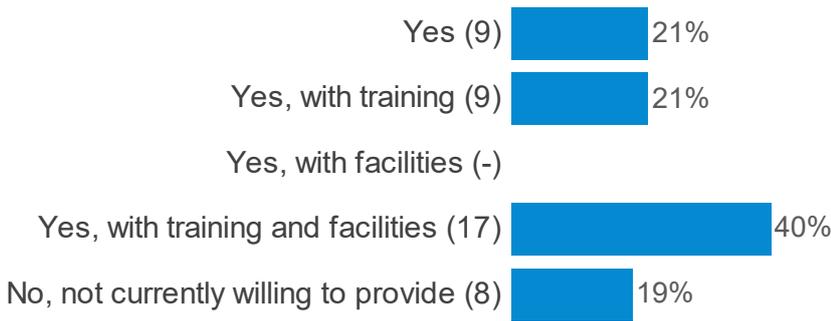
Yes (9) — 21%
Yes, with training (9) — 21%
Yes, with facilities (-)
Yes, with training and facilities (17) — 40%
No, not currently willing to provide (8) — 19%

Which of the following NHS England commissioned services would you be willing to provide? (Out of Hours Services)
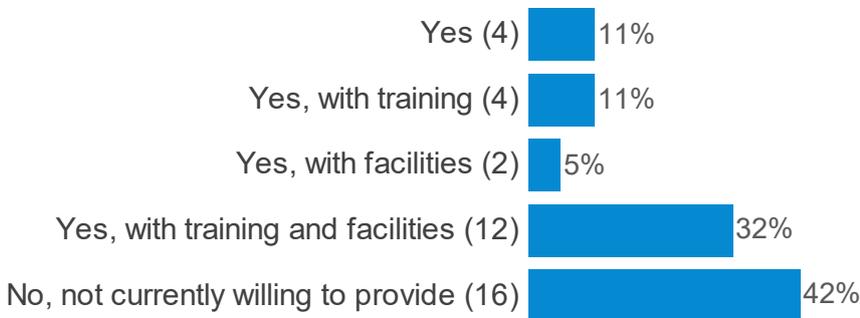
Yes (4) — 11%
Yes, with training (4) — 11%
Yes, with facilities (2) — 5%
Yes, with training and facilities (12) — 32%
No, not currently willing to provide (16) — 42%

Which of the following NHS England commissioned services would you be willing to provide? (Parkinson's disease)
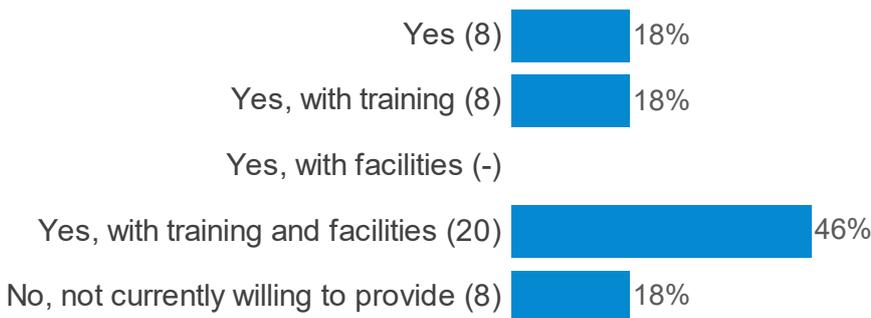
Yes (8) — 18%
Yes, with training (8) — 18%
Yes, with facilities (-)
Yes, with training and facilities (20) — 46%
No, not currently willing to provide (8) — 18%

Which of the following NHS England commissioned services would you be willing to provide? (Patient Group Direction Service)

Yes (6) — 19%
Yes, with training (8) — 26%
Yes, with facilities (1) — 3%
Yes, with training and facilities (13) — 42%
No, not currently willing to provide (3) — 10%

Which of the following NHS England commissioned services would you be willing to provide? (Phlebotomy Service)
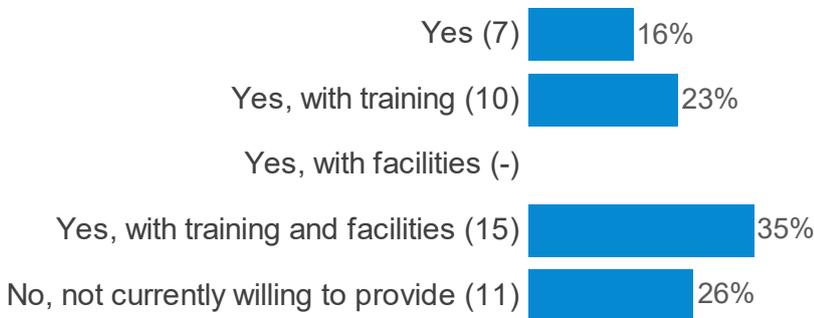
Yes (7) — 16%
Yes, with training (10) — 23%
Yes, with facilities (-)
Yes, with training and facilities (15) — 35%
No, not currently willing to provide (11) — 26%

Which of the following NHS England commissioned services would you be willing to provide? (Prescriber Support Service)

Yes (8) — 19%
Yes, with training (8) — 19%
Yes, with facilities (-)
Yes, with training and facilities (18) — 43%
No, not currently willing to provide (8) — 19%

Which of the following NHS England commissioned services would you be willing to provide? (Schools Service)

Yes (10) — 24%
Yes, with training (6) — 14%
Yes, with facilities (-)
Yes, with training and facilities (18) — 43%
No, not currently willing to provide (8) — 19%

Which of the following NHS England commissioned services would you be willing to provide? (Screening - Alcohol)

Yes (10) — 23%
Yes, with training (9) — 21%
Yes, with facilities (-)
Yes, with training and facilities (15) — 34%
No, not currently willing to provide (10) — 23%
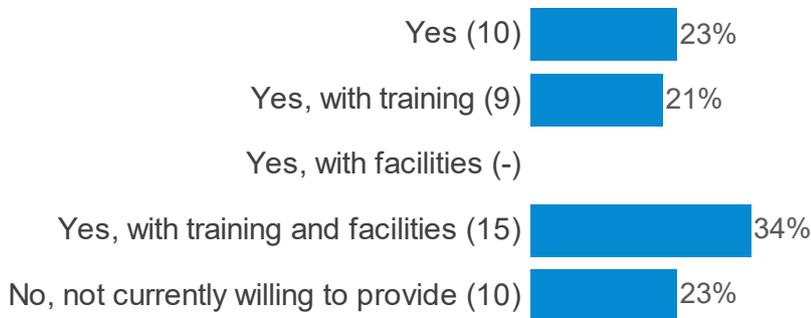
Which of the following NHS England commissioned services would you be willing to provide? (Screening - Cholesterol)
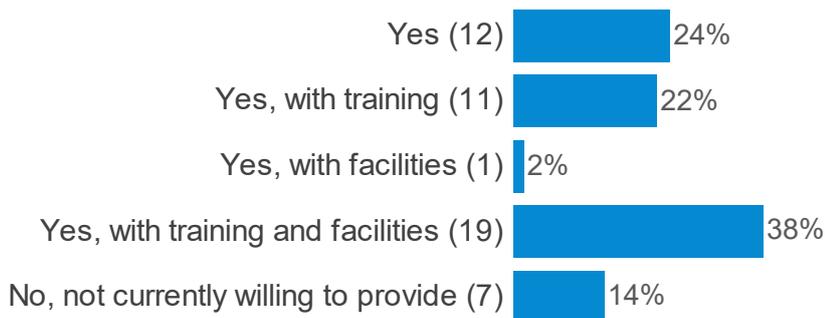
Yes (12) — 24%
Yes, with training (11) — 22%
Yes, with facilities (1) — 2%
Yes, with training and facilities (19) — 38%
No, not currently willing to provide (7) — 14%

Which of the following NHS England commissioned services would you be willing to provide? (Screening - Diabetes)
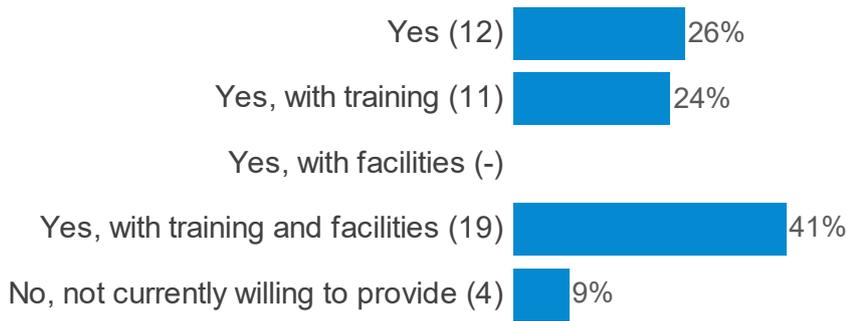
Yes (12)	26%
Yes, with training (11)	24%
Yes, with facilities (-)	
Yes, with training and facilities (19)	41%
No, not currently willing to provide (4)	9%

Which of the following NHS England commissioned services would you be willing to provide? (Screening - Gonorrhoea)

Yes (9)	21%
Yes, with training (9)	21%
Yes, with facilities (-)	
Yes, with training and facilities (16)	36%
No, not currently willing to provide (10)	23%

Which of the following NHS England commissioned services would you be willing to provide? (Screening - H. pylori)

Yes (12)	26%
Yes, with training (9)	20%
Yes, with facilities (-)	
Yes, with training and facilities (15)	33%
No, not currently willing to provide (10)	22%

Which of the following NHS England commissioned services would you be willing to provide? (Screening - HbA1C)

Yes (11) — 23%
Yes, with training (11) — 23%
Yes, with facilities (-)
Yes, with training and facilities (18) — 38%
No, not currently willing to provide (8) — 17%

Which of the following NHS England commissioned services would you be willing to provide? (Screening - Hepatitis)

Yes (8) — 18%
Yes, with training (11) — 25%
Yes, with facilities (-)
Yes, with training and facilities (16) — 36%
No, not currently willing to provide (9) — 21%

Which of the following NHS England commissioned services would you be willing to provide? (Screening - HIV)

Yes (7) — 16%
Yes, with training (11) — 26%
Yes, with facilities (-)
Yes, with training and facilities (14) — 33%
No, not currently willing to provide (11) — 26%

Which of the following NHS England commissioned services would you be willing to provide? (Screening - Other)

Yes (7)	17%
Yes, with training (9)	22%
Yes, with facilities (-)	
Yes, with training and facilities (15)	37%
No, not currently willing to provide (10)	24%

Which of the following NHS England commissioned services would you be willing to provide? (Sharps Disposal Service)
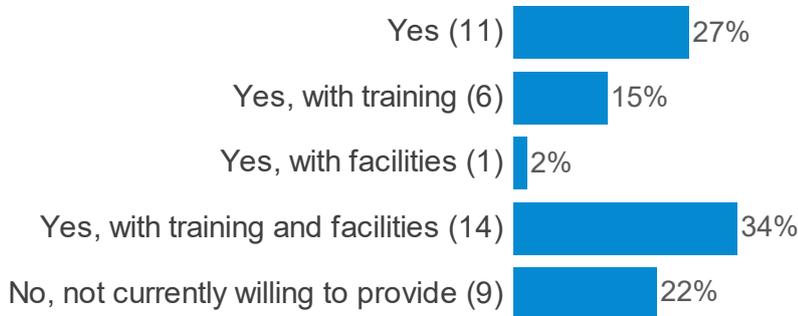
Yes (11)	27%
Yes, with training (6)	15%
Yes, with facilities (1)	2%
Yes, with training and facilities (14)	34%
No, not currently willing to provide (9)	22%

Which of the following NHS England commissioned services would you be willing to provide? (Stop Smoking Service)

Yes (10)	27%
Yes, with training (7)	19%
Yes, with facilities (-)	
Yes, with training and facilities (15)	41%
No, not currently willing to provide (5)	14%

Which of the following NHS England commissioned services would you be willing to provide? (Supervised Administration Service)

Yes (8) — 31%
Yes, with training (2) — 8%
Yes, with facilities (-)
Yes, with training and facilities (11) — 42%
No, not currently willing to provide (5) — 19%
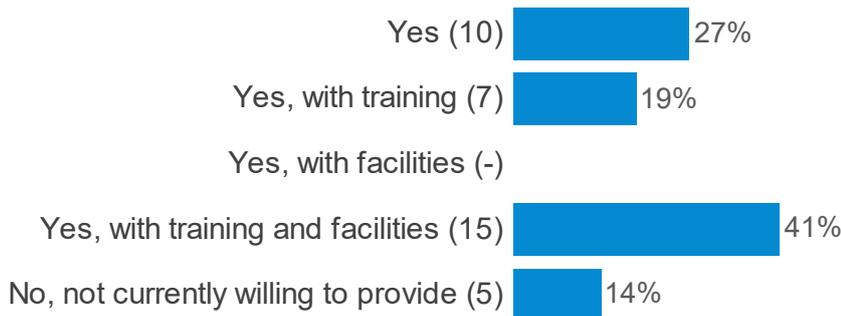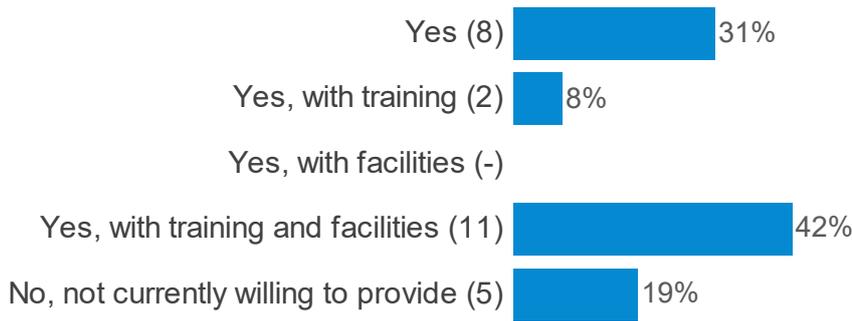
Which of the following NHS England commissioned services would you be willing to provide? (Supplementary Prescribing Service)
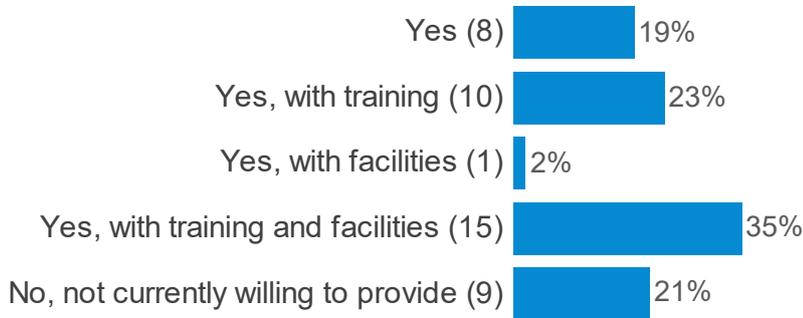
Yes (8) — 19%
Yes, with training (10) — 23%
Yes, with facilities (1) — 2%
Yes, with training and facilities (15) — 35%
No, not currently willing to provide (9) — 21%

Which of the following NHS England commissioned services would you be willing to provide? (Childhood vaccinations)

Yes (14) — 30%
Yes, with training (9) — 19%
Yes, with facilities (-)
Yes, with training and facilities (15) — 32%
No, not currently willing to provide (9) — 19%
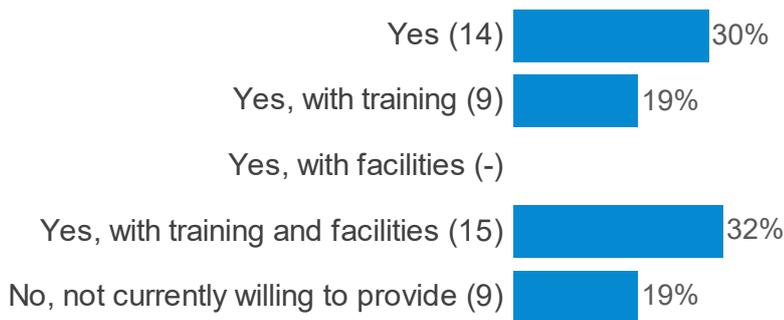
Which of the following NHS England commissioned services would you be willing to provide? (COVID-19 vaccinations)
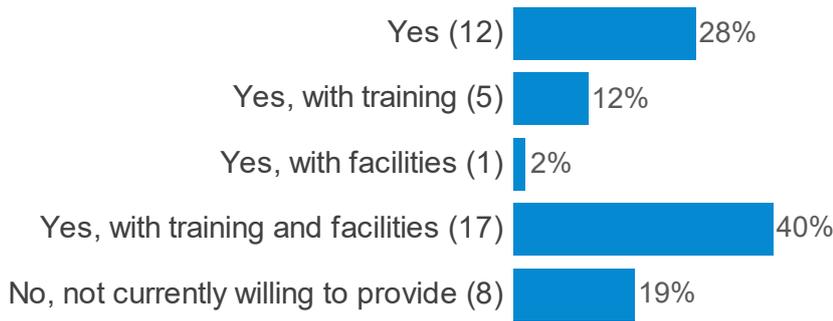
Yes (12) — 28%
Yes, with training (5) — 12%
Yes, with facilities (1) — 2%
Yes, with training and facilities (17) — 40%
No, not currently willing to provide (8) — 19%

Which of the following NHS England commissioned services would you be willing to provide? (Hepatitis (at risk workers or patients) vaccinations)

Yes (9) — 22%
Yes, with training (9) — 22%
Yes, with facilities (-)
Yes, with training and facilities (16) — 39%
No, not currently willing to provide (7) — 17%

Which of the following NHS England commissioned services would you be willing to provide? (HPV vaccinations)

Yes (8) — 21%
Yes, with training (11) — 29%
Yes, with facilities (-)
Yes, with training and facilities (13) — 34%
No, not currently willing to provide (6) — 16%

Which of the following NHS England commissioned services would you be willing to provide? (Meningococcal vaccinations)
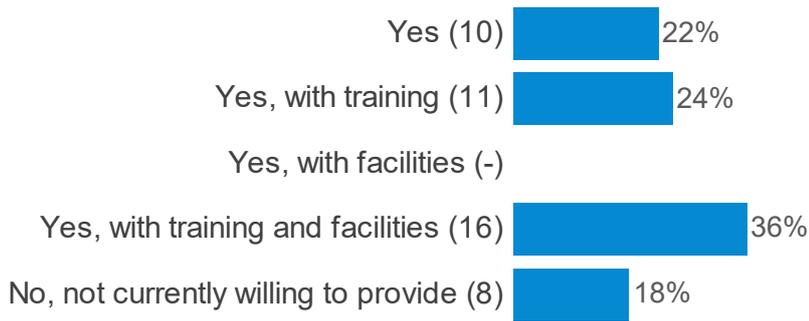
Yes (10) — 22%
Yes, with training (11) — 24%
Yes, with facilities (-)
Yes, with training and facilities (16) — 36%
No, not currently willing to provide (8) — 18%

Which of the following NHS England commissioned services would you be willing to provide? (Pneumococcal vaccinations)
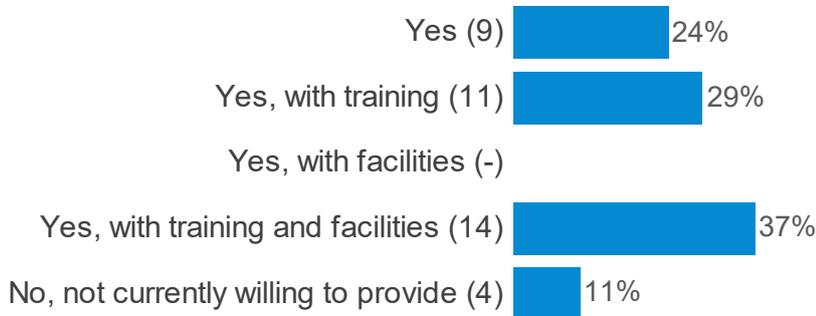
Yes (9) — 24%
Yes, with training (11) — 29%
Yes, with facilities (-)
Yes, with training and facilities (14) — 37%
No, not currently willing to provide (4) — 11%

Which of the following NHS England commissioned services would you be willing to provide? (Seasonal Influenza Vaccination Service)
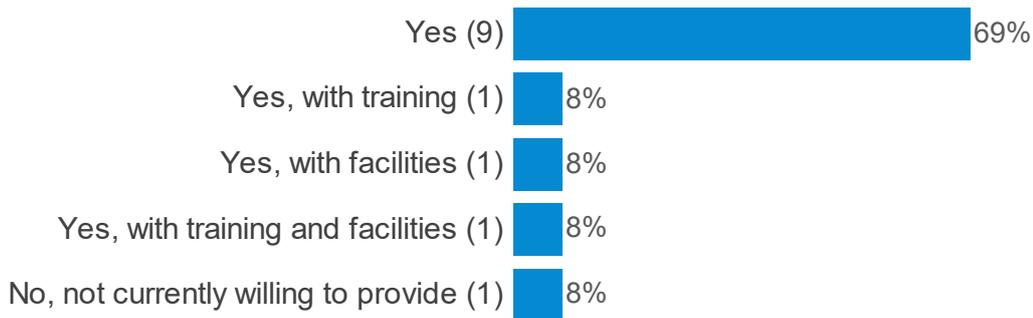
Yes (9) — 69%
Yes, with training (1) — 8%
Yes, with facilities (1) — 8%
Yes, with training and facilities (1) — 8%
No, not currently willing to provide (1) — 8%

Which of the following NHS England commissioned services would you be willing to provide? (Travel vaccinations)

Yes (12) — 28%
Yes, with training (9) — 21%
Yes, with facilities (-)
Yes, with training and facilities (16) — 37%
No, not currently willing to provide (6) — 14%

Which of the following NHS England commissioned services would you be willing to provide? (Other vaccinations)

Yes (8) — 20%
Yes, with training (8) — 20%
Yes, with facilities (-)
Yes, with training and facilities (16) — 40%
No, not currently willing to provide (8) — 20%
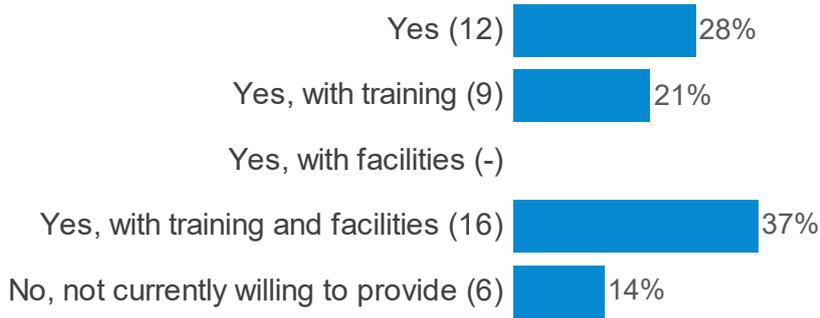
Which of the following NHS England commissioned services would you be willing to provide? (Vascular Risk Assessment Service (NHS Health Check))
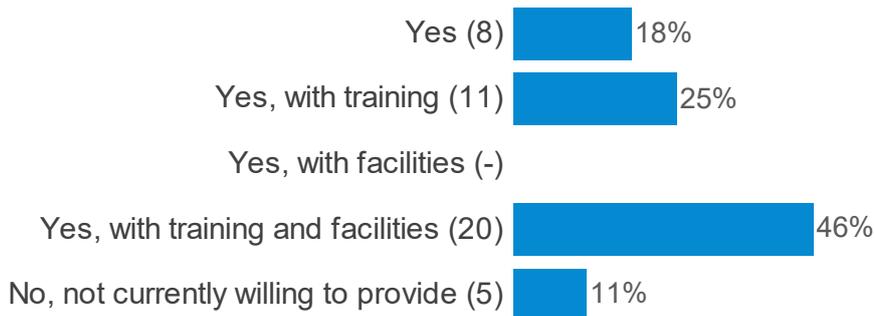
Yes (8) — 18%
Yes, with training (11) — 25%
Yes, with facilities (-)
Yes, with training and facilities (20) — 46%
No, not currently willing to provide (5) — 11%

Which of the following NHS England commissioned services would you be willing to provide? (Other (Please specify))

Yes (5) — 18%
Yes, with training (2) — 7%
Yes, with facilities (-)
Yes, with training and facilities (10) — 36%
No, not currently willing to provide (11) — 39%

Which of the following Local Authority commissioned services do you currently provide, or would be willing to provide? (Emergency Hormonal Contraception (EHC))

Yes, currently provide (28) — 53%
No, but willing to with training (19) — 36%
No, but willing to with facilities (1) — 2%
No, but willing to with training and facilities (3) — 6%
No, not currently willing to provide (2) — 4%
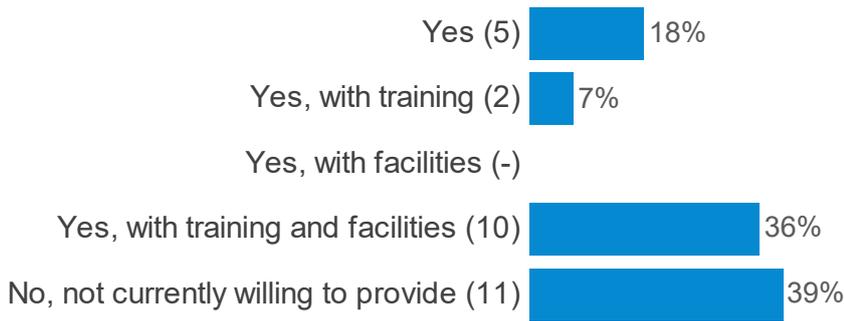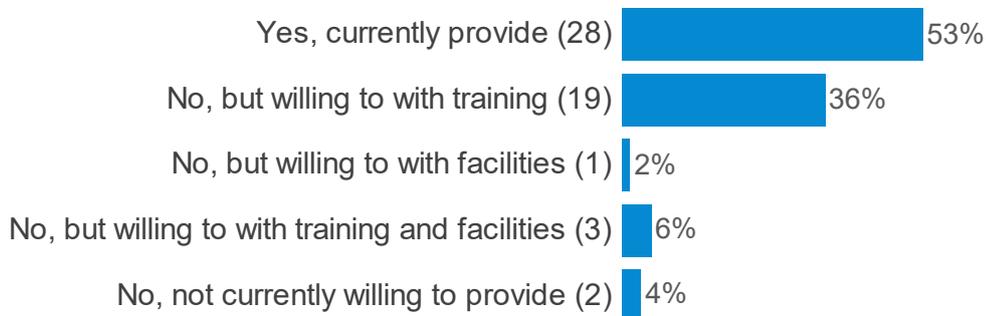
Which of the following Local Authority commissioned services do you currently provide, or would be willing to provide? (Needle Exchange (commissioned via Turning Point))
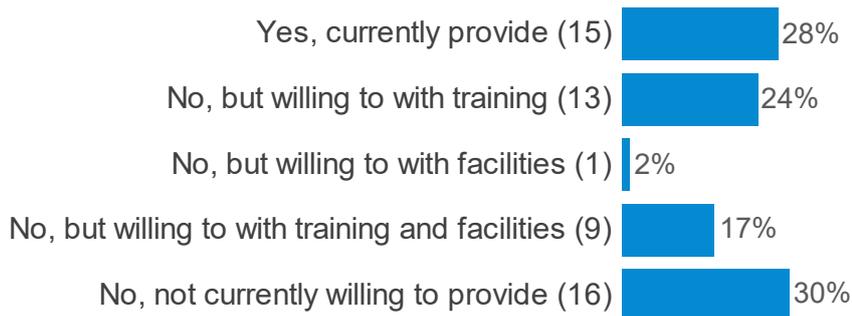
Yes, currently provide (15) — 28%
No, but willing to with training (13) — 24%
No, but willing to with facilities (1) — 2%
No, but willing to with training and facilities (9) — 17%
No, not currently willing to provide (16) — 30%

Which of the following Local Authority commissioned services do you currently provide, or would be willing to provide? (Stop Smoking Services)

Yes, currently provide (12)	23%
No, but willing to with training (24)	45%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (10)	19%
No, not currently willing to provide (5)	9%
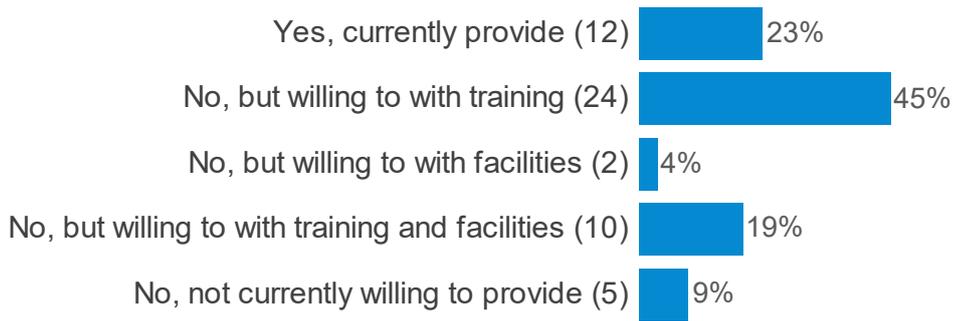
Which of the following Local Authority commissioned services do you currently provide, or would be willing to provide? (Supervised Consumption (commissioned via Turning Point))
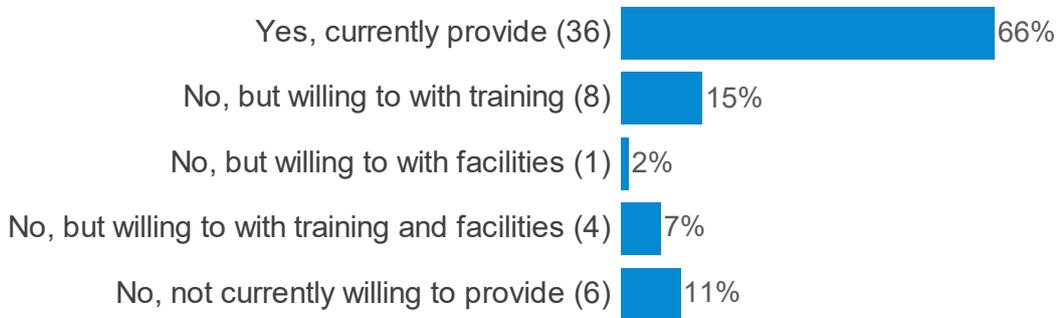
Yes, currently provide (36)	66%
No, but willing to with training (8)	15%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (4)	7%
No, not currently willing to provide (6)	11%

Which of the following CCG commissioned services do you currently provide, or would be willing to provide? (Covid Vaccinations)
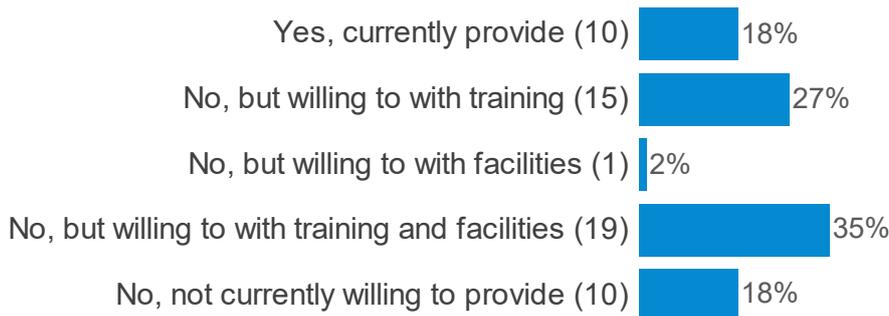
Yes, currently provide (10)	18%
No, but willing to with training (15)	27%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (19)	35%
No, not currently willing to provide (10)	18%

Which of the following CCG commissioned services do you currently provide, or would be willing to provide? (LLR urgent supply of End of Life medication and specialist medication)
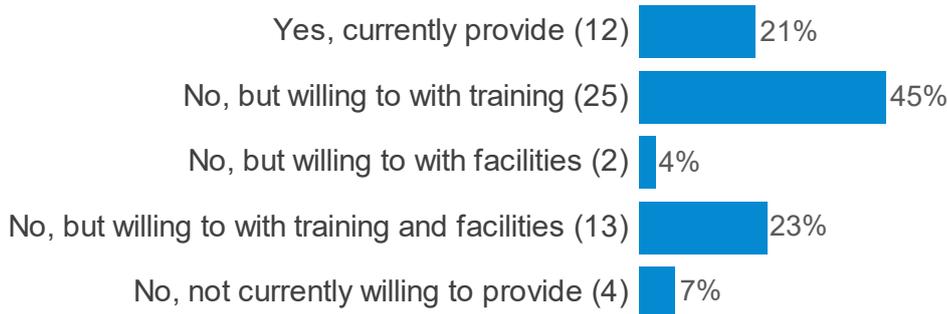
Yes, currently provide (12)	21%
No, but willing to with training (25)	45%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (13)	23%
No, not currently willing to provide (4)	7%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Collection of prescriptions from GP practices)
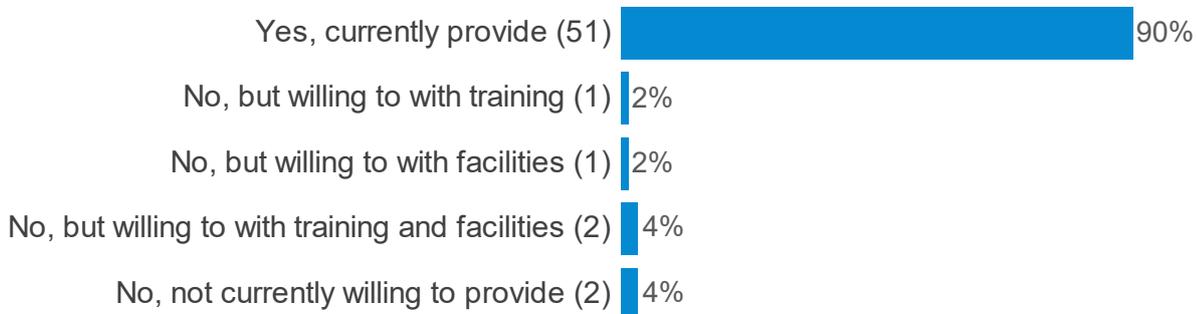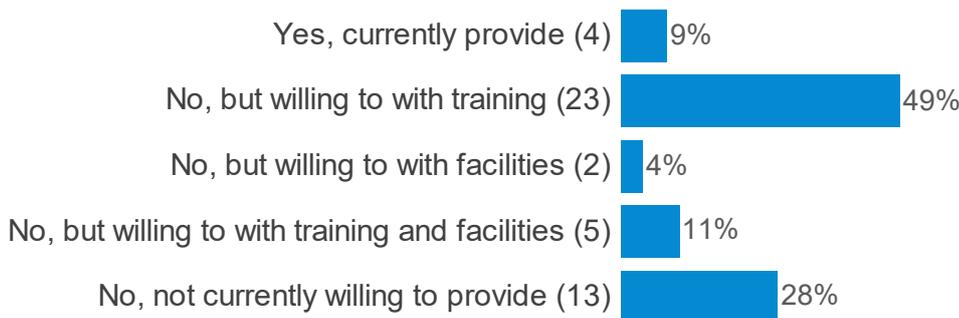
Yes, currently provide (51)	90%
No, but willing to with training (1)	2%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (2)	4%
No, not currently willing to provide (2)	4%

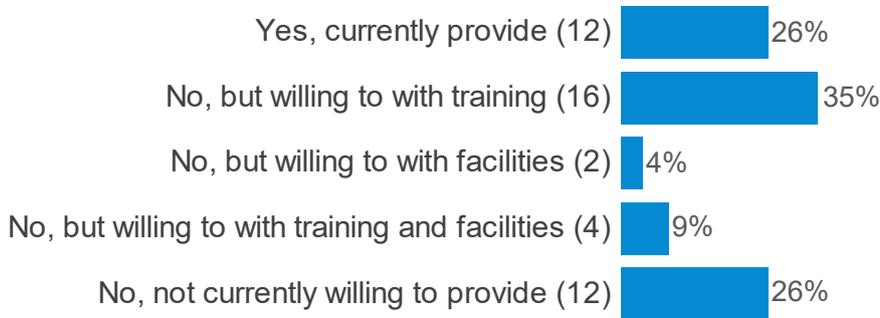**Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Delivery of dispensed medicines – selected patient groups)**
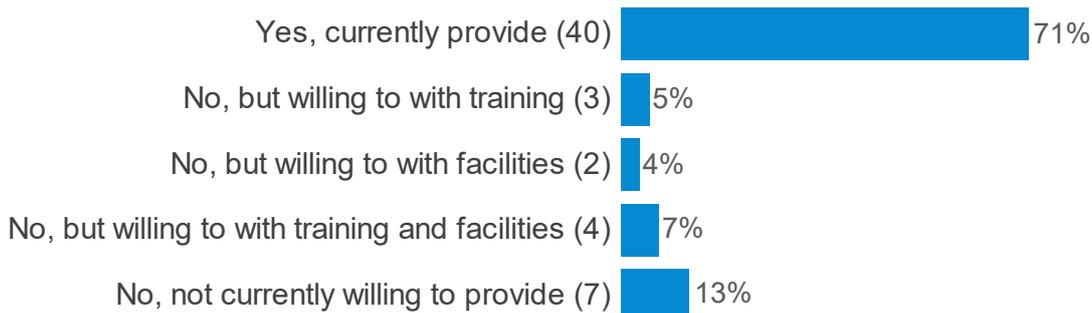
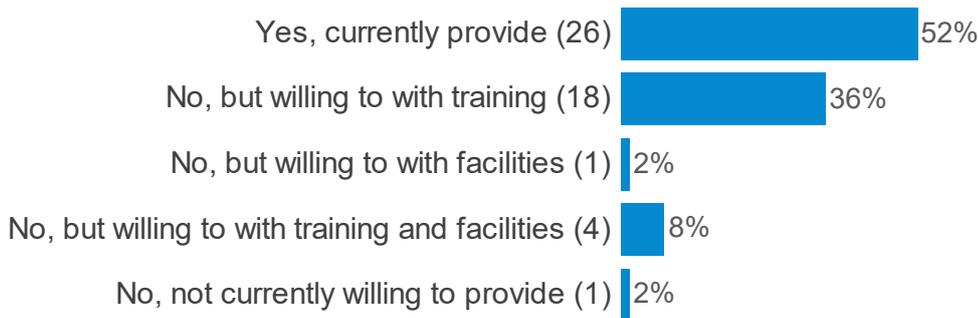|	
Yes, currently provide (40)	71%
No, but willing to with training (3)	5%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (4)	7%
No, not currently willing to provide (7)	13%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Delivery of dispensed medicines – selected areas)

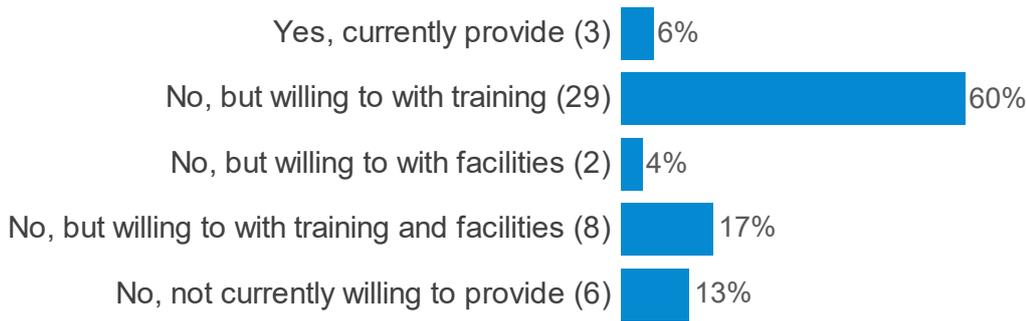|	
Yes, currently provide (40)	71%
No, but willing to with training (3)	5%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (4)	7%
No, not currently willing to provide (7)	13%
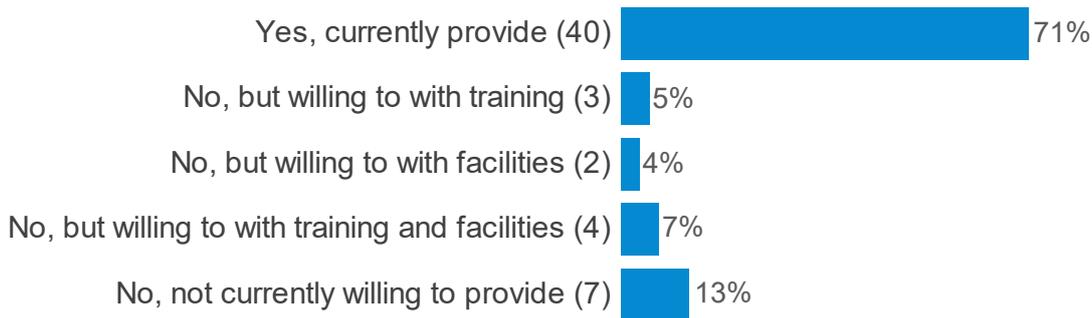
Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Delivery of dispensed medicines – free of charge on request)
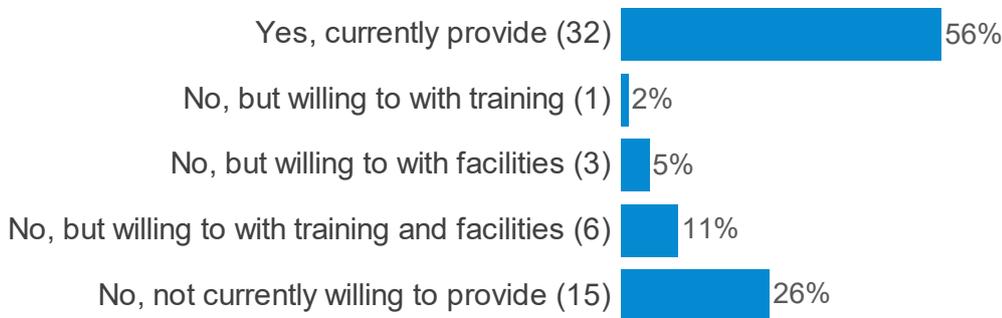
Yes, currently provide (32)	56%
No, but willing to with training (1)	2%
No, but willing to with facilities (3)	5%
No, but willing to with training and facilities (6)	11%
No, not currently willing to provide (15)	26%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Delivery of dispensed medicines – with charge)
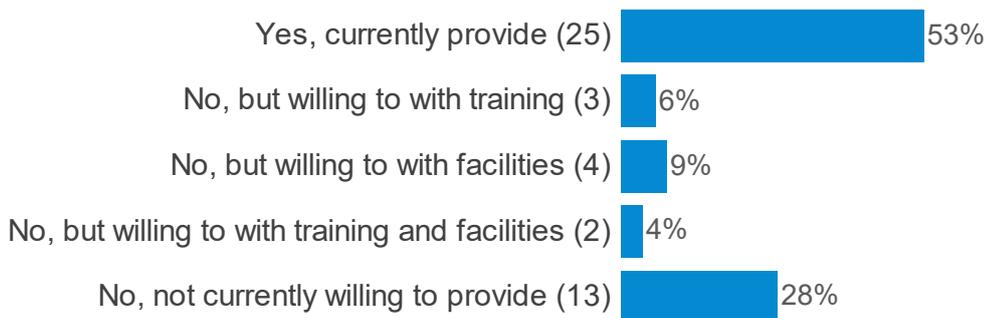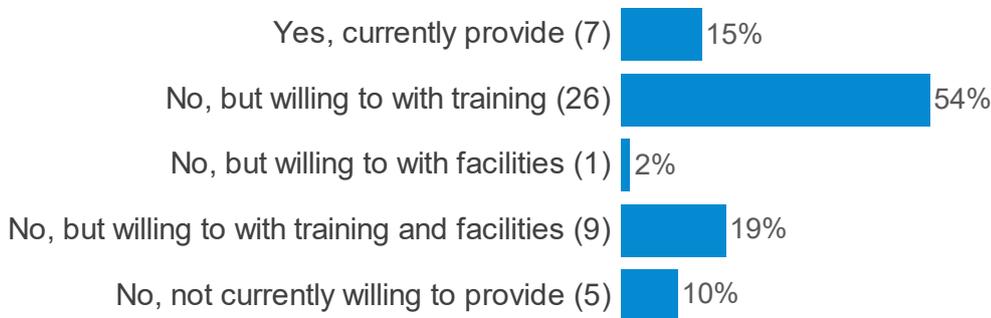
Yes, currently provide (25)	53%
No, but willing to with training (3)	6%
No, but willing to with facilities (4)	9%
No, but willing to with training and facilities (2)	4%
No, not currently willing to provide (13)	28%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Monitored Dosage Systems – free of charge on request)
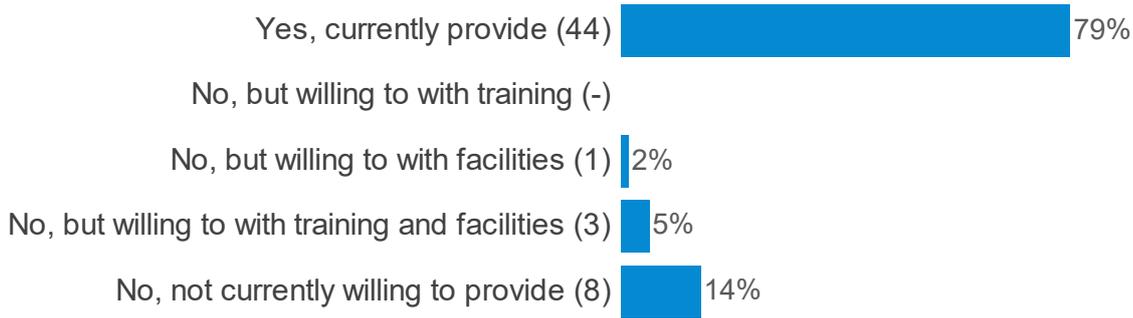
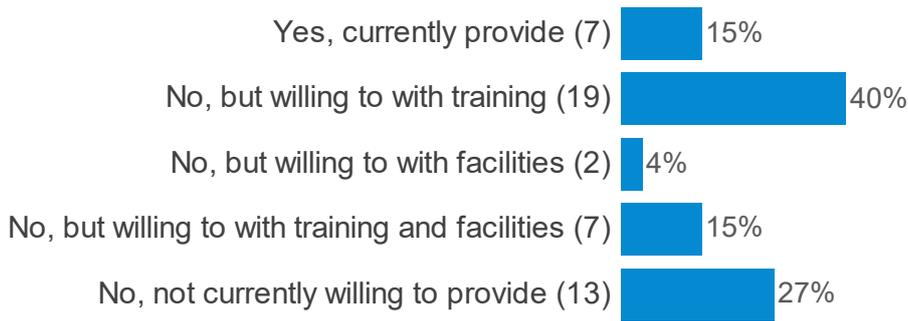|	
Yes, currently provide (44)	79%
No, but willing to with training (-)	
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (3)	5%
No, not currently willing to provide (8)	14%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Monitored Dosage Systems – with charge)

Yes, currently provide (13)	28%
No, but willing to with training (10)	22%
No, but willing to with facilities (4)	9%
No, but willing to with training and facilities (5)	11%
No, not currently willing to provide (14)	30%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Contraception)

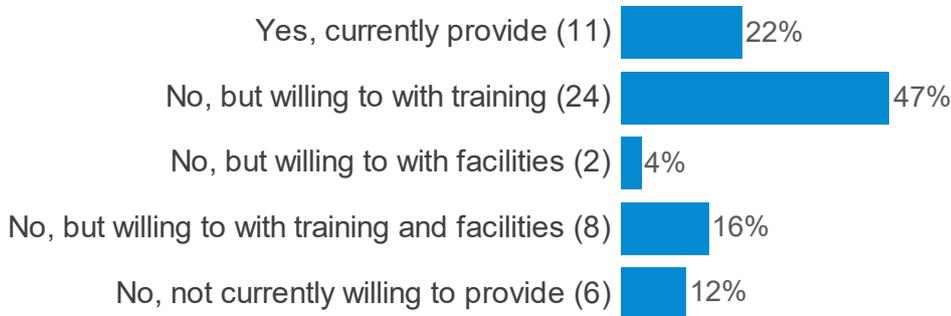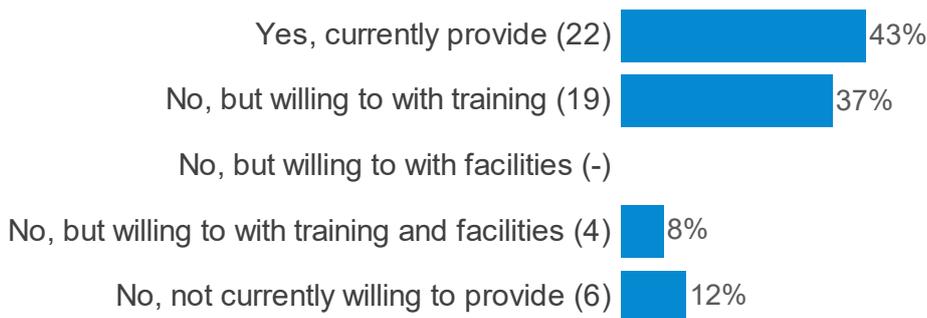|	
Yes, currently provide (22)	42%
No, but willing to with training (21)	40%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (5)	9%
No, not currently willing to provide (4)	8%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Emergency contraception)

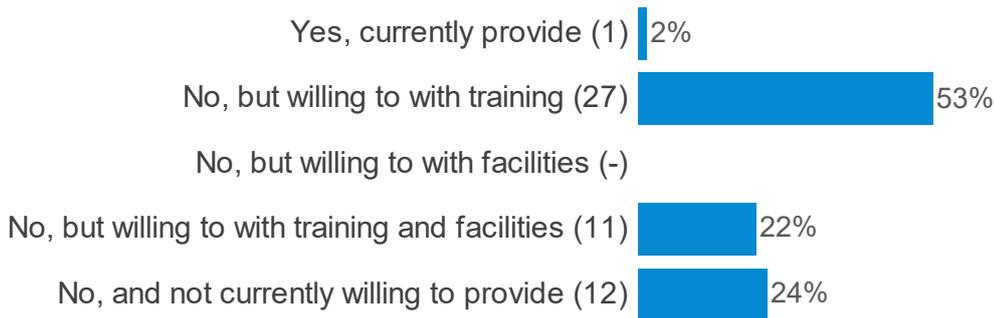|	
Yes, currently provide (43)	81%
No, but willing to with training (5)	9%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (2)	4%
No, not currently willing to provide (2)	4%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Champix)

Yes, currently provide (15)	32%
No, but willing to with training (22)	47%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (4)	9%
No, not currently willing to provide (5)	11%

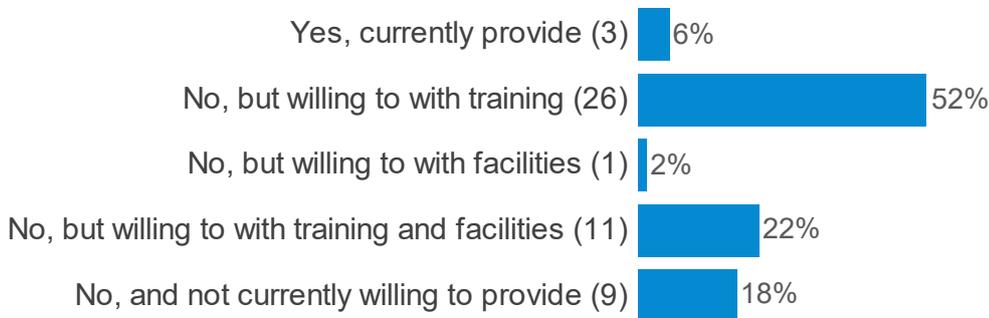**Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Childhood vaccinations)**

Yes, currently provide (4)	9%
No, but willing to with training (23)	49%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (5)	11%
No, not currently willing to provide (13)	28%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Travel vaccinations)

Yes, currently provide (11)	22%
No, but willing to with training (22)	45%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (4)	8%
No, not currently willing to provide (11)	22%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Other vaccinations)

Yes, currently provide (12)	26%
No, but willing to with training (16)	35%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (4)	9%
No, not currently willing to provide (12)	26%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Patient Group Direction Service)

Yes, currently provide (26)	52%
No, but willing to with training (18)	36%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (4)	8%
No, not currently willing to provide (1)	2%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Period delay)

Yes, currently provide (3)	6%
No, but willing to with training (29)	60%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (8)	17%
No, not currently willing to provide (6)	13%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Salbutamol inhalers)

Yes, currently provide (7)	15%
No, but willing to with training (26)	54%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (9)	19%
No, not currently willing to provide (5)	10%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Supply of medicines to care homes)
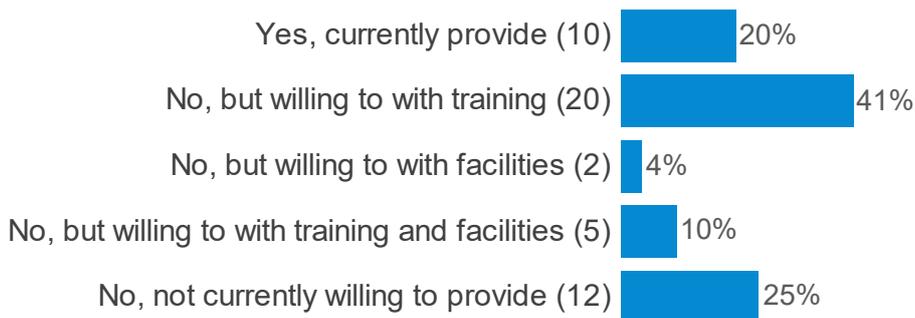
Yes, currently provide (10)	20%
No, but willing to with training (20)	41%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (5)	10%
No, not currently willing to provide (12)	25%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Supply of other appliances to care homes)

Yes, currently provide (7)	15%
No, but willing to with training (19)	40%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (7)	15%
No, not currently willing to provide (13)	27%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Travel medication)

Yes, currently provide (11)	22%
No, but willing to with training (24)	47%
No, but willing to with facilities (2)	4%
No, but willing to with training and facilities (8)	16%
No, not currently willing to provide (6)	12%

Which of the following Non-commissioned services do you currently provide, or would be willing to provide? (Weight loss)

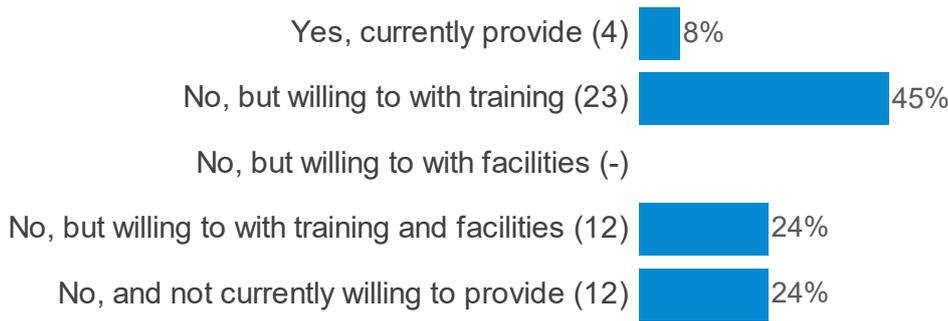|	
Yes, currently provide (22)	43%
No, but willing to with training (19)	37%
No, but willing to with facilities (-)	
No, but willing to with training and facilities (4)	8%
No, not currently willing to provide (6)	12%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Chlamydia)
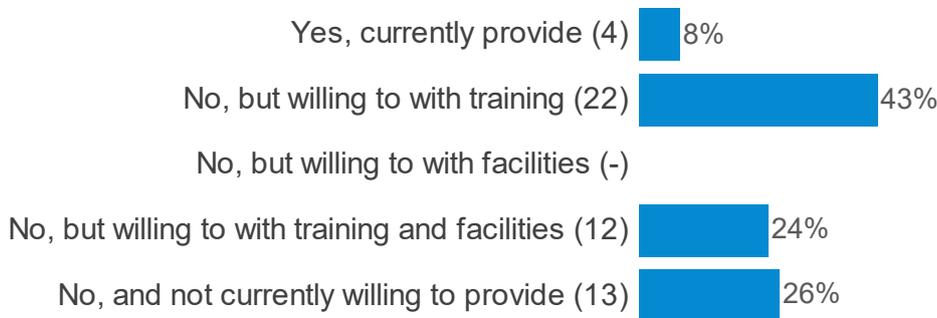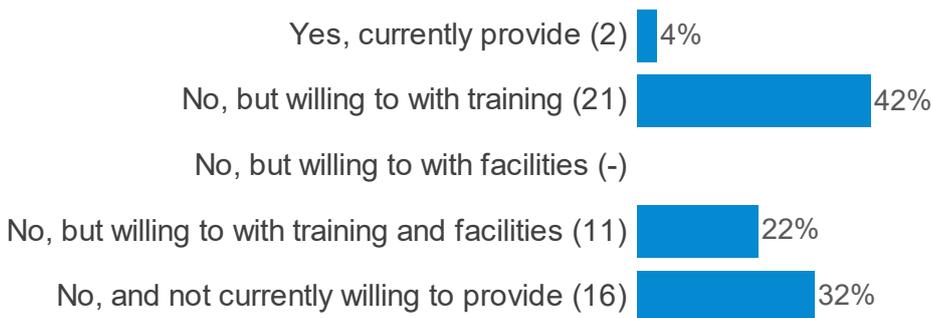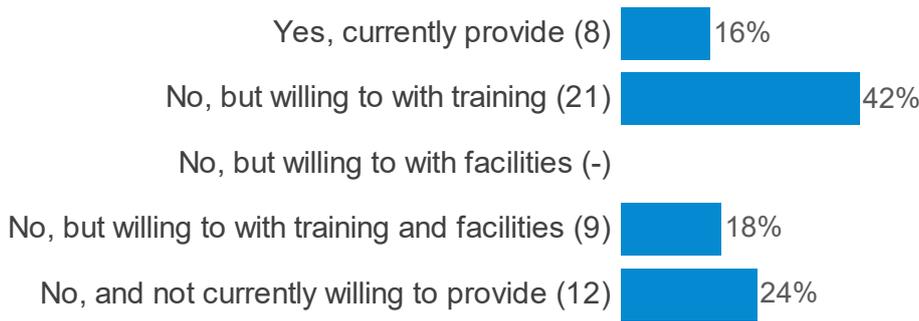
Yes, currently provide (1)	2%
No, but willing to with training (27)	53%
No, but willing to with facilities (-)	
No, but willing to with training and facilities (11)	22%
No, and not currently willing to provide (12)	24%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Cholesterol)

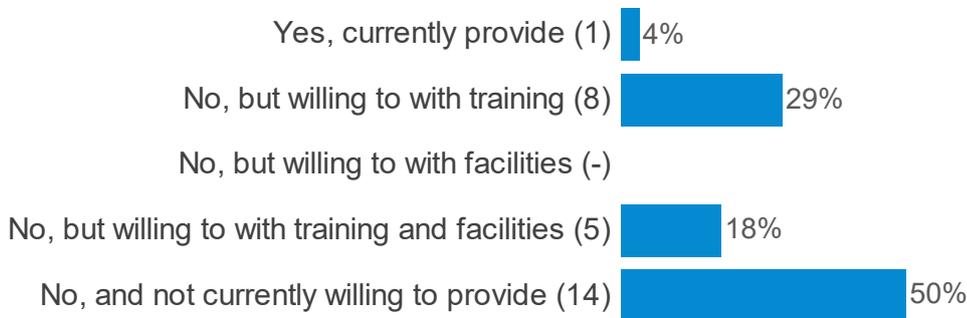|	
Yes, currently provide (3)	6%
No, but willing to with training (26)	52%
No, but willing to with facilities (1)	2%
No, but willing to with training and facilities (11)	22%
No, and not currently willing to provide (9)	18%

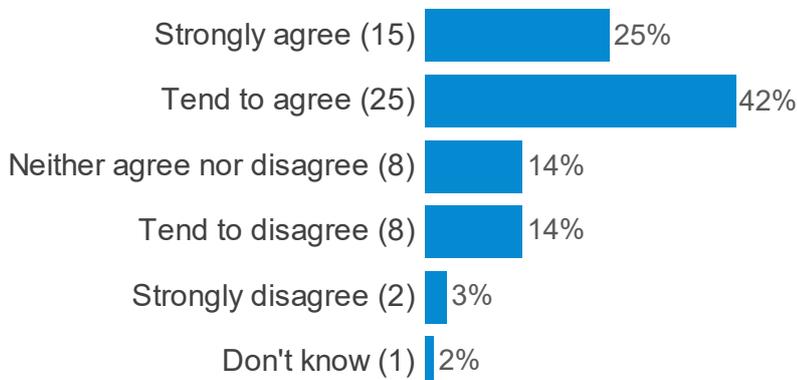**Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Diabetes)**

Yes, currently provide (8)	16%
No, but willing to with training (27)	53%
No, but willing to with facilities (-)	
No, but willing to with training and facilities (8)	16%
No, and not currently willing to provide (8)	16%
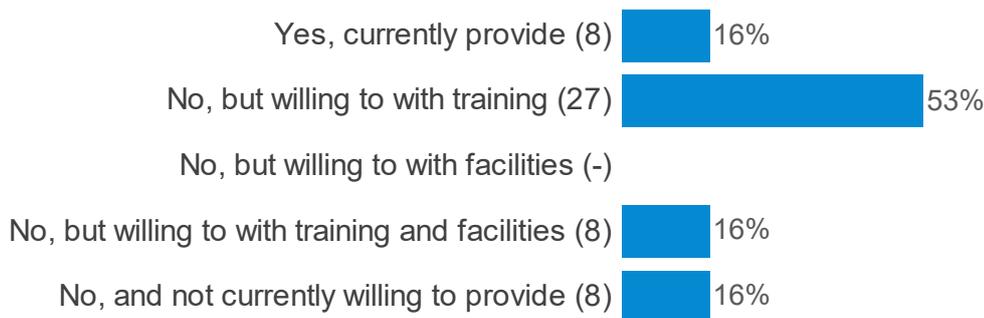
Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Gonorrhoea)
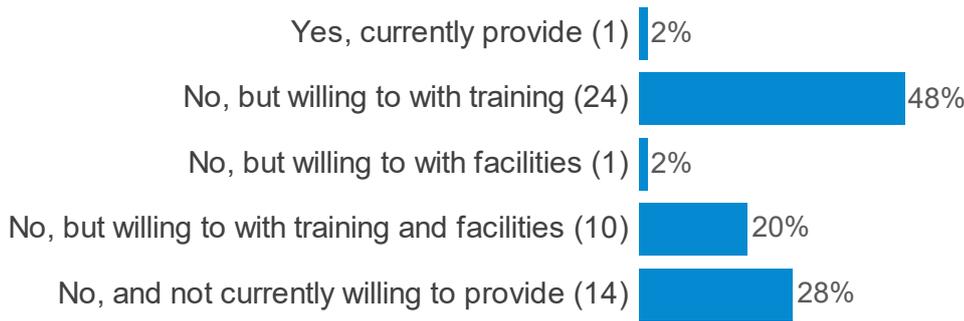
Yes, currently provide (1) 2%

No, but willing to with training (24) 48%

No, but willing to with facilities (1) 2%

No, but willing to with training and facilities (10) 20%

No, and not currently willing to provide (14) 28%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Erectile dysfunction)
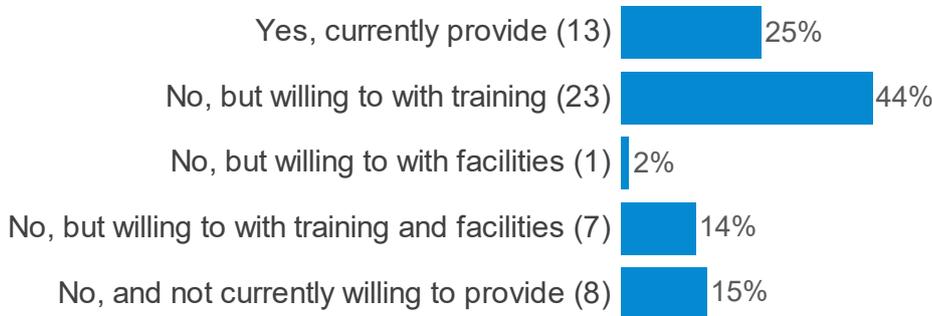
Yes, currently provide (13) 25%

No, but willing to with training (23) 44%

No, but willing to with facilities (1) 2%

No, but willing to with training and facilities (7) 14%

No, and not currently willing to provide (8) 15%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (H. pylori)

Yes, currently provide (2) 4%

No, but willing to with training (27) 52%

No, but willing to with facilities (1) 2%

No, but willing to with training and facilities (14) 27%

No, and not currently willing to provide (8) 15%
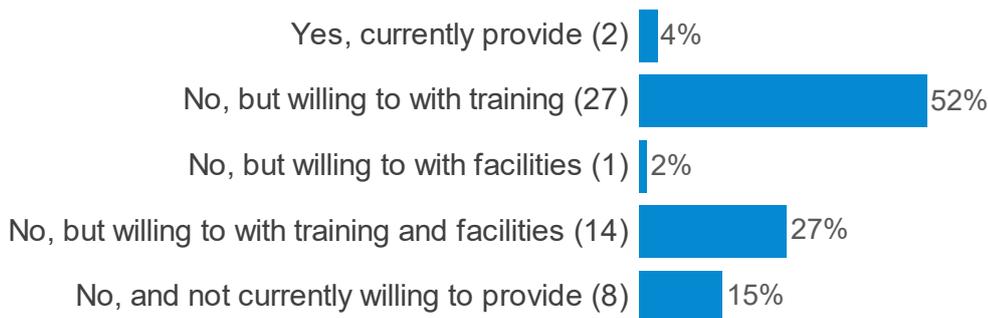
Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Hair loss)
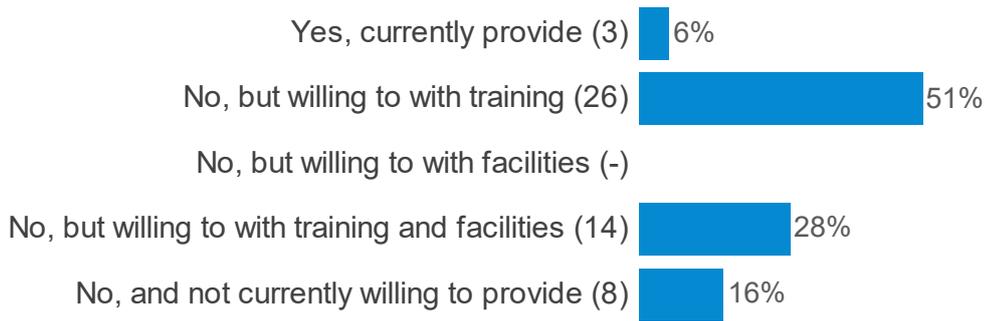
Yes, currently provide (3) — 6%

No, but willing to with training (26) — 51%

No, but willing to with facilities (-)

No, but willing to with training and facilities (14) — 28%

No, and not currently willing to provide (8) — 16%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Hay fever (fexofenadine))

Yes, currently provide (10) — 19%

No, but willing to with training (25) — 46%

No, but willing to with facilities (-)

No, but willing to with training and facilities (11) — 20%

No, and not currently willing to provide (8) — 15%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (HbA1C)

Yes, currently provide (1) — 2%

No, but willing to with training (27) — 55%

No, but willing to with facilities (-)

No, but willing to with training and facilities (12) — 25%

No, and not currently willing to provide (9) — 18%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Hepatitis)

Yes, currently provide (4) ▉ 8%

No, but willing to with training (23) ▉▉▉▉▉▉ 45%

No, but willing to with facilities (-)

No, but willing to with training and facilities (12) ▉▉▉ 24%

No, and not currently willing to provide (12) ▉▉▉ 24%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Hepatitis (at risk workers or patients))

Yes, currently provide (4) ▉ 8%

No, but willing to with training (22) ▉▉▉▉▉▉ 43%

No, but willing to with facilities (-)

No, but willing to with training and facilities (12) ▉▉▉ 24%

No, and not currently willing to provide (13) ▉▉▉ 26%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (HIV)

Yes, currently provide (2) ▉ 4%

No, but willing to with training (21) ▉▉▉▉▉▉ 42%

No, but willing to with facilities (-)

No, but willing to with training and facilities (11) ▉▉▉ 22%

No, and not currently willing to provide (16) ▉▉▉ 32%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (HPV)

Yes, currently provide (8) — 16%
No, but willing to with training (21) — 42%
No, but willing to with facilities (-)
No, but willing to with training and facilities (9) — 18%
No, and not currently willing to provide (12) — 24%

Which of the following Non-NHS funded services for specific conditions do you currently provide, or would be willing to provide? (Other (please specify))

Yes, currently provide (1) — 4%
No, but willing to with training (8) — 29%
No, but willing to with facilities (-)
No, but willing to with training and facilities (5) — 18%
No, and not currently willing to provide (14) — 50%

Is there a particular need for a locally commissioned service in your area?

Yes (28) — 49%
No (29) — 51%

To what extent do you agree or disagree that you feel able to maintain the current level of service your pharmacy provides?

Strongly agree (15) — 25%
Tend to agree (25) — 42%
Neither agree nor disagree (8) — 14%
Tend to disagree (8) — 14%
Strongly disagree (2) — 3%
Don't know (1) — 2%

Which of the following statements best describes the plans for your pharmacy business for the next year?

We plan to expand the business (29) ████████████████ 60%
We plan to continue operating at the same level (18) ██████████ 38%
We plan to reduce our operations (1) █ 2%
We plan to close down the business (-)
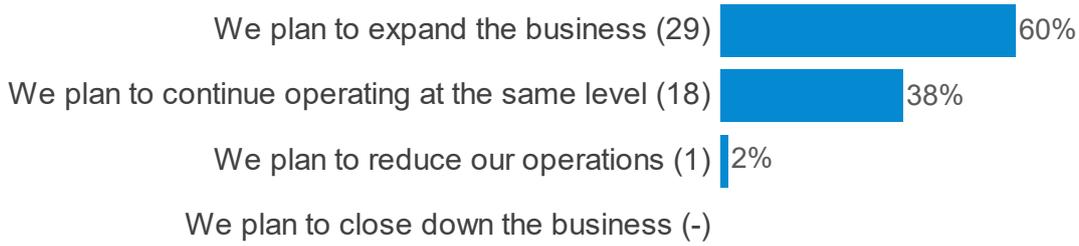
Do you plan to expand online pharmacy services in the next year?
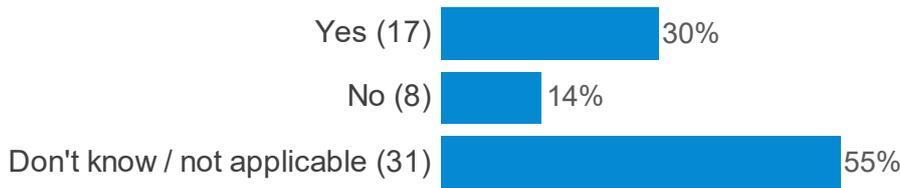
Yes (17) ██████ 30%
No (8) ███ 14%
Don't know / not applicable (31) ███████████ 55%

How would you describe the current provision of pharmacies in a three mile radius of your own pharmacy? (Amount of pharmacies)
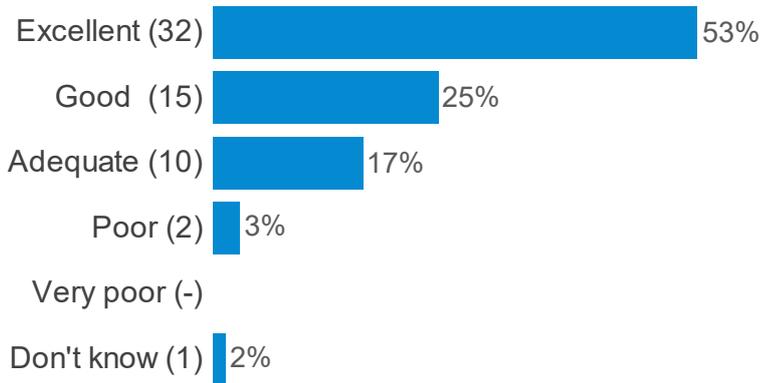
Excellent (32) ██████████████ 53%
Good (15) ██████ 25%
Adequate (10) ████ 17%
Poor (2) █ 3%
Very poor (-)
Don't know (1) █ 2%

How would you describe the current provision of pharmacies in a three mile radius of your own pharmacy? (Location of pharmacies)
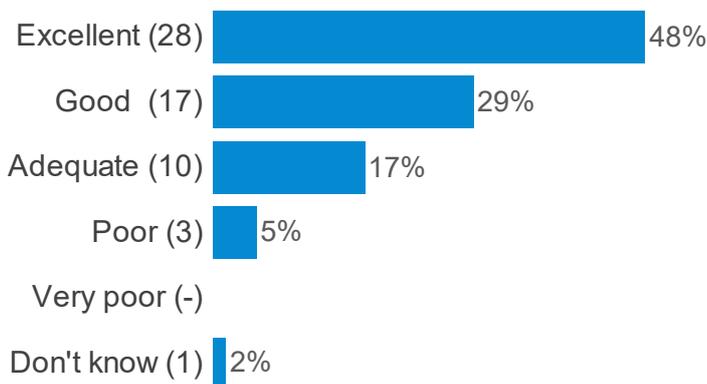
Excellent (28) █████████████ 48%
Good (17) ███████ 29%
Adequate (10) ████ 17%
Poor (3) █ 5%
Very poor (-)
Don't know (1) █ 2%

How would you describe the current provision of pharmacies in a three mile radius of your own pharmacy? (Range of services provided by pharmacies)

Excellent (19)   32%
Good (17)   29%
Adequate (15)   25%
Poor (3)   5%
Very poor (1)   2%
Don't know (4)   7%
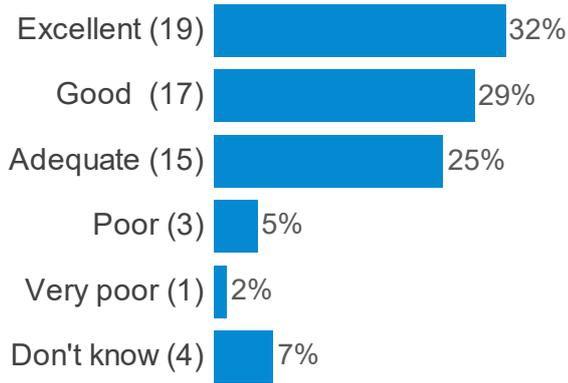
PNA Public Survey

This report was generated on 09/09/22. Overall 346 respondents completed this questionnaire. The report has been filtered to show responses for Leicestershire (195 responses). This report excludes open comments and demographic questions.

In which local authority area do you live? Please select one option only.

Blaby District Council (27)	14%
Charnwood Borough Council (70)	36%
Harborough District Council (24)	12%
Hinckley and Bosworth District Council (29)	15%
Melton Borough Council (12)	6%
North West Leicestershire District Council (16)	8%
Oadby and Wigston District Council (15)	8%
Leicester City Council (-)	
Rutland County Council (-)	
Other (2)	1%
Don't know (-)	
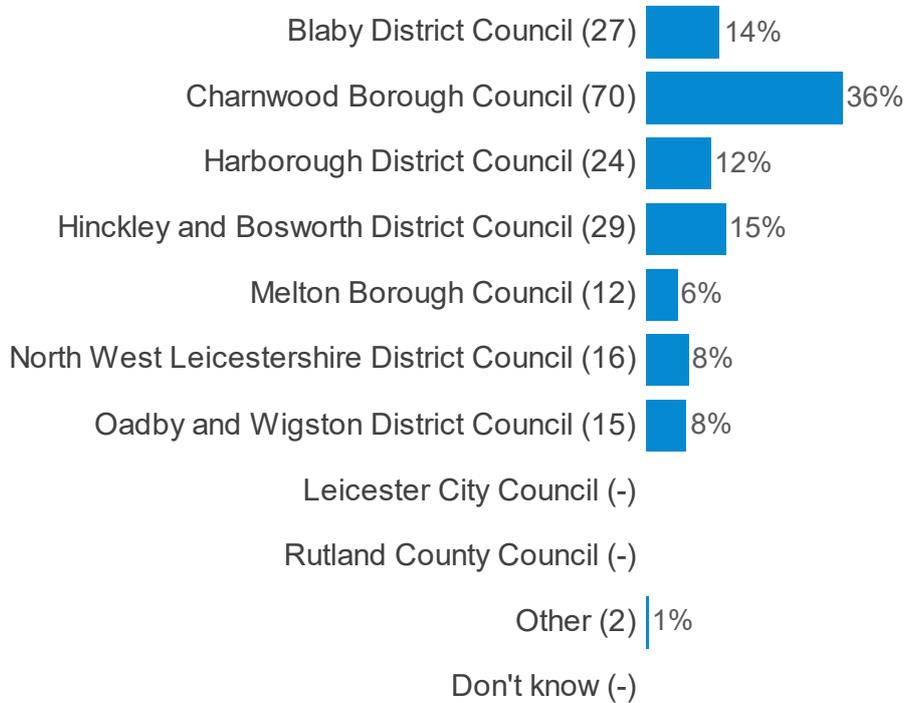
Where are you most likely to get your prescription medicine from? Please select one option only.
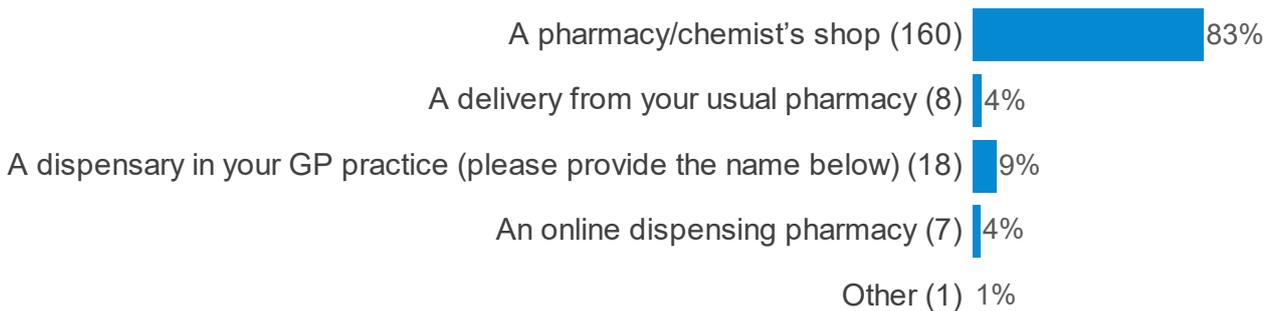
A pharmacy/chemist's shop (160)	83%
A delivery from your usual pharmacy (8)	4%
A dispensary in your GP practice (please provide the name below) (18)	9%
An online dispensing pharmacy (7)	4%
Other (1)	1%

If you said you use a pharmacy/chemist's shop or receive a delivery from them, is your usual one based in Leicester?

Yes (-)

No (-)

If you said you use a pharmacy/chemist's shop or receive a delivery from them, is your usual one based in Leicestershire?

- Yes (156) ████████████████████████ 95%
- No (8) ██ 5%

If you said you use a pharmacy/chemist's shop or receive a delivery from them, is your usual one based in Rutland?

- Yes (-)
- No (-)

How do you usually travel to the pharmacy? Please select one option.

- Walk (77) ████████ 44%
- Car (passenger) (12) ██ 7%
- Car (driver) (84) █████████ 48%
- Taxi (-)
- Public transport (-)
- Bicycle (2) | 1%
- Wheelchair / mobility scooter (1) | 1%
- I don't, someone goes for me (1) | 1%
- Other (please specify) (-)
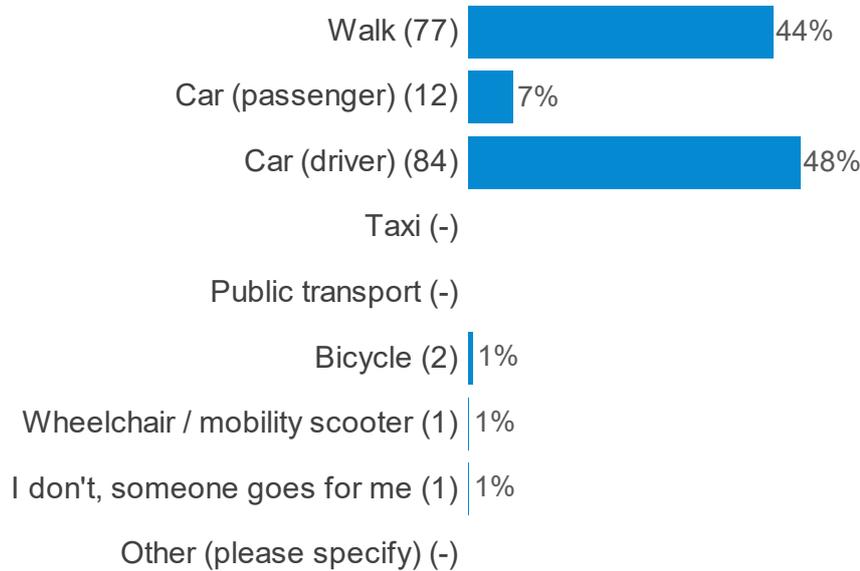
How long does it take you to travel to your usual pharmacy?

- Less than 15 minutes (147) ████████████████████ 83%
- 15 - 30 minutes (30) ████ 17%
- 30 - 60 minutes (1) | 1%
- Over an hour (-)
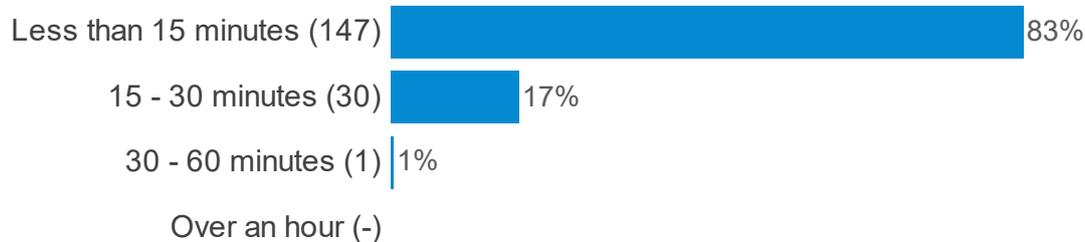
How often do you use a pharmacy for a health reason? Please select one option only. Health reasons include health advice, prescriptions and over-the-counter medication.

Option	Percentage
A few times a month (40)	21%
Once a month (69)	35%
Every two to three months (46)	24%
Once or twice a year (31)	16%
Not in the last 12 months (9)	5%
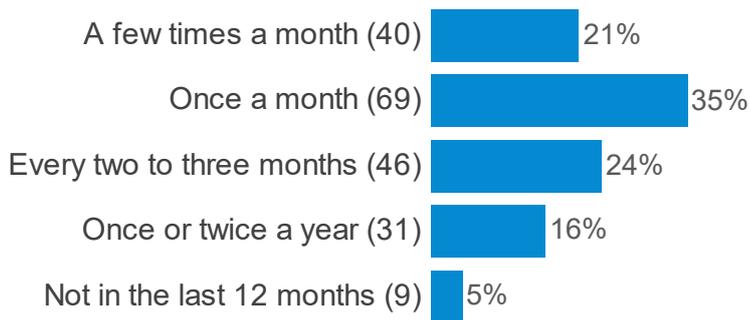
How do you usually receive your medicines? Please select one option only.
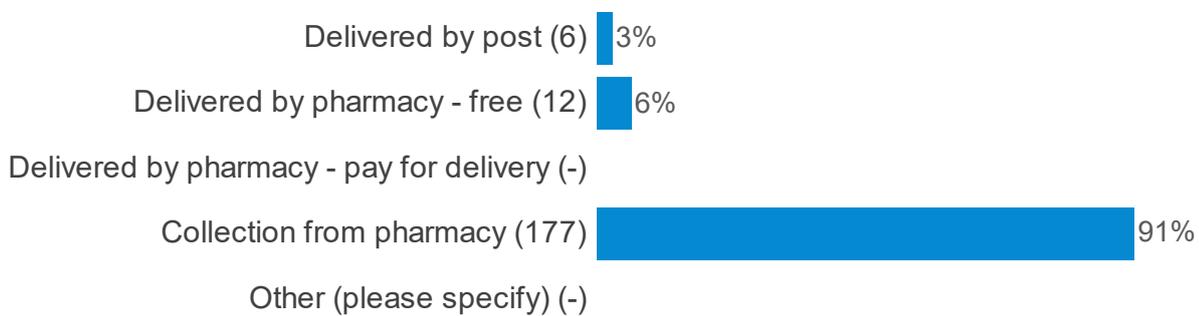
Option	Percentage
Delivered by post (6)	3%
Delivered by pharmacy - free (12)	6%
Delivered by pharmacy - pay for delivery (-)	
Collection from pharmacy (177)	91%
Other (please specify) (-)	

To what extent are you satisfied or dissatisfied with the advice you receive about taking your medicines from the following sources? (Pharmacy / chemist)
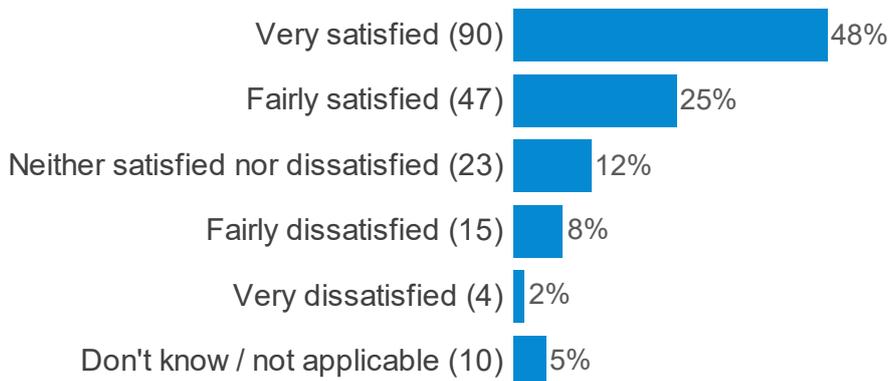
Option	Percentage
Very satisfied (90)	48%
Fairly satisfied (47)	25%
Neither satisfied nor dissatisfied (23)	12%
Fairly dissatisfied (15)	8%
Very dissatisfied (4)	2%
Don't know / not applicable (10)	5%

To what extent are you satisfied or dissatisfied with the advice you receive about taking your medicines from the following sources? (GP practice dispensary)
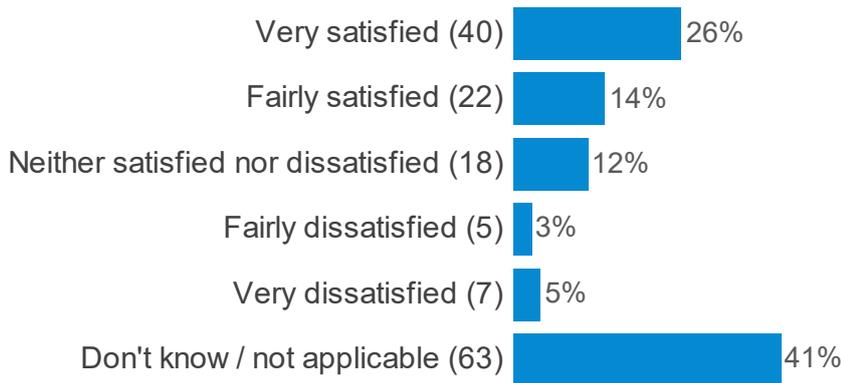
Very satisfied (40)	26%
Fairly satisfied (22)	14%
Neither satisfied nor dissatisfied (18)	12%
Fairly dissatisfied (5)	3%
Very dissatisfied (7)	5%
Don't know / not applicable (63)	41%

To what extent are you satisfied or dissatisfied with the advice you receive about taking your medicines from the following sources? (An online-only pharmacy)

Very satisfied (3)	2%
Fairly satisfied (4)	3%
Neither satisfied nor dissatisfied (11)	8%
Fairly dissatisfied (2)	1%
Very dissatisfied (3)	2%
Don't know / not applicable (120)	84%
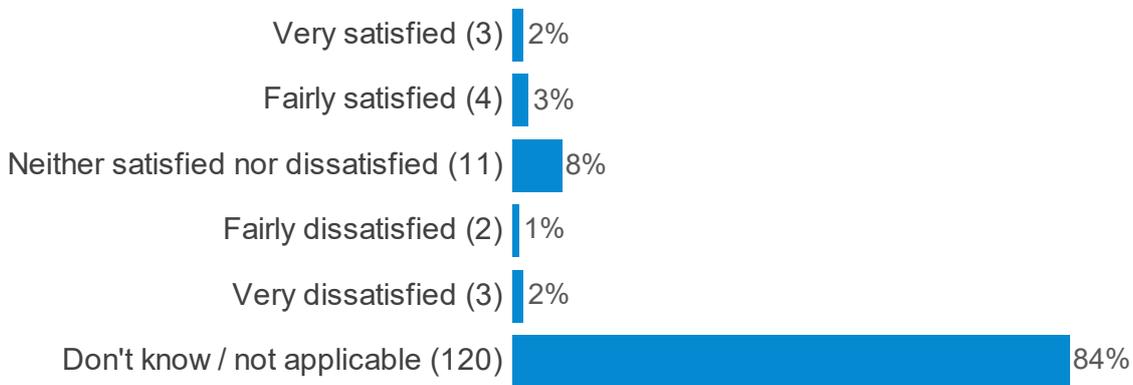
When do you most commonly use pharmacy services? Please select one option only.

Before 9am on weekdays (2)	1%
Between 9am-6pm on weekdays (160)	82%
After 6pm on weekdays (13)	7%
Saturday (19)	10%
Sunday (1)	1%
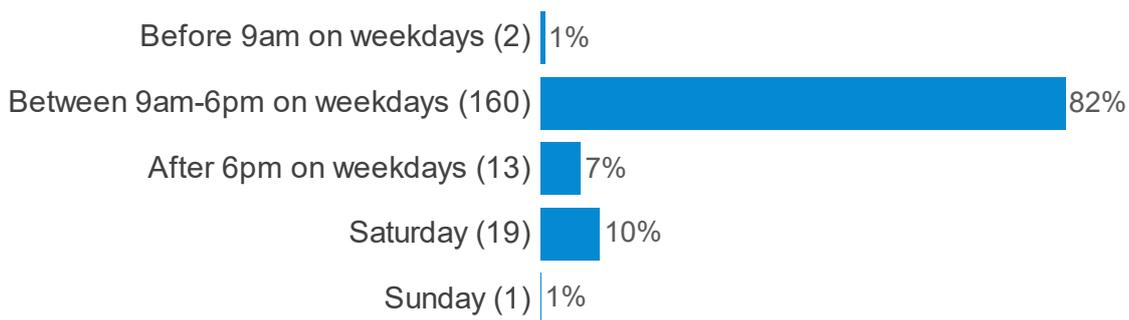
To what extent do you agree or disagree that the opening hours for pharmacy services meet your needs?
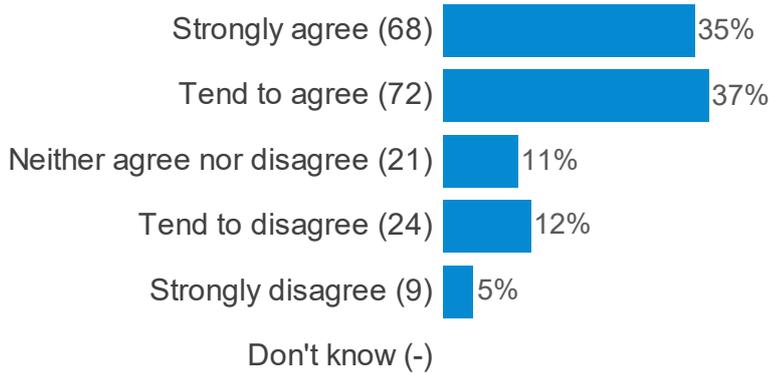
Strongly agree (68) — 35%
Tend to agree (72) — 37%
Neither agree nor disagree (21) — 11%
Tend to disagree (24) — 12%
Strongly disagree (9) — 5%
Don't know (-)

Thinking about your usual pharmacy services, how easy or difficult is it to do the following? (To find an open pharmacy during the day)
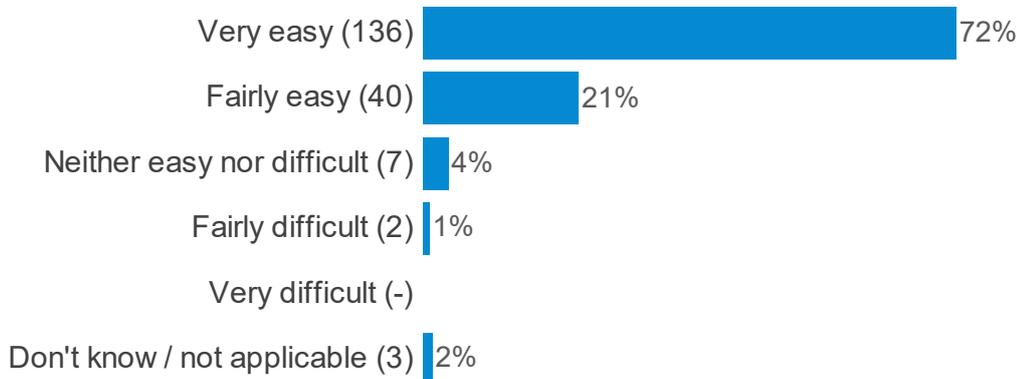
Very easy (136) — 72%
Fairly easy (40) — 21%
Neither easy nor difficult (7) — 4%
Fairly difficult (2) — 1%
Very difficult (-)
Don't know / not applicable (3) — 2%

Thinking about your usual pharmacy services, how easy or difficult is it to do the following? (To find an open pharmacy in the evening (after 6pm))
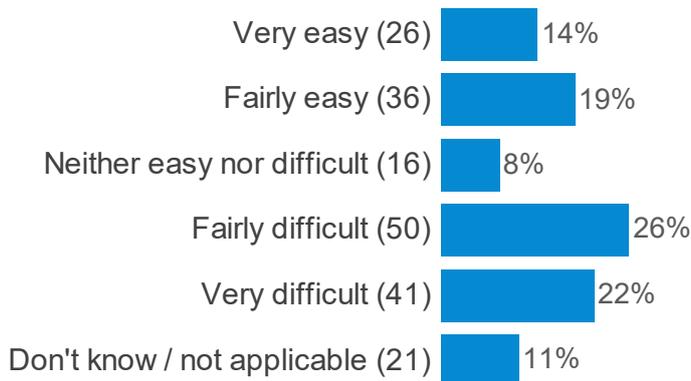
Very easy (26) — 14%
Fairly easy (36) — 19%
Neither easy nor difficult (16) — 8%
Fairly difficult (50) — 26%
Very difficult (41) — 22%
Don't know / not applicable (21) — 11%

Thinking about your usual pharmacy services, how easy or difficult is it to do the following? (To find an open pharmacy at weekends)

Very easy (42)	23%
Fairly easy (56)	30%
Neither easy nor difficult (16)	9%
Fairly difficult (37)	20%
Very difficult (21)	11%
Don't know / not applicable (15)	8%

Thinking about your usual pharmacy services, how easy or difficult is it to do the following? (To find an open pharmacy on Bank Holidays)
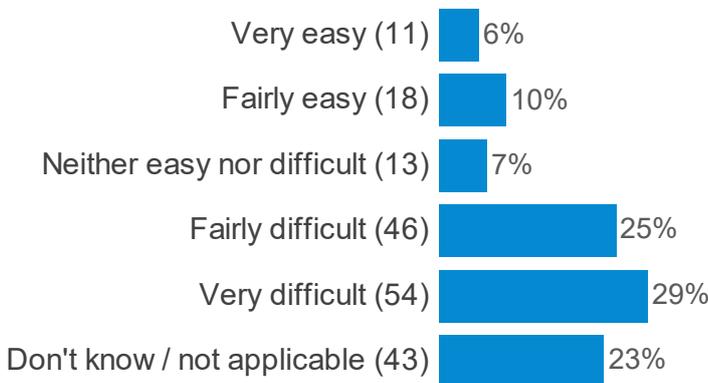
Very easy (11)	6%
Fairly easy (18)	10%
Neither easy nor difficult (13)	7%
Fairly difficult (46)	25%
Very difficult (54)	29%
Don't know / not applicable (43)	23%

How likely are you to use the following methods to access pharmacy services within the next three years? (Visit the pharmacy in person)
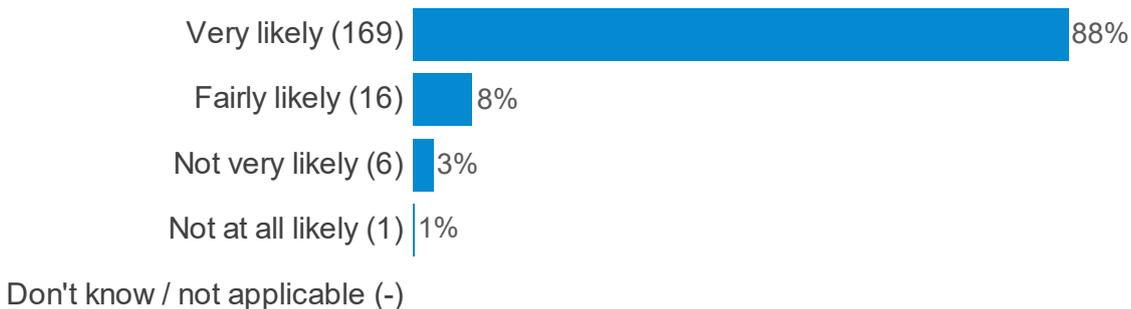
Very likely (169)	88%
Fairly likely (16)	8%
Not very likely (6)	3%
Not at all likely (1)	1%
Don't know / not applicable (-)	

How likely are you to use the following methods to access pharmacy services within the next three years? (Receive prescriptions by post)
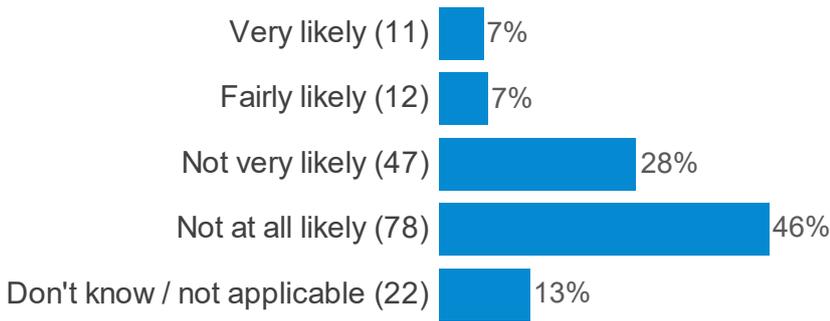
Very likely (11) 7%
Fairly likely (12) 7%
Not very likely (47) 28%
Not at all likely (78) 46%
Don't know / not applicable (22) 13%

How likely are you to use the following methods to access pharmacy services within the next three years? (Online services - home delivery)
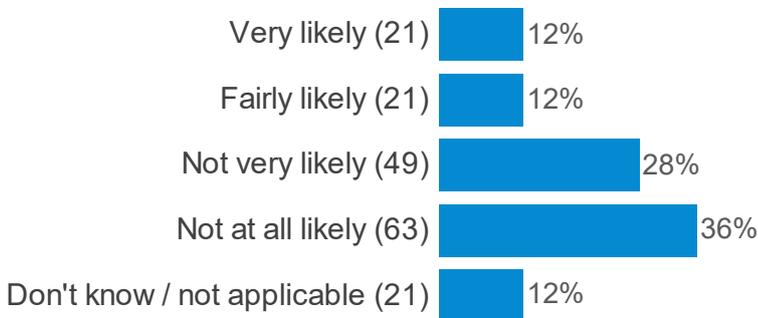
Very likely (21) 12%
Fairly likely (21) 12%
Not very likely (49) 28%
Not at all likely (63) 36%
Don't know / not applicable (21) 12%

How likely are you to use the following methods to access pharmacy services within the next three years? (Online services - other)

Very likely (10) 6%
Fairly likely (21) 12%
Not very likely (36) 21%
Not at all likely (63) 37%
Don't know / not applicable (40) 24%
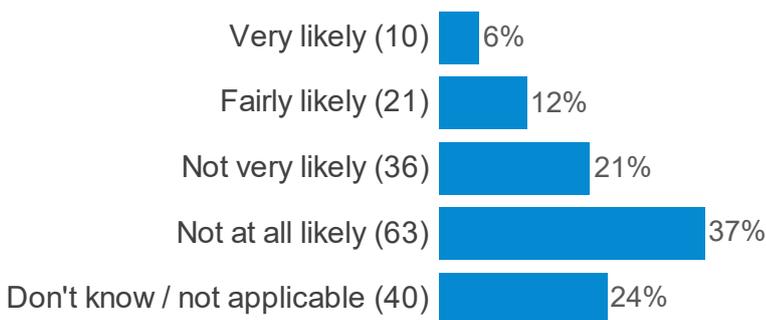
How likely are you to use the following methods to access pharmacy services within the next three years? (Other (please specify))

- Very likely (4) — 3%
- Fairly likely (1) — 1%
- Not very likely (6) — 5%
- Not at all likely (18) — 14%
- Don't know / not applicable (101) — 78%
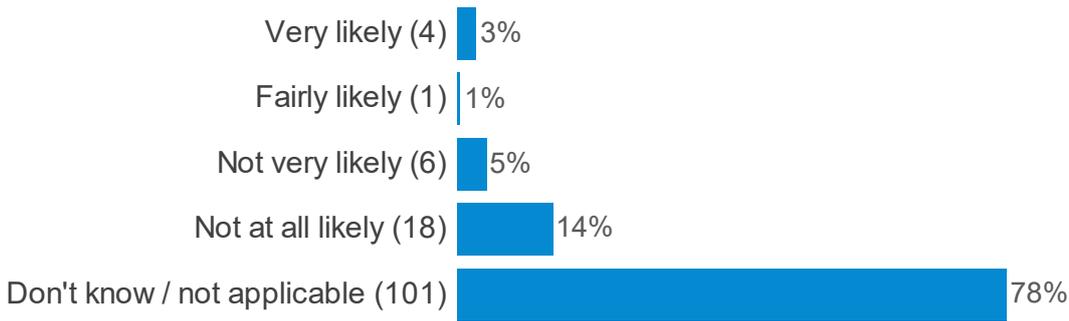
How important are the following pharmacy services to you? (Home delivery of your medication)

- Very important (28) — 15%
- Fairly important (22) — 12%
- Not very important (66) — 36%
- Not at all important (47) — 25%
- Don't know / not applicable (22) — 12%
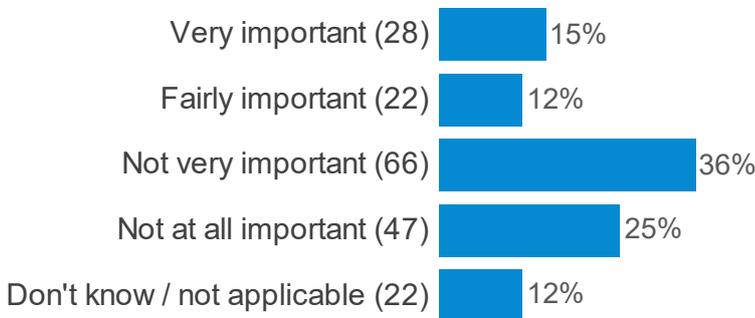
How important are the following pharmacy services to you? (Prescription collection from your GP practice)

- Very important (63) — 34%
- Fairly important (48) — 26%
- Not very important (35) — 19%
- Not at all important (24) — 13%
- Don't know / not applicable (17) — 9%
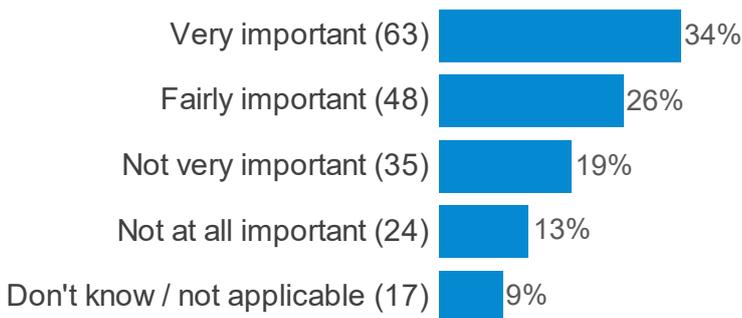
How important are the following pharmacy services to you? (Availability of medication)

Very important (169) — 90%
Fairly important (15) — 8%
Not very important (3) — 2%
Not at all important (1) — 1%
Don't know / not applicable (-)
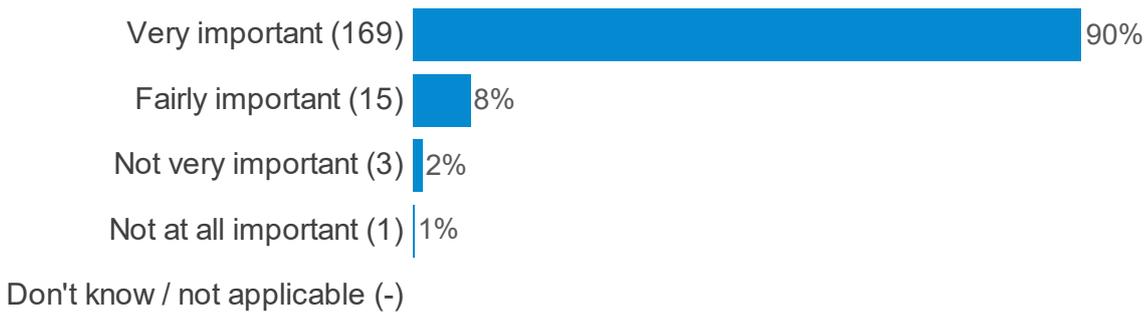
How important are the following pharmacy services to you? (Information available in different languages)

Very important (5) — 3%
Fairly important (9) — 5%
Not very important (43) — 24%
Not at all important (85) — 47%
Don't know / not applicable (38) — 21%
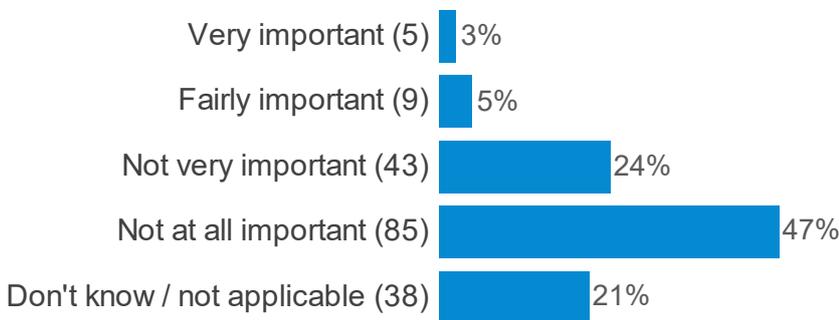
How important are the following pharmacy services to you? (Physical accessibility (e.g. parking, wheelchair access))

Very important (42) — 22%
Fairly important (56) — 30%
Not very important (33) — 18%
Not at all important (37) — 20%
Don't know / not applicable (20) — 11%
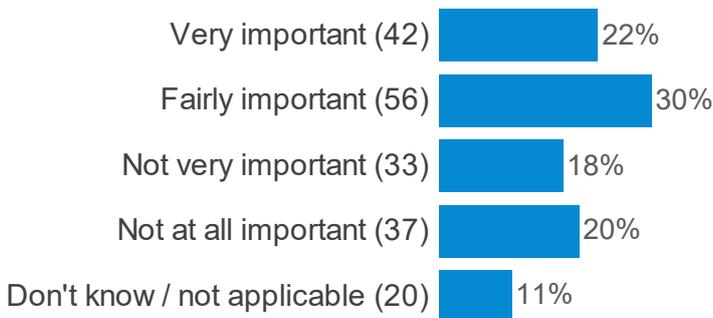
How important are the following pharmacy services to you? (Location)

Very important (125) ████████████ 66%

Fairly important (54) █████ 28%

Not very important (4) ▏2%

Not at all important (6) ▎3%

Don't know / not applicable (1) ▏1%
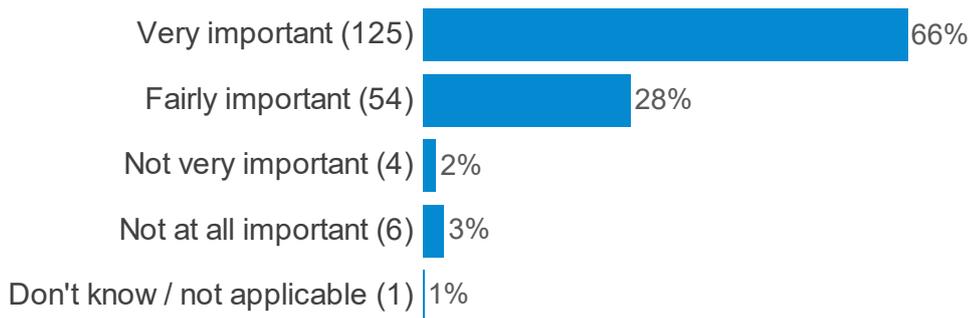
How important are the following pharmacy services to you? (Private areas to speak to a pharmacist)

Very important (93) █████████ 50%

Fairly important (49) █████ 26%

Not very important (29) ███ 15%

Not at all important (10) ▌5%

Don't know / not applicable (7) ▌4%
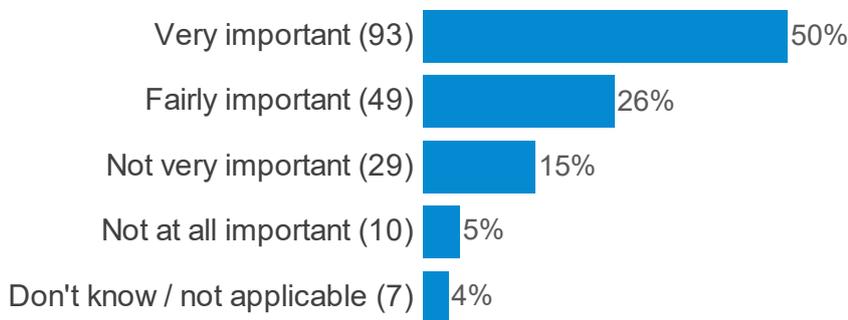
How important are the following pharmacy services to you? (Quality of service)

Very important (162) ████████████████ 88%

Fairly important (21) ██ 11%

Not very important (-)

Not at all important (-)

Don't know / not applicable (1) ▏1%
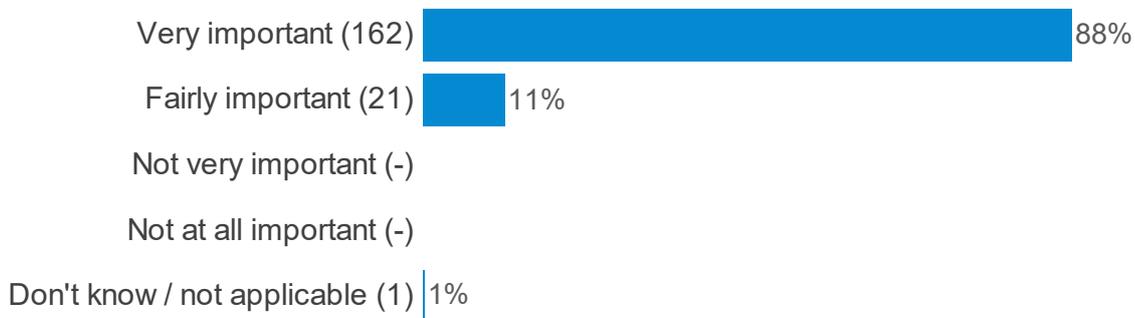
Which of the following services are you aware of that are offered by your usual pharmacy? Please tick all that you are aware of.

Advice on current health problems and/or long-term conditions (129) — 67%

Advice on health services available elsewhere (67) — 35%

Advice on minor ailments (162) — 84%

Advice on physical exercise (25) — 13%

Blood pressure screening (77) — 40%

Disposal of medicines you no longer need (129) — 67%

Emergency contraception (73) — 38%

Flu vaccine (132) — 68%

Healthy eating advice (33) — 17%

Stop smoking service (66) — 34%

Urgent supply of medicines if you run out (75) — 39%

None of the above (6) — 3%

In the last 12 months have you looked after a relative or friend living in Leicester, Leicestershire or Rutland who is terminally ill?
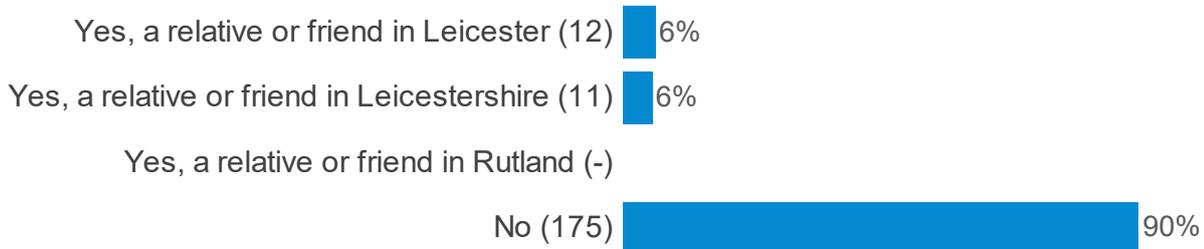
Yes, a relative or friend in Leicester (12) — 6%

Yes, a relative or friend in Leicestershire (11) — 6%

Yes, a relative or friend in Rutland (-)

No (175) — 90%

To what extent do you agree or disagree with the following statements? (My pharmacy provides a good service)

Strongly agree (84) — 44%
Tend to agree (71) — 37%
Neither agree nor disagree (13) — 7%
Tend to disagree (12) — 6%
Strongly disagree (11) — 6%
Don't know / not applicable (1) — 1%
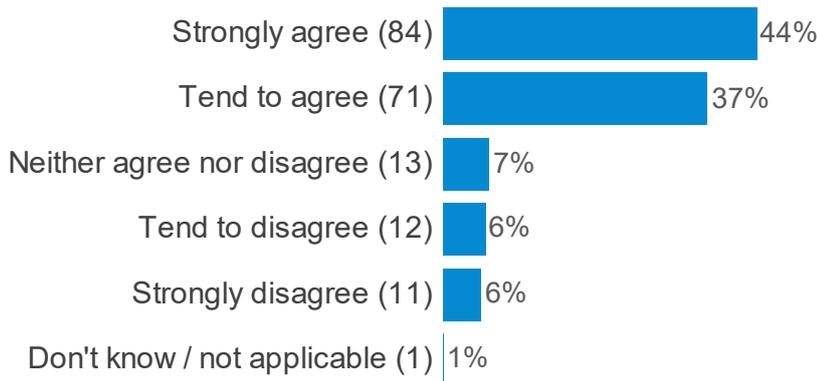
To what extent do you agree or disagree with the following statements? (My pharmacy gives me clear advice on how medicines should be taken)

Strongly agree (82) — 43%
Tend to agree (54) — 28%
Neither agree nor disagree (27) — 14%
Tend to disagree (8) — 4%
Strongly disagree (7) — 4%
Don't know / not applicable (12) — 6%
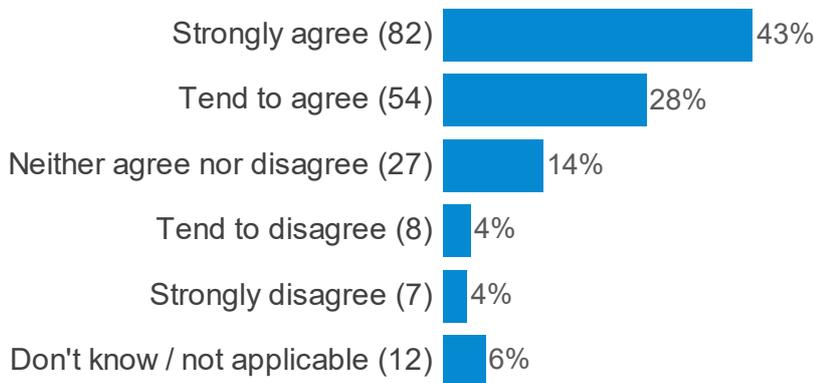
To what extent do you agree or disagree with the following statements? (If I want to, I can speak to a pharmacist at my pharmacy without being overheard)

Strongly agree (62) — 33%
Tend to agree (46) — 24%
Neither agree nor disagree (19) — 10%
Tend to disagree (28) — 15%
Strongly disagree (19) — 10%
Don't know / not applicable (17) — 9%
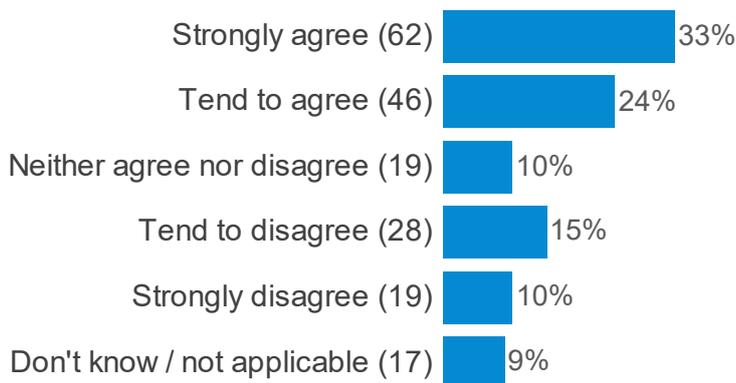
Do you have any access needs relating to a physical disability?
For example, to access your usual pharmacy services you may need accessible parking,
or help to get in and out of the pharmacy and move around.

Yes (17)   9%

No (178)   91%

Does your pharmacy meet these physical access needs?

Always (8)   47%

Sometimes (9)   53%

Never (-)

Do you have any communication needs?
For example, do you need information in different formats, such as large print or audio,
or in another language?

Yes (8)   4%

No (185)   96%

Does your pharmacy meet your communication needs?

Always (1)   13%

Sometimes (4)   50%

Never (3)   38%
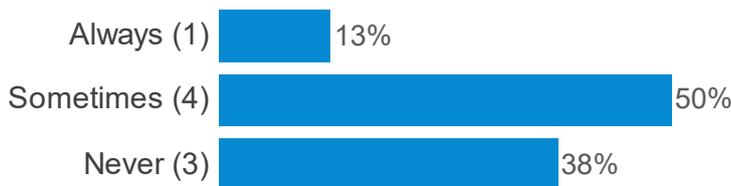
Do you help an adult family member or friend to use pharmacy services?
For example, picking up medicines, requesting repeat prescriptions or helping them to
take their medicines.

Yes (70)   36%

No (124)   64%

Does your pharmacy meet your needs as a carer?

Always (45) ████████████████████████████████ 66%

Sometimes (20) ██████████ 29%

Never (3) █ 4%
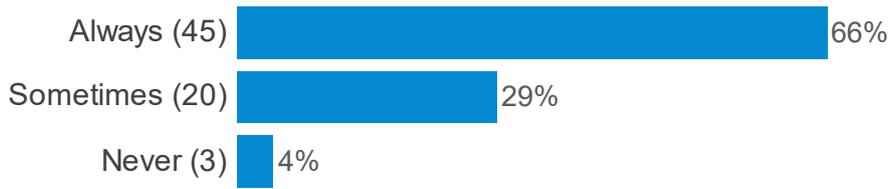
Have your say on Leicestershire's draft Pharmaceutical Needs Assessment 2022

Every three years, pharmaceutical needs assessments (PNAs) are carried out around the country to ensure that local community pharmacies –"chemist shops" - are meeting the pharmaceutical needs of local people.

The PNA helps NHS England manage and make decisions about requests from pharmacists or pharmacy businesses to set up new community pharmacies, merge businesses, or move premises within Leicestershire. They also provide insight into other areas where improvements can be made.

Preparing PNAs is the responsibility of Health and Wellbeing Boards. These Boards bring together local authorities, the NHS and other key partners to improve the health and wellbeing of their local areas.

Please note that PNAs focus solely on community pharmaceutical services and do not cover pharmacies in hospitals or prisons.

The Leicestershire Health and Wellbeing Board has now created a draft PNA for Leicestershire and we would like your comments on it. This is your opportunity to share your views.

To have your say, please read the consultation document before completing the questionnaire.

Thank you for your assistance. Your views are important to us.

Please note: Your responses to the main part of the survey (including your comments) may be released to the general public in full under the Freedom of Information Act 2000. Any responses to the questions in the 'About you' section of the questionnaire will be held securely and will not be subject to release under Freedom of Information legislation, nor passed on to any third party.

Q1   Your role:
Please select <u>one</u> option only.

☐	A member of the public	**Skip to Q4**
☐	A member of Leicestershire County Council staff	**Skip to Q4**
☐	Dispensing doctor	**Continue**
☐	Pharmacist / appliance contractor	**Continue**
☐	NHS England or NHS Improvement employee	**Continue**
☐	NHS Trust	**Continue**
☐	CCG employee	**Continue**
☐	Patient, consumer or community group (e.g. Healthwatch) representative	**Continue**
☐	Local Pharmaceutical Committee	**Continue**
☐	Local Medical Committee representative	**Continue**
☐	Other health or social care professional (please specify)	**Continue**
☐	Other (please specify)	**Continue**

If 'Other health or social care professional', please specify:

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If 'Other', please specify:

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Q2   If you represent an organisation, please provide your details.

Name:

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Role:

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Organisation:

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Organisation postcode:

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This information may be subject to disclosure under the Freedom of Information Act 2000

Q3   Are you providing your organisation's official response to the consultation or a personal/professional view? Please select <u>one</u> option only.

☐ Official response

☐ Personal/professional view

Your views on the draft PNA

Purpose

Q4 To what extent do you agree or disagree that the purpose of the PNA is clearly explained in the draft? Please select <u>one</u> option only.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this?

Current provision

Q5 To what extent do you agree or disagree that the draft PNA adequately reflects the current community pharmacy provision in Leicestershire? Please select <u>one</u> option only.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this?

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Q6 Are there any pharmaceutical services currently provided in Leicestershire that have not been highlighted within the draft PNA? Please select <u>one</u> option only.

☐ Yes
☐ No
☐ Don't know

If yes, what are these?

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Population needs

Q7 To what extent do you agree or disagree that the needs of the population of Leicestershire have been adequately reflected in the draft PNA? Please select <u>one</u> option only.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this?

☐

Q8 Are there any gaps or issues in pharmaceutical provision in Leicestershire that have not been reflected in the draft PNA? Please select <u>one</u> option only.

☐ Yes
☐ No
☐ Don't know

If yes, what are these?

☐

Recommendations

Q9 To what extent do you agree or disagree with the recommendations in the draft PNA? Please select <u>one</u> option only.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this?

Q10 To what extent do you agree or disagree that the findings from the PNA analysis are important? Please select <u>one</u> option only.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this?

Q11 What, if any, other findings do you think are important?

Q12 Do you have any comments on the PNA analysis findings?

Q13 To what extent do you agree or disagree that the PNA provides information that could help with **commissioning decisions** going forward? Please select <u>one</u> option only.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this?

Q14 To what extent do you agree or disagree that the PNA provides information that could help with **pharmaceutical provision** going forward? Please select <u>one</u> option only.

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this?

Any other comments

Q15 Is there anything else you think should be included in the PNA? Please select <u>one</u> option only.

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, what are these?

Q16 Do you have any other comments?

Please continue if you said in Q1 that you are responding as 'A member of the public' or an 'A member of Leicestershire County Council staff'.

Otherwise, please skip to the instructions at the end of the questionnaire.

About you

Leicestershire County Council is committed to ensuring that its services, policies and practices are free from discrimination and prejudice, meet the needs of all sections of the community and promote and advance equality of opportunity.

We would therefore be grateful if you would answer the following questions. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Q17 What is your gender identity? Please select <u>one</u> option only.

☐ Male

☐ Female

☐ Prefer to self-describe (e.g. pangender, non-binary etc.)

Q18 Is your gender identity the same as the gender you were assigned at birth? Please select <u>one</u> option only.

☐ Yes

☐ No

Q19 What was your age on your last birthday? (Please enter your age in numbers not words)

Q20 What is your full postcode?
This will allow us to understand the types of areas people live. It will not identify your house.

Q21 Do you have a long-standing illness, disability or infirmity? Please select <u>one</u> option only.

☐ Yes

☐ No

Q22 What is your ethnic group? Please select <u>one</u> option only.

- ☐ White
- ☐ Mixed
- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Other ethnic group

Q23 What is your religion? Please select <u>one</u> option only.

- ☐ No religion
- ☐ Christian (all denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion

Q24 Are you an employee of Leicestershire County Council? Please select <u>one</u> option only.

- ☐ Yes
- ☐ No

Q25 Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it, but we would be grateful if you could tick the box next to the category which describes your sexual orientation. Please select <u>one</u> option only.

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual / straight
- ☐ Lesbian
- ☐ Other

Thank you for your assistance. Your views are important to us.

Please send your completed survey to:

PNA Consultation
Have Your Say
Leicestershire County Council
Chief Executives Department (FAO Alka Champaneri)
Room 300A
FREEPOST NAT18685
Leicester
LE3 8XR

When the consultation closes on **6th August 2022**, we will report the results back to the Health and Wellbeing Board along with any suggested changes to the draft PNA. The consultation results will also be published on the County Council website.

Data Protection: Personal data supplied on this form will be held on computer and will be used in accordance with current Data Protection Legislation. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. Leicestershire County Council will not share any personal information collected in this survey with its partners. The information will be held in accordance with the council's records management and retention policy. Information which is not in the 'About you' section of the questionnaire may be subject to disclosure under the Freedom of Information Act 2000.

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that, as an Authority, we do not discriminate and we are able to promote equality, diversity and human rights.

Please refer to the EHRIA guidance before completing this form. If you need any further information about undertaking and completing the assessment, contact your Departmental Equalities Group or equality@leics.gov.uk

**Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.

Key Details	
Name of policy being assessed:	Leicestershire Pharmaceutical Needs Assessment 2022
Department and section:	Chief Executives-Business Intelligence- Public Health Intelligence
Name of lead officer/ job title and others completing this assessment:	Victoria Rice- Research & Insight Manager- Public Health
Contact telephone numbers:	0116 3051585 (direct line); 0116 3055509 (team line)
Name of officer/s responsible for implementing this policy:	Mike Sandys (Director of Public Health)
Date EHRIA assessment started:	27/06/2022
Date EHRIA assessment completed:	01/08/2022

Section 1: Defining the policy

1	What is new or changed in the policy? *What has changed and why?*
	The Pharmaceutical Needs Assessment (PNA) is a statutory document that is used by NHS England and Improvement to agree changes to the commissioning of local pharmaceutical services. The aim of the PNA is to review pharmacy coverage (excluding internet pharmacies) and dispensing GPs in relation to the population health needs of the people of Leicestershire.
	The purpose of the PNA is to:
	- identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future, - inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be, - inform decision making in response to applications made to NHS England and Improvement by pharmacists and dispensing doctors to provide a new pharmacy.
	This is the fourth PNA for Leicestershire, as previous PNA documents were published in 2011, 2015 and 2018.
	The responsibility for producing the PNA rests with Health and Wellbeing Boards (HWB), with the draft PNA required to be approved by the Leicestershire Health and Wellbeing Board by October 2022. Each HWB must also consult (for a minimum period of 60 days) with a number of professional bodies about the provision of pharmaceutical services within its area.
	The relationships required to undertake and produce the PNA encompasses the whole of the health economy, from NHS England and Improvement, the Leicestershire and Rutland Pharmaceutical Committee, Local Professional Networks for Pharmacists, the Leicester, Leicestershire and Rutland Local Medical Committee, Clinical Commissioning Groups and the County Council.

	This PNA finds that there is adequate provision of pharmaceutical services for the population of Leicestershire overall. This impact assessment aims to consider the equality issues that may be present and address them where identified. Pharmacies have changed to provide a wider range of essential, advanced and community services – and the PNA looks to assess if these are being provided equitably and accessibly to all individuals and community groups.
2	Does this relate to any other policy within your department, the Council or with other partner organisations? If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required. Pharmacy services are an essential component in supporting delivery of the **Health and Wellbeing Strategy for Leicestershire** and providing services to a range of community and vulnerable groups. They will also be a key component in supporting the **Health Prevention Strategy.**
3	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them? The aim is that all residents of Leicestershire are able to access community pharmacies, with suitable adaptations such as disabled access, language and other support services, as appropriate. Local and national campaigns promote local pharmaceutical services and their benefits to the population. As the PNA is an assessment of the need and finds there is adequate supply of pharmacies and that suitable provision seems to have been made for equalities groups given this need, there is no significant change being suggested in the PNA for the local population.
4	Will the policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**

	Yes	**No**	**How?**
Eliminate unlawful discrimination, harassment, and victimisation	X		Pharmacies across Leicestershire aim to provide services which are accessible to all residents. For example, many pharmacies have staff who speak the languages of local residents and have facilities which are accessible for people who have a disability.
Advance equality of opportunity between different groups	X		The PNA considers the demographics of the population at district level and relates this to local pharmaceutical service provision. Additionally, a consultation with the pharmacies provided an opportunity to feedback on the availability and accessibility of local pharmacy services. Community pharmacies provide much more than a medicine dispensing services; they

5.				provide expertise in the use of medicines and promoting their safe and effective use. They can also provide a number of community-based services, tailored to local population needs which include smoking cessation, emergency hormonal contraception, palliative care and substance misuse. By offering more services in local communities closer to people's homes, pharmacists and their teams can improve patient care and reduce health inequalities through: • personalised pharmaceutical services • expanding access and choice • providing more help with medicines. • reducing inappropriate hospital admissions • supporting patients as they move between hospital and the community • supporting healthy living and better care improving communications and relationships.
	Foster good relations between different groups	X		Providing pharmacy services that are accessible to all residents across Leicestershire will ensure equity of treatment between protected characteristic as well as other user groups and so contribute to community cohesion objectives.

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for a policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

Section 2 A: Research and Consultation		
5.	**Yes**	**No***

	Have the target groups been consulted about the following?	X	
	a) their current needs and aspirations and what is important to them;	X	
	b) any potential impact of this change on them (positive and negative, intended and unintended);	X	
	c) potential barriers they may face		
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)? Public consultation and professional consultation	X	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	X	
8.	*If you answered 'no' to the questions above, please use the space below to outline either what consultation you are planning to undertake or why you do not consider it to be necessary.		
	The PNA contents have been produced following consultation with service users, public, pharmacies and stakeholder groups. The draft document will also be subject to a 60-day statutory consultation (see below). The PNA is a Needs Assessment and is not recommending any significant change in policy or outcomes for the local population as adequate provision for community groups is already being made. The PNA is running a statutory consultation from June until August 2022. All statutory consultees will be consulted during this period. In addition to a public questionnaire, an engagement exercise took place in early 2022 seeking local professionals' and members of the publics views of how community pharmacies serve the public and what, if anything, could be done to improve the service. The PNA was also presented to the Leicestershire Equalities Challenge Group to promote feedback from particular equalities groups.		

Section 2 **B: Monitoring Impact**			
9.	Are there systems set up to:	**Yes**	**No**
	a) monitor impact (positive and negative, intended and unintended) for different groups;	X	
	b) enable open feedback and suggestions from different communities	X	

Note: If no to Question 9, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2
C: Potential Impact

10.	Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may *potentially* be affected by the policy and describe any positive and negative impacts, including any barriers.

	Yes	**No**	**Comments**
Age	X		The age profile of people accessing services is weighted towards older people because these populations have the greater proportion of long-term conditions and are in receipt of more prescriptions. Older people may find it difficult to access pharmacy services because of their immobility, lack of transportation and apprehensions about the weather conditions. The PNA includes recommendations to keep under review community provision of transport to pharmacies.
Disability	X		The potential risks of pharmacies not having disabled facilities are that patients may have further to travel or be dependent on friend's or families to assist them, potentially delaying access to healthcare advice and services. The needs review considers disabled access. The review felt that suitable provision had been made for disability.
Gender Reassignment	X		Pharmacy services can provide services related to gender reassignment and therefore need to be accessible. The reviews looks at services provided and locations for all pharmacy users. The review felt that was generally sufficient provision of essential, advanced and community services, with more work required to ensure the availability of these were promoted.
Marriage and Civil Partnership		X	
Pregnancy and Maternity	X		Pharmacy services can provide services related to pregnancy and maternity and therefore need to be accessible. The reviews looks at services provided and

				locations for all pharmacy users. Provision was generally considered to be sufficient. With a need for more equitable access in some areas for emergency hormonal contraception services.
	Race	**X**		Language barriers could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes where patients have difficulties in communicating with or accessing pharmacy services. The Pharmacy professional questionnaire examined language provision. The PNA Professionals Survey 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%. There was felt to be good coverage of language needs.
	Religion or Belief		**X**	
	Sex		**X**	
	Sexual Orientation		**X**	
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	**X**		Rural access issues were well considered in the PNA in the walk and drive time analysis and the designated rural areas section and the dispensing GPs. Transport concerns were raised around public services available in rural areas. Deprivation was also considered alongside the walk and drive time analysis. Pharmacy locations need to take into consideration the accessibility needs of these groups.
	Community Cohesion	**X**		Having good and equitable access to pharmacy provision can be seen as part of a wider plan to have cohesive community-based services which serve Leicestershire towns and villages and

				can anchor other high street services. This can help create more cohesive local communities.
11.	Are the human rights of individuals *potentially* affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)** Explain why you consider that any particular [article in the Human Rights Act](#) may apply to the policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB: include positive and negative impacts as well as barriers in benefiting from the above proposal]			

	Yes	**No**	**Comments**
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life		X	
Article 3: Right not to be tortured or treated in an inhuman or degrading way		X	
Article 4: Right not to be subjected to slavery/ forced labour		X	
Article 5: Right to liberty and security		X	
Article 6: Right to a fair trial		X	
Article 7: No punishment without law		X	
Article 8: Right to respect for private and family life		X	
Article 9: Right to freedom of thought, conscience and religion		X	
Article 10: Right to freedom of expression		X	
Article 11: Right to freedom of assembly and association		X	
Article 12: Right to marry		X	
Article 14: Right not to be discriminated against		X	
Part 2: The First Protocol			
Article 1: Protection of property/ peaceful enjoyment		X	

		Yes	No	Unknown
	Article 2: Right to education		X	
	Article 3: Right to free elections		X	

Section 2 D: Decision				
13.	Is there evidence or any other reason to suggest that:	**Yes**	**No**	**Unknown**
	a) the policy could have a different affect or adverse impact on any section of the community;		X	
	b) any section of the community may face barriers in benefiting from the proposal		X	
13.	Based on the answers to the questions above, what is the likely impact of the policy			
	No Impact [x] Positive Impact [ ] Neutral Impact [ ] Negative Impact or [ ] Impact Unknown			
Note: If the decision is 'Negative Impact' or 'Impact Not Known', an EHRIA Report is required.				
14.	Is an EHRIA report required?	Yes [ ]	No [x]	

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report *is required*, continue to Section 3 on Page 7 of this document.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report *is not required*, continue to Section 4 on Page 14 of this document.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think *thoroughly* about the impact of the policy and to critically examine whether it is *likely* to have a positive or negative impact on different groups within our diverse communities. It should also identify any barriers that may adversely affect under-represented communities or groups that may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3 **A: Research and Consultation**	
When considering the target groups, it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.	
15.	Based on the gaps identified either in the EHRIA Screening or independently of this process, *how* have you now explored the following and *what* does this information/ data tell you about each of the diverse groups? a) current needs and aspirations and what is important to individuals and community groups (including human rights); b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights); c) likely barriers that individuals and community groups may face (including human rights)
16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, *how* have you further consulted with those affected on the likely impact and *what* does this consultation tell you about each of the diverse groups?
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

Section 3	
B: Recognised Impact	
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are *likely* to be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.

	Comments
Age	
Disability	

	Gender Reassignment	12
	Marriage and Civil Partnership	
	Pregnancy and Maternity	
	Race	
	Religion or Belief	
	Sex	
	Sexual Orientation	
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	
	Community Cohesion	

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are *likely* to apply to the policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	

	Article 3: Right not to be tortured or treated in an inhuman or degrading way	
	Article 4: Right not to be subjected to slavery/ forced labour	
	Article 5: Right to liberty and security	
	Article 6: Right to a fair trial	
	Article 7: No punishment without law	
	Article 8: Right to respect for private and family life	
	Article 9: Right to freedom of thought, conscience and religion	
	Article 10: Right to freedom of expression	
	Article 11: Right to freedom of assembly and association	
	Article 12: Right to marry	
	Article 14: Right not to be discriminated against	
	Part 2: The First Protocol	
	Article 1: Protection of property/ peaceful enjoyment	
	Article 2: Right to education	
	Article 3: Right to free elections	

Section 3	
C: Mitigating and Assessing the Impact	

Taking into account the research, data, consultation and information you have reviewed and/ or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

NB:

i) If you have identified adverse impact or discrimination that is *illegal*, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is *justifiable or legitimate*, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

22.	Where there are potential barriers, negative impacts identified and/ or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.
	a) include any relevant research and consultation findings which highlight the best way in which to minimise negative impact or discrimination
	b) consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs that you have identified can be addressed
	c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why

Section 3	
D: Making a decision	

23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

Section 3
E: Monitoring, evaluation & review of the policy

24.	Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?
25.	How will the recommendations of this assessment be built into wider planning and review processes? *e.g. policy reviews, annual plans and use of performance management systems*

Section 3:
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to the Digital Services Team via web@leics.gov.uk for publishing.

Section 4
A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening | X |

Equality and Human Rights Assessment Report | |

1st Authorised Signature (EHRIA Lead Officer): … *Victoria Rice*

Date: ……01/08/2022…………………….

2nd Authorised Signature (DEG Chair): ……….. *[signature]* …………………….

Date: …5th September 2022…………………………