



Leeds

Pharmaceutical Needs

Assessment

2022 - 2025

Produced by:	Public Health team, Leeds City Council
Approved by:	Leeds Health and Wellbeing Board
60- day consultation period:	30 th June – 29 th August 2022
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1 Executive summary

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and update a 'pharmaceutical needs assessment' or 'PNA', a statement of the need for pharmaceutical services for the population of its area. This PNA will be used by NHS England and NHS Improvement (NHSE&I) when considering applications to join the pharmaceutical list for the Leeds Health and Wellbeing Board area under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. Additionally, it can be used to inform commissioners, for instance, the Leeds City Council public health team, on the current provision of pharmaceutical services and where locally commissioned services could help meet local health priorities.

Leeds is a very large area and examining too large an area can obscure sometimes extreme variations in data, so, to avoid this the Health and Wellbeing Board has chosen to use 'Community Committees' as the localities for this PNA, of which there are 10 in this report. These are well established boundaries created by grouping wards together and data for these localities can be generated using existing processes. Details of the localities are set out in Chapter 2 (Introduction) along with the regulatory framework for the provision of pharmaceutical services.

Leeds covers a wide range of population densities, demographics and deprivation levels, with growth primarily focused on inner-city communities and an ageing population, especially within inner city areas, which are focused on in Chapter 3 (Overview of Leeds demographics).

Tackling poverty and inequality (the health-wealth gap) has been central to the Leeds approach since before the COVID-19 pandemic. The inequality previously apparent in the city is likely to have exacerbated since, which is discussed in

Chapters 4 and 5; 'Health needs of Leeds' and in the 'Health needs of the Localities'. Data on health needs is from the following sources:

- NHS England and NHS Improvement
- NHS Business Services Authority
- Community Pharmacy West Yorkshire
- Leeds City Council planning
- Leeds Joint Strategic Assessment
- Leeds City Council public health intelligence team

To ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services, Chapter 6 (Identified patient groups) identifies some of the specific groups living in Leeds and their likely health needs.

As of February 2022, there are 165 community pharmacies, and five dispensing practices in Leeds. Between April 2019 and November 2021 over 90% of Leeds prescription items were dispensed by community pharmacies within the Leeds boundary; almost 3% by distance selling pharmacies, almost 2% by dispensing GPs inside Leeds, and community pharmacies in Bradford dispensed around 1%. Access to, and provision for, these pharmaceutical services in Leeds and providers who are located outside of the area are analysed in Chapter 7 (Provision of pharmaceutical services). This chapter also includes relevant parts of the patient and public consultation survey.

Other services that may affect the need for pharmaceutical services either by increasing or reducing demand are identified in Chapter 8 (Other NHS services). These services include hospital pharmacies, the GP out-of-hours service, urgent treatment centres and the public health services commissioned from pharmacies by Leeds City Council.

Each locality is discussed separately in Chapters 9 to 18, in order from the most deprived to the least deprived. The chapters present the demographics and health needs of the population, the current provision of pharmaceutical services to residents and whether that meets the needs of those residents, including accessing services by foot, bus or car. Furthermore, the chapters examine whether there are any gaps in service delivery that might arise during the lifetime of the PNA, for example, due to planned housing developments that are expected to be built within the timescale of this PNA or if accessibility will remain to existing services for every locality.

The document concludes in Chapter 19 (Conclusions) that current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment.

The lack of formal interpretation and translation services available to community pharmacies has been identified within this PNA analysis. It is acknowledged that many community pharmacies have staff who speak languages other than English and can provide informal interpretation but this is far from ideal. The authors are aware that NHSE&I are looking to trial methods address this potential barrier to accessing pharmaceutical services by those for whom English is not their first language by providing access to formal interpretation services for community pharmacy teams.

2 Introduction

2.1 What is this Pharmaceutical Needs Assessment for?

This pharmaceutical needs assessment (PNA) is created to assess pharmaceutical services and outline how the provision of those services can meet the health needs of the Leeds population for a period of up to three years. The PNA uses data from various sources including the Joint Strategic Assessment (JSA). The JSA focuses on the general health needs of the population of Leeds, and the PNA looks at how those needs can be met by pharmaceutical services commissioned by NHS England and NHS Improvement (NHSE&I).

If a pharmacy or a dispensing appliance contractor (DAC) wants to provide pharmaceutical services, they must apply to NHSE&I to be included in the pharmaceutical list for the Health and Wellbeing Board's (HWB) area in which they wish to have premises. The application must offer to either meet a need; or secure improvements to or better access to pharmaceutical services that were identified in a Health and Wellbeing Board's PNA. An exception to this is in 'Unforeseen Benefits Applications' which offer benefits that were not predicted when the PNA was published.

The PNA sets out to identify if there is a need for additional premises, additional service(s), or whether existing services would benefit from improvements. These could be currently or within the three-year lifetime of the PNA.

Although the PNA is mainly a document for commissioning decisions by NHSE&I, it may also be used by local authorities and Clinical Commissioning Groups (CCGs). The NHS Resolution, Primary Care Appeals [GS1] will refer to the PNA when hearing appeals on NHSE&I decisions. A strong PNA enables commissioning of targeted services from pharmacies and DACs to closer match service access and demand.

Please note that during the consultation period for this PNA, Leeds CCG will be replaced as commissioners by the Leeds Office of the ICB. This draft PNA document refers to CCGs as it is correct at the time of writing, during the post consultation review period the document will be amended to reflect the transfer to ICBs.

2.2 Duties of the Health and Wellbeing Board

After a PNA has been published, the HWB has specific duties which are set out further in Appendix A. In summary the HWB must:

- Publish revised PNAs on a three-yearly basis
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes and
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances

2.3 Pharmaceutical services

The services that a PNA must include are defined in the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. Pharmaceutical services may be provided by:

- A pharmacy contractor in the pharmaceutical list for the area of the Health and Wellbeing Board
- A pharmacy contractor included in the Local Pharmaceutical Services (LPS) scheme list for the area of the Health and Wellbeing Board
- A DAC included in the pharmaceutical list for the area of the HWB and
- A doctor or GP practice included in the dispensing doctor list for the area of the HWB

NHS E&I prepares, maintains, and publishes these lists. In Leeds there are 165 community pharmacies and five dispensing practices as of 8th February 2022. Pharmacy contractors may operate as either a sole trader, partnership, or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor.

2.4 Pharmaceutical services provided by pharmacy contractors

NHSE&I do not hold contracts with the majority of pharmacy contractors. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, the terms of service of which are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services)

Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

1. Essential services – all pharmacies must provide these services
 - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting
 - Support for self-care, and
 - The Discharge Medicines Service

2. Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements
 - New Medicine Service
 - Stoma Appliance Customisation
 - Appliance use review
 - Seasonal In'fluenza Adult Vaccination Service
 - Community pharmacist consultation service
 - Hypertension case finding service
 - Stop smoking advanced service (launched March 2022)
 - Hepatitis C antibody testing service (currently time limited until 31 March 2023)
 - Community Pharmacy Covid-19 lateral flow device distribution (ceased 31st March 2022)
 - Pandemic Delivery Service (ceased 31st March 2022)

3. Enhanced services – service specifications for this type of service are developed by NHSE&I and then commissioned to meet specific health needs

- Anticoagulation monitoring
- Antiviral collection service
- Care home service
- Disease specific medicines management service
- Gluten-free food supply service
- Home delivery service
- Independent prescribing service
- Inhaler Check-up Service*
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme *
- Needle and syringe exchange*
- On-demand availability of specialist drugs service
- Out of hours service
- Patient group direction service
- Pharmacy First*
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised consumption service*
- Supplementary prescribing service
- Emergency supply service.

* The enhanced services marked with an asterisk are currently commissioned by Leeds City Council or Leeds CCG and are referred to as locally commissioned services.

Underpinning the provision of all these services is the requirement on each pharmacy contractor to participate in a system of clinical governance and promotion of healthy living. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and includes:

- A patient and public involvement programme
- An audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff management programme
- An information governance programme, and
- A premises standards programme

Pharmacies are required to open for 40 hours per week (referred to as core opening hours). Many choose to open for longer and the additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises based on being open for 100 core opening hours per week (referred to as 100-hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday).

It remains a condition that these 100-hour pharmacies open for 100 core hours per week although they may open for more. Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours to meet a need, improvement or better access as identified in a PNA.

Contractors can apply to change their core opening hours and NHSE&I assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change. If a pharmacy contractor wishes to change their supplementary opening hours, they inform NHSE&I of the change, giving at least three months' notice.

Whilst many pharmacies provide services on a face-to-face basis, there is one type of pharmacy that is restricted from providing services in this way. They are referred

to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies).

Distance selling premises are required to provide all essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. A patient can ask for their prescription to be sent to a distance selling premises via the Electronic Prescription Service, the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises interact with their customers via the telephone, email or a website. They are required to provide services to people who request them if they live in England and delivery of dispensed items is free of charge.

2.5 Pharmaceutical services provided by dispensing appliance contractors (DACs)

NHSE&I do not hold contracts with DACs. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs), for example, catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g., disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma Appliance Customisation
- Appliance Use Review

Dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme, and
- An information governance programme

Dispensing appliance contractors are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours.

Opening hours for each DAC are set out in the initial application. If the application is granted and the dispensing appliance contractor subsequently opens, then these form the DAC's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHSE&I will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core opening hours or not. If a DAC wishes to change their supplementary opening hours, they simply inform NHSE&I of the change, giving at least three months' notice.

2.6 Pharmaceutical services provided by doctors

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated, but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by NHSE&I or a preceding organisation as rural in 10 characters), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- Their practice must have premises approval and consent to dispense to that area

There are some exceptions to this, for example, patients who have satisfied NHSE&I that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

2.7 Local Pharmaceutical Services

Local Pharmaceutical Services contracts allow NHSE&I to commission services, from a pharmacy, which are tailored to specific local requirements. For the purposes of the PNA the definition of pharmaceutical services includes Local Pharmaceutical Services. There are, however, no Local Pharmaceutical Services contracts within the Leeds HWB's area and NHSE&I does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

2.8 Locally commissioned services

Leeds City Council and NHS Leeds Clinical Commissioning Group may also commission services from pharmacies and DACs, but these services fall outside the definition of pharmaceutical services. For the PNA, they are referred to as locally commissioned services and include the following services commissioned by Leeds City Council:

- Emergency hormonal contraception and chlamydia screening, through contract with LCH
- Inhaler check-up Service
- Needle exchange

- Pharmacy First
- Supervised consumption
- Minor ailments scheme

Locally commissioned services are included within this PNA where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

2.9 How the PNA was undertaken

2.9.1 Pharmaceutical needs assessment steering group

Each HWB is responsible for publishing a PNA, however it was agreed there would be benefits to undertaking some aspects of the work jointly across West Yorkshire, with each HWB retaining overall responsibility for its own area. Therefore, a joint steering group was established by the five West Yorkshire HWBs (Bradford, Calderdale, Kirklees, Wakefield, and Leeds) in November 2021.

The steering group consists of representatives from each Local Authority's Public Health Intelligence team, each Clinical Commissioning Group (CCG) Medicines Management Team, the West Yorkshire Area Team of NHSE&I, Community Pharmacy West Yorkshire (CPWY, The Local Pharmaceutical Committee) and a representative for all West Yorkshire Local Medical Committees (LMCs). A full list of members is provided in Appendix F - Steering group membership.

The steering group has been responsible for overseeing the development of each PNA and ensuring that the PNAs meet statutory requirements before submission to their respective HWB for final approval. This steering group approved the timetable, outline of the PNA and the draft for consultation.

2.9.2 Data Collation

Data from the Census, Office for National Statistics (ONS) population estimates, Leeds GP registers, and planning information on known housing developments within the lifetime of the PNA, were collated to help identify current and likely future population size and characteristics (e.g., age, ethnicity).

The JSA, Leeds Public Health Intelligence data extracted from Leeds GP practices, ONS mortality data and ONS mid-year estimate populations were used to identify health needs of the population of Leeds and the separate localities.

Information regarding current service provision, was obtained from NHSEI and NHS Business Services Authority (NHSBSA). In addition to this, data on locally commissioned services was provided by the commissioners at Leeds City Council. This was then uploaded to the Strategic Health, Planning and Evaluation (SHAPE) tool from OHID and maps of pharmacies were created, to enable assessment for any gaps in the provision of services by location and opening times.

To identify provision of pharmaceutical services by contractors both within and outside of the HWB's area, data on the number and location of prescriptions dispensed was obtained from the NHSBSA. This data was collated on the 8th of February 2022 and therefore only provides a snapshot in time.

For some services, provision of the service (between April 2019 and November 2021) has been used as a proxy for a pharmacy being accredited for a service. This will not give an accurate picture of service availability. For example, a pharmacy which has undergone a change in ownership will not have service delivery activity although they may now be accredited to provide the service. Another example would be that the COVID-19 pandemic led to some pharmacy services being paused so activity has not been recorded, although the pharmacy is still accredited to provide the service.

2.10 Public and pharmacy surveys

In addition to the population health information and relevant demographic data used to support this PNA process, a survey to members of the public was carried out. The survey, which asked about pharmacy use, was developed by the steering group then made available online to be completed between 14th January and 20th February 2022.

The survey was promoted through the following channels:

- Leeds City Council website
- Leeds CCG website

- Leeds Citizens panel

At the same time, a survey was emailed directly to pharmacies asking what they provide, and whether anything should be changed or improved.

A total of 410 people in Leeds responded to the public survey and full results are in Appendix J - Patient and public engagement results

There were 78 pharmacies who responded to the contractor survey and full results are in Appendix K - Contractors survey results.

2.11 Consultation

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to publication of the final Assessment.

A short consultation survey was developed to capture views and comments, with letters sent to key stakeholders directing them towards an online version of the draft PNA and consultation response form. A list of the key stakeholders can be found in APPENDIX L – Key Stakeholders.

The draft report has been publicised through the following channels:

- Leeds City Council website
- Leeds CCG website
- Leeds Citizens panel

Consultation on this draft PNA commenced on 30th June and will remain open until 29th August. Following the consultation period, the PNA will be revised accordingly and submitted to the HWB for final approval. Once published, the PNA will be valid for three years from 1st October 2022 to 30th September 2025, when an updated PNA will be produced.

During this period the PNA will be reviewed periodically and if there are any major initiatives, health requirements or population changes which could have a significant impact on the Assessment, the Steering Group will decide as to whether a revised Assessment is required.

A Supplementary Statement explaining changes to the availability of pharmaceutical services after the publication of this PNA will be issued whenever:

- a) There has been a change to the availability of pharmaceutical services and this change is relevant to the granting of applications to open a new, or relocate a pharmacy; or to provide additional services; and
- b) the HWB is satisfied that the publication of a revised PNA would be a disproportionate response or is already in the process of producing an updated PNA but is satisfied that there is a need for a supplementary statement to prevent significant detriment to the provision of pharmaceutical services.

Supplementary Statements will be a statement of fact and will not make any assessment of the impact of the change on the need for pharmaceutical services within an area.

2.12 Localities for this Pharmaceutical Needs Assessment

The localities used for this PNA are called 'Community Committees'. These are an existing geography used in Leeds.

Each Community Committee is a combination of two or more wards so this is an existing and familiar way locally to divide the city. Data is readily available for wards and Community Committees. Some of the same data sources used in the JSA have been used again to produce health needs and ethnicity information. Figure 1 shows these boundaries. Appendix G – Locality wards, details which wards are in which localities.

Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also considers whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment, this includes planned housing development between 2022 and 2025.



Figure 1 Localities - Community Committees

2.13 Other sources of information

Information was gathered from NHSE&I, the NHSBSA, Community Pharmacy West Yorkshire and Leeds City Council regarding:

- Services provided to residents of the HWB's area, whether provided from within or outside of that area
- Known housing developments within the lifetime of the PNA, and
- Any other developments which may affect the need for pharmaceutical services

Leeds JSA documents and the Leeds City Council public health intelligence team provided background information on the health needs of the population.

3 Overview of Leeds demographics

This chapter outlines the population of Leeds in terms of size, deprivation, rural and urban classifications, diversity, ethnicity, language, age, sexual orientation, caring and carers, car ownership and housing developments. Most of section 3 is taken from the Leeds JSA published late 2021, specifically the JSA pages 12-17, and page 92.

3.1 Headlines

- In line with national patterns, ageing population trends continue, with the 80-plus age group growing fastest.
- The population profile of children and young people is becoming more diverse and focused in communities most likely to experience poverty.
- The birth-rate 'bulge' of the 2010s has fallen back since 2017, though the 10,000+ cohorts from this era are now starting secondary school, with a potentially significant implication in the mid-term for post-16 support and opportunities beyond.
- There are variations in the geography of population change, with growth primarily focused in inner-city communities.
- It is too early to assess any full impact of exiting the EU on patterns of immigration and/or on some existing communities. However, the pandemic has been an additional factor on masking any more deep-rooted changes.

3.2 Size of the population

According to the ONS mid-year estimates for 2019, there were 793,000 people living in Leeds, up by over 41,000 from the 2011 Census. Given that the Census is now a decade old, GP registrations can provide additional insights into population trends. Data drawn from Leeds Public Health population model (based on GP registrations¹, but accounting for cross district registrations) suggests the population might be as large as 870,000. Care is needed with this figure, however, as duplicate GP

¹ Leeds GP data extraction programme October 2020

registrations can result in over-counting, especially in cities like Leeds with its large student population. That said, it is unlikely the disparity can be fully explained by this over-counting. The forthcoming 2021 Census will elucidate this. Interestingly, GP registration data, birth rates and the results from the annual School Census, show a change in the composition of the population in that it is increasing in diversity.

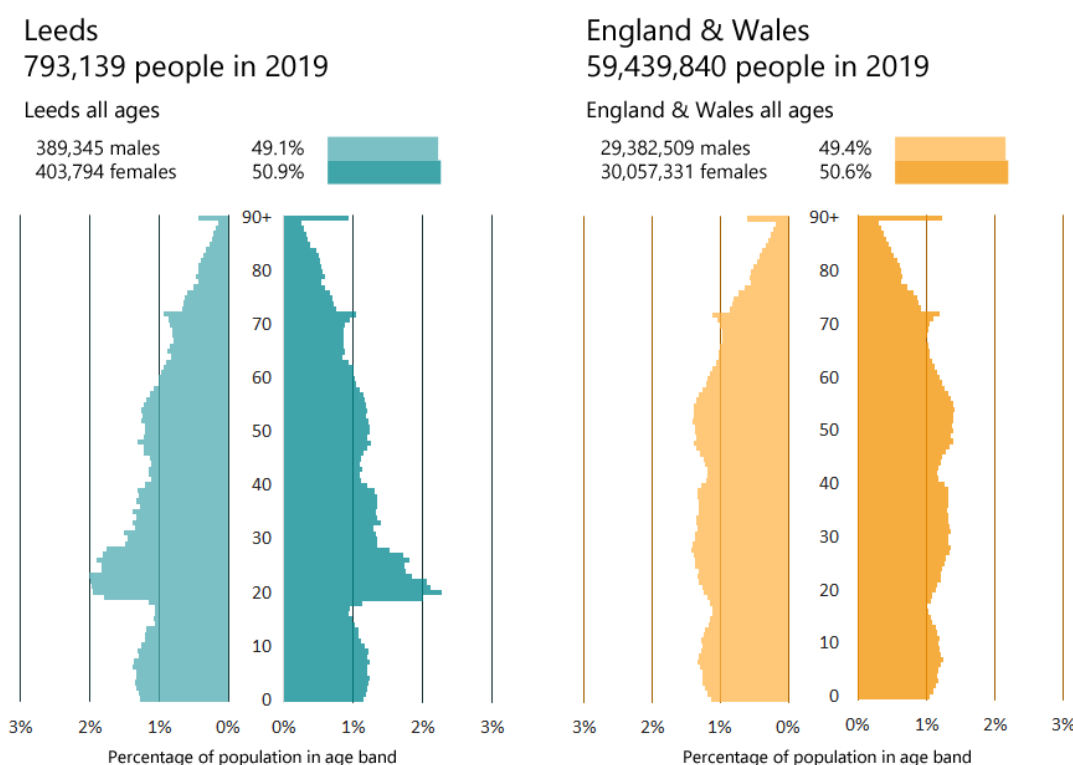


Figure 2: 2019 Mid-year population estimates for Leeds (teal) and England and Wales (orange)

The comparative analysis of the city's population highlights both the broad similarities with national trends but also where the city diverges. The city has an ageing population in-line with national trends. Nevertheless, it has also seen growth in the population profile of children and young people, which the data suggests are becoming more diverse and concentrated in the inner areas.

In addition, Leeds has one of the highest student populations in the UK with over around 70,000 students attending the city's universities, who are heavily concentrated in the city centre and Inner West areas.²

3.3 Population growth centred in our most disadvantaged communities

ONS population estimates, the School Census and GP registrations all indicate an expansion in population in the inner-city areas, which are often the most disadvantaged communities. Intelligence regarding the demand for services confirms there are often quite rapid demographic changes, not only driven by immigration but also heavily influenced by the local housing tenure, Figure 3 below illustrates these changes.

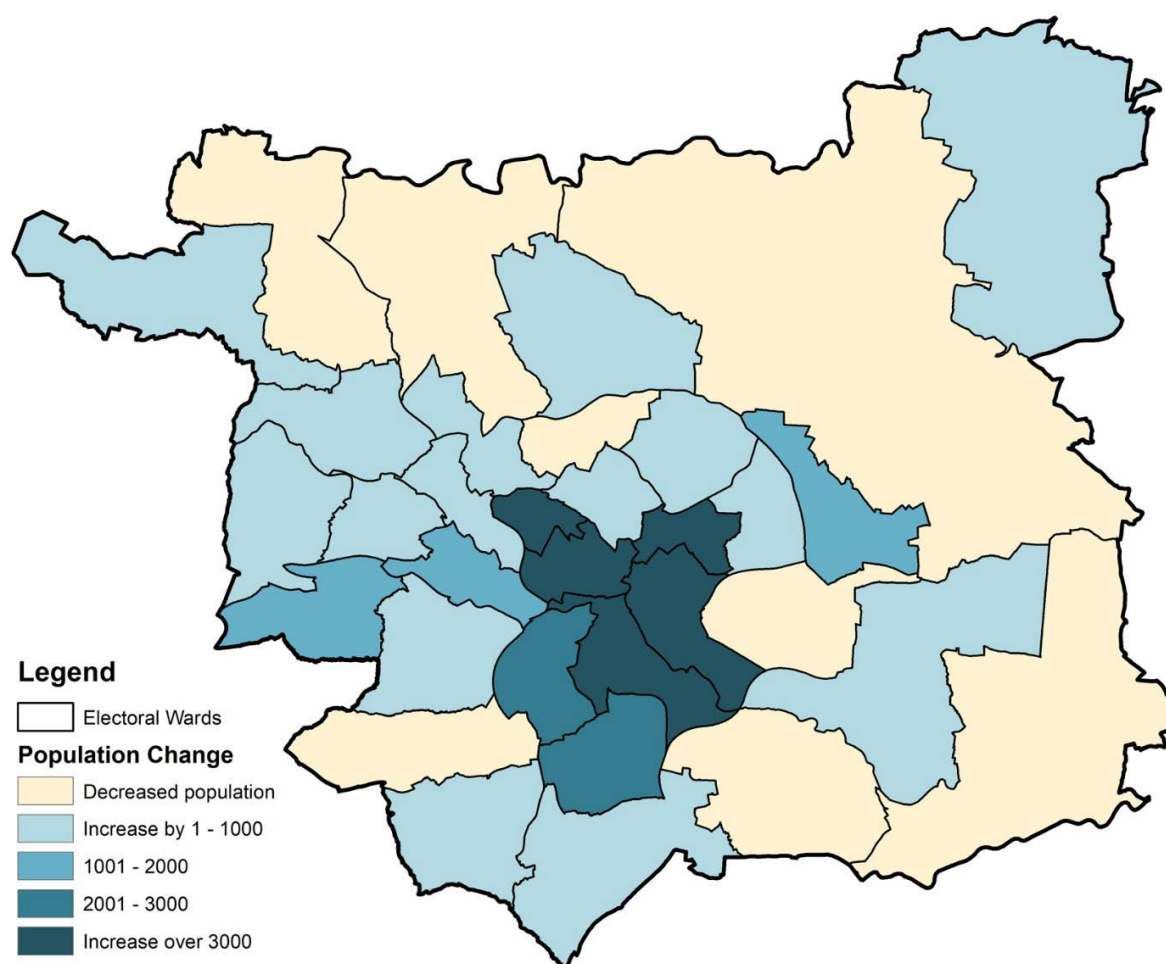


Figure 3 Population Change by Electoral Ward 2011-2019

² HESA Student Population

3.4 Rural / urban classification

The 2011 Census rural / urban classification shows most of Leeds to be a ‘Major urban conurbation’. The East of the city shows a lot of variation into more rural classifications³.

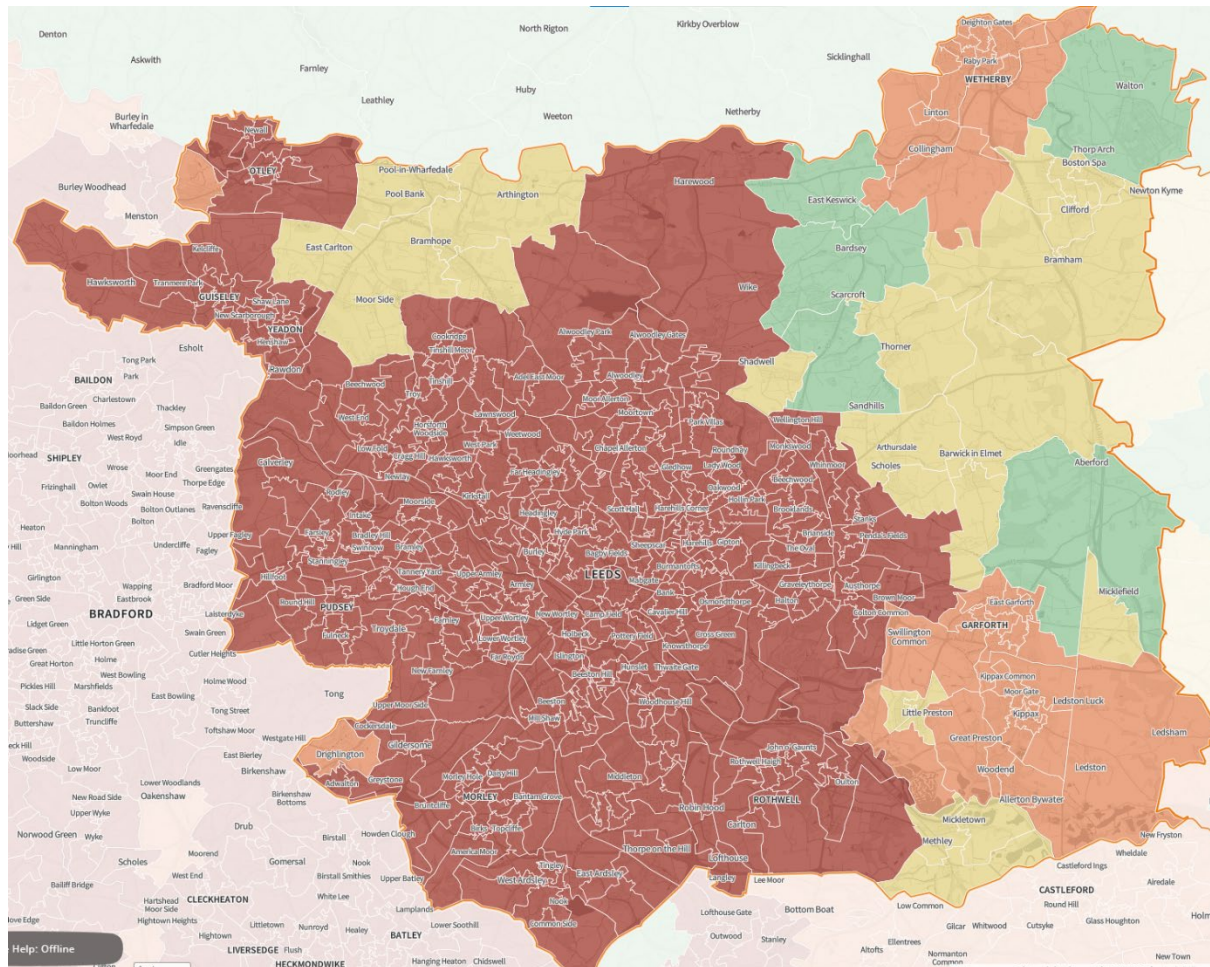


Figure 4 Rural / urban classifications in Leeds



³ ONS 2011 rural/urban classification

3.5 Locality deprivation detail

Table 1 shows the latest available locality populations by deprivation decile⁴. On average, 26% of the Leeds GP registered and resident population live in the most deprived 10% of England. However, there is a wide disparity; in one locality this is as high as 86% and in another as low as 2%.

Table 1 Locality deprivation deciles, GP recorded January 2022

Locality	Most deprived	2nd most	3	4	5	6	7	8	2nd least	Least deprived
Inner North West	6%	12%	19%	5%	30%	8%	13%	4%	4%	-
Inner East	86%	9%	-	-	3%	1%	-	-	-	-
Outer North West	2%	6%	2%	4%	7%	3%	15%	12%	22%	28%
Inner South	59%	11%	12%	2%	4%	10%	1%	1%	-	-
Outer South	2%	14%	13%	7%	8%	19%	13%	18%	4%	3%
Outer East	16%	4%	10%	2%	16%	13%	16%	8%	11%	4%
Inner North East	20%	7%	4%	3%	8%	10%	18%	14%	12%	4%
Inner West	40%	20%	18%	10%	7%	2%	3%	0%	-	-
Outer West	14%	9%	10%	7%	17%	12%	16%	11%	-	3%
Outer North East	6%	3%	-	2%	3%	5%	17%	8%	31%	26%
Grand Total	26%	9%	9%	4%	11%	8%	11%	8%	8%	6%

Figure 5 shows all ten localities overlaid on a map showing variation in deprivation across the city, darker areas are more deprived (IMD 2019)

⁴ Leeds GP data extraction programme January 2022

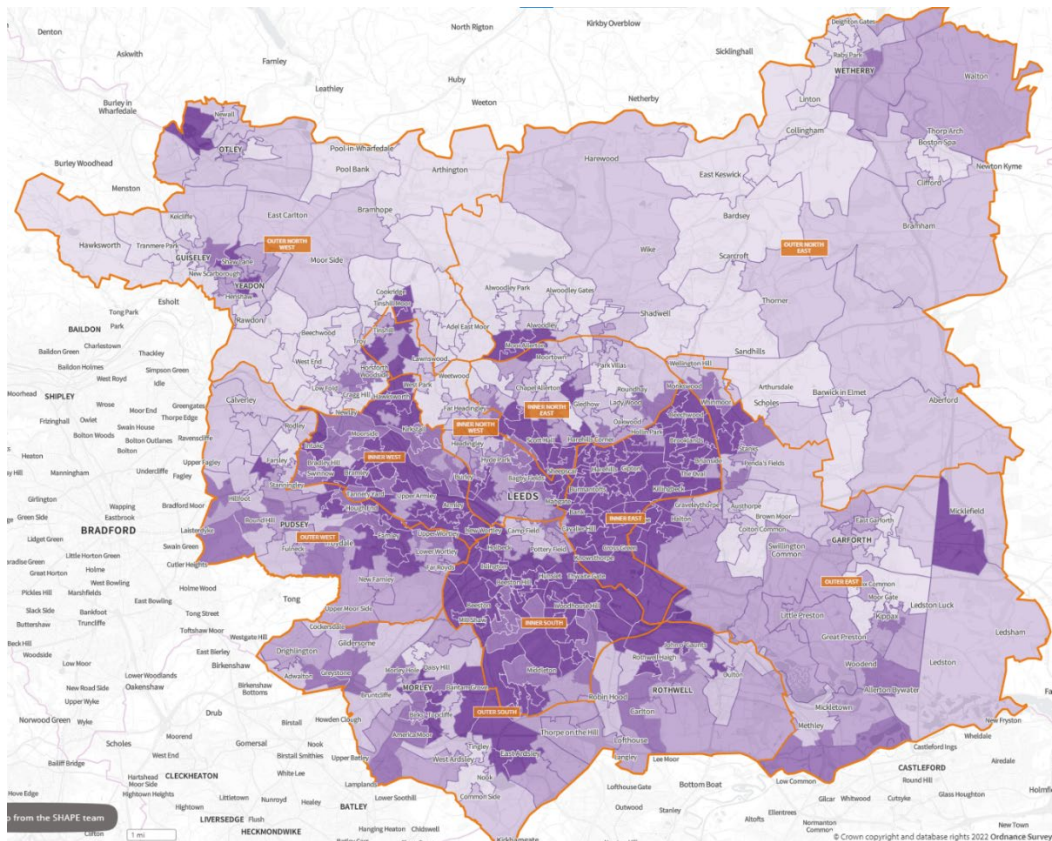


Figure 5 Map showing deprivation deciles in Leeds, overlaid with locality boundaries

3.6 Population is still ageing

A major addition to localised pressures is the wider trend of the city's ageing population. As the "baby-boomer" generation grows older there will be a range of implications for service provision. The over-50 population has already grown by an estimated almost 30,000 between 2001 and 2019, a 12% to 17% increase in each of the 50-plus age groups; much of the city's population growth has been concentrated in these age groups. In predictions up to 2041⁵, the 50-59 population is projected to reduce with little change to the 60-69 population. However, the 70-plus population is projected to substantially grow, with fastest growth amongst the 80-plus, with an increase of 50%. These changes are visualised in Figure 6.

⁵ ONS Mid-Year Population estimates 2019 & Population Projections 2018

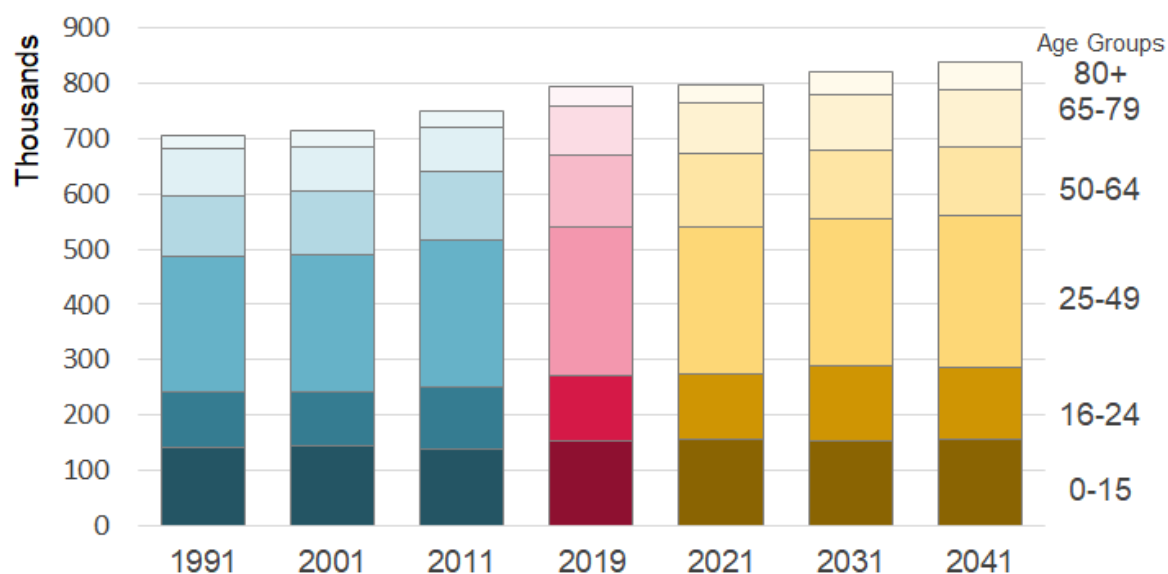


Figure 6 Population of Leeds by age⁶

The geographical distribution of the city's older population should also be considered. There are currently higher numbers of older people living in the city's outer areas but may change in line with the recent shifts in the composition and spatial concentration of the population. This could result in a far more ethnically diverse older population, with a greater concentration in the city's inner areas.

Figure 7 represents the current population profile by age, against the IMD 2019 deciles⁷. This shows the highest concentration of the population is in the most disadvantaged areas, which is likely to be in the inner-city areas where population density is higher. The graph also shows that the single largest over 65 population is also found in these areas.

⁶ ONS Mid-Year Population estimates 2019 & Population Projections 2018

⁷ Index of Multiple Deprivation 2019 Mid-Year Population Estimates 2019

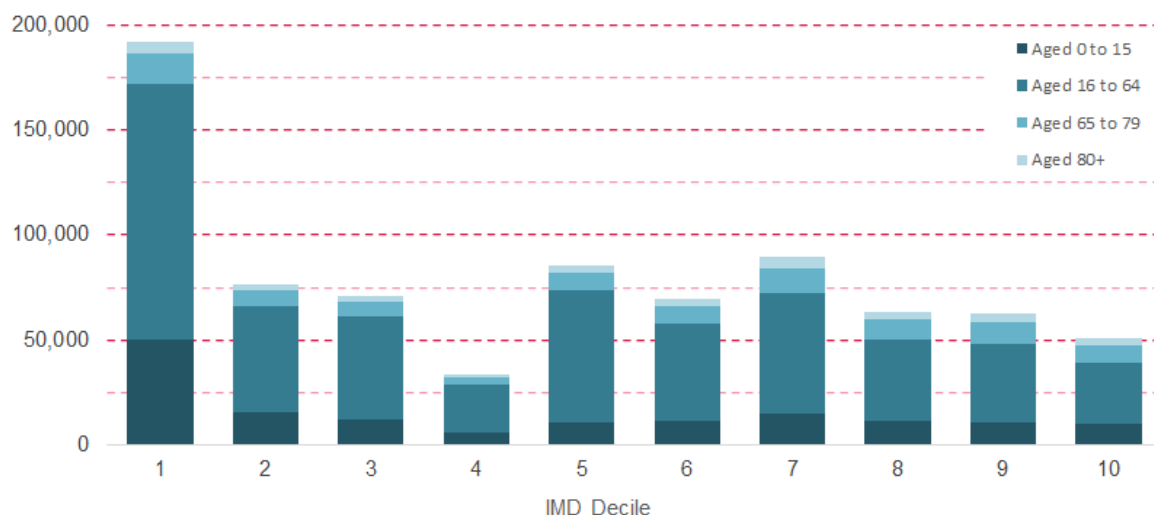


Figure 7 Age Profile for each Index of Multiple Deprivation 2019 decile

3.7 More children and young people

The Leeds birth rate increased rapidly from the early 2000s and plateaued at around 10,000 per annum for eight years until 2016. Since then, the number of births has now fallen consecutively for four years and in 2020 was 12% lower than the high of 2016. Latest intelligence shows that the number of births will be lower still in 2021 (circa 8,400) (Figure 8). However, the child population is still growing at a faster rate than the population of Leeds as a whole, with the growth now concentrated in secondary school-age groups.

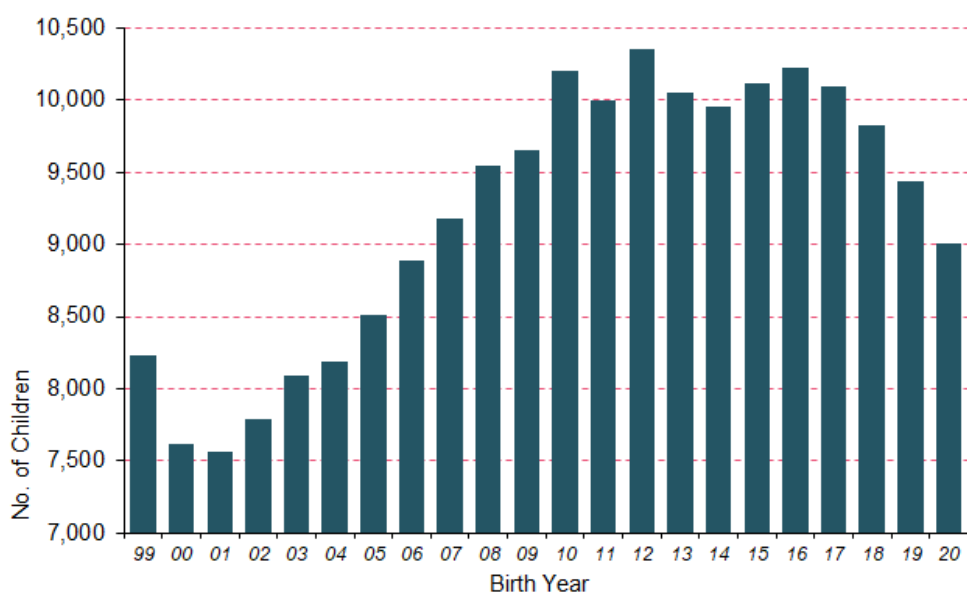


Figure 8 Births within Leeds boundary between 1999 and 2020⁸

Source: NHS Health Leeds / Wakefield / Bradford, contains data within the Leeds boundary only (2021)

The latest ONS projections suggest there will be 15,000 more young people aged between 11 and 19 years old in 2029 compared to 2019. Their data also suggest that this population has been growing faster in communities most likely to experience deprivation.⁹

Data from the city's schools also show major change over the last few years. The proportion of pupils that are Black, Asian and other minority ethnic communities has continued to grow to 36% in 2021. After White British, the next largest broad ethnic groups are Asian, Black, Mixed and White Other, with proportional growth being highest in White Other mirroring the wider trends driven by economic migration.

⁸ NHS Health Leeds / Wakefield / Bradford, contains data within the Leeds boundary only (2021)

⁹ Census data intel

Between 2010 and 2020, growth has been particularly high within White Eastern European and Gypsy Roma ethnicities¹⁰.

The number of children and young people with English as an additional language (EAL) has increased from 13% in 2010 to 20% in 2021. After English, the main languages spoken are Urdu, followed by Romanian and Polish. Altogether nearly 200 languages are spoken by children studying in Leeds schools¹¹.

The proportion of school pupils who are eligible for, and claim, Free School Meals has significantly increased since 2018, from 16% to 25% in 2021. Meanwhile the number of pupils who have an Education Health and Care Plan has more than tripled from 824 in 2016 to 3,013 in 2021.

All this shows that while rapidly growing, the teenage population is also becoming more diverse, with the indicators suggesting quicker growth in more disadvantaged communities. In the medium term, there is the potential for the teenage population to face significant, growing challenges due to the COVID-19 pandemic and pressure on resources.

3.8 A more diverse population

As mentioned, the city's population has continued to become more diverse since the 2011 Census in terms of age, countries of origin and ethnicity. GP records show that Leeds is increasingly diverse with Black, Asian and Minority Ethnic (BAME) populations representing almost a third of all those registered in 2020, as opposed to only 19% of the city's population in the 2011 Census. Even though there is an overall increase, the Caribbean (Black and Mixed) group has reduced in size and this could be due to identification or disclosure barriers as much as migration.

¹⁰ Citywide analysis of School Census 2020

¹¹ Citywide analysis of School Census 2020

The most notable difference can be seen in the Other White ethnic group, which in the 2011 Census was selected by 23,000 people and in the 2020 GP register stands at 78,000. This could be considered suggestive of the growth in economic migration from the EU over the last decade, although it should be noted that Other White also includes those born outside of the continent. White British and Irish groups have reduced in size.

3.9 Locality ethnicity

Table 2 presents the latest available GP-recorded ethnicity categories¹². The data shows that each locality has a distinct mix. (Ethnicity categories are the most general grouping, January 2022)

Table 2 Locality ethnicity categories, GP recorded January 2022

Locality	White Background	Asian Background	Blank, not known or recorded	Black Background	Chinese & Other Background	Mixed Background
Inner North West	56%	14%	6%	6%	14%	5%
Inner East	55%	16%	7%	13%	5%	4%
Outer North West	89%	3%	5%	0%	1%	1%
Inner South	67%	12%	3%	11%	3%	4%
Outer South	90%	3%	4%	1%	1%	1%
Outer East	88%	2%	6%	2%	1%	1%
Inner North East	60%	18%	7%	8%	4%	4%
Inner West	79%	6%	4%	4%	3%	3%
Outer West	88%	5%	3%	1%	1%	1%
Outer North East	81%	8%	5%	1%	3%	2%
Grand Total	74%	9%	5%	5%	4%	3%

Anyone wishing to work in the UK require a National Insurance Number, so analysis of non-British National Insurance Number (NINo) applicants can also provide insights into economic migration¹³. The latest data from 2019/20 confirms applications have

¹² Leeds GP data extraction programme January 2022

¹³ 2019-20 NINO Data Leeds –file includes further core cities and nationality charts

decreased to the lowest levels since 2011. The extent to which this is due to COVID-19 restrictions or exiting the EU and associated changes to government policy is uncertain, though applications have been on a downward trend since 2016. The largest proportion of applications in recent years have been from Romanian and Polish nationals but these have seen a significant decline in since the UK left the EU.

3.10 Main spoken language

A main language is recorded on the records of 90% of Leeds GP registered and resident patients¹⁴. Of these, 21% do not have English as their first language. At locality level this proportion varies enormously; although Leeds has 16% of the population with another language as their main language, other localities vary from 57% to 4%. GPs do not record any other language information. It is likely that many of these patients speak English as a second language, but Figure 9 can be taken as an illustrative guide.

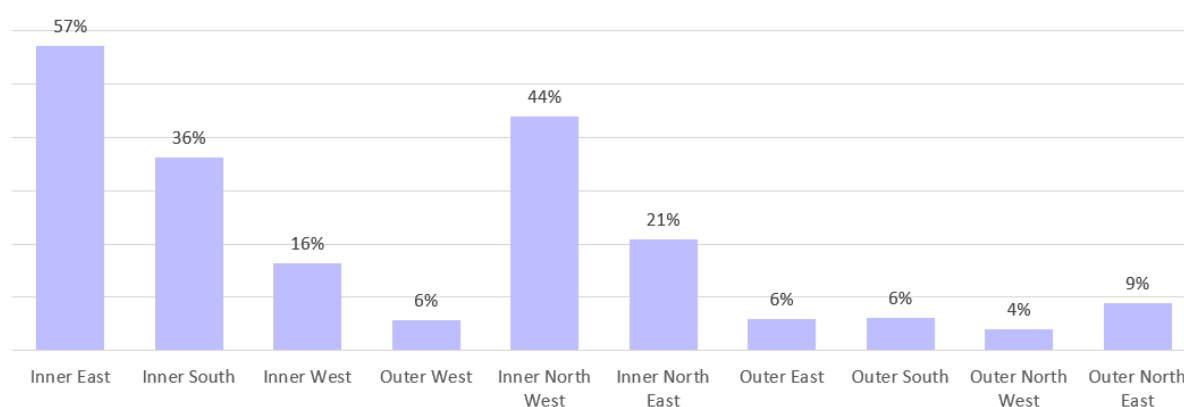


Figure 9 Main spoken language is other than English, Leeds GP registered patients January 2022

¹⁴ Leeds GP data extraction January 2022

3.11 Sexual orientation

Experimental Official Statistics on sexual identity in the UK in 2019 - based on data from the Annual Population Survey (APS) - showed that 2.7% of the UK population aged 16 and over identified themselves as lesbian, gay or bisexual.¹⁵

The age group in the UK most likely to identify as lesbian, gay, and bisexual was 16–24 in 2019 (6.7%). Applying this to the January 2022 Leeds GP registered and resident adult population would suggest there may be 26,422 who identify themselves as lesbian, gay, bisexual or other.

At present, there is no official count of the transgender population. Gender Identity Research and Education Society estimated in 2011 that approximately 1% of the population experience some degree of gender variance. If that rate was applied to Leeds, this would equate to 7,200 people (aged 16 or over).¹⁶

3.12 Caring and carers

According to the latest Leeds Carers Health Needs Assessment, half of all unpaid carers in Leeds are aged 50-plus, which would equate to almost 40,000 people. One fifth of all carers are aged over 65, and one third are aged 50–64. As this latter group are of pre-retirement age it may be that a number of these are managing their caring role alongside employment responsibilities, which could place them under additional stress and pressure and negatively impact their own health and wellbeing.

According to Carers UK, women are four times more likely to stop working as a result of their caring responsibilities which is likely to have an impact on their income and mental wellbeing.

¹⁵ Sexual orientation, UK - Office for National Statistics (ons.gov.uk)

¹⁶ Prevalence2011.pdf (gires.org.uk)

COVID-19 has meant that more people than ever are providing unpaid care and are doing so for longer periods of time. The suspension of services due to the pandemic, such as day clubs and lunch clubs, has meant carers have little chance of a break even for a few hours per day. The closure of leisure centres and community clubs meant opportunities for social interactions and activities that improve health and wellbeing were more limited. These impacts will be most significant amongst older carers, as the majority, who may be caring for a spouse in their own home; or in those who provide care to older people where COVID-19 is most dangerous.

3.13 Car ownership

Census 2011 data shows that access to a car or van in the household was less likely in more deprived localities. In the most deprived locality, Inner East, 52% of people had no access to car or van whereas this fell to only 15% with no access in the least deprived locality, Outer North East. Figure 10 shows localities in deprivation ranked order and in general shows a strong relationship. The overall rate of no access to car or van for Leeds was 32%.¹⁷

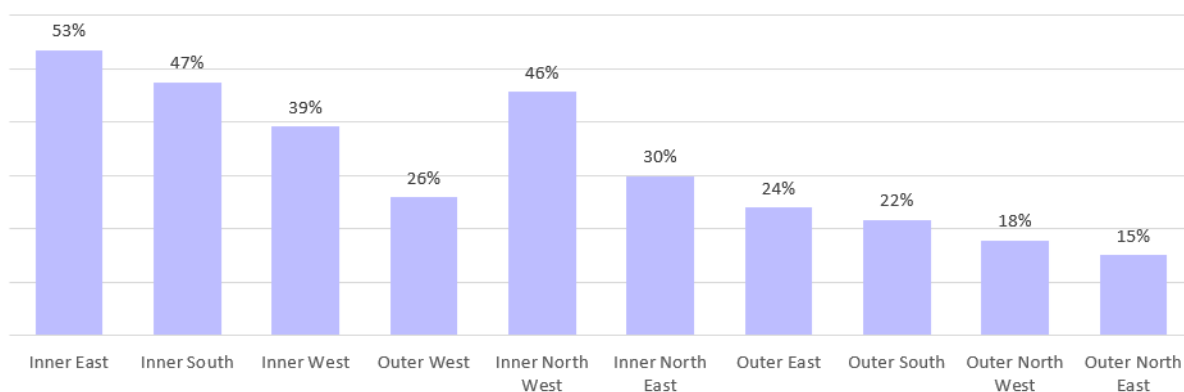


Figure 10 Proportion of households with no access to car or van

¹⁷ Census 2011 aggregated from LSOAs to localities

3.14 Housing developments

Sites with detailed or outline planning permission, or those that are already under construction between 2022 and 2025 inclusive, come to a total of around 15,000 new homes¹⁸. These new homes will be built in all localities but the largest concentrations are in the centre and the east of the city. Many of these new homes are reusing land but some, particularly in the east, are breaking new ground and will include new highway work. Each locality chapter goes into more depth about local developments and their potential effects on the pharmaceutical service need in the area.

¹⁸ LCC Annualised housing land availability as of July 2021

4 Health needs of Leeds

This chapter looks at citywide health needs and is combined from extracts of the Leeds JSA which was published in late 2021. Please note that page numbers have been changed for clarity in context of the full PNA.

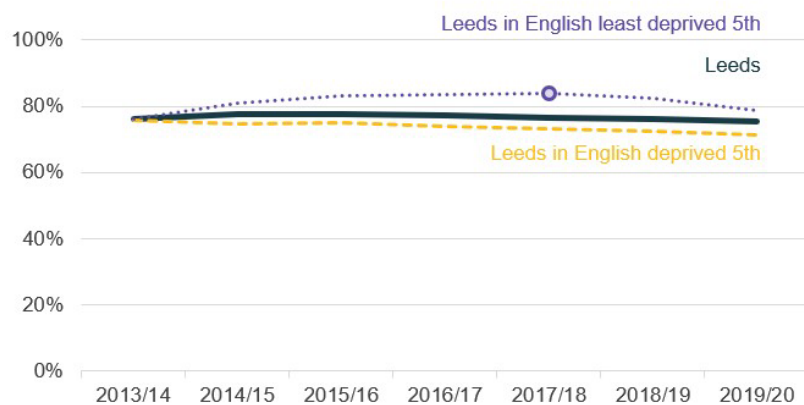
- JSA pages 22 to 26 Child health
- JSA pages 32 to 44 Health and wellbeing
- JSA pages 47 to 48 Communities of interest
- JSA pages 84 to 88 Ageing well

4.1 Child obesity

Analysis of healthy weight in children shows a gap between the most and least affluent communities across the city (though ‘deprived Leeds’ and ‘least deprived Leeds’ in this data set equates to the most and least deprived 20% according to IMD 2019, as opposed to 10% in the rest of the analysis). The gap has slightly narrowed in recent years and is due to a reduction in % of children at a healthy weight in more affluent communities, rather than an improvement in low-income areas. The gap grows further as children get older although Leeds does increasingly slightly better than regional and national averages at Year 6 (see Figure 11 and Figure 12).¹⁹

¹⁹ NHS National Child Measurement Program NCMP dataset

Healthy weight in Reception (Children aged 4-5 years)



National snapshot, 2019/20

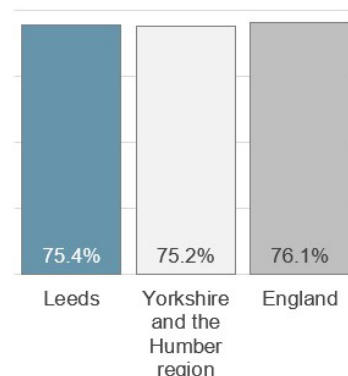
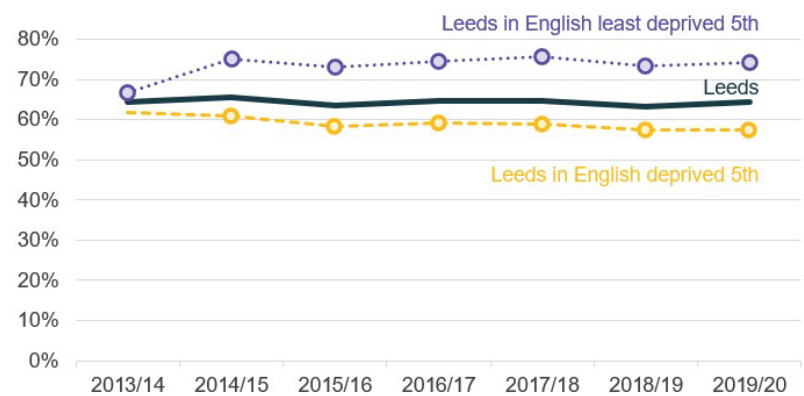


Figure 11 % Healthy Weight in 4 to 5 year olds

Healthy weight in Year 6 (Children aged 10-11 years)



National snapshot, 2019/20

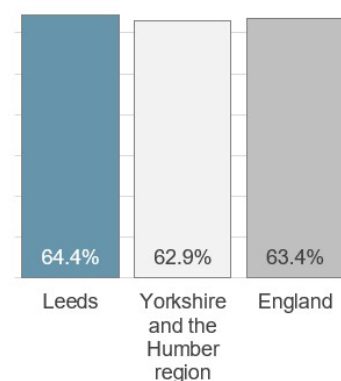


Figure 12 % Healthy Weight in 10 to 11 year-olds

4.2 Activity levels

The Active Lives survey undertaken by Sport England shows that in 2019/20, Leeds children were generally more active than the West Yorkshire average with a higher proportion classed as active (average of 60-plus minutes of activity per day) and a lower proportion classed as less active (average of less than 30 minutes of activity per day). However, using the same metrics, children in Leeds are less active than the England average (Figure 13).²⁰

²⁰ Sport England Active Lives Survey 2019/20

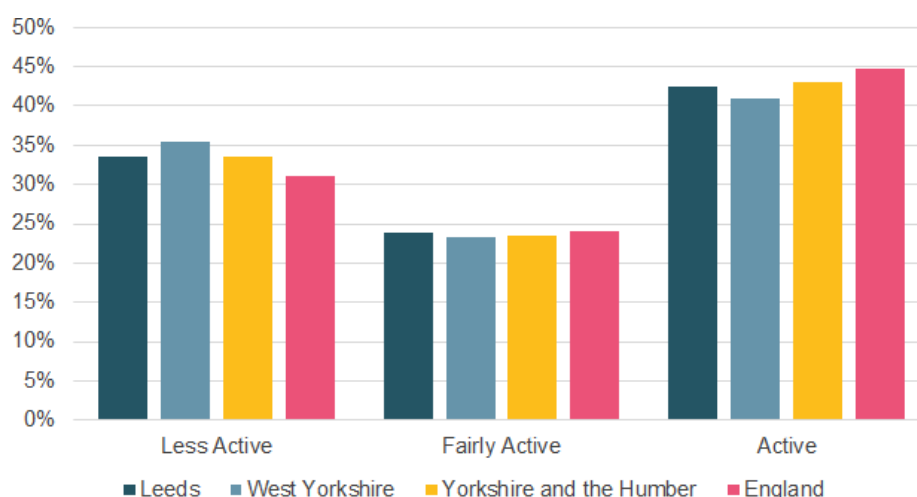
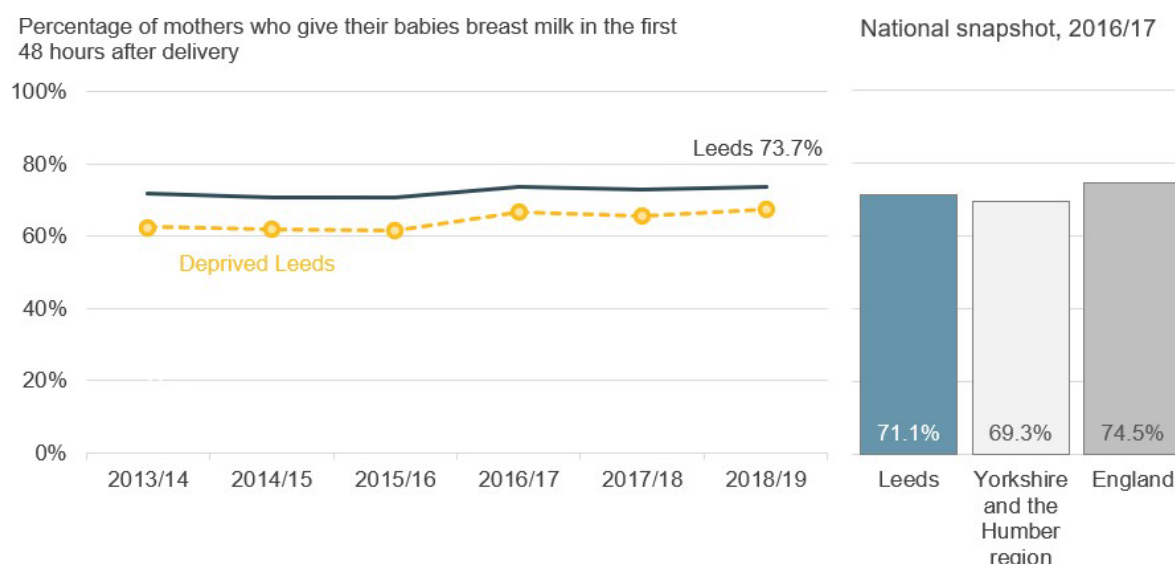


Figure 13 Children's levels of activity – Academic year 2019-20

4.3 Breastfeeding

Breastfeeding initiation rates in Leeds are lower than national rates but have increased since 2014 (Figure 14); and improvements have been observed in 'deprived Leeds'. Breastfeeding continuation rates (6–8 weeks) are better in Leeds compared to national rates, although they have dropped a little since 2013/14 and there has been no improvement in 'deprived Leeds'. The White population in Leeds has the lowest breastfeeding initiation and continuation rates of all ethnicities. Young mothers are also much less likely to initiate breastfeeding.²¹



²¹ Public Health England Child and Maternal Health Profile

Figure 14 Breastfeeding Initiation rates

4.4 Vaccinations

The Leeds Measles Mumps and Rubella (MMR) immunisation level does not meet recommended coverage (95%) yet the city is still performing better than England overall (Figure 15).

By age two, 91% of Leeds children have had one dose, higher than the England average. By the age of five, only 86.8% of Leeds children have received their second dose of MMR vaccination which, while not on target, is still just higher than the England rate of 86.6%.²²

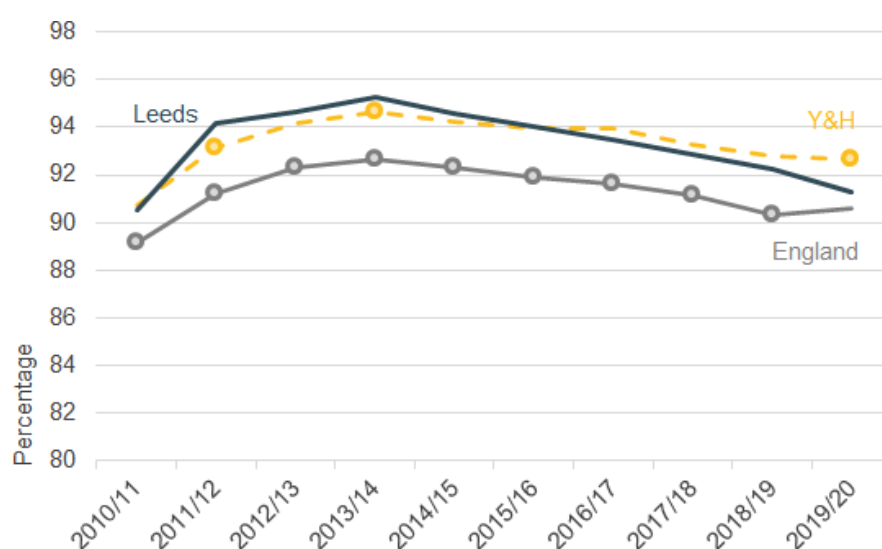


Figure 15 MMR vaccination coverage – one dose for 2 year-olds

4.5 Oral health

Dental health is marginally worse in Leeds than England with more than a quarter (26%) of 5-year-olds in Leeds having experienced dental decay compared to 24% on average in England (Figure 16).²³

²² Public Health England Child and Maternal Health Profiles

²³ Public Health England Child and Maternal Health Profiles

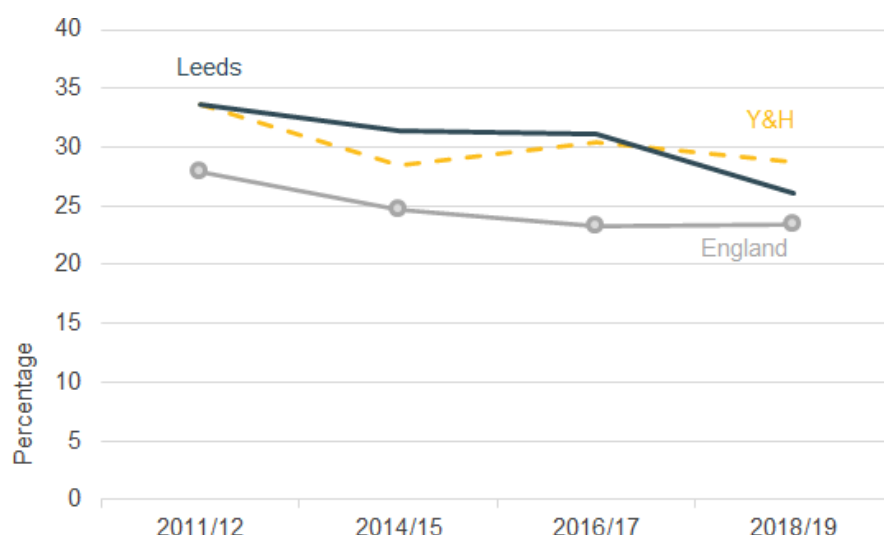


Figure 16 Percentage of 5 year-olds with experience of visually obvious dental decay

4.6 Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing as is also the case in Leeds. The admission rate in the latest period is similar to the England average (Figure 17).²⁴

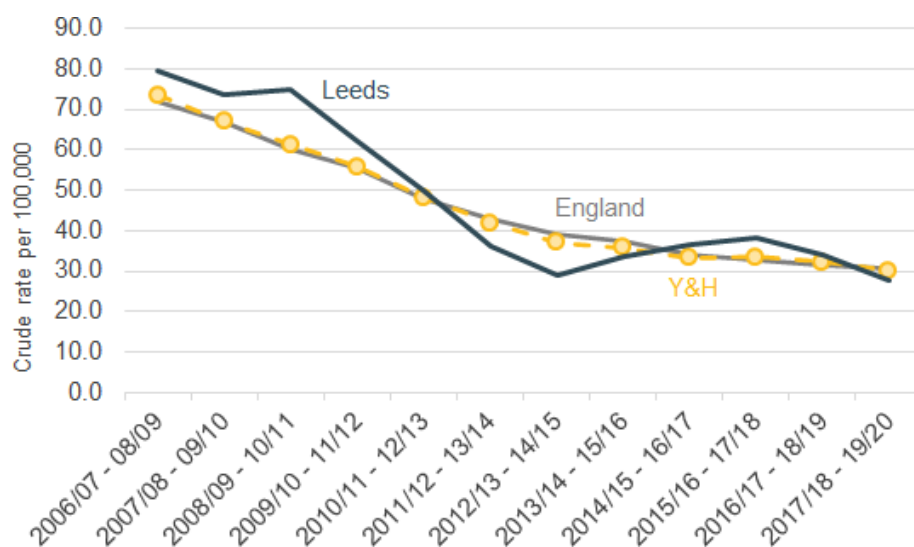


Figure 17 Admission episodes for alcohol-specific conditions under 18s

²⁴ Public Health England Child and Maternal Health Profiles

4.7 Mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing and levels of self-harm are higher in young women than young men. In Leeds there is no significant trend but the latest admission rates are higher than the England average (Figure 18).

When considering mental ill-health overall, the Leeds rate of child inpatient admissions for mental health conditions, at 73.8 per 100,000, is better than the England average although it has risen more sharply in recent years. This data does not capture in full the broader mental health and wellbeing of young people across the city as much remains unrecorded.²⁵

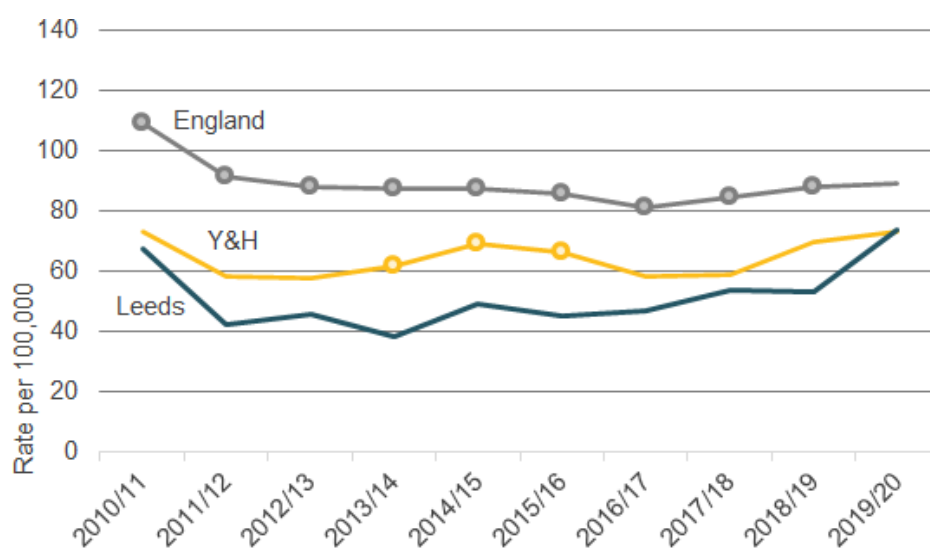


Figure 18 Hospital admissions for mental health conditions under 18s

4.8 Sexual and reproductive health

There are approximately 10,000 births per year in Leeds - a third to women residing in 'deprived Leeds'. There has been an increase in the proportion of births to BAME women since 2009, with people from minority ethnic communities overrepresented in

²⁵ Public Health England Child and Maternal Health Profiles

‘deprived Leeds’. There has also been an increase in births to non-British born mothers.

In 2018, approximately 24 in every 1,000 girls aged under 18 in Leeds conceived. This is higher than the national and regional rates; with the majority of births being to mothers in ‘deprived Leeds’.²⁶

4.9 Immediate and direct health impacts of COVID-19

Producing an accurate analysis of the current and future challenges the city faces in this context is very challenging. Much of the data available is partial in nature or is yet to show the full effects of COVID-19. This is particularly true of health data, where there is often a delay in availability. In terms of the immediate and direct health impacts of COVID-19, a wide range of national analysis has been undertaken. In June last year Public Health England (PHE – now the Office for Health Improvement & Disparities), published the findings of its review into how different factors such as age, sex and ethnicity affect COVID-19 risks and outcomes. Analysis undertaken by our Public Health team during the pandemic over the last year also drew some similar conclusions²⁷. Both pieces of work confirmed that the impact of the virus mirrored existing health inequalities and, in many cases, increased them further. The analysis identified those groups seemingly at most risk as:

- Older people - the largest disparity found was by the age of people diagnosed with COVID-19; those who were 80-plus were 70 times more likely to die than those under 40.
- Men – deaths of those diagnosed with COVID-19 are higher in males than females.
- People from disadvantaged areas – according to IMD, mortality rates from COVID-19 in the most deprived areas were more than double the least deprived, for both males and females.

²⁶ Public Health England Child and Maternal Health Profiles

²⁷ COVID-19 Health Inequalities: Summary of Evidence and Recommendations, Leeds PH Team

- Those from BAME communities - death rates from COVID-19 were highest among people of black and Asian ethnic groups.
- People in low-paid or low-skilled occupations - security guards, taxi drivers, chefs, care workers and bus drivers are the occupations with the highest death rates involving coronavirus.
- People with underlying health conditions - among death certificates with COVID-19 mentioned, a high percentage also mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease, and dementia.

Since March 2020 we have seen significantly higher excess deaths as a direct result of COVID-19 when compared to the 2015-2019 average (Figure 19). As of 14 June 2021, there have been 1,629 deaths recorded in Leeds with COVID-19 on the death certificate and there have been 66,650 total cases in the city by the same date.²⁸

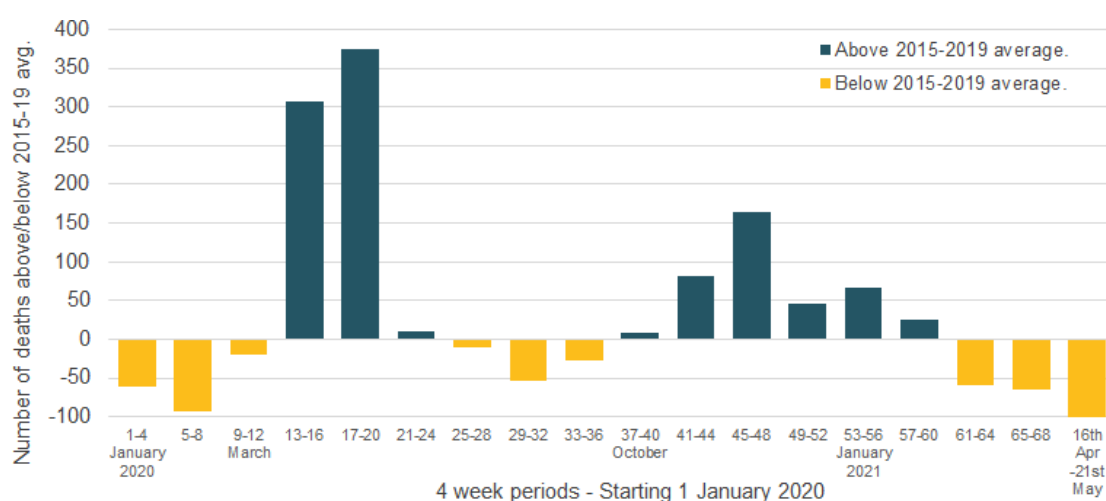


Figure 19 Deaths in 4 week periods in comparison to average deaths 2015 – 2019

²⁸ GOV.UK COVID-19 Dashboard

4.10 Longer-term trends – the health-wealth gap

Since the 2018 JSA, the impact of wider determinants of health and wellbeing have come into even sharper focus, notwithstanding the pandemic. The 2019 study, *Health Equity in England: The Marmot Review 10 Years On*, commissioned by the Health Foundation to mark ten years since the landmark Marmot Review highlighted a range of concerns:

- people can expect to spend more of their lives in poor health.
- improvements to life expectancy have stalled and declined for the poorest 10% of women.
- the health gap has grown between wealthy and deprived areas.
- place matters - living in a deprived area in the North of England is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy can be nearly five years lower.

The 2018 JSA mirrored many of these findings. The analysis set out in this section of the 2021 JSA again seeks to examine progress against a range of indicators over time. Additionally, it provides valuable baselines from which to assess progress; identify specific concerns; identify further lines of enquiry; and perhaps most importantly explore and strengthen links with the wider determinants of health and wellbeing. We will publish further analysis and reporting on the Leeds Observatory as it becomes available.

The health-wealth gap risks becoming wider still in the wake of COVID-19. Poverty and financial insecurity, employment, our homes and the air we breathe all affect physical and mental health directly. They also affect behaviours like being physically active, smoking, having a poor diet and drinking too much alcohol.

4.11 Life expectancy

Female life expectancy in Leeds has stabilised in recent years (Figure 20), with the gap between deprived Leeds and the city average widening in the decade up to 2019. In 'deprived Leeds', life expectancy at birth appears to have fallen slightly in recent years but none of these changes are statistically significant. Comparing this to regional and national averages, the life expectancy for females in Leeds is lower.

Male life expectancy has also remained constant in Leeds (Figure 21), though there has been a slight improvement in 'deprived Leeds' since 2016-18. Again, the changes in 'deprived Leeds' are not statistically significant. Next to regional and national averages, male life expectancy in Leeds is also lower regional and national averages.²⁹

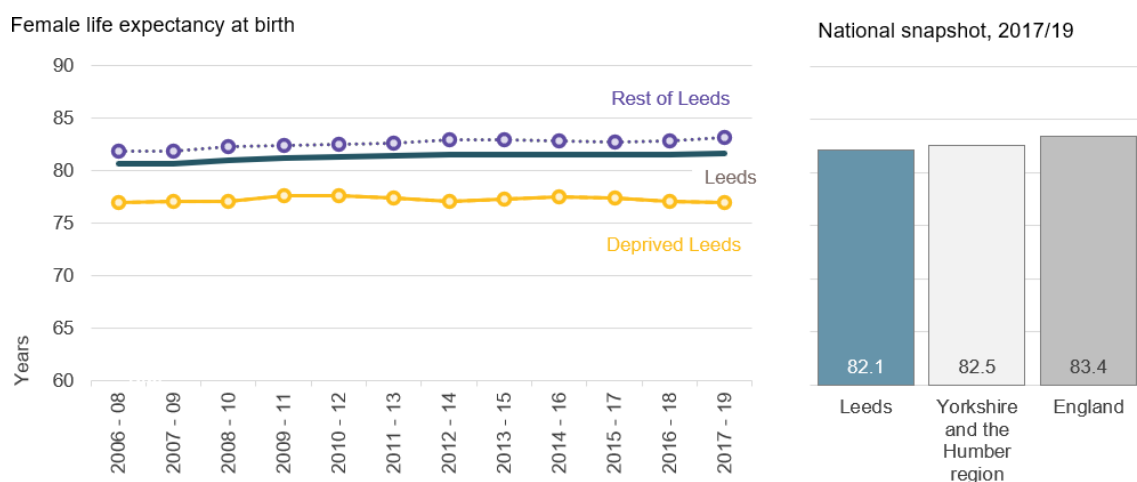


Figure 20 Female Life Expectancy (Life Expectancy Sharing)

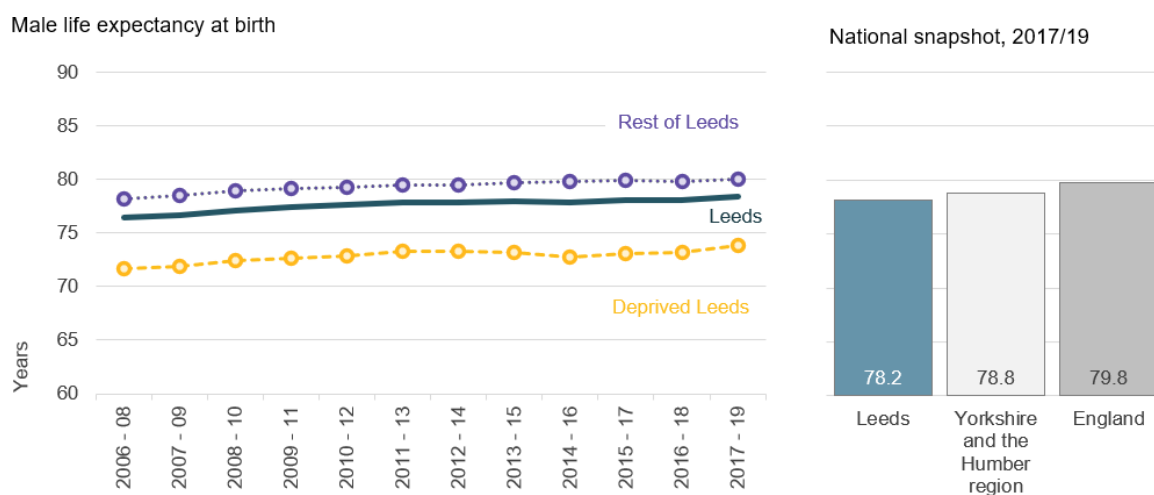


Figure 21 Male Life Expectancy (Life Expectancy Sharing)

²⁹ GP registrations and ONS mortality data

Figure 22 highlights the variations in life expectancy by ward across the city. It highlights the gap in life expectancy between some of our most and least affluent areas as illustrated by a difference of 12 years for women and 11 years for men, between the ward of Burmantofts and Richmond Hill in the inner city and that of Adel and Wharfedale in the outer area. It is also important to note there will be differences in life expectancy within ward areas.³⁰

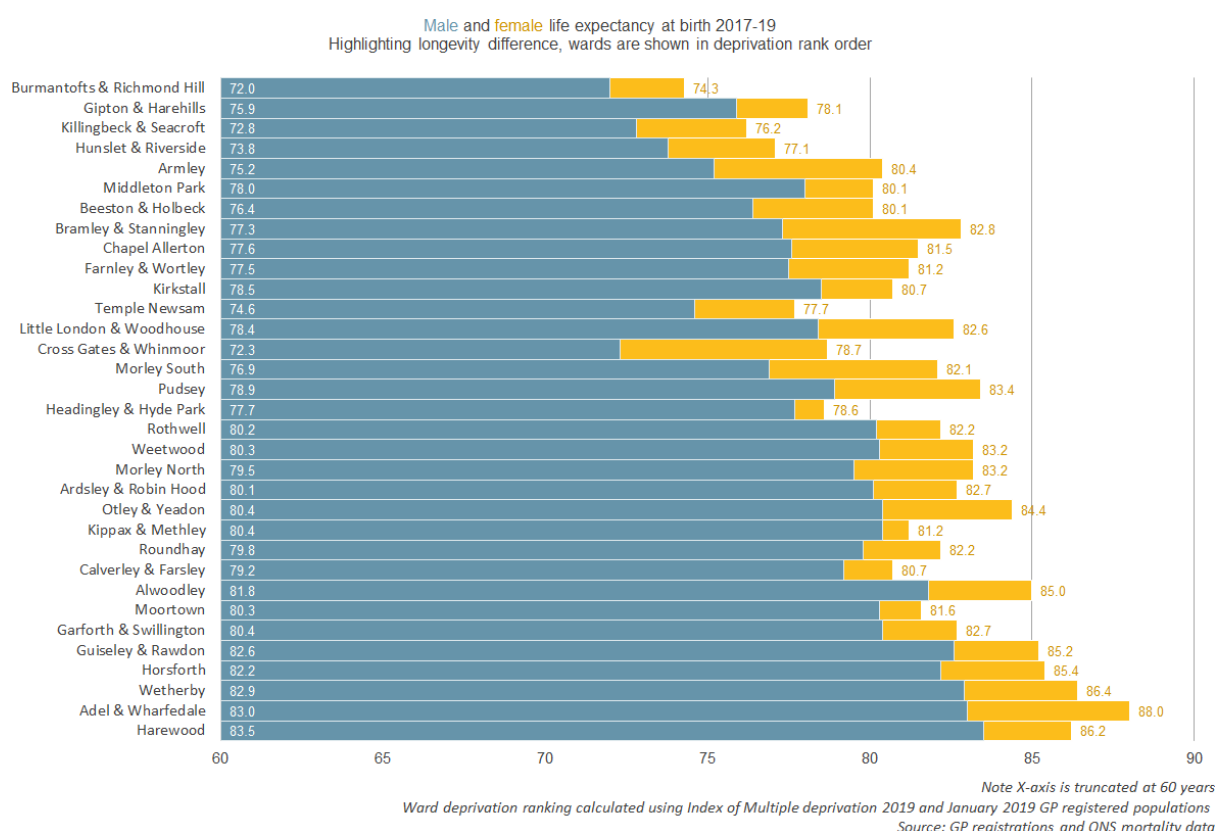


Figure 22 Ward / deprivation inequalities Male/Female

In summary, the nationally reported slow-down in life expectancy gains is reflected in the latest data for the city. The data also confirms the persistent gap in life expectancy between our most deprived and least deprived communities emphasising the need to improve the socio-economic conditions in our most challenged communities.

³⁰ GP registrations and ONS mortality data

4.12 Preventable mortality

Preventable deaths are a measure of the success of public health interventions where deaths could have been averted. Preventable mortality saw a steady decline at local, regional, and national levels in the period up to 2019 (Figure 23). The extent to which the direct and indirect impact of the pandemic has influenced this trajectory is not yet clear.³¹

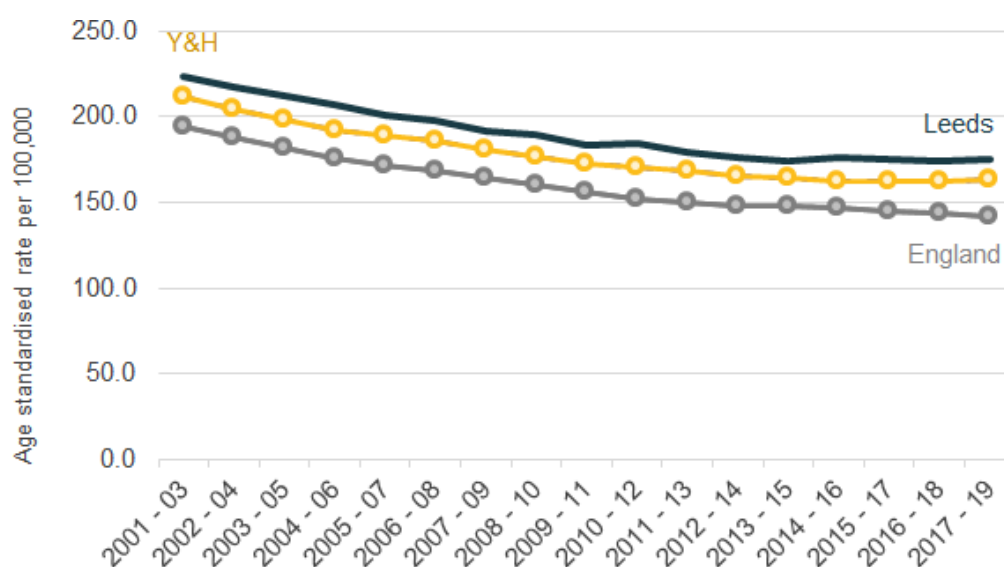


Figure 23 Under 75 age mortality rate from causes considered preventable

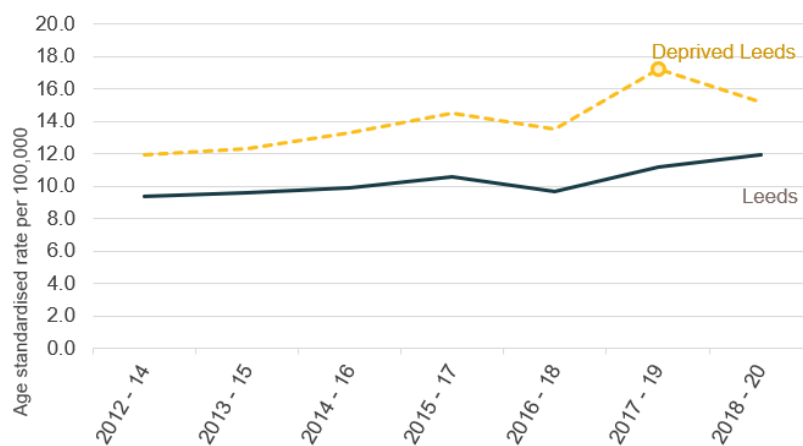
4.13 Suicide rates

Rates for all people - rather than male and female separately - show the clearest picture around suicide (Figure 24). The inequality gap is quite pronounced, though it appears to have closed in recent years. At a national level we know that the socio-economic impact of the pandemic has had a profound impact on mental health but, as yet, it is uncertain what extent these pressures affect suicide rates. Figure 25 considers the male and female suicide rates separately. Importantly, care needs to be taken in looking at female rates of suicide due to the low numbers but male suicides, due to the larger number, are more statistically reliable.³²

³¹ Public Health England (based on ONS source data)

³² LCC PHI GP data and ONS mortality

Suicide Rate (persons)



National snapshot, 2017/19

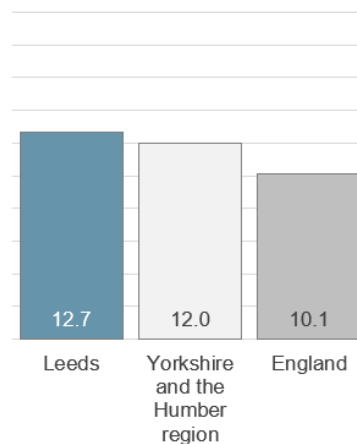
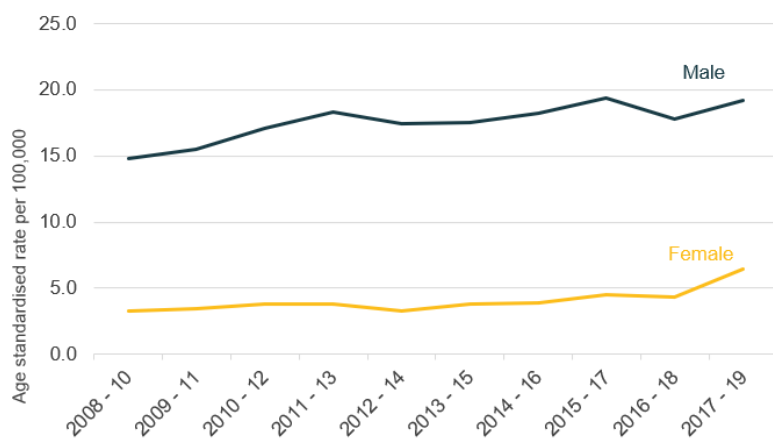


Figure 24 Suicide Rate (persons) FT is age standardised per 100,000 - Leeds

Suicide Rate (persons)



National snapshot, 2017/19

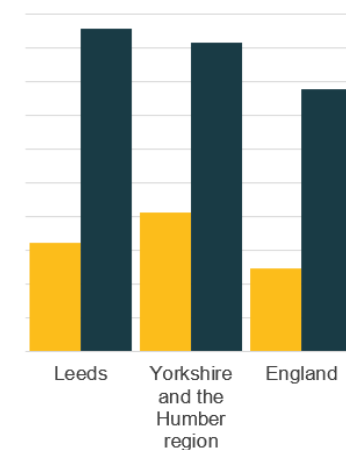


Figure 25 Suicide Rate (persons) FT is age standardised per 100,000 - Male/Female

4.14 Alcohol-related admissions

Alcohol-related admissions as represented by hospital admissions have increased over the last few years with rates for males far higher than for females. Leeds remains above regional and national averages though the gap is closing (Figure 26).³³

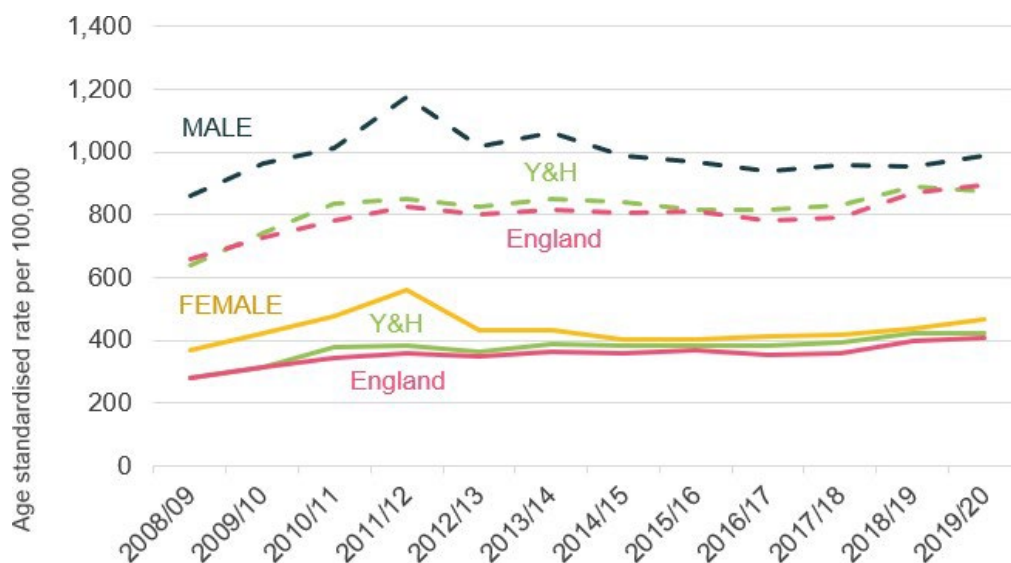


Figure 26 Rate of alcohol SPECIFIC admissions to hospital per 100,000

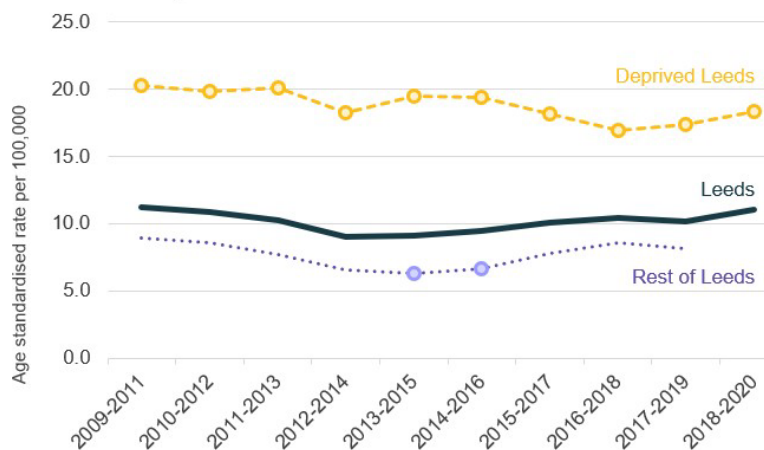
4.15 Liver disease mortality

The gap between 'deprived Leeds' and the city average for liver disease mortality has narrowed over recent years, with a decline in rates in deprived areas and a slight increase in the overall Leeds average. City rates are above regional and national averages (Figure 27).³⁴

³³ Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

³⁴ LCC PHI GP data and ONS mortality

Under 75 mortality rate from alcoholic liver disease



National snapshot, 2017/19

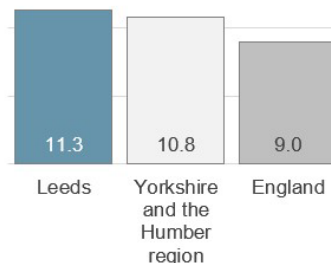
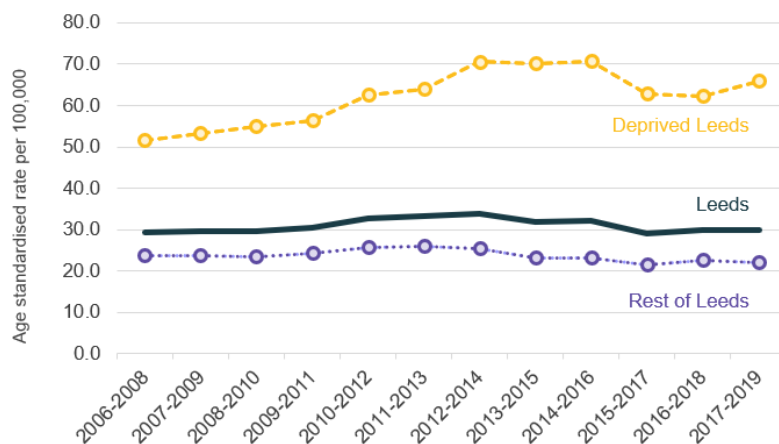


Figure 27 Alcoholic liver disease mortality, under 75 years

4.16 Respiratory disease mortality

Respiratory disease mortality is much higher in 'deprived Leeds' than the Leeds average and is growing again. This inequality gap is related to factors such as smoking, workplace factors and air quality (Figure 28).³⁵

All respiratory diseases (excl. pneumonia and influenza) < 75s



National snapshot 2017/19

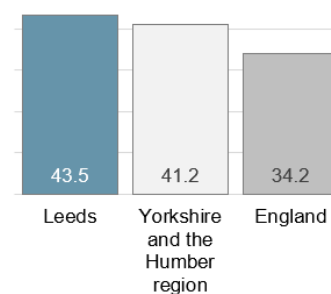


Figure 28 Respiratory mortality under 75 years

³⁵ LCC PHI GP data and ONS mortality

4.17 Circulatory disease mortality

Circulatory disease has seen a steady downward trend, most noticeably in our communities experiencing deprivation, with a closing of the gap between the overall city average. However, rates remain above regional and national rates (Figure 29).³⁶

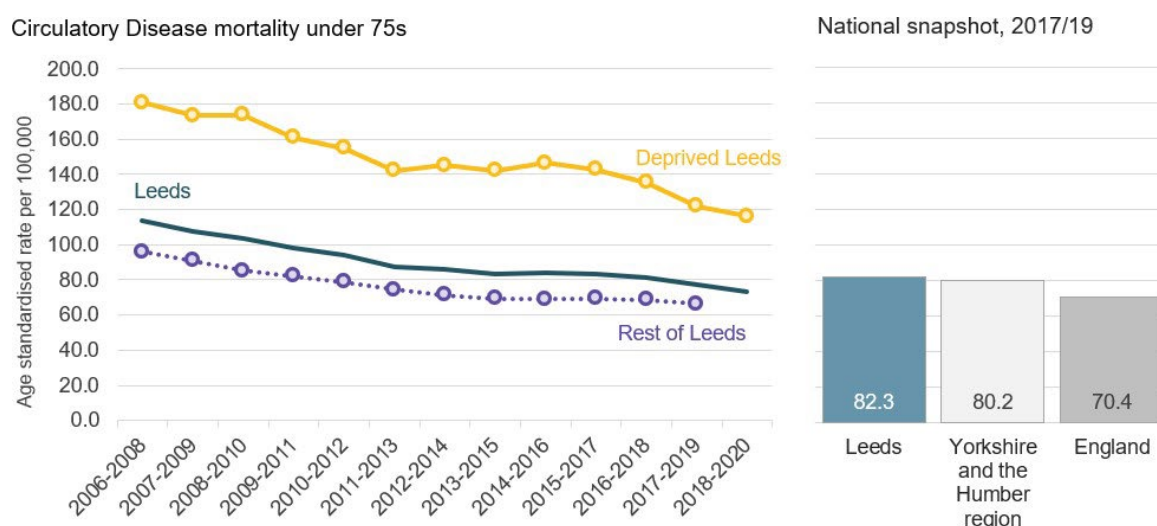


Figure 29 Circulatory Disease Mortality under 75 years

4.18 Cancer mortality

Again, a downward trend for cancer mortality, although the 'deprivation gap' is not closing. Leeds rates are significantly above regional and national averages (Figure 30).³⁷

³⁶ LCC PHI GP data and ONS mortality

³⁷ LCC PHI GP data and ONS mortality

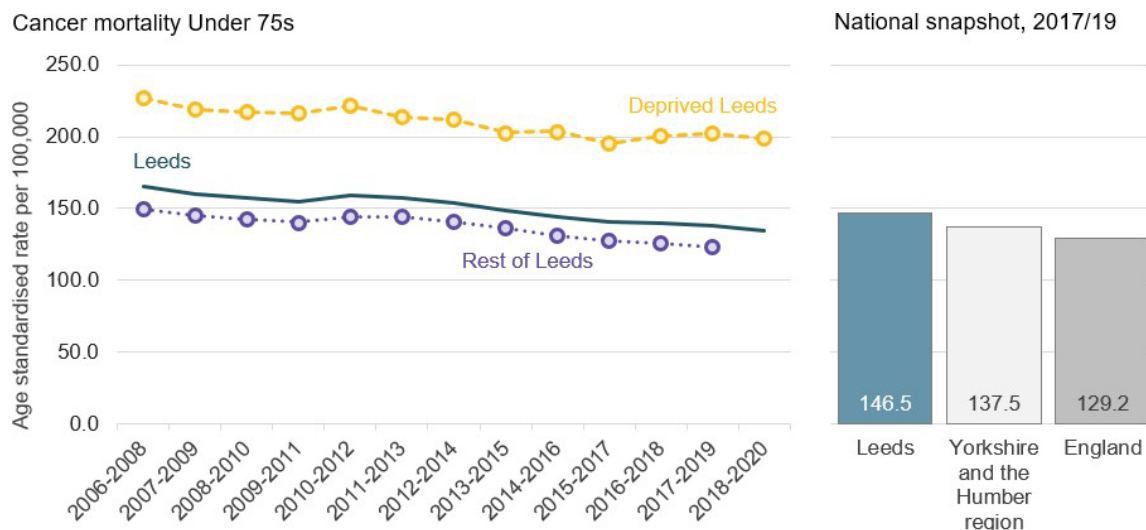


Figure 30 Cancer Mortality under 75 years

4.19 Smoking prevalence

The prevalence of smoking in Leeds according to PHE, and using the ONS mid-year estimated population, show the city to be very close to the regional rate and not significantly higher than England (Figure 31). The trend is generally downward for Leeds with the 'deprivation gap' narrowing.³⁸

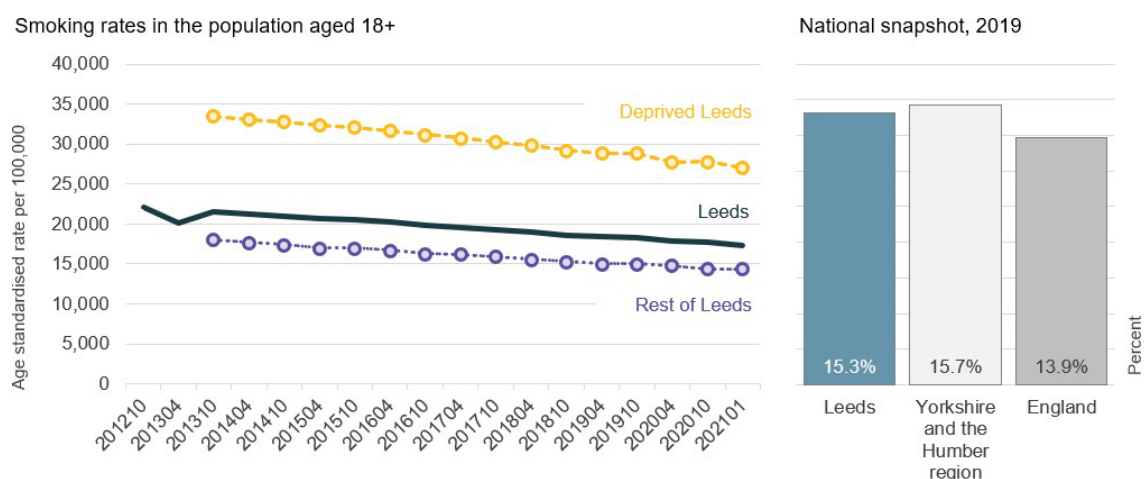


Figure 31 Proportion of Adults over 18 that Smoke

³⁸ LCC PHI GP data

4.20 Smoking-attributable mortality

Because of the lower smoking prevalence there has been a slow reduction in mortality from smoking attributable deaths across all geographies (Figure 32).³⁹

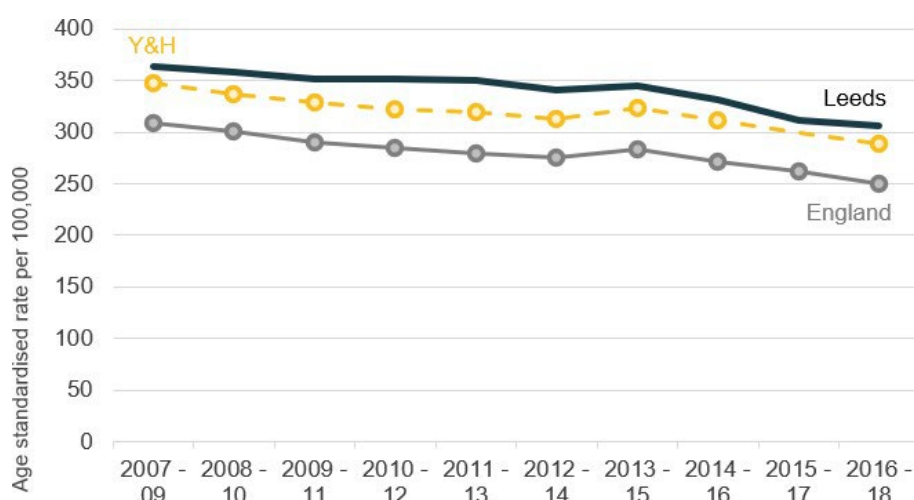


Figure 32 Smoking attributable mortality aged 35+

4.21 Obesity

City-wide levels of adults who are overweight or obese (as measured by those with a BMI over 25) have seen a decline in recent years with rates in Leeds now well below regional and national rates (Figure 33). However, the levels for 'deprived Leeds' have remained fairly constant leading to an increase in the 'deprivation gap'.⁴⁰

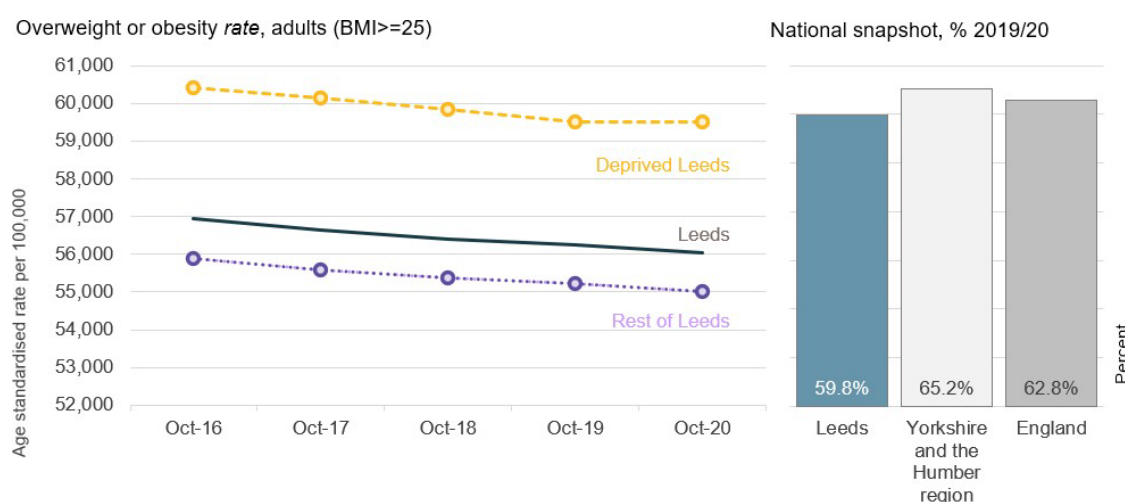


Figure 33 Excess weight in adults % of Adults who have a BMI of over 25 years

³⁹ Public Health England

⁴⁰ Leeds PHI and GP data

4.22 Diabetes

The incidence of diabetes in Leeds is below regional and national rates. However, rates are increasing across the city and are now more in line with modelled estimates, with a significant 'deprivation gap' remaining (Figure 34).⁴¹

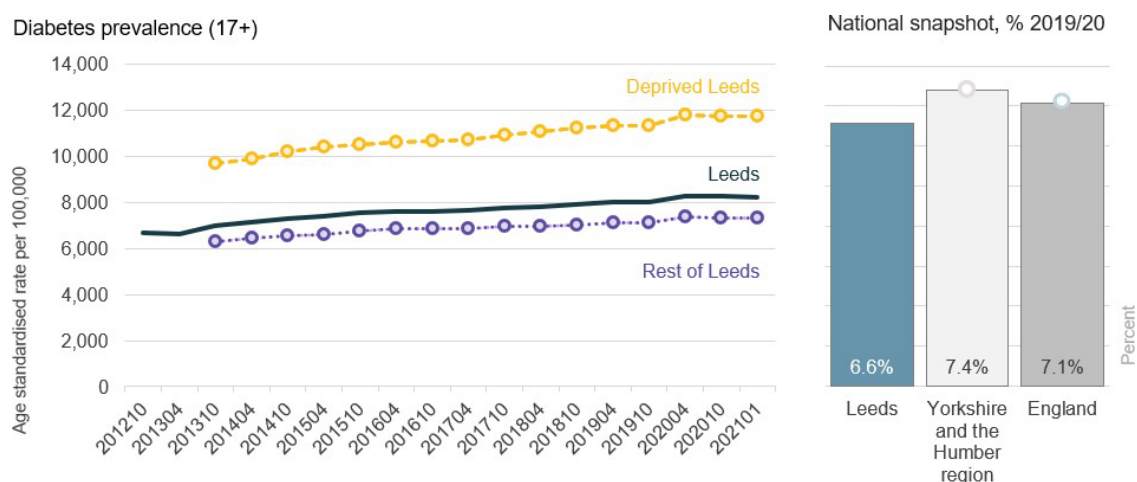


Figure 34 Diabetes Directly Age Standardised Rates 17+ years

4.23 Mental health

Figure 35 reflects the growth in mental health issues in recent years across all communities in the city. The data is largely for the pre-pandemic period and in-line with wider national evidence, the incidence of mental health issues has grown across all areas.⁴²

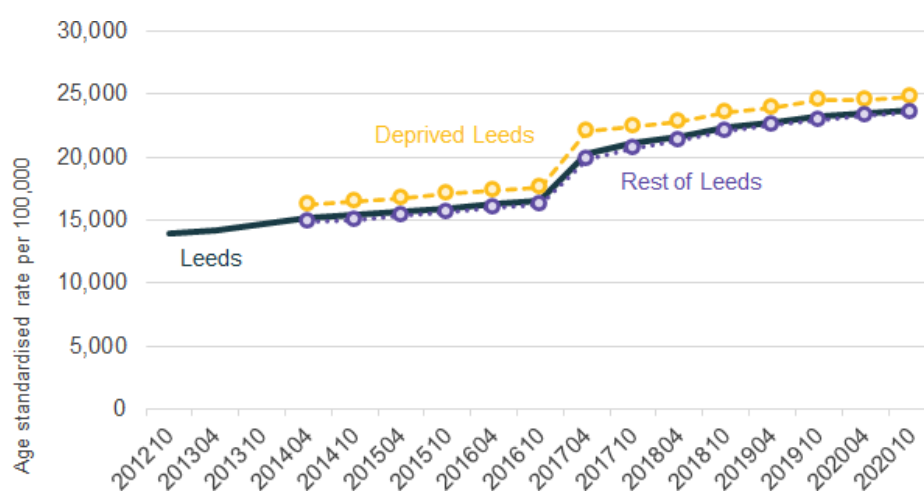


Figure 35 Common mental health issues prevalence (all ages)

⁴¹ Leeds PHI and GP data

⁴² Leeds PHI and GP data

According to the most recent analysis by the ONS,⁴³ the proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 21% in 2019 to 30% in April 2020. Rates have been ‘fluctuating during the pandemic, coinciding with the periods of national lockdown and high COVID-19 cases. followed by reductions in cases and subsequent easing of lockdowns. Key symptoms include anxiety, depressive symptoms, loneliness, issues with sleep and stress.

Yet, the overall trends mask variations within the population. The analysis shows that the mental health and wellbeing impact of the COVID-19 has been distinctive for different groups of people:

- Young adults and women have been more likely to report larger ‘fluctuations in self-reported mental health and wellbeing than older adults and men.
- Older adults who were recommended to shield were more likely to report higher levels of depression, anxiety and loneliness.
- Adults with pre-existing mental health conditions were also more likely to experience an increase in mental health issues during the pandemic.
- Although there is less data available, BAME adults were more likely to report higher levels of depression and anxiety, with Bangladeshi and Pakistani men reporting the largest declines in mental health.

These mental health impacts are likely to continue as the economic impact of the pandemic manifests itself, with concerns about job security and debt levels likely to increase.

4.24 Policy implications

The relationship between poverty and inequality and poor health and wellbeing outcomes is well understood, which has been exacerbated by the pandemic. The primary focus needs to continue to be addressing this through the combined efforts

⁴³ COVID-19: mental health and wellbeing surveillance report, ONS June 2021.

of promoting and enabling more healthy living; tackling inequalities in employment, education, housing, and the environment; and improving access to health and care.

The proportion of people experiencing mental health issues increased during the pandemic, with some groups particularly affected such as: young adults and women; shielding older adults; adults with pre-existing mental health conditions; adults from BAME communities; those who had been bereaved; and people who had experienced domestic abuse. This trend is set against a backdrop of an increasing recognition of wider mental health challenges including loneliness and social isolation. Clearly it will be important to continue to focus on reducing mental health inequalities, improving mental health across all ages, and working to promote flexibility, integration and responsiveness in service provision as part of making Leeds “a mentally healthy city” (Leeds All-Age Mental Health Strategy).

A common theme across all sections of the JSA is stronger integration of strategies and interventions aimed at both addressing key challenges while also better realising opportunities. This is particularly true in promoting health and wellbeing where those factors often described as key determinants influence options, choices and patterns of behaviour, which in turn shape health and wellbeing outcomes. Building on the collaborative strength of our COVID-19 response will be vital here, both between agencies and the third sector, but also within communities.

4.25 Poverty

Poverty underpins a range of poorer outcomes for people and families, a pattern we have seen worsen through the pandemic. Figure 36 illustrates the strong correlation between relative disadvantages and the impact of COVID-19 clearly, using the Index of Multiple Deprivation data from 2019 mapped against the rates of COVID-19 in local authority areas in the autumn of 2020.⁴⁴

⁴⁴ Indices of Multiple Deprivation (2019) and Leeds City Council (2021)

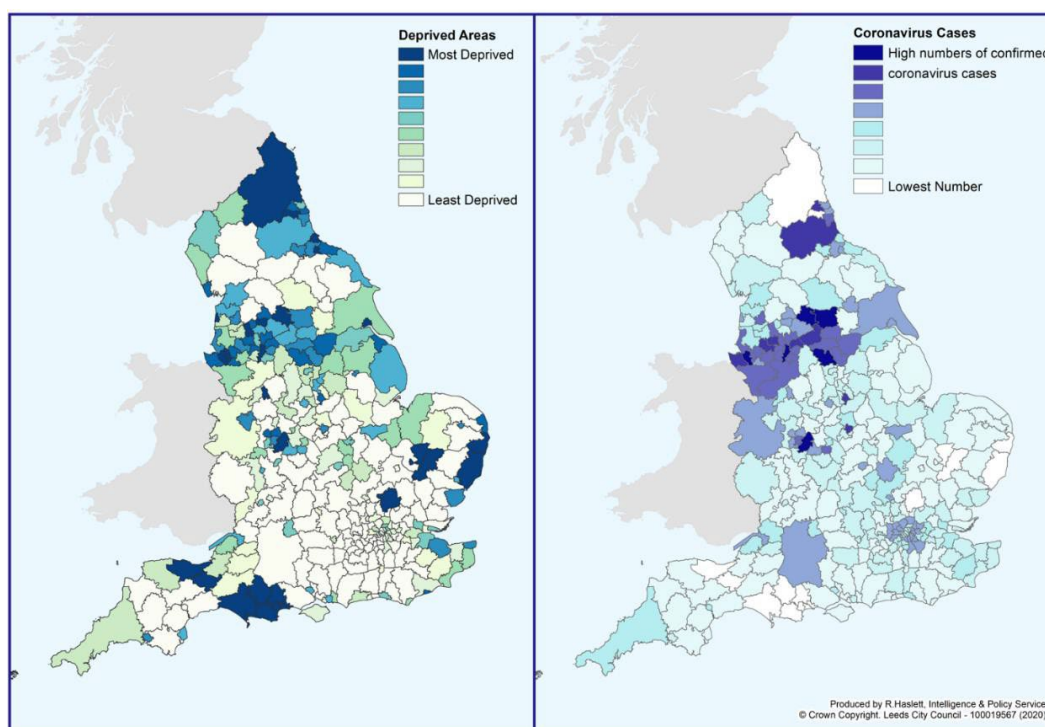


Figure 36 Index of Multiple Deprivation 2019 and Total COVID-19 Cases Autumn 2020

4.26 An ageing population demography and housing

The latest 2019 ONS projections estimate that the population of people aged 50-plus in Leeds stands at over 250,000, a third of the city's population (Figure 37). The gender breakdown is generally equal for the age groups, with the exception of the over-70 age groups where the proportion of females starts to increase.

The over-50 population has grown by an estimated almost 30,000 between 2001 and 2019, a 12% to 17% increase in each of the 50-plus age groups, much of the city's population growth has been concentrated in these age groups. In the years to 2041, the 50-59 population is projected to reduce and there will be little change for the 60–69 population, however the 70-plus population is projected to substantially grow, with fastest growth amongst the 80-plus which is expected to see a 50% increase.⁴⁵

⁴⁵ Census 1991-2011, ONS Mid Term Population Projections 2019

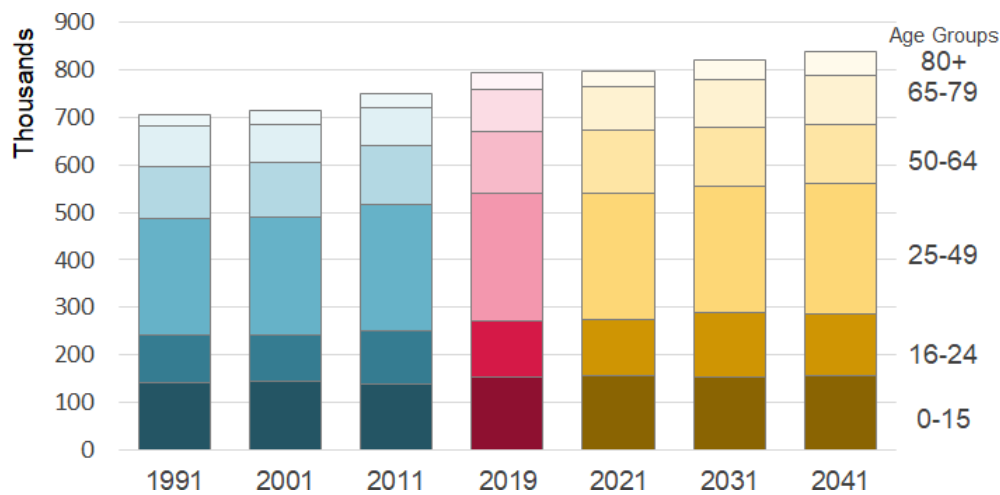


Figure 37 Population Change (Past and Forecast) 1991- 2041

Figure 38 looks at the distribution of the population by broad age group against the deciles of Index of Multiple Deprivation, with decile 1 being communities likely to be experiencing highest levels of deprivation and decile 10 the lowest. Although a widely-held perception is that our older population live in the less-disadvantaged, outer areas of the city (see below), the largest concentration of the older population is found in decile 1. Given the potential impact on housing choice and mobility outlined below this concentration may grow in future, with potential impacts on service provision.⁴⁶

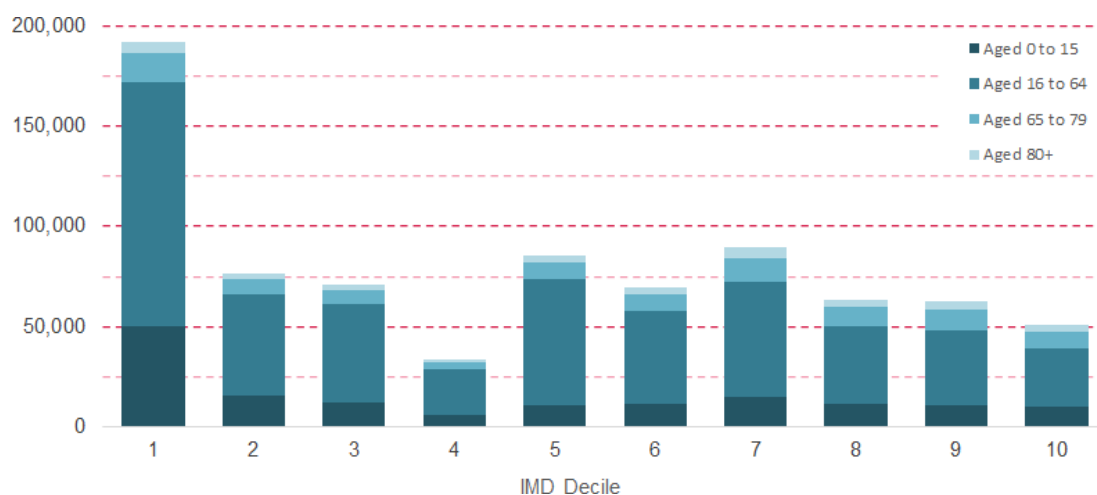


Figure 38 Age Profile for each Index of Multiple Deprivation 2019 decile (including 80+)

⁴⁶ ONS Mid Term Population Projections 2019/IMD 2019

In terms of diversity, according to analysis based on GP registrations (the population has changed since the 2011 Census) the vast majority of those aged over 65 in Leeds identify as White British (85%), while 12% Black and ethnic minority communities and 3% as Other.⁴⁷ The 65-plus BAME population is made up of a large Other White population (40%), which mainly covers European groups. This is followed by the more settled migrant groups such as Indian (14%), Pakistani (11%) and Black Caribbean (6%). The increasing diversity of our population has been focused on younger people with over a third of school-age young people identifying as BAME. (see Section 2) Clearly this will feed through the age-profile going forward.

Figure 39 maps the 50-plus population across the city and shows that is predominantly based in the outer suburbs of Leeds.⁴⁸ This is perhaps a result of how the housing market has functioned over past decades with a pattern of younger new buyers entering the housing in relatively modest housing and then being able to ‘move up the housing ladder’, resulting in the majority of the 50-plus households being owner/occupiers, often in the outer areas.

The extent to which this pattern of housing tenure, and subsequent in’fluence on the geographic age-profile of our population, will continue is uncertain. The shortage of affordable housing and increasing growth in house prices, the expansion of the private rented sector and limited opportunities for downsizing of existing homeowners within their communities are all factors likely to in’fluence future patterns of housing tenure.

Overall, the vast majority of our older people live in mainstream housing rather than specialist housing, such as a retirement community or sheltered accommodation.

⁴⁷ Leeds GP data extraction programme 2020

⁴⁸ ONS Mid-Term Population Projections, 2019

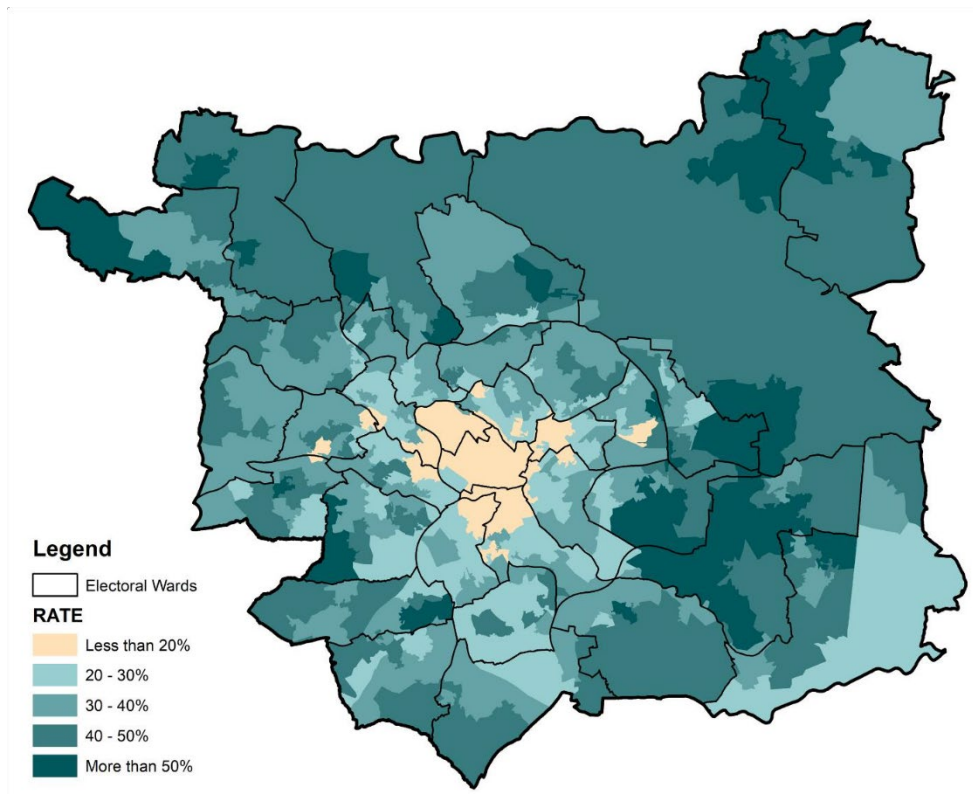


Figure 39 Distribution of 50+ aged population, 2019

4.27 An ageing population and frailty

There is a clear link between deprivation and frailty. The proportion of people living with frailty within the most deprived decile according to IMD is almost three times higher (22%) than those who live in the least deprived decile (8%)⁴⁹. In addition to this, the average age of people with frailty gradually increases from the most to least deprived areas.⁵⁰

People from Black, Asian and minority ethnic backgrounds in deprived areas become frail, on average, 11 years younger than those people from a white background in the least deprived areas.

Leeds has the highest number of admissions due to falls compared to other cities in the region and one of the highest rates. The rate of admissions due to falls has generally reduced since 2010, however the numbers have stayed stable since 2012/13.

⁴⁹ Leeds Data Model, NHS Leeds CCG 2021

⁵⁰ Leeds Data Model, NHS Leeds CCG 2021

4.28 An ageing population and mental health

Over 20% of older people (65-plus) are identified as having a common mental health illness (CMHI) in Leeds, with higher numbers amongst females than males.⁵¹ These rates are similar to other core cities according to PHE data.

It is widely accepted that the pandemic has had a significant impact on people's mental health. Nevertheless, PHE data suggests that, on average, the mental health and wellbeing of older age groups appears to have been less affected so far with the impact most acute amongst young people. More broadly, older people aged 60-plus have tended to report better mental health and wellbeing during the pandemic. These differences in the population's mental health were also present before the pandemic.

4.29 An ageing population and the impact of COVID-19

Undoubtedly older people have been the most significantly impacted in terms of direct health consequences by the pandemic through deaths, hospitalisations and longer-term health issues. Older people were also more likely to have to shield during national lockdowns and COVID-19 waves.

4.30 Health Needs that can be met by pharmaceutical services

Community pharmacists and their teams are ideally placed to provide expertise in aspects of medicines, health advice and prevention, tackling health inequalities, supporting long term conditions and treating self-limiting common clinical conditions. As such they play an important role in meeting the health needs of the Leeds population.

The most obvious health need that can be met via pharmaceutical services is the need for appropriate drugs and appliances to be dispensed safely with expert advice available. Furthermore, the safe collection and disposal of unwanted or out of date dispensed drugs.

As well as supplying medicines for the treatment of both mental and physical health problems, pharmacies can provide accessible and comprehensive information and

⁵¹ Leeds GP data extraction programme 2021

advice to patients and carers about what help and support is available to them. This is part of the signposting essential service.

The specific services that are offered at pharmacies within Leeds are detailed in section 2 and expanded upon in appendices B, C & D - between them they contribute to addressing health needs in long term conditions, sexual health, teenage pregnancy, smoking, seasonal influenza, alcohol and drug usage, minor ailments, asthma and related conditions.

Deprivation is a significant issue in areas across Leeds and is a wider determinant of health outcomes. The provision of essential and advanced services is key to ensuring that people are able to have their prescriptions dispensed and are able to benefit from a range of associated services as part of the NHS.

5 Health needs of the localities

This chapter is intended as a summary health data resource for all of the localities in this PNA. It contains a lot of the information which is included as key facts in each locality chapter as well as overall Leeds rates. In all the charts, localities are shown in deprivation order with the most deprived on the left side of the chart, moving towards the least deprived on the right. This is done to illustrate any relationships between health and deprivation of the resident populations.

Chapter contains:

- Child obesity ⁱ
- Asthma ⁱⁱ
- Adult obesity ⁱⁱ
- Smoking ⁱⁱ
- Cancer ⁱⁱ
- Coronary Heart Disease ⁱⁱ
- Chronic Obstructive Pulmonary Disease ⁱⁱ
- Common and Severe Mental health issues ⁱⁱ
- Diabetes ⁱⁱ
- Dementia ⁱⁱ
- Life Expectancy ⁱⁱⁱ
- Mortality preventable causes ⁱⁱⁱ
- Mortality, cancer ⁱⁱⁱ
- Mortality, circulatory disease ⁱⁱⁱ
- Mortality, smoking attributable ⁱⁱⁱ
- Mortality, respiratory disease ⁱⁱⁱ
- Mortality, alcoholic liver disease ⁱⁱⁱ

Glossary:

Age standardisation: Almost all rates in this chapter are age standardised. This means that differences between PNA localities are not due to variations in the age

structures of the PNA populations – some PNA populations are much older or younger than others. Differences seen here are due to other factors, not age.

Deprivation ranking: In all these charts the localities are ranked in deprivation order with the most deprived on the left side of the chart, moving towards the least deprived on the right. This is done to illustrate any relationships between health and deprivation of the resident populations.

Difference to Leeds rates: PNA bars are coloured according to the significance of their difference to the overall Leeds rate. Bars are blue if rates are significantly higher Leeds, green if significantly lower than Leeds and grey if not significantly different to Leeds.

Deprived Leeds: Many charts contain an orange line for “deprived Leeds.” This is the combined area of Leeds which falls into the most deprived 10% in England according to the Index of Multiple Deprivation 2019.

Sources:

- i. National Child Measurement Programme
- ii. Leeds GP data extraction programme
- iii. ONS deaths extract, GP registered populations

5.1 Child obesity rates

COVID restrictions affected the number of Year 6 children measured in 2020/21 and the data is withheld due to low quality.

Reception obesity rates. 2020/21

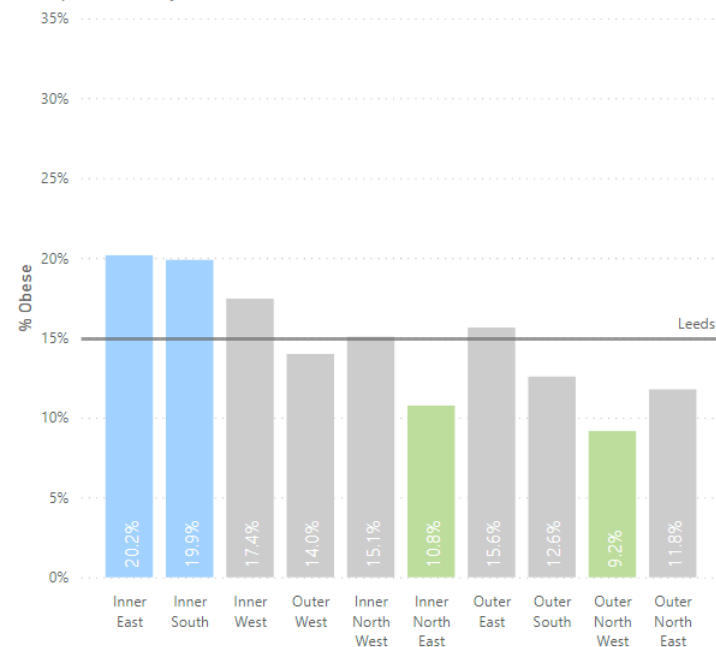


Figure 40 Reception obesity rates

Year 6 obesity rates. 2019/20

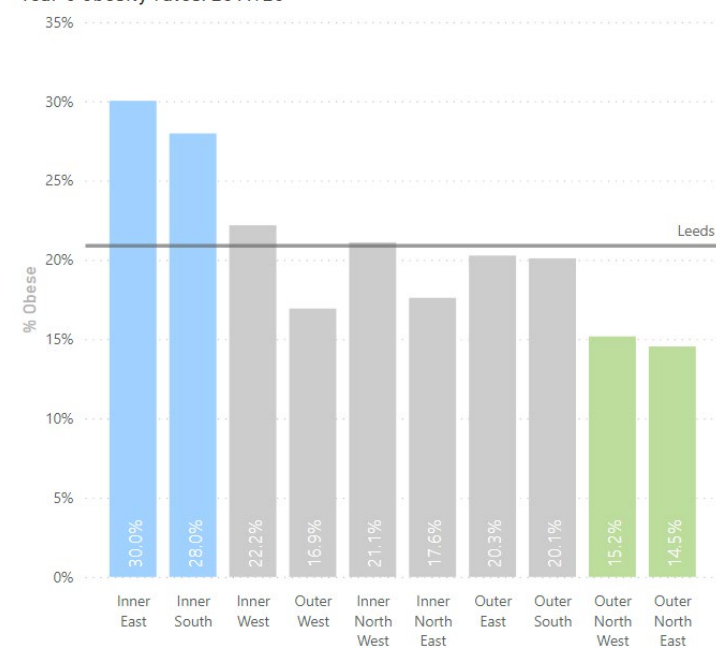


Figure 41 Year 6 obesity rates

5.2 Asthma in the under 16s

GP-recorded asthma shows a large variation across the city but little relationship with deprivation. The rate of asthma in 'deprived Leeds' is slightly higher than the overall city rate.

Asthma under 16s (October 2020)

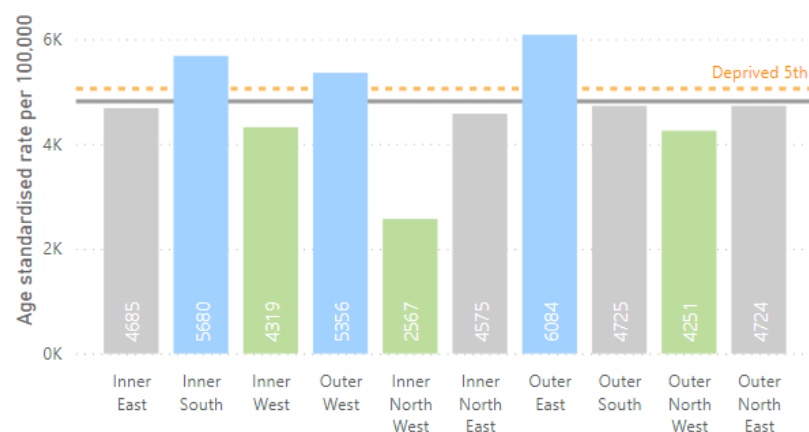


Figure 42 Asthma in the under 16s

5.3 Obesity in adults (where BMI>=30)

GP-recorded obesity shows a reasonably strong relationship with deprivation as 'deprived Leeds' is much higher than the overall city rate.

Obesity 16+ (January 2022)

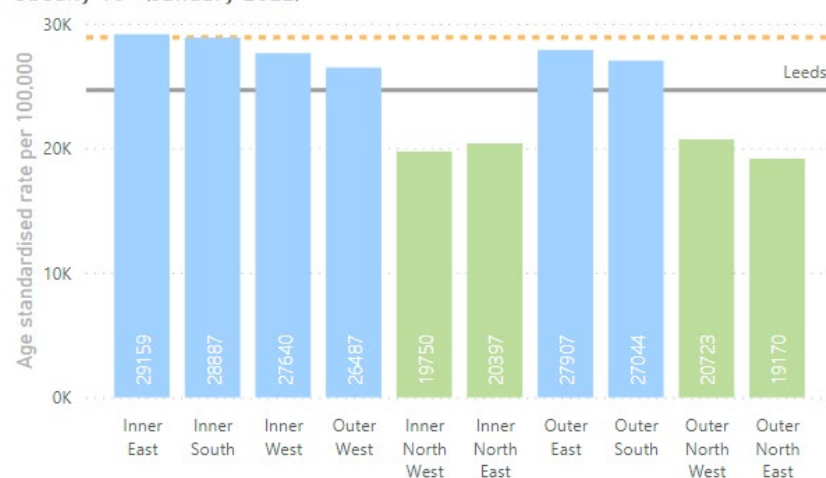


Figure 43 Obesity in adults

5.4 Smoking in adults

GP-recorded smoking status shows a very clear and strong relationship with deprivation, 'deprived Leeds' is much higher than Leeds overall and the localities show enormous variation.

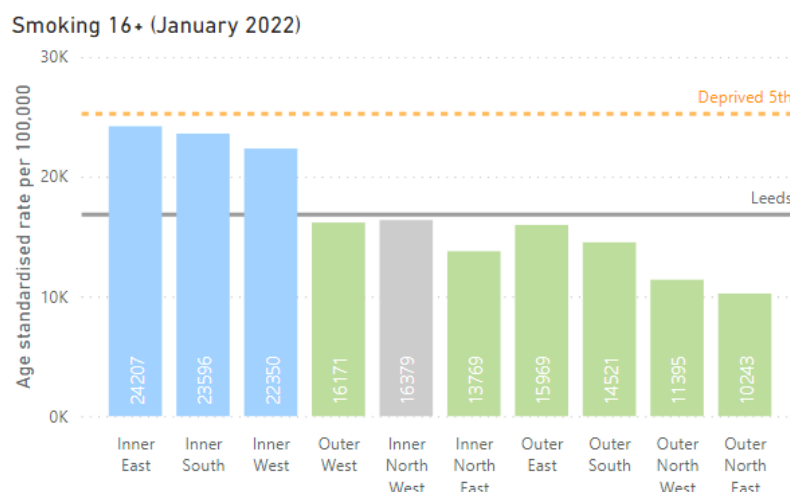


Figure 44 Smoking in adults

5.5 Cancer, all ages

GP-recorded cancer status shows a clear inverted relationship with deprivation. Less deprived areas are thought likely to be due to earlier diagnosis and improved survivability.

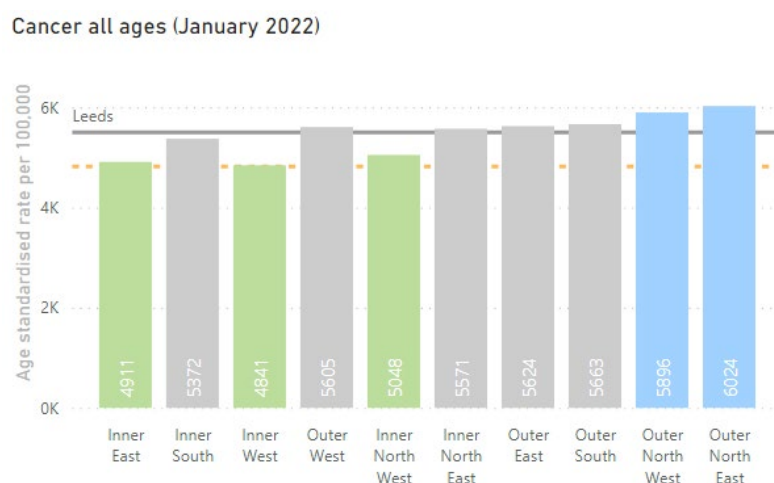


Figure 45 Cancer all ages

5.6 Coronary Heart disease (CHD), all ages

GP-recorded CHD rates show a clear relationship with deprivation.

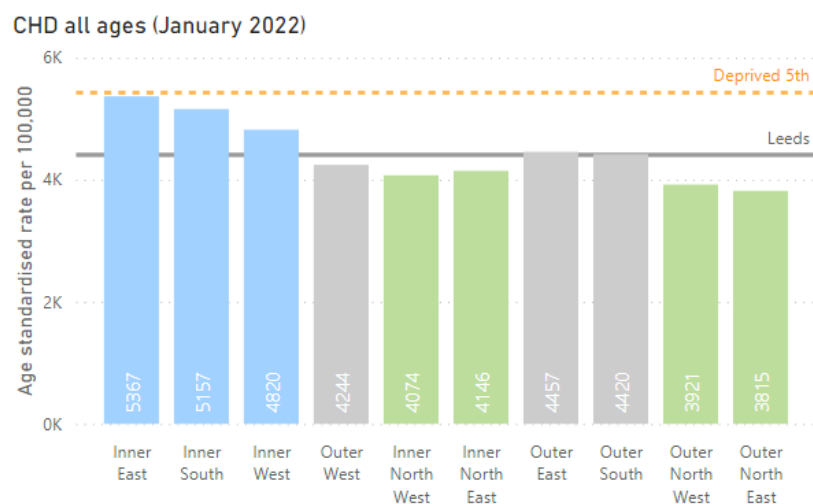


Figure 46 CHD all ages

5.7 Chronic Obstructive Pulmonary Disease (COPD), all ages

GP-recorded COPD rates show a very strong and clear relationship with deprivation.

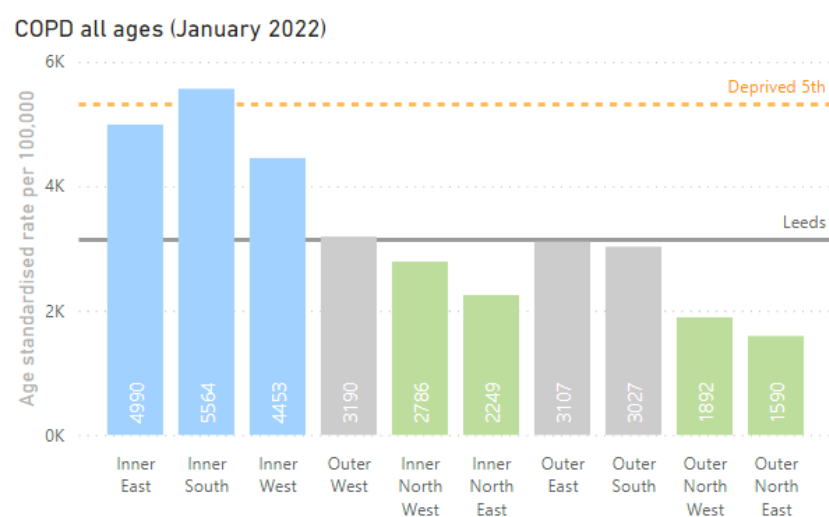


Figure 47 COPD all ages

5.8 Common Mental Health issues, all ages

GP-recorded rates of common mental health issues do not show much of a relationship with deprivation.

Common mental health issues all ages (January 2022)

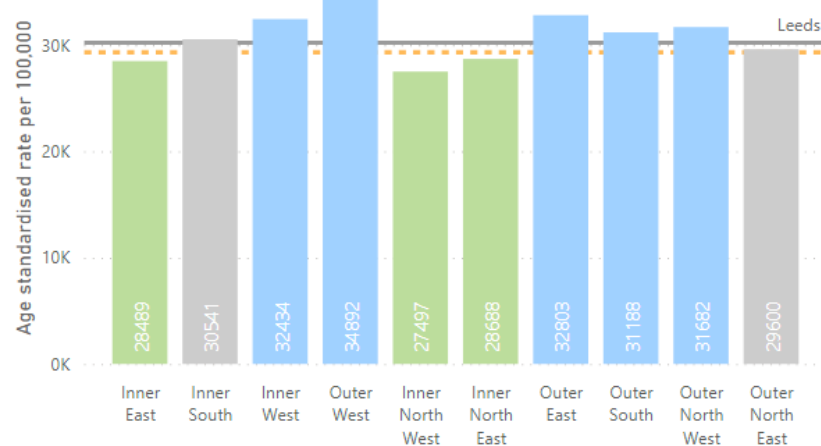


Figure 48 Common mental health issues, all ages

5.9 Diabetes, all ages

GP-recorded rates of diabetes show a very clear and strong relationship with deprivation. The 'deprived Leeds' rate is very different to the Leeds average.

Diabetes all ages (January 2022)

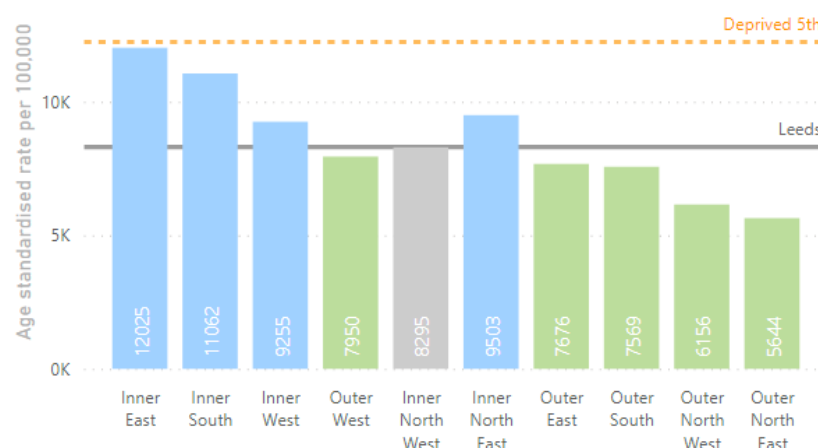


Figure 49 Diabetes all ages

5.10 Severe Mental Health issues, all ages

GP-recorded rates of severe mental health issues show a stronger relationship with deprivation and 'deprived Leeds' overall has a much higher rate than Leeds.

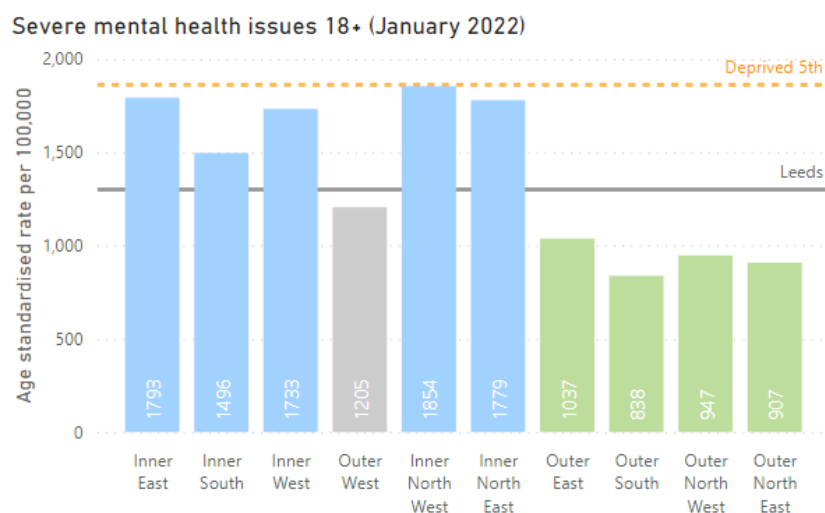


Figure 50 Severe mental health issues

5.11 Dementia, aged 65-plus

GP-recorded rates of dementia show a reasonably clear relationship with deprivation with very different rates in Leeds and 'deprived Leeds'.

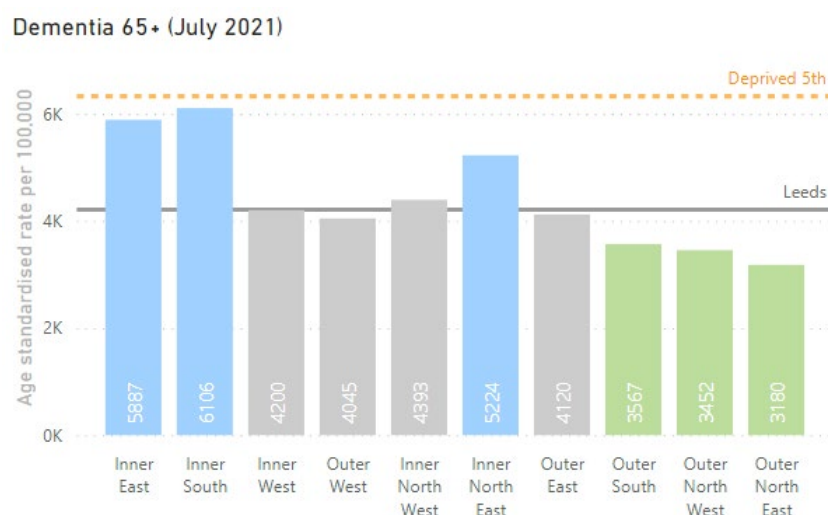


Figure 51 Dementia in the over 65s

5.12 Life expectancy

Female life expectancy is higher in all localities than male life expectancy and both sexes show a clear relationship with deprivation.

Female Life expectancy at birth 2017-2019

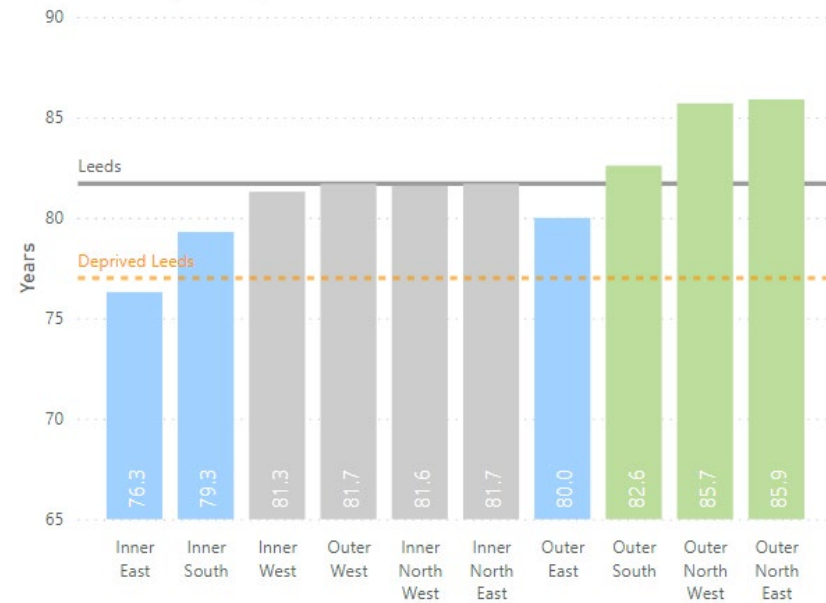


Figure 52 Life expectancy females

Male Life expectancy at birth 2017-2019

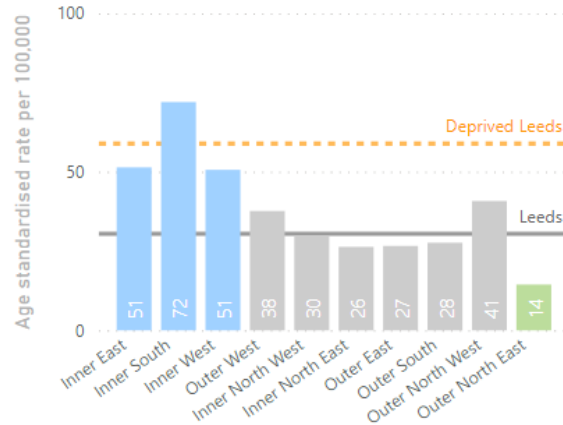


Figure 53 Life expectancy males

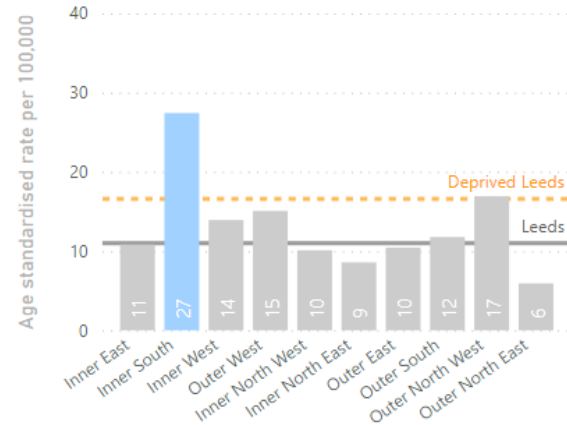
5.13 Mortality

Most mortality measures show a relationship with deprivation, some more distinct than others. Please note that these charts do not all share the same y-axis scale.

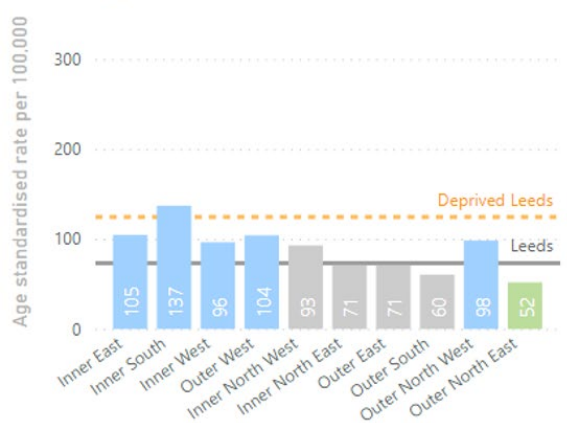
Respiratory diseases (under 75s 2018-20)



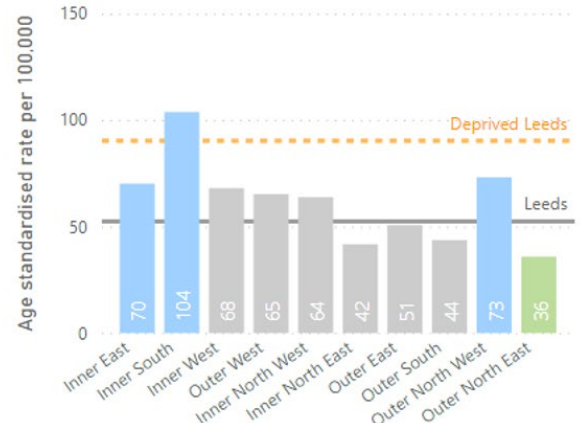
Alcoholic liver disease (under 75s 2018-20)



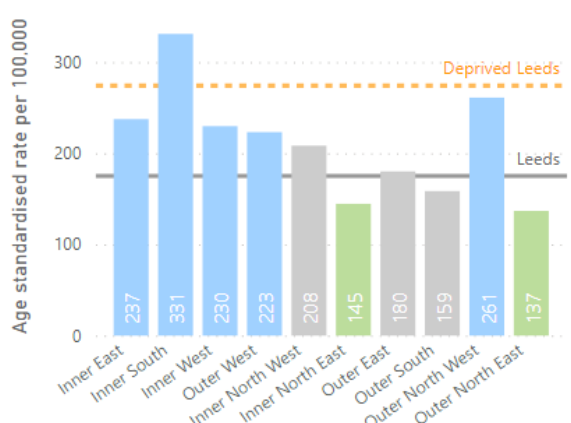
Circulatory diseases (under 75s 2018-20)



Smoking attributable (under 75s 2018-20)



Preventable causes (under 75s 2018-20)



Cancers (under 75s 2018-20)

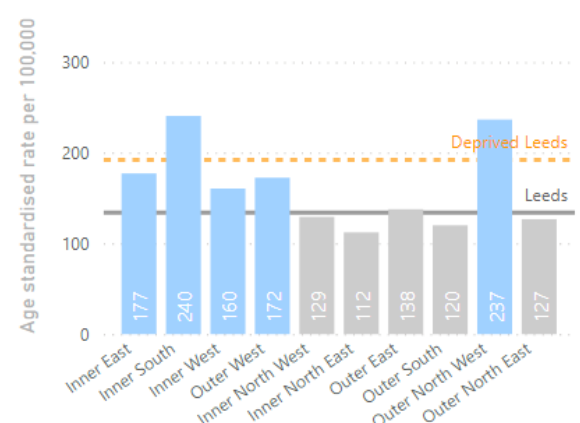


Figure 54 Various mortality causes

6 Identified patient groups

Not all inequality or disadvantage can be seen through a geographical lens. This is perhaps most pertinent when examining health inequalities – the unfair, avoidable and preventable differences in health across the population and between different groups in society. While there may be a concentration of health inequality in some of the city’s low-income communities, individual factors remain crucial.

To support better understanding of the health needs of the whole Leeds population, specific assessments are undertaken for communities of interest – groups of people who share a particular identity or experience – more at risk of experiencing poorer health outcomes. Needs assessments have been undertaken for people from BAME communities, Gypsies, Travellers and Roma groups, people who are pregnant, women and others, all of which can be found on the Leeds Observatory.

Other groups who are particularly vulnerable or, whom have specific needs that community pharmacy can help to address are outlined in this chapter.

6.1 Asylum seekers and refugees

There are no accurate figures on the total number of refugees or asylum seekers living in Leeds. Approximately 850 asylum seekers are supported by the Home Office in Leeds at any one time. Leeds Asylum Seekers Support Network (LASSN) advises, however, that based on their experience this is far below the true size of this community in the city, with many not receiving support or accommodation from the Home Office. Third sector destitution services in Leeds work with at least 500 asylum seekers per year who receive no official support and so do not appear in Home Office figures.

The health needs of refugees and asylum seekers are well-documented,⁵² including untreated communicable diseases, poorly controlled chronic conditions, poor maternity care, mental health and poor access to specialist support needs. In addition, a sizeable minority continue to experience physical injuries and trauma from mistreatment and torture.

Asylum seekers and refugees can face additional barriers to accessing or receiving suitable health care as a result of language barriers, poverty, the impact of existing trauma or if they have no recourse to public funds in the UK.

6.2 Minority Ethnic communities

As GP records show that Leeds is increasingly diverse with BAME communities representing almost a third of all those registered in 2020. There are well documented links between ethnicity and health, where people from different ethnic communities have higher levels of illness for some diseases compared to the general population. Differences in cultural background, first language and residence time in a new country may also impact on the access and utilisation of health care services.

6.3 Disabilities

Defining the specific number of individuals with some form of physical disability is problematic, due to the range and type of conditions that may be considered a 'physical disability'. According to the 2011 census approximately 16.7% of the population of Leeds reported having a limiting long-term illness or disability⁵³.

6.4 People with learning disabilities

People with learning disabilities are one of the most vulnerable groups in society. They are known to experience inequalities in health and access to services and as a result suffer poorer health outcomes compared to the general population. In Leeds,

⁵² Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA

⁵³ ONS Census 2011

0.5% of the GP registered population are recorded as having a learning disability although this is likely to be an under representation as not everyone is registered.

6.5 Sex workers

While there are no accurate local figures there is estimated to be more than 70,000 sex workers in the UK⁵⁴. Between 2014 and 2021 a 'managed approach' model had been in operation in part of Leeds to help meet specific challenges of street-based sex work including the health and wellbeing of sex workers. This approach has now ended.

Sex workers are at increased risk of ill-health, experiencing violence and substance misuse and can face additional barriers in accessing health care through fear or discrimination.⁵⁵

6.6 People who are homeless or sleeping rough

According to the Department of Levelling Up, Housing and Communities (formerly the Ministry of Housing, Communities and Local Government) there were 1,523 households in Leeds either homeless or at risk of being so.⁵⁶ Through the COVID-19 pandemic Leeds City Council provided emergency accommodation for over 1,000 people either sleeping rough or at risk of doing so. Homeless people, especially those alone, are likely to have complex health needs including inter-related mental health, drug misuse and alcohol dependency challenges. They are also at increased risk of injury, pneumonia, tuberculosis, dental problems and hypothermia.⁵⁷

6.7 Gypsies, Travellers and Roma Groups

According to the Leeds Gypsy & Traveller Health Needs Assessment 2019, the Gypsy and Traveller Exchange (GATE) - a member's organisation for Gypsies and Travellers in Leeds - has estimated that in 2018 there were about 3,000 Gypsy and Traveller people in Leeds and the surrounding area.

⁵⁴ Prostitution (parliament.uk)

⁵⁵ COVID-19: Health needs of sex workers are being sidelined, warn agencies The BMJ

⁵⁶ Statutory homelessness, local authority tables (MHCLG, July 2021)

⁵⁷ 22.7 HEALTH AND HOMELESSNESS_v08_WEB_0.PDF (local.gov.uk)

The HNA states that, “in January 2018, people from the Gypsy and Traveller communities were recorded as having registered with a GP. Although these may have been recorded at any time in the past and may have left Leeds at any time since registering, it does show that 754 (around 25%) of the 3,000 Gypsy and Traveller people estimated to be in Leeds by GATE are, or have been registered with a GP”.

A small health needs assessment in the Leeds Gypsy and Traveller community in 2013 found that pharmacies (described as ‘chemists’ by this group) were well respected, frequently used and accessible to them. All but 12% (six individuals) had used the chemist in the previous month and 89% (41 individuals) of those who got medicine from the chemist said its use was explained to them in a way they could understand and remember and that they had received helpful advice.

In terms of other health services, the 2013 HNA showed that 31% of respondents were not registered with a dentist but use of pharmacists was high with only 12% (6 people) saying they did not use the chemist in the previous month. At last visit 86% rated their visit as ‘good to excellent’.

6.8 Prisoners

People in prison are more likely to experience multiple, sometimes more complex physical and/or mental health conditions compared with the overall population. These issues are often further complicated by wider health determinants such as homelessness, unemployment, financial problems or insecurity, social isolation and poor access to health services appropriate to their needs.

Leeds is home to HMP Leeds, a Category B establishment holding adult male sentenced offenders with an operational capacity of 1,212 men in six residential units, a segregation unit, First Night Centre, Vulnerable Prisoner unit and in-patients Healthcare Facility.

Pharmaceutical services to HMP Leeds are commissioned and provided separately to community pharmacy services. Prescribers at the prison may provide an NHS prescription to an offender upon release which can be dispensed at any community pharmacy, such NHS prescriptions are exempt from prescription charges.

7 Provision of pharmaceutical services

7.1 Covid-19 and this PNA

The Covid-19 pandemic is likely to have meant demand for pharmaceutical services has not been 'normal' in 2020 and 2021. To look at a more accurate picture of provision by pharmacies, this PNA uses dispensing data from April 2019 through to November 2021. This is a longer period than a PNA usually uses but it starts before Covid-19 and shows us how services changed over the pandemic.

7.2 Necessary services: current provision within the Health and Wellbeing Board's area

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as those services that are provided:

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

For this PNA, the Health and Wellbeing Board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of New Medicine Service, Community Pharmacist Consultation Service and 'flu vaccination

There are 165 pharmacies included in the pharmaceutical list for the area of the Health and Wellbeing Board as of February 2022, operated by 74 different

contractors. Of these 165 pharmacies, 22 provide services for 100 hours per week. In addition, there are 8 distance selling premises. There are no pharmacies providing Local Pharmaceutical Services through the LPS scheme.⁵⁸

No dispensing appliance contractors (DAC) provide services within the Health and Wellbeing Board's area.

Five of the 130 GP practices in the Health and Wellbeing Board area dispense to eligible patients from sites within the Health and Wellbeing Board's area. This is mainly within the rural east and north east parts of Leeds. In addition, Pinfold Surgery is a Dispensing Doctor that is located within Leeds at the south east boundary but it is registered to Wakefield Health and Wellbeing Board.⁵⁹ As of November 2021, the five Leeds practices dispensed to 14,094 of their registered patients (30.1% of the total list size for all 5 practices). The proportion of dispensing patients at practice level varied between 10% and 61% of registered patients.⁶⁰

Figure 55 shows the pharmacy and dispensing practice premises within Leeds. Due to the size of the map many of the premises are not shown individually and more detailed maps are included in the locality chapters. The map shows that pharmacy and dispensing practice premises are generally in areas with higher population density (the areas shaded in a darker colour).⁶¹

Pharmacies (C) and dispensing practice premises (D) compared to population density.

Note that after the consultation process a dispensing practice has been added to this map. It is a branch of a non-Leeds practice and as such is not part of the data analysed in this PNA. The map has been updated to ensure it reflects the availability of services. The practice is near the east boundary of Leeds, in Micklefield.

⁵⁸ NHSEI as of February 7th, 2022

⁵⁹ NHSEI as of February 7th, 2022

⁶⁰ [Catalyst | NHSBSA](#)

⁶¹ Population density ONS mid year estimates 2020

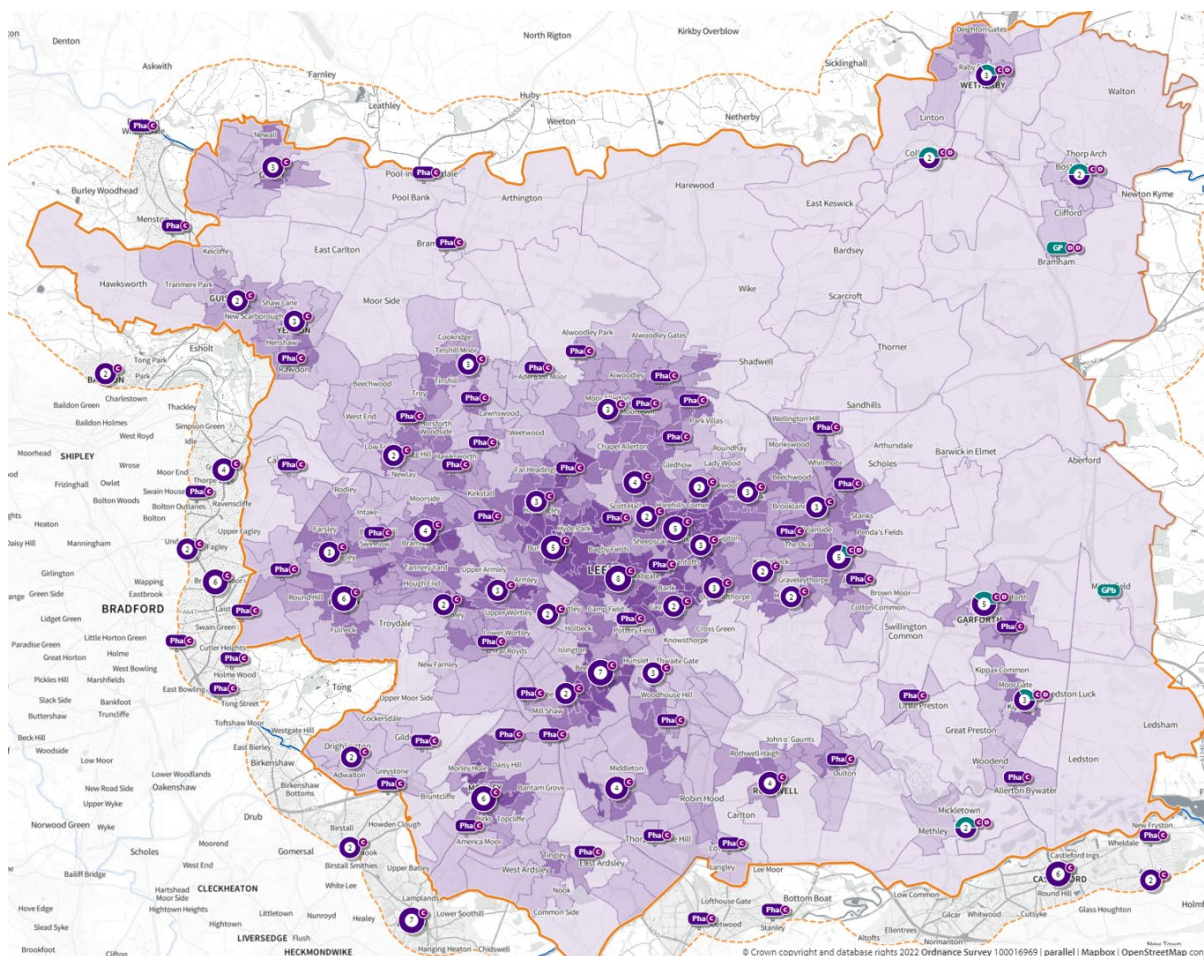


Figure 55 Pharmacies, Dispensing practices and population density within Leeds and a buffer zone of 1.6km .

All population density maps in this report use ONS mid year estimate populations for 2020.

In addition, there is also correlation when comparing pharmacies and dispensing practice premises with levels of deprivation. This can be seen in Figure 56, in this map the darker colour indicates greater levels of deprivation⁶².

⁶² Index of Multiple Deprivation 2019 (IMD2019) at LSOA level by English fifths/quintiles

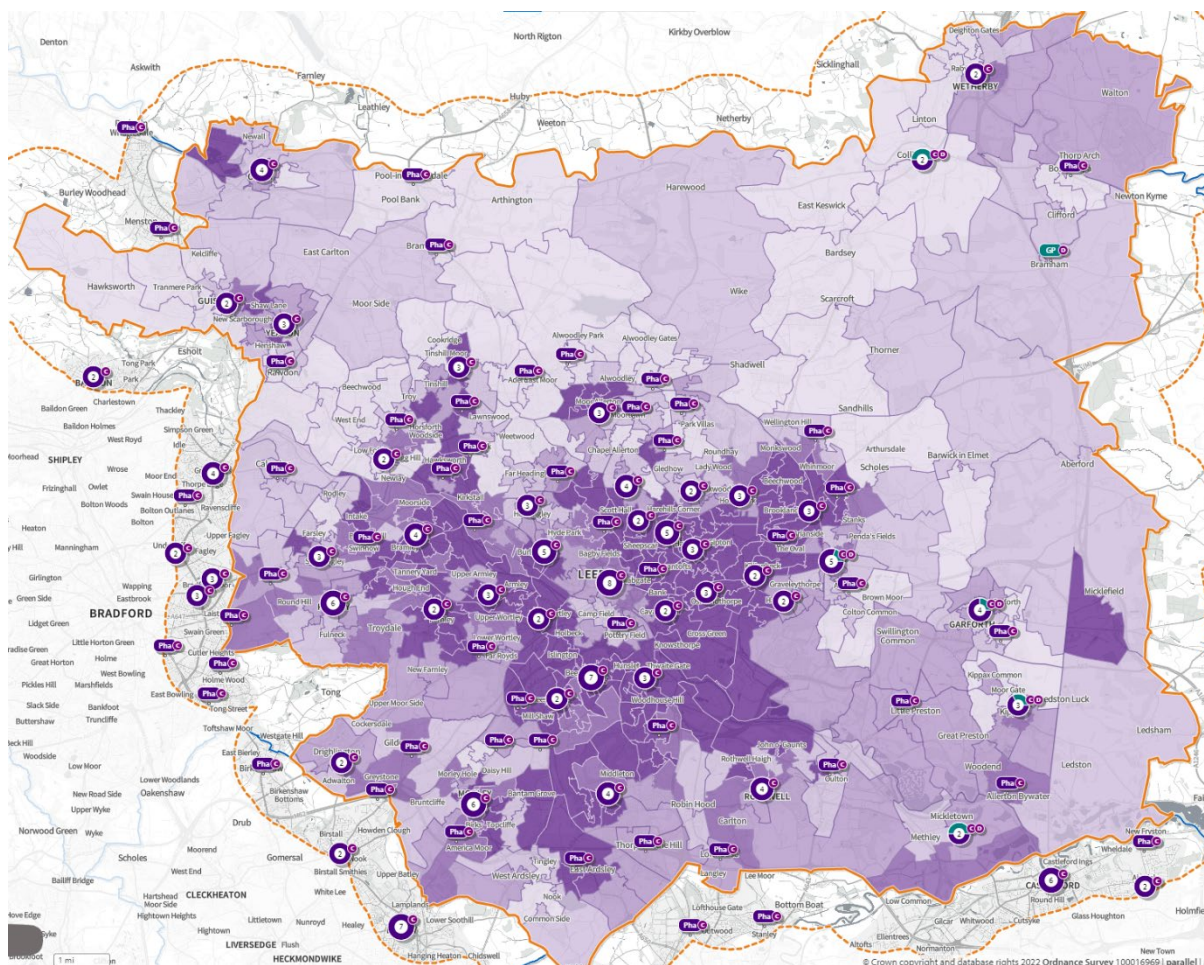


Figure 56 Pharmacies, Dispensing practices and deprivation deciles within Leeds and a buffer zone of 1.6km

7.3 Dispensing overview for Leeds (April 2019 to November 2021)⁶³

- 90.3% of Leeds prescriptions dispensed at Leeds Community pharmacies
- 1.9% were dispensed by Dispensing GPs inside Leeds
- 3% were dispensed by Distance Selling Pharmacies
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds Community Pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at Community Pharmacies throughout England although concentrated in the north

⁶³ NHSBA prescription dispensing data

7.4 Access to pharmacy locations

Nationally, a common aim is for access to a pharmacy for 99% of the population, including those living in the most deprived areas, to be possible within 20 minutes by car and 96% by walking or using public transport⁶⁴. In September 2016 the Department of Health and Social Care (DHSC) undertook a mapping exercise which confirmed that 88% of the population were within a 20-minute walk of a pharmacy. This data also demonstrated that 40% of all community pharmacies were within a ten-minute walk of two or more other community pharmacies.⁶⁵

Accordingly, the Health and Wellbeing Board has chosen 20 minutes by car, public transport or on foot as a reasonable time for residents to take to access a pharmacy. Leeds has some rural areas with relatively low levels of deprivation; this as well as levels of car ownership have been taken into account.

To test whether residents can access a pharmacy in line with the above, travel times were analysed using Public Health England's Strategic Health Asset Planning and Evaluation tool (SHAPE).

Note after consultation: Access to services is generally tested within 20 minutes in this document. This is not a target or a standard locally or nationally. It is a guide to assist consistent analysis, not a boundary of accessibility. After the 20 minute test the next available pre-set is 30 minutes which for many people needing assistance could be a prohibitive walk so we used the 20 minute time limit. Analysis of access by private or public transport took availability into account as well as time spent travelling.

⁶⁴ Pharmacy in England. Building on strengths – delivering the future. Department of Health April 2008

⁶⁵ Post-implementation report on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Department of Health and Social Care March 2018

7.5 Access by private transport

Figure 57 shows that the entirety of residents would be able to access a pharmacy within the Health and Wellbeing Board's area (or within 1.6km outside of it) within a 10-minute drive. This applies at any time of day including rush hour times. However, the 2011 Census put the overall rate of access to car or van for Leeds at around 70% and this is much lower in more deprived areas⁶⁶. Therefore, access by car cannot be the only method of transport to be considered in this PNA.

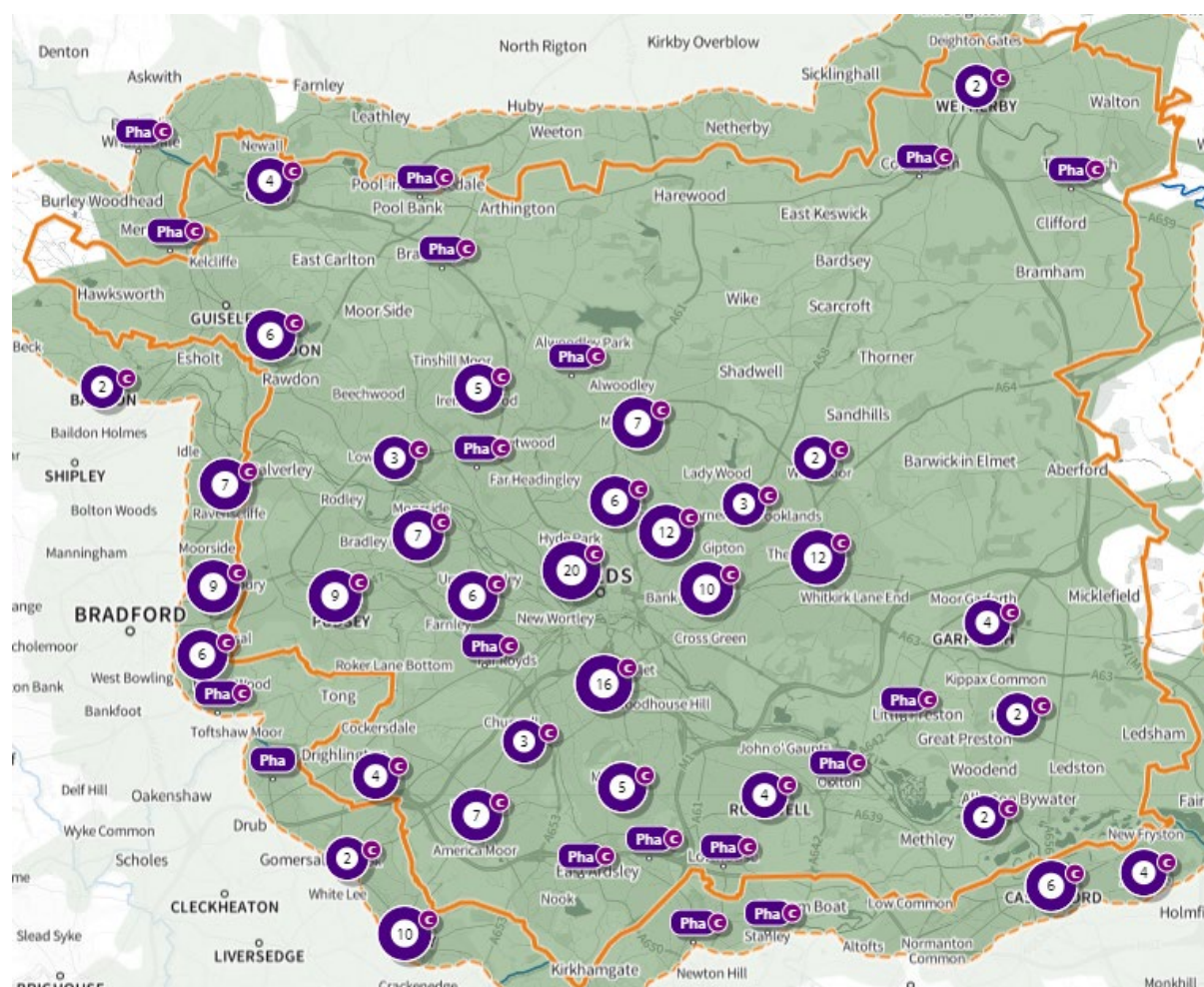


Figure 57 Access to pharmacies within 10 minute drive from areas within Leeds and surrounding 1.6km buffer zone. Note the north west tip near Hawksworth without coverage is unpopulated moorland, and the eastern area near Mickelfield that includes future housing developments will be in coverage once new streets are built.

The Health and Wellbeing Board is satisfied that all residents can, in theory, access a pharmacy within 10 or 15 minutes by private transport.

⁶⁶ Nomis table KS404EW aggregated from LSOAs to localities

7.6 Access by public transport

We know from the patient and public engagement questionnaire that many people choose to walk to a pharmacy (177) and fewer use public transport (16) (Appendix J - Patient and public engagement results; Q10 How would you usually access a pharmacy?). It may be that public transport for those living in rural areas and villages is not always an easy option to access a pharmacy.

Figure 58 shows areas that are within 20 minutes of a pharmacy by public transport. SHAPE reports only 2,773 residents (around 0.5% of Leeds) are unable to access by public transport within 20 minutes and these areas are likely to have very good car ownership rates.

Most of the white areas in this map are very rural (and lightly populated, or farmland) and coverage by public transport is total within 30 minutes. The locality chapters take a stricter approach where the aim is for coverage in 15 minutes where possible.

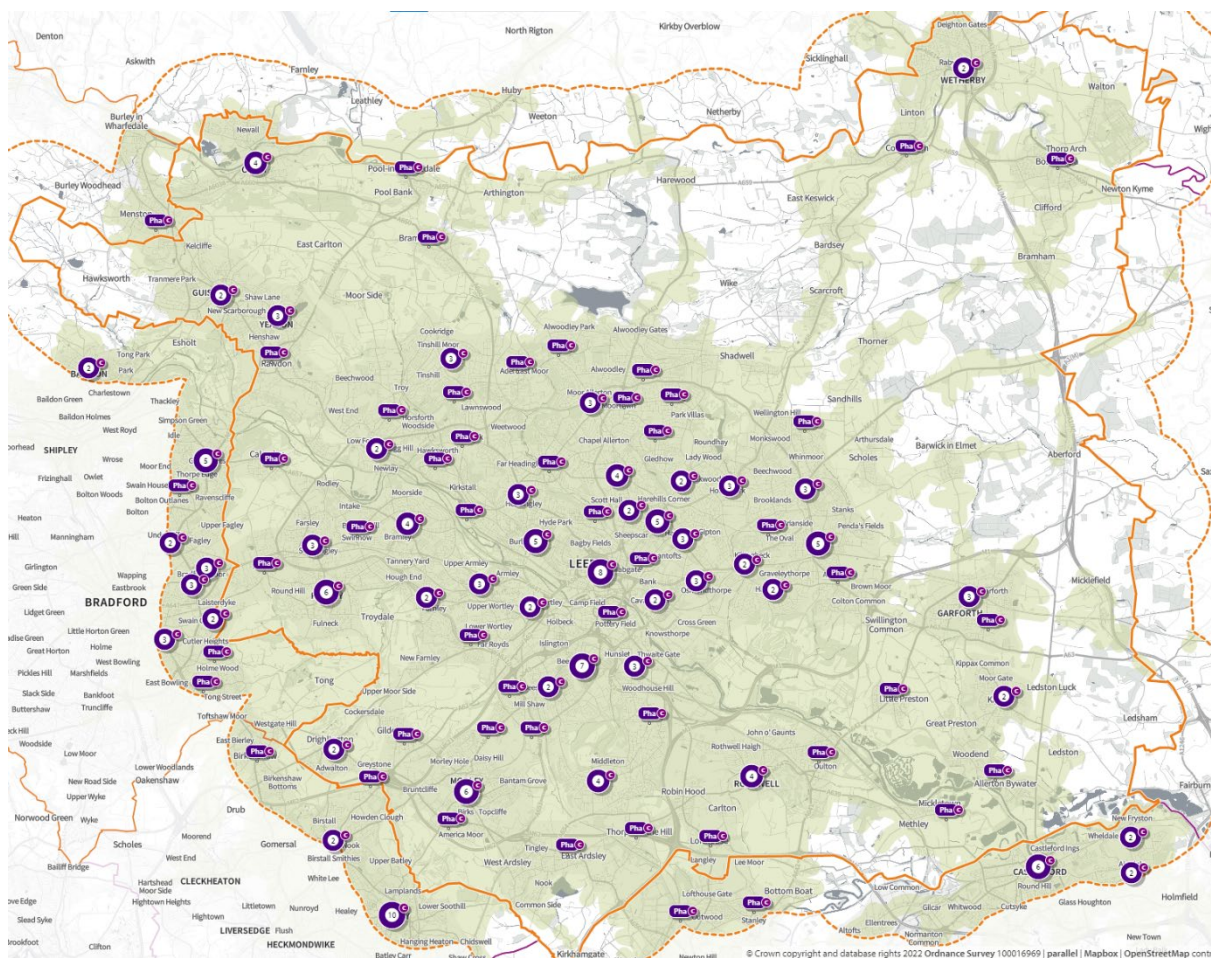


Figure 58 Access to pharmacies within 20 minute public transport journey from areas within Leeds and surrounding 1.6km buffer zone

The Health and Wellbeing Board is satisfied that more than 99% of residents can access a pharmacy within 20 minutes by public transport.

7.7 Access on-foot

Walking to a pharmacy can be projected using SHAPE 20 minutes and this shows that around 5% of the Leeds population (45k) cannot reach a pharmacy within 20 minutes on foot.

The areas without walking access in 20 minutes are outlined in green on Figure 59. A 1.6km buffer was added to Leeds in this test to include pharmacies just outside of

Leeds because this is roughly equivalent to the distance a person can travel on foot in 15 minutes at 4 miles per hour walking speed.

Analysis of the green areas show that over 95% are within the six least deprived deciles and it is known that car ownership is higher in less deprived areas. Patients in more deprived areas who are likely to have less access to private transport, and for whom walking is not reasonable, have access by public transport within 20 minutes as seen in the map above.

The locality chapters may take a stricter approach where possible with shorter walking journeys.

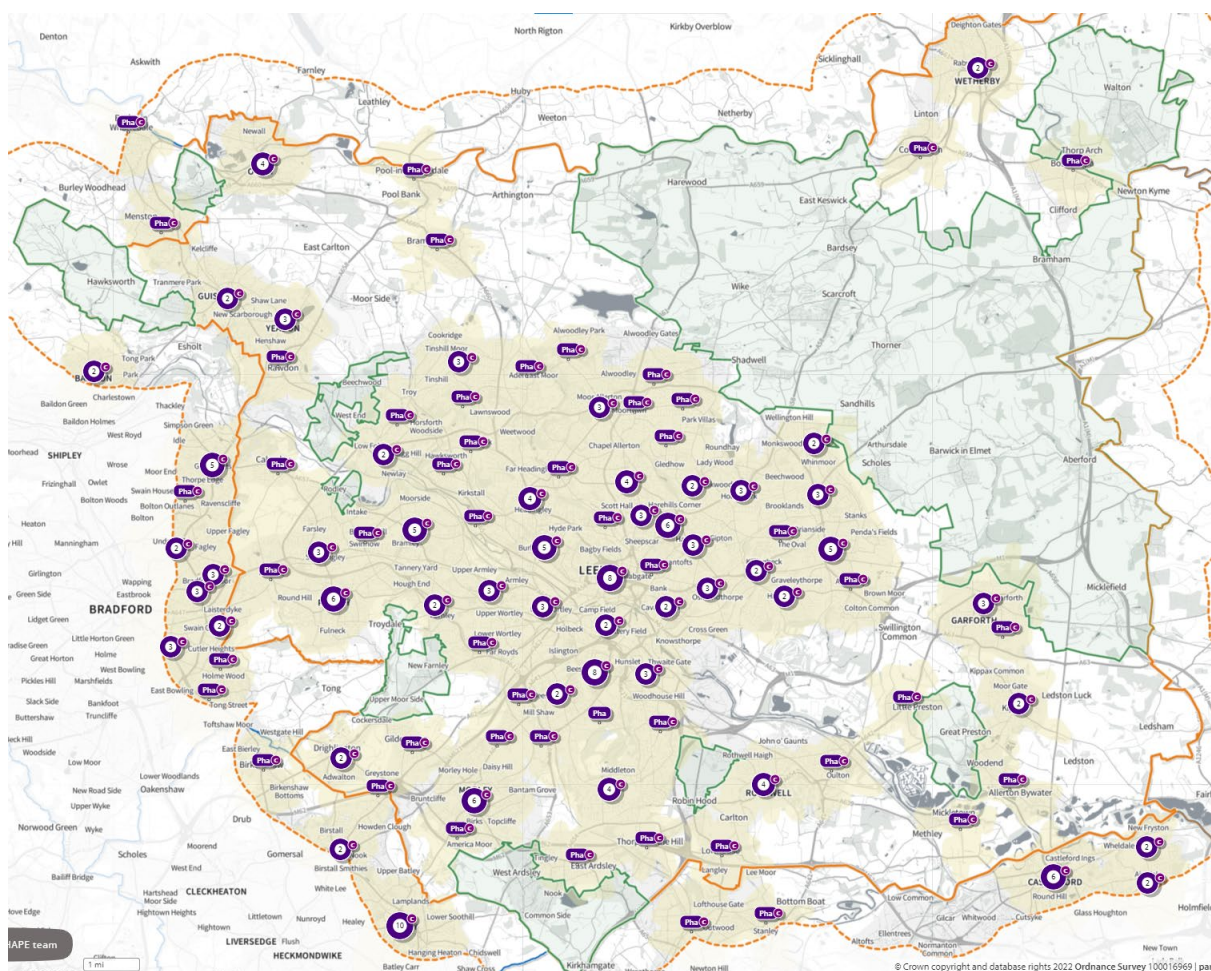


Figure 59 Access to pharmacies within 20 minute walk from areas within Leeds and surrounding 1.6km buffer zone

In addition, the results of the public engagement survey showed 96% of respondents were able to visit their preferred pharmacy when they need to. The Health and Wellbeing Board is satisfied that the majority (95%) of residents can access a pharmacy within 20 minutes on foot, are likely to have access to private transport, or can access by public transport within 20 minutes where necessary (99%).

7.8 Access to essential services

The majority of people will visit a pharmacy on weekdays during the 9am to 6pm period (Public engagement survey Appendix J - Patient and public engagement results) following a visit to their GP or another healthcare professional but there will be times when people will need a pharmacy outside those times.

The patient and public engagement survey for Leeds showed that for those with a preference, the period 9am to 6pm is the most convenient time to visit a pharmacy but “no particular time” also had many responses.

Pharmacy opening hours in February 2021⁶⁷: Community pharmacies (including 100 hour pharmacies) were open as follows:

- 165 pharmacies open Monday to Friday
- 112 pharmacies open Monday to Saturday
- 53 pharmacies that open Monday to Friday but not at weekends
- 34 pharmacies open seven days a week

Appendix H – Opening hours, details the number of hours each pharmacy is open, each day, by locality.

For comparison the following services are identified as producing prescriptions, a fuller list is given in section 8:

- Hospital pharmacies
- Personal administration of items by GPs
- GP out of hours service
- Public health services commissioned by Leeds City Council
- St George’s urgent treatment centre 9AM – 11PM every day

⁶⁷ NHSEI as of February 7th, 2022

- Wharfedale urgent treatment centre 9AM – 11PM every day
- Walk-in Centre at Shakespeare Medical 8AM – 8PM every day
- Wheatfields and St Gemma's hospices
- Forward Leeds Substance misuse service 9AM – 5PM Mon & Fri. 9AM – 7PM Tue-Thu
- End of life service

7.9 Access to the New Medicine Service (NMS)

All Leeds pharmacies have declared at least one NMS intervention between April 2019 and November 2021.⁶⁸

Figure 60 shows the pattern of claims by Leeds pharmacies over this period. Apart from a dip between February 2020 and July 2020 which coincides with the beginning of strict Covid-19 lockdowns, the line is climbing relatively consistently until October and November 2021 when the totals climbed considerably.

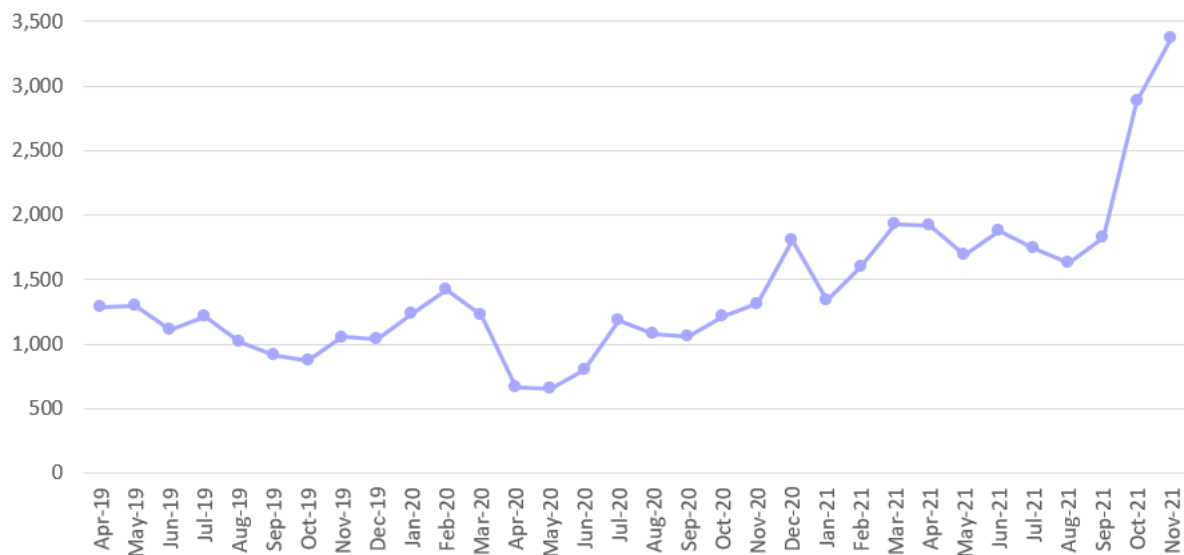


Figure 60 NMS interventions monthly

⁶⁸ 1 or more NMS claims in BSA Pharmacy dispensing data April 2019 - November 2022, or confirmed in CPWY checks

Given that NMS can only be provided in certain circumstances (a new patient prescribed a new drug from a specified list) and that the number of NMS are capped, based upon the level of provision in previous years and the capacity that supported the steady increase and recent spike in activity, the Health and Wellbeing Board is satisfied that there is sufficient capacity within existing contractors to provide more full service interventions than in 2019 and 2020.

7.10 Access to the NHS Community Pharmacist Consultation Service

As of February 2021, 162 of the 165 pharmacies provided the Community Pharmacist Consultation Service⁶⁹. The three pharmacies not providing the service are located in densely populated parts of Inner North East, Outer South, and Inner North West localities with good alternatives. The Health and Wellbeing Board is satisfied that there is sufficient capacity within existing contractors to provide this service.

7.11 Access to the national in'fluenza adult vaccination service

139 of the pharmacies provided a total of 62k 'flu vaccinations in the 2021/22 season (incomplete data covers April 2021 to 31st January 2022).⁷⁰

Even with incomplete data this is a very large increase on the previous year 2020/21 when 131 pharmacies had given a total of 40k vaccinations.

In 2019/20 the total was lower again at 22k.

Figure 61 shows the number of vaccines given each month where data is submitted by Leeds pharmacies participating in the service. It is clear that the 2020/21 season

⁶⁹ NHSEI as of February 7th, 2022

⁷⁰ NHSEI. Marked for service if the pharmacy has delivered at least 1 'flu jab between 1st April - 31st Jan 2022 and uses "PharmOutcomes"

(in blue) was much larger than 2019/20 despite Covid, and 2021/22 was even larger again.

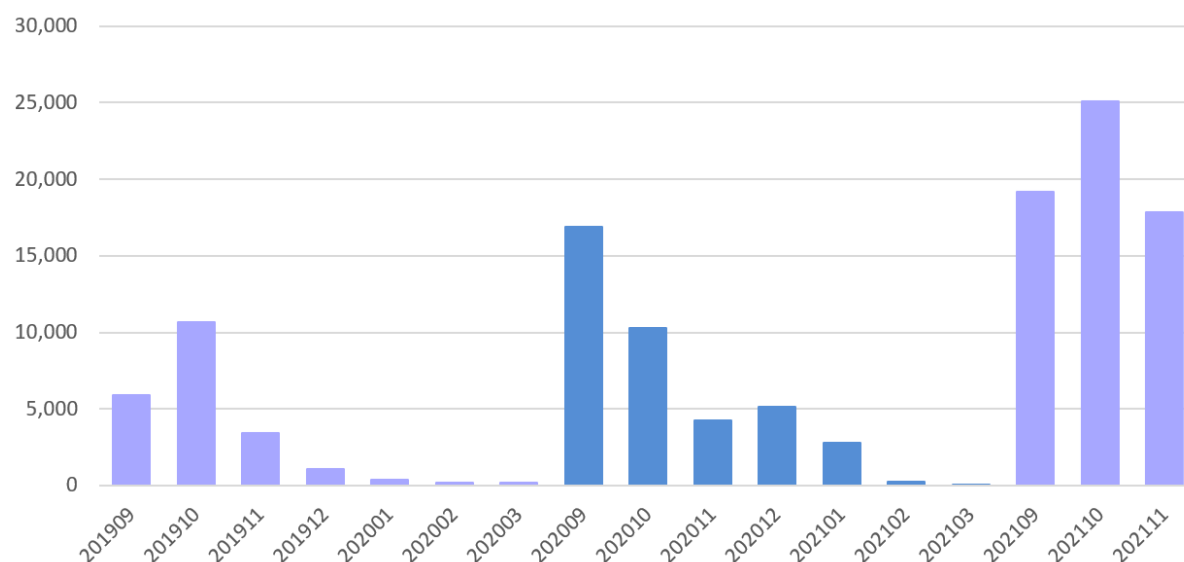


Figure 61 'flu vaccinations monthly

Patients have a choice as to where they have their vaccination and they can also visit a GP for this service. Based upon the increasing level of provision over the last three years despite restrictions, the Health and Wellbeing Board is satisfied that there is sufficient capacity within existing contractors in relation to this service.

7.12 Access to dispensing service provided by GP practices

Dispensing GP practices will provide the dispensing service during their core hours of 8am to 6pm (6:30pm in one case) from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices.

As of November 2021, the five Leeds practices dispensing lists totalled 14,094 patients. This was 30.1% of the total list size for all 5 practices. The percentage varied between 10% and 61% of registered patients at practice level.⁷¹

7.13 Access to pharmaceutical services on public and bank holidays

NHS England and NHS Improvement has a duty to ensure that residents of the Health and Wellbeing Board's area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so.

NHS England and NHS Improvement asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open all or part of these days to ensure adequate access. The Health and Wellbeing Board is satisfied that there is a process in place to ensure patients are able to access pharmaceutical services on these days.

7.14 Necessary services: current provision outside the Health and Wellbeing Board's area

Services that are available to Leeds residents but that are not located in Leeds are outlined below.

7.14.1 Access to essential services and dispensing appliance contractor equivalent services

Patients can choose where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. As a result, some of the prescriptions written for Leeds registered patients are dispensed outside the area. Table 3 shows where

⁷¹ Catalyst | NHSBSA

prescriptions written in Leeds between April 2019 and November 2021 were dispensed.⁷²

Type of contractor	Number of items dispensed			Percentage of items		
	2019/2020	2020/2021	Apr-Nov 2021	2019/2020	2020/2021	Apr-Nov 2021
In area Pharmacy	14,389,613	14,010,933	9,402,869	93%	91%	91%
Distance selling pharmacy	339,599	499,458	399,874	2%	3%	4%
Out of area Pharmacy	411,453	428,991	289,017	3%	3%	3%
In area Dispensing GP	299,085	300,406	202,856	2%	2%	2%
Dispensing Appliance Contractor	112,834	120,259	87,990	1%	1%	1%
Out of area Dispensing GP	5	5		0%	0%	0%
Total	15,552,589	15,360,052	10,382,606	100%	100%	100%

Table 3 Leeds prescription dispensing locations

In-area pharmacies and in-area dispensing GPs are emphasised in bold. Proportions of in-area dispensing were 95% in 2019/20 dropping to 93% in 2020/21 in the most recent data. Distance selling pharmacies increase to 4% in most recent data – Leeds has 7 distance selling pharmacies within the boundary. Whether patients know this or choose a distance selling pharmacy because it is supporting local business is unknown but around 2/3rds of Leeds prescription distance selling dispensing is dispensed by the 7 Distance Selling Pharmacies inside Leeds.

Note that around 1.4% of prescriptions are not dispensed and these are excluded from the table.

For those prescriptions dispensed by community pharmacies outside of Leeds, the largest single location is Bradford with 1% of community pharmacy dispensing. Kirklees and Wakefield make up an almost equal amount. Many other locations, mainly in the north, dispense for Leeds but numbers are very low. Some are

⁷² NHSBA prescription dispensing data April 2019 to November 2021

dispensed as far away as Dorset suggesting some patients take prescriptions on holiday.

7.14.2 Access to New Medicine Service, NHS Community Pharmacist Consultation Service and 'flu vaccination: current provision outside the Health and Wellbeing Board's area

Information on the type of advanced services provided by pharmacies outside the Health and Wellbeing Board's area to residents of Leeds is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the Stoma Appliance Customisation service where payment is made based on the information contained on the prescription. Even with this service only the total number of relevant appliance items is noted for payment purposes. It can be assumed that residents of the Health and Wellbeing Board's area will access these services from contractors outside Leeds; for instance there are eighteen community pharmacies in Leeds providing Stoma Customisation and another nineteen within 2.5km of the Leeds boundary.

7.14.3 Dispensing service provided by some GP practices: current provision outside the Health and Wellbeing Board's area

Residents of the Leeds Health and Wellbeing Board's area can choose to register with a GP practice outside Leeds and access the dispensing service offered by their practice.

The dispensing doctor Pinfold Surgery is within the south east Leeds boundary but registered to Wakefield, most registered patients live outside of Leeds, but some are within Leeds. 9% (2,535) of the practice population are on a dispensing list, of which some of these may live inside Leeds.⁷³

⁷³ Catalyst | NHSBSA

7.15 Other relevant services within the Health and Wellbeing Board's area

'Other relevant services' are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, as services that are provided in and/or outside the Health and Wellbeing Board's area which are not necessary to meet the need for pharmaceutical services but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that other relevant services are Appliance Use Reviews, Stoma Appliance Customisation, the Community Pharmacy Hepatitis C antibody testing service and enhanced services.

7.16 Access to Appliance Use Reviews (AURs)

AURs are uncommon and only one pharmacy in the Health and Wellbeing Board's area provides this service. Information on the AUR services provided by pharmacies and dispensing appliance contractors outside of the district to residents of Leeds is not available due to the way contractors claim.

Some residents may access the service from pharmacies and dispensing appliance contractors outside Leeds. Note that Dispensing Appliance Contractors may also provide this service.⁷⁴

7.17 Access to stoma appliance customisations

18 pharmacies in the Health and Wellbeing Board's area provide this service.⁷⁵

⁷⁴ NHSBA prescription dispensing data April 2019 to November 2021

⁷⁵ NHSBA prescription dispensing data April 2019 to November 2021

7.18 Access to the Community Pharmacy Hepatitis C antibody testing service

As of February 2021, 19 pharmacies have signed up to provide this time limited service and they all fall within the inner city localities.⁷⁶

7.19 Access to palliative care enhanced service

NHSE&I commissions an enhanced service for the provision of palliative care drugs as ordered via a valid NHS prescription from sixteen pharmacies across Leeds, eight of which are open for 100 hours per week. The pharmacies are located as follows:⁷⁷

- Outer North West locality – three pharmacies
- Outer North East– two pharmacies
- Outer East– one pharmacy
- Outer South– one pharmacy
- Outer West - one pharmacy
- Inner South - three pharmacies
- Inner East - one pharmacy
- Inner North West - three pharmacies
- Inner West - one pharmacy

NHSE&I ensures there is good geographical spread of pharmacies providing this service, as well as opening times. The service is commissioned on a West Yorkshire footprint. Although Leeds pharmacies are highlighted here it may be that for some patients the nearest pharmacy providing the service is in another Health and Wellbeing Board area. Based on this the Health and Wellbeing Board is satisfied that there is no gap in the provision of this service.

⁷⁶ NHSEI

⁷⁷ NHSEI

7.20 Other relevant services provided outside the Health and Wellbeing Board's area

Information on the Appliance Use Review and Stoma Appliance Customisation services provided by pharmacies and dispensing appliance contractors outside the Health and Wellbeing Board's area to residents of Leeds is not available due to the way contractors claim. It can be assumed, however, that residents of the Health and Wellbeing Board's area may access these two services from pharmacies and dispensing appliance contractors outside Leeds.

It is also possible that residents will have accessed enhanced services from pharmacies outside of the Health and Wellbeing Board's area but, again, this information is not available.

7.21 Choice with regard to obtaining pharmaceutical services

Section 7.14.1 shows that the proportion of Leeds prescriptions dispensed by Leeds community pharmacies is very slowly falling and is currently around 90%. This shows that residents of the Leeds Health and Wellbeing Board's area are exercising choice. Within the Health and Wellbeing Board's area they have a choice of 165 pharmacies. Outside the Health and Wellbeing Board's area residents chose dispensing from a further:⁷⁸

- 5,001 community pharmacies in 2019/20
- 6,104 community pharmacies in 2020/21
- 5,009 community pharmacies between April 2021 and November 2021
(Note most of the above pharmacies only dispensed once or twice for a Leeds resident)

In the Patient and Public Questionnaire: (Full survey results in Appendix J - Patient and public engagement results)

When asked 'What is important about location of pharmacies' the most popular answers were:

⁷⁸ NHSBA prescription dispensing data April 2019 to November 2021

- Being close to my home
- Being close to my GP
- Parking facilities
- Being in a shopping centre

In the Patient and Public Questionnaire, when asked “*What influences your choice of pharmacy*” the second most common response in the patient and public questionnaire was ‘location’ confirming that proximity to either home, work or GP was very important.

When patients were asked why they “did not use a more accessible or convenient pharmacy”:

• Other	47
• Bad past experiences	31
• Takes too long to get what I want	21
• Difficulty parking at the pharmacy	19
• Not enough privacy	18
• The staff do not know me	16
• They do not have what I need	16
• Not open when I need it	12
• The staff are always changing	7
• Not accessible for wheelchair/ baby buggy	4

The ‘Other’ responses to this question are mostly about accessibility (including the pharmacy not being inside a supermarket), quality concerns, existing ‘automatic prescriptions’ (EPS) or deliveries being already set up and familiarity with staff built over time.

When asked for “*Any further comments about services in their area*”, in the positive comments service quality was mentioned three times more than access, whereas in the negative comments access was the most frequent theme followed by low stock. This would indicate that while proximity to home or GP is extremely important to

customers there are other factors that carry more weight and can easily override location.

Customers in the Leeds survey are choosing their pharmacy for several reasons, primarily the ease of access from home or from their GP but also because of parking convenience or because the pharmacy is located next to other shops. Some are choosing not to use a “more accessible or most convenient” pharmacy, which tells us something about the level of choice available; there is often another option and many of the reasons for this are about trusting staff or an existing arrangement for EPS. Given the high levels of accessibility seen in sections 7.5, 7.6 and 7.7 as well as the correlation of pharmacy locations with populations, the Health and Wellbeing Board is satisfied that customers have the option of choice and are making decisions based on their requirements.

7.22 Meeting the needs of specific populations:

Section 6 identifies vulnerable people and communities that may have specific health needs that should be recognised by community pharmacy in Leeds. As well as an awareness of these populations and their health needs, there are services and facilities that can be put in place to ensure their needs are met.

First and foremost, all pharmacies are required to be compliant with the Equality Act 2010 that legislates against direct discrimination against any person for the supply of goods or services. Pharmacy contractors are required to make ‘reasonable adjustments’ to accommodate any person with a disability both on their premises and in terms of service, for example, wheelchair access and ramps. Wherever possible, provision of disabled-friendly services such as wheelchair accessible consulting rooms, provision for those with visual or hearing impairments, etc., should be considered an essential aspect of good service provision.

The majority of pharmacies in Leeds have a wheelchair accessible entrance with 82% of those that replied to the contractor survey stating that they were accessible. Of the 78 responses, 51 stated that they had a hearing loop available, 40 had

automatic door assistance and 40 had large print labels/leaflets. All pharmacies had consultation rooms available, of which 71% had wheelchair access, 73% had handwashing facilities and 9% had toilet facilities.

A current barrier to accessing community pharmacy services for those for whom English is not their first language is that pharmacies in Leeds do not currently have access to NHS interpretation and translation services. Working with language interpreters and translators helps provide optimal patient care as it can reduce communication barriers between practitioner and patient. It has been shown to improve safety with respect to diagnosis and prescription.

Homeless people can register with a General Practice and then access community pharmacies for dispensing medication. In addition, anyone who is homeless can also access advice and support from a community pharmacy without GP registration or the need to provide an address.

8 Other NHS services

The following NHS services are deemed, by the Health and Wellbeing Board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service
- Personal administration of items by GPs – similar to hospital pharmacies, this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, to then return with the vaccine to the practice so that it may be administered
- GP out of hours service – Local Care Direct provide telephone triage overnight 7 days a week. This service provides many prescriptions and will affect the need for pharmaceutical services, in particular the dispensing of prescriptions
- Public health services commissioned by Leeds City Council
- St George's urgent treatment centre – services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions
- Wharfedale urgent treatment centre – services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions
- Walk-in Centre at Shakespeare Medical Centre can provide advice and treatment for registered and non-registered patients. This will affect the need for pharmaceutical services, in particular the dispensing of prescriptions although numbers are low
- Prison pharmacies – these reduce the demand for the dispensing essential service as prescriptions written in prisons will not be dispensed by pharmacies
- Wheatfields and St Gemmas hospices – generate a very small number of prescriptions that are dispensed by community pharmacies

- Forward Leeds Substance Misuse service – generates prescriptions which affects the need for the dispensing essential services and the locally commissioned supervision service
- End of life service - ensures access to drugs urgently. This generates prescriptions some of which are prescribed within hospices, some by GPs, and some by Leeds Community Healthcare (LCH) Palliative Care team which affects the need for the dispensing essential services. Some of these prescriptions will be generated out of hours and be needed to be supplied urgently for use at home and this may affect where they are dispensed, depending on pharmacy opening times and stock levels in pharmacies
- Community Pharmacist Consultation Service – this is a nationally commissioned Advanced Service and patients referred by either 111 or GP practices may be eligible for other commissioned services e.g. Pharmacy First or Minor ailments service

8.1 Hospital pharmacies

The following hospitals are located in Leeds:

- Leeds General Infirmary*
- St James's University Hospital*
- Chapel Allerton Hospital*
- Leeds Children's Hospital
- Leeds Dental Institute
- Seacroft Hospital*
- Wharfedale Hospital
- Leeds Cancer Centre

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. This is provided by the Leeds Teaching Hospitals Trust Medicines Management and Pharmacy Service.

8.2 Personal administration of items by GPs

Under their primary medical services contract with NHSE&I/Leeds CCG there may be occasions where a GP or other healthcare professional at the practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances, the GP or other healthcare professional will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or the nurse. This is different to the dispensing of prescriptions and only applies to certain specified items, for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription but the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHSBSA at the end of the month. It is not possible to quantify the number of items that were personally administered by GP practices in Leeds as the published figures include items which have been either personally administered or dispensed by dispensing practices.

8.3 GP out of hours service

The GP out of hours service in Leeds provides telephone triage via Local Care Direct overnight 7 days a week. Additional physical services are provided as follows:

- Wharfedale urgent treatment centre
- St Georges's urgent treatment centre
- Shakespeare walk-in centre

The telephone service is available 6:30pm-8am Monday to Thursday, and then 6:30pm Friday -8am Monday. Other out of hours options include dialling 111.⁷⁹

45,399 items were prescribed by the Local Care Direct out of hours service between April 2019 and November 2021, more than 99% of these were dispensed by community pharmacies and 90% of them were Leeds community pharmacies. Unsurprisingly, due to the times at which the out of hours service operates, 47% of items were dispensed by the 100 hour pharmacies in the Health and Wellbeing Board's area.

In total 97% of all items prescribed by the three out of hours service bases were dispensed by pharmacies in the Health and Wellbeing Board's area with the remainder mostly dispensed by pharmacies in Bradford. However, some items were dispensed as far afield as Cornwall and Luton.

The Shakespeare Walk-in centre is the busiest of the three bases in terms of prescribing, with 25,521 items compared to around 6,000 prescribed at St George's or 1,500 at Wharfedale between April 2019 and November 2021.

8.4 Locally commissioned services

Leeds City Council, Leeds CCG, and NHSE&I are responsible for the commissioning of public health services and this has impacted on the need for pharmaceutical services.

The following public health services are provided by pharmacies:

- Emergency hormonal contraception (under a contract to LCH)
- Chlamydia screening
- Needle exchange
- Inhaler technique checks

⁷⁹ NHSBA prescription dispensing data April 2019 to November 2021

- Pharmacy First - the nationally commissioned Community Pharmacist Consultation Service will affect Pharmacy First as some patients referred to pharmacies will then be eligible for provision of medicines under Pharmacy First
- Palliative care
- Minor ailment service – a service commissioned through NHSE&I regional team. The nationally commissioned Community Pharmacist Consultation Service will affect the Minor Ailment Service as some patients referred to pharmacies will then be eligible for provision of medicines under Minor ailments service
- Supervised consumption

Not all of these services are open to new pharmacies and provision is limited by the commissioner rather than the pharmacies.

8.5 Substance Misuse service

The Forward Leeds Substance Misuse service generated 165,599 items of prescription between April 2019 to November 2021. This is around 0.4% of all Leeds prescriptions so a very small but specialist provision and almost entirely dispensed inside Leeds.⁸⁰

⁸⁰ NHSBA prescription dispensing data April 2019 to November 2021

9 Inner East locality

9.1 Key Facts for Inner East locality

- The GP-recorded ethnicity of this population has a much lower “White British” component than the Leeds average. Ethnic groups that are more prevalent here include “Black African”, “Pakistani or British Pakistani”, and “Other White background” which includes several Eastern European ethnicities.
- Almost all the population live in the most deprived fifth of England
- Planned housing developments between 2022 and 2025 are likely to result in around 1,200 new homes, all of which will be within a 12-minute walk of at least one community pharmacy inside the locality
- 53% of households had no access to car or van in Census 2011 (Leeds rate is 32%)
- Child obesity rates in both Reception and Year 6 are significantly higher than Leeds overall, and the highest rates in any locality (2019/20)
- Adult obesity rates are the highest in the city (age standardised rates)
- Smoking rates are the highest in the city (age standardised rates)
- GP-recorded cancer rates are the lowest in the city – more deprived areas tend to have more cancer mortality leading to lower rates in the living population
- Rates of coronary heart disease, and diabetes are the highest in the city
- The locality has the second highest rates of severe mental health, and dementia in the city
- Life expectancy for men and for women in this locality is the lowest in Leeds, significantly below the Leeds values
- Premature mortality rates are very high for preventable causes, cancers, circulatory and respiratory diseases, and smoking-attributable mortality

9.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)⁸¹

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies
- 1.9% were dispensed by dispensing GPs inside Leeds
- 2.9% were dispensed by distance selling pharmacies
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at Dispensing Appliance Contractors (DACs) based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

9.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a much lower “White British” component than Leeds generally. Ethnic groups that are more prevalent here include: “Black African”, “Pakistani or British Pakistani”, and “Other White background” which includes several Eastern European ethnicities.⁸²

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

⁸¹ NHSBA prescription dispensing data April 2019 to November 2021

⁸² Leeds GP data extraction October 2021

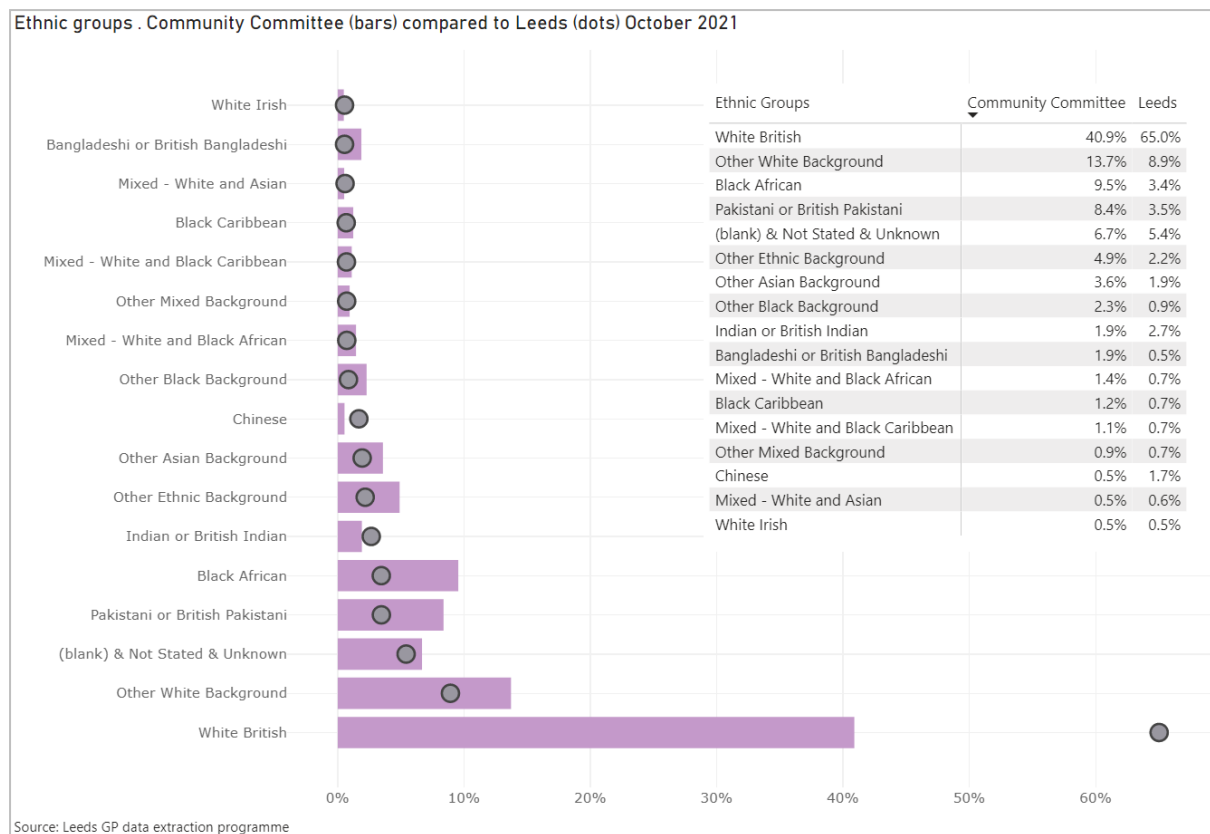


Figure 62 Comparison of ethnicities in the Inner East locality and Leeds

9.4 Deprivation by Lower Super Output Area and community pharmacies

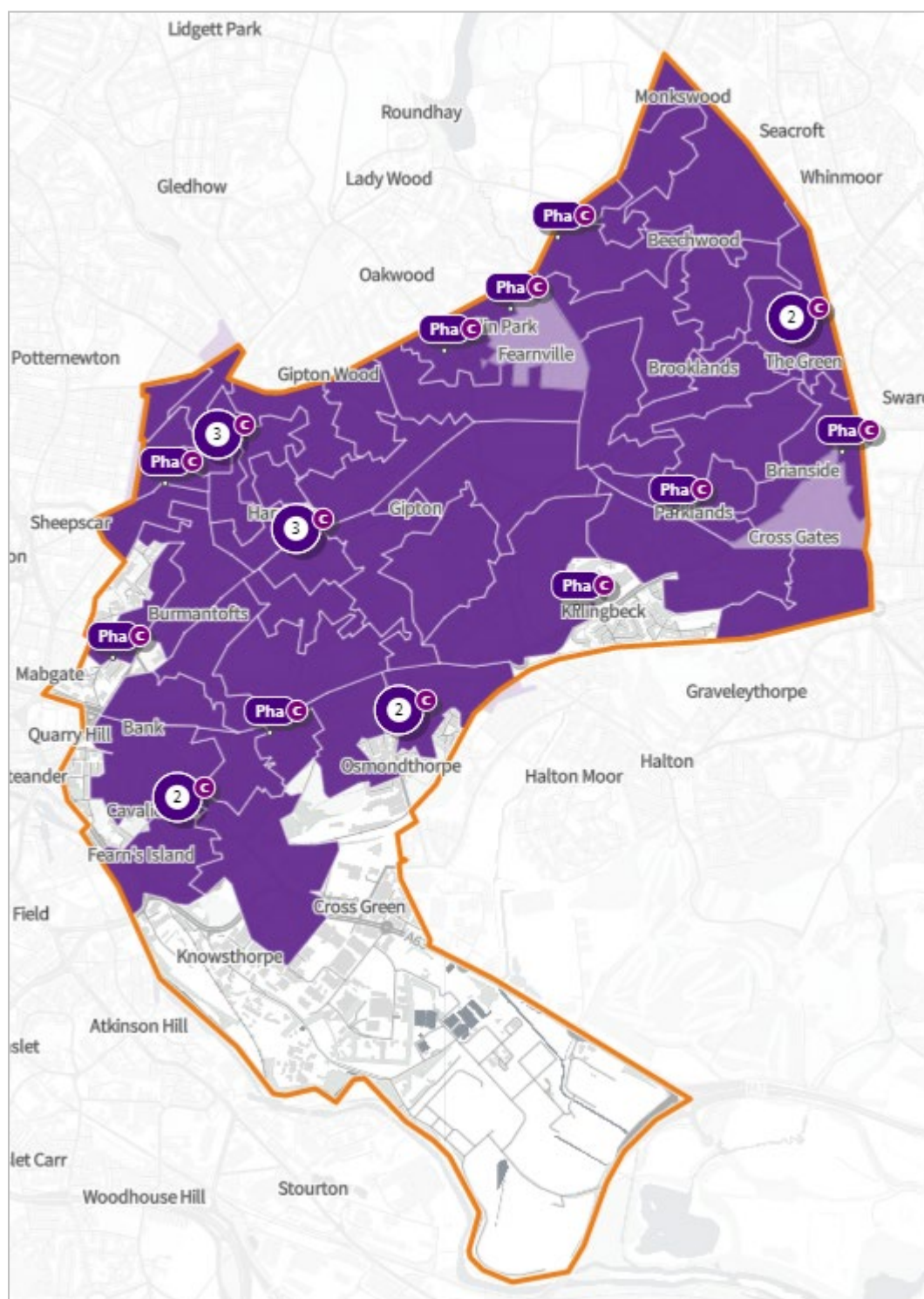


Figure 63 Areas of deprivation and pharmacy locations

9.5 Housing developments

Planned developments between 2022 and 2025 for this locality will create around 1,200 new homes⁸³ all within a 12-minute walking distance of an existing community pharmacy. We know that car or van ownership rates were very low here (Census 2011) making on-foot or access to buses important.

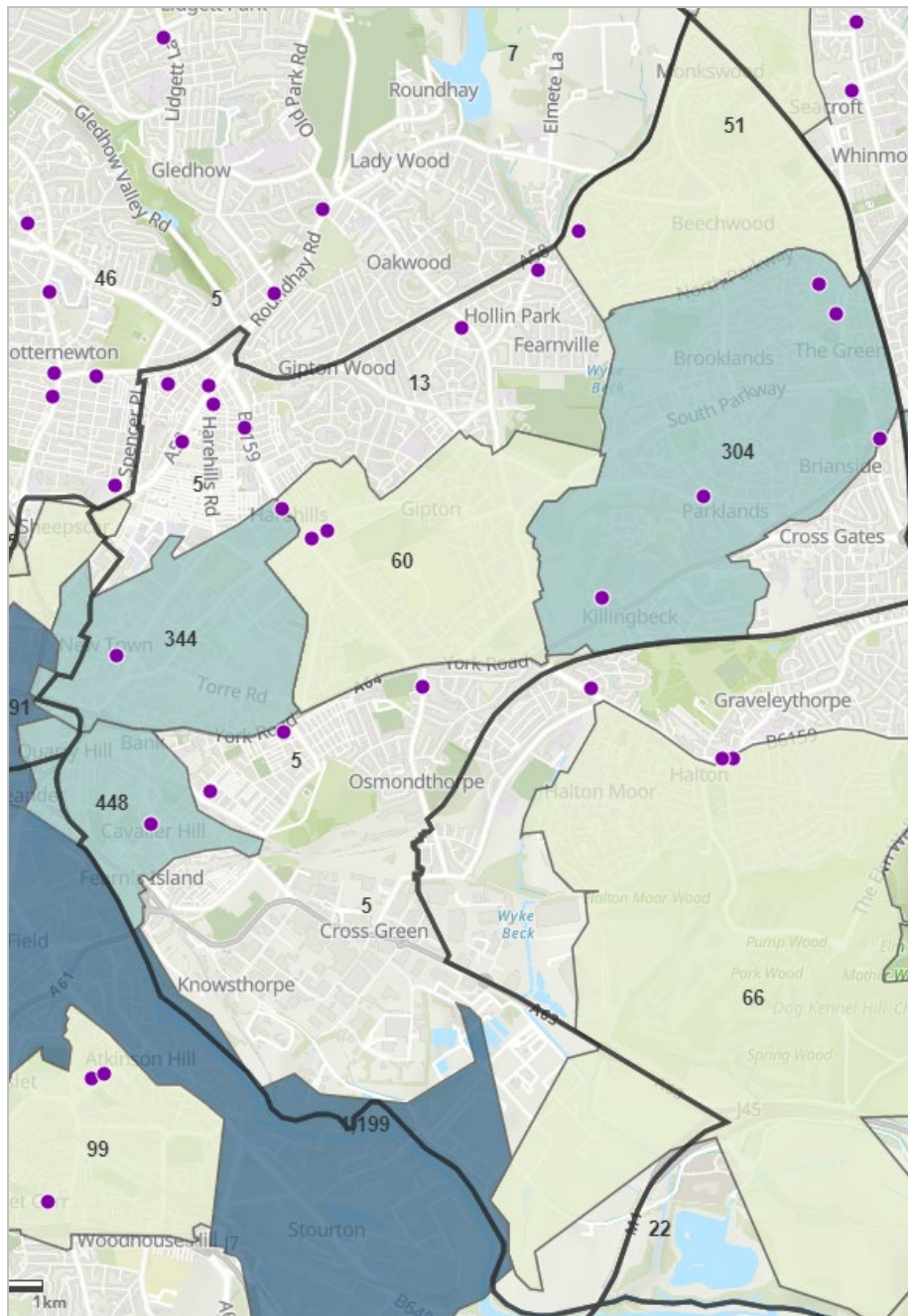


Figure 64 Expected development of new homes between 2022 – 2025 by postcode sector

⁸³ LCC Annualised housing land availability as of July 2021

Areas within 12 minutes' walk of existing community pharmacies for comparison with housing development map (500m buffer around locality).

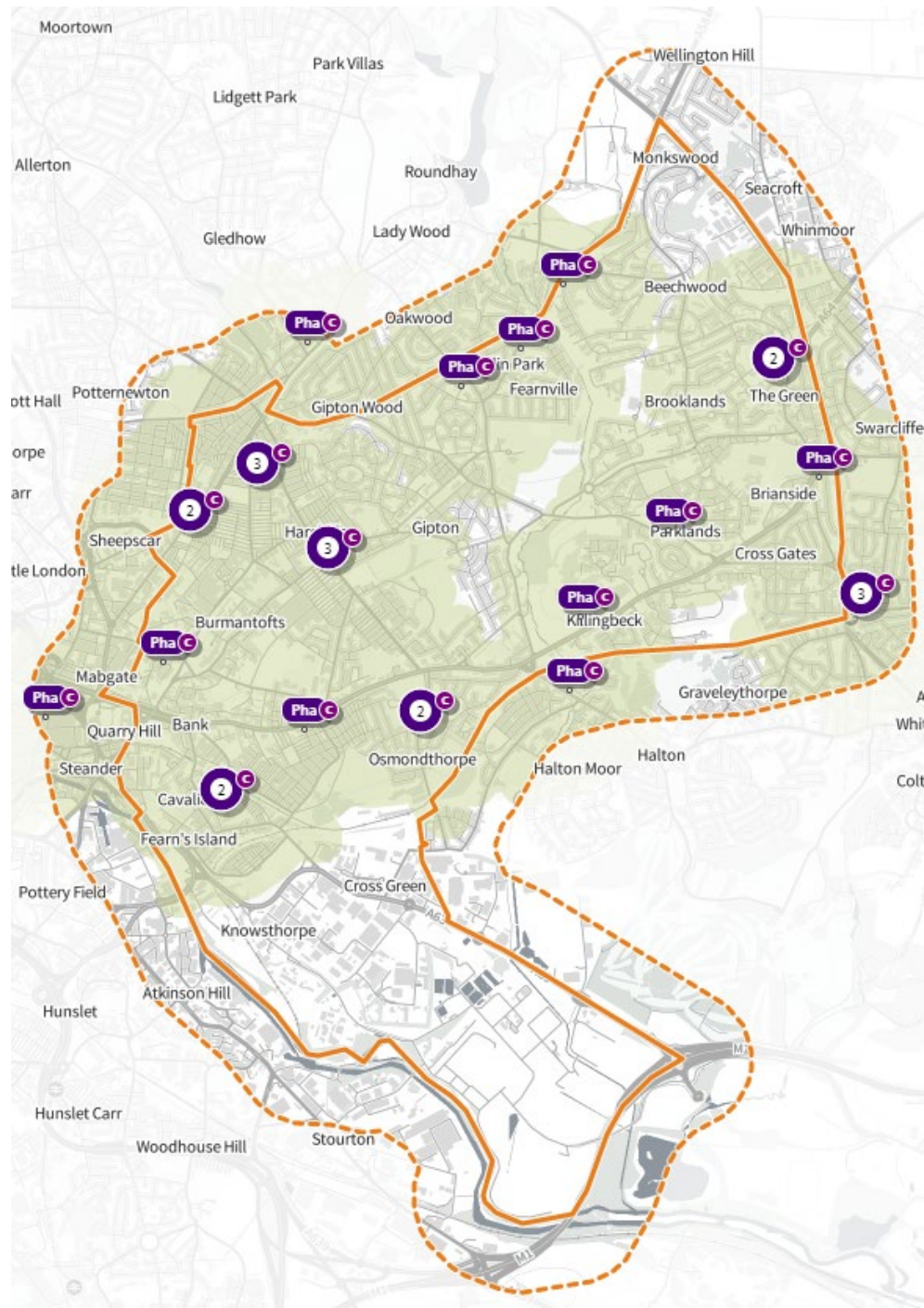


Figure 65 Walking area within 12 minutes of community pharmacies

A map of access by public transport is not shown because access is excellent – within 10 minutes for all residents.

9.6 Necessary services: community pharmacy provision

The 21 community pharmacies within the locality are shown in the main map alongside population density. The map shows a good correlation between pharmacy locations and population density. The most recent estimate of the population of Inner East is 83,497 and this equates to 25.2 pharmacies per 100,000 people. If we include a half-mile buffer zone around the locality then this increases to 42 pharmacies at 50.3 per 100,000. This is higher than the England average of 21 per 100,000⁸⁴. It should be noted that these are averages and there is no expectation on the number of pharmacies per 100,000 as business models vary between pharmacies.

⁸⁴ Source: General Pharmaceutical Services in England 2015/16 – 2020/21 <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

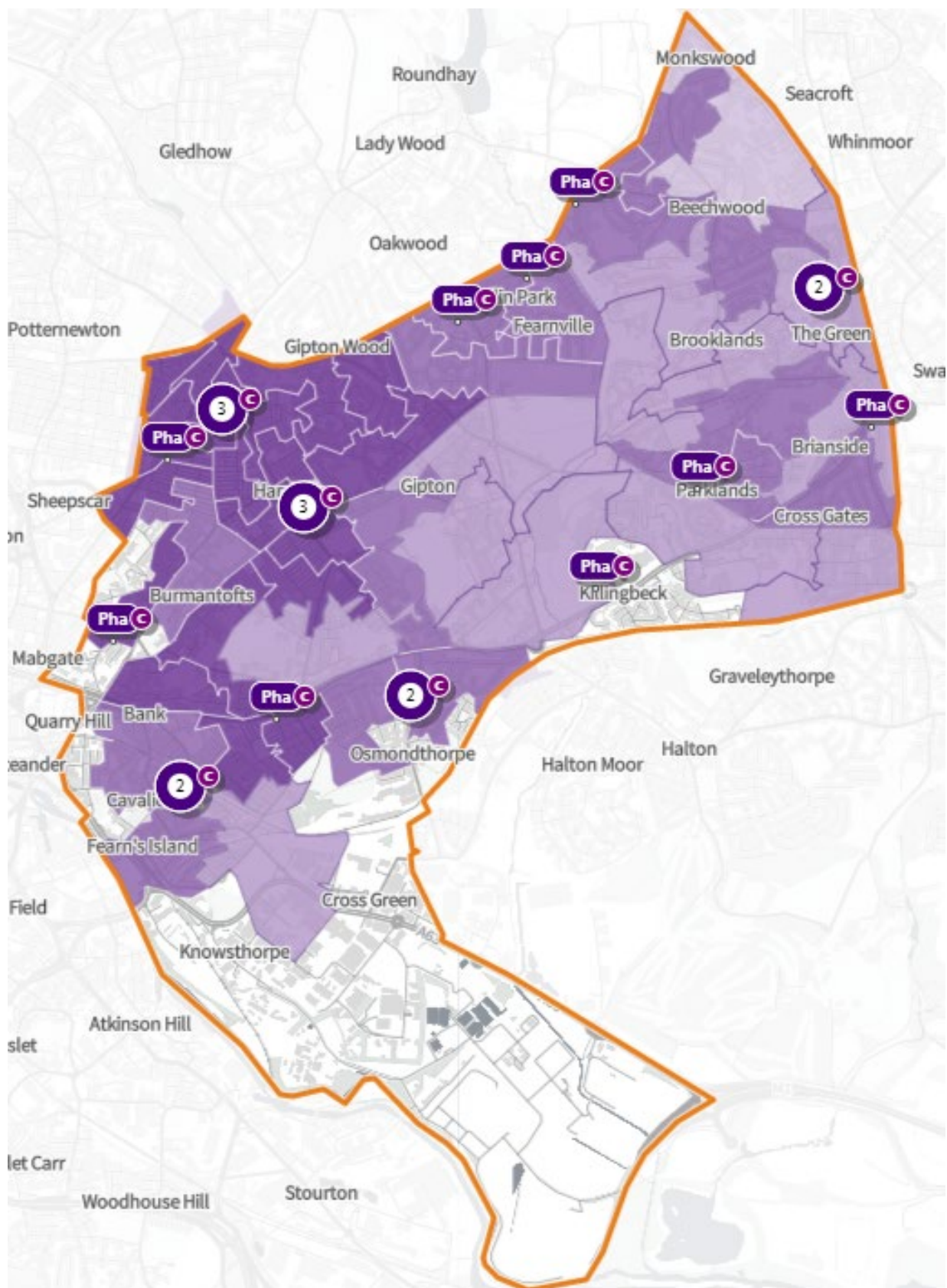


Figure 66 Population density and community pharmacy locations

9.7 Necessary services: access to community pharmacies

Access on foot within 20 minutes is excellent, particularly when allowing a 1.5km buffer around the locality, shown in Figure 67 Walking area within 20 minutes of community pharmacies. Note that the south corner of the Inner East locality is a water treatment plant and industrial buildings.

Access by car within 5 minutes (even in rush hour) and by public transport within 10 minutes are excellent (maps not shown). The software cannot test for access by bus at weekends; coverage would probably be higher due to less traffic but availability of buses would be lower.

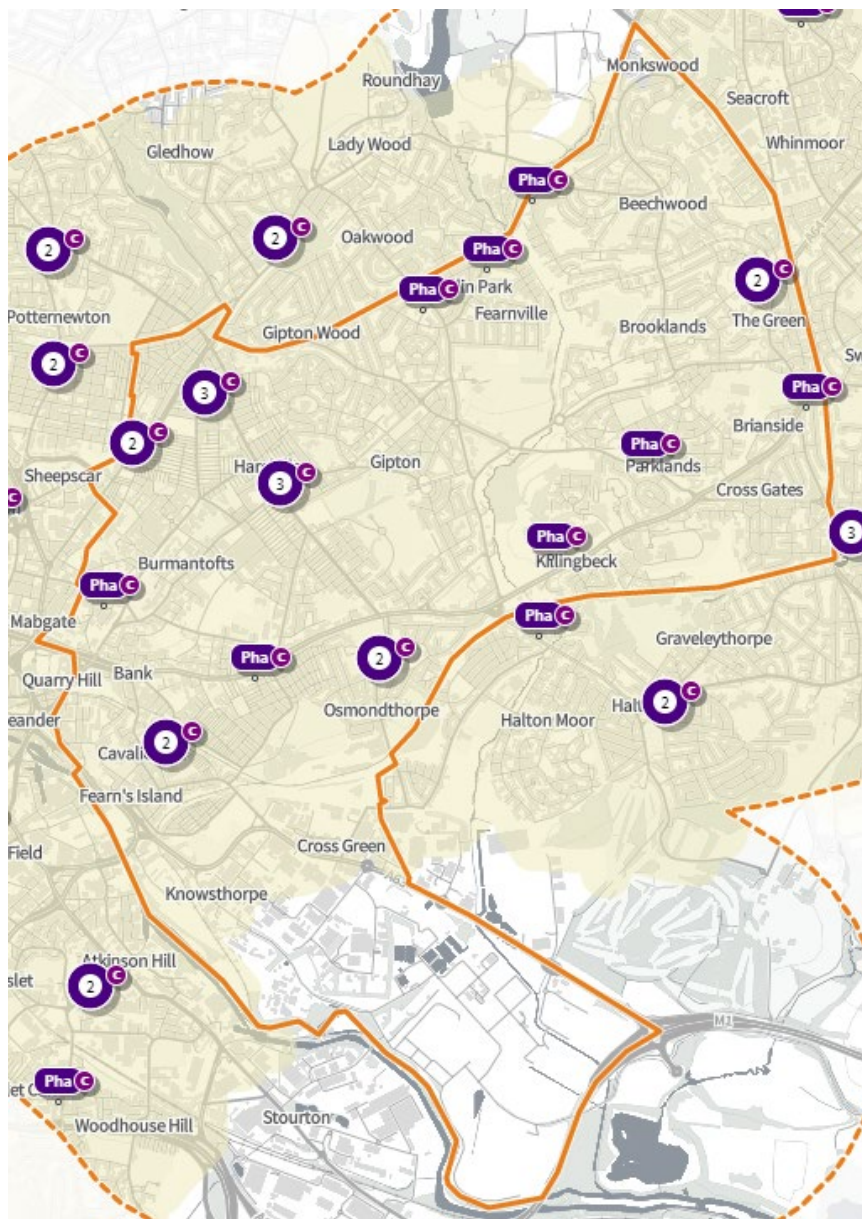


Figure 67 Walking area within 20 minutes of community pharmacies

9.8 Current provision in the locality area

Between April 2019 and November 2021, 68% of prescription items generated* within the locality were dispensed within the locality by community pharmacists, a total of 2,743,475 items. Most remaining prescriptions were dispensed in the neighbouring locality, Outer East.⁸⁵

Dispensing by distance selling pharmacies increased from 28,000 items in 2019-20 to 45,000 items in 2020-21. The 8-month data for 2021-22 shows a further increase, in that the number of items dispensed has almost reached the previous year total. This increase is very likely to be attributable to the changes in patient behaviour triggered by the COVID-19 pandemic and these behaviour changes may persist into the future.

**Prescription source NHSBA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

9.9 Opening hours

There are three 100-hour pharmacies within the locality as well as eighteen 40-hour pharmacies. The earliest opening time Monday to Friday is 7 a.m. and the latest closing time is midnight (Figure 68). There are 13 Saturday opening pharmacies, with the earliest opening time of 7 a.m. and the latest closing time of midnight (Figure 68). There are six Sunday opening pharmacies with the earliest opening time of 8 a.m. and the latest closing time of 8 p.m. (Figure 68).⁸⁶ Evening opening is defined as pharmacies that are open until 6 p.m. at least once a week; in this locality there are 17 pharmacies with evening opening hours.

⁸⁵ NHSBSA prescription dispensing data April 2019 to November 2021

⁸⁶ NHSE&I 7th February 2022

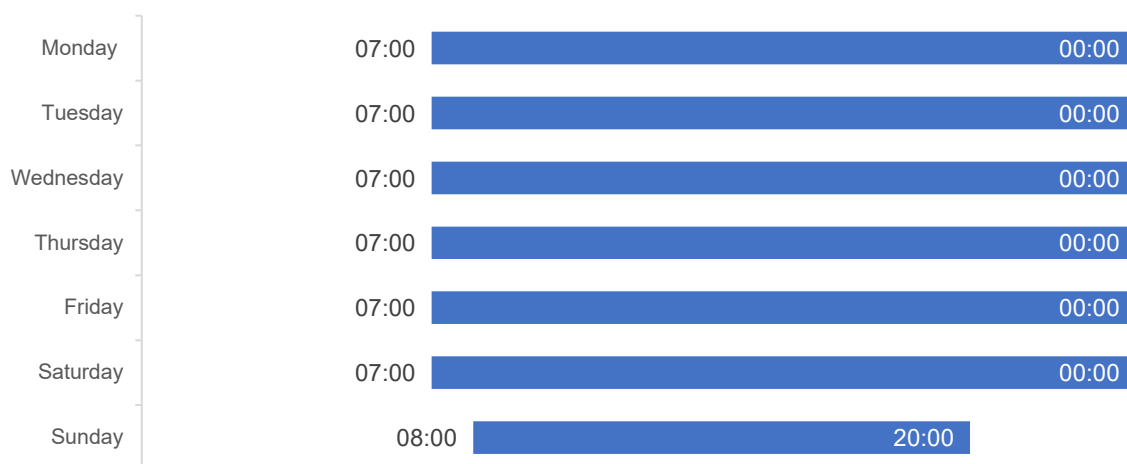


Figure 68 Earliest opening and latest closing times of pharmacies in the Inner East locality

9.10 Necessary services: current provision in locality

All 21 community pharmacies provided at least one New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between 39 and 1,706 for these 21 pharmacies.⁸⁷

All 21 community pharmacies provide the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.⁸⁸

Between April and November 2021, 17 community pharmacies delivered “flu vaccinations. Note that the vaccination programme runs from September to March so the available data does not cover the full period.

9.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area to access services including those:⁸⁹

- offered by DACs
- offered by distance selling pharmacies

⁸⁷ 1 or more NMS claims in BSA Pharmacy dispensing data April 2019 - November 2022, or confirmed in CPWY checks

⁸⁸ NHSE&I as of February 7th, 2022

⁸⁹ NHSBSA prescription dispensing data April 2019 to November 2021

- which are located near to where they work, shop, or visit for leisure or other purposes

Locality community pharmacies dispensed 68% of prescriptions generated in the locality. The remainder were dispensed by:

- 18% at community pharmacies in the neighbouring locality Outer East
- 7% in other localities
- 3% at distance selling pharmacies
- 0% at dispensing GPs

9.12 Other relevant services: current provision

Three community pharmacies have declared at least one Stoma Customisation fee between April 2019 and November 2021 (NHSBSA dispensing data). Counts vary between 7 and 107.

Three community pharmacies provide the Hep C antibody testing service (NHSEI at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|----------------------------------------|----|
| • Chlamydia screening | 8 |
| • Emergency hormonal contraception | 8 |
| • Inhaler technique | 10 |
| • Minor ailments scheme | 8 |
| • Needle exchange | 2 |
| • Supervised consumption | 20 |
| • Hypertension | 10 |
| • Covid Lateral Flow test distribution | 21 |

9.13 Other NHS services in locality

Only one non-GP service generated prescriptions in the locality. The DMC Dermatology service prescribed only 31 items in the period April 2019 to November 2021.⁹⁰

9.14 Choice regarding obtaining pharmaceutical services

The demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. A neighbouring locality provides around 18% of dispensing, likely due to ease of access. Distance selling pharmacies make up around 3% of dispenses.

9.15 Necessary services gaps in provision

The Health and Wellbeing Board has considered whether there is a current need for a new pharmacy due to major housing developments. It has noted that access on foot within 12 minutes will be very good, as will be access by public transport, especially important as car or van ownership may be low in more deprived areas.

The Health and Wellbeing Board has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services
- Be able to use public transport or
- Be able to walk to a pharmacy

The Health and Wellbeing Board has noted that the COVID-19 pandemic has substantially increased the acceptance and use of remote consultations within primary care, it has also seen a very large increase in dispensing via distance selling pharmacies. The Health and Wellbeing Board is of the opinion that above residents will be able to access pharmaceutical services remotely either via:

⁹⁰ NHSBA prescription dispensing data April 2019 to November 2021

- The delivery service that all distance selling premises in England must provide
- or
- The private delivery service offered by some pharmacies and
 - To a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has considered the planned housing developments and concluded that access will remain within reasonable time limits. This can be achieved with one of public transport, private transport, or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccinations.

9.16 Improvements or better access gaps in provision

Three pharmacies provide stoma customisation, and it is noted that prescriptions dispensed by DACs is a reason that some prescriptions have been dispensed outside the locality. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that one pharmacy (a 100-hour pharmacy) currently provides this service in the locality. Many pharmacies

have stock of palliative care drugs, though patients are encouraged to use their own pharmacy where possible, as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing three pharmacies have signed up to provide the Hepatitis C antibody testing service which commenced on 1st September 2020 and runs until 31st March 2023. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service is available from 10 pharmacies in this locality as of February 2022, one of which is a 100-hour pharmacy; this is a new service so provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

Eight pharmacies provide the Minor Ailments Scheme, one of these is a 100-hour pharmacy. The Minor Ailments Service is commissioned by NHSE&I from a limited number of pharmacies based in the Leeds Southeast geographical area. It is not open for additional pharmacies to join the service. The PNA contractor survey demonstrated a willingness for more pharmacies to offer this type of service should the commissioning be expanded. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 8 pharmacies providing the Hypertension service, one extra pharmacy is providing the Hepatitis service, and 6 are now providing the smoking cessation service that began in March 2022.

10 Inner South locality

10.1 Key Facts for Inner South locality

- The GP-recorded ethnicity of this population has a lower “White British” component than the Leeds average. Ethnic minority communities that are more prevalent here include “Black African” and “Other White Background”
- This is a very deprived area, with two-thirds of the locality population living in areas within the most deprived fifth in England. The remaining third are split between the second most-deprived and mid ranges of England. The locality ranks second most deprived out of all 10 localities.
- Planning between 2022 and 2025 for this locality will create around 3,400 new homes. This is a very large increase in housing but the development areas are all within 12-minute walking distance of an existing community pharmacy.
- 47% of households had no access to car or van in Census 2011 (Leeds rate is 32%)
- Child obesity rates in Reception classes were the second highest in the city but not significantly higher than the Leeds average (2020/21).
- Child obesity rates in Year 6 were the second highest in the city and significantly above the Leeds average (2019/20).
- Asthma, adult obesity, smoking, CHD and diabetes rates are all second highest in the city
- This locality has the highest mortality rates for all of the following: preventable causes, cancers, circulatory diseases, smoking attributable, respiratory, and alcoholic liver disease (all under 75 years mortality 2018 - 20)
- COPD and dementia are more prevalent in this locality than any other
- Severe Mental health issues are significantly higher than the city average
- Life expectancy is the second lowest in the city for both sexes, and significantly below the Leeds average

10.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)⁹¹

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies
- 1.9% were dispensed by dispensing GPs inside Leeds
- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north.

10.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a lower “White British” component than the Leeds average. Ethnic minority communities that are more prevalent here include “Black African” and “Other White Background”.⁹²

Figure 69 shows the locality as purple bars and overlays Leeds proportions as dots.

⁹¹ NHSBSA prescription dispensing data April 2019 to November 2021

⁹² Leeds GP data extraction October 2021

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021

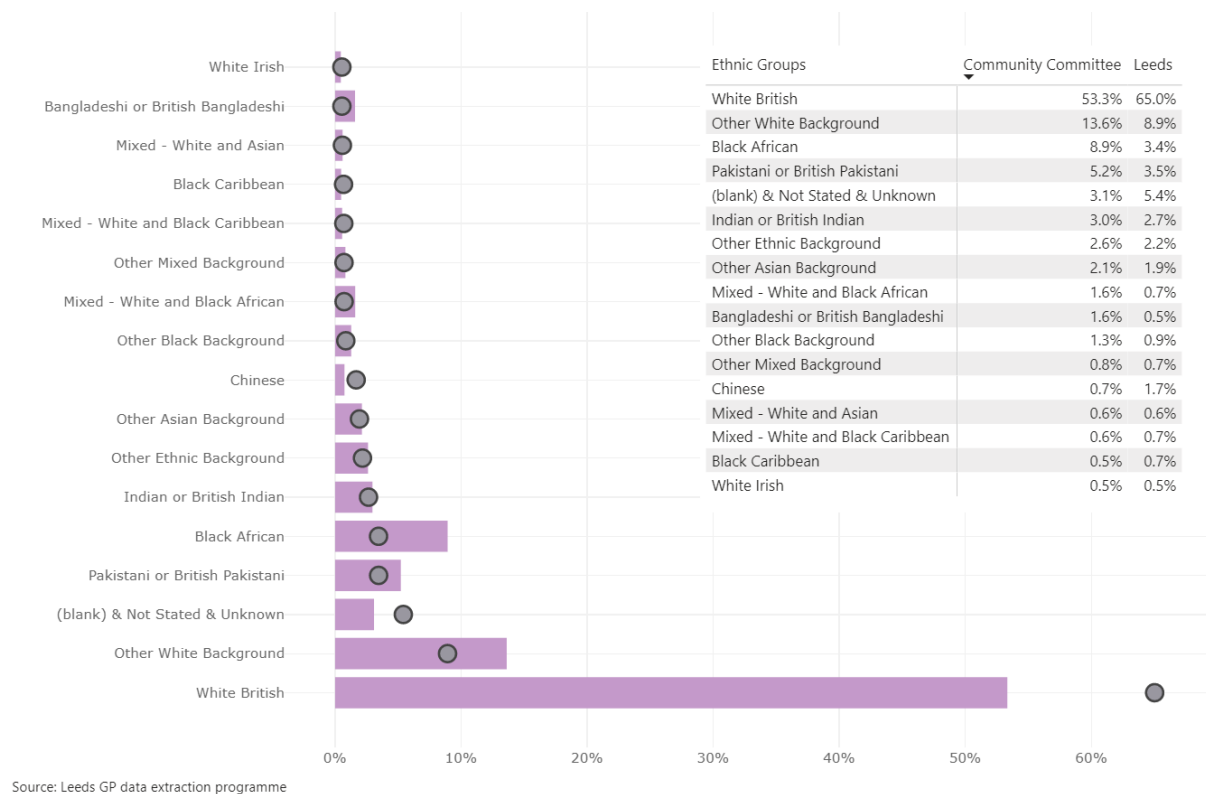


Figure 69 Comparison of ethnicities in the Inner South locality and Leeds

10.4 Deprivation by Lower Super Output Area with community pharmacies

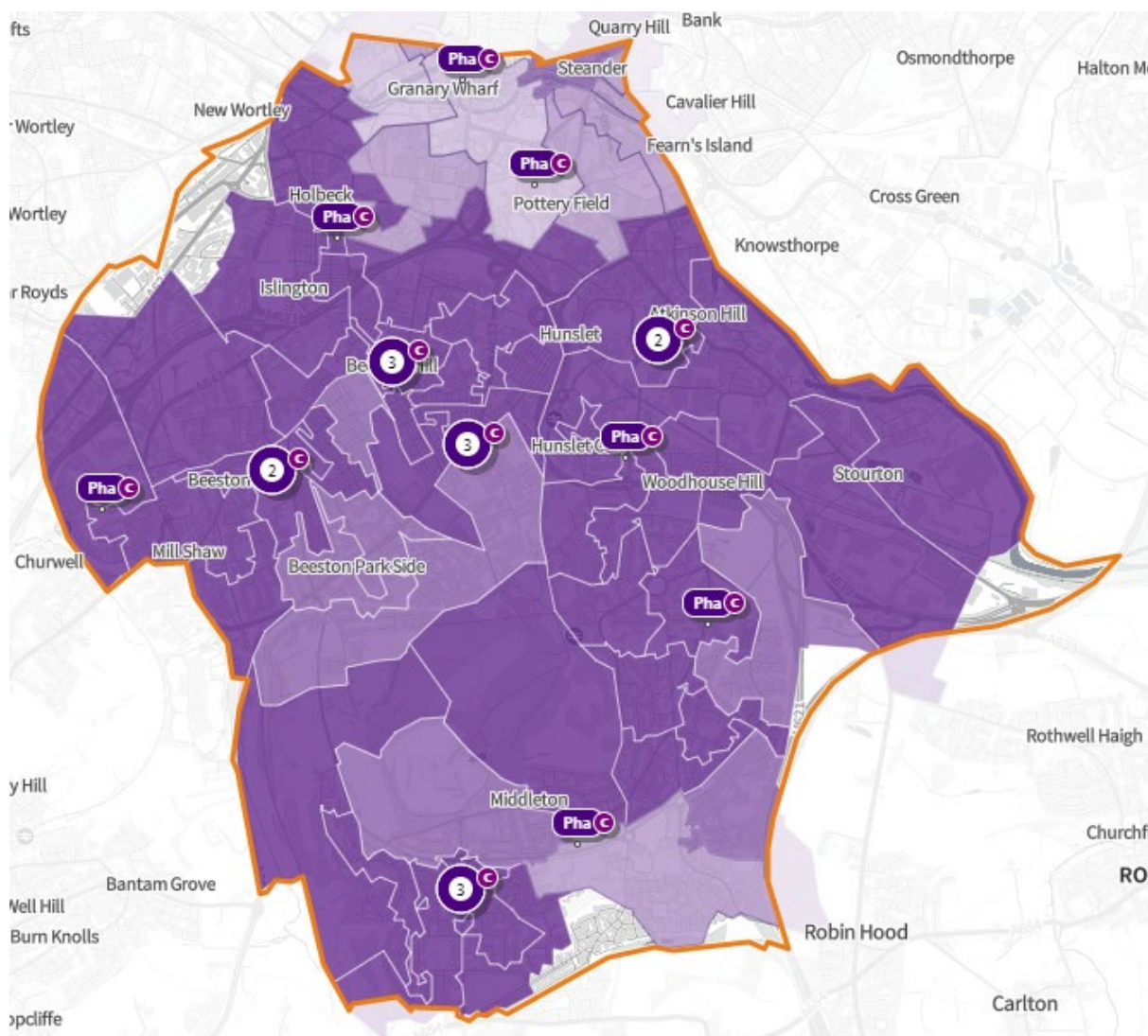


Figure 70 Deprivation and pharmacy locations

10.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 3,400 new homes⁹³. This is a very large increase in housing but the development areas are all within a 12-minute walking distance of an existing community pharmacy. We know

⁹³ LCC Annualised housing land availability as of July 2021

that car or van ownership rates were very low here (Census 2011) so on-foot or bus access is important.

Note that Figure 71 shows general planning by postcode sector, in this instance actual development locations were tested separately and found to be within walking distance of pharmacies.

Expected development of new homes between 2022 and 2025 by postcode sector

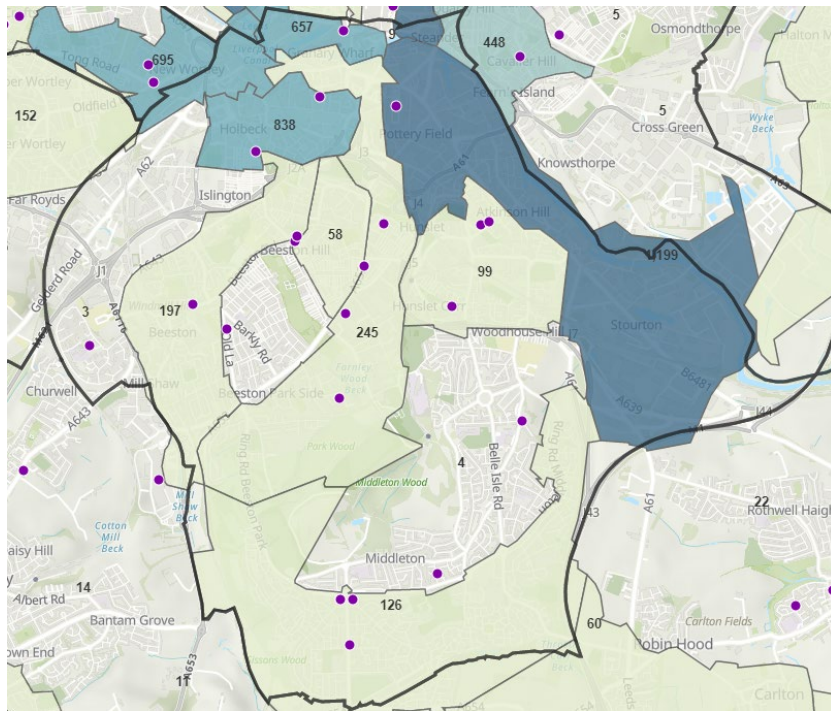


Figure 71 Expected development of new homes between 2022 and 2025 by postcode sector

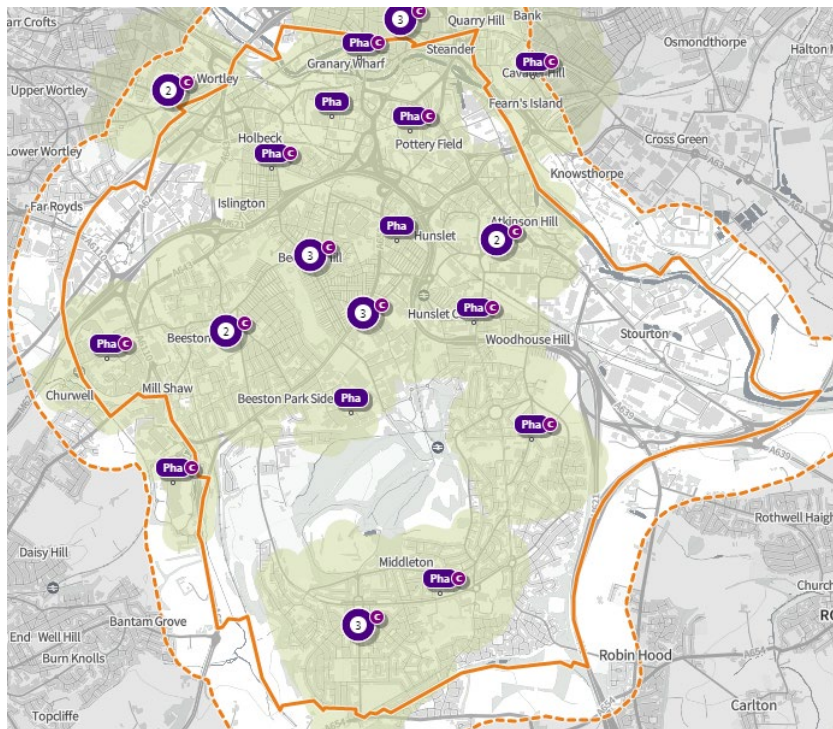


Figure 72 Walking area within 12 minutes of community pharmacies

Figure 72 shows areas within 12 minutes' walk of existing community pharmacies for comparison with housing development map, including a 500m buffer around the locality.

10.6 Necessary services: community pharmacy provision

There are 20 community pharmacies within the locality, 16 are 40-hour and four are 100-hour. These are shown in Figure 73 with population density, indicating a good correlation between the two. The most recent estimate of the population of Inner South is 90,726 and this equates to 22 pharmacies per 100,000 people, higher than the England average. If we include a half-mile buffer zone around the locality the number of pharmacies increases to 30 with 33.2 per 100,000 people. This is higher than the England average of 21 pharmacies per 100,000 people⁹⁴. It should be noted

⁹⁴ Source: General Pharmaceutical Services in England 2015/16 – 2020/21 <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

that these are averages and there is no expectation on the number of pharmacies per 100,000 people as business models vary between pharmacies.

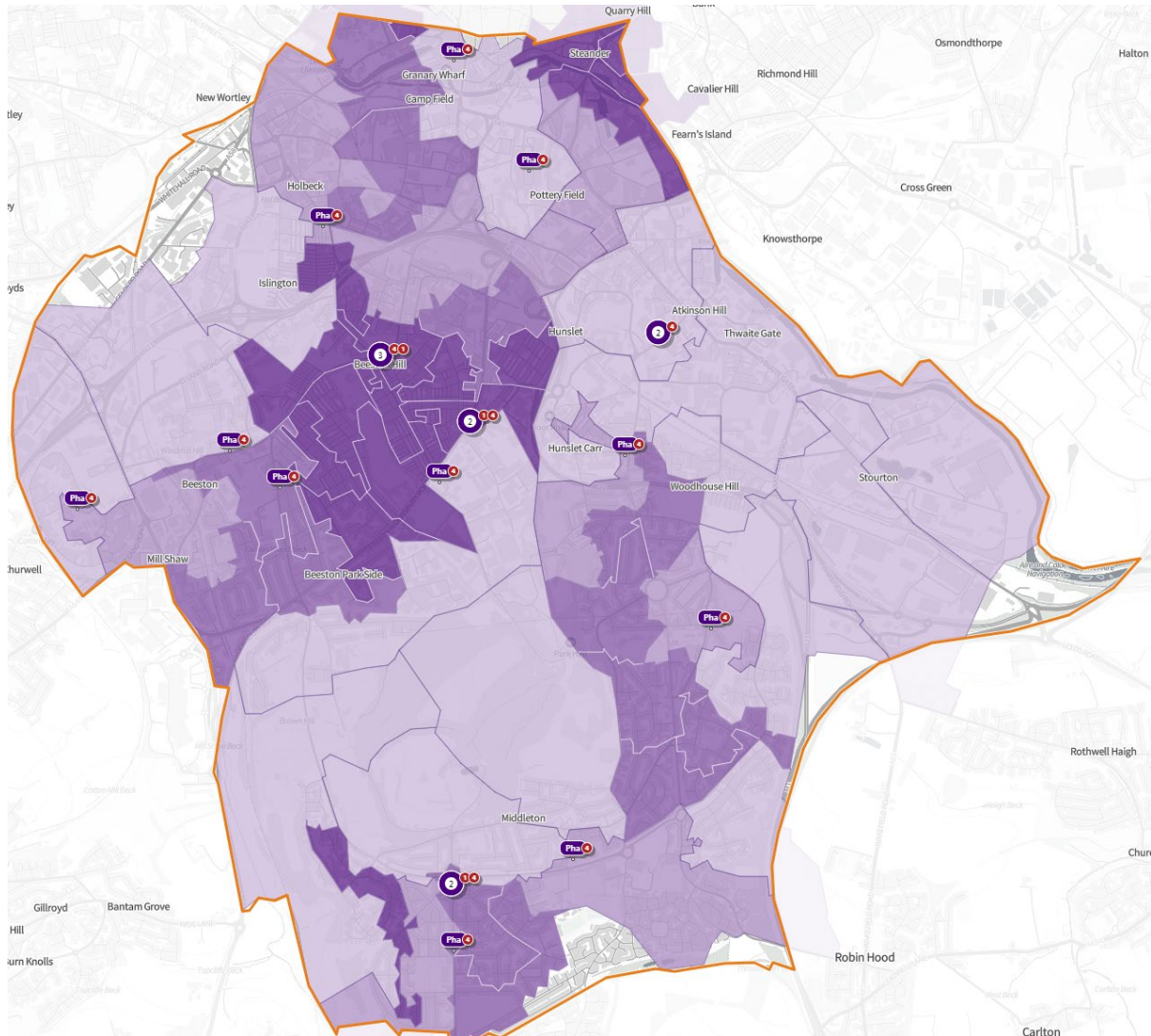


Figure 73 Population density and community pharmacy locations

10.7 Necessary services: access to community pharmacies

Access on foot within 20 minutes is very good when a 1.5km buffer is applied (Figure 74). As can be seen on the map the Stourton area has no access to a community pharmacy but this is not a residential area.

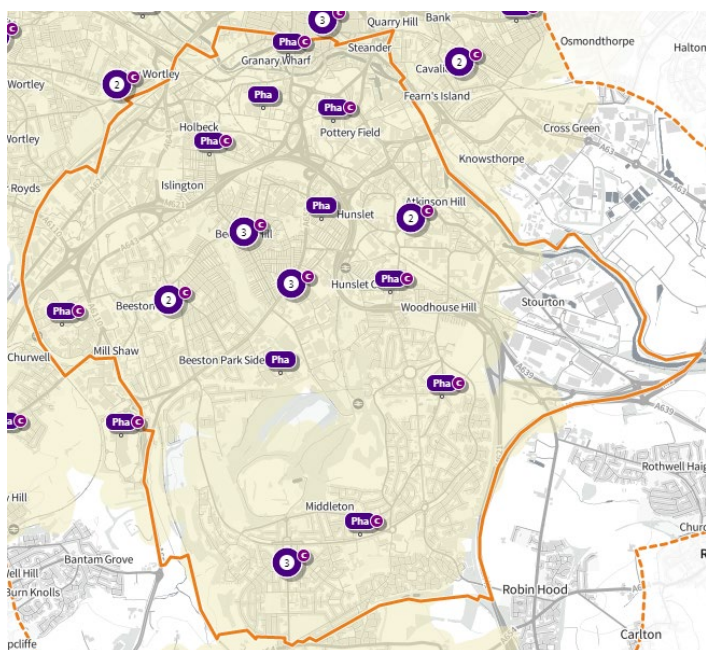


Figure 74 Walking area within 15 minutes of community pharmacies

Access by public transport is excellent within 15 minutes (Figure 75). The software cannot test for access by bus at weekends; coverage would probably be better because of less traffic, but the availability of buses may be lower.



Figure 75 Area within 15 minutes' travel by public transport of community pharmacies

Access by car within 5 minutes gives total coverage of the locality (10 minutes required in rush hour), because of this the map is not shown.

10.8 Current provision in the locality area

Between April 2019 and November 2021, 88% of prescription items were generated* and dispensed within the locality by community pharmacists, a total count of 3,167,559. The majority of the remaining prescriptions were dispensed in the neighbouring locality, Outer South, with both localities dispensing 91% of prescriptions from Inner South. ⁹⁵

The number of items dispensed by distance selling pharmacies grew from 19,000 in 2019/20 to 31,000 in 2020/21. In the eight months of data available for 2021/22, 25,000 items have already been dispensed suggesting a further increase for the year. This increase is very likely to be attributable to the changes in patient behaviour triggered by the COVID-19 pandemic; these behaviour changes may persist.

**Prescription source NHSBSA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

10.9 Opening hours

There are five 100-hour pharmacies within the locality and 15 40-hour pharmacies.⁹⁶ The earliest pharmacy opening time Monday to Friday is 6 a.m., and the latest closing time is midnight (Figure 76). There are 15 Saturday opening pharmacies with the earliest opening time at 7 a.m. and the latest closing time at midnight (Figure 76). There are six Sunday opening pharmacies with the earliest opening time at 9 a.m. and the latest closing time at midnight (Figure 76). 19 of the pharmacies are classed as evening opening (until 6 p.m. at least once a week).

⁹⁵ NHSBA prescription dispensing data April 2019 to November 2021

⁹⁶ NHSEI as of February 7th, 2022

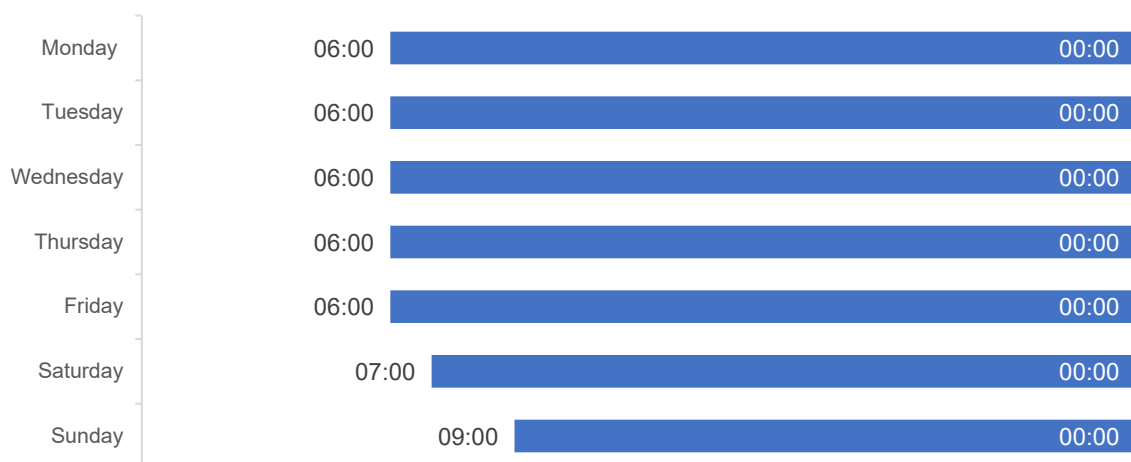


Figure 76 Earliest opening times and latest closing times of pharmacies in the Inner South locality

10.10 Necessary services: current provision in locality

At least one New Medicine Service was provided by 20 community pharmacies between April 2019 and November 2021 (from BSA dispensing data or confirmed with pharmacy contractor). Counts varied between 15 and 2,230 for these pharmacies.

The NHS Community Pharmacist Consultation Service (CPCS) is provided by 20 community pharmacies at the time of writing.⁹⁷

Between April and November 2021 19 of the 20 community pharmacies delivered “flu vaccinations. Note that the vaccination programme runs from September to March so the available data does not cover the full period.

10.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area to access services: ⁹⁸

- offered by DACs
- offered by distance selling pharmacies

⁹⁷ NHSE&I as of February 7th, 2022

⁹⁸ NHSBSA prescription dispensing data April 2019 to November 2021

- which are located near to where they work, shop, or visit for leisure or other purposes

88% of prescriptions generated in the locality were dispensed in locality community pharmacies. The remainder were dispensed by:

- 3% at community pharmacies in neighbouring locality Outer South
- 3% were dispensed by community pharmacies in other Leeds localities
- 4% were dispensed by DSPs (three DSPs are based in this locality area)
- Less than 1% dispensed by DACs from outside Leeds

10.12 Other relevant services: current provision

One pharmacy declared a stoma customisation fee between April 2019 and November 2021 (BSA dispensing data).

Three community pharmacies provide the hepatitis C antibody testing service (NHSEI at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|------------------------------------|----|
| • chlamydia screening | 9 |
| • emergency hormonal contraception | 9 |
| • inhaler technique | 8 |
| • supervised consumption | 20 |

10.13 Other NHS services in locality

Nine non-GP services generated prescriptions in the locality. Their combined prescription item total made up only 0.1% of the locality total in the period April 2019 to November 2021.⁹⁹

⁹⁹ NHSBSA prescription dispensing data April 2019 to November 2021

10.14 Choice regarding obtaining pharmaceutical services

Generally, the demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. Other localities, mainly nearby, provide around 6% of dispensing, likely due to ease of access. DSPs make up around 4% which is the above the Leeds average.

10.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to the major housing developments. It has noted that access on foot within 12-15 minutes will be very good, as will be access by public transport, especially important as car or van ownership may be low in more deprived areas.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport, or
- be able to walk to a pharmacy

The HWB has noted that the COVID-19 pandemic has substantially increased the acceptance and use of remote consultations within primary care and the locality has also seen a large increase in dispensing via DSPs. For these reasons the HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all distance selling premises in England must provide

or

- the private delivery service offered by some pharmacies, and
- to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport, private transport or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccination

10.16 Improvements or better access gaps in provision

One pharmacy provides stoma customisation and it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of the locality. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that three pharmacies currently provide this service in the locality, two of which are 100-hour pharmacies. Many pharmacies have stock of palliative care drugs, though patients are encouraged to use their own pharmacy where possible as this service is a backstop to ensure stock availability when urgently required. This service is commissioned

across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing four pharmacies had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from fourteen pharmacies in this locality as of February 2022, three of which are 100-hour pharmacies. This is a new service so provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

Eight pharmacies provide the Minor Ailments Scheme, three of these are 100-hour pharmacies. The Minor Ailments Service is commissioned by NHSE&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 4 pharmacies providing the Hypertension service, and 10 are now providing the smoking cessation service that began in March 2022.

11 Inner West locality

11.1 Key Facts for Inner West locality

- The GP-recorded ethnicity of this population has a larger “White British” component than the Leeds average. Minority ethnic communities that are less prevalent here include “Indian or British Indian” and “Chinese”
- This is a very deprived area with half of the population of this locality living in areas within the most deprived fifth in England. Most of the remaining half are living in the second most deprived fifth of England. The locality ranks the third most deprived out of all 10 localities
- Planning between 2022 and 2025 for this locality will create around 1,300 new homes. This is a large increase in housing but the development areas are all within 15-minute walking distance of an existing community pharmacy and most are within 12 minutes.
- 39% of households had no access to a car or van in Census 2011 (Leeds rate is 32%)
- Obesity, smoking, CHD, COPD, common mental health issues, diabetes and severe mental health issues are all significantly above the Leeds averages.
- Male life expectancy is significantly lower than the city average.
- Mortality rates are significantly higher than Leeds for the following: preventable causes, cancers, circulatory diseases, respiratory diseases (all under 75 years mortality 2018-20)

11.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)¹⁰⁰

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies
- 1.9% were dispensed by dispensing GPs inside Leeds

¹⁰⁰ NHSBA prescription dispensing data April 2019 to November 2021

- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

11.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a larger “White British” component than the Leeds average. Minority ethnic communities that are less prevalent here include “Indian or British Indian” and “Chinese”.¹⁰¹

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021

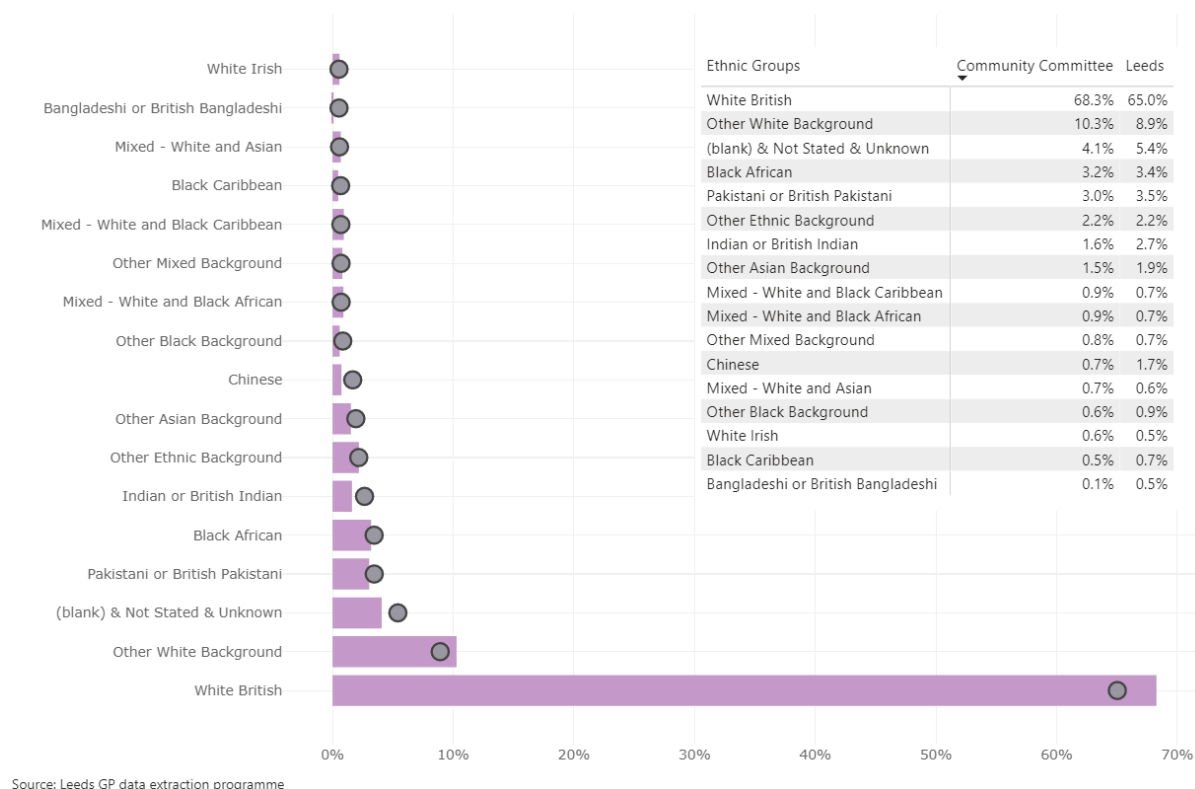


Figure 77 Comparison of ethnicities in the Inner West locality and Leeds

¹⁰¹ Leeds GP data extraction October 2021

11.4 Deprivation by Lower Super Output Area with community pharmacies

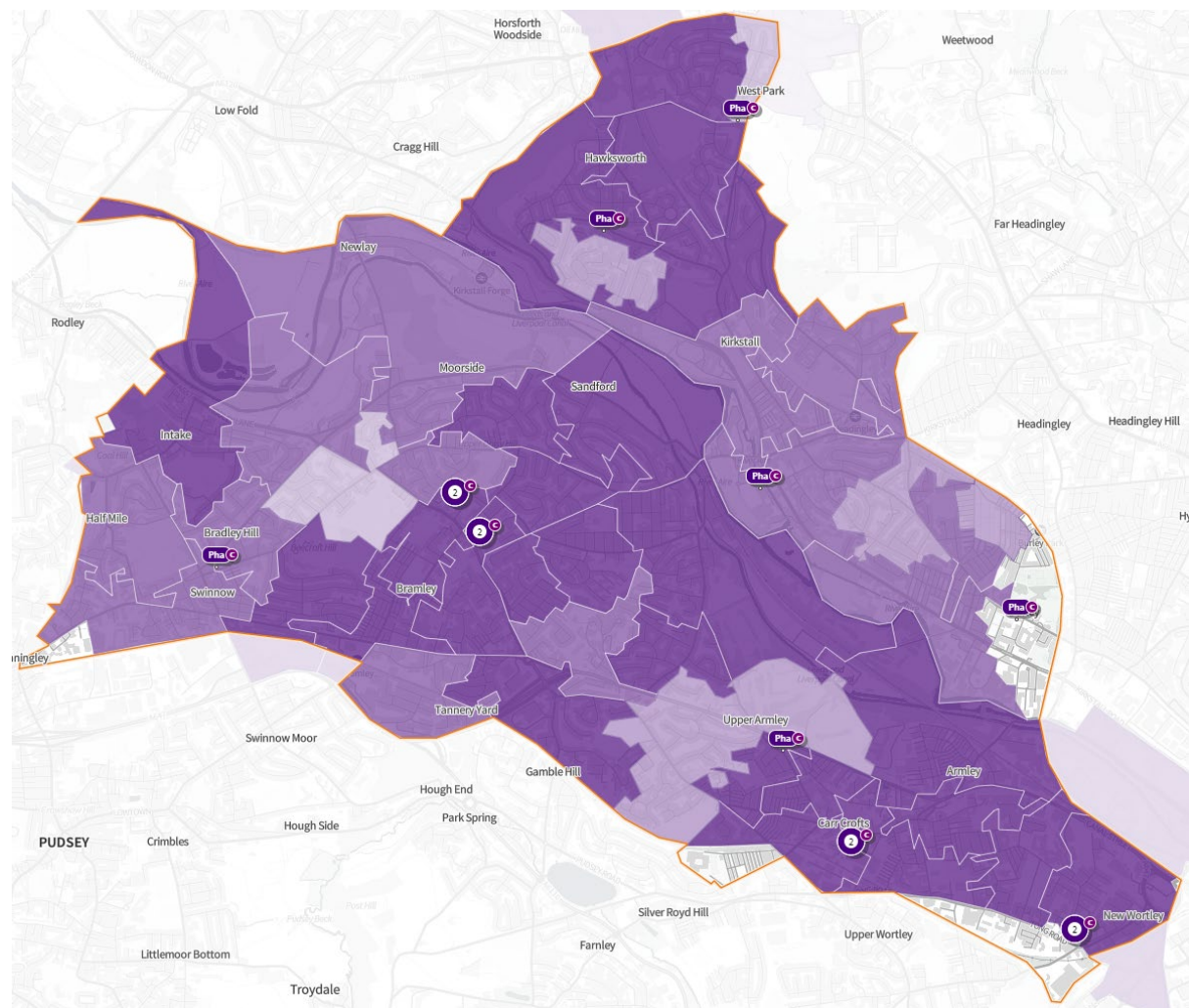


Figure 78 Areas of deprivation and pharmacy locations

11.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 1,300 new homes¹⁰² (Figure 79). This is a large increase in housing but the development areas are all within a 15-minute walking distance of an existing community pharmacy, most are within 12 minutes. We know that car or van ownership rates are low here (Census 2011) so on-foot or bus access is important.

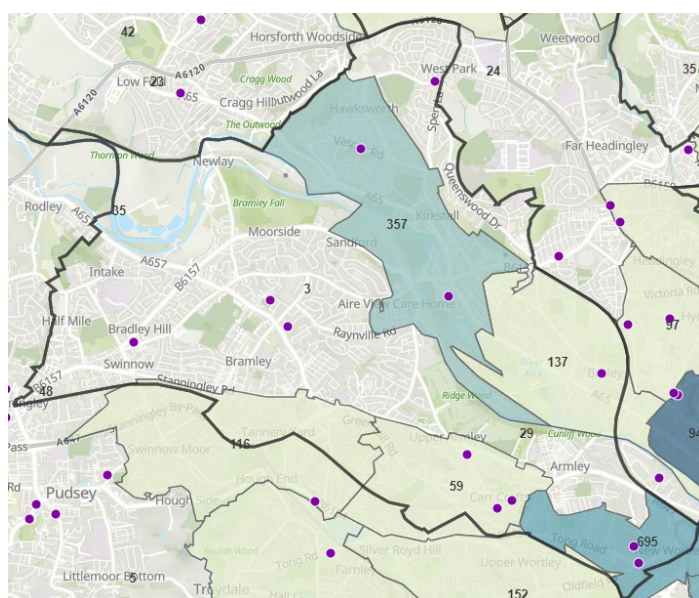


Figure 79 Expected development of new homes between 2022 – 2025 by postcode sector

Areas within 12 minutes' walk of existing community pharmacies for comparison with housing development map, including a 500m buffer around the locality

¹⁰² LCC Annualised housing land availability as of July 2021

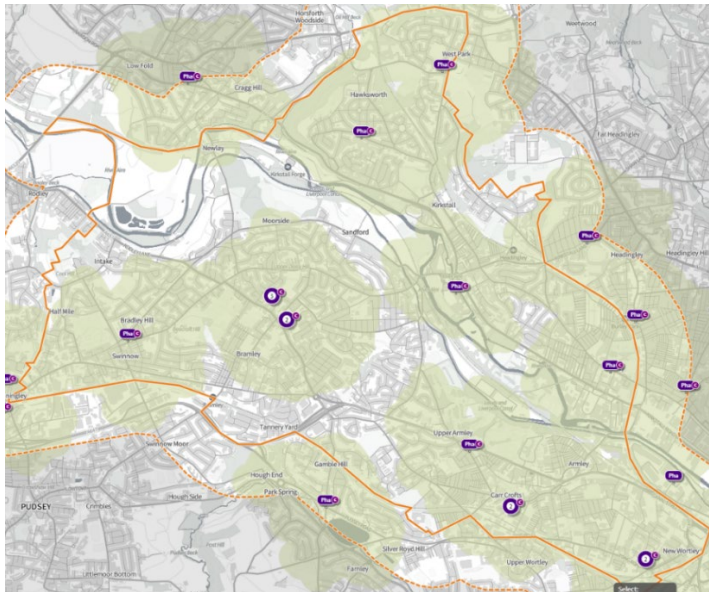


Figure 80 Walking area within 12 minutes of community pharmacies

11.6 Necessary services: community pharmacy provision

There are 14 community pharmacies within the locality, 11 are 40-hour and three are 100-hour. Figure 81 shows the location of these pharmacies against population density, there is a good correlation between the two. The most recent estimate of the population of Inner West is 68,865 and this equates to 20.3 pharmacies per 100,000 population, below the England average of 21 per 100,000. If we include a half mile buffer zone around the locality then this increases to 29 pharmacies at 42.2 per 100,000. This makes it higher than the England average.¹⁰³ It should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models vary from pharmacy to pharmacy.

¹⁰³ source is General Pharmaceutical Services in England 2015/16 - 2020/21 <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

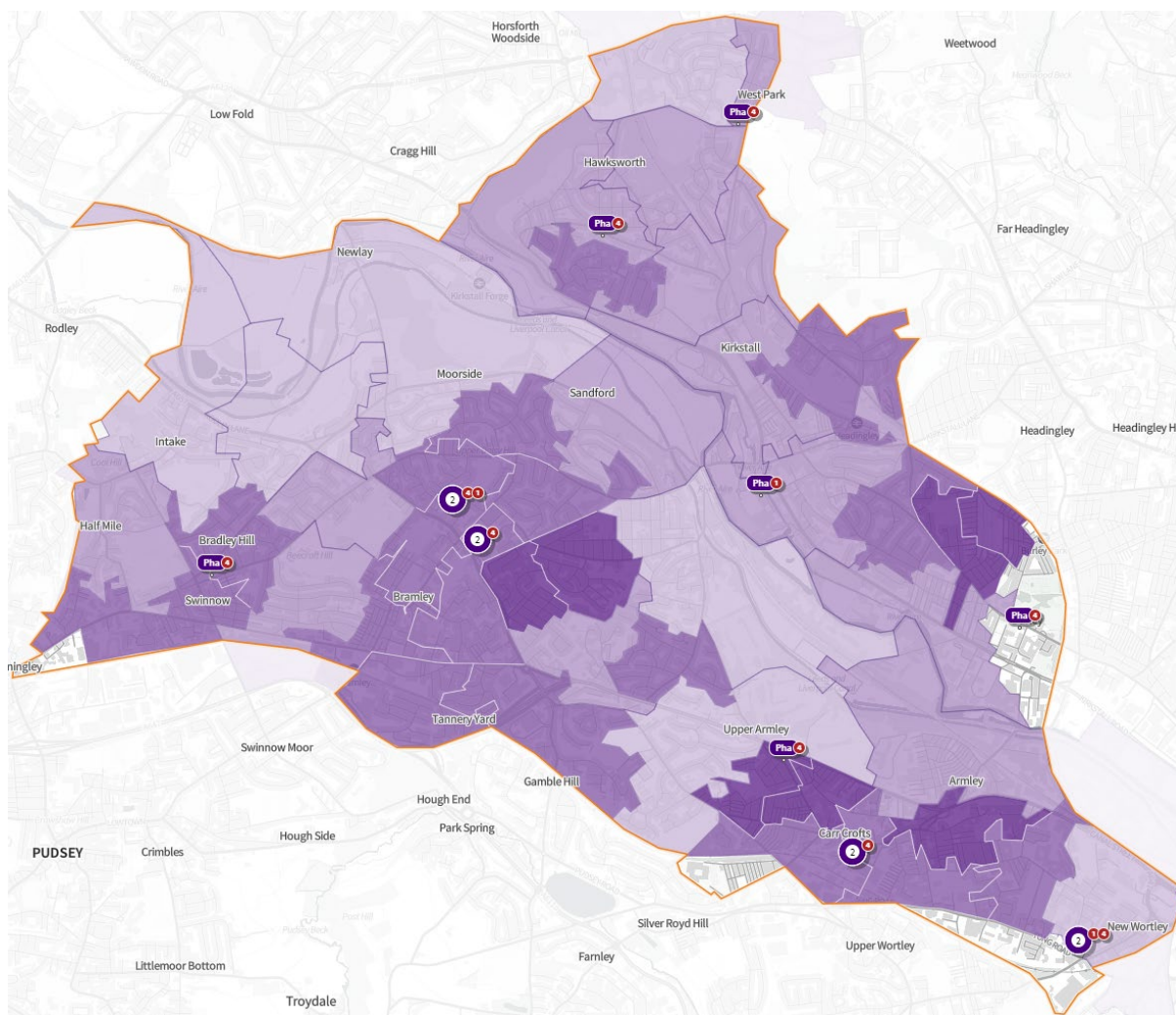


Figure 81 Population density and community pharmacy locations

11.7 Necessary services: access to community pharmacies

Access on foot within 20 minutes is excellent when a 1.5 km buffer is applied. The white space in the north west corner is unoccupied. A map of 15-minute walking access is almost as good (not shown).

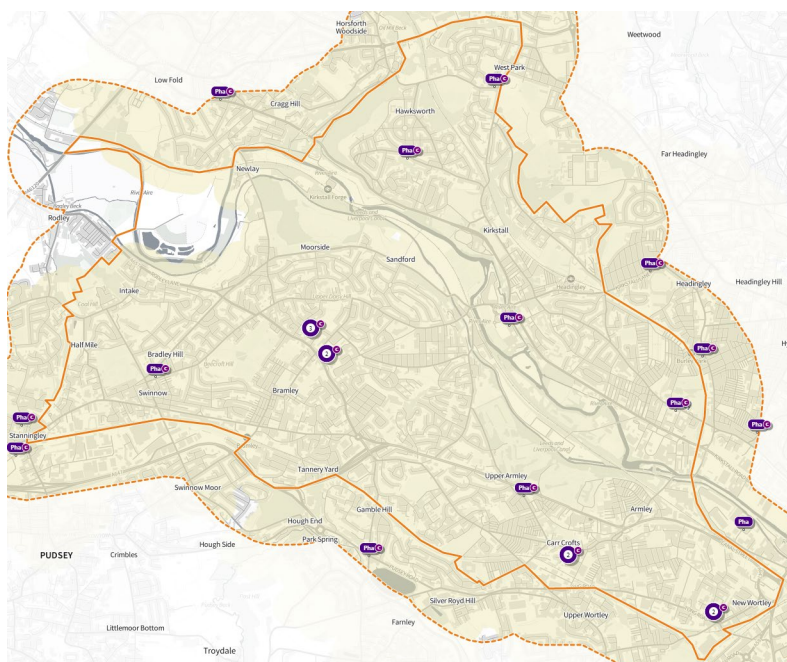


Figure 82 Walking area within 20 minutes of community pharmacies

Access by public transport within 10 minutes is excellent. The software cannot test for access by bus at weekends; coverage would probably be better because of less traffic but availability of buses may be lower.

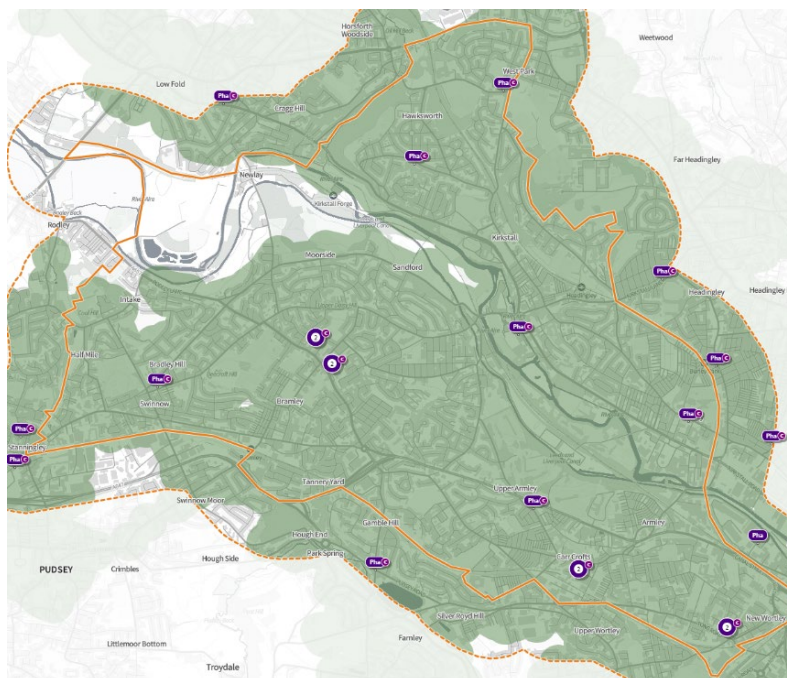


Figure 83 Area within 10 minutes' travel by public transport of community pharmacies

Access by car within 5 minutes gives total coverage of the locality because of this the map is not shown.

11.8 Current provision in the locality area

Between April 2019 and November 2021, 63% of prescription items were generated* and dispensed within the locality by community pharmacists with a total count of 2,831,703. The majority of the remaining prescriptions were dispensed in the neighbouring localities of Inner North West, Outer West and Inner South, with all four localities dispensing a combined 91% of prescriptions from this locality.¹⁰⁴

Distance selling prescription items in 2020/21 were more than double those in 2019/20, and 2021/22 looks to at least match the previous year. This increase is very likely to be attributable to the changes in patient behaviour triggered by the COVID-19 pandemic but these behaviour changes may persist.

**Prescription source: NHSBSA which contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

11.9 Opening hours

There are three 100-hour pharmacies within the locality and eleven 40-hour pharmacies.¹⁰⁵ The earliest pharmacy opening time Monday to Friday is 7 a.m., with the latest closing time at midnight (Figure 84). There are eight Saturday opening pharmacies with the earliest opening time at 8 a.m. and the latest closing time at 10 p.m. (Figure 84). There are three Sunday opening pharmacies with the earliest opening time at 8 a.m. and the latest closing time at 8 p.m. (Figure 84). There are 14 evening opening pharmacies (until 6 p.m. at least once a week).

¹⁰⁴ NHSBSA prescription dispensing data April 2019 to November 2021

¹⁰⁵ NHSE&I as of February 7th, 2022

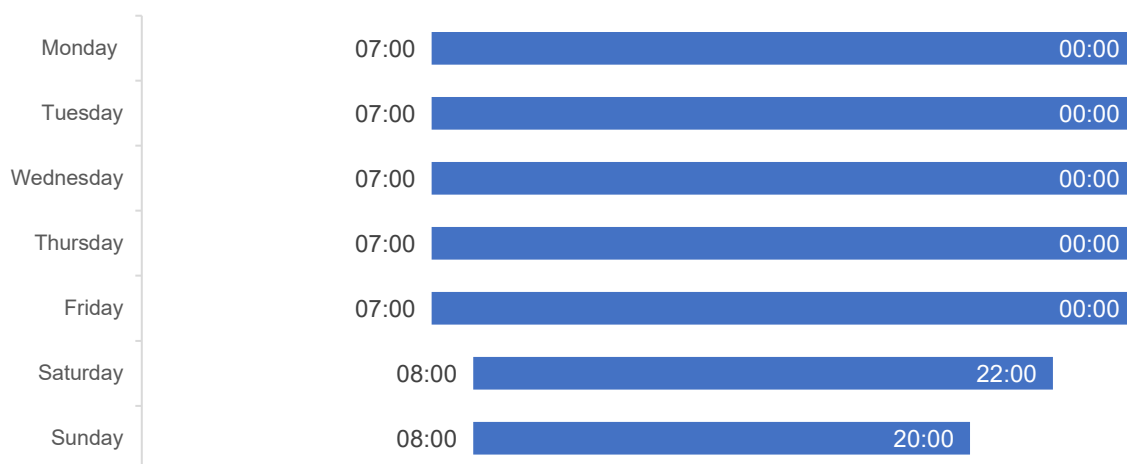


Figure 84 Earliest opening and latest closing times of pharmacies in the Inner West locality

11.10 Necessary services: current provision in locality

All 14 community pharmacies have provided at least one New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between five and 1,278 for these pharmacies.

All 14 community pharmacies provide the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.¹⁰⁶

Between April and November 2021, 12 of the 14 community pharmacies delivered “flu vaccinations. Note that the vaccination programme runs from September to March so the available data does not cover the full period.

11.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area to access services:¹⁰⁷

- offered by DACs
- offered by DSPs

¹⁰⁶ NHSEI as of February 7th, 2022

¹⁰⁷ NHSBA prescription dispensing data April 2019 to November 2021

- which are located near to where they work, shop, or visit for leisure or other purposes

63% of prescriptions generated in the locality were dispensed in locality community pharmacies. The remainder were dispensed by:

- 28% at community pharmacies in the neighbouring localities of Inner North West, Outer West and Inner South
- 5% at community pharmacies in other Leeds localities
- 2% at DSPs
- Less than 1% at DACs from outside Leeds

11.12 Other relevant services: current provision

Three pharmacies declared a stoma customisation fee between April 2019 and November 2021 (BSA dispensing data). Two community pharmacies provide the Hepatitis C antibody testing service (NHSE&I at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|------------------------------------|----|
| • chlamydia screening | 4 |
| • emergency hormonal contraception | 4 |
| • inhaler technique | 5 |
| • supervised consumption | 14 |

11.13 Other NHS services in locality

Four non-GP services generated prescriptions in the locality. Their combined prescription item total made up 3.8% of the locality total in the period April 2019 to November 2021.¹⁰⁸

The majority of these other NHS prescriptions (2.9%) came from the “DISC CONSORTIA DRUG AND ALCOHOL SERVICE”.

¹⁰⁸ NHSBA prescription dispensing data April 2019 to November 2021

11.14 Choice regarding obtaining pharmaceutical services

The demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. Other localities, mainly nearby, provide around 28% of dispensing, likely due to ease of access. DSPs make up around 2% which is the around the Leeds average.

11.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to the upcoming major housing developments. It has noted that access on foot within 12 - 15 minutes will be very good and access by public transport likely quicker, especially important as car or van ownership may be low in more deprived areas.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport or
- be able to walk to a pharmacy

The HWB has noted that the COVID-19 pandemic has substantially increased the acceptance and use of remote consultations within primary care and the locality has also seen a very large increase in dispensing via DSPs. For these reasons, the HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all DSPs in England must provide

or

- the private delivery service offered by some pharmacies and

- to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport, private transport or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- “flu vaccination

11.16 Improvements or better access gaps in provision

Three pharmacies provide stoma customisation and it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of the locality. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that one pharmacy currently provides this service in the locality and it is a 100-hour pharmacy. Many pharmacies have stock of palliative care drugs and although patients are encouraged to use their own pharmacy where possible, as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist

palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing two pharmacies had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from nine pharmacies in this locality as of February 2022, one of which is a 100-hour pharmacy and as this is a new service, provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

None of the pharmacies in this locality provide the Minor Ailments Scheme, but there are eight that do in neighbouring locality Inner South. In addition, the Pharmacy First locally commissioned service provides a minor ailment function. The Minor Ailments Service is commissioned by NHS E&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 3 pharmacies providing the Hypertension service, and 6 are now providing the smoking cessation service that began in March 2022.

12 Outer West locality

12.1 Key Facts for Outer West locality

- The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average. All other ethnic groups are less prevalent here than in Leeds.
- Almost half of the population of this locality lives in the most deprived or the second most deprived fifths of England, only a small part of the locality is classed in the least deprived fifth of England. The locality ranks fourth most deprived out of all 10 localities.
- Planning between 2022 and 2025 for this locality will create around 300 new homes. Specific development locations were tested and all except one found to be within good walking distance of a community pharmacy. Access is possible by car in minutes (even in rush hour) and by bus in 15 minutes, but there is currently no on foot access to a pharmacy within 20 minutes.
- 26% of households had no access to a car or van in Census 2011 (Leeds rate is 32%).
- Life expectancy is around the city averages for men and for women.
- Mortality from preventable causes, cancers, and circulatory diseases is significantly above the Leeds rates.
- Asthma, adult obesity and common mental health issues are all significantly above the Leeds averages.

12.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)¹⁰⁹

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies
- 1.9% were dispensed by dispensing GPs inside Leeds

¹⁰⁹ NHSBA prescription dispensing data April 2019 to November 2021

- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

12.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average. All other ethnic groups are less prevalent here than in Leeds overall.¹¹⁰

¹¹⁰ Leeds GP data extraction October 2021

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021

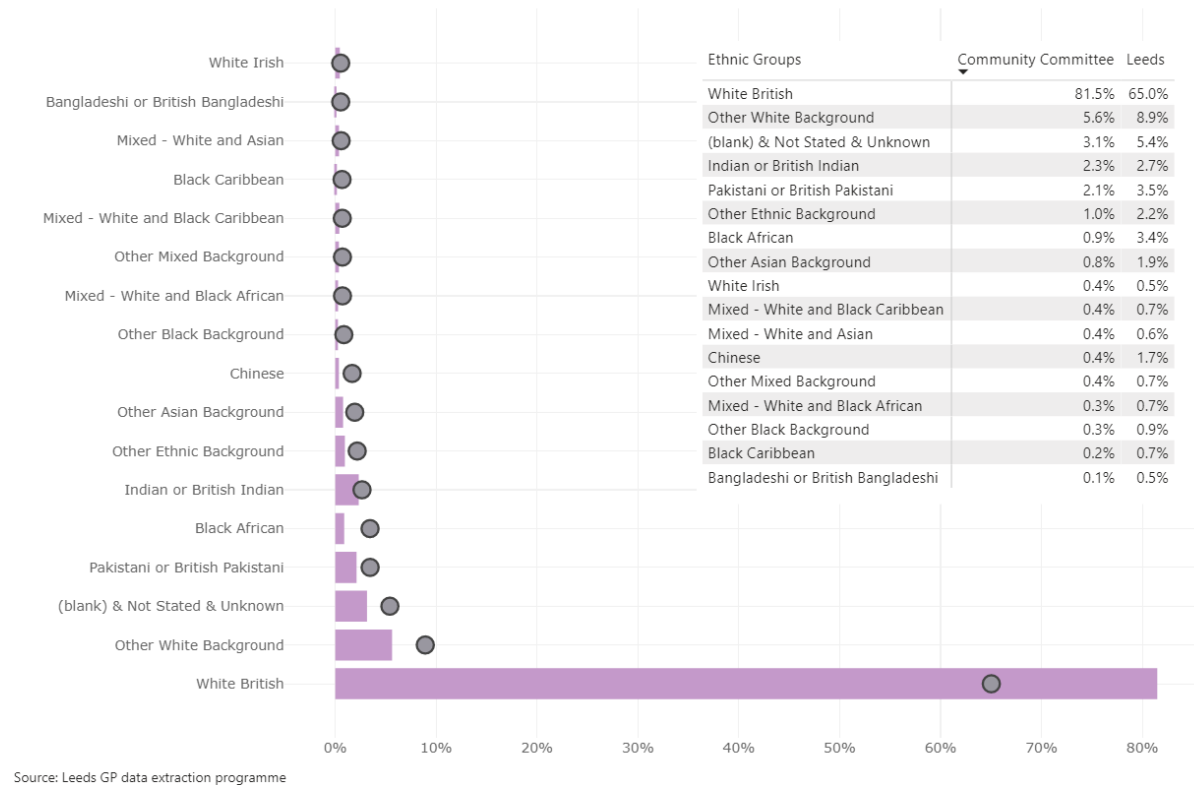


Figure 85 Comparison of ethnicities in the Outer West locality and Leeds

12.4 Deprivation by Lower Super Output Area with community pharmacies

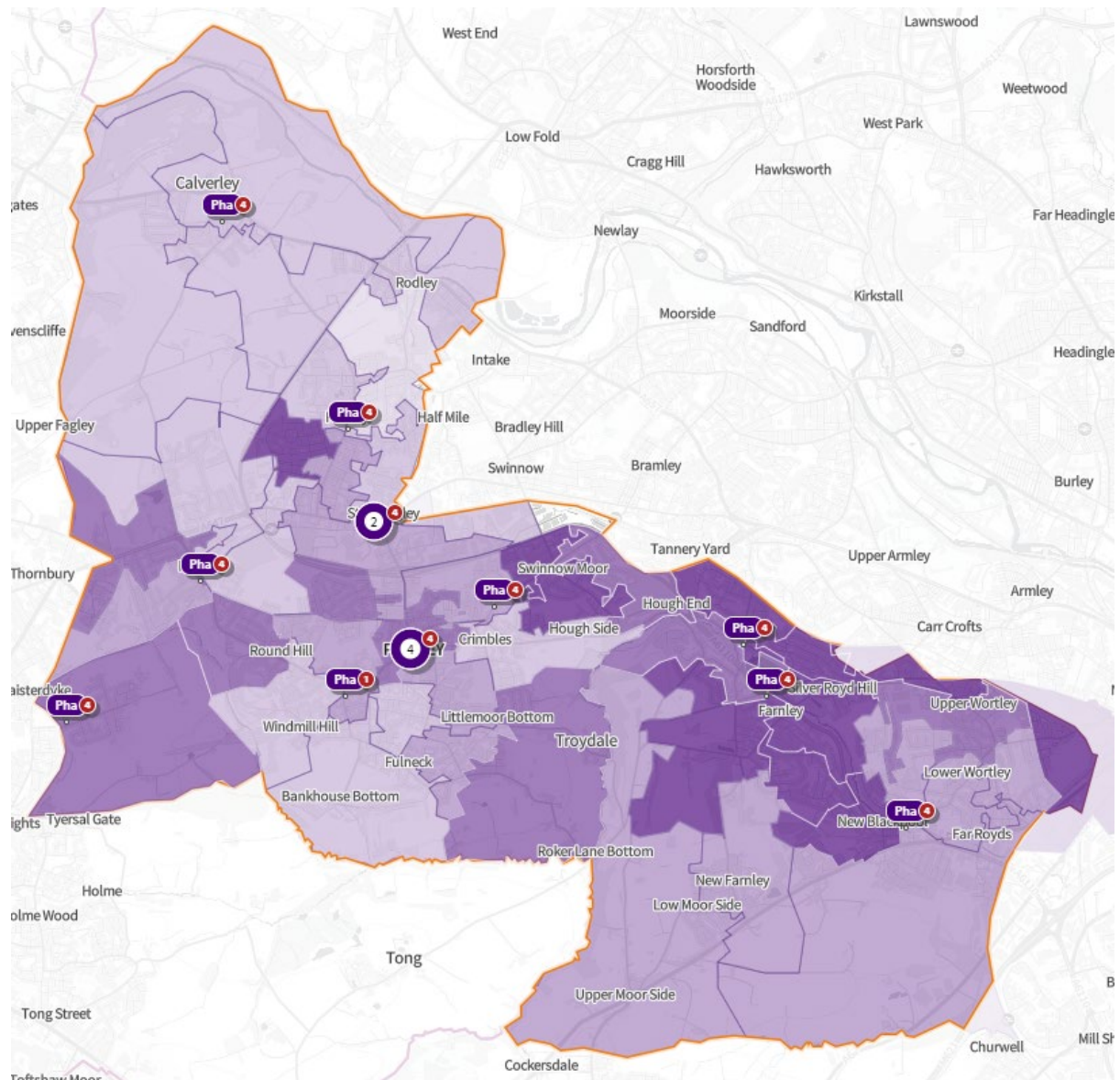


Figure 86 Areas of deprivation and pharmacy locations

12.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 300 new homes¹¹¹. Specific development locations were tested and all except one found to be within good walking distance of a community pharmacy, which is marked **A** on the map below. Access is possible by car in minutes (even in rush hour) and by bus in 15 minutes but there is currently no on foot access to a pharmacy within 20 minutes.

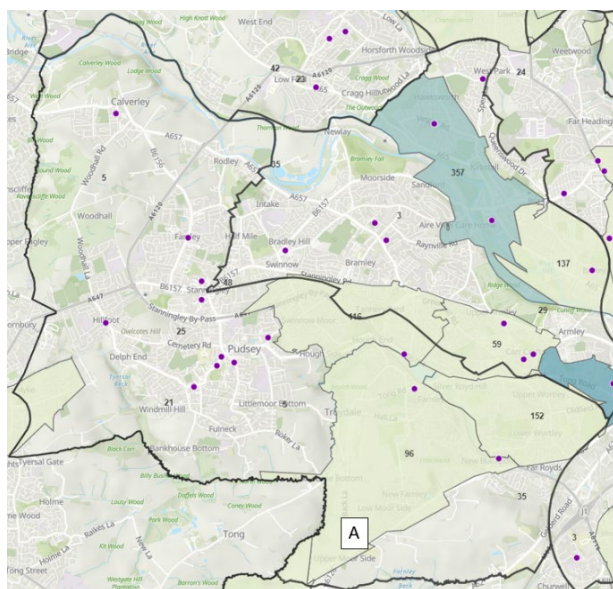


Figure 87 Expected development of new homes between 2022 – 2025 by postcode sector

Areas within 20 minutes' walk of existing community pharmacies for comparison with housing development map, including a 500m buffer around the locality. Car and public transport maps not shown as both are very good.

¹¹¹ LCC Annualised housing land availability as of July 2021

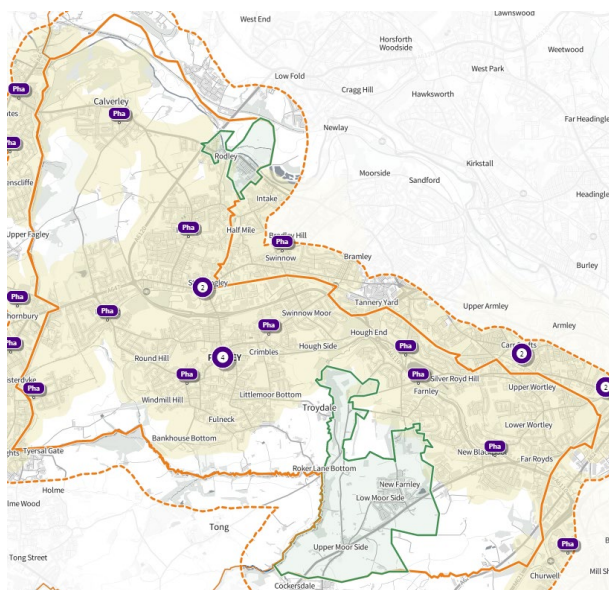


Figure 88 Walking area within 20 minutes of community pharmacies

12.6 Necessary services: community pharmacy provision

There are 15 community pharmacies within the locality, fourteen are 40-hour and one is 100-hour, they are shown mapped against population density below with a good correlation. The most recent estimate of the population of Outer West is 73,748, this equates to 20.3 pharmacies per 100,000 population, slightly below the England average of 21 per 100,000. If we include a half mile buffer zone around the locality then this increase to 29 with 39.3 per 100,000, higher than the England average¹¹². It should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models varies between pharmacies.

¹¹² source is General Pharmaceutical Services in England 2015/16 - 2020/21 <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

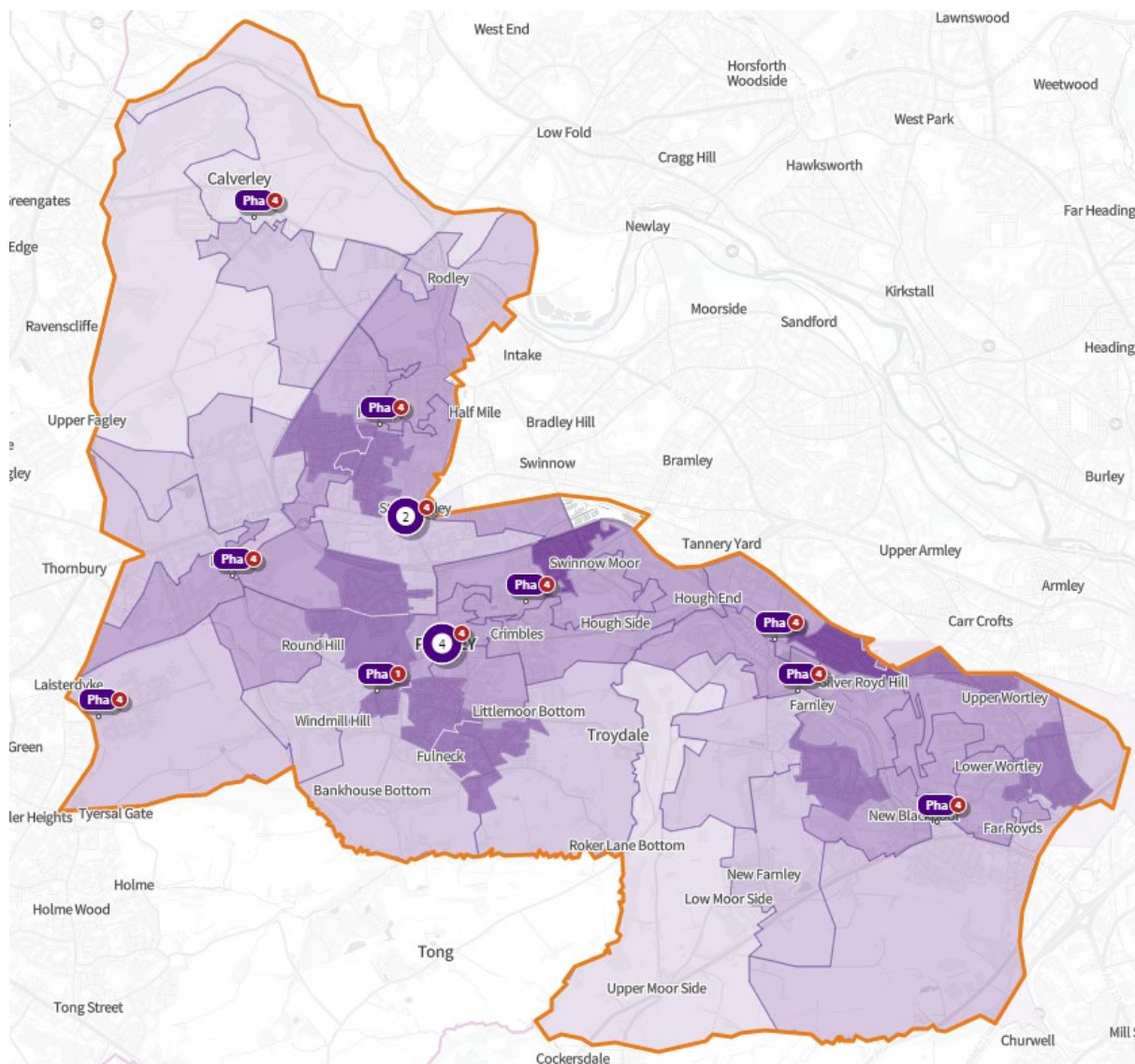


Figure 89 Population density and community pharmacy locations

12.7 Necessary services: access to community pharmacies

Currently, a small proportion (5%) of the locality population cannot reach a community pharmacy within 20 minutes on foot – areas outlined in green (1.5k buffer used)

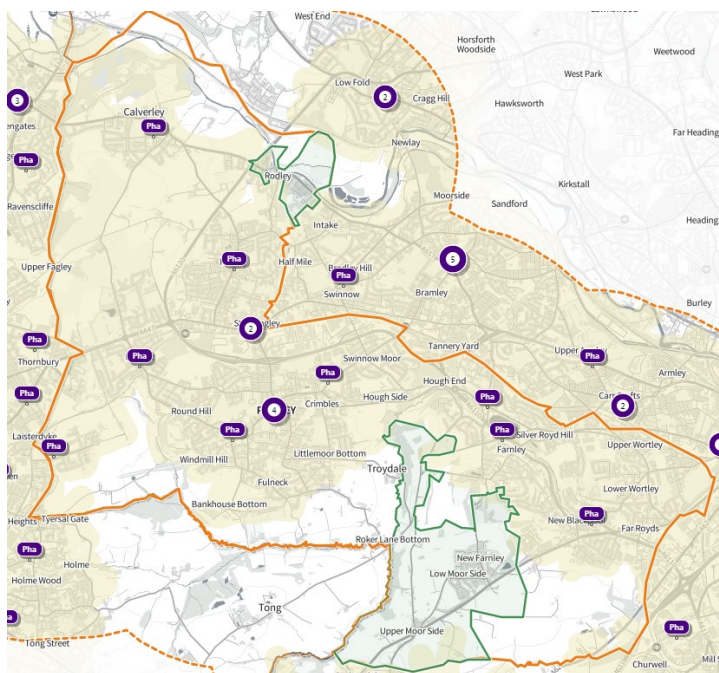


Figure 90 Walking area within 20 minutes of community pharmacies

Access by public transport is very good within 15 minutes (Figure 91). The software cannot test for access by bus at weekends so coverage would probably be better because of less traffic but availability of buses may be lower. There is total access within 10 minutes by car even in rush hour and for this reason the map is not shown here.

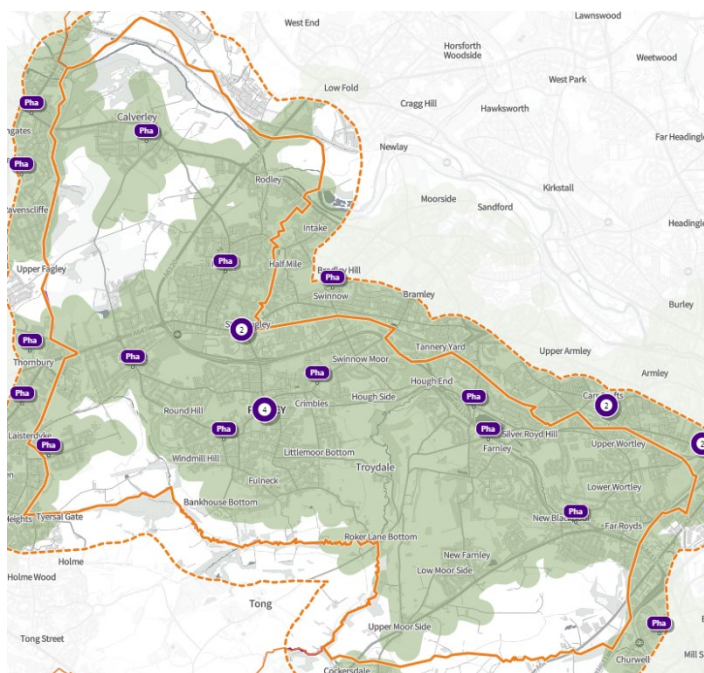


Figure 91 Area within 15 minutes' travel by public transport of community pharmacies

12.8 Current provision in the locality area

Between April 2019 and November 2021, 76% of prescription items generated* and dispensed within the locality were by community pharmacists (a total count of 2,732,681). The majority of remaining prescriptions were dispensed in the neighbouring locality of Inner West with both localities dispensing 89% of prescriptions from this locality. ¹¹³

Distance selling dispensed items almost doubled in 2020/21 and in just 8 months of 2021/22 have almost matched totals from the previous year. This increase is very likely to be attributable to the changes in patient behaviour triggered by the COVID-19 pandemic, these behaviour changes may persist.

**Prescription source NHSBA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

12.9 Opening hours

There is one 100-hour pharmacy within the locality and 14 40-hour pharmacies.¹¹⁴ The earliest pharmacy opening time Monday to Friday is 8 a.m. and the latest closing time is 11 p.m. (Figure 92). There are 13 Saturday opening pharmacies with the earliest opening time of 8 a.m. and the latest closing time of 11 p.m. (Figure 92). There are two Sunday opening pharmacies with the earliest opening time of 9 a.m. and the latest closing time of 7.p.m. (Figure 92). 13 of the pharmacies are regarded as evening opening (open until 6 p.m. at least once a week).

¹¹³ NHSBSA prescription dispensing data April 2019 to November 2021

¹¹⁴ NHSE&I as of February 7th, 2022

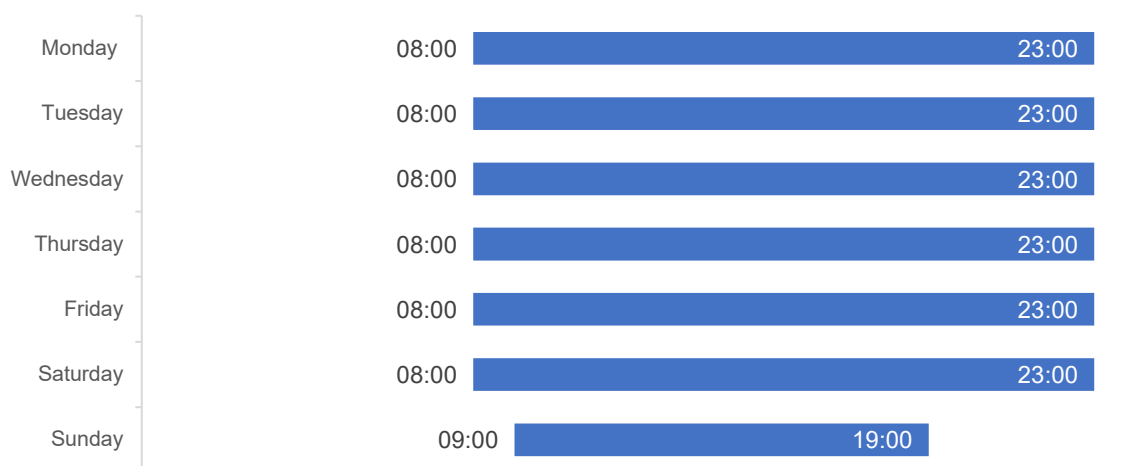


Figure 92 Earliest opening and latest closing times of pharmacies in the Outer West locality

12.10 Necessary services: current provision in locality

All 15 community pharmacies have provided at least one New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between two and 657 for these pharmacies.

All 15 community pharmacies are providing the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.¹¹⁵

Between April and November 2021, all 15 community pharmacies delivered 'flu vaccinations.

12.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:¹¹⁶

- offered by DACs
- offered by DSPs

¹¹⁵ NHSE&I as of February 7th, 2022

¹¹⁶ NHSBSA prescription dispensing data April 2019 to November 2021

- which are located near to where they work, shop, or visit for leisure or other purposes

76% of prescriptions generated in the locality were dispensed in locality community pharmacies. The remainder were dispensed by:

- 12% at community pharmacies in the neighbouring locality, Inner West
- 4% at DSPs
- 3% at community pharmacies in other Leeds localities
- 3% at community pharmacies outside Leeds
- Less than 1% at DACs from outside Leeds

12.12 Other relevant services: current provision

Three Pharmacies declared a stoma customisation fee between April 2019 and November 2021 (NHSBSA dispensing data).

One community pharmacy provides the Hepatitis C antibody testing service (NHSE&I at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|------------------------------------|----|
| • chlamydia screening | 3 |
| • emergency hormonal contraception | 3 |
| • inhaler technique | 5 |
| • supervised consumption | 14 |

12.13 Other NHS services in locality

Four non-GP services generated prescriptions in the locality. Their combined prescription item total made up 0.01% of the locality total in the period April 2019 to November 2021.¹¹⁷

¹¹⁷ NHSBA prescription dispensing data April 2019 to November 2021

12.14 Choice regarding obtaining pharmaceutical services

The demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. Other localities in Leeds nearby provide around 15% of dispensing, likely due to ease of access. DPSs make up around 4% which is the around the Leeds average. Only 3% of items were dispensed in community pharmacies outside Leeds.

12.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to major housing developments. It has noted that before any new housing developments, around 95% of the current population can access a community pharmacy within a 20-minute walk and that access by public transport is very good within 15 minutes.

The areas without access on-foot are more likely to own a car or van as they are less deprived areas. Housing developments are planned in areas where there is no walking access but where public transport is very good within 15 minutes and where car access will be very good too.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport or
- be able to walk to a pharmacy

The HWB has noted that the COVID-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care and the locality has also seen a very large increase in dispensing via DSPs. For the above residents the

HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all DSPs in England must provide

or

- the private delivery service offered by some pharmacies and
- to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport, private transport, or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccination

12.16 Improvements or better access gaps in provision

Three pharmacies provide stoma customisation it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of the locality. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the Health and Wellbeing Board has noted that one pharmacy currently provides this service in the locality and it is a 100-hour pharmacy. Many pharmacies have stock of palliative care drugs, although patients are encouraged to use their own pharmacy where possible, as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHS England and NHS Improvement to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing one pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from nine pharmacies in this locality as of February 2022, one of which is a 100-hour pharmacy, this is a new service so provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

None of the pharmacies in this locality provide the Minor Ailments Scheme but there are eight that do in the neighbouring locality of Inner South. In addition, the Pharmacy First locally commissioned service provides a minor ailment function. The Minor Ailments Service is commissioned by NHSE&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has

not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 4 pharmacies providing the Hypertension service, and 3 are now providing the smoking cessation service that began in March 2022.

13 Inner North West locality

13.1 Key Facts for Inner North West locality

- The GP-recorded ethnicity of this population has a much lower “White British” component than the Leeds average. Minority ethnic communities that are more prevalent here include, “Chinese” and “Other Asian Background”.
- In terms of deprivation, the population of this locality is very diverse. Overall, it ranks fifth out of 10 localities (where first) is most deprived.
 - The population is divided into 4 roughly equal-sized groups, within deprivation quintiles 1 to 4
 - The population in quintile 3 – the midrange of deprivation, is slightly larger than the others
- There are several very large, planned housing developments between 2022 and 2025, likely to result in 4,700 new homes, all of which will be within a 12-minute walk of at least one community pharmacy
- 46% of households had no access to car or van in Census 2011 (Leeds rate is 32%)
- The locality is notable for having average or slightly better than average rates for many GP-recorded conditions, possibly due to the diversity of the population dealing with disparate health issues i.e. a greater range of issues.
- Inner North West has the highest rate of severe mental health issues in the city
- Life expectancy is equal to the Leeds average

13.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)¹¹⁸

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies

¹¹⁸ NHSBA prescription dispensing data April 2019 to November 2021

- 1.9% were dispensed by dispensing GPs inside Leeds
- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

13.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a much lower “White British” component than the Leeds average. Minority ethnic communities that are more prevalent here include “Chinese” and “Other Asian Background”.¹¹⁹

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

¹¹⁹ Leeds GP data extraction October 2021

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021

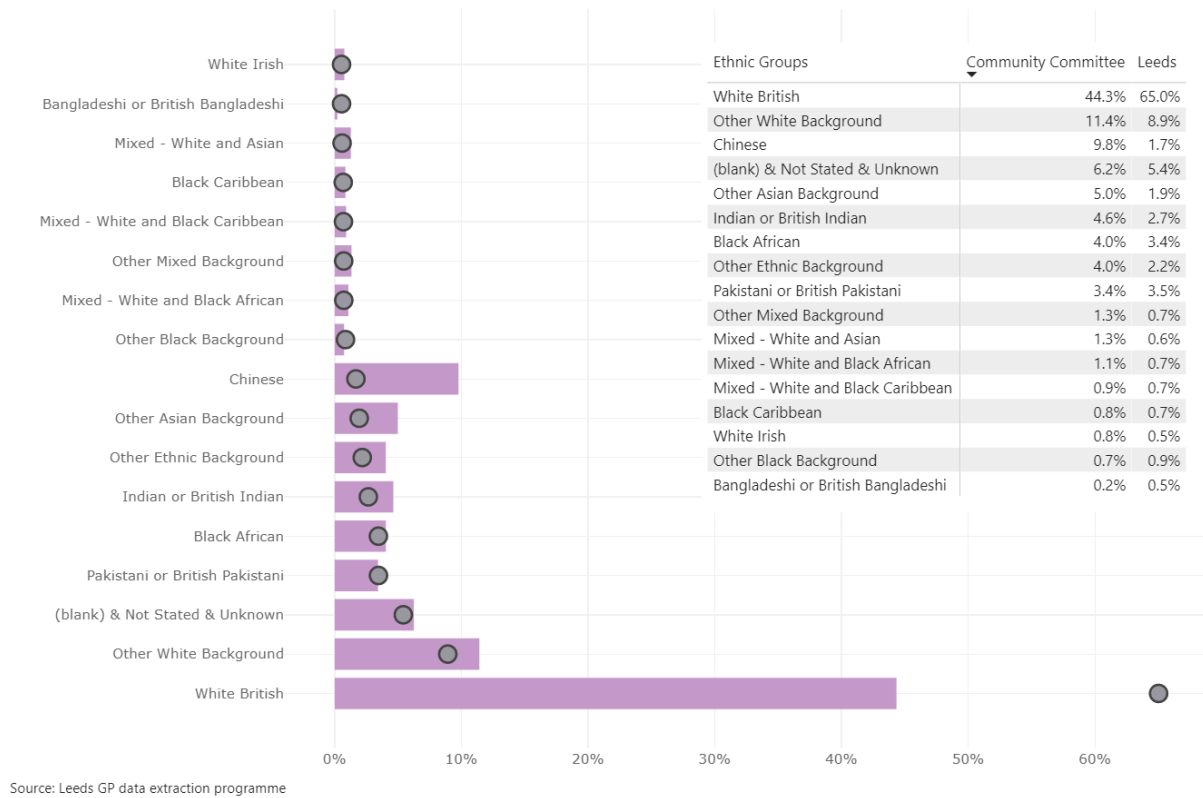


Figure 93 Comparison of ethnicities in the Inner North West locality and Leeds

13.4 Deprivation by Lower Super Output Area with community pharmacies

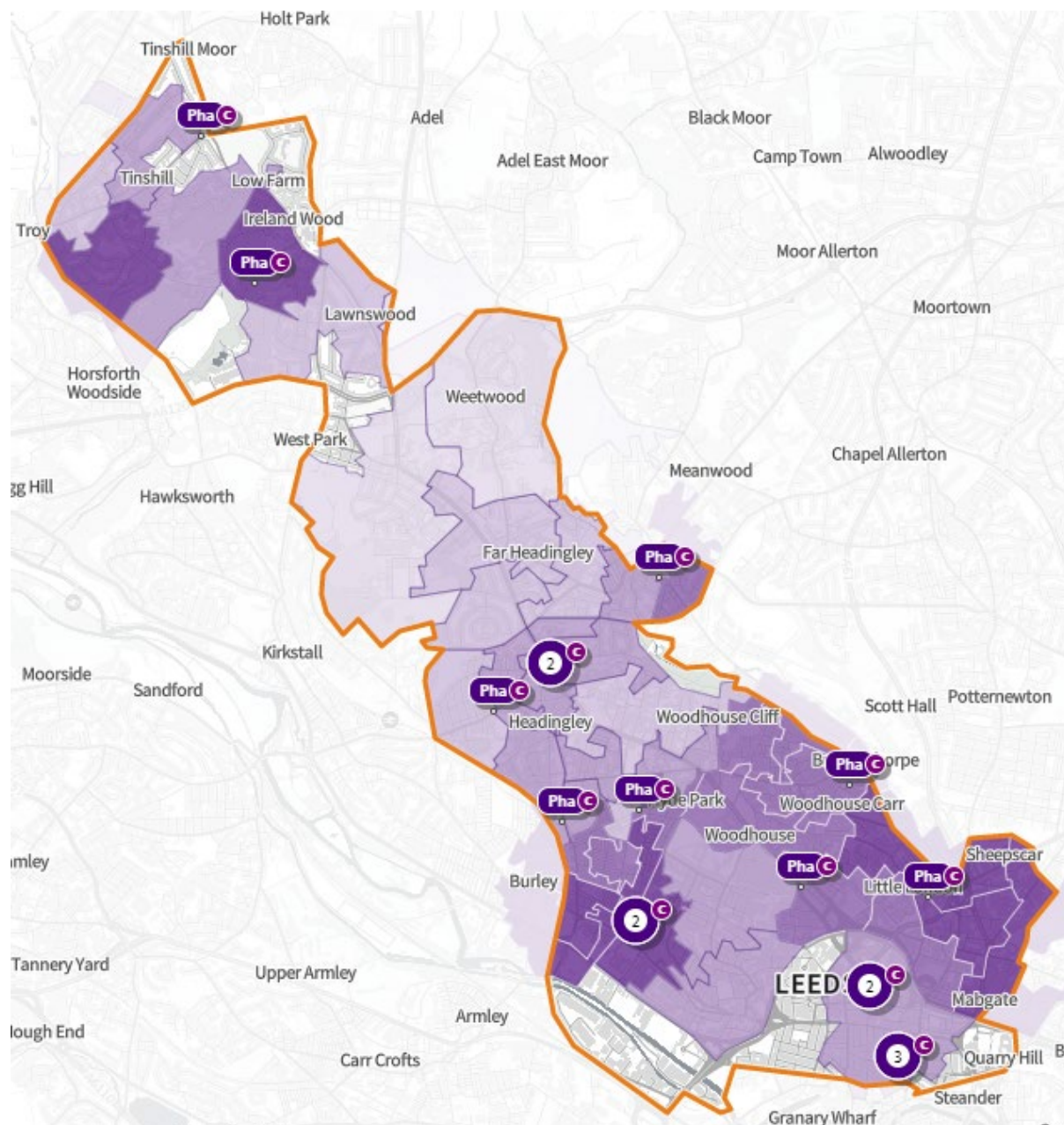


Figure 94 Areas of deprivation and pharmacy locations

13.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 4,700 new homes¹²⁰. This is a very large increase in housing but the effected areas are all within 12-minute walking distance or 10-minute bus ride of an existing community pharmacy. We know that car or van ownership rates are very low here (Census 2011) so on-foot or bus access is important.

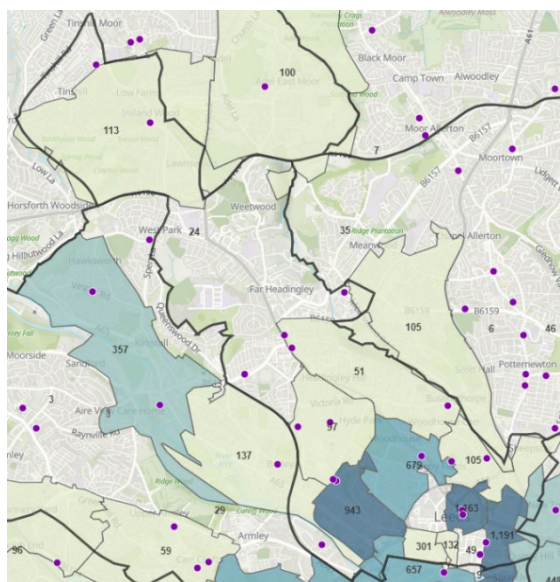


Figure 95 Expected development of new homes between 2022 – 2025 by postcode sector

¹²⁰ LCC Annualised housing land availability as of July 2021

Areas within 12 minutes' walk of existing community pharmacies for comparison with housing development map including a 500 m buffer around the locality.

Figure 96 Walking area within 12 minutes of community pharmacies

13.6 Necessary services: community pharmacy provision

There are 18 community pharmacies within the locality, 17 40-hour and one 100-hour. They are mapped below against population density and show a good correlation. The most recent estimate of the population of Inner North West is 87,457, which equates to 20.6 pharmacies per 100,000 population, slightly below the England average of 21 per 100,000¹²¹ people. If we include a half mile buffer zone around the locality then this increases to 33 pharmacies at 37.7 per 100,000, above the England average. It should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models vary between pharmacies.

¹²¹ Source is General Pharmaceutical Services in England 2015/16 - 2020/21 <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

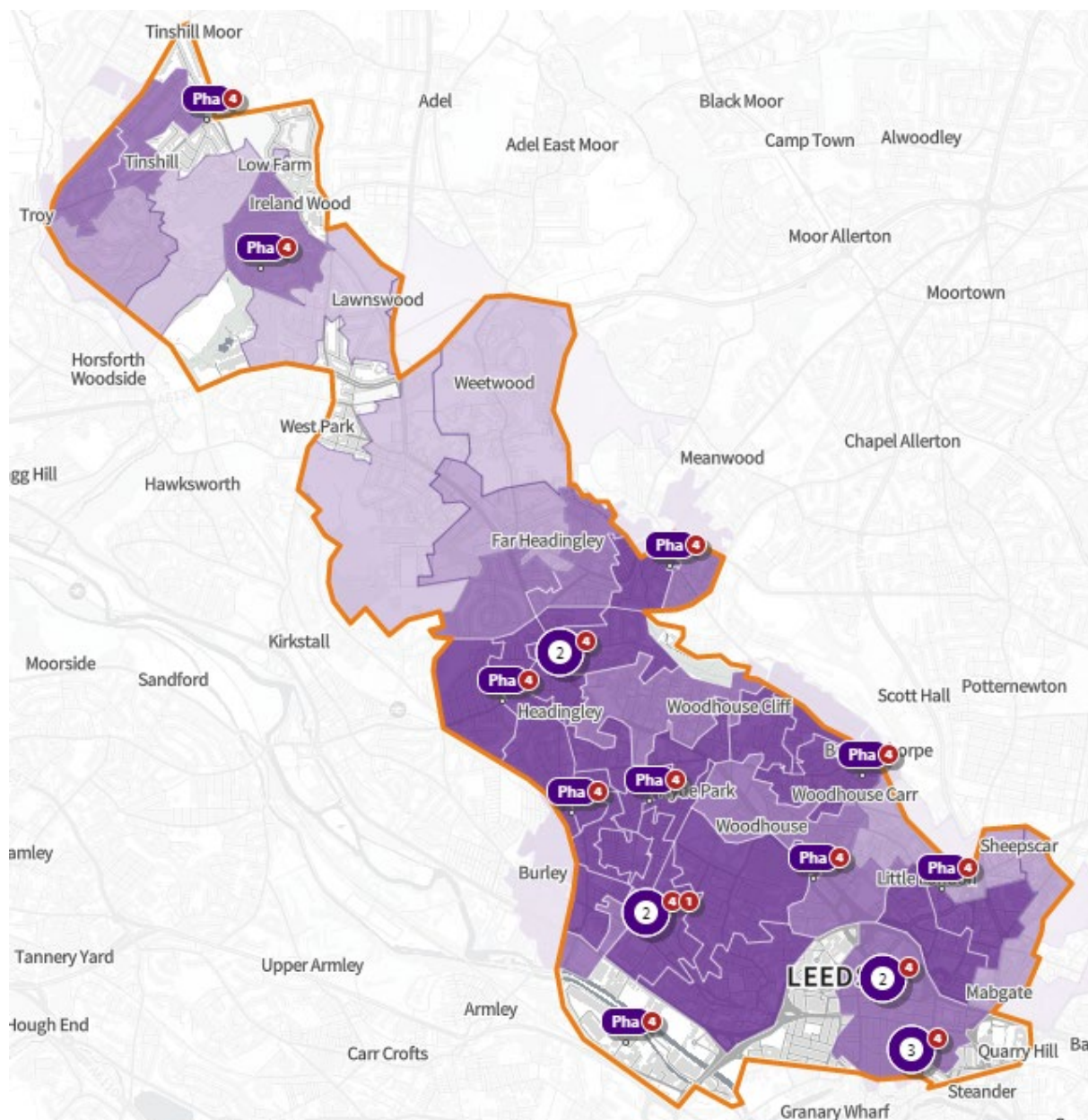


Figure 97 Population density and community pharmacy locations

13.7 Necessary services: access to community pharmacies

There is total access on foot within 20 minutes when allowing a 1.5 km buffer around the locality. The small area in Weetwood without 20 minute on-foot access is too small for the software to identify and one of the least deprived parts of Leeds consequently car ownership is expected to be very high.

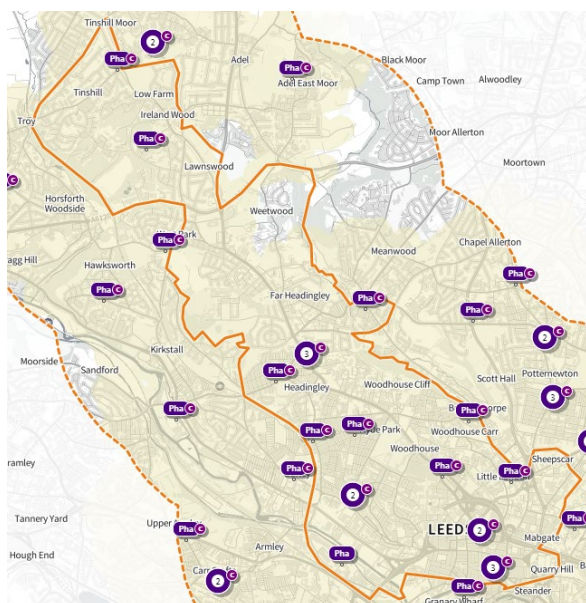


Figure 98 Walking area within 20 minutes of community pharmacies

Access by public transport is excellent within 10 minutes. The software cannot test for access by bus at weekends and coverage would probably be better because of less traffic but availability of buses may be lower.

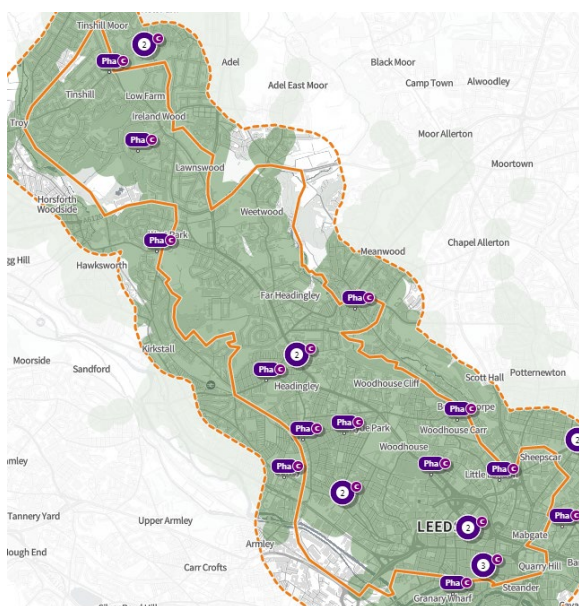


Figure 99 Area within 10 minutes' travel public transport of community pharmacies

Access by car within 5 minutes gives almost total coverage of the locality, even in rush hour. A 10-minute car trip in rush hours gives full coverage so the map is not included as it would be superfluous.

13.8 Current provision in the locality area

Between April 2019 and November 2021, 55% of prescription items were generated* and dispensed within the locality by community pharmacists (a total count of 758,970). The majority of remaining prescriptions were dispensed in the neighbouring locality, Outer North West, with a combined dispensing of 91% of prescriptions from this locality.¹²²

Distance selling dispensing more than doubled in 2020/21 and has already exceeded that total in the first 8 months of 2021/22. This increase is very likely to be attributable to the changes in patient behaviour triggered by the Covid-19 pandemic and these behaviour changes may persist.

**Prescription source NHSBSA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

13.9 Opening hours

There is one 100-hour pharmacy within the locality and 17 40-hour pharmacies¹²³. The earliest pharmacy opening time Monday to Wednesday is midnight, and the latest closing time is midnight (Figure 100). On Thursdays and Fridays the earliest opening time is 7:45 a.m., with the latest closing time of 8 p.m. (Figure 100). There are 14 Saturday opening pharmacies with the earliest opening time of 7:45 a.m. and the latest closing time of 8 p.m. (Figure 100). There are three Sunday opening pharmacies with the earliest opening time of 10 a.m. and the latest closing time of midnight (Figure 100). There are 16 evening opening pharmacies that open until at least 6 p.m. at least once a week.

¹²² NHSBSA prescription dispensing data April 2019 to November 2021

¹²³ NHSE&I as of February 7th, 2022

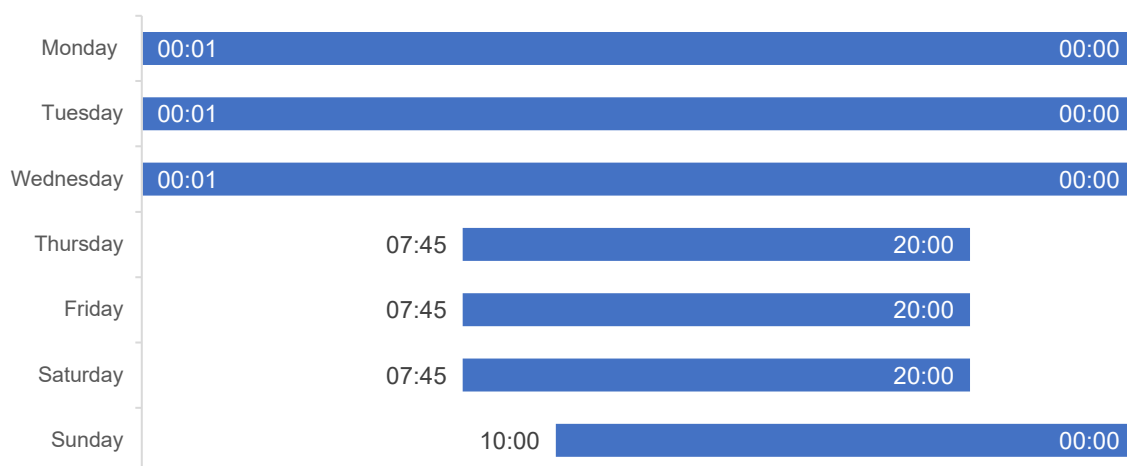


Figure 100 Earliest opening and latest closing times of pharmacies in the Inner North West locality

13.10 Necessary services: current provision in locality

16 community pharmacies provided at least 1 New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between 2 and 1,340 for these pharmacies.

17 community pharmacies provide the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.¹²⁴

Between April and November 2021 16 of the 18 community pharmacies delivered 'flu vaccinations. Note that the vaccination programme runs from September to March so the available data does not cover the full period.

13.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB's area to access services: ¹²⁵

- Offered by DACs
- Offered by DSPs

¹²⁴ NHSEI as of February 7th, 2022

¹²⁵ NHSBA prescription dispensing data April 2019 to November 2021

- Which are located near to where they work, shop, or visit for leisure or other purposes

55% of prescriptions generated in the locality were dispensed in locality community pharmacies. The remainder were dispensed by:

- 36% at community pharmacies in the neighbouring locality Outer North West
- 6% at community pharmacies in the other localities
- Less than 2% at DSPs
- Less than 1% at DACs from outside Leeds

13.12 Other relevant services: current provision

No pharmacies have declared a stoma customisation fee between April 2019 and November 2021 (BSA dispensing data).

Four community pharmacies provide the Hepatitis C antibody testing service (NHSEI at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|------------------------------------|----|
| • chlamydia screening | 4 |
| • emergency hormonal contraception | 4 |
| • inhaler technique | 5 |
| • supervised consumption | 18 |

13.13 Other NHS services in locality

Two non-GP services generated prescriptions in the locality. Their combined prescription item total comprised only 0.02% of the locality total in the period April 2019 to November 2021.¹²⁶

¹²⁶ NHSBSA prescription dispensing data April 2019 to November 2021

13.14 Choice regarding obtaining pharmaceutical services

The demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. A neighbouring locality provides around 36% of dispensing, likely due to ease of access. DSPs make up less than 2% of the locality demand, less than the Leeds average.

13.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to major housing developments. It has noted that before any new housing developments, the current population are all able to access a community pharmacy within a 20-minute walk and that access by public transport is very good within 10 minutes.

The areas without access on-foot are very likely to own cars or vans as they are in the least deprived fifth of England. Housing developments are planned in areas with 12-minute walking access, and public transport within 10 minutes.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport, or
- be able to walk to a pharmacy

The HWB has noted that the COVID-19 pandemic has substantially increased the acceptance and use of remote consultations within primary care, the locality has also seen a doubling in dispensing via DSPs. For the above residents the HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all DSPs in England must provide

or

- the private delivery service offered by some pharmacies and
- to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted the planned housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport, private transport, or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccination

13.16 Improvements or better access gaps in provision

No pharmacies provide stoma customisation and it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of the locality. A very large proportion of prescriptions (in general) in this locality are dispensed in neighbouring Outer North West where there are three pharmacies providing this service. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that three pharmacies currently provide this service in the locality, one is a 100-hour pharmacy. Many pharmacies have stock of palliative care drugs, though patients are encouraged to use their own pharmacy where possible, as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing four pharmacies had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from eight pharmacies in this locality as of February 2022, none of which are a 100-hour pharmacy and as is a new service provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

None of the pharmacies in this locality provide the Minor Ailments Scheme but there are eighteen that do in the neighbouring localities of Inner North East, Inner East, and Inner South. In addition, the Pharmacy First locally commissioned service provides a minor ailment function. The Minor Ailments Service is commissioned by NHSE&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements

or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 6 pharmacies providing the Hypertension service, 1 extra is providing the CPCS service, and 2 are now providing the smoking cessation service that began in March 2022.

14 Inner North East locality

14.1 Key Facts for Inner North East locality

- The GP-recorded ethnicity of this population has a much lower “White British” component than the Leeds average. Minority ethnic communities that are more prevalent here include: “Pakistani or British Pakistani” and “Indian or British Indian”.
- In terms of deprivation, the population of this locality is very diverse. Overall, it ranks sixth out of 10 localities (with first being the most deprived).
 - Around a quarter of the population live in the most deprived fifth of England
 - Around a third of the population live in the second *least* deprived fifth of England
 - Around a fifth of the population live in the least deprived fifth of England
- A small, planned housing development between 2022 and 2025 is likely to result in 105 new homes, all of which will be within a 12-minute walk of at least one community pharmacy inside the locality
- 30% of households had no access to car or van in Census 2011 (Leeds rate is 32%)
- This diverse population has lower incidence rates of many health issues however the range of issues is wider.
- Child obesity rates in Reception are significantly better than Leeds, and the year 6 rate is lower than Leeds but not significantly so.
- Rates of diabetes are the significantly worse than Leeds overall
- Despite the averaging effect of such a diverse range of deprivation in this locality, it still has the third highest rate of severe mental health issues and dementia in the city.

14.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)¹²⁷

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies
- 1.9% were dispensed by dispensing GPs inside Leeds
- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

14.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a much lower “White British” component than the Leeds average. Minority ethnic communities that are more prevalent here include “Pakistani or British Pakistani” and “Indian or British Indian”.¹²⁸

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

¹²⁷ NHSBSA prescription dispensing data April 2019 to November 2021

¹²⁸ Leeds GP data extraction October 2021

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021

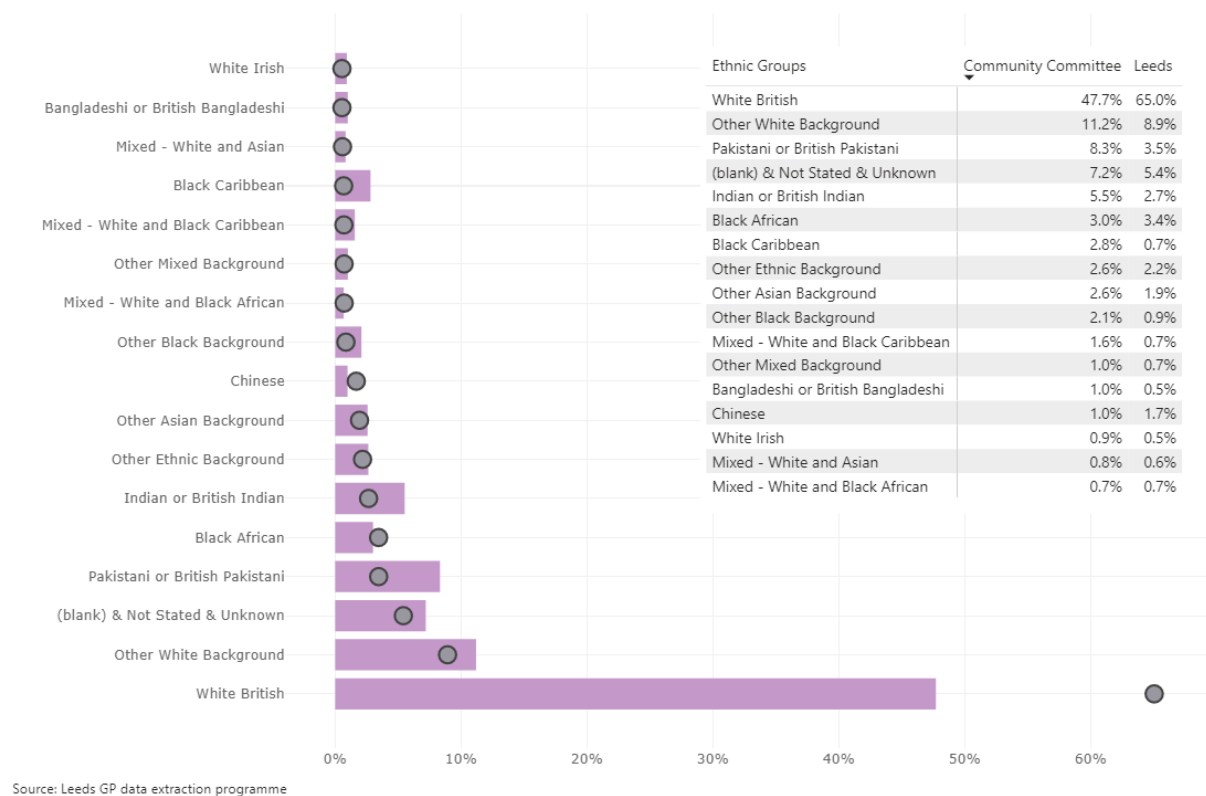


Figure 101 Comparison of ethnicities in the Inner North East locality and Leeds

14.4 Deprivation by Lower Super Output Area with community pharmacies

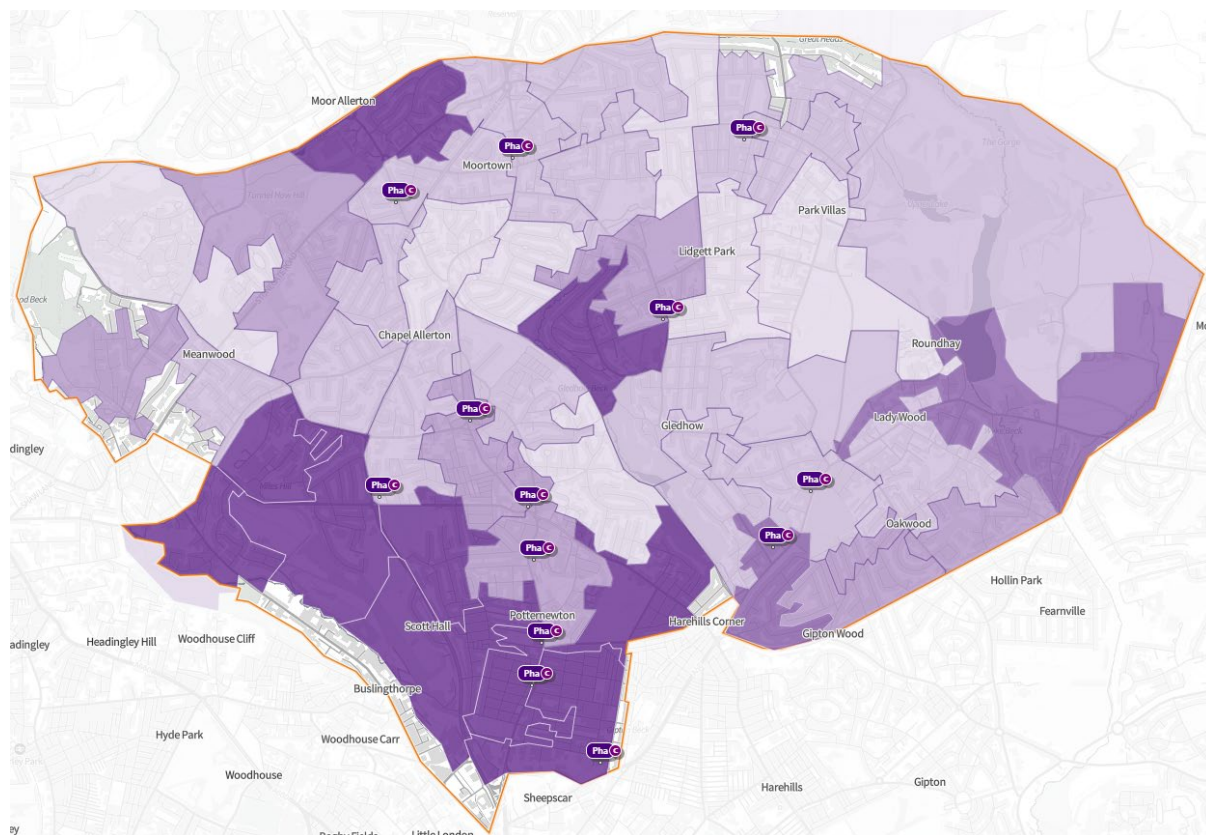


Figure 102 Areas of deprivation and pharmacy locations

14.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 105 new homes¹²⁹, they are all within 12-minute walking distance of an existing community pharmacy.

¹²⁹ LCC Annualised housing land availability as of July 2021

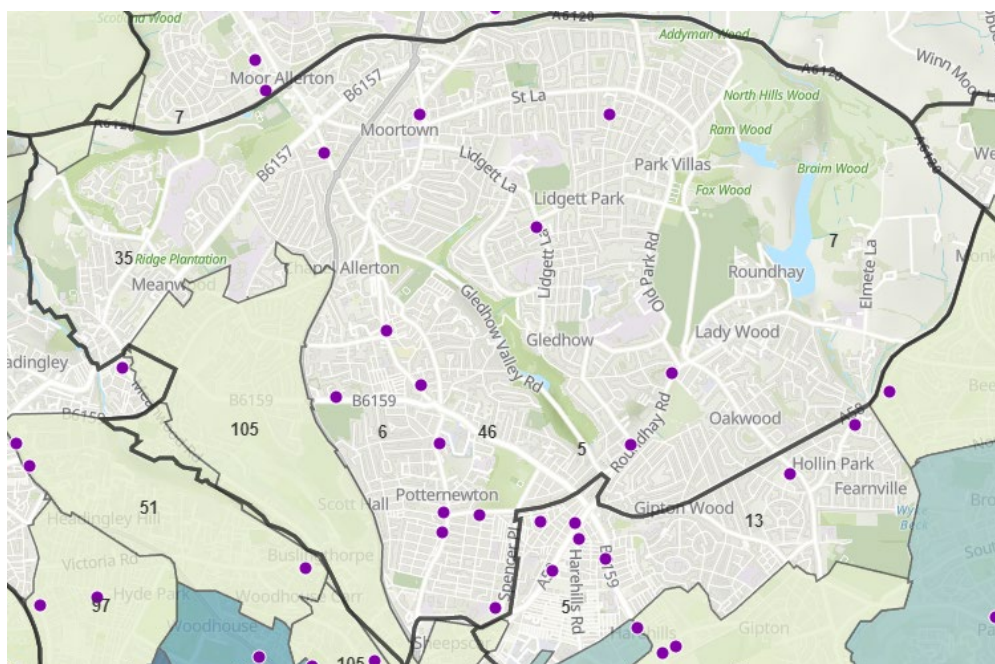


Figure 103 Expected development of new homes between 2022 – 2025 by postcode sector

Areas within 12 minutes' walk of existing community pharmacies for comparison with housing development map including a 500 m buffer around the locality.

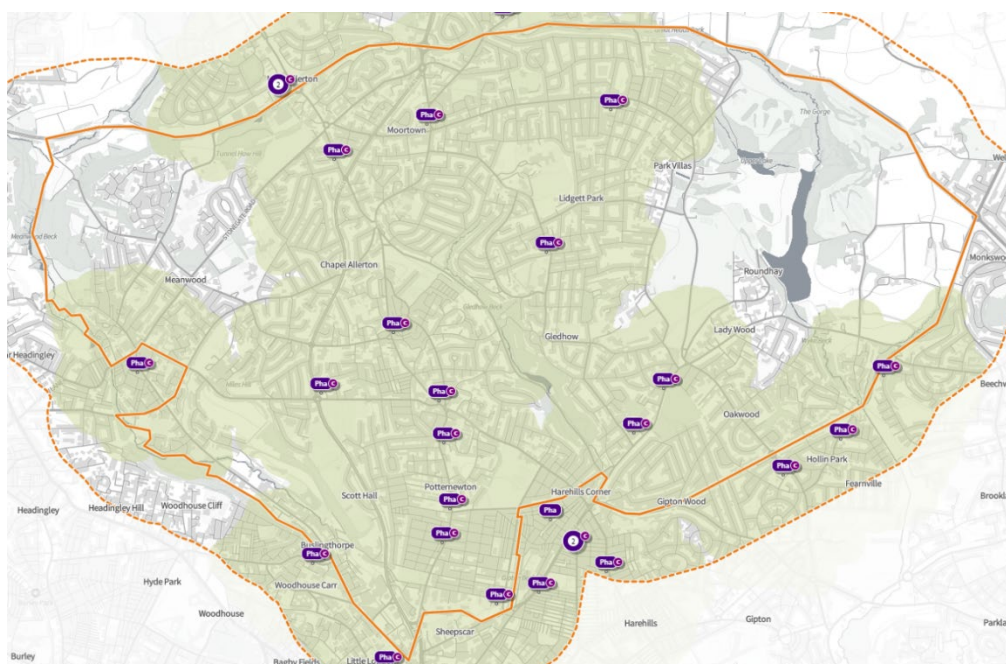


Figure 104 Walking area within 12 minutes of community pharmacies

14.6 Necessary services: community pharmacy provision

There are 13 community pharmacies within the locality, here shown on the main map with a good correlation to population density. The most recent estimate of the population of Inner North East is 67,728, which equates to 19.2 pharmacies per 100,000 population, this is lower than the England average of 21 per 100,000. If we include a half-mile buffer zone around the locality then this increase to 30 pharmacies at 44.3 per 100,000. This is far higher than the England average.¹³⁰ It should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models vary between pharmacies.

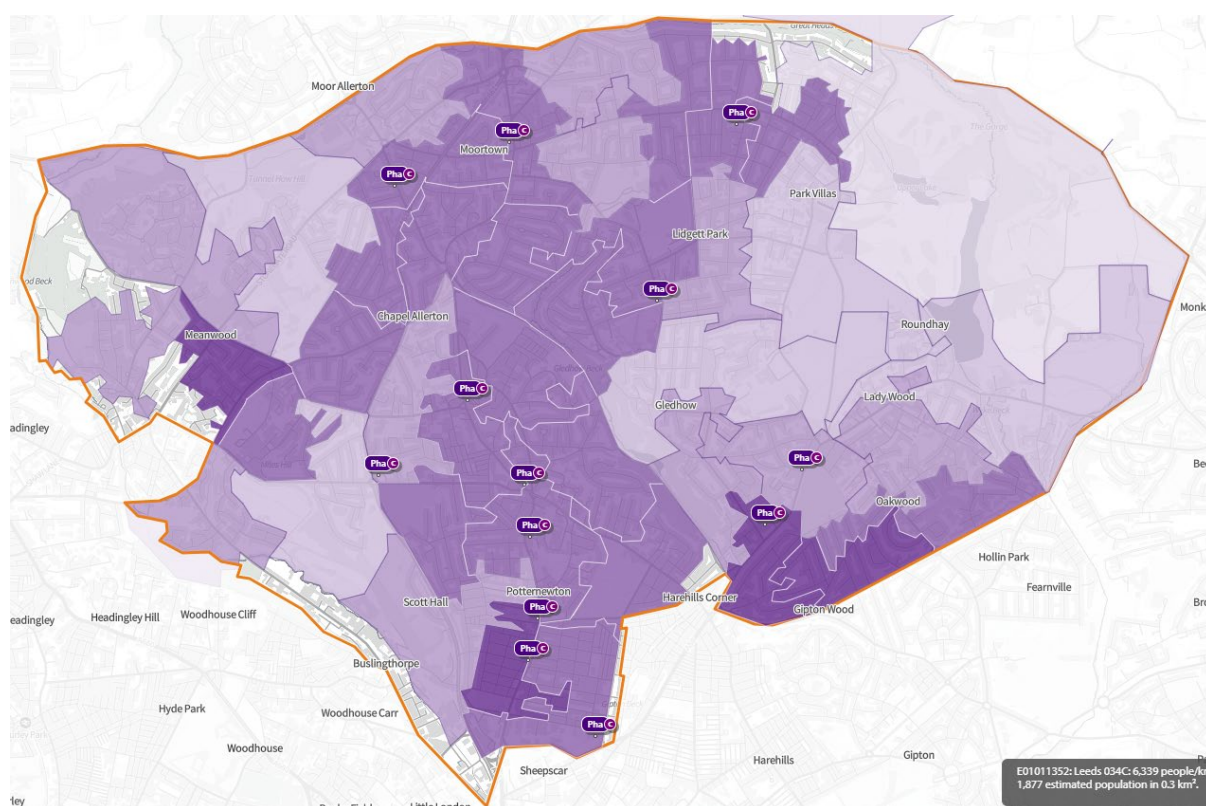


Figure 105 Population density and community pharmacy locations

¹³⁰ Source is General Pharmaceutical Services in England 2015/16 - 2020/21 <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

14.7 Necessary services: access to community pharmacies

- Access on foot within 12 minutes is excellent, when allowing a 500 m buffer around the locality.
- Access by car within 10 minutes (even in rush hour) is excellent.
- Access by public transport within 15 minutes is excellent.
- The software cannot test for access by bus at weekends, coverage would probably be better because of less traffic, but availability of buses may be lower.

Coverage for access is excellent overall, no maps are shown.

14.8 Current provision in the locality area

Between April 2019 and November 2021, 68% of prescription items were generated* and dispensed within the locality by community pharmacists, a total count of 1,463,211. The majority of remaining prescriptions were dispensed in the neighbouring locality, Inner East.¹³¹

Distance selling dispensing items grew from 19,000 in 2019/20 to 31,000 in 2020/21. The totals in the first eight months of 2021/22 are already 25,000. This increase is very likely to be attributable to the changes in patient behaviour triggered by the COVID-19 pandemic and these behaviour changes may persist.

**Prescription source NHSBSA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

14.9 Opening hours

There are three 100-hour pharmacies within the locality and 10 40-hour pharmacies.¹³² The earliest pharmacy opening time Monday to Friday is 7 a.m. and the latest closing time is midnight (Figure 106). There are eight Saturday opening pharmacies with the earliest opening time of 7 a.m. and the latest closing time of

¹³¹ NHSBA prescription dispensing data April 2019 to November 2021

¹³² NHSEI as of February 7th, 2022

midnight (Figure 106). There are four Sunday opening pharmacies with the earliest opening time of 8 a.m. and the latest closing time of 11 p.m. (Figure 106). 11 of the pharmacies are evening opening (they open until at least 6 p.m. at least once a week).

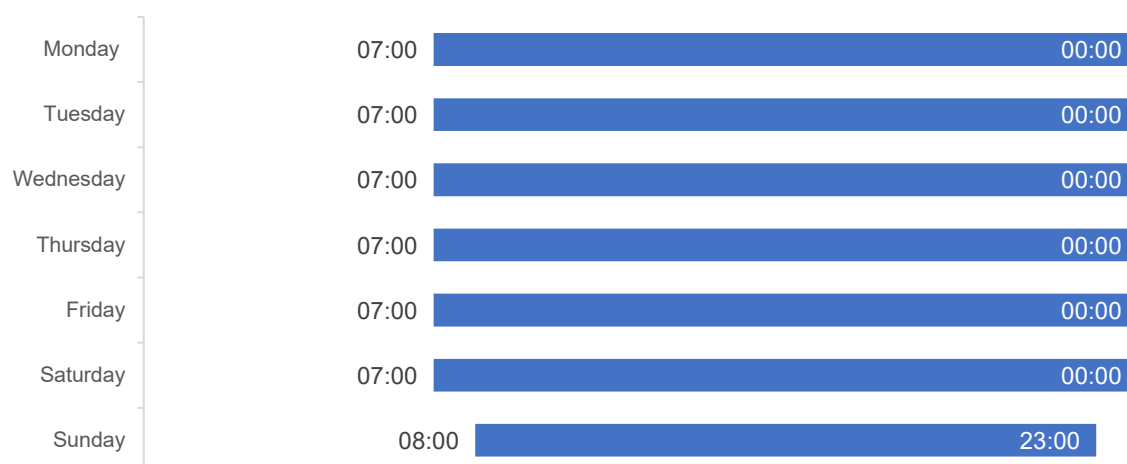


Figure 106 Earliest opening and latest closing times of pharmacies in the Inner North East locality

14.10 Necessary services: current provision in locality

All 13 community pharmacies provided at least 1 New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between 11 and 488 for these 13 pharmacies.

12 community pharmacies provide the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.¹³³

Between April and November 2021, 11 of the 13 community pharmacies delivered 'flu vaccinations. Note that the vaccination programme runs from September to March so the available data does not cover the full period.

¹³³ NHSE&I as of February 7th, 2022

14.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB's area to access services: ¹³⁴

- offered by DACs
- offered by DSPs
- which are located near to where they work, shop, or visit for leisure or other purposes

68% of prescriptions generated in the locality were dispensed in locality community pharmacies. The remainder were dispensed by:

- 16% at community pharmacies in the neighbouring locality Inner East
- 6% at community pharmacies in the neighbouring locality Inner North West
- 5% in other localities
- 3% at DSPs
- 1% outside Leeds by community pharmacies
- 1% at DACs from outside Leeds

14.12 Other relevant services: current provision

One community pharmacy has declared at least one stoma customisation fee between April 2019 and November 2021 (NHSBSA dispensing data).

Four community pharmacies provide the Hepatitis C antibody testing service (NHSEI at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|------------------------------------|----|
| • chlamydia screening | 2 |
| • emergency hormonal contraception | 2 |
| • inhaler technique | 8 |
| • minor ailments scheme | 2 |
| • supervised consumption | 13 |

¹³⁴ NHSBSA prescription dispensing data April 2019 to November 2021

14.13 Other NHS services in locality

11 non-GP services generated prescriptions in the locality. Their combined prescription item total made up only 0.5% of the locality total in the period April 2019 to November 2021.¹³⁵

14.14 Choice regarding obtaining pharmaceutical services

The demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. Two neighbouring localities provide around 24% of dispensing, likely due to ease of access. Distance selling pharmacies make up around 3% which is equal to the Leeds average.

14.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to major housing developments. It has noted that after any new housing developments the vast majority of the population will be able to access a community pharmacy within a 12-minute walk and that access by public transport is very good within 15 minutes.

The areas without access on-foot are very likely to own cars or vans as they are in the least deprived fifth of England. Housing developments are planned in areas with 12-minute walking access, and public transport within 10 minutes.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

¹³⁵ NHSBSA prescription dispensing data April 2019 to November 2021

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport or
- be able to walk to a pharmacy

The HWB has noted that the COVID-19 pandemic has substantially increased the acceptance and use of remote consultations within primary care, the locality has also seen a very large growth in dispensing via DSPs. For the above residents the HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all distance selling premises in England must provide

or

- the private delivery service offered by some pharmacies and
- to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport, private transport or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccination

14.16 Improvements or better access gaps in provision

One pharmacy provides stoma customisation and it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of the locality. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that no pharmacy currently provides this service in the locality, though the neighbouring localities of Inner North West and Inner East contain a total of four pharmacies that do. Many pharmacies have stock of palliative care drugs but patients are encouraged to use their own pharmacy where possible, as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing four pharmacies had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from seven pharmacies in this locality as of February 2022, two of which are 100-hour pharmacies. This is a new service so provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

Two of the pharmacies in this locality provide the Minor Ailments Scheme and there are a further eight in the neighbouring locality Inner East. The Minor Ailments

Service is commissioned by NHS E&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 5 pharmacies providing the Hypertension service, and 5 are now providing the smoking cessation service that began in March 2022.

15 Outer East locality

15.1 Key Facts for Outer East locality

- The GP recorded ethnicity of this population has a much larger “White British” component than the Leeds average. All other ethnic groups are less prevalent here than in Leeds
- This locality is a mix of densely populated and rural spaces
- Approximately a fifth of this locality population live in areas within the most deprived fifth in England. The most common level of deprivation in the locality is the mid-level third quintile but a large proportion of the population live in quintiles four and five the least deprived parts of England
- The solid mix of deprivation is likely to mean local extremes are hidden in the locality average
- The locality ranks seventh most deprived out of all 10 localities
- Planning between 2022 and 2025 for this locality will create around 1,200 new homes. This is a large increase in housing and highways and pavements do not yet exist for some of them. As a result not all the proposed housing is within a 20-minute walking distance of an existing community pharmacy, and car ownership there is likely to be low
- 24% of households had no access to car or van in Census 2011 (Leeds rate is 32%)
- Asthma, adult obesity and common mental health issues are all significantly above the Leeds averages

15.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)¹³⁶

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies

¹³⁶ NHSBSA prescription dispensing data April 2019 to November 2021

- 1.9% were dispensed by Dispensing GPs inside Leeds
- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

15.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average. All other ethnic groups are less prevalent here than in Leeds overall.¹³⁷

¹³⁷ Leeds GP data extraction October 2021

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021

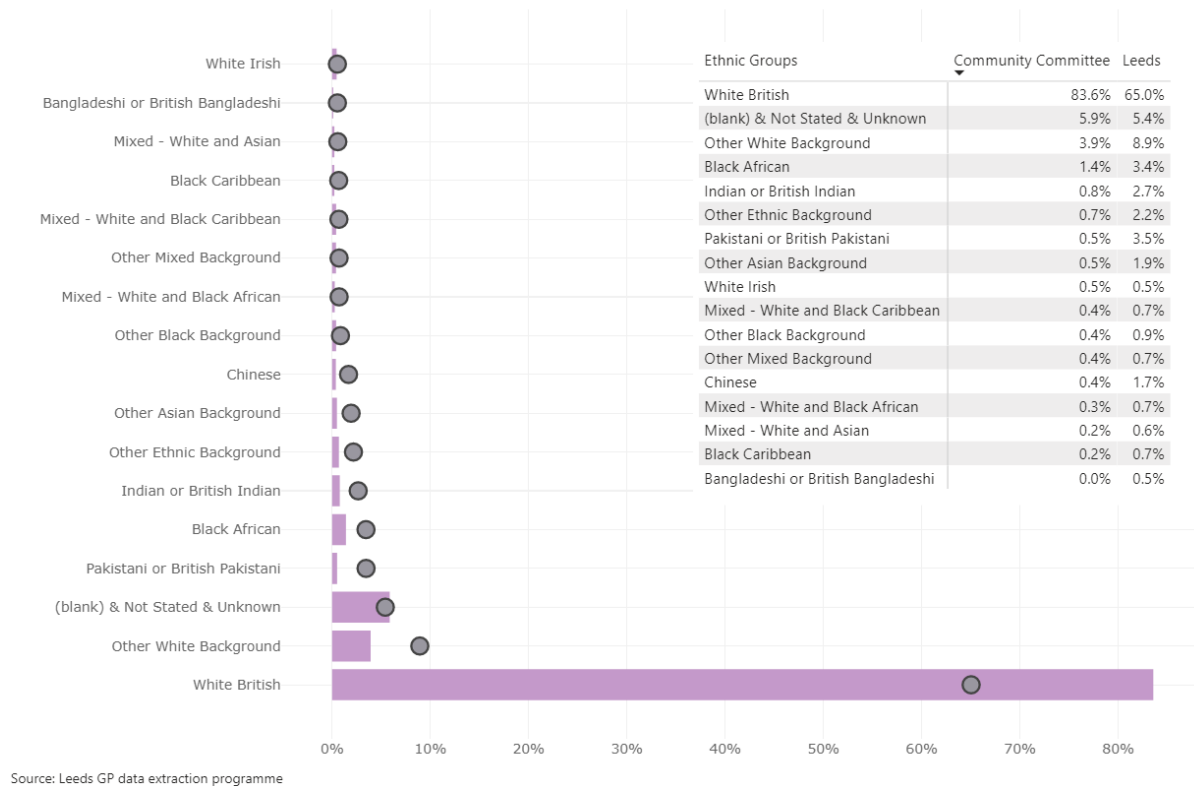


Figure 107 Comparison of ethnicities in the Outer East locality and Leeds

15.4 Deprivation by Lower Super Output Area with community pharmacies

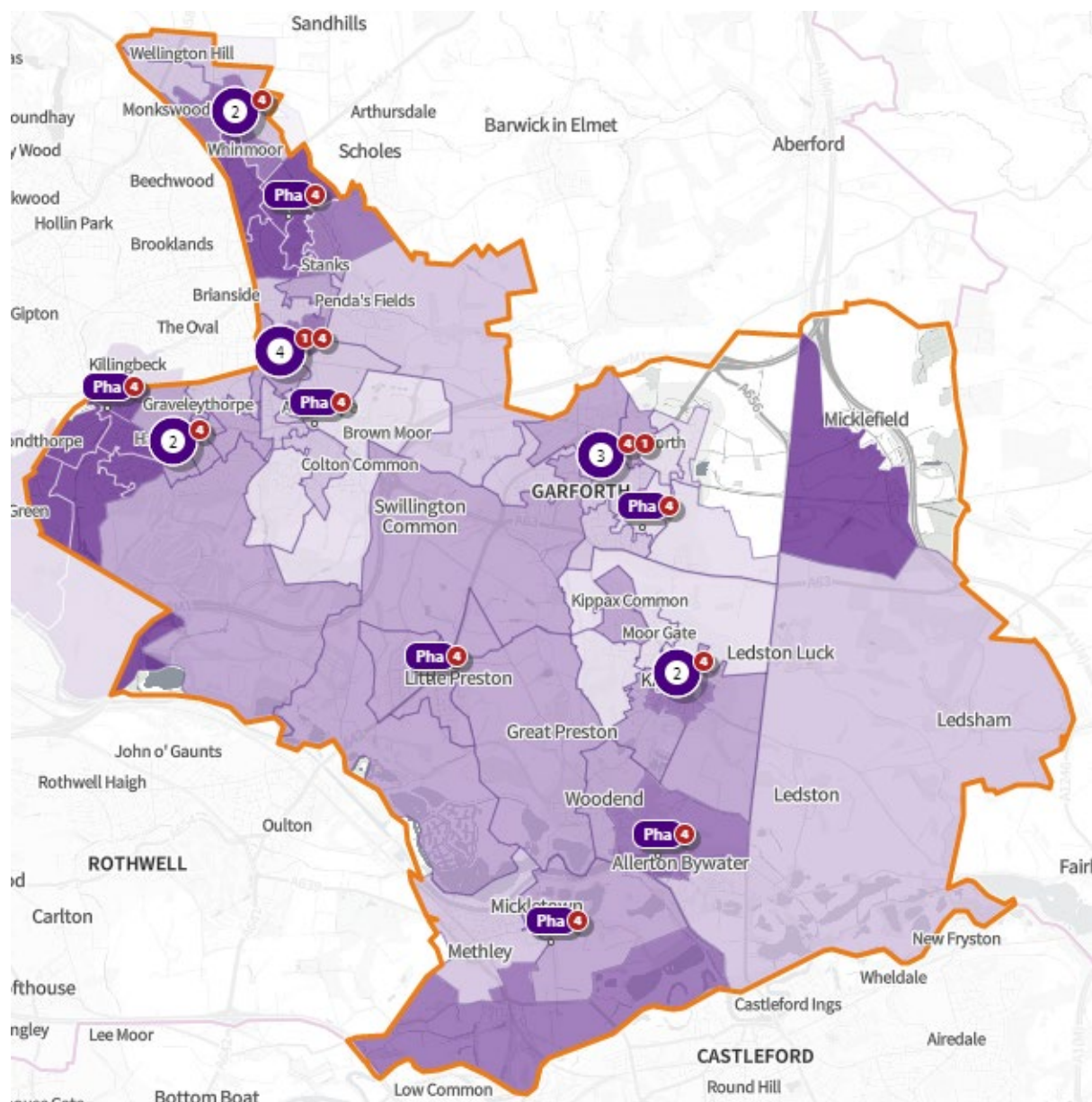


Figure 108 Areas of deprivation and pharmacy locations

15.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 1,200 new homes¹³⁸. This is a large increase in housing and highways and pavements do not yet exist for some of them. As a result not all the proposed housing is within a 20-minute walking distance of an existing community pharmacy. The distances involved mean that new roads are unlikely to rectify this.

Note that the yellow area in this map is the East Leeds Extension (ELE) which is a long-term housing development area. Relatively little housing is due to complete in the ELE within the 2022-2025 period.

One of these postcode sectors are of interest, it is marked **A** on the map below with 343 homes. The specific development location for development **A** was tested and access is possible by car in 10 minutes, and bus in 20 minutes. There is currently no on foot access to a pharmacy within 20 minutes. There are two Dispensing Doctors in Sherburn in Elmet and South Milford (Vale of York HWB area) but their locations are not accessible on foot to **A** either.

The Micklefield area surrounding **A** is in the second most deprived decile in England and so private transport is likely to be less common here. We do not know if new homes will change the level of deprivation of this area.

¹³⁸ LCC Annualised housing land availability as of July 2021

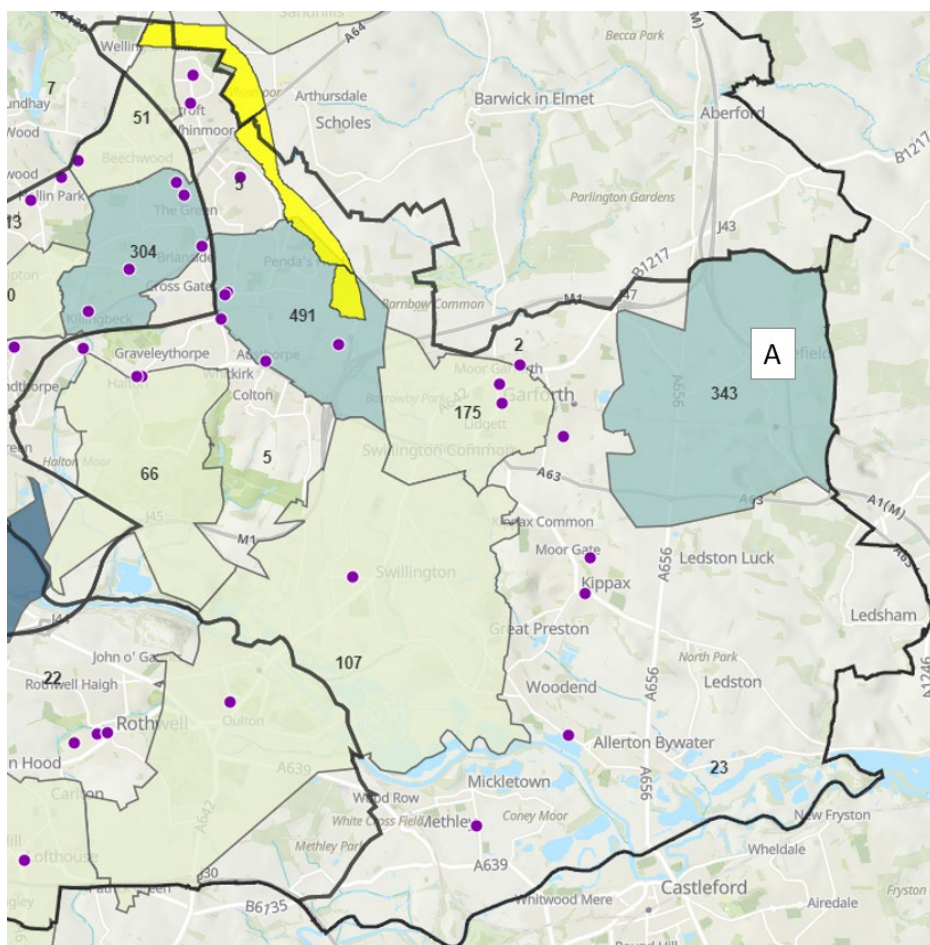


Figure 109 Expected development of new homes between 2022 – 2025 by postcode sector

Areas within 20 minutes' walk of existing community pharmacies for comparison with housing development map (1.5km buffer around locality) around 3.5% of population are not included (shown in green areas).

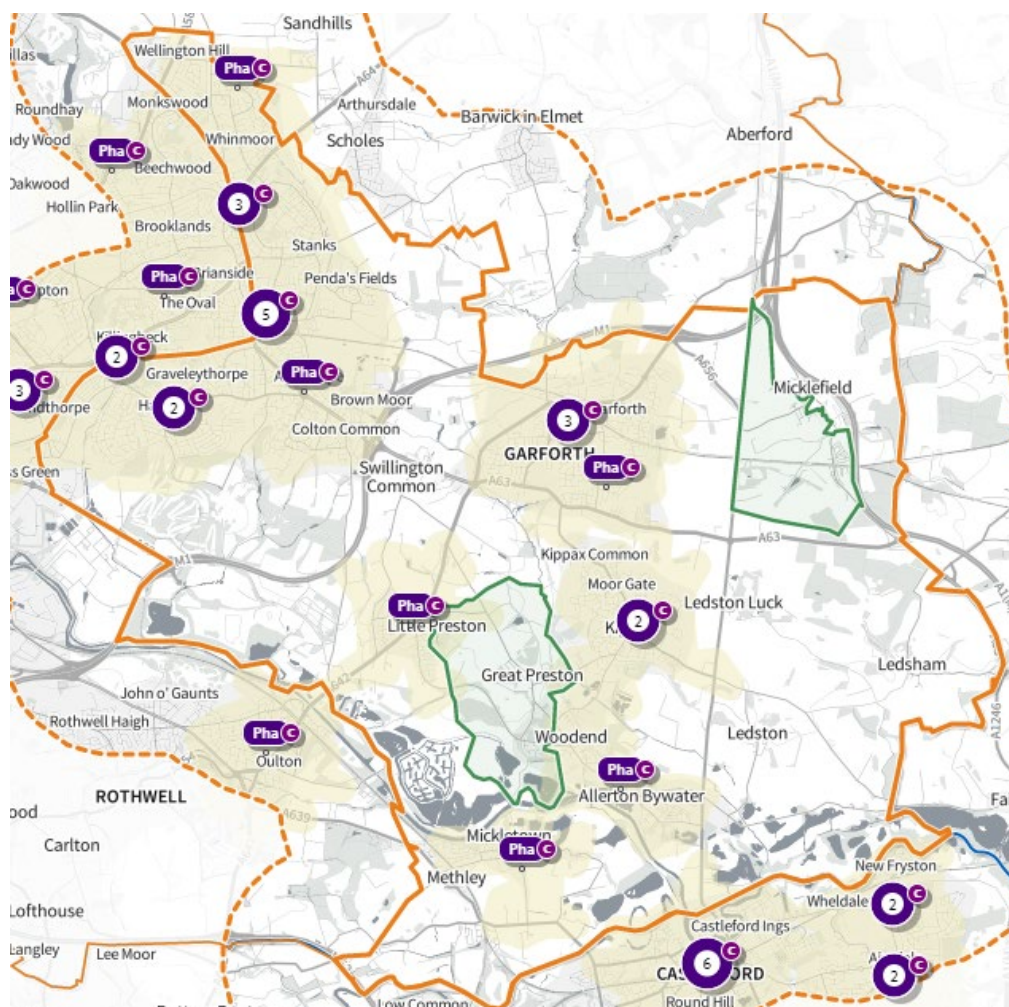


Figure 110 Walking area within 20 minutes of community pharmacies

Areas within 20 minutes' public transport of community pharmacies (1.5km buffer around locality). SHAPE does not identify any populations excluded from this method of access, large white areas on this map are not residential. Housing development A is shown, access by public transport within 20 minutes is possible.

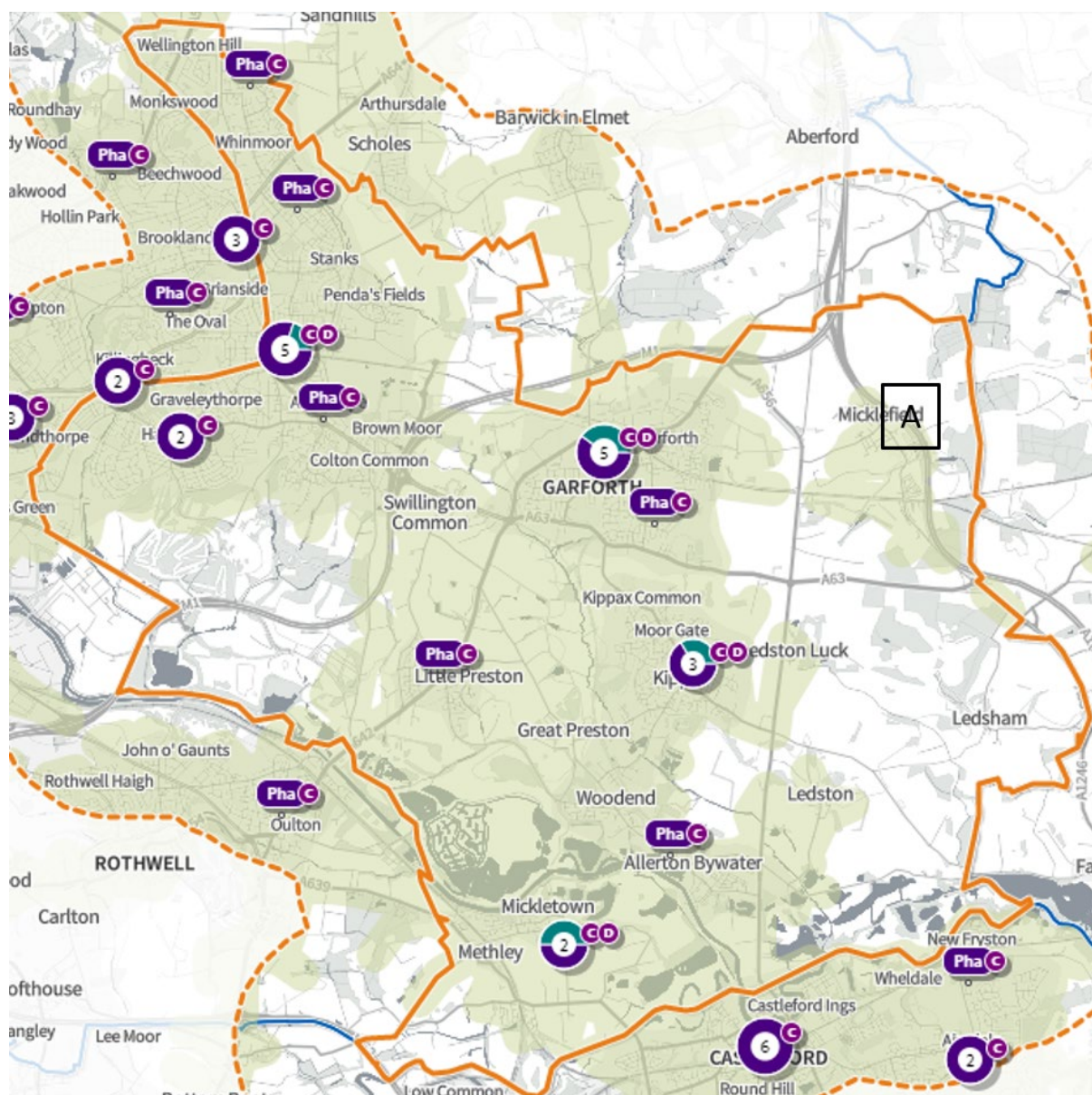


Figure 111 Area within 20 minutes public transport of community pharmacies

15.6 Necessary services: community pharmacy provision

There are 19 community pharmacies within the locality, sixteen are 40-hour and three are 100-hour. They are shown below mapped against population density, which shows a good correlation between the two. The most recent estimate of the population of Outer East is 86,538, this equates to 22.0 pharmacies per 100,000 population. If we include a half mile buffer zone around the locality then this increase to 31 or 35.8 per 100,000. This is higher than the England average of 21 per

100,000.¹³⁹ Although it should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models vary between pharmacies.

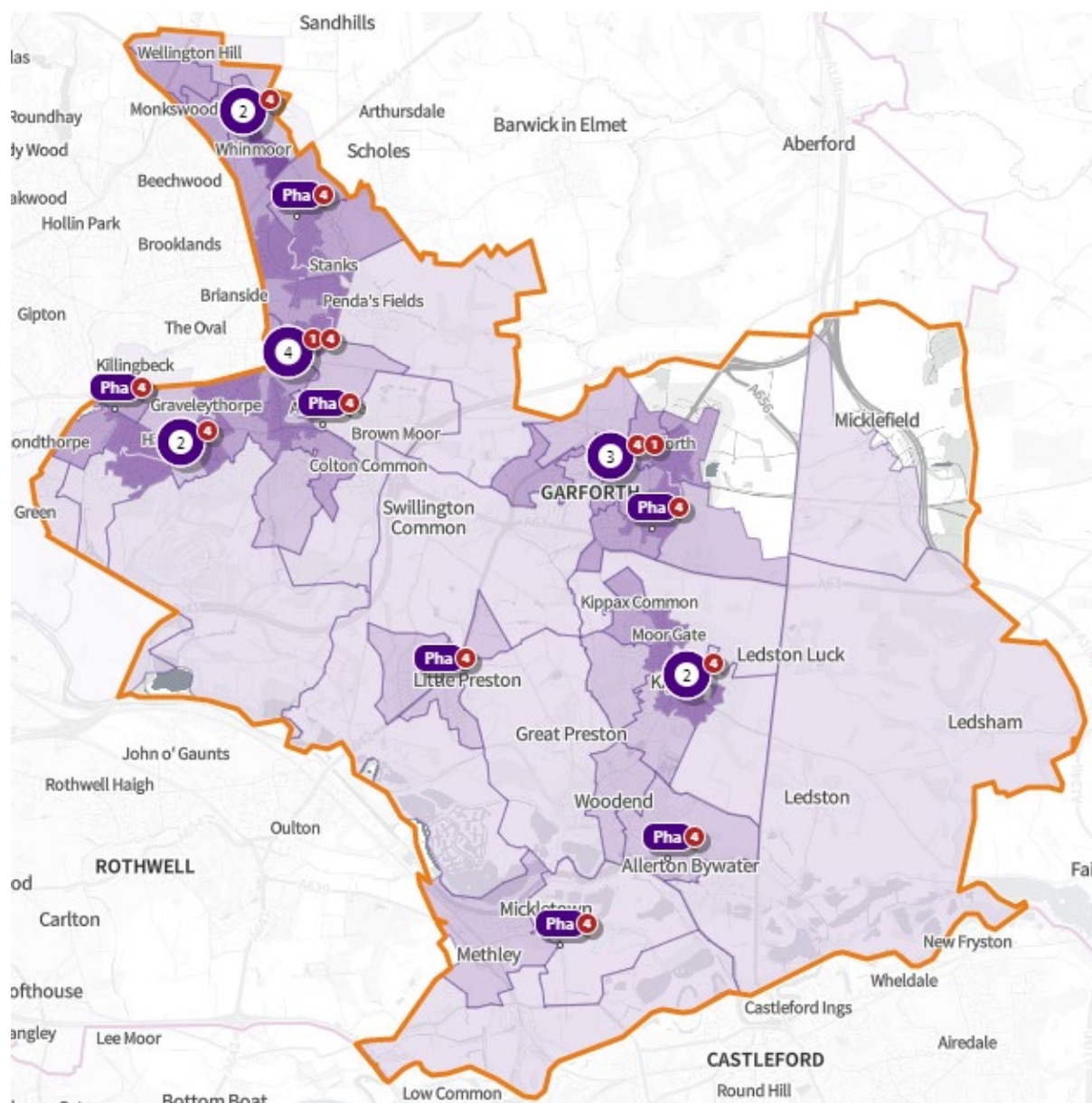


Figure 112 Population density and community pharmacy locations

¹³⁹ Source is General Pharmaceutical Services in England 2015/16 - 2020/21 <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

15.7 Necessary services: access to community pharmacies

Around 3.5% of the locality population cannot get to a pharmacy within 20 minutes on foot – areas outlined in green (1.5km buffer used). The Micklefield area is in the 2nd most deprived decile and patients may be unlikely to have car or van at home.

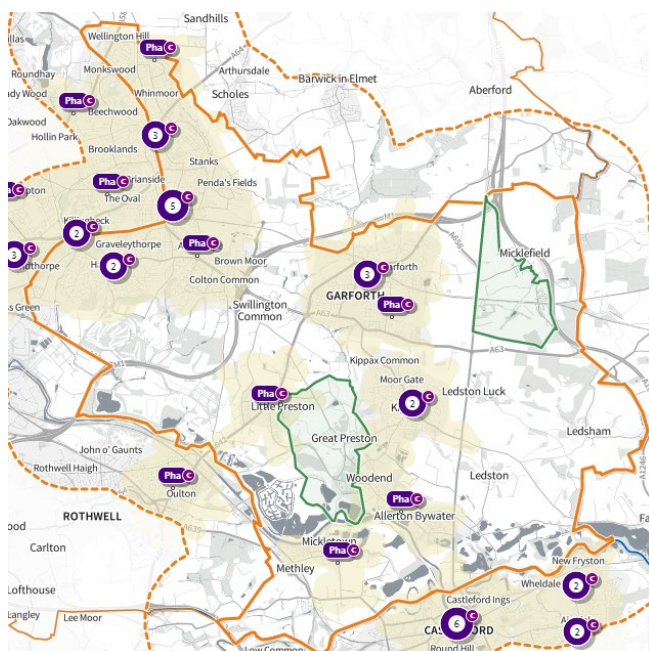


Figure 113 Walking area within 20 minutes of community pharmacies

However, access by public transport is excellent within 15 minutes and includes the development area **A** seen previously (map below). The software cannot test for access by bus at weekends, coverage would probably be better because of less traffic but availability of buses may be lower.



Figure 114 Area within 15 minutes' travel by public transport of community pharmacies

Car access is total within 10 minutes (15 minutes in rush hour, maps not shown)

15.8 Current provision in the locality area

Between April 2019 and November 2021, 67% of prescription items were generated* and dispensed within the locality by community pharmacists (a total count of 3,236,612). The majority of the remaining prescriptions were dispensed in neighbouring localities Inner East and Outer South, with all three localities dispensing 84% of prescriptions from this locality.¹⁴⁰ Dispensing Doctors inside this locality dispensed 7% of prescription items.

Distance selling dispensing almost doubled in 2020/21 and is on track to exceed that in 2021/22. This increase is very likely to be attributable to the changes in patient behaviour triggered by the Covid-19 pandemic, these behaviour changes may persist.

Note after consultation process: A non-Leeds registered dispensing practice is located in Micklefield. The practice and its data are not part of the Leeds PNA. The practice dispenses to a large proportion of its patients.

¹⁴⁰ NHSBA prescription dispensing data April 2019 to November 2021

**Prescription source NHSBSA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

15.9 Opening hours

There are three 100-hour pharmacy within the locality and sixteen 40-hour pharmacies¹⁴¹. The earliest pharmacy opening time on Mondays is 7 a.m. and the latest closing time is 11 p.m. (Figure 115). The earliest opening time Tuesday to Friday is 6:30 a.m. and the latest closing time is 11 p.m. (Figure 115). There are 12 Saturday opening pharmacies with the earliest opening time of 6:30 a.m. and the latest closing time of 10:30 p.m. (Figure 115). There are three Sunday opening pharmacies with the earliest opening time of 9:30 a.m. and the latest closing time 10:30 p.m. (Figure 115). 18 of the pharmacies are said to be evening opening as they open until at least 6 p.m. at least once a week.

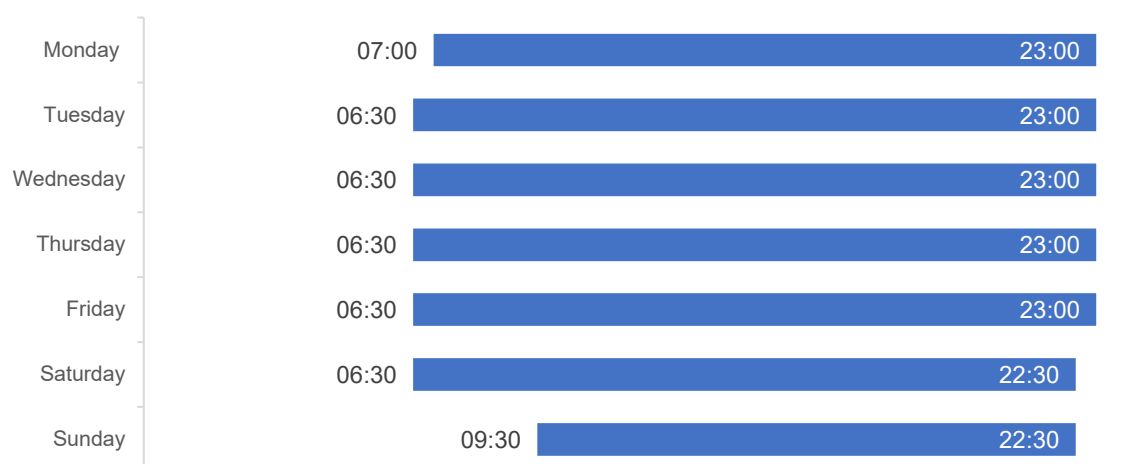


Figure 115 Earliest opening and latest closing times of pharmacies in the Outer East locality

There are five Dispensing Doctors in the locality. All five are open Monday to Friday 8AM to 6PM, and one is open additionally on Saturdays from 8AM to 10:30AM.

¹⁴¹ NHSEI as of February 7th, 2022

15.10 Necessary services: current provision in locality

All 19 community pharmacies have provided at least one New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between 817 and 5,910 for these pharmacies.

All 19 community pharmacies are providing the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.¹⁴²

Between April and November 2021, 18 of the 19 community pharmacies delivered 'flu vaccinations. Note that the vaccination programme runs from September to March so the available data does not cover the full period.

15.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:¹⁴³

- offered by DACs
- offered by DSPs
- which are located near to where they work, shop, or visit for leisure or other purposes

67% of prescriptions generated in the locality were dispensed in locality community pharmacies, and 7% by Dispensing Doctors inside the locality. The remainder were dispensed by:

- 17% at community pharmacies in neighbouring localities: Inner East and Outer South
- More than 3% were dispensed by DSPs
- Less than 1% dispensed by DACs from outside Leeds

¹⁴² NHSE&I as of February 7th, 2022

¹⁴³ NHSBSA prescription dispensing data April 2019 to November 2021

15.12 Other relevant services: current provision

3 Pharmacies declared a stoma customisation fee between April 2019 and November 2021 (NHSBSA dispensing data).

No community pharmacies provide the Hepatitis C antibody testing service (NHSE&I at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|------------------------------------|----|
| • chlamydia screening | 3 |
| • emergency hormonal contraception | 3 |
| • inhaler technique | 6 |
| • supervised consumption | 18 |

15.13 Other NHS services in locality

5 non-GP services generated prescriptions in the locality. Their combined prescription item total made up 0.3% of the locality total in the period April 2019 to November 2021.¹⁴⁴

15.14 Choice regarding obtaining pharmaceutical services

Generally, the demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. Other localities in Leeds, mainly nearby, provide around 19% of dispensing, likely due to ease of access. DSPs make up around 3% which is the around the Leeds average.

15.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to major housing developments. Currently the vast majority of the population will be

¹⁴⁴ NHSBA prescription dispensing data April 2019 to November 2021

able to access a community pharmacy within a 20-minute walk, most within 15 minutes, and by public transport within 20 minutes.

The development area **A** without access on-foot, is where patients are less likely to own cars or vans as is it relatively deprived (Micklefield) but does have good public transport access within 20 minutes.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport, or
- be able to walk to a pharmacy

The HWB has noted that the COVID-19 pandemic has substantially increased the acceptance and use of remote consultations within primary care and the locality has also seen a near doubling in dispensing via DSPs. For the above residents the HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all distance selling premises in England must provide

or

- the private delivery service offered by some pharmacies and
- to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport, private transport or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccination

15.16 Improvements or better access gaps in provision

Three pharmacies provide stoma customisation and it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of the locality. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that one pharmacy currently provides this service in the locality and it is a 100-hour pharmacy. Many pharmacies have stock of palliative care drugs, though patients are encouraged to use their own pharmacy where possible, as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing no pharmacies had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023, although the neighbouring locality, Inner East, has three. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from eight pharmacies in this locality as of February 2022, none of which are 100-hour pharmacies but there is a 100-hour pharmacy with this service in the neighbouring Inner East locality; this is a new service so provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

Three of the pharmacies in this locality provide the Minor Ailments Scheme and there are a further eight in the neighbouring locality, Inner East. The Minor Ailments Service is commissioned by NHSE&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 5 pharmacies providing the Hypertension service, and 4 are now providing the smoking cessation service that began in March 2022.

16 Outer South locality

16.1 Key Facts for Outer South locality

- The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average. All other minority ethnic communities are less prevalent here than in Leeds overall.
- In terms of deprivation, the population of this locality are divided quite equally between the five English quintiles, with slightly fewer areas in the least deprived fifth of England
- The locality ranks eighth most deprived out of all 10 localities
- Adult obesity and common mental health issues are both significantly above the Leeds averages
- Planning between 2022 and 2025 for this locality will create around 550 new homes. Specific development locations were tested and all except one found to be within good walking distance of a community pharmacy
- 22% of households had no access to car or van in Census 2011 (Leeds rate is 32%)
- Life expectancy is third highest in the city, for men and for women

16.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)¹⁴⁵

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies
- 1.9% were dispensed by Dispensing GPs inside Leeds
- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%

¹⁴⁵ NHSBA prescription dispensing data April 2019 to November 2021

- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

16.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average. All other minority ethnic communities are less prevalent here than in Leeds overall.¹⁴⁶

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021

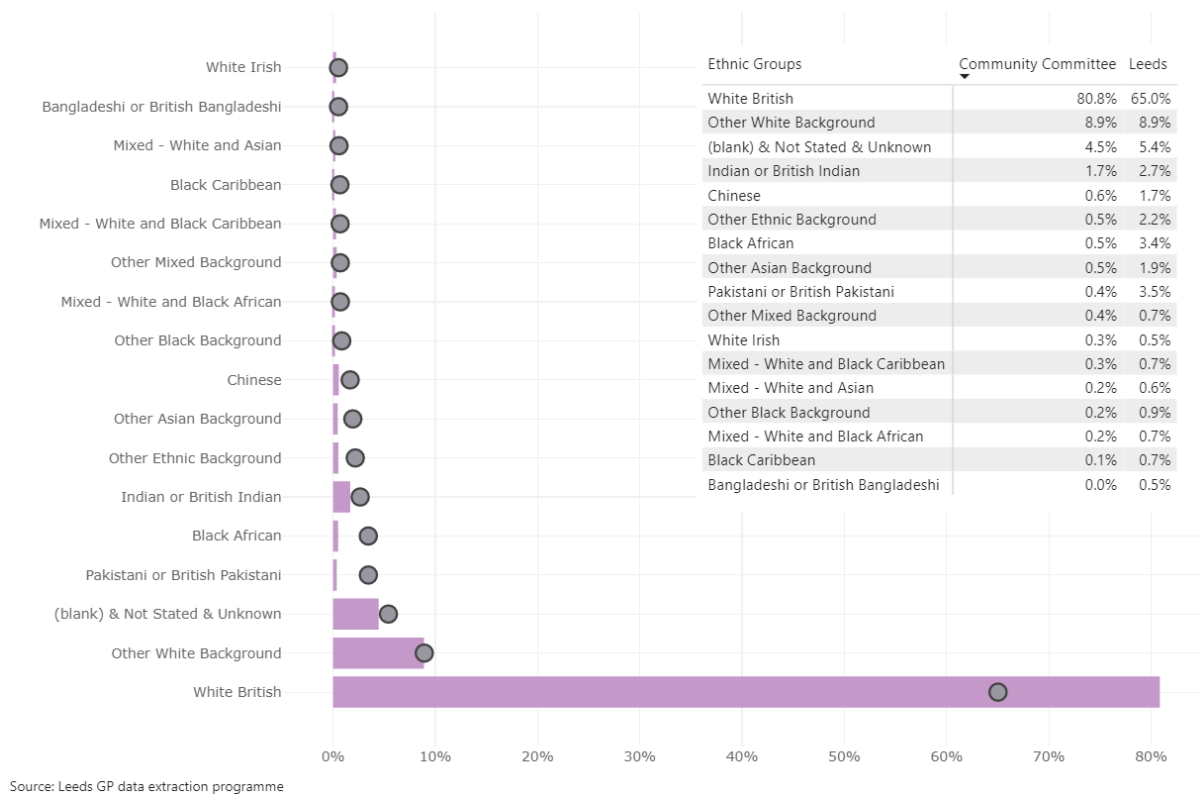


Figure 116 Comparison of ethnicities in the Outer South locality and Leeds

16.4 Deprivation by Lower Super Output Area with community pharmacies

¹⁴⁶ Leeds GP data extraction October 2021

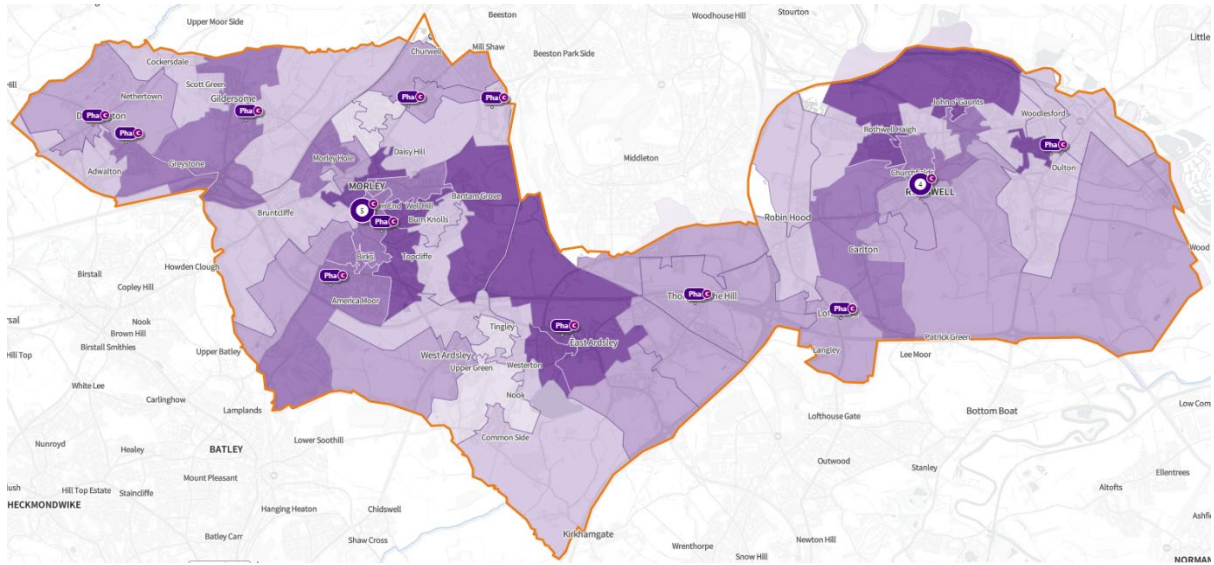


Figure 117 Areas of deprivation and pharmacy locations

16.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 550 new homes.

147

Specific development locations were tested and all except one found to be within good walking distance of a community pharmacy.

It is marked **A** on Figure 118 Expected development of new homes between 2022 – 2025 by postcode sector, access is possible by car and bus in 10 minutes and there is likely to be access to a pharmacy on foot within 20 minutes. Car or van ownership is much higher than Leeds in 2011 (Census 2011).

¹⁴⁷ LCC Annualised housing land availability as of July 2021

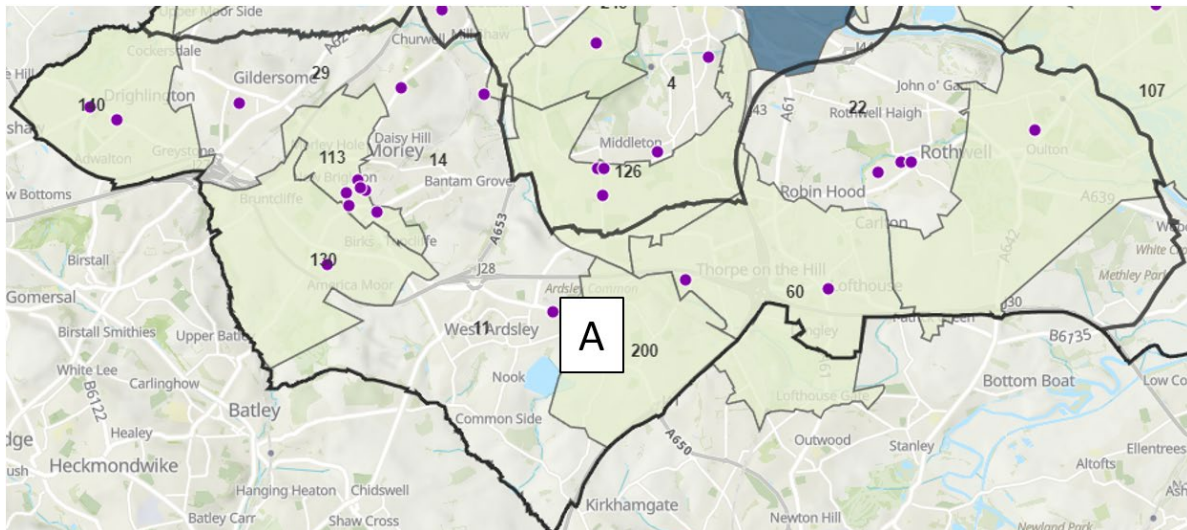


Figure 118 Expected development of new homes between 2022 – 2025 by postcode sector

Areas within 20 minute's walk of existing community pharmacies for comparison with housing development map including a 1.5km buffer around the locality.

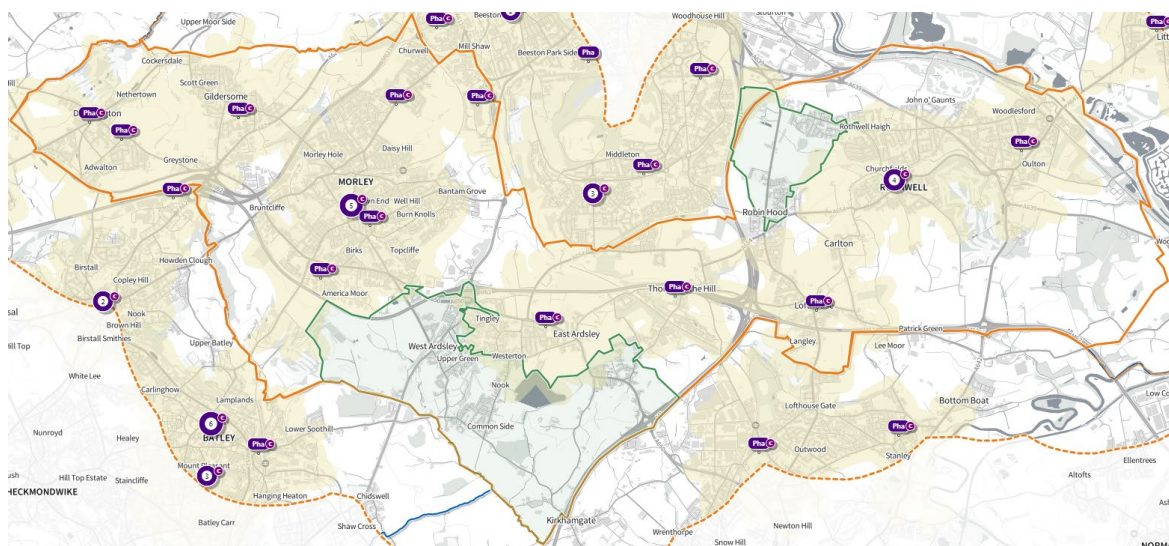


Figure 119 Walking area within 20 minutes of community pharmacies

Car and public transport maps not shown as both are very good.

16.6 Necessary services: community pharmacy provision

There are 20 community pharmacies within the locality, 18 are 40-hour and two are 100-hour. They are shown to correlate with population density on the map below.

The most recent estimate of the population of Outer South is 89,654, which equates to 22.3 pharmacies per 100,000 population. If we include a half mile buffer zone around the locality then this increase to 26 or 29.0 per 100,000. This is higher than

the England average of 21 per 100,000.¹⁴⁸ It should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models vary between pharmacies.

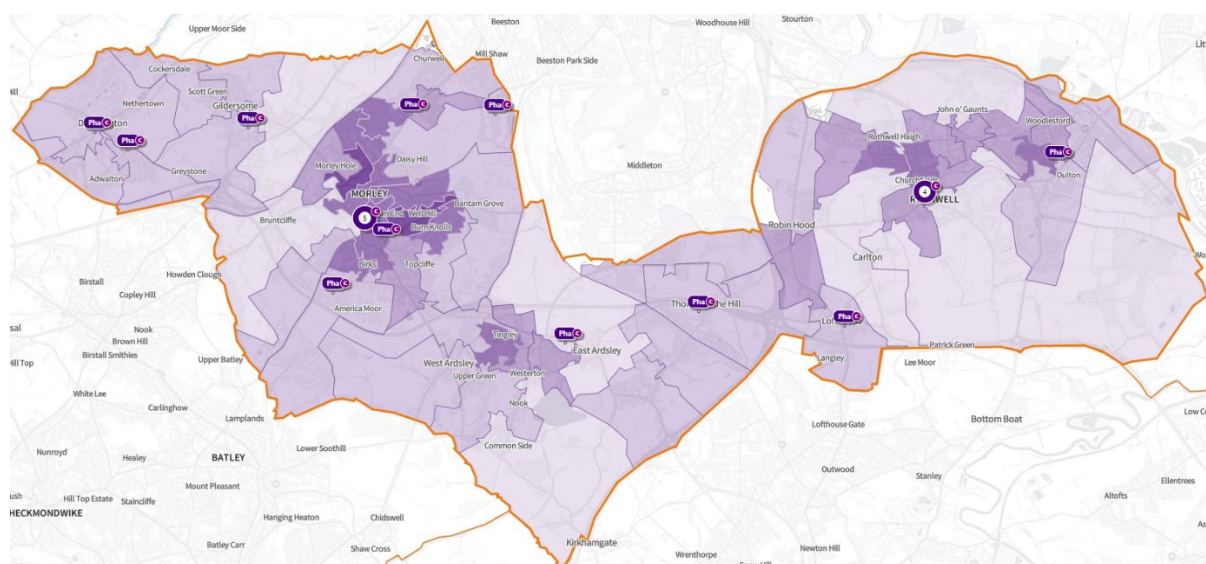


Figure 120 Population density and community pharmacy locations

16.7 Necessary services: access to community pharmacies

Currently, a large proportion (14%) of the locality population cannot reach a community pharmacy within 20 minutes on foot, car ownership is likely to be high as these are not deprived locations – areas outlined in green (1.5km buffer used)

¹⁴⁸ Source is General Pharmaceutical Services in England 2015/16 - 2020/21 <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

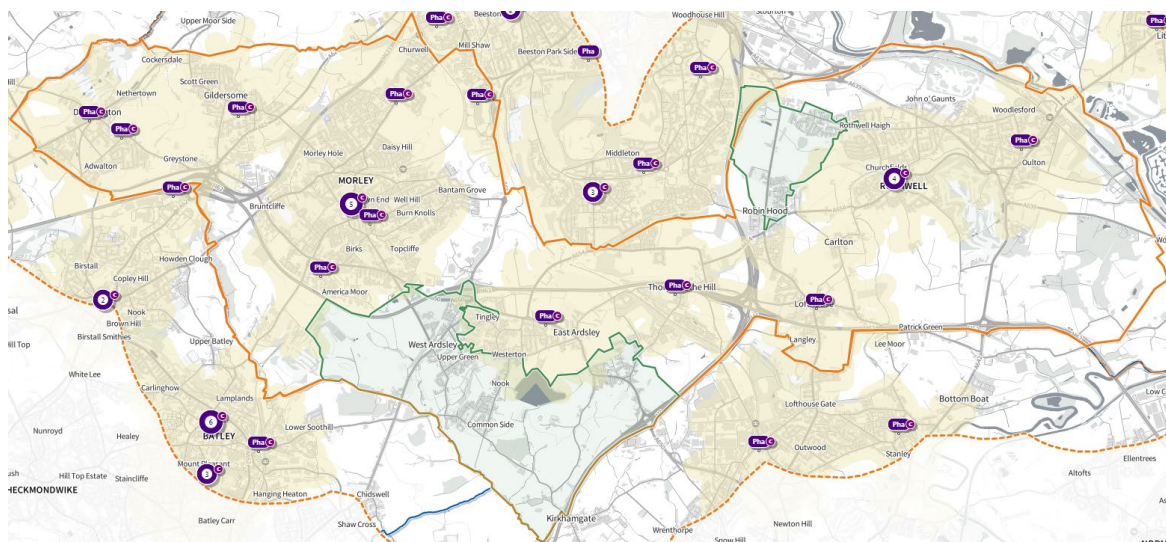


Figure 121 Walking area within 20 minutes of community pharmacies

Access by public transport is very good within 15 minutes (Figure 122 Area within 10 minutes' travel by public transport of community pharmacies). The software cannot test for access by bus at weekends but coverage would probably be better because of less traffic yet availability of buses may be lower.

Car access is total within 10 minutes even in rush hour (map not shown).

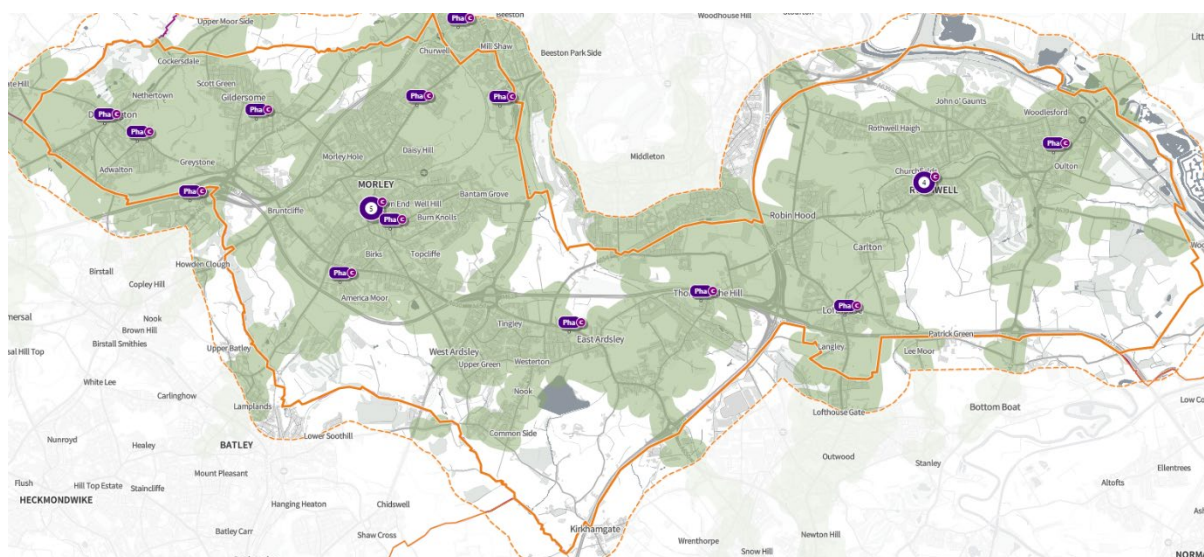


Figure 122 Area within 10 minutes' travel by public transport of community pharmacies

16.8 Current provision in the locality area

Between April 2019 and November 2021, 88% of prescription items were generated* and dispensed within the locality by community pharmacists (a total count of 3,493,905). The majority of remaining prescriptions were dispensed in the neighbouring localities of Inner South and Outer East, with all three localities dispensing 93% of prescriptions from this locality.¹⁴⁹

**Prescription source NHSBSA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

16.9 Opening hours

There are two 100-hour pharmacy within the locality and 18 40-hour pharmacies¹⁵⁰. The earliest pharmacy opening time Monday to Thursday is 7 a.m. and the latest closing time is midnight (Figure 123). On Fridays, the earliest opening time is 7 a.m. and the latest closing time is 11 p.m. (Figure 123). There are 13 Saturday opening pharmacies with the earliest opening time of 7 a.m. and the latest closing time of 11 p.m. (Figure 123). There are two Sunday opening pharmacies with the earliest opening time of 10 a.m. and the latest closing time of 5 p.m. (Figure 123). There are 15 pharmacies regarded as evening opening as they open until at least 6 p.m. at least once a week.

¹⁴⁹ NHSBSA prescription dispensing data April 2019 to November 2021

¹⁵⁰ NHSE&I as of February 7th, 2022

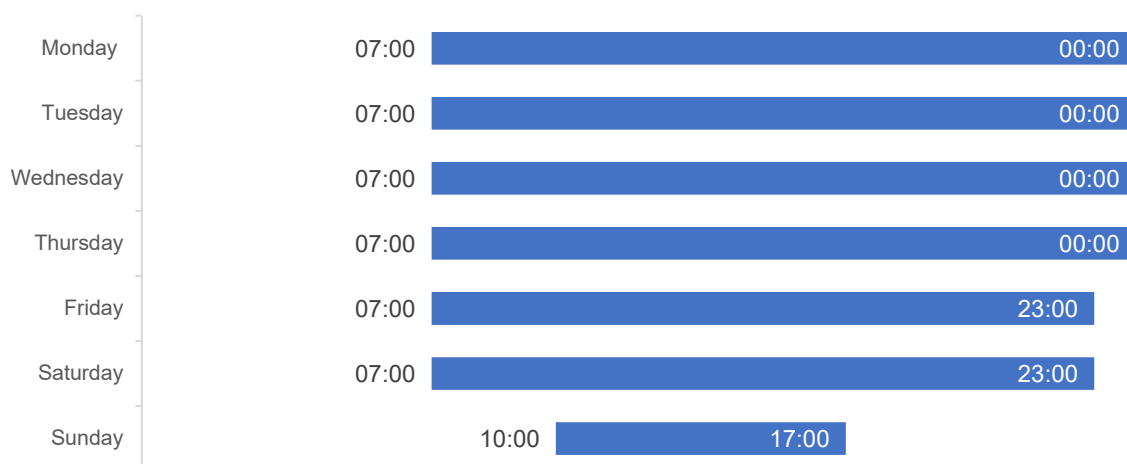


Figure 123 Earliest opening and latest closing time of pharmacies in the Outer South locality

16.10 Necessary services: current provision in locality

All 20 community pharmacies have provided at least one New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between 60 and 725 for these pharmacies.

19 community pharmacies are providing the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.¹⁵¹

Between April and November 2021, 18 of the 19 community pharmacies delivered 'flu vaccinations. Note that the vaccination programme runs from September to March so the available data does not cover the full period.

16.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:¹⁵²

- offered by DACs

¹⁵¹ NHSEI as of February 7th, 2022

¹⁵² NHSBA prescription dispensing data April 2019 to November 2021

- offered by DSPs
- which are located near to where they work, shop, or visit for leisure or other purposes

88% of prescriptions generated in the locality were dispensed in locality community pharmacies. The remainder were dispensed by:

- 5% by community pharmacies in neighbouring localities: Inner South and Outer East
- 3% by DSPs
- 3% community pharmacies outside Leeds
- Less than 1% by DACs from outside Leeds

16.12 Other relevant services: current provision

One pharmacy declared a stoma customisation fee between April 2019 and November 2021 (NHSBSA dispensing data).

No community pharmacies provide the Hepatitis C antibody testing service (NHSE&I at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|------------------------------------|----|
| • chlamydia screening | 3 |
| • emergency hormonal contraception | 3 |
| • inhaler technique | 5 |
| • supervised consumption | 19 |

16.13 Other NHS services in locality

Three non-GP services generated prescriptions in the locality. Their combined prescription item total made up 0.01% of the locality total in the period April 2019 to November 2021.¹⁵³

¹⁵³ NHSBSA prescription dispensing data April 2019 to November 2021

16.14 Choice regarding obtaining pharmaceutical services

Generally, the demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. Other localities in Leeds nearby provide around 5% of dispensing and likely due to ease of access. DSPs make up around 3% which is the around the Leeds average. Only 3% of items were dispensed in community pharmacies outside Leeds.

16.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to major housing developments and found that access from one new development will be possible by car or bus, and on foot within 20 minutes. Rates of car ownership in areas without on foot access inside 20 minutes are well above average. Generally, access by public or private transport is excellent within 15 minutes.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport, or
- be able to walk to a pharmacy

The HWB has noted that the COVID-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care, the locality has also seen a near doubling in dispensing via DSPs. For the above residents the HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all distance selling premises in England must provide

or

- the private delivery service offered by some pharmacies and

- to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport, private transport, or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccination

16.16 Improvements or better access gaps in provision

One pharmacy provides stoma customisation and it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of the locality. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that one pharmacy currently provides this service in the locality. Many pharmacies have stock of palliative care drugs although patients are encouraged to use their own pharmacy where possible as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for

the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing no pharmacies had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023. However, the neighbouring locality Inner South, has four. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from 11 pharmacies in this locality as of February 2022, two of which are 100-hour pharmacies and this is a new service so provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

Two of the pharmacies in this locality provide the Minor Ailments Scheme and there are a further eight in the neighbouring locality, Inner South. The Minor Ailments Service is commissioned by NHSE&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 5 pharmacies providing the Hypertension service, and 8 are now providing the smoking cessation service that began in March 2022.

17 Outer North West locality

17.1 Key Facts for Outer North West locality

- The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average. All other ethnic groups are less prevalent here than in Leeds overall
- This locality is a mix of densely populated and rural spaces
- In terms of deprivation, three quarters of this locality population live in areas within the least deprived and second least deprived parts of England. There are small concentrations of areas within the most deprived parts of England
- The locality ranks ninth most deprived out of all 10 localities
- Planning between 2022 and 2025 for this locality will create around 300 new homes around Bramhope and Yeadon. Planning locations fall within a 12-minute walk of existing community pharmacies. Access is likely to be very good by public transport within 15 minutes, and by car within 10 minutes
- 18% of households had no access to car or van in Census 2011 (Leeds rate is 32%)
- Common mental health issues are significantly above the Leeds average
- Life expectancy is the second highest in the city for both men and women, this locality has an older population than many parts of Leeds
- Mortality rates are higher than could be expected, possibly due to the areas of high deprivation. Deaths in the under 75s from preventable causes and cancers are second highest in the city. Cancer rates of this locality are the second highest in the city. The inverted relationship with deprivation is thought to be due to less deprived areas seeking diagnosis earlier resulting in improved survivability
- Deaths from circulatory disease and smoking attributable causes are significantly above Leeds averages

17.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)¹⁵⁴

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies
- 1.9% were dispensed by Dispensing GPs inside Leeds
- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

17.3 Ethnicity compared to Leeds

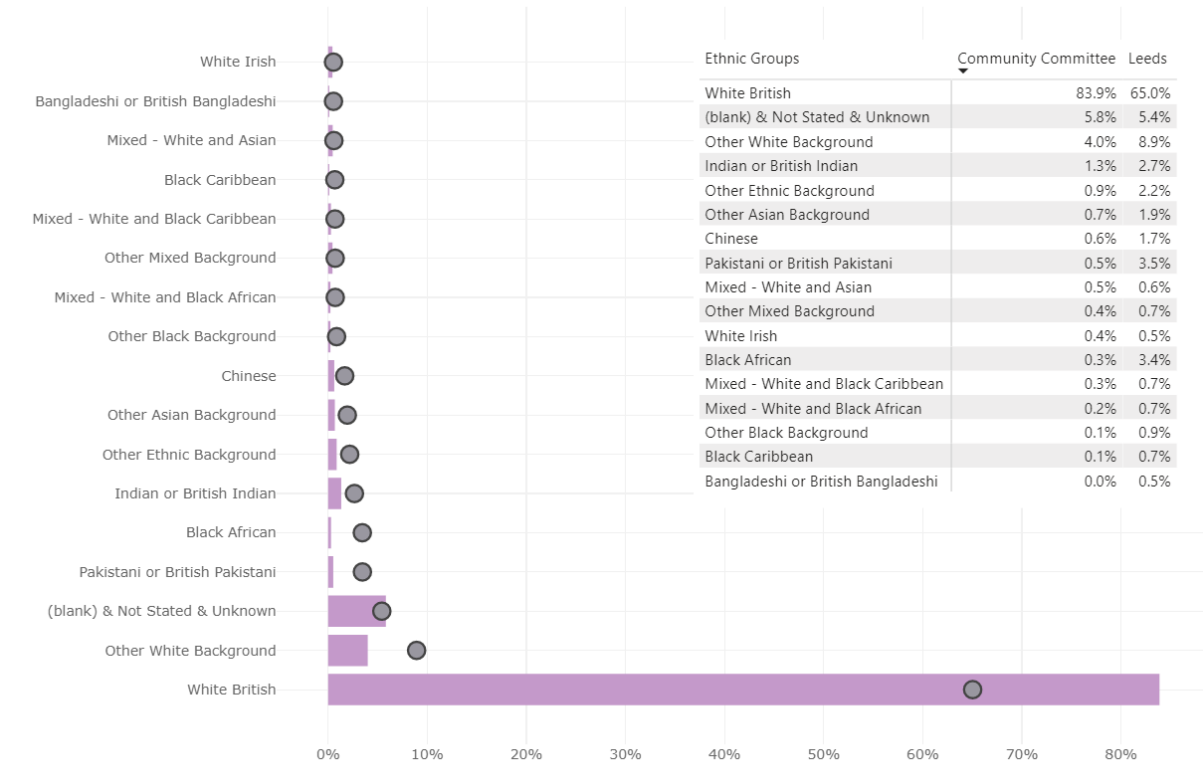
The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average. All other minority ethnic communities are less prevalent here than in Leeds overall.¹⁵⁵

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

¹⁵⁴ NHSBA prescription dispensing data April 2019 to November 2021

¹⁵⁵ Leeds GP data extraction October 2021

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021



Source: Leeds GP data extraction programme

Figure 124 Comparison of ethnicities in the Outer North West locality and Leeds

17.4 Deprivation by Lower Super Output Area with community pharmacies

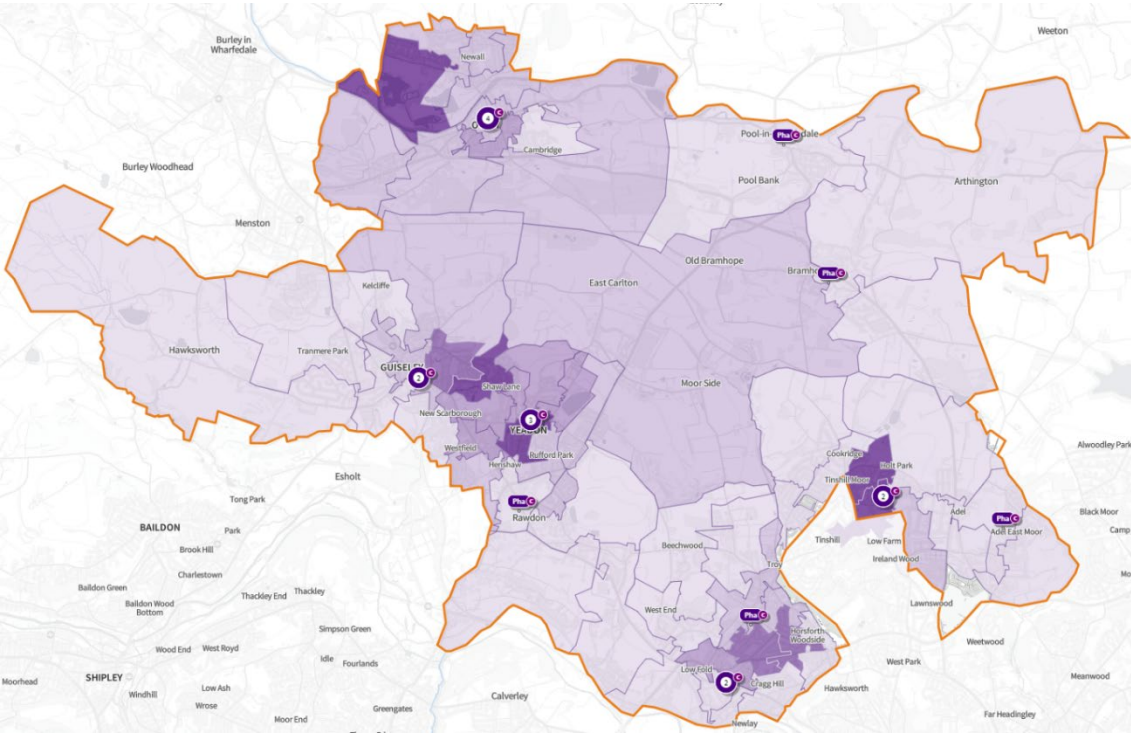


Figure 125 Areas of deprivation and pharmacy locations

17.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 300 new homes around Bramhope and Yeadon.¹⁵⁶ Planning locations fall within a 20-minute walk of existing community pharmacies. Access is likely to be very good by public transport within 15 minutes and by car within 10 minutes. Car ownership is very high here compared to Leeds (Census 2011)

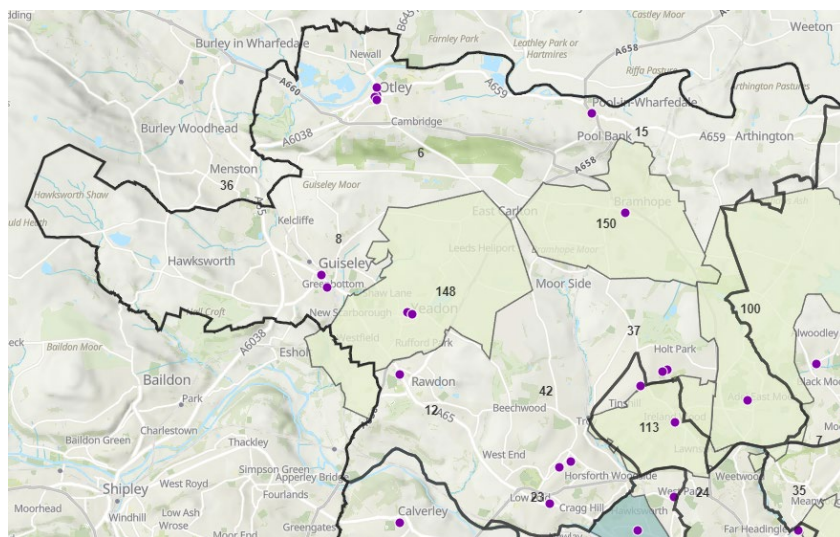


Figure 126 Expected development of new homes between 2022 – 2025 by postcode sector

Areas within 20 minutes' walk of existing community pharmacies for comparison with housing development map including a 1.5 km buffer around the locality.

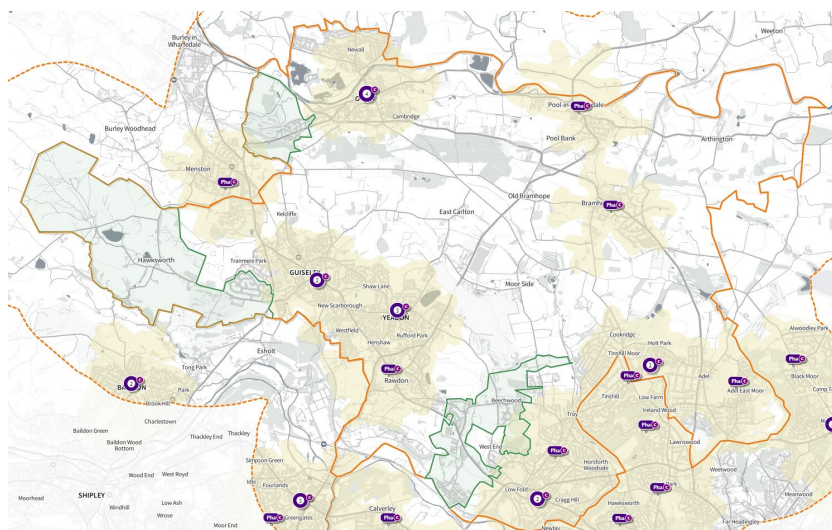


Figure 127 Walking area within 20 minutes of community pharmacies

¹⁵⁶ Leeds City Council Annualised housing land availability as of July 2021

17.6 Necessary services: community pharmacy provision

There are 18 community pharmacies within the locality, 16 are 40-hour and two are 100-hour. They are shown to correlate well with population density on the map below. The most recent estimate of the population of Outer North West is 87,784, which equates to 20.5 pharmacies per 100,000 population, slightly lower than the England average of 21 pharmacies per 100,00. If we include a half mile buffer zone around the locality then this increases to 25 or 28.5 per 100,000. This makes it higher than the England average.¹⁵⁷ It should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models vary between pharmacies.

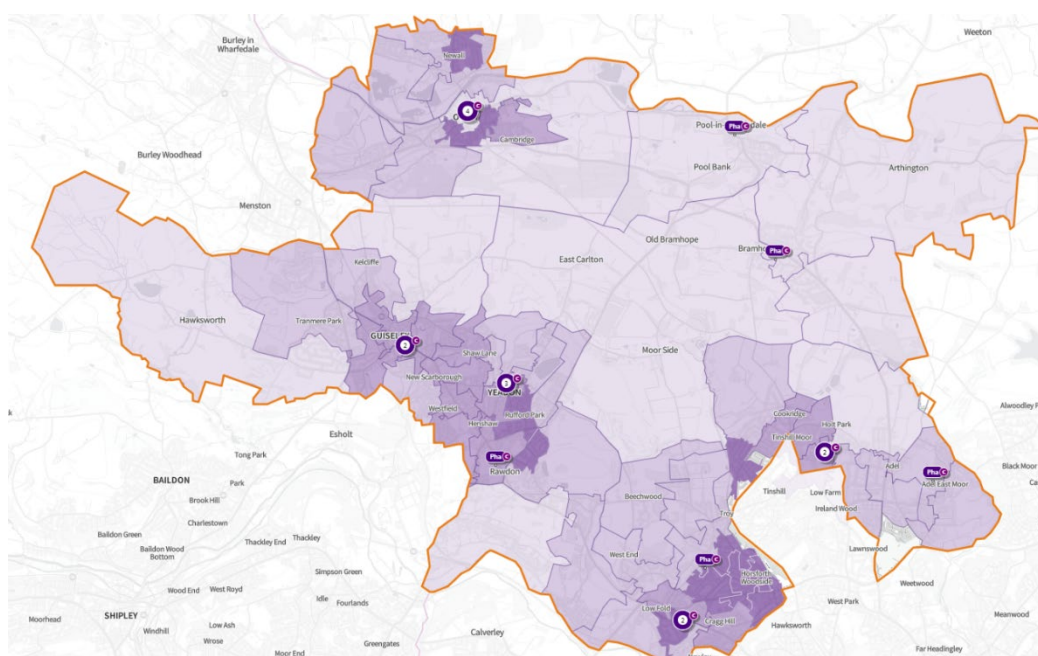


Figure 128 Population density and community pharmacy locations

¹⁵⁷ Source is General Pharmaceutical Services in England 2015/16 - 2020/21 <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

Around 9% of the locality population cannot get to a pharmacy within 20 minutes on foot yet these areas are likely to have high rates of car ownership as they are in deprivation deciles 8 and 10 – areas outlined in green (1.5km buffer used).

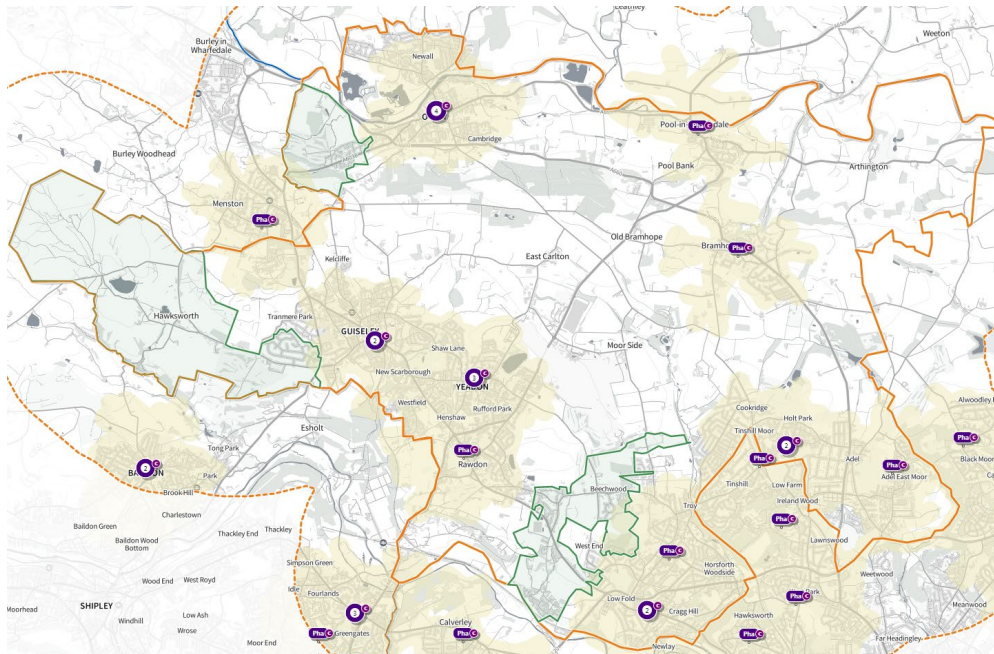


Figure 129 Walking area within 20 minutes of community pharmacies

Access by bus within 15 minutes is almost total (Figure 130 Area within 15 minutes' travel by public transport of community pharmacies), access by car in 10 minutes is excellent (not shown). The software cannot test for access by bus at weekends and coverage would probably be better because of less traffic but availability of buses may be lower.



Figure 130 Area within 15 minutes' travel by public transport of community pharmacies

17.8 Current provision in the locality area

Between April 2019 and November 2021, 85% of prescription items were generated* and dispensed within the locality were also dispensed by community pharmacists (a total count of 2,783,871). The majority of remaining prescriptions (7%) were dispensed by community pharmacies outside of Leeds, this could be Ilkley, Burley in Wharfedale, Baildon, etc.¹⁵⁸

**Prescription source NHSBSA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

17.9 Opening hours

There are two 100-hour pharmacy and 16 40-hour pharmacies in the locality¹⁵⁹. The earliest pharmacy opening time Monday to Friday is 7 a.m., and the latest closing time is 11 p.m. (Figure 131). There are 11 Saturday opening pharmacies with the

¹⁵⁸ NHSBSA prescription dispensing data April 2019 to November 2021

¹⁵⁹ NHSE&I as of February 7th, 2022

earliest opening time of 7 a.m. and the latest closing time of 10 p.m. (Figure 131). There are three Sunday opening pharmacies with the earliest opening time of 10 a.m. and the latest closing time of 5 p.m. (Figure 131). 15 of the pharmacies are regarded as evening opening as they open until at least 6 p.m. at least once a week.

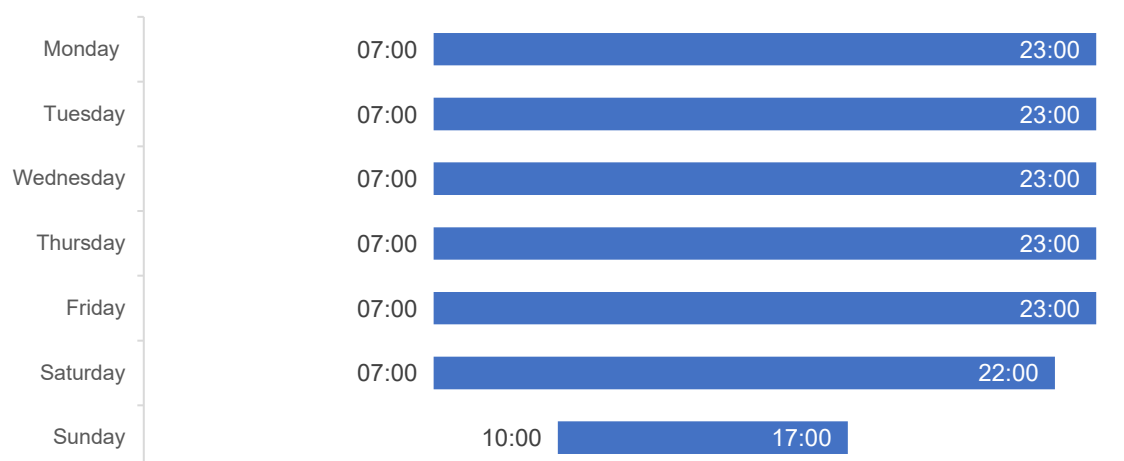


Figure 131 Earliest opening and latest closing times of pharmacies in the Outer North West locality

17.10 Necessary services: current provision in locality

All 18 community pharmacies have provided at least one New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between 3 and 741 for these pharmacies. All 18 community pharmacies are providing the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.¹⁶⁰

Between April and November 2021, 17 of the 18 community pharmacies delivered 'flu vaccinations. Note that the vaccination programme runs from September to March so the available data does not cover the full period.

¹⁶⁰ NHSE&I as of February 7th, 2022

17.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB's area to access services: ¹⁶¹

- offered by DACs
- offered by DSPs
- which are located near to where they work, shop, or visit for leisure or other purposes

85% of prescriptions generated in the locality were dispensed in locality community pharmacies. For the rest:

- 7% were dispensed by community pharmacies outside of Leeds
- 5% were dispensed by community pharmacies elsewhere in Leeds
- 2% were dispensed by DSPs
- Less than 1% dispensed by DACs from outside Leeds

17.12 Other relevant services: current provision

Three pharmacies declared a stoma customisation fee between April 2019 and November 2021 (NHSBSA dispensing data).

No community pharmacies provide the Hepatitis C antibody testing service (NHSEI at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|--------------------------|----|
| • inhaler technique | 9 |
| • supervised consumption | 16 |

¹⁶¹ NHSBSA prescription dispensing data April 2019 to November 2021

17.13 Other NHS services in locality

Four non-GP services generated prescriptions in the locality. Their combined prescription item total made up 0.3% of the locality total in the period April 2019 to November 2021.¹⁶²

17.14 Choice regarding obtaining pharmaceutical services

Generally, the demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality. Other localities outside of and within Leeds provide around 12% of dispensing, likely due to ease of access. DSPs make up around 2% which is the lower than the Leeds average.

17.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to major housing developments and found that access from new developments will be possible by car or bus or on foot and that rates of car ownership are above average. Currently around 91% of the population will be able to access a community pharmacy within a 20-minute walk and access by public transport is excellent within 15 minutes.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport, or
- be able to walk to a pharmacy

¹⁶² NHSBSA prescription dispensing data April 2019 to November 2021

The HWB has noted that the COVID-19 pandemic has substantially increased the acceptance and use of remote consultations within primary care, the locality has also seen a near doubling in dispensing via DSPs. For the above residents the HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all distance selling premises in England must provide
- or
- the private delivery service offered by some pharmacies and
 - to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The HWB has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport, private transport, or walking.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccination

17.16 Improvements or better access gaps in provision

Three pharmacies provide stoma customisation and it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of

the locality. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that three pharmacies currently provide this service in the locality and two are 100-hour. Many pharmacies have stock of palliative care drugs, although patients are encouraged to use their own pharmacy where possible, as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing no pharmacies had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023. In the neighbouring localities Inner North West and Inner West, they have six. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from nine pharmacies in this locality as of February 2022, one of which is a 100-hour pharmacy, and as this is a new service provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

None of the pharmacies in this locality provide the Minor Ailments Scheme. The Minor Ailments Service is commissioned by NHSE&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service - self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there are an extra 7 pharmacies providing the Hypertension service, and 3 are now providing the smoking cessation service that began in March 2022.

18 Outer North East locality

18.1 Key Facts

- The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average, with the “Indian or British Indian” population also more prevalent. All other minority ethnic communities are less prevalent here than in Leeds overall
- This locality is a mix of densely populated urban and rural spaces
- Over half of this locality population live in areas within the least deprived fifth in England. Most of the rest live in the second least deprived. There is a pocket in the southwestern corner of high deprivation making up around 7% of the locality population
- The locality is the least deprived out of all 10 localities
- Planning between 2022 and 2025 for this locality will create around 300 new homes. The developments are in rural areas where highways and pavements do not yet exist in parts. As a result, not all of the proposed housing is within a 20-minute walking distance of an existing community pharmacy. The nearest pharmacy outside Leeds is in Tadcaster.
- 15% of households had no access to car or van in Census 2011 (Leeds rate is 32%)
- Most GP-recorded conditions are significantly below Leeds averages and usually the lowest of all localities. However, cancer rates are the highest in the city. The inverted relationship with deprivation is thought to be due to less deprived areas seeking diagnosis earlier resulting in improved survivability
- Life expectancy is the highest in the city for both men and women and this locality has an older population than many parts of Leeds.

18.2 Dispensing overview for the whole of Leeds (April 2019 to November 2021)¹⁶³

- 90.3% of Leeds prescriptions were dispensed at Leeds community pharmacies
- 1.9% were dispensed by dispensing GPs inside Leeds
- 2.9% were dispensed by DSPs
- 1.4% were not dispensed / collected
- Less than 1% were dispensed at DACs based anywhere in England
- Non-Leeds community pharmacies: Bradford dispensed 1% of Leeds prescriptions overall, Kirklees 0.5%
- The remaining small amounts were dispensed at community pharmacies throughout England but mainly in the north

18.3 Ethnicity compared to Leeds

The GP-recorded ethnicity of this population has a much larger “White British” component than the Leeds average, the “Indian or British Indian” population is also more prevalent. All other minority ethnic communities are less prevalent here than in Leeds overall.¹⁶⁴

The chart below shows the locality as purple bars and overlays Leeds proportions as dots.

¹⁶³ NHSBA prescription dispensing data April 2019 to November 2021

¹⁶⁴ Leeds GP data extraction October 2021

Ethnic groups . Community Committee (bars) compared to Leeds (dots) October 2021



Source: Leeds GP data extraction programme

Figure 132 Comparison of ethnicities in the Outer North East locality and Leeds

18.4 Deprivation by Lower Super Output Area with community pharmacies

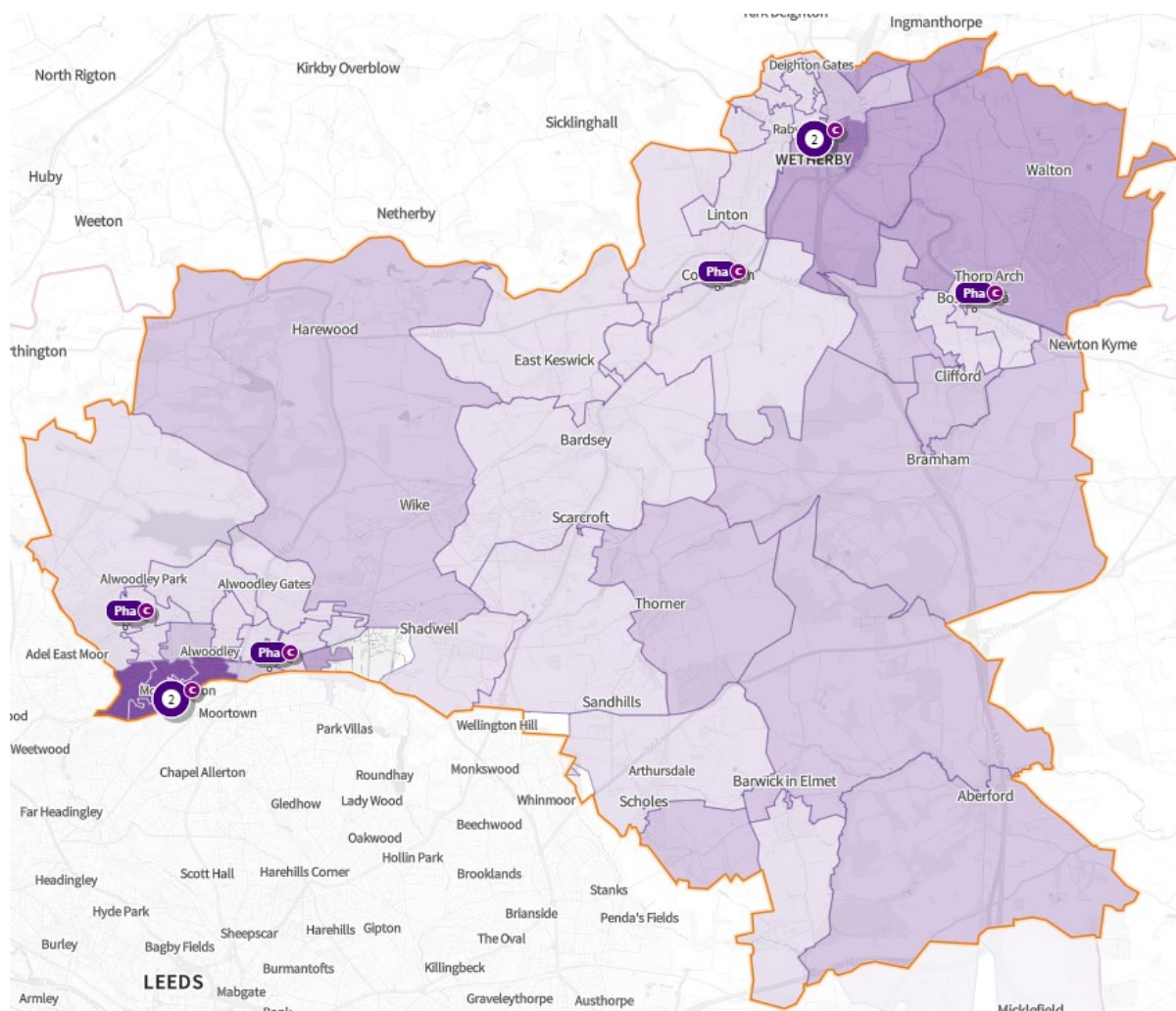


Figure 133 Areas of deprivation and pharmacy locations

18.5 Housing developments

Planning between 2022 and 2025 for this locality will create around 300 new homes.¹⁶⁵ The developments are in rural areas where highways and pavements do not yet exist in part. As a result, not all of the proposed housing is within a 20-minute

¹⁶⁵ LCC Annualised housing land availability as of July 2021

walking distance of an existing community pharmacy. The nearest pharmacy outside Leeds is in Tadcaster.

Even after more routes are created, it is unlikely that developments **A** and **B** will be within a 20-minute walking range of a community pharmacy.

Note that the yellow area in this map is the East Leeds Extension (ELE) which is a long-term housing development area. Very little housing is due to complete in the ELE within the 2022-2025 period. Car ownership rates here were the highest in Leeds in Census 2011.

A Walton: Access by car in 10 minutes, and bus in 15 minutes are good. No foot access in 20 minutes. Not a deprived area, car ownership likely to be very high.

B Scarcroft Lodge: Access by car in 10 minutes, bus in 15 minutes are good. No foot access in 20 minutes. Mid-range deprivation score, car ownership likely to be average.

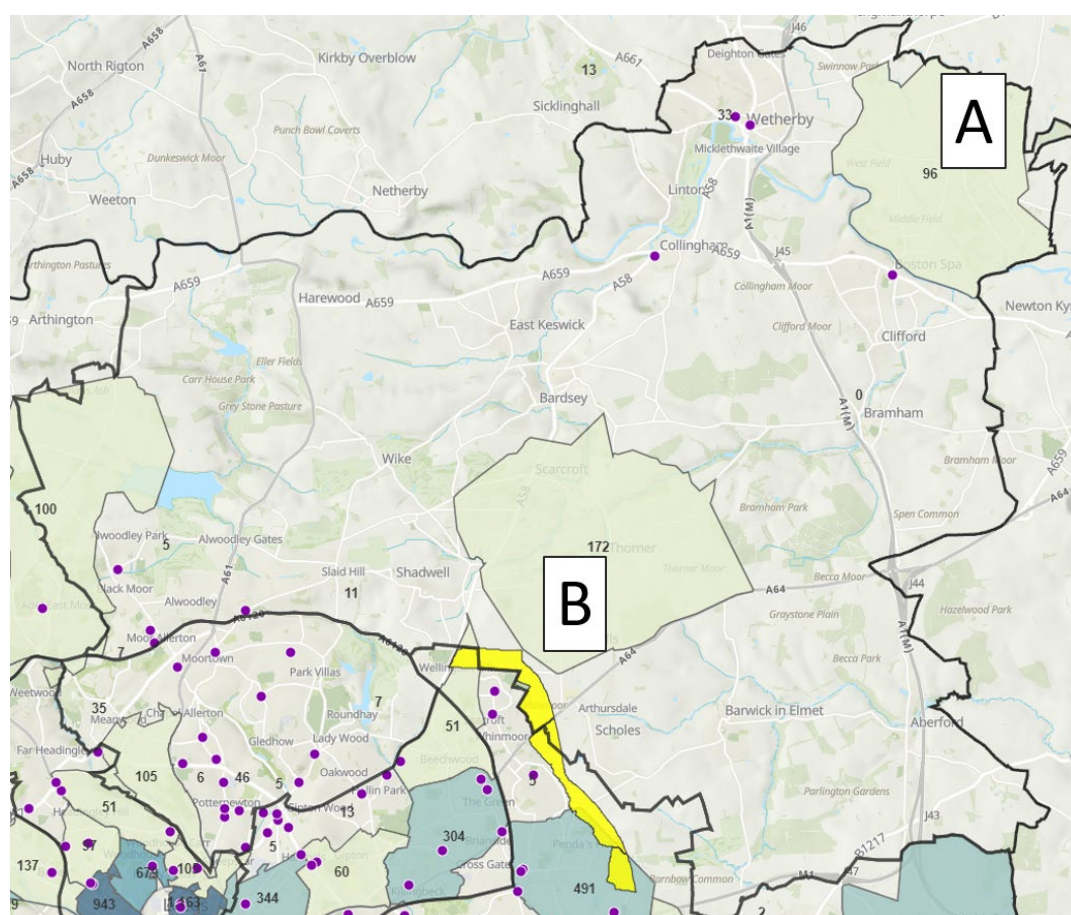


Figure 134 Expected development of new homes between 2022 – 2025 by postcode sector

18.6 Necessary services: community pharmacy provision

There are eight community pharmacies within the locality, all are 40-hour. They are shown to correlate well with population density on the map below. The most recent estimate of the population of Outer North East is 62,789, which equates to 12.7 pharmacies per 100,000 population; this is well below the England average of 21 per 100,000. If we include a half mile buffer zone around the locality then this increase to 15 pharmacies at 23.9 per 100,000, higher than the England average.¹⁶⁶ It should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models vary between pharmacies.

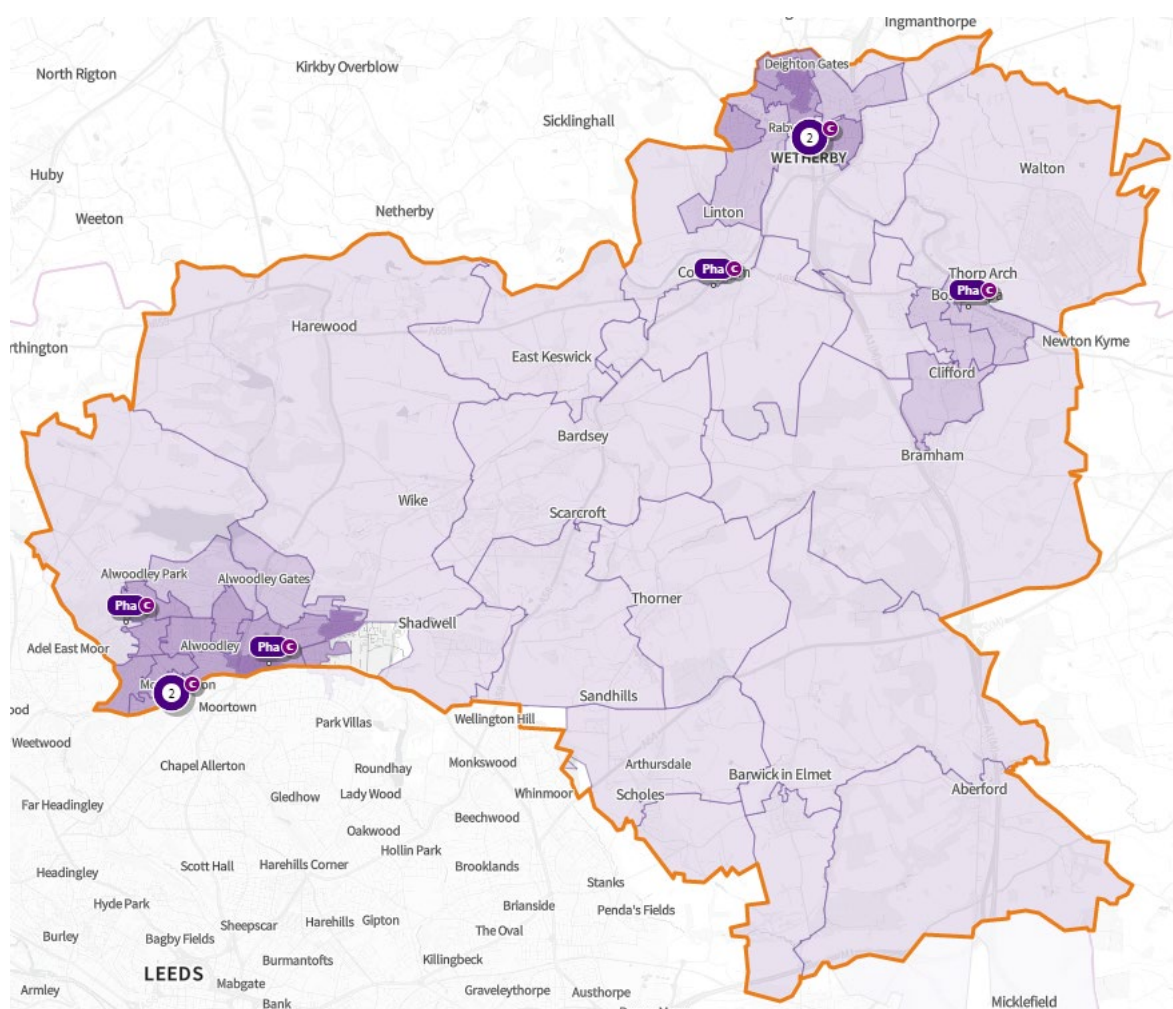


Figure 135 Population density and community pharmacy locations

¹⁶⁶ Source is General Pharmaceutical Services in England 2015/16 - 2020/21 <https://www.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

18.7 Necessary services: access to community pharmacies

Around 33% of the locality population cannot get to a pharmacy within 20 minutes on foot – these areas are outlined in green (a 1.5 km buffer is used). These are not deprived areas and car or van ownership is likely to be high.

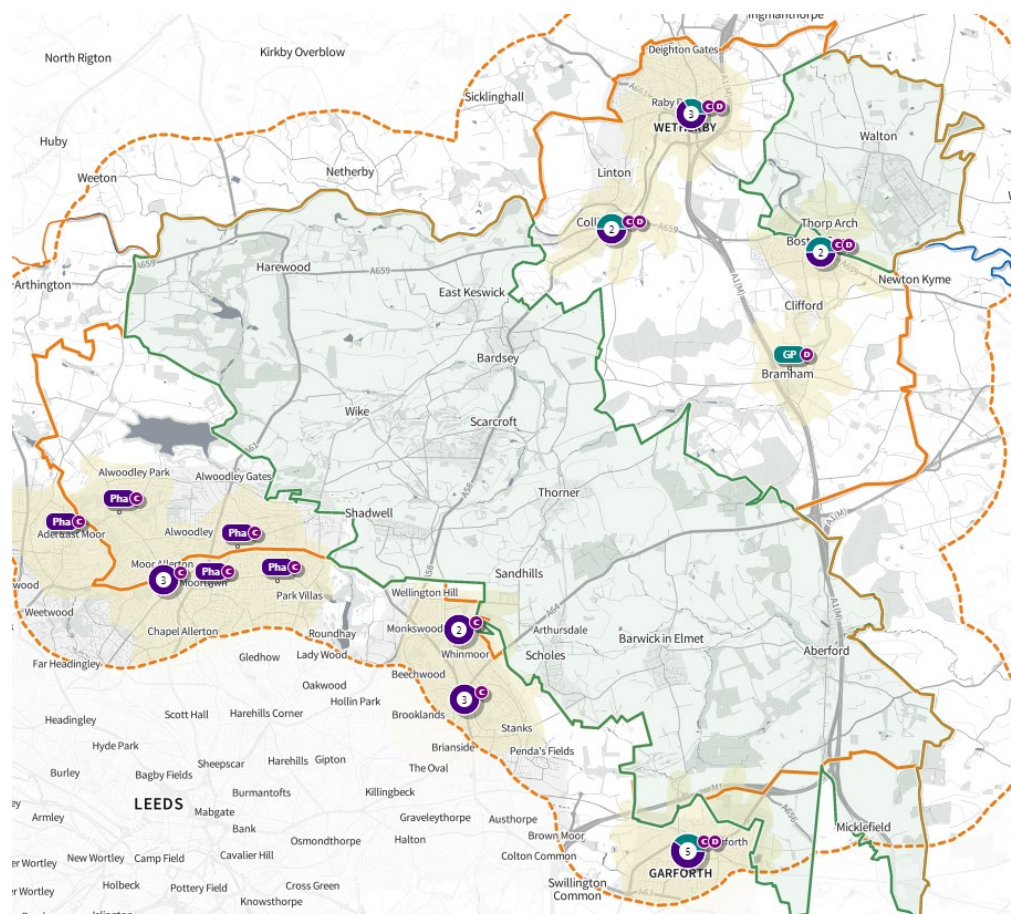


Figure 136 Walking area within 20 minutes of community pharmacies

Access by public transport in 20 minutes (map below) is possible for around 98% of the population. The software cannot test for access by bus at weekends and coverage would probably be better because of less traffic but availability of buses may be lower.

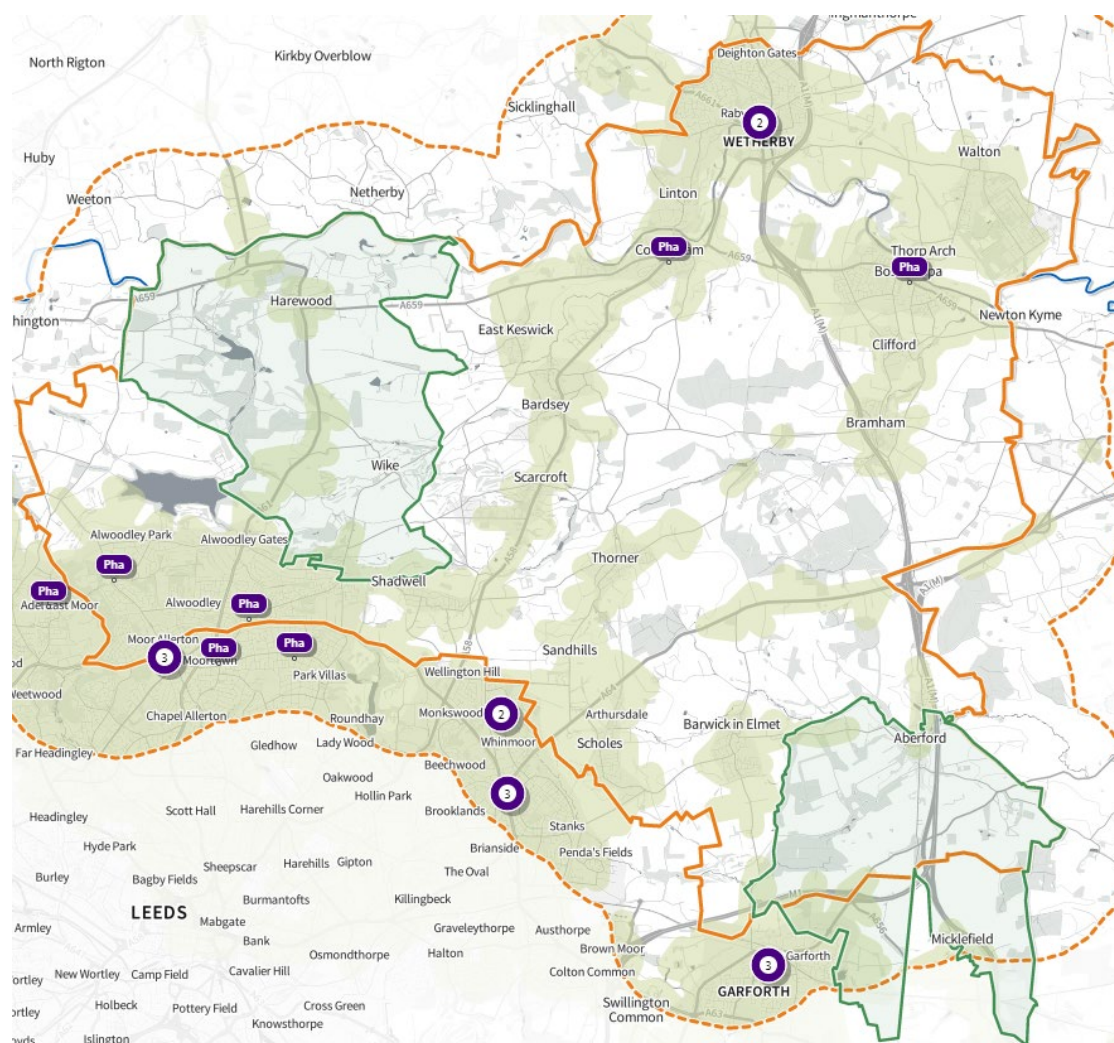


Figure 137 Area within 20 minutes' travel by public transport of community pharmacies

Car access is almost total within 15 minutes even in rush hour (map not shown). Levels of deprivation are very low outside the southwestern corner and car ownership likely very high.

18.8 Current provision in the locality area

Between April 2019 and November 2021, 66% of prescription items were generated* and dispensed within the locality by community pharmacists (a total count of 2,263,770). The majority of the remaining prescriptions (13%) were dispensed by the Dispensing GPs within the locality, of which there are four. Unlike most other localities, there is very little dispensing being provided by neighbouring locality pharmacies.¹⁶⁷

**Prescription source NHSBSA contains prescriptions generated by GPs, other NHS Services and clinics, and hospices.*

18.9 Opening hours

There are eight 40-hour pharmacies in the locality¹⁶⁸. The earliest pharmacy opening time Monday to Saturday is 8 a.m. and the latest closing time is 8 p.m. (Figure 138), six of these pharmacies are open on Saturdays. There are two Sunday opening pharmacies and the earliest opening time is 10 a.m. and the latest closing time is 4 p.m. (Figure 138). There are 7 pharmacies regarded as evening opening as they open until at least 6 p.m. at least once a week.

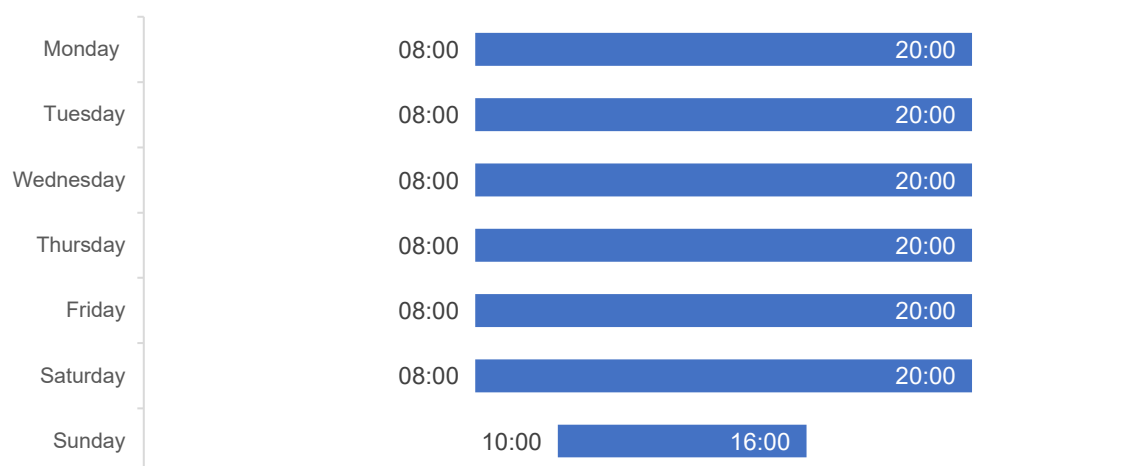


Figure 138 Earliest opening times and latest closing times of pharmacies in the Outer North East locality

There are four Dispensing Doctors in the locality

¹⁶⁷ NHSBSA prescription dispensing data April 2019 to November 2021

¹⁶⁸ NHSE&I as of February 7th, 2022

- Two are open Monday to Friday 8:30AM to 6PM
- One is open Monday to Friday 8:10AM to 5:50PM
- One is open Monday to Friday 8:30AM to 5:30PM
- One is open additionally on Saturdays from 9AM to midday

18.10 Necessary services: current provision in locality

All eight community pharmacies have provided at least one New Medicine Service between April 2019 and November 2021 (from NHSBSA dispensing data or confirmed with pharmacy contractor). Counts varied between 46 and 673 for these pharmacies.

All eight community pharmacies are providing the NHS Community Pharmacist Consultation Service (CPCS) at the time of writing.¹⁶⁹

Between April and November 2021, all community pharmacies delivered 'flu vaccinations.

18.11 Necessary services: current provision outside locality area

Some residents choose to access contractors outside both the locality and the HWB's area to access services:¹⁷⁰

- offered by DACs
- offered by DSPs
- which are located near to where they work, shop, or visit for leisure or other purposes

66% of prescriptions generated in the locality were dispensed in locality community pharmacies, and 13% by locality Dispensing Doctors. Notable for the rest:

- 5% were dispensed by DSPs

¹⁶⁹ NHSEI as of February 7th, 2022

¹⁷⁰ NHSBA prescription dispensing data April 2019 to November 2021

- Less than 1% dispensed by DACs from outside Leeds

18.12 Other relevant services: current provision

None of the pharmacies declared a stoma customisation fee between April 2019 and November 2021 (BSA dispensing data).

One community pharmacy provides the hepatitis C antibody testing service (NHSE&I at time of writing)

Further locally commissioned services at community pharmacies:

- | | |
|------------------------------------|---|
| • chlamydia screening | 1 |
| • emergency hormonal contraception | 1 |
| • inhaler technique | 4 |
| • supervised consumption | 6 |

18.13 Other NHS services in locality

Four non-GP services generated prescriptions in the locality. Their combined prescription item total made up 0.03% of the locality total in the period April 2019 to November 2021.¹⁷¹

18.14 Choice regarding obtaining pharmaceutical services

Generally, the demand for pharmaceutical services by the population registered to GP practices in the locality is met within the locality, either by community pharmacies or the four Dispensing Doctors. DSPs make up around 5% which is higher than the Leeds average.

18.15 Necessary services gaps in provision

The HWB has considered whether there is a current need for a pharmacy due to major housing developments and found that access from new developments will be

¹⁷¹ NHSBA prescription dispensing data April 2019 to November 2021

possible by car or bus only, however rates of car ownership are very high due to low levels of deprivation.

The HWB has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- have access to private transport at such times when they need to access pharmaceutical services
- be able to use public transport, or
- be able to walk to a pharmacy

The HWB has noted that the COVID-19 pandemic has substantially increased the acceptance and use of remote consultations within primary care, the locality has also seen a near doubling in dispensing via DSPs. For the above residents the HWB is of the opinion that they will be able to access pharmaceutical services remotely either via:

- the delivery service that all distance selling premises in England must provide

or

- the private delivery service offered by some pharmacies and
- to a reasonable extent provide remote access (via the telephone or online) to pharmaceutical services

The Health and Wellbeing Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The HWB has noted housing developments within the next three years and concluded access is within reasonable time limits. This can be achieved with one of public transport or private transport.

The HWB has concluded that there are no current or future needs in relation to the provision of essential or necessary services by community pharmacies in the locality.

The HWB is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- CPCS
- 'flu vaccination

18.16 Improvements or better access gaps in provision

No pharmacies provide stoma customisation it is noted that prescriptions dispensed by DACs are a reason for some prescriptions to be dispensed outside of the locality. The neighbouring locality of Outer East has three. The HWB has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the HWB has noted that two pharmacies currently provide this service in the locality. Many pharmacies have stock of palliative care drugs, however, patients are encouraged to use their own pharmacy where possible, as this service is a backstop to ensure stock availability when urgently required. This service is commissioned across Leeds by NHSE&I to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the medicines are likely to expire before being dispensed. In view of the current provision of this service the HWB has not identified any current or future improvements or better access in relation to this service.

At the time of writing one pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31

March 2023. The HWB has not identified any current or future improvements or better access in relation to this service.

The hypertension service was available from five pharmacies in this locality as of February 2022, none of which are 100-hour pharmacies but there are three in neighbouring localities Inner North East and Inner East and as this is a new service provision is likely to increase. The HWB has not identified any current or future improvements or better access in relation to this service.

None of the pharmacies in this locality provide the Minor Ailments Scheme but there are a further eight in the neighbouring locality Inner East and three in Outer East. The Minor Ailments Service is commissioned by NHSE&I from a limited number of pharmacies based in the Leeds South East geographical area. It is not open for additional pharmacies to join the service. All pharmacies provide the essential service – self-care - and nearly all in Leeds provide the CPCS service. The HWB has not identified any current or future improvements or better access in relation to the provision of the minor ailment scheme in the locality.

Between February and August 2022 the number of pharmacies providing services increased. In this locality there is an extra pharmacy providing the Hypertension service, and 1 is now providing the smoking cessation service that began in March 2022.

19 Conclusions

Throughout this PNA the provision of pharmaceutical services across Leeds has been considered in conjunction with the demography and health needs of the population. Analysis has been conducted as to whether the current provision meets the needs of the Leeds population, both as a whole and at a locality level, and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document. There is a full discussion of the facts included in each locality profile.

Taking into account the range of information considered within this needs assessment, including current provision of services across the largely urban area and the results of the public survey, it can be concluded that there is appropriate provision of pharmaceutical services in Leeds.

The anticipated increase in housing developments in each locality area over the next three-year period until 2025/26 will not have a significant impact on the provision of, or access to, pharmaceutical services and at present it is not anticipated that additional pharmacy facilities will be required. Leeds Health and Wellbeing Board will ensure that as part of their ongoing planning, the provision of pharmaceutical services will be reviewed on a regular basis and supplementary statements to the PNA will be issued when necessary.

19.1 Necessary services – current provision

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as those services that are provided:

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area, and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

For this PNA, the Leeds Health and Wellbeing Board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of New Medicine Service, Community Pharmacist Consultation Service and 'flu vaccination

19.1.1 Access to essential services during normal working hours

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services during normal working hours have been identified in any of the localities.

19.1.2 Access to essential services outside normal working hours

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services outside normal working hours have been identified in any of the localities.

19.1.3 Access to advanced services

Based on the information available at the time of developing this PNA no current gaps in the provision of the New Medicine Service, Community Pharmacist Consultation Service and 'flu vaccination advanced services have been identified in any of the localities.

19.1.4 Future provision of necessary services

Based on the information available at the time of developing this PNA no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities.

19.2 Other relevant services: current provision

‘Other relevant services’ are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as services that are provided in and/or outside the Health and Wellbeing Board’s area which are not necessary to meet the need for pharmaceutical services, but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that other relevant services are Appliance Use Reviews, Stoma Appliance Customisation, the Community Pharmacy Hepatitis C antibody testing service and enhanced services.

Based on the information available at the time of developing this PNA no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities.

19.3 Improvements and better access – gaps in provision

Based on the information available at the time of developing this PNA no gaps have been identified in essential services, advanced services, or enhanced services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities.

The lack of formal interpretation and translation services available to community pharmacies has been identified within this PNA analysis. It is acknowledged that many community pharmacies have staff who speak languages other than English and can provide informal interpretation. The authors are aware that NHSE&I are looking to address this potential barrier to accessing pharmaceutical services by those for whom English is not their first language by providing access to formal interpretation services for community pharmacy teams.

20 Appendix A – Policy context and background papers

Between the 1980s and 2012 the ability for a new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as ‘control of entry’. Broadly speaking an application to open new premises was only successful if a Primary Care Trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the ‘necessary or expedient’ test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government¹⁷², and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could get to a pharmacy within 20 minutes, including in deprived areas¹⁷³), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

Primary Care Trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to

¹⁷² Review of progress on reforms in England to the “Control of Entry” system for NHS pharmaceutical contractors. Department of Health 2007

¹⁷³ Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008

give Primary Care Trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services¹⁷⁴. One of the recommendations of this second review was that Primary Care Trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow Primary Care Trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All- Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper “Pharmacy in England. Building on strengths – delivering the future” published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments. Some Primary Care Trusts had begun to revise their pharmaceutical needs assessments (first produced in 2004) in light of the 2006 reorganisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of and data requirements for Primary Care Trust pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported Primary Care Trust decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with

¹⁷⁴ Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007

representation from the main stakeholders. The terms of reference for the group were:

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all Primary Care Trusts to produce their first pharmaceutical needs assessment which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second pharmaceutical needs assessment no later than three years after the publication of the first pharmaceutical needs assessment. The group also drafted regulations on how pharmaceutical needs assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established Health and Wellbeing Boards and transferred responsibility to develop and update pharmaceutical needs assessments from Primary Care Trusts to Health and Wellbeing Boards. Responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from Primary Care Trusts to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care powers to make regulations.

20.1 Section 128A Pharmaceutical needs assessments

- (1) Each Health and Wellbeing Board must in accordance with regulations--
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.
- (2) The regulations must make provision--
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.
- (3) The regulations may in particular make provision--
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
 - (c) as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹⁷⁵, as amended, in particular Part 2 and Schedule 1.

¹⁷⁵ <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

In summary the regulations set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that Health and Wellbeing Boards are free to include any other information that they feel is relevant)
- Date by which Health and Wellbeing Boards must publish their first pharmaceutical needs assessment
- Requirement on Health and Wellbeing Boards to publish further pharmaceutical needs assessments on a three yearly basis
- Requirement to publish a revised assessment sooner than on a three yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days; and
- Matters the Health and Wellbeing Board is to have regard to when producing its pharmaceutical needs assessment

Each Health and Wellbeing Board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime the pharmaceutical needs assessment produced by the preceding Primary Care Trust remained in existence and was used by NHS England, now NHS England and NHS Improvement, to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

Once a Health and Wellbeing Board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the

Health and Wellbeing Board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition a Health and Wellbeing Board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

1. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes
2. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of making a revised assessment and is satisfied that it needs to immediately modify its current pharmaceutical needs assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area and
3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the Health and Wellbeing Board is of the opinion that the removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, then the Health and Wellbeing Board must publish a supplementary statement explaining that the removal does not create such a gap

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended are subject to a post implementation review by the Department of Health

and Social Care in 2017/18 the aim of which is to determine whether they have met their intended objectives. The review determined that:

- The 2013 Regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand
- There is flexibility within the system where an unforeseen benefit is identified
- Access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services and
- There remains a degree of 'clustering'

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consults on a number of amendments to the regulations and that changes are made to the underpinning guidance to address several unintended consequences and realise opportunities to more effectively deliver against the policy objectives. However, none of these relate to the requirements for pharmaceutical needs assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on Health and Wellbeing Boards to publish their third pharmaceutical needs assessment by 1 April 2021. Health and Wellbeing Boards now have until 1 October 2022, although may choose to publish their next pharmaceutical needs assessment sooner should they so wish. The amendment was due to the impact the Covid-19 pandemic has had on all commissioners and providers of health and social care services.

21 Appendix B – Essential services

21.1 Dispensing of prescriptions

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

- To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:
- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or carer on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

21.2 Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. This service

specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions

21.3 Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England and NHS Improvement is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines

21.4 Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes or
- Be at risk of coronary heart disease, especially those with high blood pressure or
- Who smoke or
- Are overweight

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector

21.5 Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services

21.6 Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services

21.7 Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified and patient records are amended accordingly. In addition patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The NHS Discharge Medicines Service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions and
- Support the development of effective team-working across hospital, community and PCN pharmacy teams and general practice teams and provide clarity about respective roles

22 Appendix C – Advanced services

22.1 New medicine service

The New Medicine Service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The New Medicine Service involves three stages, recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

22.2 Stoma appliance customisation

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template

22.3 Appliance use review

An Appliance Use Review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

22.4 Seasonal influenza adult vaccination service

Pharmacy staff will identify people eligible for 'flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England and NHS Improvement patient group direction.

22.5 NHS community pharmacist consultation service

Under the NHS community pharmacist consultation service patients who urgently need medicines or who have symptoms of a minor illness and contact either NHS 111 or an Integrated Urgent Care Clinical assessment Service are referred to a community pharmacist for a consultation, thereby releasing capacity in other areas of the urgent care system such as accident and emergency (A&E) and general practice and improving access for patients.

22.6 Hypertension Case Finding service

This is an NHS funded services which is open to patients aged 40 years or more, who do not have a current diagnosis of hypertension. The pharmacist will conduct a face to face consultation in the pharmacy consultation room and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next. As part of the consultation, the patient should be provided with the details of their blood pressure results. All test results must be sent to patients' registered general practices. Some test results indicate urgent referrals are needed and in these cases the pharmacist will telephone the patient's general practice and send their blood pressure test results immediately. All other test results must be sent to patients' general practices in a weekly summary.

22.7 Stop Smoking advanced service

The NHS Community Pharmacy Smoking Cessation Service was launched on 10th March 2022 as an Advanced Service. NHS England and Improvement (NHSEI) has commissioned this service as 'a branch of the wider aim of supporting hospital patients to continue their stop smoking efforts after discharge, which is expected to increase one-year quit rates by 11% and, when implemented, is expected to save the NHS £85 million in healthcare resource use within one year

22.8 Community pharmacy hepatitis C antibody testing services (currently time limited until 31st March 2023)

People who inject drugs who are not engaged in community drug and alcohol treatment services will be offered the opportunity to receive a Hepatitis C virus test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service). Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant Operational Delivery Network.

22.9 Community Pharmacy Covid-19 lateral flow test device distribution (ceased 31st March 2022)

This Service commenced on 29th March 2021 and involved the distribution of Lateral Flow Device (LFD) test kits to the public and aimed to improve access to asymptomatic COVID-19 testing.

The service was part of the NHS Test and Trace offering to the public to allow asymptomatic people to collect LFD test kits free of charge from community pharmacies so they could undertake regular testing as part of the Government's COVID-19 roadmap plan.

22.10 Pandemic delivery service (ceased 31st March 2022)

Most community pharmacies already offer a prescription delivery service to some or all patients, either as a free of charge or paid for service. At the time of launching the pandemic delivery service (early April 2020), Government restrictions meant most people had to stay at home, as part of the efforts to control the spread of the coronavirus, but people could leave their homes for healthcare reasons, such as visiting a pharmacy. The service was originally commissioned across England to support clinically extremely vulnerable (CEV) patients.

23 Appendix D – Enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—

- The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
- The clinical and cost effective use of drugs
- The proper and effective administration of drugs and appliances in the care home
- The safe and appropriate storage and handling of drugs and appliances and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of

4. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

5 A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

6. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.

7. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England and NHS Improvement.

8. Inhaler Check Service

This service aims to improve patients' ability to manage their own asthma and/or Chronic Obstructive Pulmonary Disease (COPD) through improving inhaler technique and ensuring that they are able to use their inhalers effectively and correctly. The Inhaler Check-up service is commissioned by NHS Leeds Clinical Commissioning Group (CCG).

9. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

- Drugs which they are using
- Their health and
- General health matters relevant to them, and where appropriate referral to another health care professional

10. A medication review service, the underlying purpose of which is for a registered pharmacist—

- To conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient
- To advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs and
- Where appropriate, to refer the patient to another health care professional

11. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —

- To assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs and
- To offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens

12. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

13. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist—

- To provide sterile needles, syringes and associated materials to drug misusers
- To receive from drug misusers used needles, syringes and associated materials and
- To offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre

14. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

15. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

16. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

17. Pharmacy First

The service is commissioned to help release capacity in general practice by providing an appropriate alternative for the treatment of minor ailments. To be eligible for Pharmacy First patients must:

- Be present - this requirement now temporarily waived in response to COVID-19.
- Be currently suffering from one of the minor ailments included in the service - e.g. the service MUST NOT be used to supply medicines for "just in case" use.

- Be exempt from prescription charges – remember to check this in case you need to complete the declaration on behalf of the patient.
- Consent to share details with their GP - without this consent the patient cannot access Pharmacy First.
- Be registered with a Leeds GP practice.

18. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- The clinical and cost effective use of drugs
- Prescribing policies and guidelines and
- Repeat prescribing

19. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- The clinical and cost effective use of drugs in the school
- The proper and effective administration and use of drugs and appliances in the school
- The safe and appropriate storage and handling of drugs and appliances and The recording of drugs and appliances ordered, handled, administered, stored or disposed of

20. A screening service, the underlying purpose of which is for a registered pharmacist—

- To identify patients at risk of developing a specified disease or condition

- To offer advice regarding testing for a specified disease or condition
- To carry out such a test with the patient's consent and
- To offer advice following a test and refer to another health care professional as appropriate

21. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —

- To advise and support patients wishing to give up smoking and
- Where appropriate, to supply appropriate drugs and aids

22. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.

23. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.

24. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances-

- Which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription and

- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health)

24 Appendix E – Terms of service for dispensing appliance contractors

24.1 Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

24.2 Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions

24.3 Home delivery service

Service description

The delivery of certain appliances to the patient's home.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content and
- In such a way that it is not possible to identify the type of appliance that is being delivered

24.4 Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

24.5 Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as

gaining confidence to adjust to the changes in their life and learning to manage an appliance.

24.6 Where a telephone care line is provided, during the period when the Dispensing Appliance Contractor (DAC) is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

24.7 Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances or

- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

25 Appendix F - Steering group membership

Jonathan Stansbie – Public Health Intelligence Lead – Bradford Council

Paula Holden – Public Health Intelligence Manager – Calderdale Council

Owen Richardson – Public Health Intelligence Lead – Kirklees Council

Adam Taylor – Senior Public Health Analyst – Leeds Council

Paul Jaques – Public Health Intelligence Manager – Wakefield Council

Ruth Buchan, Chief Executive Officer – Community Pharmacy West Yorkshire

Gillian Sealey, Primary Care Manager – NHSE&I

Nicola Booth – Medicines Optimisation Pharmacist – CCG Representative for WY

Bert Jindal – Attending for all WY LMCs - Kirklees Local Medical Committee
Secretary / GP

Kelly Zuk – Project Support Office & PA to Consultant in Public Health – Wakefield
Council

Helen Watson – Public Health Registrar

26 Appendix G – Locality wards

Community Committee	Ward
Inner East	Burmantofts & Richmond Hill
	Gipton & Harehills
	Killingbeck & Seacroft
Inner North East	Chapel Allerton
	Moortown
	Roundhay
Inner North West	Headingley & Hyde Park
	Little London & Woodhouse
	Weetwood
Inner South	Beeston & Holbeck
	Hunslet & Riverside
	Middleton Park
Inner West	Armley
	Bramley & Stanningley
	Kirkstall
Outer East	Cross Gates & Whinmoor
	Garforth & Swillington
	Kippax & Methley
	Temple Newsam
Outer North East	Alwoodley

	Harewood
	Wetherby
Outer North West	Adel & Wharfedale
	Guiseley & Rawdon
	Horsforth
	Otley & Yeadon
Outer South	Ardsley & Robin Hood
	Morley North
	Morley South
	Rothwell
Outer West	Calverley & Farsley
	Farnley & Wortley
	Pudsey

27 Appendix H – Opening hours (February 2022)

27.1 Inner East An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FAC00	RICHMOND HILL - THE PHARMACY GROUP	LS9 8RZ	9:30	9:30	9:30	9:30	9:30	4:30	4:30	56:30
FCK46	SKY PHARMACY	LS8 5HR	9:00	9:00	9:00	9:00	9:00	8:00	4:00	57:00
FCV08	WELL	LS8 3AY	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FDP37	SEACROFT PHARMACY	LS14 6DX	9:30	9:30	4:00	9:30	9:30			42:00
FF544	OAKWOOD LANE PHARMACY	LS8 3BZ	10:00	10:00	10:00	10:00	10:00	3:30		53:30

FGD29	ALSYED PHARMACY	LS9 9BP	8:00	8:00	8:00	8:00	8:00			40:00
FGJ70*	LLOYDS PHARMACY	LS9 6AP	9:30	9:30	9:30	9:30	9:30			47:30
FHK38*	COHENS CHEMIST	LS14 1HX	8:30	8:30	8:30	8:30	8:30			42:30
FHP13*	LLOYDS PHARMACY	LS9 9EF	10:00	10:00	10:00	10:00	10:00			50:00
FJ572	ROUNDHAY PHARMACY	LS8 4HS	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FJ635	EAST PARK - THE PHARMACY GROUP	LS9 9JG	10:00	10:00	10:00	10:00	10:00			50:00
FLE94*	BOOTS	LS14 6GG	9:15	9:15	9:15	9:15	9:15	2:30		48:45
FLR39	ASDA PHARMACY	LS14 6UF	15:00	16:00	16:00	16:00	16:00	15:00	6:00	100:00

FNA71	WELL	LS9 7SU	9:00	9:00	9:00	9:00	9:00	5:00		50:00
FNL04	LLOYDS PHARMACY	LS14 6NX	11:15	9:45	9:45	9:45	9:45			50:15
FQ812	TESCO IN-STORE PHARMACY	LS14 6JD	12:00	12:00	12:00	12:00	12:00	12:00	6:00	78:00
FR825	EAST LEEDS PHARMACY	LS9 9EF	15:00	15:00	15:00	15:00	15:00	15:00	10:00	100:00
FVC48	HAREHILLS PHARMACY	LS9 6AU	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FW811	IMAAN PHARMACY	LS9 7BD	8:00	8:00	8:00	8:00	8:00	4:00		44:00
FWJ72	KHAN PHARMACY	LS8 5PL	16:00	16:00	16:00	16:00	16:00	12:00	8:00	100:00
FWK28	SHAAN PHARMACY	LS8 5JP	9:30	9:30	9:30	9:30	9:30			47:30

27.2 Inner North East An* indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FCL08	KNIGHTS SCOTT HALL PHARMACY	LS7 3DR	15:00	15:00	15:00	15:00	15:00	15:00	10:00	100:00
FF785	CHAPELTOWN - THE PHARMACY GROUP	LS7 3EX	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FJ026*	KNIGHTS CHAPEL ALLERTON PHARMACY	LS7 4NY	9:00	9:00	9:00	9:00	9:00	6:00		51:00
FKP07	MEDICHEM PHARMACY	LS7 4LA	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FL049	SHIFA PHARMACY	LS7 3DX	15:00	15:00	15:00	15:00	12:00	15:00	13:00	100:00
FNG46	TESCO IN-STORE PHARMACY	LS8 4BU	13:00	13:00	13:00	13:00	13:00	13:00	6:00	84:00
FP585	COHENS CHEMIST	LS7 4BB	9:30	9:30	9:30	9:30	9:30			47:30
FQ464	LLOYDS PHARMACY	LS17 6PZ	9:00	9:00	9:00	9:00	9:00			45:00
FRC34	OAKWOOD PHARMACY	LS8 4BA	15:30	15:30	15:30	15:30	15:00	15:00	8:00	100:00

FRR64	STREET LANE - THE PHARMACY GROUP	LS8 1AY	9:45	9:45	12:00	12:00	9:45			53:15
FVH26	MEDICHEM PHARMACY	LS7 4HZ	8:00	8:00	8:00	8:00	8:00			40:00
FVN05	MANNINGS PHARMACY	LS8 1QR	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FW003	KING LANE - THE PHARMACY GROUP	LS17 5AX	8:30	8:30	8:30	8:30	8:30			42:30

27.3 Inner North West An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FA008*	BOOTS	LS2 8PJ	10:00	10:00	10:00	10:00	10:00	10:00		60:00
FA240	OATLAND DRIVE - THE PHARMACY GROUP	LS7 1SH	9:00	9:00	9:00	9:00	9:00			45:00
FA793	BRUDENELL ROAD PHARMACY	LS6 1EG	8:00	8:00	8:00	8:00	8:00	3:00		43:00

FAH13*	COHENS CHEMIST	LS16 6FR	9:00	9:00	9:00	9:00	9:00	2:00		47:00
FDN73	SUPERDRUG PHARMACY	LS1 6BY	9:30	9:30	9:30	9:30	9:30	8:30		56:00
FH186	HYDE PARK PHARMACY	LS3 1DT	21:00	21:00	20:00	12:00	12:00	7:00	7:00	100:00
FHX11	WELL	LS6 3EJ	10:00	10:00	10:00	10:00	10:00			50:00
FJ840	HEADINGLEY - THE PHARMACY GROUP	LS6 2AF	10:30	10:30	10:30	10:30	10:00	8:00		60:00
FJH35	SUPERDRUG PHARMACY	LS2 8NG	9:00	9:00	9:00	9:00	9:00	8:00		53:00
FK275*	BOOTS	LS1 5ET	12:00	12:00	12:00	12:00	12:00	12:00	6:00	78:00
FK276	BOOTS	LS1 7JH	10:15	10:15	10:15	10:15	10:15	10:15		61:30
FK382*	BOOTS	LS6 2UE	9:30	9:30	9:30	9:30	9:30	9:30		57:00
FK853	ANDREW TYLEE PHARMACY	LS6 1PY	8:00	8:00	8:00	8:00	8:00	3:00		43:00
FNW16*	BOOTS	LS6 2RY	9:45	9:45	9:45	9:45	9:45	3:00		51:45
FVM41	MEANWOOD PHARMACY	LS6 4AY	10:15	10:15	10:15	10:15	10:15	6:00		57:15
FW060	STAR PHARMACY	LS6 1LU	11:00	11:00	11:00	11:00	11:00	6:00	6:00	67:00

FW171	LEEDS STUDENT PHARMACY	LS2 9HB	9:00	9:00	9:00	9:00	9:00			45:00
FXM58	COHENS CHEMIST	LS16 7AP	8:00	8:00	8:00	8:00	8:00			40:00

27.4 Inner South An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FAQ06	BEESTON HILL PHARMACY	LS11 8BB	14:30	14:30	14:30	14:30	14:30	14:30	13:00	100:00
FDH02	WELL	LS11 8PN	9:15	9:15	9:15	9:15	9:15	5:00		51:15
FEN25	KAMSONS PHARMACY	LS10 3NB	10:00	10:00	10:00	10:00	10:00	4:00		54:00
FFP17*	BOOTS	LS1 4DT	18:00	18:00	18:00	18:00	18:00	17:00	15:00	122:00
FFR88	COHENS CHEMIST	LS11 9LY	9:00	9:00	4:00	9:00	9:00			40:00

FG281	AL-SHAFA PHARMACY	LS11 5HZ	17:00	17:00	17:00	17:00	17:00	15:00		100:00
FJK17	WELL	LS10 2AP	9:30	9:30	9:30	9:30	9:30	4:00		51:30
FLN62*	LLOYDS PHARMACY	LS10 2AR	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FMA95	AL-SHAFA PHARMACY	LS11 6AY	15:30	15:30	15:30	15:30	15:30	13:30	9:00	100:00
FMR56	BOOTS	LS10 4LU	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FMX84	OLD LANE - THE PHARMACY GROUP	LS11 7AB	9:00	9:00	4:00	9:00	9:00			40:00
FP763*	BOOTS	LS10 1ET	11:00	11:00	11:00	11:00	11:00	10:00	6:00	71:00
FPQ71	DEWSBURY ROAD - THE PHARMACY GROUP	LS11 5HZ	10:00	10:00	10:00	10:00	10:00	5:00	5:00	60:00

FPX61*	BOOTS	LS11 8BB	9:15	9:15	9:15	9:15	9:15	7:00		53:15
FR582	BELLE ISLE PHARMACY	LS10 3HU	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FR637	COTTINGLEY PHARMACY	LS11 0JY	9:30	9:30	8:30	9:30	9:30			46:30
FRM03	WELL	LS10 4HT	9:15	9:15	9:15	9:15	9:15			46:15
FT545*	BOOTS	LS10 2JJ	9:30	8:30	8:30	8:30	8:30	4:00		47:30
FWD92	MIDWAY PHARMACY	LS10 4LX	16:00	16:00	16:00	16:00	16:00	14:00	6:00	100:00
FXC14	PARKSIDE - THE PHARMACY GROUP	LS11 5LQ	9:00	9:00	9:00	9:00	9:00			45:00

27.5 Inner West An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FA231	WELL	LS12 3EY	10:00	10:00	10:00	10:00	10:00			50:00
FA545	WELL	LS28 6PA	9:00	9:00	9:00	9:00	9:00			45:00
FAE93	COHENS CHEMIST	LS12 1JZ	9:15	9:15	9:15	9:15	9:15			46:15
FCR27	BOOTS	LS5 3RP	16:00	16:00	16:00	16:00	16:00	14:00	6:00	100:00
FEQ90	ARMLEY MOOR PHARMACY	LS12 3HD	11:00	11:00	11:00	11:00	11:00	6:00		61:00
FG417	MANOR PARK PHARMACY	LS13 2UP	16:00	16:00	16:00	16:00	16:00	8:00	12:00	100:00
FHX66	LLOYDS PHARMACY	LS5 3QT	9:00	9:00	9:00	9:00	9:00			45:00
FKP51	BOOTS	LS13 2ET	9:30	9:30	9:30	9:30	9:30	9:00		56:30
FLC63*	WELL	LS4 2EL	11:00	11:00	11:00	11:00	11:00			55:00

FLH84*	LLOYDS PHARMACY	LS16 5BQ	9:15	9:15	9:15	9:15	9:15	4:00		50:15
FMW06	WELL	LS13 2ET	9:00	9:00	9:00	9:00	9:00	7:00		52:00
FRA37	ARMLEY PHARMACY	LS12 3NP	10:00	10:00	10:00	10:00	10:00			50:00
FT013	LLOYDS PHARMACY	LS12 1HX	16:00	16:00	16:00	16:00	16:00	12:00	8:00	100:00
FXP64	BRAMLEY - THE PHARMACY GROUP	LS13 2UP	10:30	10:30	10:30	10:30	10:30	3:00		55:30

27.6 Outer East An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FCV29	WELL	LS15 8DX	9:30	9:30	9:30	9:30	9:30	5:00		52:30
FCV80	WHINMOOR PHARMACY	LS14 2EH	7:30	7:30	4:00	7:30	7:30			34:00
FFA38	WELL	LS15 8BZ	9:30	9:30	9:30	9:30	9:30			47:30
FFJ65	METHLEY PHARMACY	LS26 9AB	10:00	6:30	10:00	10:00	10:00	3:30		50:00
FGC78	SWILLINGTON PHARMACY	LS26 8DY	8:30	8:30	8:30	8:30	8:30	4:00		46:30
FH542	COHENS CHEMIST	LS25 2AR	8:45	8:45	5:00	8:45	8:45			40:00
FJ018	COHENS CHEMIST	LS25 1HB	9:30	9:30	9:30	9:30	9:30			47:30
FJ264	BOOTS	LS25 7AB	10:00	10:00	10:00	10:00	10:00	5:30		55:30
FJC78*	BOOTS	LS25 7JN	10:00	10:00	10:00	10:00	10:00	3:00		53:00
FK545	CROSSGATES DAY & NIGHT PHARMACY	LS15 8BA	14:30	14:30	14:30	14:30	14:30	14:30	13:00	100:00
FKH81*	BOOTS	LS15 0LF	9:30	9:30	9:30	9:30	9:30	6:30		54:00

FKM53*	BOOTS	LS9 0EW	9:30	9:30	9:30	9:30	9:30	3:30		51:00
FMD07	BOOTS	LS15 8GG	16:00	16:00	16:00	16:00	16:00	14:00	6:30	100:30
FNP39	COHENS CHEMIST	LS25 1AA	8:00	8:00	9:00	8:00	8:00	8:00		49:00
FR526	TESCO IN-STORE PHARMACY	LS25 2DX	14:30	16:00	16:00	16:00	16:00	15:30	6:00	100:00
FVE81	LLOYDS PHARMACY	WF10 2DP	9:00	9:00	9:00	9:00	9:00			45:00
FXH99	WHITKIRK PHARMACY	LS15 8NN	9:15	9:15	9:15	9:15	9:15			46:15
FXW64	HALTON PHARMACY	LS15 7JR	9:00	9:00	9:00	9:00	9:00	7:00		52:00
FYV01	LLOYDS PHARMACY	LS14 5BD	9:45	9:45	9:45	9:45	9:45			48:45

27.7 Outer North East An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FEM69	ALWOODLEY PHARMACY	LS17 7BE	9:45	9:45	9:45	9:45	9:45	4:00		52:45
FFH10	VILLAGE PHARMACY	LS22 5AW	8:00	8:00	8:00	8:00	8:00	3:30		43:30
FKK20*	BOOTS	LS22 6FL	9:00	9:00	9:00	9:00	9:00	9:00		54:00
FPQ06	COHENS CHEMIST	LS23 6BT	9:00	9:00	9:00	9:00	9:00	3:00		48:00
FQW63	ALWOODLEY - THE PHARMACY GROUP	LS17 5DT	12:00	12:00	12:00	12:00	12:00	8:00	6:00	74:00
FRD71	LLOYDS PHARMACY	LS17 5NY	12:00	12:00	12:00	12:00	12:00	12:00	6:00	78:00
FRN28	WELL	LS17 8AE	9:30	9:30	9:30	9:30	9:30			47:30

FVF52	DAY LEWIS PHARMACY	LS22 6RT	8:45	8:45	8:45	8:45	8:45			43:45
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27.8 Outer North West An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FA131	ASDA PHARMACY	LS16 7RY	15:00	16:00	16:00	16:00	16:00	15:00	6:00	100:00
FAF44	LLOYDS PHARMACY	LS19 7SP	8:30	8:30	8:30	8:30	8:30	8:00		50:30
FCQ72	OTLEY PHARMACY	LS21 3AQ	16:00	16:00	16:00	16:00	16:00	13:00	7:00	100:00
FF200	BOOTS	LS20 8QH	12:00	12:00	12:00	12:00	12:00	11:00	6:00	77:00
FF386	WELL	LS19 7SP	9:30	9:30	9:30	9:30	9:30	3:00		50:30
FGD79	COHENS CHEMIST	LS21 3HN	8:00	8:00	8:00	8:00	8:00	7:00		47:00
FGQ01	ADEL PHARMACY	LS16 8EX	8:15	7:45	4:00	7:15	8:15			35:30

FH095	COHENS CHEMIST	LS16 7RX	9:30	9:30	9:30	9:30	9:30			47:30
FJW26	POOL PHARMACY	LS21 1LH	7:00	7:00	7:30	7:30	7:30	3:30		40:00
FK994*	LLOYDS PHARMACY	LS18 4SE	11:00	11:00	12:00	11:00	12:00			57:00
FMH69	STANCLIFFE PHARMACY	LS16 9AF	8:00	8:00	8:00	8:00	8:00	3:30		43:30
FPW64*	BOOTS	LS19 6DD	9:30	9:30	9:30	9:30	9:30			47:30
FTC55	BOOTS	LS21 3HJ	7:30	7:30	7:30	7:30	7:30	7:30		45:00
FV525	COHENS CHEMIST	LS21 1BQ	8:00	8:00	8:00	8:00	8:00			40:00
FVR46	COHENS CHEMIST	LS20 8AH	9:00	9:00	9:00	9:00	9:00			45:00
FVX92	LLOYDS PHARMACY	LS19 7JN	10:30	10:30	10:30	10:30	10:30			52:30
FXR93	MITCHELL'S CHEMIST	LS18 4QB	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FY647	WELL	LS18 4AP	9:00	9:00	9:00	9:00	9:00	4:00		49:00

27.9 Outer South An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FA550	DRIGHLINGTON PHARMACY	BD11 1EJ	9:30	9:30	9:30	9:30	9:30	3:00		50:30
FC221*	BOOTS	LS26 0AP	9:00	9:00	9:00	9:00	9:00	9:00		54:00
FD527	WELL	BD11 1AU	9:00	9:00	9:00	9:00	9:00	3:00		48:00
FDW54*	THORPE PHARMACY	WF3 3DX	10:00	8:00	8:00	8:00	8:00	4:00		46:00
FGT36	DAY LEWIS PHARMACY	LS26 0AP	9:00	9:00	9:00	9:00	9:00			45:00
FGY10*	BOOTS	LS11 8LL	12:00	12:00	12:00	12:00	12:00	11:00	6:00	77:00
FJT38	WELL	LS27 7PT	9:00	9:00	9:00	9:00	9:00			45:00
FKJ95*	BOOTS	LS26 8SZ	9:30	9:30	9:30	9:30	9:30	3:00		50:30
FM381	MORLEY PHARMACY	LS27 9NB	17:00	17:00	17:00	17:00	16:00	16:00		100:00

FNK72	WELL	LS27 7DX	8:00	8:00	8:00	8:00	8:00	3:45		43:45
FNR34	ROWLANDS PHARMACY	WF3 1RQ	8:10	8:10	8:10	8:10	8:10	3:00		43:50
FQ304	MIDWAY PHARMACY	LS27 9EN	9:30	9:30	9:30	9:30	9:30			47:30
FRW47	NASEEM'S CHEMIST	LS26 0QD	9:30	9:30	9:30	9:30	9:30	4:00		51:30
FV095	WELL	LS27 9BQ	10:00	10:00	10:00	10:00	10:00			50:00
FVT30	WELL	LS27 9BP	9:00	9:00	9:00	9:00	9:00	5:00		50:00
FWF91	ASDA PHARMACY	LS27 0BP	15:00	16:00	16:00	16:00	16:00	15:00	6:00	100:00
FWK37*	BOOTS	LS26 0UE	10:00	10:30	10:30	10:30	10:30			52:00
FXE73	CARLTON LANE PHARMACY	WF3 3LJ	9:30	9:30	9:30	9:30	9:30			47:30

FXN63	WELL	LS27 9EW	9:30	9:30	9:30	9:30	9:30			47:30
FYX23*	BOOTS	LS27 9BG	9:00	9:00	9:00	9:00	9:00	9:00		54:00

27.10 Outer West An * indicates that updated hours are listed in Appendix N

Pharmacy ODS Code	Name	Post code	Mon total hours	Tue total hours	Wed total hours	Thu total hours	Fri total hours	Sat total hours	Sun total hours	Total hours
FAX17	MIDWAY PHARMACY	LS28 8BL	15:00	15:00	15:00	15:00	15:00	15:00	10:00	100:00
FE521*	BOOTS	LS28 7LD	9:00	9:00	9:00	9:00	9:00	9:00		54:00
FJN86	LLOYDS PHARMACY	LS28 7RF	9:30	9:30	9:30	9:30	9:30	3:30		51:00
FLM70	FREEMAN'S PHARMACY	LS12 5SG	10:00	10:00	10:00	10:00	10:00	3:30		53:30

FND44*	LLOYDS PHARMACY	LS28 7BR	10:00	10:00	10:00	10:00	10:00	4:00		54:00
FPW17	CHURCH LANE PHARMACY	LS28 7LD	9:00	9:00	9:00	9:00	9:00	4:00		49:00
FQJ56*	BOOTS	LS28 8LE	10:30	9:00	9:00	10:30	9:00			48:00
FRT56	WELL	LS28 6DR	9:00	9:00	9:00	9:00	9:00			45:00
FW476	HENCONNER PHARMACY	LS13 4JA	9:00	9:00	9:00	9:00	9:00	3:00		48:00
FW629	DAY LEWIS PHARMACY	LS28 5PD	9:15	9:15	9:15	9:15	9:15	3:30		49:45
FWW03*	ASDA PHARMACY	LS28 6AN	11:00	11:00	11:00	11:00	11:00	11:00	5:30	71:30
FWW11*	DAY LEWIS PHARMACY	LS28 5LD	9:30	9:30	9:30	9:30	9:30	7:00		54:30

FWX98	TONG ROAD PHARMACY	LS12 5AT	10:00	10:00	10:00	10:00	10:00	8:00		58:00
FYL11	WELL	LS28 9AR	9:30	9:30	9:30	9:30	9:30	3:00		50:30
FKP31	TYERSAL PHARMACY	BD4 8ET	8:30	8:30	8:30	8:30	8:30	4:00		46:30

Pharmaceutical Needs Assessment: Pharmacy Contractor Survey

Health and Well-Being boards has a statutory duty to carry out a statement of needs for the pharmaceutical services for the population it serves. This is known as a Pharmaceutical Needs Assessment (PNA). PNA is used to ensure that services meet the needs of the current and future population of its population. This includes where services are placed geographically and what services are provided by the pharmacy.

To help produce the PNA we want to find out your opinions about what you provide at your pharmacy, and whether there is anything you feel should be changed or improved.

We would really appreciate you taking the time to complete the questionnaire, which should only take a few minutes.

Please can large providers complete one survey per branch, especially if you have branches in different authorities, in order to provide a detailed picture of pharmaceutical services within different communities.

Many thanks for your feedback.

About your Pharmacy

Q1 Which local authority is your pharmacy located in?

- Bradford
- Calderdale
- Kirklees
- Leeds
- Wakefield

Q2 Contractor code (ODS Code):

Q3 Trading name of Pharmacy:

Q4 Address of Pharmacy:

Q5 Postcode of Pharmacy:

Q6 Does the pharmacy dispense appliances?

- Yes, all types
- Yes, excluding stoma appliances
- Yes, excluding incontinence appliances
- Yes, excluding stoma and incontinence appliances
- Yes, just dressings
- No
- Other , If 'Other' please specify:

Q7 Does the pharmacy provide the following services?

(Options were: Yes / Intending to begin within 12 months / No not intending to provide)

- Appliance Use Review Service
- Community Pharmacist Consultation Service (CPCS)
- C-19 LFD distribution
- 'flu Vaccination Service
- Hepatitis C testing service (Until 31st March 2022)
- Hypertension case finding
- New Medicine Service
- Pandemic Delivery Service (Until 31st March 2022)
- Stoma Appliance Customisation service
- Stop smoking service

Q8 Services

(Options were: Willing to provide if commissioned / Not able or willing to provide)

- Anti-viral distribution service
- Care Home Service

- Contraceptive Service (not EHC)
- Gluten Free Food Supply Service
- Home Delivery Service
- Respiratory / inhaler check service
- Language Access Service (to provide formal translation services to patients)
- Medicines Assessment and Compliance Support Service
- Not Dispensed Service
- Obesity /Weight Management Service
- Seasonal In'fluenza Vaccination Service (for specific groups not included in the NHS advanced service)
- Other vaccination service (childhood immunisations, pneumococcal, travel vaccinations,
- other)
- COVID-19 vaccinations
- Sharps Disposal Service (other than Needle Exchange for substance users)
- Vascular Risk Assessment Service

Q9 Is the entrance to the pharmacy accessible for wheelchair users?

Yes / No

Q10 Do you have any of the following facilities in the pharmacy to support people with disabilities?

- Automatic door assistance
- Bell at front door
- Disabled toilet facility
- Hearing loop
- Large print labels/ leaflets
- Wheelchair ramp access

Q11 Is there a consultation area (meeting the criteria within the Community Pharmacy Contractual framework Terms of Service) on the premises?

There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (tick as appropriate)

- None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room
- None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room
- None (Distance Selling Pharmacy)
- Available (including wheelchair access)
- Available (without wheelchair access)
- Planned before 1st April 2023
- Other

Q12 If 'other' please specify

Q13 During consultations are there any of the following available? (select as appropriate)

- Hand-washing facilities
- Access to toilet facilities

Q14 Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?

- Yes
- No
- Don't know

Q15 If 'Yes' please explain why

Q16 What do you feel is needed to better support your community, reduce inequalities and support people from underserved groups?

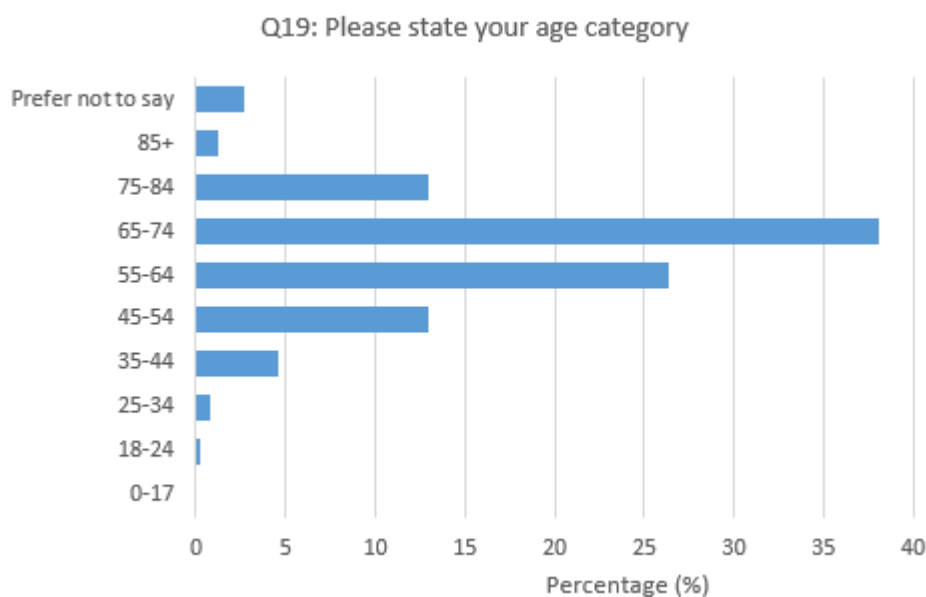
Q17 Please use the space below to tell us any additional information that you feel is captured within this questionnaire. You may wish to include comments about additional services you would like to provide if you were commissioned to do so.

Thank you for completing the questionnaire. Please select 'submit' to send your responses.

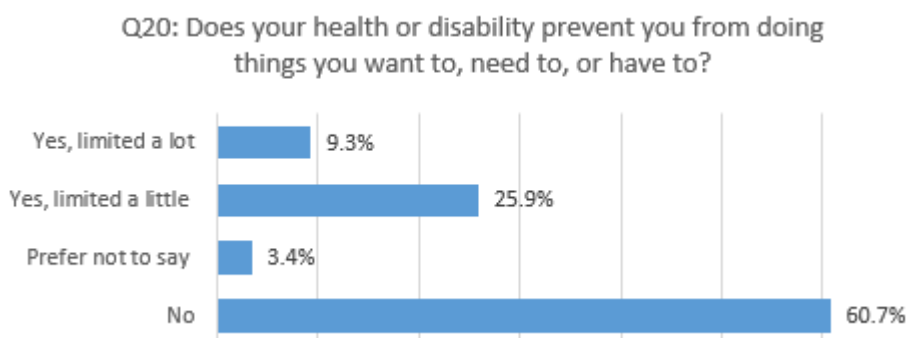
29 Appendix J - Patient and public engagement results

29.1 Demographics of respondents

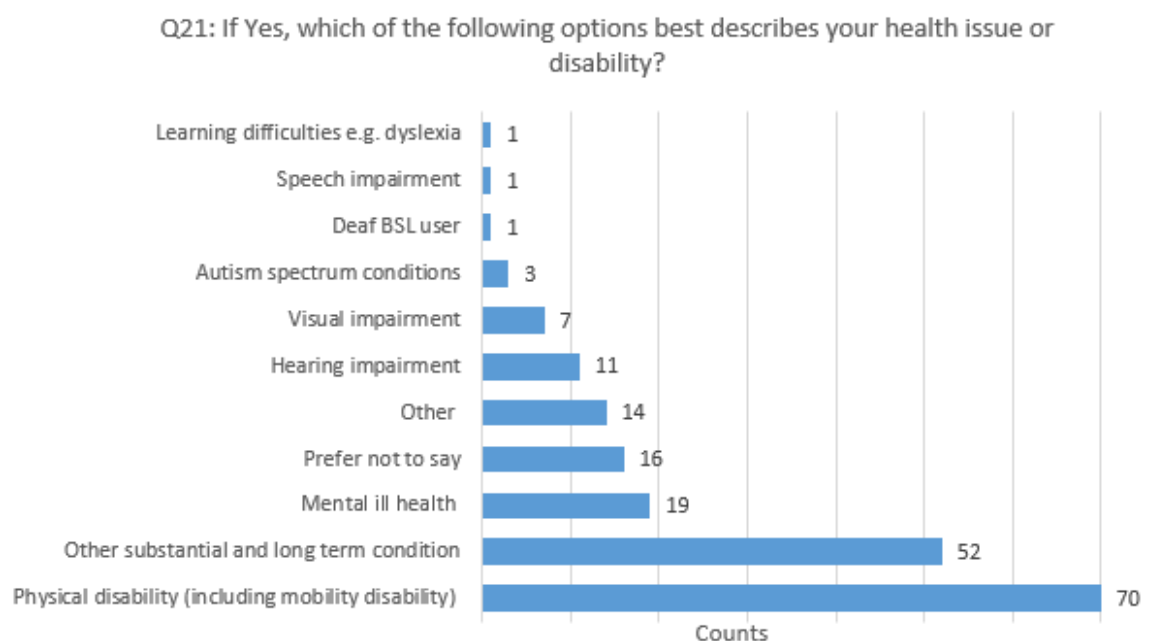
A total of 410 people completed the questionnaire of which 51% were female and 44% male (15 people chose not to answer this question). The figure below shows the age breakdown of respondents.



35% of respondents felt their health prevented them from doing things they want or need to do:



When asked to describe their health issue/s or disability/s it was Physical Disability and Other Long Term Condition that dominated the results:



Ethnicity of respondents. Only 5 responses did not specify an ethnicity, the results are summarised below:

English/ Welsh/ Scottish/ Northern Irish/ British	378	93.3%
Other	11	2.7%
Any other white background	4	1.0%
Indian	3	0.7%
Irish	2	0.5%
White and Asian	2	0.5%
Caribbean	2	0.5%
White and Black African	1	0.2%
Any other mixed/ multiple ethnic background	1	0.2%
Pakistani	1	0.2%

Compared to the January 2022 Leeds GP registered population, the survey results have a high proportion of responses from “English/ Welsh/ Scottish/ Northern Irish/ British” and “Any other white background”. The survey has fewer results from other ethnic groups in the table. The survey responses are weighted toward the “White English” and “Other White” population.

Sexual orientation. 359 people gave an orientation, the proportion of those who gave an answer are as follows:

Heterosexual or Straight	92.5%
Gay man	4.2%
Bi-sexual	1.9%
Gay women or Lesbian	1.4%

The ONS estimated proportion of heterosexuals aged 16+ in the UK is 93.7% (in 2019), this is a very close match to the survey results considering the very small sample size in this survey.

29.2 Q2 Patient and public engagement: Use of pharmacies

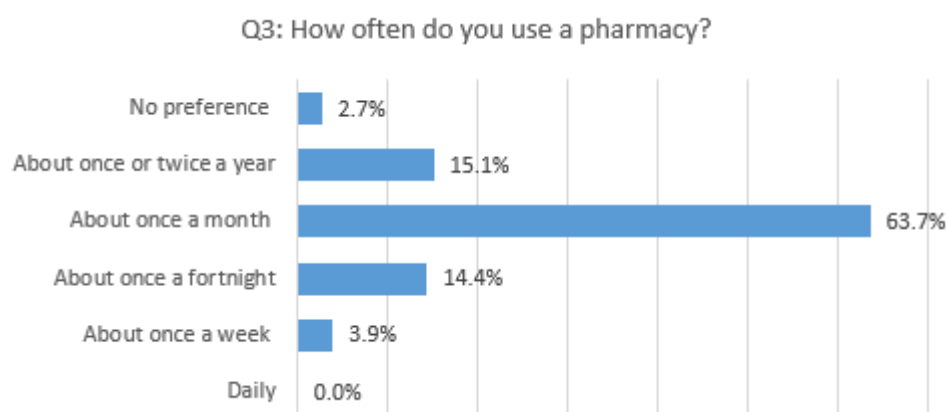
When asked why they visit a pharmacy the most common responses were as follows:

- To get a prescription for myself / someone else 373 people
- To buy medicines for myself / someone else 222 people
- To get advice for myself / someone else 164 people
- To access services (e.g. smoking cessation, ‘flu vaccination) 94 people
- Someone else gets my prescription for me 59 people

Multiple answers could be given to this question.

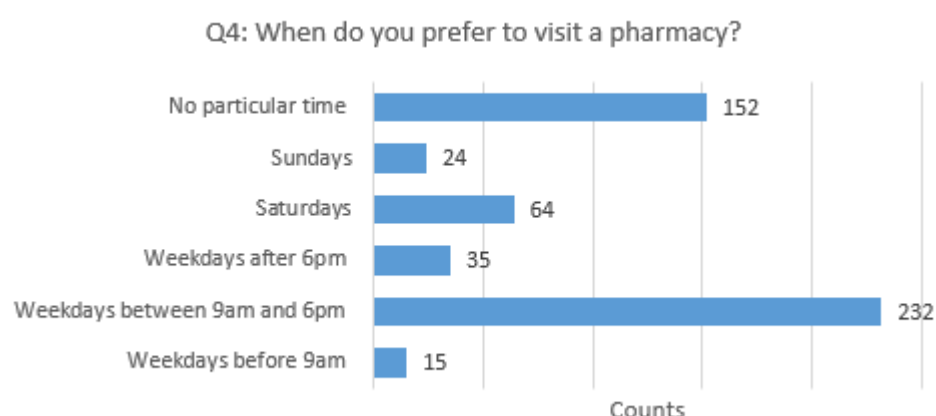
Q3 How often do you visit a pharmacy?

The figure below shows how frequently responders visit a pharmacy. As may be expected most people visit monthly which will reflect prescription length.



29.3 Q4 When do you prefer to visit a pharmacy?

Whilst almost 38% of respondents didn't have a preference as to the most convenient time, for those that did the most convenient time was weekdays 9am to 6pm, followed by Saturdays.



29.4 Q5 Do you tend to use the same pharmacy, and if your normal pharmacy wasn't open what would you do?

88% of respondents tend to use the same pharmacy.

29.5 Q6 If the pharmacy you normally use wasn't open, what would you do?

60% would go to another pharmacy. People who could not visit their preferred pharmacy gave free text answers mainly concerned with opening times.

29.6 Q7 What is important to you about the location of a pharmacy?

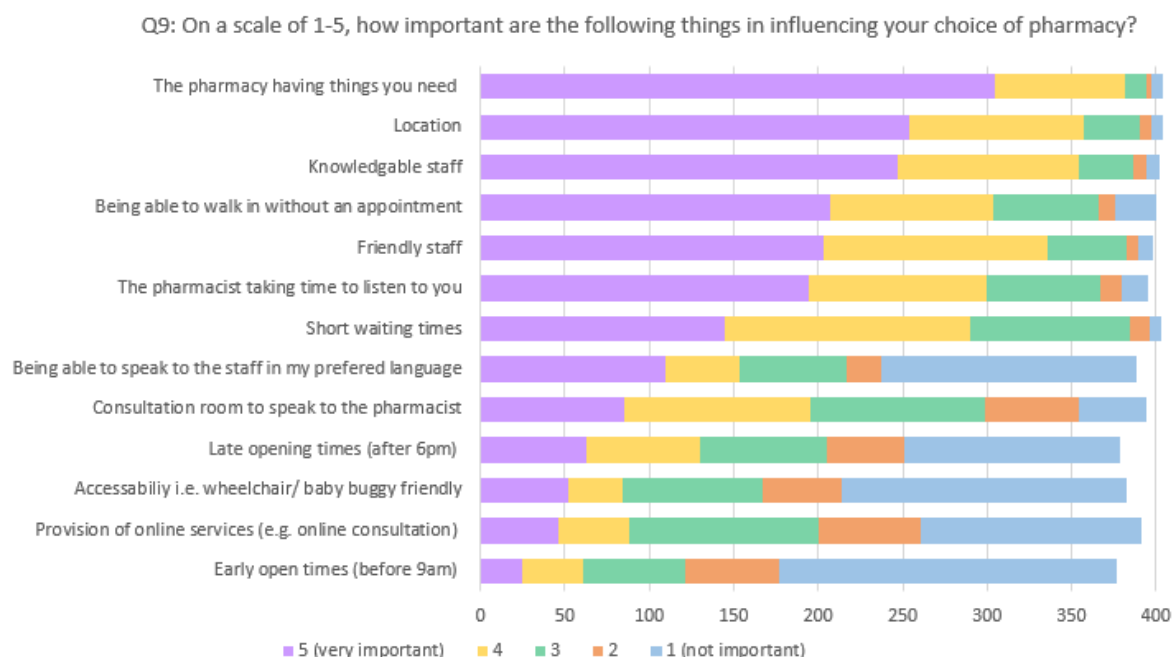
people could choose as many answers as they liked.

• Being close to my home	323
• Being close to my GP practice	206
• Having parking facilities	141
• Being in a shopping are (e.g. Town centre or Supermarket)	63
• Online provision	54
• Having public transport nearby	39
• Being close to my workplace/ place of education	27
• Other	26

Being close to home of GP practice are the clear preferences here, and parking is important too. Free text answers in the “other” category were mainly concerned with staff skills, delivery options, and stock availability.

Q8 Are you able to visit your pharmacy of choice when you need to? 96% of respondents were able to visit their preferred pharmacy. Those who couldn't gave reasons in free text that were mainly concerned with opening times.

29.7 Q9: On a scale of 1-5, how important are the following things in influencing your choice of pharmacy?



Stock, location and knowledgeable staff are clearly most important. Early opening times don't appear to be important in this survey but we don't know employment status of the responders – not everybody needs a pharmacy before work. 55% of responders are aged 65 or more so perhaps this result isn't a surprise.

29.8 Q10 How would you usually access a pharmacy?

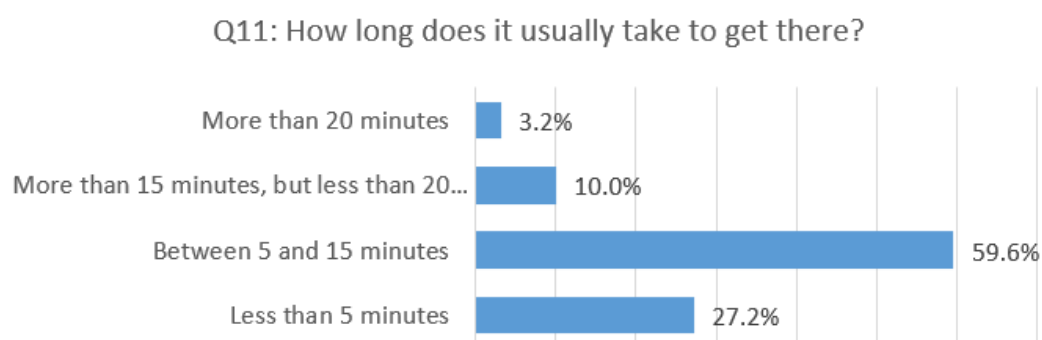
A small number of users appear to have answered more than once but Car and Walking almost tie. Public transport comes in very low at 3.9%, almost the same as Taxi. We don't know where in Leeds our responders live, nor do we know how likely they are to have a car.

Car	187	45.6%
Walk	177	43.2%
I only use collection/ delivery services	18	4.4%
Public transport (e.g. bus, train)	16	3.9%
Taxi	13	3.2%

Bicycle	5	1.2%
Other	2	0.5%
Phone	1	0.2%
Video consultation	0	0.0%

29.9 Q11 How long does it usually take to get there?

For the majority of respondents (87%) the journey takes less than 15 minutes:



Looking at the combined responses for travel method and travel times we can see that most public transport journeys take between 5 and 15 minutes, only a few take longer. Most walked journeys take 15 minutes or less but 30 people reported walking as for up to or more than 20 minutes. Generally the access results are clustered below 15 minutes and by car or walking.

Method	< 5 minutes	5 - 15 minutes	15 - 20 minutes	> 20 minutes	Grand Total
Car	72	101	10	2	185
Walk	34	114	24	5	177
collection/ delivery services	5	8	3	2	18

Public Transport (bus, train)	10	3	3	16
Bicycle	4	1		5
Taxi	3			3
Other	1		1	2
(blank)	1			1
Phone	1			1

29.10 Q12 Is there a more convenient and/ or closer pharmacy that you don't use?

27% don't use a pharmacy which is closer or more convenient.

29.11 Q13 Please tell us why you do not use that pharmacy?

Users could choose multiple reasons, but most responses relate to customer service:

- Other 47
- Bad past experiences 31
- Takes too long to get what I want 21
- Difficulty parking at the pharmacy 19
- Not enough privacy 18
- The staff do not know me 16
- They do not have what I need 16
- Not open when I need it 12
- The staff are always changing 7
- Not accessible for wheelchair/ baby buggy 4

The 'Other' category long text responses to this question are mostly about Accessibility (including the pharmacy not being inside a supermarket), quality concerns, 'electronic prescriptions' (EPS) or deliveries being already set up, and familiarity with staff built over time.

29.12 Q14 How do you find out information about the pharmacy?

Searching via the internet was the most popular way of finding information on a pharmacy for example opening hours and services offered (283 respondents) followed by popping in (129 respondents), phoning them (113 respondents), and looking at the NHS website (25 respondents).

29.13 Q15 Do you feel able to talk about something private/ sensitive with a pharmacist?

The majority either answered yes (50%) or they had never needed to (35%).

	Current use/ have used	Would use if available
Q16: Have you used any of the following services?		
Prescription dispensing	380	13
Medical advice and buying over-the-counter medicines	335	22
Collection service	333	31
Vaccinations (e.g. 'flu/ travel)	173	98
Health checks (e.g. cholesterol, blood pressure, diabetes)	52	150
Emergency contraception	14	29
Support to stop smoking	6	29
Needle exchange service	2	21
Supervised administration of methadone or other opiate medicines	2	18
Testing for sexually transmitted infections	1	38
Support to lose weight	1	45

29.14 Q17 Please state any other services you have used.

Responses to this were in free text and can be grouped together as follows:

- Delivery 11
- Advice 8
- Collection 5
- Shopping 4
- Medicines review 4
- Vaccination 1
- Disposal 1

29.15 Q18 Is there anything else that you would like to say about pharmacy services in your area, or any further service you would like from your pharmacist that isn't currently being provided?

124 responses to this were in free text, Comments are more or less equally split between positive and negative.

The top three themes from positive comments include:

- Quality 30
- Access 9
- Advice 6

The top three themes of negative comments are:

- Access 18
- Stock 11
- Quality 7

Positive comments are listed here:

- A good pharmacist makes up for low GP capacity
- All the pharmacies in my area are well run and the staff are friendly.
- Ample number of pharmacies in the area, appears to be quite a lot of duplication of services between different pharmacies
- An excellent service could be used more
- At least you can see the pharmacist GP is virtually impossible to see
- Becoming more important as difficult to see a doctor
- Currently, my prescriptions are issued monthly by my GP, emailed directly to the pharmacy, and delivered to me. This works very well.
- Excellent service at Well - Burley Park and Headingley
- Excellent to use if concerned. Husband not reslised infection heading to septicemia. Went to pharmacy who got him into gp and probably saved his leg.
- For me and my wife, with various medical issues, it is essential to have a pharm which I trust. Delays at any stage of the process an cause us problems. Eg delays from sgy sending requests to pharm, to the pharm having supply issues. Our pharm knows us well so supports us when necessary. They have been terrific!
- generally good
- Good to have local pharmacy who know you
- Happy with what I need from this pharmacy
- Help with dentistry
- I am fairly pleased with my pharmacist, some times I have to chase them up about prescriptions which are overlooked.
- I am on daily medication for the rest of my life and being a pensioner I enjoy having my prescriptions delivered to me. That being said, if I ever need any other medication or prescribed medicines I would either pick up from the pharmacy attached the the GP surgery or call at the pharmacy that is near my home
- I feel fortunate at my present address to have a pharmacy within walking distance and a dispensary at my doctor which is an easy bike ride away.

- I feel that the pharmacy services in my area are excellent, staff in all the pharmacies are very friendly and will go out of their way to offer a comprehensive and reliable service (prescriptions)
- I have a very nice local pharmacy and I have no hesitation in asking for advice if I have a specific issue. I did have my recent "flue vaccination there when my local Health Centre failed to contact me in the usual way. They were super efficient and friendly; it is the first time my "flu vaccination has not left me with a sore arm. However, I am not clear what else they offer - for example do they take blood pressure as a routine service or would one need to be referred, similarly with blood samples.
- I have no problem medication is delivered when I put my prescription into my GP. I have to allow 10 working days, having asked why the delay I was told its because the GP's are slow in approving all prescriptions.
- I like having a local independent pharmacy. I feel some of the larger pharmacies are a little too business like. It is good for the pharmacy to be part of the community. We have lost our local GP, I would be upset to loose our local pharmacy.
- I live in Wetherby, I use Boots in The Horsefair centre as I need a lot of support with health issues and including bipolar disorder which makes my need to trust the people dealing with me. The staff are always friendly, use my first name and provide an incredible service. We only have 2 GP surgeries so they are probably needed as the only option when not given a face to face GP appointment. I have asked about a pain in my side once and pharmacist was able to tell me it could be Pleurosy and signs to watch for in case I needed urgent help. Another time they listened to my fear my thyroxine wasn't working so wondered if I should buy dessicated pig thyroid from Internet. thankfully they advised against!
- I love visiting my local pharmacy as they always listen to your needs and are very efficient. I make use of the prescription service between my GP and Pharmacy which works like clockwork and is always ready on time. Thank you.
- I us order prescriptions at surgery and Boots then deliver because Boots (only Pharmacy) always have long queues.

- I use an independent pharmacist despite two national chains in the town. I do so because the pharmacist really knows his customers and cares about them. He literally saved my eyesight on one occasion by unlocking and making calls to secure suitable treatment. Can't imagine Boots or Lloyd's doing so.
- I would like to be able to use a pharmacy to have blood collected for a blood test.
- I'm happy with the service
- I'm very happy with the service at the pharmacy I use most. It's very useful to be able to get vaccinations and help with minor health issues without attempting to get a GP appointment.
- It is very convenient to have a pharmacy in the village. If it weren't there I would need more GP appointments.
- local pharmacy well situated in centre of village
- Mannings Lidgett Lane are excellent in all aspects.
- More support for Minor ailments n being able to prescribe more medicines over the counter like antibiotics
- My current pharmacy delivers all the services I need in an efficient and friendly manner.
- My local pharmacy is Excellent.
- My pharmacy service has been excellent in all respects but a friend about 2 miles away at a different pharmacy has had to wait up to three weeks for medication to be available/ delivered.
- No complaints.
- No problems with the present service available to me.
- Our local pharmacy here is a branch of Boots & they are stretched pretty thin, but I have always found the staff to be friendly & helpful, despite the considerable pressure they labour under. One of the criteria for a house move for us was easy access to both the pharmacy & the surgery, besides a decent local grocery provision.
- our pharmacy is situated in the gp surgery, but different hours are available at the main pharmacy 5 minjutes walk away, but our in house pharmacy has fantastic, knowledgeable and extremely helpful and friendly staff, who go out of their way to help and advise

- Pharmacy is located within GP surgery so access is very easy after appointment with doctor if medication has been prescribed. Staff are always friendly and helpful.
- Quite happy with the Pharmacy that we use.
- Service is very good. It is very difficult to get to see a doctor and they fill an important role.
- The home delivery service I value highly.
- The Pharmacy are usually very good But occasionally over prescribe.
- The pharmacy I use provides excellent services
- THE SERVICE AT CHAPEL ALLERTON IS BRILLIANT AND TE REST OF THE COUNTRY COULD LEARN FROM THEM
- The service in our area is excellent.
- There is a good variety of pharmacies in Pudsey. I use the one in Asda usually as it has long opening hours (till 9pm) and its convenient when I'm shopping.
- There is sufficient provision in my area
- They once have me wrong medication but they willingly took it back and have me the right one
- think they are all suffering overload due to lack of timely access to GP services
- Trusting in your pharmacist is one thing but trusting employed staff is different especially with personal information/conditions, however I do believe there is scope for pharmacist to help relieve pressure on GP practices providing they are set-up and monitored correctly.
- Very good
- Very good service in my local area.
- We are fortunate to have several pharmacies in our area. I have been using Naseem's in Rothwell for all my family for over 20 years. mr naseem provides an excellent service.
- We have found that Day Lewis Pharmacy have dealt with emergency prescriptions plus they have delivered medication to my home and have exceeded all expectations in such difficult times.

- What does Appliance Contractor mean in one of your questions? My Pharmacy on Farsley Town Street is excellent - friendly and knowledgeable staff. I've be gutted if they ever closed.
- Your questionnaire assumes everyone uses a Pharmacy frequently I am aged 69 as is my wife, neither of us use any medicinal support. I have last used what was called " The chemists" 45 years ago for one prescription. My wife has used one approx 40 years ago for one prescription. ((Not sure where she got "the Pill" from). We have (guess because its so long a go) used "the Chemist" for odd things when the Children were babies. The town in Leeds I live at has a medical Centre with linked Pharmacy,I would use this Pharmacy if needed but there are 3 other Pharmacies within 15 mins walking distance. I have made enquiries at the local Pharmacies when trying to obtain lateral test kits for home testing as per Gov recommendations.

Negative comments are listed here:

- Actually i would like my Doctors surgery to be able to provide all all the medical info I need - i do not want to see a pharmacist who hasnt had the correct training
- As Cohen's is Jewish, they are not open on Saturdays. This can be a problem for some.
- Being able to prescribe antibiotics for certain conditions such as urine infections.
- Due to Covid our pharmacy has stopped being open at weekends
- Extremely unhappy at services previously available at GP now to be paid for at pharmacy e.g. removal of ear wax.
- generally the staff are very helpful & professional but a limited number of staff are quite off hand & disinterested. Waiting time & efficiency can be variable from excellent to very frustrating. however I use this pharmacy as opening hours are good, at weekends/until 7pm. also sells over items that may be of

interest to me. I used to get a reminder when my prescription is ready to collect, this doesn't happen now , have tried to chase it up but no luck.

- how can 2 pharmacies from the same large group[have such different staff. is it because some people have no choice but to use the one attached to the GP. its about this particular. Boots had a good overall by a mystery person who can see just how rude the staff can be... but not all the staff just certain ones. the chemists ate usually ok
- I do not use the pharmacy nearest to me as they are often unable to get hold of items on my prescriptions, and there is always a long wait for anything.. The one I use is further away but more reliable and easier to use. None of the pharmacies are particularly near to my home address.
- I don't use the pharmacy nearest to my home because they one put my medication in someone else's bag with my name and address on them. I also needed my medication delivered during lockdown as we both weren't allowed out because my husband is on the extremely vulnerable list. Boots refused to deliver essential medicines using the excuse that we weren't 70. Even though they had been told we couldn't leave the house.
- I find my local one a bit judgemental, not very friendly and caters for students mainly. I feel as a woman i would prefer to talk to a woman. My local pharmacist is young and of a different culture - so would not understand my needs.
- I have a complicated health condition and have Rituximab infusions. I frequently require emergency prescriptions and am too poorly to collect. The delivery service is only mornings on weekdays. I pay for the delivery service. At the time when I really need emergency treatment, the system doesn't accommodate delivery (I live on my own). This often extends the time without antibiotics and other emergency treatments
- I have severe COPD and struggle to get around. It would make my life much easier if my pharmacy were able to deliver my medication - and I would be happy to contribute to the cost of this service, if necessary. Both my local pharmacies seem overly busy, and it is irritating that I cannot walk in with a prescription and get it filled. Instead I am made to wait half an hour or longer whilst they fill prescriptions for people who are not present in the store.

- I would prefer a more permanent pharmacist instead of so many different ones.
- in my area they are little more difficult to access
- It won't dispense prescriptions between 12.09 and 1.30 which is very inconvenient.
- It would be useful if regular, non-urgent testing could be provided without having to go to the GP's surgery each time eg blood pressure, kidney function,, blood /urinechemistry.
- It would be helpful if my pharmacy was open later during the week - they've closed by the time I finish work
- Just could be flexible with opening times but its a national thing
- Mannings Pharmacy, Leeds LS8 is excellent. I wish they were able to undertake prescription reviews. I am not willing to speak to a strange/unknown pharmacist for this who does not know me - so this needs to be undertaken by my GP, or not at all.
- Medicine Reviews are of limited use and cost the NHS money that would be better spent elsewhere
- most of the pharmacy's are new or are part of a chain, some even charge for delivery of prescriptions. a separate Landline to my GP practice for pharmacy's so that any problems with GP services can be sorted directly with the surgery instead of having to go through the practice general landline and be sat waiting while all the Covid rules have been read and then placed in a queue to speak to someone In person to solve the problem wasting their time and the surgeries patients waiting to get through to make appointments
- My consultation with pharmacist was not productive as they didn't ask all the appropriate questions. Didn't recommend a product; I had to ask if there was one. They then advised me to go to GP but 6 weeks to get an appointment.
- My local pharmacy tends to hand out quite a lot off 'owing notes'.
- My pharmacy does not open on weekends!!!
- My pharmacy, which is in the GP surgery is not open on Saturdays which is a bit inconvenient for some patients.
- Not have to take form to Dr to get repeat prescription - if Dr given as repeat why can't pharmacist just dispense - waists time.

- Often quite a wait when collecting prescriptions. Systems seems over-complicated, or perhaps not well organised.
- Order my prescriptions using my proven system using theirs I am forever running out and then have to have emergency prescription
- Our local Pharmacy used to have a 100 hours open contract but only open normal hours now. Asda stores not far away was also a 100 hours service but is now running a normal service ??
- Our pharmacy has close links with the GP surgery which is next door, so that is a positive. It's closed on Saturdays and Sundays which isn't very convenient, especially if it has had to order medication from a prescription, as this can mean a wait of several days.
- Pharmacies that are in a residential areas don't look very clean and they offer very few services.
- Pharmacists should always have all medication in stock. There are occasions when I have been unable to obtain my medication from my preferred pharmacist and on one occasions I had to visit 6 pharmacists covering a distance of 60 miles before obtaining the medication I required. I take controlled drugs which makes it difficult for me to arrange homedelivery because I have to be present to accept it, I think it should be made possible for the medication to be posted through my letter box.
- Pharmacy was never 'quick' at making up prescriptions sent to them from my doctors but over the last two years this has worsens to regularity being between 7 and 10 days before the one and only communication "ready to collect". My doctor arranged an extra prescription to give me a 'buffer stock' (regular heart medication) but if i needed other / changed medication I do not think this length of delay would be acceptable.
- Poorly stocked and staffed by robots
- Practice and Pharmacy offers a combined service, so that I can re-order my prescription. I would expect, therefore, not to have to wait too long for it to be ready, and for it to be dispensed when I ask for it. This does not seem to be the case, and a long wait is necessary, for no apparent reason.
- Pre-ordering is a good idea for repeat prescriptions but during the pandemic it hasn't cut down waiting times to collect.

- Prompt service without long waiting times. Regular items being in stock - often have to go back several times to get a full prescription even though I have regular prescriptions for the items.
- Put my prescription in at the earliest date possible and takes nearly two weeks before it is ready to collect
- Shopping for other items ie, shampoo, creams, lotions is very expensive compared to high street shops
- Shorter waiting times in the pharmacy needed Getting the prescribed drugs correct - I get annoyed at having to go back because of their errors Having regularly prescribed drugs in stock when I need them
- Some decent extras but NOT at prohibitive prices
- Sometimes it is difficult to know if you are talking to a pharmacist or a shop assistant.
- STI Testing.
- Stop competition from online only “pharmacies”. As they will result in the diminution of in person pharmacy services.
- Tesco pharmacy kept asking me to discuss my meds with him, I refused and said I would speak to my GP / practice pharmacist if I needed to as they were aware of my medical history rather than him. I felt quite offended that he kept asking.
- The most important thing all else is not really serious I wonder why you ask is “Have they got the medicine you need” now days it happens to me about 3 times a year they have not got what doctor wants you to have”. To also the thing you should be chasing is “Does the pharmacy actually have enough university trained pharmacists in the pharmacy “ I can tell you because one of my family is a pharmacist that Pharmacists are leaving shop type pharmacies because they are overworked and stressed and working in doctors practices or elsewhere. In 10/20 years time you will have a big problem there will be few pharmacies on the street, most medicines will come to you online by direct delivery or else the Big GP practices will have their own pharmacies. You ask about things that are less important because big change is already here. You should be pushing for at least one pharmacy per town/village with enough university trained pharmacies per shop. These are

the issues you should be clueing yourselves up on and not be living in the past. Don't worry about car parking for the chemist shops they will be gone.

- The one thing that is annoying about my pharmacy is that it is closed at lunchtimes and on the weekend so it's not very accessible to people who work Monday to Friday.
- The Pharmacies work really hard and seem to do most of the doctors work these days, it's not fair or right!
- The pharmacy can be a little slow in dispensing medication and although they will text to say it is ready for pickup they may not always have it made up when I visit the or part s may be missing which means I need to call again .
- THE PHARMACY CLOSES AT LUNCH TIME AND THIS IS NOT GOOD
- There are not enough. The two with in walking distance are tiny -so sometimes do not have what I need, including some prescription medicines. One of them is only open when the doctors surgery is open -even though it can be accessed from outside of the surgery.
- There has been a reduction from 3 to 2 in the town, one is very small so both get crowded. There is a lot of house building going on and this will put more pressure on them. We need at least one more outlet.
- There is a monopoly of Cohen's chemists in our area. It would be good to have a choice. We do have an Asda one but it is small and has limited supplies
- There is only one pharmacy in the area and it is consequently always busy and involves a 20 minute walk up hill
- We have seen our local pharmacies struggle to recruit and are often short staffed
- We have stopped using the one in Boston Spa as they have cut their opening hours, have many time when they dont have enough staff or the pharmacist is not there that day so cant get the medicine, Staff shout out personal details so the whole shop can hear, gone for a course of tablets say 28 and they give you 4 or 5 tablets and say you will have to call back for the rest, when you do go back they give you only another few tablets as they have given your tablets to Tom Dick or Harry as they were there before you. I know some people sing their praises but I know many who dont bother going to that one anymore

because of the service. Its a shame when its our local one within walking distance but we find it to be just such poor service its not worth bothering with.

- We use Boots in Wetherby who seem to need a week to provide items on a prescription, which is not good enough. Their service had deteriorated since closing their other branch in Wetherby
- Would appreciate opening Saturday afternoon or Sunday
- would prefer option of weekend access
-

A number of comments could not be classed as positive or negative and are shown here as “observations”

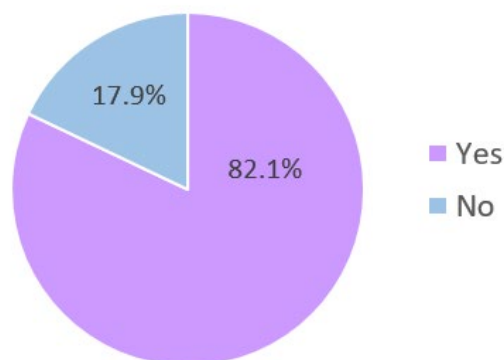
- Out of hours opening is very important, particularly for those of us who can't drive.
- Pharmacies are getting busier and additional outlets would be beneficial
- Pharmacies are vital to our communities and we need to support them

30 Appendix K - Contractors survey results

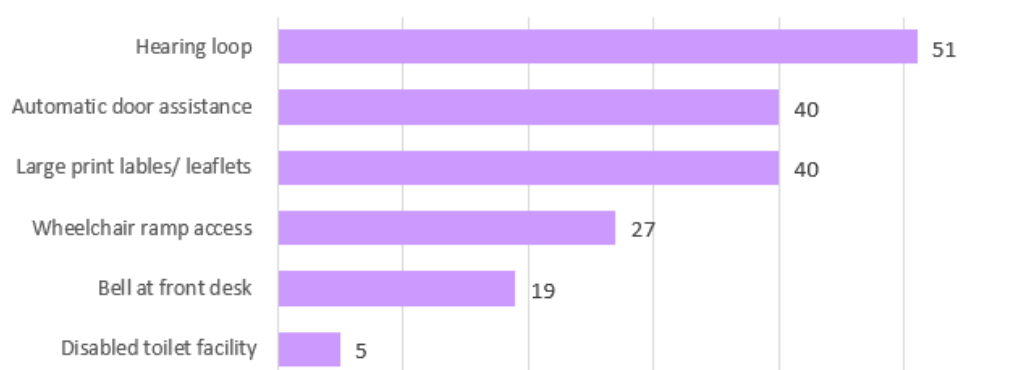
An online questionnaire was undertaken, links were sent direct to 175 community pharmacies. The questionnaire was open from 14th January to the 20th February 2022. 78 responses were received, which is 45% of Leeds Community Pharmacies. The results are summarised below, reordered to as “accessibility”, “facilities”, “services”, and “input on community needs”.

Accessibility:

30.1 Q9: Is the entrance to the pharmacy accessible for wheelchair users?



30.2 Q10: Do you have any of the following facilities in the pharmacy to support people with disabilities?



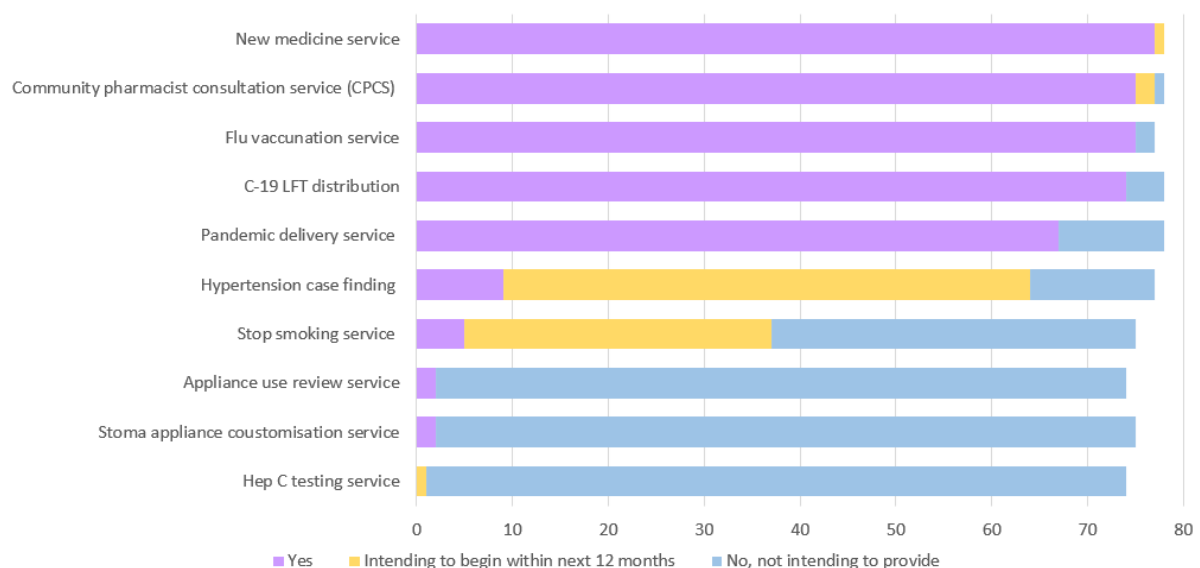
Consultation facilities:

All pharmacies have consultation rooms available, 71% of the rooms have wheelchair access. 73% have hand washing facilities during consultations, and 9% have toilet facilities.

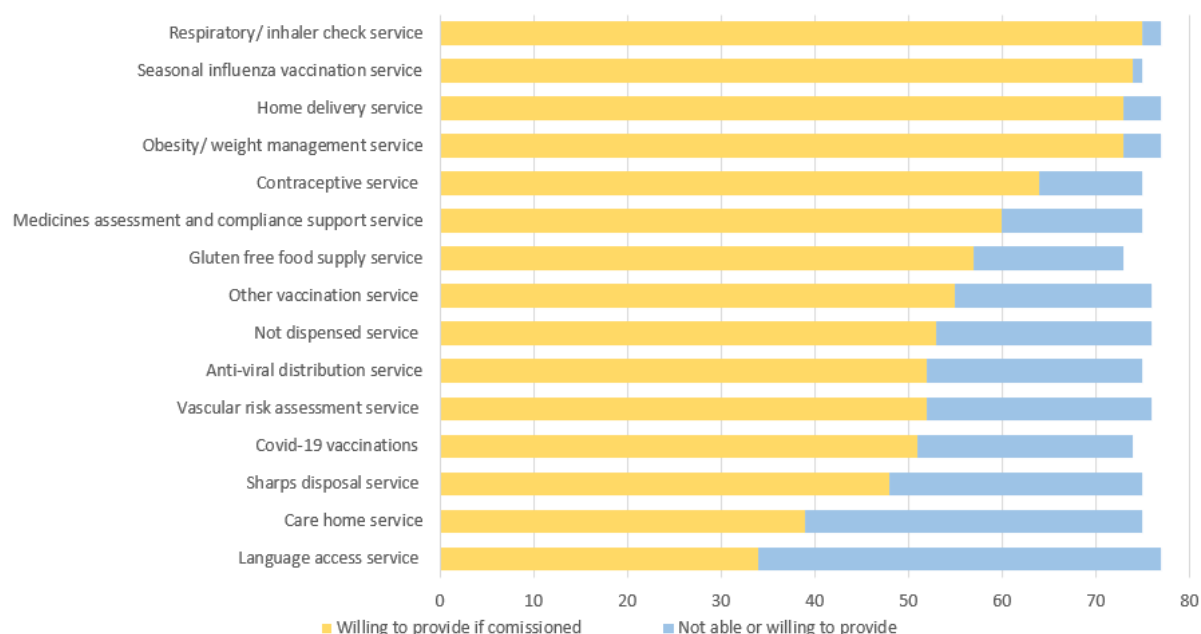
Services:

30.3 Q7: Does the pharmacy provide the following services?

Many pharmacies are planning to add Hypertension and Stop Smoking Services



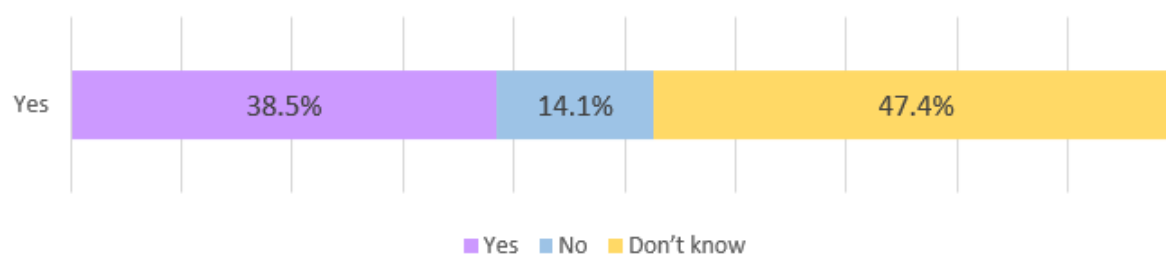
30.4 Q8: Services willing to provide if commissioned?



There is a clear preference for services such as inhaler checks, “flu vaccinations, weight management, and home delivery. Care home service, and language access services were not preferred for over half of respondents.

Pharmacy Contractor input on needs of community / population served by the pharmacy:

30.5 Q14: Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?



30.6 Q15 If “yes” please explain why.

The dominant answer was a need for CPCS, all these answers contained identical text so this may be a position held by a chain of pharmacies.

Other answers overlap a bit. A picture could be formed where student related health needs, contraception, sharps disposal, and language barriers are all areas for development.

• CPCS	15
• Language barriers	2
• Sexual health (students)	1
• Needle exchange	1
• Contraception	1
• Blood pressure monitoring	1
• Covid vacc, EHC, sharps disposal	1
• Pharmacy First	1
• Covid vacc	1
• Sharps disposal	1
• Smoking and contraceptive	1
• Students	1
• Blood pressure and Emergency Contraception	1
• Emergency contraception (students)	1

30.7 Q16: What do you feel is needed to better support your community, reduce inequalities and support people from underserved groups?

This was all free text answers, 35 pharmacies answered, 7 of those answers were no or NA. The themes that arose were as follows:

- Elderly patients not having internet access 5
- MH support for public 3
- Free EHC 2
- Publicise services 2
- Students and sexual health 2
- more services 1
- Better understanding of needs 1
- Funding 1
- Funding imbalance related to deprivation 1
- More collaboration with GPs 1
- Information for deprived communities 1
- Contraception, minor ailments 1
- Signposting to free services 1
- Funding for various services 1
- Wheelchair access 1
- Language barriers 1
- Wheelchair access, language help 1
- Better funding and stock 1
- Minor ailment service 1

30.8 Q17: Please use the space below to tell us any additional info that you feel is not captured within this questionnaire. You may wish to include comments about additional services you would like to provide if you were commissioned to do so.

Four pharmacies responded no or NA. There were 10 identical responses about CPCS, in general the answers to Q17 mirror those to Q15 and Q16. All answers are shown below.

"We aware that in other parts of the country the local NHS has commissioned a walk-in community pharmacist consultation service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a pharmacy and receive structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnescessary burden on other part of primary care."

We have a sexual health clinic in the centre who frequently signpost patients to our pharmacy . Unfortunately we don't have a contract to provide the free EHC service so often have to direct patients to another pharmacy . I strongly feel the student community would be better served if we were able to provide this service .

We are a DSP but are offering Covid and 'flu vaccination services from (as of 16-1-22) 39 vaccination sites across England, from which we can offer other advanced and private services. Please contact us (phil.day@pharmacy2u.co.uk) if you have any services you wish to commission.

I regularly am asked by patients to provide the EHC service for free. (Service that was stopped several years ago from this pharmacy by the commissioner) I am regularly asked for COVID vaccinations. - (Expressions of interest have been sent) Since the last PNA at least 3 community pharmacies have closed. However 2 DSP have opened and a further 2 DSP applications are pending. The DSP's currently open appear to provide a largely local service.

COVID vaccinations requested regularly, EHC, Needle and Sharps disposal would be great.

Commissioned services are fine, but it requires volume through them to ensure that it becomes common place. DMS, GP CPCS have been introduced but the volumes coming through are hardly a seismic shift from Rx to clinical services. We are looking at stopping anything which we are not paid to do as the 5 year 0% funding is crippling our provision of services. We are looking at stopping free delivery services and are looking at charging for all non NHS commissioned services.

As a late night pharmacy we are regularly called by Locally Commissioned social care providers who require pharmaceutical advice regarding their patient's medication. The carers have been instructed by their line managers or SOP to call this pharmacy and this can be advice about medication timings, missed doses, incorrect dosage, overdose etc. and we currently receive approximately 3 or 4 calls per day.

31 Appendix L – Key Stakeholders

The draft PNA and consultation link was sent to:

- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the Health and Wellbeing Board
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area
- The Local Pharmaceutical Committee
- The Local Medical Committee
- Leeds Healthwatch
- Leeds Community Healthcare
- Leeds Teaching Hospital Trust
- Leeds and York Partnership NHS Foundation Trust
- NHS England and NHS Improvement
- Leeds CCG Chief Operating Officer
- Leeds CCG Head of Medicine Management / Optimisation
Cllr Fiona Venner, Chair, Leeds Health and Wellbeing Board
- Neighbouring HWB Boards: Harrogate HWB board, Vale of York DPH, Wakefield DPH, Kirklees DPH, Bradford DPH, Calderdale DPH, North Yorkshire DPH
- Little Smeaton Parish Council
- Leeds City Council – cabinet members, including Cllr Salma Arif, Portfolio holder for Public Health and Active Lifestyles

32 Appendix M – Consultation feedback and response

32.1 Introduction

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to publication of the final Assessment.

Key stakeholders (listed in appendix L) received copies of the PNA and a link to the consultation.

In addition, the draft report and consultation feedback link was publicised on the following websites:

- Leeds Health & Care partnership website
- Leeds City Council Website

32.2 Consultation process

A short consultation survey was developed to capture views and comments. Consultation on this draft PNA commenced on 30th June 2022 and remained open until the end of 29th August 2022.

All consultees were given the opportunity to respond via an online questionnaire. The questions were developed to capture views on current pharmaceutical provision, consider future potential changes, and identify if there are any current or potential future gaps in pharmaceutical services.

This report outlines the considerations and responses to the consultation. The consultation received a total of seven responses, some spanning several questions.

32.3 Response to consultation feedback

Feedback that required responses came from four respondents:

- Dispensing GP Practice branch
- Local Pharmacist A
- Local Pharmacist B
- The Local Pharmaceutical Committee

32.4 Summary of responses to yes/no questions

	Question	Yes	No	Comments
Q3	Has the purpose of the pharmaceutical needs assessment been explained?	7	0	
Q5	Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	6	1	A Dispensing Practice Branch Surgery in Micklefield responded: <i>"We are a branch surgery in Micklefield that dispenses to the population of Micklefield. As a branch of a North Yorkshire GP practice it appears to have been missed out"</i>
Q7	Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	2	5	The Dispensing Practice Branch Surgery in Micklefield responded: <i>"In Micklefield, 20 minutes walk is not possible as there are not footpaths available to Garforth. Public transport is limited"</i> Local Pharmacist A responded: <i>"since the PNA has been produced we are seeing lots of pharmacies 'closing' temporarily due to what they think is a pharmacist shortage. I know several pharmacies locally that are NOT providing contracted hours therefore putting pressure on the system. i don't think these new closures have been fed back into the PNA"</i>
Q9	Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	4	2	The Dispensing Practice Branch Surgery in Micklefield responded: <i>"The PNA states 343 houses being built in the Outer East area, there are 606 houses being built in Micklefield alone."</i> Local Pharmacist A responded: <i>"as explained above. some gaps in provision based on closures (some each day and some are reducing hours "permanantly" needs to be reflected again in updated PNA"</i>
Q11	Has the PNA provided information to inform market entry decisions, i.e. decisions on applications for new	6	1	The Dispensing Practice Branch Surgery in Micklefield responded <i>"no"</i>

	pharmacies and dispensing appliance contractor premises?			
Q12	Has the PNA provided information to inform how pharmaceutical services may be commissioned in the future?	7	0	
Q13	Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	6	1	The Dispensing Practice Branch Surgery in Micklefield responded "no"
Q15	Do you agree with the conclusions of the PNA?	6	1	The Dispensing Practice Branch Surgery in Micklefield responded "no"

32.5 Summary of responses to free text questions

Q14	Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
	Local Pharmacy A responded: <i>"Palliative care provision"</i>
	Local Pharmacy B responded: <i>"no"</i>
Q16	Do you have any other comments?
	Local Pharmacy B responded: <i>"Some Boots pharmacies have recently had changes in their supplementary hours."</i>
	The Local Pharmaceutical Committee responded: <i>"We have a concern about the 20 mins access 'standard'. I have not seen where (or who) has determined this as a standard. As far as I am aware, it is the outcome of some research. I would also challenge why such a tight standard. Is it expected that patients can access all primary care providers in 20mins"</i>

Leeds Health and Wellbeing Board has agreed to the following responses to the consultation feedback:

32.6 Responses to Dispensing GP Practice branch in Micklefield

Q5 Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

“We are a branch surgery in Micklefield that dispenses to the population of Micklefield. As a branch of a North Yorkshire GP practice it appears to have been missed out”

Response: In Outer East locality there is a Dispensing Doctor which is a branch surgery to a practice in North Yorkshire. Prescriptions generated at this practice are not included in this PNA because the practice is not a Leeds practice. Between April 2019 and November 2021 41% of the practice’s prescriptions were dispensed by the practice showing local use of the dispensing doctor service. The Dispensing Doctor branch surgery has been added to figure 55 to keep this map relevant as a picture of services, it is located in the same area as housing development A, in Micklefield.

Change to PNA: Dispensing surgery location added to figure 55, and explanatory text added to preceding paragraph 7.2.

Q7 Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

“In Micklefield, 20 minutes walk is not possible as there are not footpaths available to Garforth. Public transport is limited”

Response: The PNA states that walking is not possible in 20 minutes from Micklefield to Garforth, although possible by public transport in that time. Access from the Micklefield area by car was also shown to be good in ten minutes. The PNA states that dispensing for this locality by distance seller doubled in 2020/21 and is already on track to exceed that in 2021/22. Additionally, a large proportion (41%) of prescriptions made at the Dispensing Doctor branch in Micklefield were also dispensed from this same practice showing use of the local service.

Change to PNA: A note was added to paragraph 15.8, to include the Micklefield Dispensing surgery (North Yorkshire registered)

Q9 Does the draft pharmaceutical needs assessment reflect the needs of your area’s population?

“The PNA states 343 houses being built in the Outer East area, there are 606 houses being built in Micklefield alone.”

Response: The PNA states a total of around 1,200 new homes in the Outer East locality in the 2022-2025 timescale. The total of 343 is the number of houses which is planned for completion between 2022-2025 in the Micklefield area. The same data source suggests a total of 612 new builds between 2021-2029 around Micklefield but this document only relates to 2022-2025. The PNA also states that development in the East Leeds Extension (ELE) is long term and ‘Relatively little housing is due to complete in the ELE within the 2022-2025 period’.

Change to PNA: None

Q11 Has the PNA provided information to inform market entry decisions, i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

“no”

Response: This is in the context of previous responses regarding inclusion in the PNA, namely that the Micklefield pharmacy does not fall under this PNA, as well as access to Garforth, and housing development size. The PNA details location and size of developments, and the current access situation by all travel methods, it also shows the use of Leeds dispensing doctors and distance sellers. The HWBB is satisfied that the above responses are sufficient.

Q13 Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

“no”

Response: See answer to Q11 above for our response.

Q15 Do you agree with the conclusions of the PNA?

“no”

Response: See answer to Q11 above for our response.

32.7 Responses to Local Pharmacist A

Q7 Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

Local Pharmacist A responded *"seeing lots of pharmacies 'closing' temporarily due to what they think is a pharmacist shortage. I know several pharmacies locally that are NOT providing contracted hours therefore putting pressure on the system. i don't think these new closures have been fed back into the PNA"*

Response: The PNA is not a route to examine quality issues. This is a contractual matter between NHS England and the pharmacy contractor and does not change the PNA analysis of pharmaceutical services access.

Change to PNA: none

Q9 Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

Local Pharmacist A responded *"as explained above. some gaps in provision based on closures (some each day and some are reducing hours "permanantly" needs to be reflected again in updated PNA"*

Response: As explained in Q7 above, the PNA is not a route of looking at quality issues. Changes made to contractual hours since the PNA was written have been included in the final PNA as a separate appendix and the original opening times have been marked as updated.

Change to PNA: Regulations require the PNA to include changes in opening hours since PNA was written, this is available in Appendix N – Changes to supplementary hours between February and August 2022.

Q14 Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

Local Pharmacist A responded "*Palliative care provision*"

Response: Palliative care is already assessed in the PNA for every locality, this includes testing for palliative care provision in neighbouring localities where required.

Change to PNA: None

32.8 Responses to Local Pharmacist B

Q16 Do you have any other comments?

Local Pharmacy B responded, *"Some Boots pharmacies have recently had changes in their supplementary hours."*

Response: Changes made to contractual hours since the PNA was written have been included in the final PNA as a separate appendix, and the original opening times have been marked as updated.

Change to PNA: Regulations require the PNA to include changes in opening hours since PNA was written and this has been incorporated.

32.9 Responses to The Local Pharmaceutical Committee

"We have a concern about the 20 mins access 'standard'. I have not seen where (or who) has determined this as a standard. As far as I am aware, it is the outcome of some research. I would also challenge why such a tight standard. Is it expected that patients can access all primary care providers in 20mins"

Response: Access to services within 20 minutes is not a target or a standard locally or nationally. It is a guide to assist consistent analysis, not a boundary of accessibility. The software used to make this analysis can test for access within prescribed time limits. After the 20 minute test the next available pre-set is 30 minutes which for many people needing assistance could be a prohibitive walk so we used the 20 minute time limit. Analysis of access by private or public transport took availability into account as well as time spent travelling.

Change to PNA: A note to this effect was added to paragraph 7.4.

32.10 Summary of changes made due to consultation responses

Leeds Health and Wellbeing Board is pleased to note the majority of responses to the consultation were positive. Following the consultation period, the PNA was revised accordingly and submitted to the representative of the Health and Wellbeing Board for final approval. The published PNA will be valid for three years from 1 October 2022 to 30 September 2025, when an updated PNA will be produced.

Leeds Health and Wellbeing Board has agreed to the following changes in response to the consultation feedback:

- Micklefield Dispensing surgery (North Yorkshire registered) location added to figure 55
- Note explaining the arbitrary time limits used in the analysis of access (20 minutes) was added to paragraph 7.4
- Note added to paragraph 15.8 to include Micklefield Dispensing surgery (North Yorkshire registered)

33 Appendix N - Additional changes made since consultation

Opening hours

Some supplementary opening hours changed after February 2022 in the time it took to write the PNA. Changes that occurred between 8th February and 1st August 2022 have been added to the PNA.

The original entries in Appendix H – Opening hours (February 2022) have been marked if they are superseded.

The updated supplementary hours are listed in Appendix N – Changes to supplementary hours between February and August 2022.

Changes to services provided

Some pharmacies began providing additional services in the period after February 2022. A summary of the additional provision is added in the final section of each locality chapter.

34 Appendix N – Changes to supplementary hours during authorship

Locality	Pharmacy ODS Code	Name	Notified Hrs	Effective date
Inner East	FLE94	Boots	9-18 Mon-Fri	27/02/2022
Inner East	FGJ70	Lloyds	9-17:45 Mon-Fri	04/06/2022
Inner East	FHP13	Lloyds	9-18 Mon-Fri	04/06/2022
Inner East	FHK38	Cohens Chemist	Open 9:00 am	01/07/2022
Inner North East	FJ026	Knights Pharmacy	Sat: closed	16/05/2022
Inner North West	FA008	Boots	9:30-14:00 and 14:30-17:30 Mon-Fri, Sat 9-14:30	27/02/2022
Inner North West	FK275	Boots	9-18 Mon-Sat, Sun 11-16	27/02/2022
Inner North West	FK382	Boots	9:30-14 and 15-17:30 Mon-Fri, Sat 9-17:30	27/02/2022
Inner North West	FNW16	Boots	08:45-12:45 and 13:45-18 Mon-Fri, Sat 9-12	27/02/2022
Inner North West	FAH13	Cohens Chemist	8:30-18 Mon-Fri, Sat: 9-13	09/05/2022
Inner South	FPX61	Boots	9-13 and 14-18:30 Mon-Fri, Sat 10-14	27/02/2022
Inner South	FT545	Boots	9-18 Mon-Fri	27/02/2022
Inner South	FFP17	Boots	7-21 Mon-Fri, Sat-Sun 9-21	27/02/2022
Inner South	FP763	Boots	9-17 Mon-Fri, Sat 9-15	27/02/2022
Inner South	FLN62	Lloyds	9-18 Mon-Fri, Sat: 9-12	04/06/2022
Inner West	FLC63	Well	8:30-18:30 Mon-Fri	21/02/2022
Inner West	FLH84	Lloyds	8:45-18 Mon-Fri, Sat: 9-12	04/06/2022

Outer East	FJC78	Boots	9-13 and 14-18:30 Mon, 09-13 and 14-18 Tue-Fri, Sat 9-12	27/02/2022
Outer East	FKH81	Boots	9-18 Mon-Fri, Sat 9-15	27/02/2022
Outer East	FKM53	Boots	9-18 Mon-Fri, Sat 9-12:30	27/02/2022
Outer North East	FKK20	Boots	9-17:30 Mon-Fri	27/02/2022
Outer North West	FPW64	Boots	9-18 Mon-Fri	27/02/2022
Outer North West	FK994	Lloyds	8:30-18:30 Mon-Fri	04/06/2022
Outer South	FGY10	Boots	09:30-19 Mon-Fri, Sat 9-19, Sun 11-17	27/02/2022
Outer South	FYX23	Boots	9:30-17:30 Mon-Fri, Sat 9-17	27/02/2022
Outer South	FC221	Boots	9-17:30 Mon-Sat	27/02/2022
Outer South	FWK37	Boots	9-18 Mon-Fri	27/02/2022
Outer South	FKJ95	Boots	9-18 Mon-Fri, Sat 9-12:30	27/02/2022
Outer South	FDW54	Thorpe Pharmacy	9-6 Mon-Fri, Sat: 9-13	01/06/2022
Outer West	FE521	Boots	9-17:30 Mon-Fri, Sat 9-16	27/02/2022
Outer West	FQJ56	Boots	9-18 Mon-Fri	27/02/2022
Outer West	FWW03	Asda Stores Ltd	9-20 Mon-Fri, Sun: 11-17	03/05/2022
Outer West	FWW11	Day Lewis Pharmacy	08:45-18:15 Mon-Fri, Sat 9-14	07/05/2022
Outer West	FND44	Lloyds	8:30-18:30 Mon-Fri, Sat: 8:30-10:30	04/06/2022

