

Lancashire Pharmaceutical Needs Assessment 2014

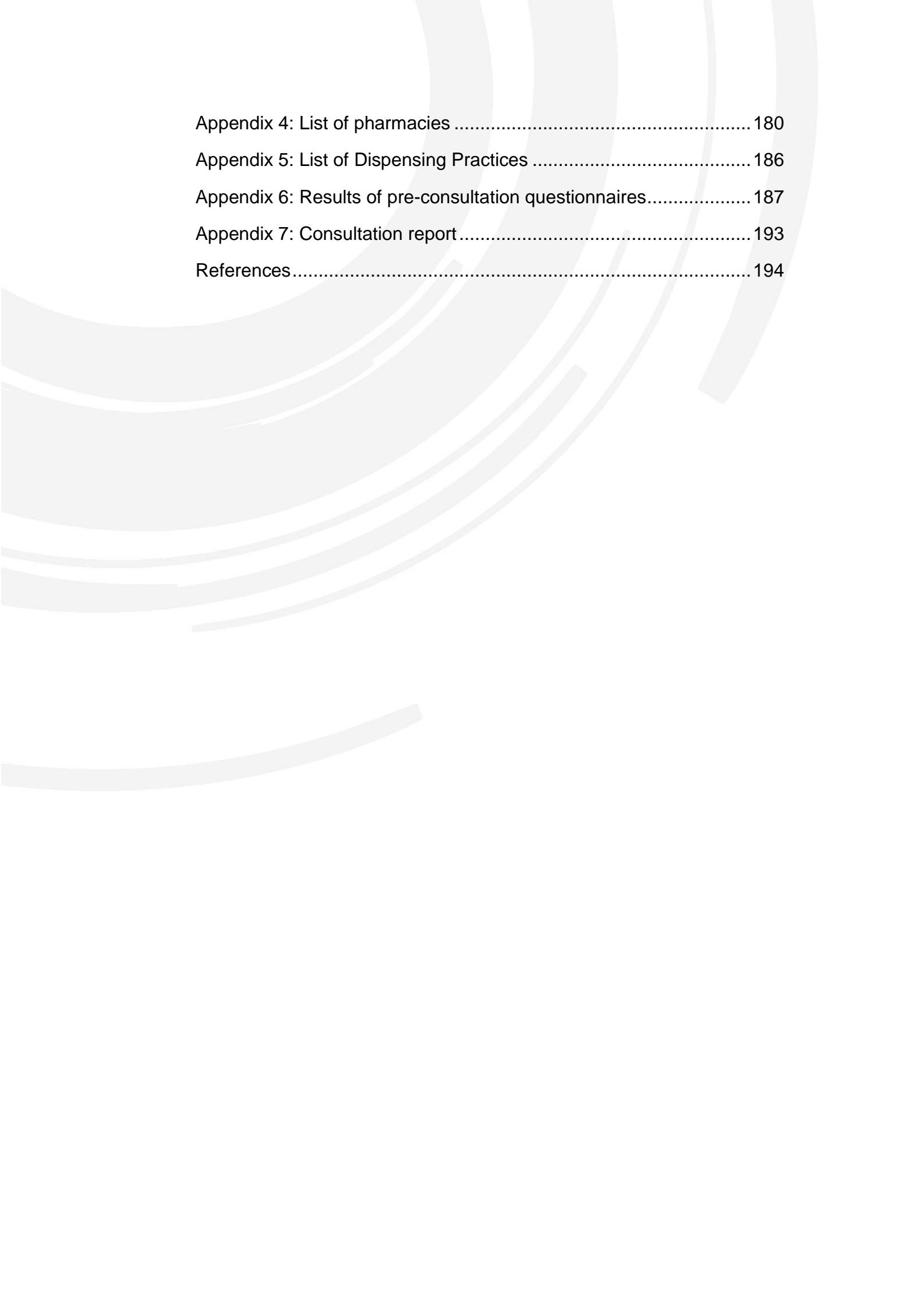
Contents

Acknowledgements	1
Executive Summary	3
I. Introduction	3
II. Process	3
III. Local context	4
IV. Key Findings	4
I. Provision of local pharmaceutical services	4
II. The role of pharmacy in improving the health and wellbeing of the local population	5
1 Introduction.....	6
Key messages:.....	6
1.1 What is a Pharmaceutical Needs Assessment?.....	6
1.2 What is the purpose of the PNA?.....	6
1.3 Legislative background.....	7
1.4 What are NHS pharmaceutical services?.....	8
1.5 Local pharmacy services.....	8
1.5.1 Public health services and enhanced services.....	9
1.5.3 Impact of Locally Commissioned Services by Local Authorities and CCGs	10
1.6 What are pharmaceutical lists?	10
1.7 What information will this PNA contain?.....	11
2 Process	12
Key messages:.....	12
2.1 Summary of the process followed in developing the PNA	12
2.2 Stakeholders involved in the development of the PNA.....	12
2.3 How stakeholders were involved.....	13
2.4 Localities used for considering pharmaceutical services..	13
2.5 Methods used for identifying providers of pharmaceutical services	14
2.6 Assessment of need for pharmaceutical services	14
2.7 Future PNAs and supplementary statements.....	14
3 Context for the Pharmaceutical Needs Assessment.....	14
Key Messages.....	14
3.1 Joint Strategic Needs Assessments.....	15
3.2 Lancashire Health and Wellbeing Board	15
3.3 Lancashire Clinical Commissioning Groups.....	16
3.4 Outcomes Frameworks	18
3.5 Locations in Lancashire.....	19
3.6 Characteristics of the population in Lancashire.....	22
3.6.1 Demography	22
3.6.2 Deprivation.....	25

3.6.3	Ethnicity	26
3.6.4	Health.....	26
4	Current Provision of NHS Pharmaceutical Services	28
	Key messages.....	28
	4.1 <i>Service Providers – numbers and geographical distribution.</i>	
	29
4.1.1	Community pharmacies	29
4.1.2	Dispensing GP practices.....	43
4.1.3	Distance selling pharmacies	45
4.1.4	Dispensing Appliance Contractors	45
4.1.5	Hospital pharmacies	45
4.1.6	Pharmacy services in prisons	46
4.1.7	Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) scheme	46
4.1.8	Comparison with findings in the 2011 PNA.....	47
4.1.9	Comparison with pharmaceutical service provision elsewhere	47
4.1.10	Results of questionnaires sent to pharmacies and dispensing GP practices.....	49
4.1.11	Considerations of service providers available.....	50
	4.2 <i>Accessibility</i>	63
4.2.1	Distance, travel times, and delivery services	63
4.2.2	Border areas	77
4.2.3	Opening hours: community pharmacies.....	78
4.2.4	Access for people with disabilities.....	95
	4.3 <i>Community Pharmacy Essential Services</i>	95
4.3.1	Public health campaigns	95
	4.4 <i>Advanced Services</i>	96
	4.5 <i>Enhanced Services</i>	97
	4.6 <i>Local Improvement Services</i>	97
5	Health Needs and Locally Commissioned Services	99
	Key messages.....	99
	5.1 <i>A focus on the role of community pharmacy in improving public health</i>	100
5.1.1	Local contributions to improving health and reducing inequalities	100

5.1.2	Evidence based approach.....	100
5.1.3	Opportunities for integrated care.....	100
5.1.4	Developing the workforce.....	101
	<i>5.2 What will this chapter discuss?</i>	<i>101</i>
5.2.1	Local health needs.....	101
5.2.2	Overview of local services.....	102
	<i>5.3 Smoking</i>	<i>103</i>
5.3.1	Local health needs.....	103
5.3.2	Local services	104
5.3.3	Consideration of services	105
	<i>5.4 Healthy weight.....</i>	<i>118</i>
5.4.1	Local health needs.....	118
5.4.2	Opportunities in local services	118
	<i>5.5 NHS Health Checks</i>	<i>119</i>
	<i>5.6 Sexual health</i>	<i>119</i>
5.6.1	Local health needs: Chlamydia	119
5.6.2	Local health needs: HIV/AIDS, gonorrhoea, syphilis and other conditions.....	120
5.6.3	Local services	120
5.6.4	Consideration of services offered.....	121
	<i>5.7 Emergency hormonal contraception (EHC).....</i>	<i>121</i>
5.7.1	Local health needs.....	121
5.7.2	Local services	121
5.7.3	Consideration of local services	122
	<i>5.8 Substance Misuse.....</i>	<i>135</i>
5.8.1	Local health needs - Alcohol.....	135
5.8.2	Local services – Alcohol.....	137
5.8.3	Local health needs - Drugs	137
5.8.4	Local services - Drugs.....	138
5.8.4.1	Local service: Dispensing services	138
5.8.4.2	Local service: Supervised consumption.....	139
5.8.4.3	Local Service: Needle and syringe exchange.....	139
5.8.5	Consideration of services offered – Alcohol & Drugs	139

5.9	<i>The health of older people</i>	139
5.9.1	Local health needs.....	139
5.9.2	Local services	140
5.10	<i>Long term conditions</i>	140
5.10.1	Long term conditions (LTCs) in Lancashire	141
5.11.2	Consideration of services offered	144
5.12	<i>Mental health</i>	145
5.12.1	Local Services	146
5.13	<i>Healthcare associated infections</i>	148
5.14	<i>Medication related harm</i>	149
5.14.1	Local health needs.....	149
5.14.2	Local services	149
5.14.3	Consideration of services	150
5.15	<i>Migration</i>	150
5.15.1	Local needs	150
5.15.2	Consideration of services offered	150
5.16	<i>Community Pharmacy Minor Ailments Service</i>	151
5.17	<i>Community Pharmacy Palliative Care Service</i>	152
5.17.1	"Just In Case" Palliative Care Service	152
5.18	<i>Community Pharmacy Healthy Start Service</i>	152
5.19	<i>Healthy Living pharmacies</i>	153
5.20	<i>Further opportunities</i>	156
6	Future Population Changes and Housing Growth	156
	Key messages.....	156
6.1	<i>Population changes in Lancashire</i>	157
6.2	<i>Housing growth</i>	159
6.3	<i>Growth during 2014 – 2026</i>	159
6.4	<i>Monitoring of housing developments and needs for pharmaceutical services</i>	171
6.4.1	Monitoring of housing developments	171
6.4.2	Factors to consider in relation to needs for pharmaceutical services	171
	Appendix 1: Legal requirements for PNAs	172
	Appendix 2: Characteristics of Localities.....	177
	Appendix 3: Methods used to identify providers.....	179
1.	Identification of pharmaceutical service providers.....	179
2.	Creation of maps.....	179



Appendix 4: List of pharmacies	180
Appendix 5: List of Dispensing Practices	186
Appendix 6: Results of pre-consultation questionnaires.....	187
Appendix 7: Consultation report	193
References.....	194

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DRAFT

Executive Summary

I. Introduction

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, Lancashire County Council PNA will be updated every three years.

This PNA describes the needs for the population of Lancashire county.

The PNA includes information on:

- Pharmacies in Lancashire and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Relevant maps relating to Lancashire and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Lancashire.
- Potential gaps in provision and likely future needs for the population of Lancashire.
- Potential opportunities relating to needs of the population.

II. Process

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In the process of undertaking the PNA the pan Lancashire steering group sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. A stakeholder event was held in March 2014.

A 60 day public consultation will be undertaken from 20 October 2014 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation will be reported and reflected in the final revised PNA report. Alongside the 60 day public consultation a further

stakeholder event will be held within Lancashire to promote the public consultation and identify views from key stakeholders.

III. Local context

The PNA for Lancashire is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Lancashire Joint Strategic Needs Assessment. This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA (<http://www.lancashire.gov.uk/corporate/web/?siteid=6101&pageid=35157&e=e>).

Lancashire consists of urban and rural areas. The health of people in Lancashire is varied compared with the England average. Deprivation is higher than average and about 18.2% (38,700) children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 9.9 years lower for men and 7.6 years lower for women in the most deprived areas of Lancashire than in the least deprived areas.

IV. Key Findings

I. Provision of local pharmaceutical services

Lancashire is well provided for by pharmaceutical service providers. This PNA has not identified a current need for new NHS pharmaceutical service providers within Lancashire.

There are 295 pharmacies in Lancashire and the number of pharmaceutical service providers per population is higher than in the previous PNA in 2010. The number of pharmaceutical service providers per population has also grown during the same period. In 2 out of the 3 localities (Central and East) the number of pharmacies per 100,000 people has increased since the last PNA (Central Lancashire increased from 20 per 100,000 population to 24, East Lancashire from 20 per 100,000 to 27 while North Lancashire stayed the same at 24 per 100,000 population). In Lancashire the number of pharmacies per 100,000 people is 31 compared to the England average of 22 and the average for the North West being 26.

Approximately 64% of pharmacies responded to the PNA questionnaire about service provision.

Review of the locations, opening hours and access for people with disabilities suggest there is adequate access to NHS Pharmaceutical Services in Lancashire. There appears to be good coverage in terms of opening hours across the county. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

ONS population projections do not show a substantial increase in Lancashire's population over the coming years, however, these projections do not take into account any future housing developments.

Lancashire's projected growth between 2014 and 2024 comes to approximately 2.8%, compared with a rise of 7.1% in England as a whole.

To ensure that pharmaceutical services are commissioned in line with population need, the Health and Wellbeing Board partners will monitor the development of major housing sites and if necessary provide supplementary statements in accordance with regulations.

II. The role of pharmacy in improving the health and wellbeing of the local population

Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services.

Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including motivational interviewing, providing information and brief advice, providing on-going support for behaviour change and signposting to other services.

Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

In Lancashire, commissioning of services from community pharmacy has been varied across the county and although work is on-going to try and standardise commissioned community pharmacy services, for some services inequalities do remain.

Three of the four Lancashire Stop Smoking Services (East, Central and West) have been using a pharmacy Nicotine Replacement Therapy (NRT) Voucher Scheme since 2009. The scheme has recently been extended to North Lancashire in 2014/15 and community pharmacies are currently being recruited to the scheme.

Of the pharmacies across Lancashire signed up to a local improvement service (LIS) agreements, 215 provide chlamydia testing and emergency hormonal contraception (EHC). It is advised to offer chlamydia screening when EHC is provided, since those requiring such contraception may also be at risk of infection.

Many pharmacies across the county provide dispensing for prescriptions issued for the management of substance misuse problems, supervised consumption of prescribed medication and needle and syringe exchange. Those pharmacies involved are contracted either by Lancashire County Council via the NHS Midlands & Lancashire Commissioning Support Unit (CSU) or by substance misuse treatment providers (depending on the locality).

A Lancashire Healthy Living pharmacy programme prospectus has been drawn up that local pharmacy contractors are invited to sign up to. Healthy Living pharmacy is an identified priority in the Local Professional Network (Pharmacy)(LPN) work plan and is accountable to the LPN for roll out and delivery of the plan.

In conclusion this Pharmacy Needs Assessment identifies that there is adequate service provision of pharmacies for the residents of Lancashire with a wide range of commissioned services available. This PNA does not identify any significant gaps in service provision. However, there may be potential opportunities relating to needs of the population.

1 Introduction

Key messages:

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities, and will be used by NHS England when making decisions on applications to open new pharmacies. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date.

This PNA describes the needs for the population of Lancashire County.

The PNA includes information on:

- Pharmacies in Lancashire and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Relevant maps relating to Lancashire districts and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Lancashire.
- Potential gaps in provision and likely future needs for the population of Lancashire.
- Potential opportunities relating to needs of the population.

1.1 What is a Pharmaceutical Needs Assessment?

The PNA is a structured approach to identifying unmet pharmaceutical need. It can be an effective tool to enable HWBs to identify the current and future commissioning of services required from pharmaceutical service providers. The Department of Health (DH) recently published an Information Pack to help HWBs undertake PNAs.ⁱ

1.2 What is the purpose of the PNA?

This PNA will serve several key purposes:ⁱⁱ

- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- It will help the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- It will inform interested parties of the pharmaceutical needs in Lancashire and enable work to plan, develop and deliver pharmaceutical services for the population.

- It will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

1.3 Legislative background

Section 126 of the NHS Act 2006 placed an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also described the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. The first PNAs were published by NHS Primary Care Trusts (PCTs) in line with the requirements in the 2006 Act. NHS East, Central and North Lancashire Trusts produced their PNAs in 2010.ⁱⁱⁱ

In 2012 the Health and Social Care Act was produced and superseded the NHS Act 2006. The 2012 Act established HWBs and transferred the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.^{iv}

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

The PNA must be published by the HWB by April 2015, and will have a maximum lifetime of three years. As part of developing their first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations^{iv} list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit

(FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners e.g., CCGs. It is extremely important that PNAs comply with the requirements of the regulations and are kept up to date by submitting supplementary statements when deemed necessary.

Primary Care Commissioning (PCC) has highlighted that failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following refusal by NHS England of their application to open new premises.^v

HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response. HWBs therefore need to establish systems that allow them to:ⁱⁱ

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by CCGs as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

1.4 What are NHS pharmaceutical services?

Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 include:^{iv}

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These are currently Medicines Use Reviews (MUR) and the New Medicines Service from community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.
- Enhanced services are commissioned directly by NHS England. These could include Seasonal Flu vaccination service, minor ailment services and palliative care / just in case services supporting end of life services.

1.5 Local pharmacy services

Local pharmacy services are services which are commissioned locally and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The 2013 regulations set out the enhanced services which may be commissioned from pharmacy contractors. It is important to note that the definition of 'Enhanced services' have changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by one organisation (PCTs) can now be

commissioned by at least three different organisations (CCGs, local authorities and NHS England) and the responsibility for commissioning some services is yet to be resolved.

1.5.1 Public health services and enhanced services

The changes to enhanced services are summarised in the following except from PCC8:

Public Health Services

The commissioning of the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- ***Needle and syringe exchange***
- ***Screening services such as chlamydia screening***
- ***Stop smoking***
- ***Supervised administration service***
- ***Emergency hormonal contraception services through patient group directions.***

Where such services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

<http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013>

In Lancashire these are called Local Improvement Services (LIS).

However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors where asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services.

Enhanced services

The following enhanced services may be commissioned by NHS England from 1 April 2013 in line with pharmaceutical needs assessments (PNAs) produced by PCTs up to 31 March 2013 and by Health and Wellbeing Boards (HWBs) thereafter:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service

- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service.

1.5.2 Clinical commissioning groups

CCGs now have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs involve clinicians in their area to ensure commissioned services are responsive to local needs. CCGs will be able to commission services from pharmacies but similar to public health services these services will be known as local services and then fall outside the definition of enhanced services.

1.5.3 Impact of Locally Commissioned Services by Local Authorities and CCGs

It is important to identify those services that fall within the definition of pharmaceutical services and those that do not, in order to identify needs for, or improvements or better access to, pharmaceutical services.

Although the PNA is primarily concerned with pharmaceutical services, the PNA takes into account other NHS services which are provided or arranged by the local authority, NHS England, a clinical commissioning group (CCG), an NHS trust or an NHS foundation trust in order to provide as complete a description of relevant services as possible and to avoid erroneously identifying gaps in provision.

1.6 What are pharmaceutical lists?

If a person (a pharmacist, a dispenser of appliances or in some circumstances and, normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled by NHS England. This is commonly known as the NHS 'market entry' system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a relevant list by generally proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to the applications to meet a need, such as applications for needs not foreseen in the PNA or to provide pharmaceutical service on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list:

- Pharmacy contractors: a person or body corporate who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.
- Dispensing appliance contractors: appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.

- Local pharmaceutical services (LPS) contractors also provide pharmaceutical services in some HWB areas.

1.7 What information will this PNA contain?

The information to be contained in the PNA is set out in Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013

This PNA includes information on:

- Pharmacies in Lancashire and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Relevant maps relating to Lancashire and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Lancashire.
- Potential gaps in provision and likely future needs for the population of Lancashire.
- Potential overprovision of services.

2 Process

Key messages:

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.^{iv}

In the process of undertaking the PNA the pan Lancashire steering group sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. A stakeholder event was held in March 2014.

A 60 day public consultation was undertaken from 20 October 2014 to 18 December 2014 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation was reported and reflected on in the final PNA report. Alongside the 60 day public consultation a further stakeholder event was held within Lancashire to promote the public consultation and identifying views from key stakeholders.

2.1 Summary of the process followed in developing the PNA

In developing the PNA for Lancashire information from the JSNA and Public Health sources were used to explore the characteristics of areas within the town and local health needs that may be addressed through pharmaceutical services. The current provision of such services is described.

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were duly considered. An extract of part of these regulations can be found in Appendix 1.

2.2 Stakeholders involved in the development of the PNA

A pre-consultation exercise was carried out across Pan Lancashire in March 2014 to seek and take into account views from a range of key stakeholders to form the first draft of the PNA. Key partners were consulted to seek their views and get initial feedback for the proposals to be set out in the draft PNA.

The list of stakeholders consulted included the following groups:

- Lancashire Health and Wellbeing Board members
- The Local Pharmacy Professional Network (LPN)
- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- Persons on the pharmaceutical list
- Healthwatch
- NHS trusts and NHS foundation trusts in the area.

- NHS England
- Commissioners of pharmaceutical services

2.3 How stakeholders were involved

A pan Lancashire steering group was convened and met on a monthly basis during the development of the PNA (see Acknowledgements for list of steering group members). The steering group held a pre consultation event and engaged with key stakeholders.

Questionnaires relating to service provision were sent out to all pharmacies in Lancashire. As part of the PNA process, Lancashire has worked with the two Lancashire unitary authorities (Blackburn with Darwen and Blackpool) to develop the PNA within Lancashire and we have informed all neighbouring HWBs that the PNA is in development. Lancashire HWB has the following neighbouring HWB who have been informed.

Sefton	Cumbria	Knowsley	St Helens
Wigan	Bury	Rochdale	Bolton
Calderdale	North Yorkshire	Blackpool	Blackburn with Darwen

Local Healthwatch in Lancashire (<http://healthwatchlancashire.co.uk/>) were commissioned to seek the views of the public and their experiences of using pharmaceutical services through a variety of engagement methods including focus groups, online surveys and questionnaires. The wider public in Lancashire and other interested parties are being informed of the PNA and their views on the PNA will be sought through a formal 60 day consultation running from 20 October to 18 December 2014. A stakeholder event will be held in October with a wide range of stakeholders to launch the consultation period of the draft PNA. At the stakeholder event people will be directed to the Lancashire HWB website to review the full PNA.

After the consultation period is completed, feedback gathered from members of the public and stakeholders will be reflected in a Consultation Report which will be an Appendix to the final PNA. The Consultation Report will also be made available on the Lancashire Health and Wellbeing Board website.

2.4 Localities used for considering pharmaceutical services

The PNA regulations requires the PNA to define 'localities' to use during this process.

For the purpose of the Lancashire PNA the county is considered in terms of its 12 districts and across 3 localities (Central, East and North) which were selected to support local decision making that takes into account the needs for the population in these areas; also see section 3.5. Characteristics of localities are further described in Appendix 2.

2.5 Methods used for identifying providers of pharmaceutical services

The methods used for identifying providers of pharmaceutical services and creation of maps are described in Appendix 3.

2.6 Assessment of need for pharmaceutical services

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:^{iv}

- The size and demography of the population across Lancashire.
- Whether there is adequate access to pharmaceutical services across Lancashire
- Different needs of different localities within Lancashire.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Lancashire.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Lancashire.
- Whether further provision of pharmaceutical services in Lancashire would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

2.7 Future PNAs and supplementary statements

The HWB has a responsibility to keep the PNA up to date through publishing supplementary statements when appropriate as guided by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

After the PNA is published, the HWB will publish a statement of any changes in the provision of pharmaceutical services in its localities by way of a supplementary statement, where appropriate. On behalf of the HWB the Director of Public Health will take the lead responsibility for PNAs and producing any supplementary statements. The PNA will be updated every three years.

3 Context for the Pharmaceutical Needs Assessment

Key Messages

The PNA for Lancashire is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described on the Lancashire Joint Strategic Needs Assessment pages on the Lancashire County Council website. This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA pages.

<http://www.lancashire.gov.uk/corporate/web/?siteid=6101&pageid=35157&e=e>

Lancashire consists of urban and rural areas. The health of people in Lancashire is varied compared with the England average. Deprivation is higher than average and about 18.2% (38,700) children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 9.9 years lower for men and 7.6 years lower for women in the most deprived areas of Lancashire than in the least deprived areas.

3.1 Joint Strategic Needs Assessments

Lancashire's JSNA provides an online platform for intelligence to inform priority setting and commissioning for health and wellbeing which includes intelligence about indicators of health, wellbeing and social care, but also the determinants of health such as employment, the environment, community safety and social capital. ^{vi}The JSNA is integrated with Lancashire Profile and within the County Council's corporate research and intelligence function so there are good links across a wide partnership of intelligence professionals. Joint working arrangements are in place to maintain and develop the content of the web pages.

The JSNA team undertakes thematic analyses to identify strategic health needs to inform commissioning decisions. These analysis are determined by the annual programme of work set by the Health and Wellbeing Board's Joint Officer Group. Lancashire's JSNA is viewed as a process rather than a document so that the most up to date information is available as widely as possible to inform decision making.



The Lancashire County Council website publishes all the local JSNA reports and supporting documentation, including an annual JSNA summary and specific topic area reports for the local areas.

<http://www.lancashire.gov.uk/corporate/web/?siteid=6101&pageid=35157&e=e>

3.2 Lancashire Health and Wellbeing Board

The Lancashire Health and Wellbeing Board is a forum for key leaders from the health and care system in Lancashire to work together to improve the health and wellbeing of the local population and reduce health inequalities.^{vii}

Board members work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and their local council in the future.

It is the responsibility of the Health and Wellbeing Board to:

- To identify the priority health and wellbeing needs in our area (using the Joint Strategic Needs Assessment)
- To set priorities based on information gathered from across Lancashire
- To promote integrated commissioning and provision of services by encouraging partnership working.

The work of the Board is guided by the Lancashire Health and Wellbeing strategy.

The strategy includes:

- Three goals the Board want to achieve by 2020
- Six changes to the way of work – the key shifts that will make a difference
- Three programmes of interventions to be delivered by April 2016 to start to achieve the Board's outcomes

The 3 goals of the strategy are by 2020 to deliver:

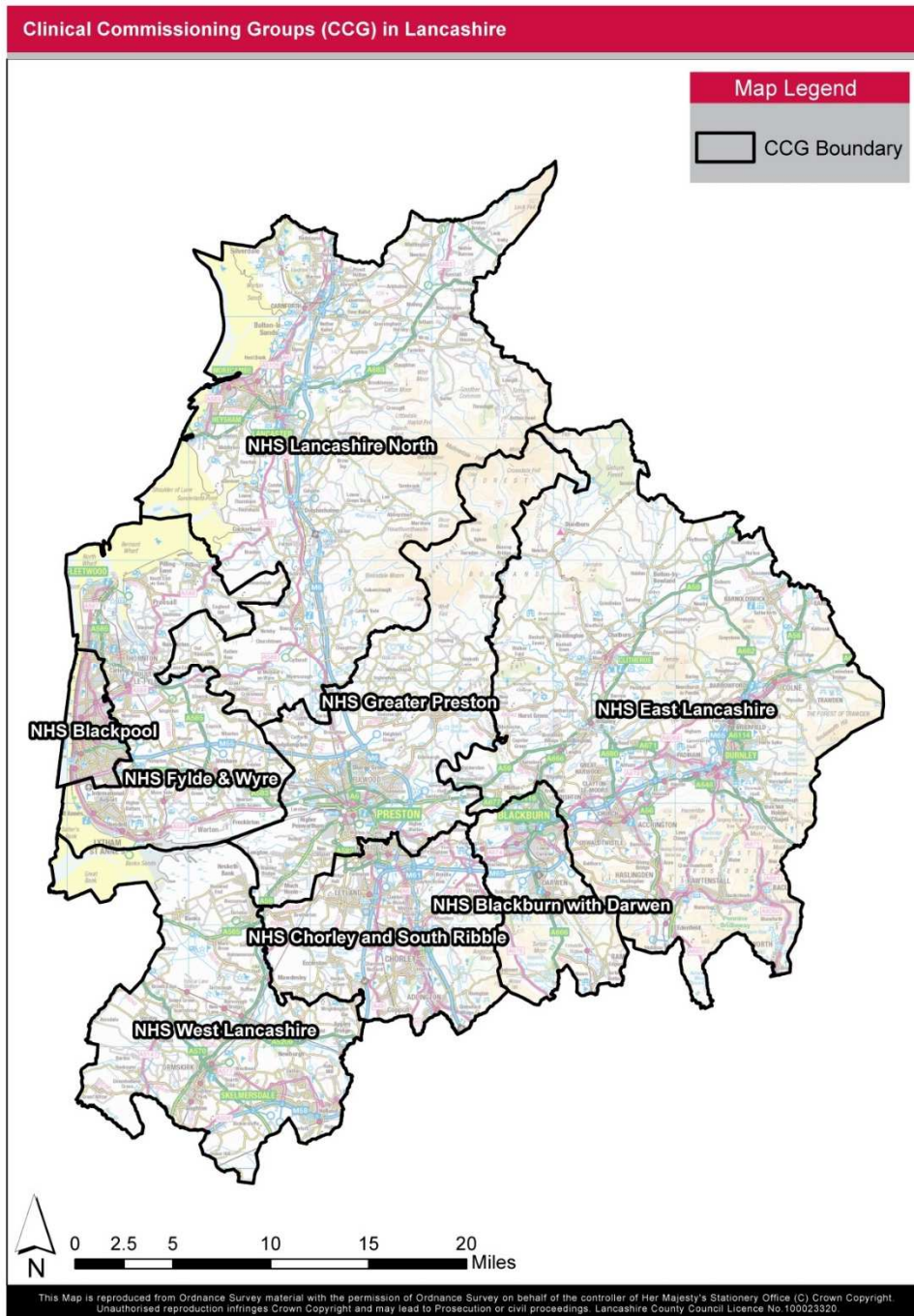
1. Better health – we will improve healthy life expectancy, and narrow the health gap
2. Better care – we will deliver measurable improvements in people's experience of health and social care services
3. Better value – we will reduce the cost of health and social care

3.3 Lancashire Clinical Commissioning Groups

Within Lancashire there are six Clinical Commissioning Groups (CCGs): NHS Chorley & South Ribble, NHS East Lancashire, NHS Fylde & Wyre, NHS Greater Preston, NHS Lancashire North and NHS West Lancashire; table 1 outlines their priorities. Map 1 shows the location of all the CCGs in Lancashire, including Blackburn with Darwen and Blackpool CCGs.

Fylde & Wyre CCG	West Lancashire CCG	Lancashire North CCG	East Lancashire CCG	Chorley & South Ribble CCG and Greater Preston CCG (joint priorities)
<p>Cancer</p> <p>Children & maternity</p> <p>End of life</p> <p>Learning disabilities</p> <p>Long term conditions</p> <p>Mental health & dementia</p> <p>Planned care</p> <p>Urgent care</p>	<p>Right care, right time, safely delivered</p> <ul style="list-style-type: none"> • planned care • urgent care • end of life <p>Preventing people from dying prematurely</p> <ul style="list-style-type: none"> • cardiovascular disease • cancer <p>Integrated working for better patient experience, safety and quality of life and reduced inequalities</p> <ul style="list-style-type: none"> • diabetes • respiratory disease • dementia • mental health • alcohol • children, young people and families 	<p>Improve the health of our population and reduce inequalities in health</p> <p>Reduce premature deaths from a range of long term conditions with a specific focus on cancer and cardiovascular disease</p> <p>Develop care services closer to home</p> <p>Commission safe, sustainable and high quality hospital care</p> <p>Improve the capacity and capability of our primary care services to respond to the changing health needs of our population</p>	<p>Access to urgent care</p> <p>Developing primary care services</p> <p>Developing services to avoid unplanned admission to hospital</p> <p>Redesigning pathways of care in areas for services such as stroke and diabetes</p> <p>Work to improve access to mental health services</p> <p>Work to develop dementia care services</p>	<p>Heart disease and stroke</p> <p>Cancer</p> <p>Mental health</p> <p>Dementia</p> <p>Long term conditions (such as diabetes)</p> <p>End of life care</p>
http://www.fyldeandwyreccg.nhs.uk/publication				
http://www.westlancashireccg.nhs.uk/what-we-do/our-priorities/				
http://www.lancashirenorthccg.nhs.uk/about-us/priorities/				
http://www.eastlancscg.nhs.uk/about-us/mission-values-aims-priorities/				
http://www.chorleysouthribbleccg.nhs.uk/				
http://www.greaterprestonccg.nhs.uk/				

Map 1. CCGs in Lancashire



3.4 Outcomes Frameworks

In addition to local priorities there are national priority areas for improvement in health and wellbeing. The Department of Health has published outcomes frameworks for the NHS, CCGs, Social Care, and Public Health which offer a way of measuring progress towards

achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2013-2016 sets out desired outcomes for public health, focussing on two high-level outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

To support these outcomes a set of public health indicators have been developed to monitor progress year on year. These indicators have been split into four domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

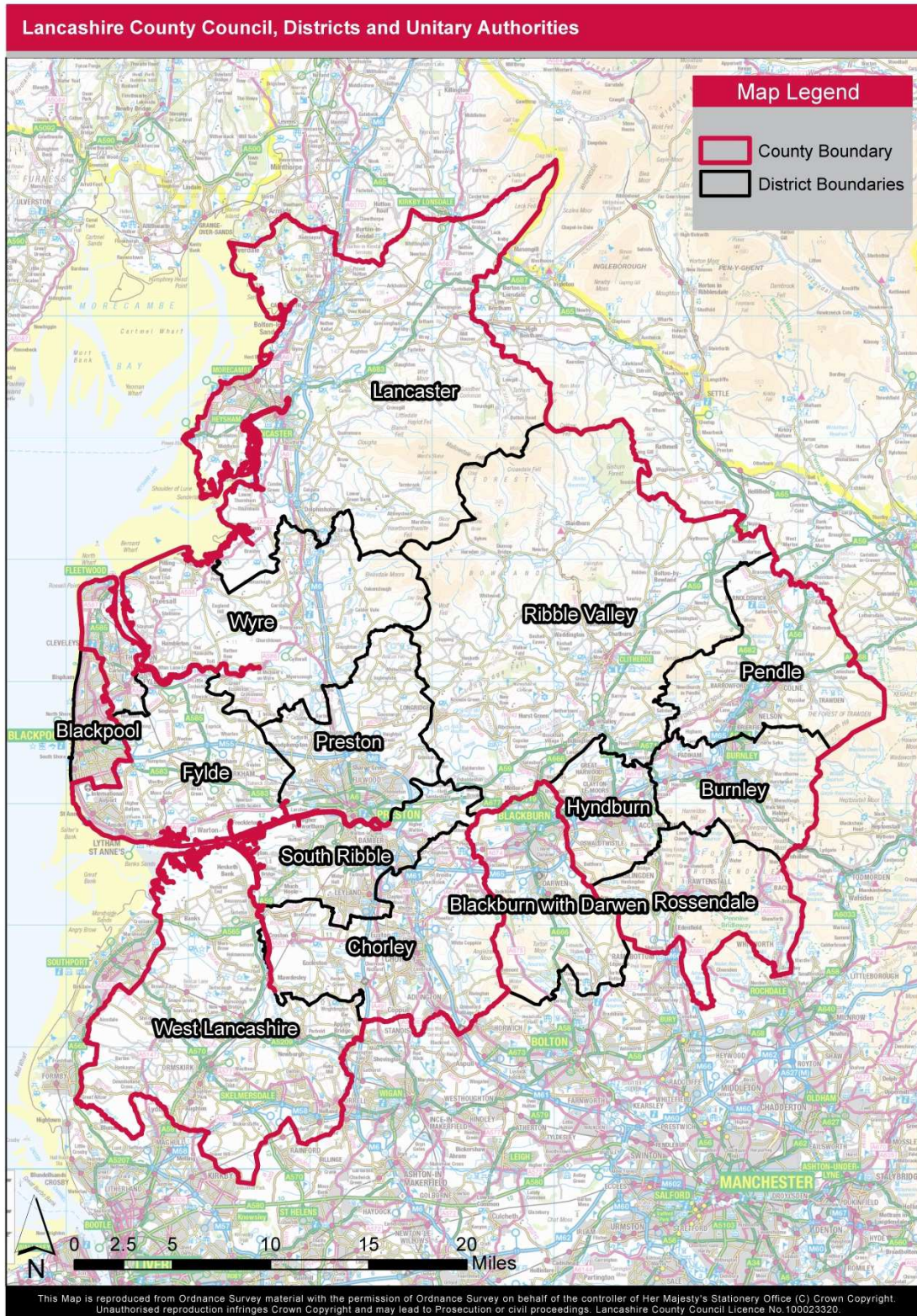
3.5 Locations in Lancashire

In Lancashire there are 12 district councils. Map 2 shows the 12 districts and the 2 unitary authorities. The districts in Lancashire are aligned to localities as follows:

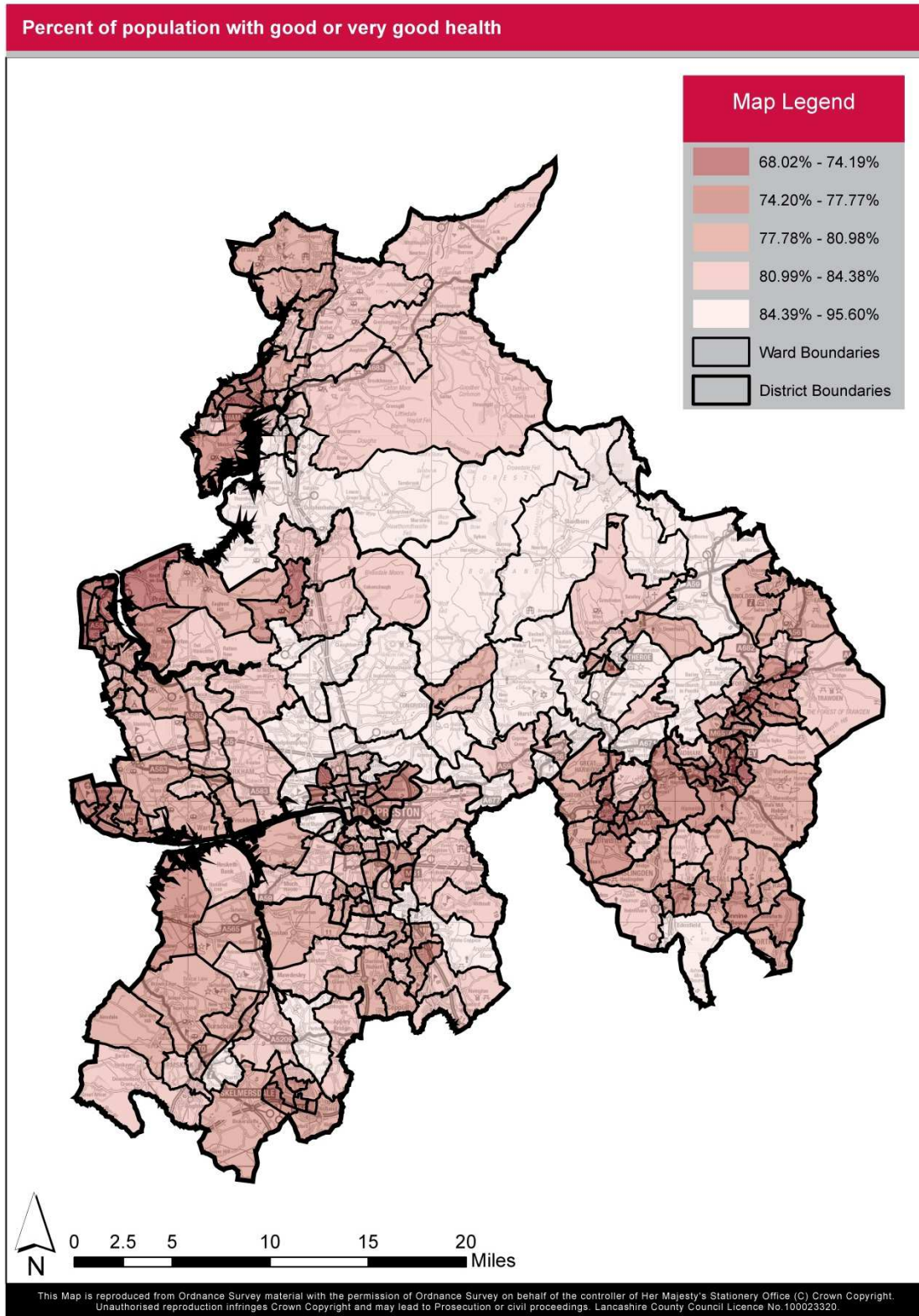
- **Central locality** – Districts of Chorley, Preston, South Ribble and West Lancashire
- **East locality** – Districts of Burnley, Hyndburn, Pendle, Rossendale and Ribble Valley
- **North locality** – Districts of Fylde, Lancaster and Wyre

The health of people in Lancashire is varied compared with the England average. Deprivation is higher than average and about 39,200 children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 10.3 years lower for men and 7.6 years lower for women in the most deprived areas of Lancashire than in the least deprived areas.^{viii} There are differences in health care across Lancashire and, as one example, map 3 shows the proportion of the population in different parts of Lancashire who reported good or very good health in 2011 Census.

Map 2. Districts in Lancashire



Map 3. Percentage of population reporting good or very good health, by ward, 2011 Census



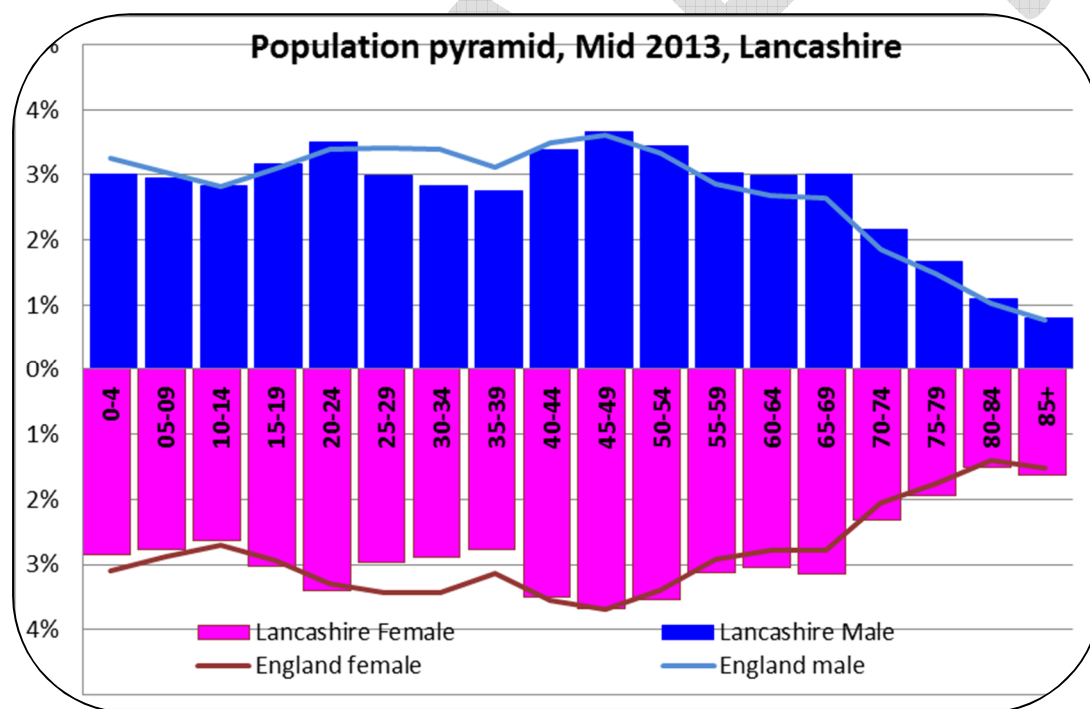
3.6 Characteristics of the population in Lancashire

3.6.1 Demography

The mid 2013 population estimate of Lancashire was approximately 1,180,076 people^{ix}, figure 1a shows the age and gender profile of the population of Lancashire. The age composition of the population varies by district, for example Wyre has more people aged 65 years or older compared to other areas in the county^{ix} (map 4).

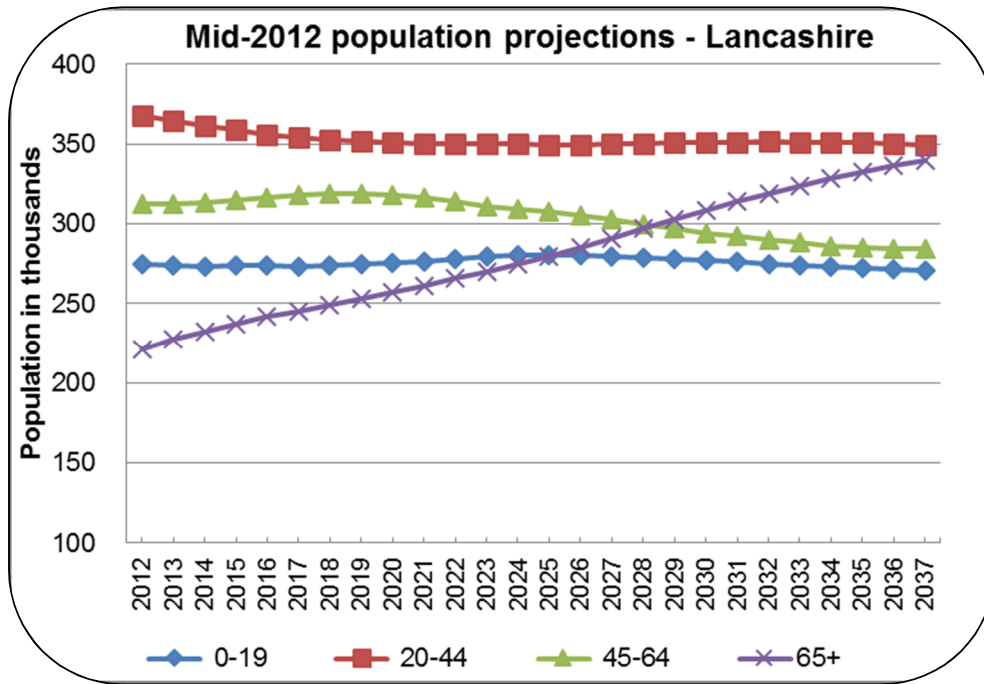
The population is not forecast to increase substantially in the coming years, with a projection of approximately 3% increase in the Lancashire population over the next ten years^x. The biggest increases are seen in the age group of 65+ years, with a projection of a 18% increase over the next ten years and 41% increase over the next 20 shows the population projection in various age groups. There are also several major housing developments underway across Lancashire as part of the Preston, South Ribble and Lancashire City Deal. The impact of this population growth on pharmaceutical needs is discussed in Chapter 6 of the PNA.

Figure 1a. Population pyramid for Lancashire, mid 2013



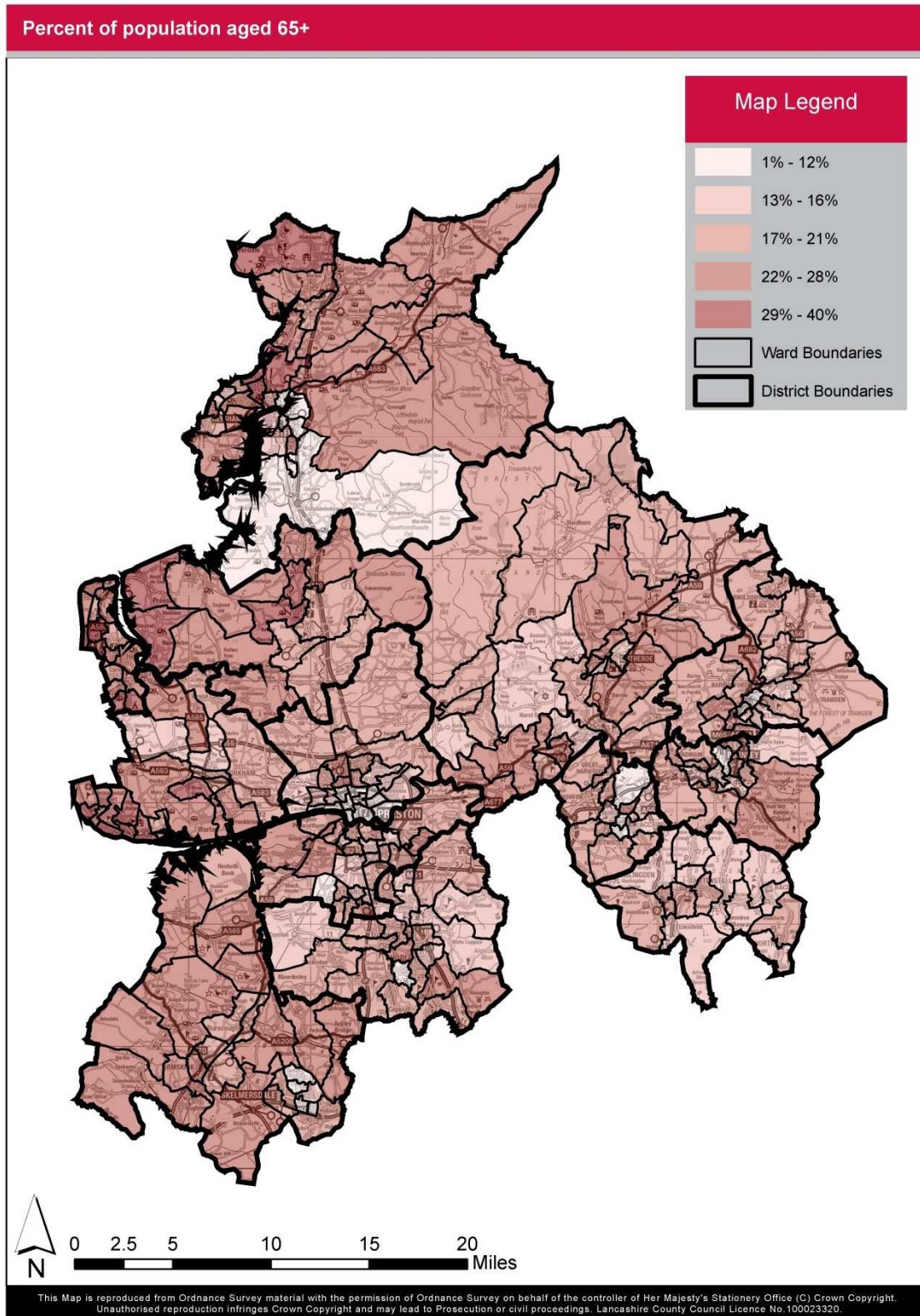
Source: ONS Mid 2013 population estimates, <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-322718>

Figure 1b: Mid-2012 population projections by age group



Source: ONS Population Projections

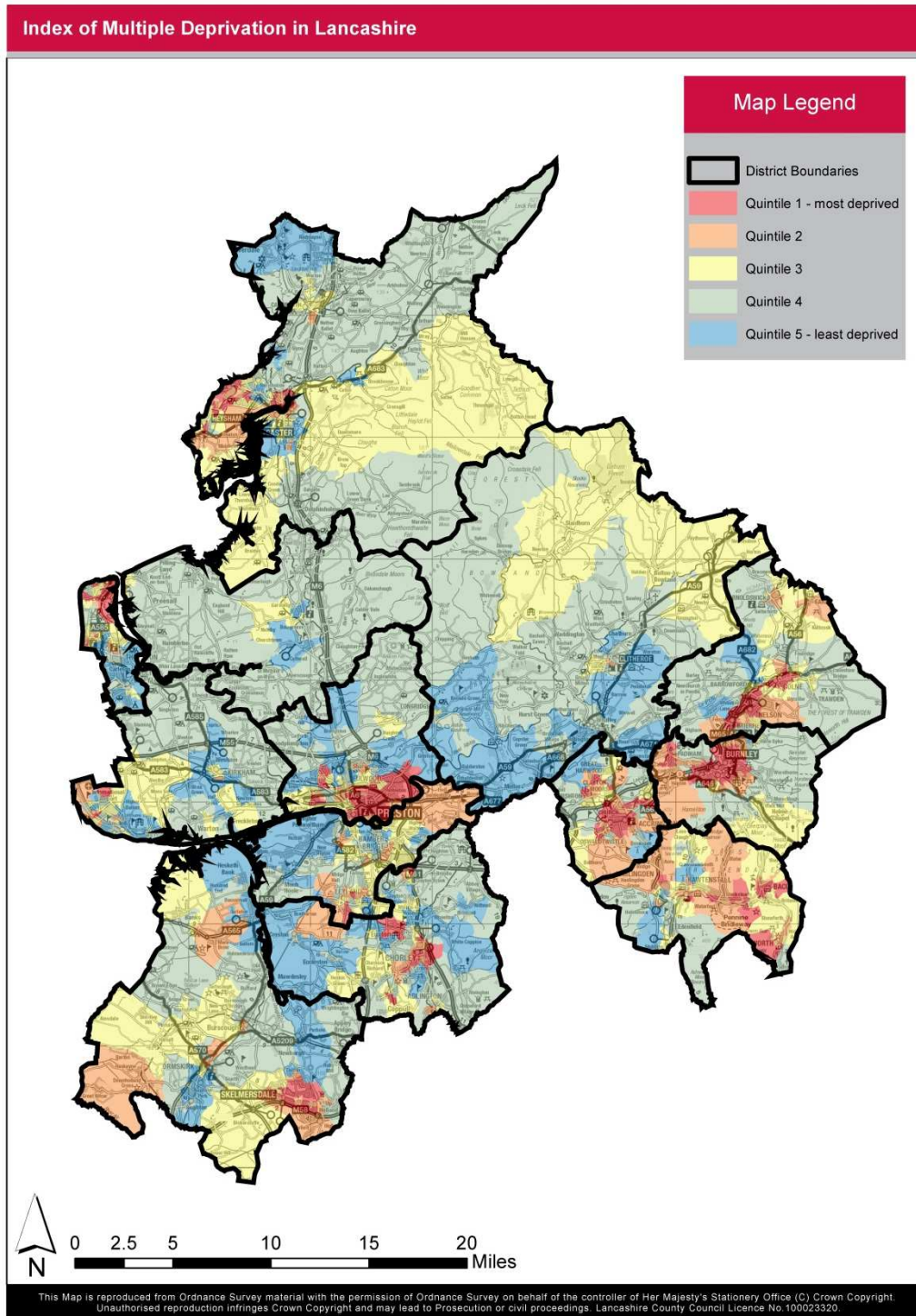
Map 4. Percentage of population aged 65 or above, by ward, 2011 Census



3.6.2 Deprivation

Pockets of deprivation are found in all the districts apart from Ribble Valley. Map 5 shows Lancashire's Lower Super Output Areas shaded according to the national quintile of deprivation they belong to.

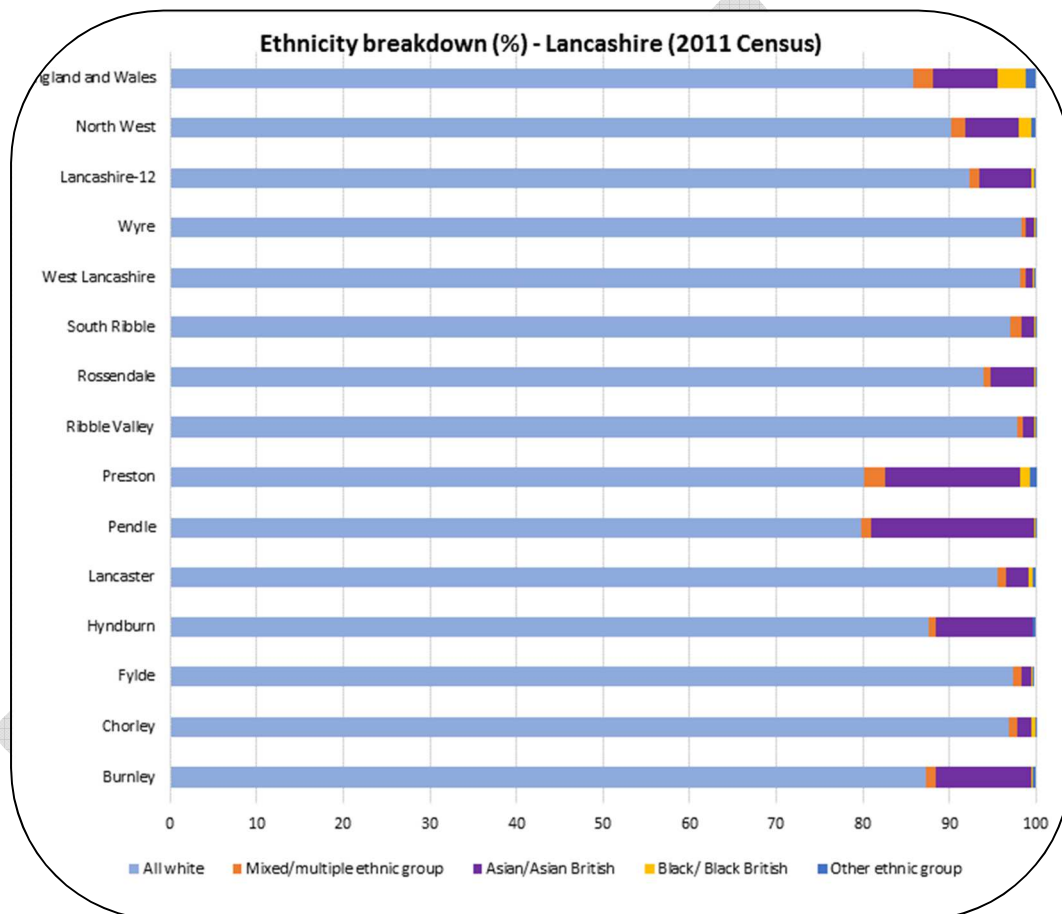
Map 5. Deprivation in Lancashire



3.6.3 Ethnicity

The largest ethnic group is white (92%). The black minority ethnic group makes up 7.7% of the population, the majority of this group are Asian/Asian British. Numerically, there are over 90,000 black minority ethnic people in the county. In 2001 the BME population was just over 5% of the population. Since then, the number of BME residents has increased by almost 30,000, a growth rate of around 50%. Pendle and Preston have the highest proportion of BME residents at around 20% of the population^{xi}.

Figure 2: Ethnic composition of Lancashire population (2011 Census)



Source: ONS, 2011 Census

3.6.4 Health

Public Health England's annual Health Profiles give a snapshot of the overall health of each local authority and district in England. The profiles present a set of important health indicators that show how each area compares to the national average in order to highlight potential problem areas. Lancashire's Health Profile 2014 highlights a number of areas where Lancashire is significantly worse than the national average, including premature mortality, smoking related deaths and alcohol related hospital admissions.^{viii} The district profiles also highlight the differing health priorities there are across Lancashire and an interactive tool shows

4 Current Provision of NHS Pharmaceutical Services

Key messages

Lancashire is well provided for by pharmaceutical service providers. This PNA has not identified a current need for new NHS pharmaceutical service providers in Lancashire. There are 295 pharmacies overall in Lancashire, representing almost a 9% growth in the number of providers, up from 271 since the last publication of the PNAs in 2011.

The previous PNAs covered separate areas:

- Central Lancashire (117 pharmacies currently, from 106)
- East Lancashire (103 pharmacies currently, from 90)
- North Lancashire (75 pharmacies currently, the same as last time)

Central Lancashire

The number of pharmaceutical service providers per population has grown during the same period. The last PNA showed that there were 20 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. There are now 24 pharmaceutical service providers per 100,000 registered population in Lancashire, with the average in England being 22 and the average for the North West being 26.

East Lancashire

The number of pharmaceutical service providers per population has grown during the same period. The last PNA showed that there were 20 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. There are now 27 pharmaceutical service providers per 100,000 registered population in Lancashire, with the average in England being 22 and the average for the North West being 26.

North Lancashire

The number of pharmaceutical service providers per population has remained the same during the same period. The last PNA showed that there were 24 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. There are now 24 pharmaceutical service providers per 100,000 registered population in Lancashire, with the average in England being 22 and the average for the North West being 26.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical Services in Lancashire. There appears to be good coverage in terms of opening hours across the county. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

Community pharmacies and pharmacists can have an impact on the health of the population by contributing to the safe and appropriate use of medicines.

This chapter describes the current provision of NHS pharmaceutical services, which were explained in Chapter 1: Introduction and are defined in the Pharmaceutical Regulations.^{iv}

This chapter also includes a description of the number and locations of community pharmacies. The levels of provision of pharmaceutical services locally are compared with provision elsewhere.

4.1 Service Providers – numbers and geographical distribution

This PNA identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until June 2014. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: www.nhs.uk/service directories/Pages/ServiceSearch.aspx

4.1.1 Community pharmacies

There were a total of 295 community pharmacies within Lancashire as of 01/06/14. The names of the community pharmacies within Lancashire are listed in Appendix 4 and their locations shown in maps 6 to 17.

Central Lancashire

There are 117 pharmacies across Central Lancashire, an increase from 106 in the previous PNA. These are broken down:

- 40 Hours Contract – 95
- 40 Hours Contract (ESPLPS) - 1
- 100 Hours Contracts – 17
- Distance-selling Contracts – 4

Maps 6 to 9 show community pharmacies and GP practices in the 4 Central Lancashire districts and over the border pharmacies within 2 mile buffer.

East Lancashire

There are 103 pharmacies across East Lancashire, an increase from 90 in the previous PNA. These are broken down:

- 40 Hours Contract – 79
- 40 Hours Contract (ESPLPS) - 1
- 100 Hours Contracts – 17
- Distance-selling Contracts – 6

Maps 10 to 14 show community pharmacies and GP practices in the 5 East Lancashire districts and over the border pharmacies within 2 mile buffer.

North Lancashire

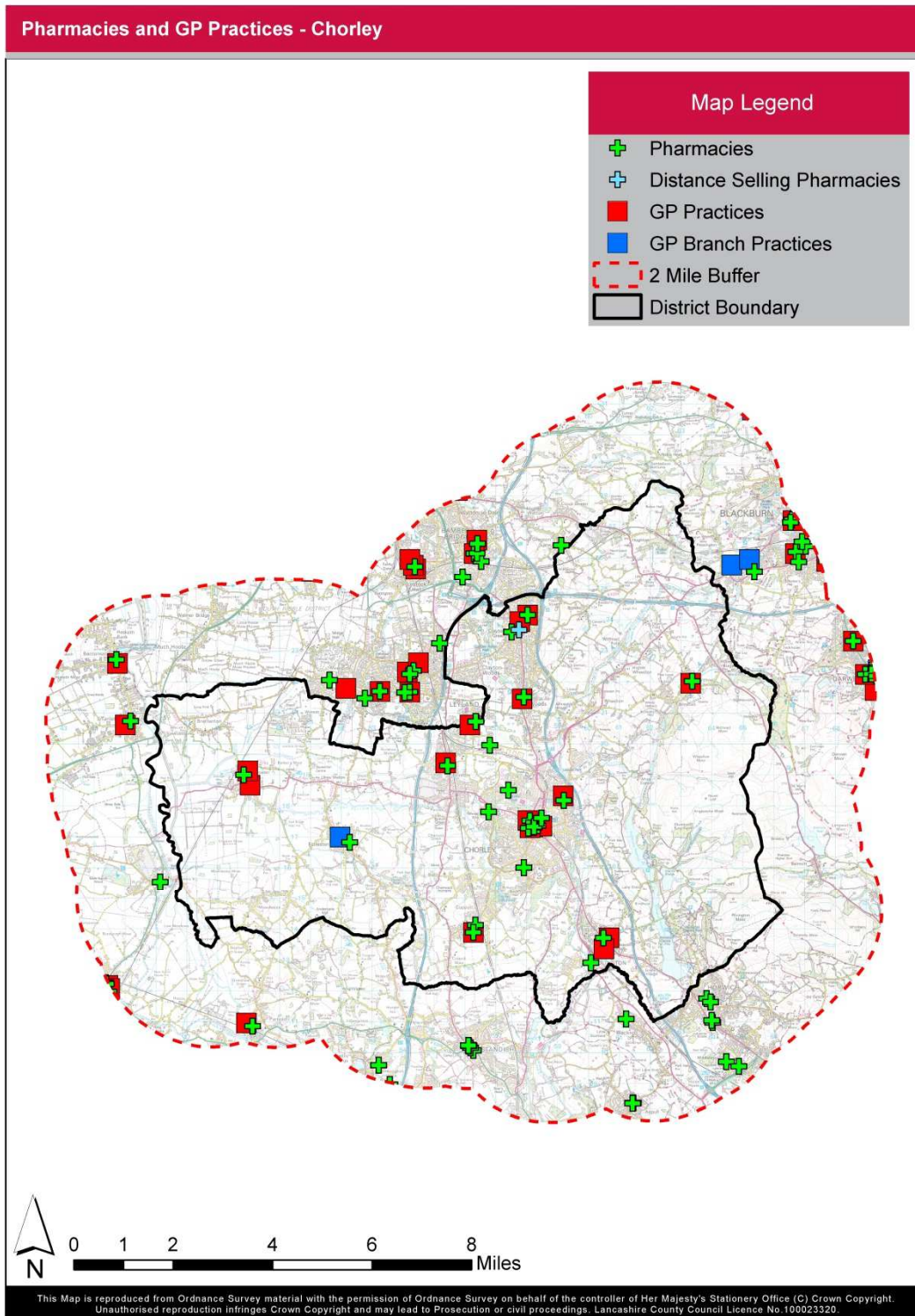
There are 75 pharmacies across North Lancashire, the same number as in the previous PNA. These are broken down:

- 40 Hours Contract – 68
- 35 Hours Contract (ESPLPS) - 1
- 100 Hours Contracts – 6

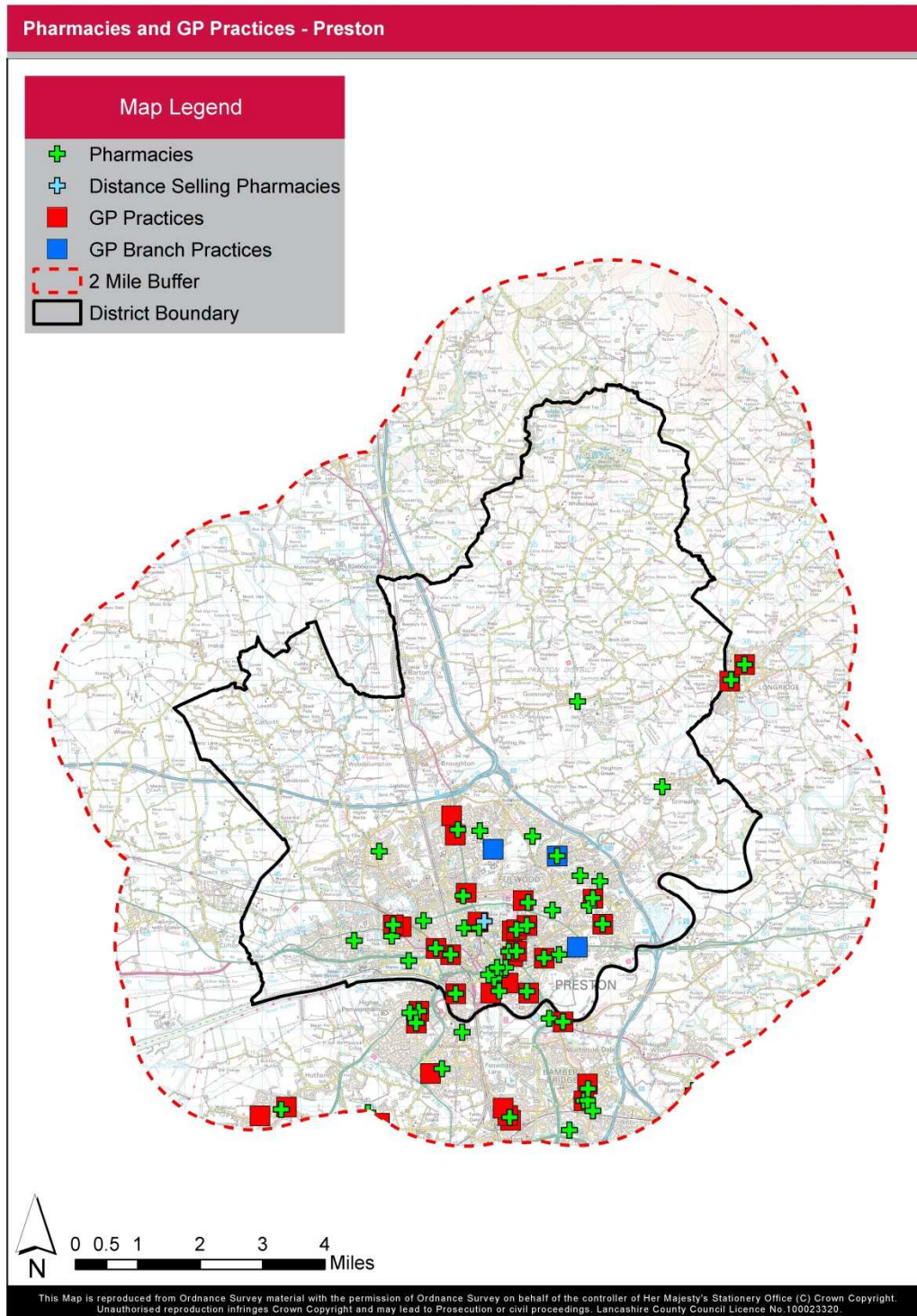
Maps 15 to 17 show community pharmacies and GP practices in the 3 North Lancashire districts and over the border pharmacies within 2 mile buffer.

DRAFT

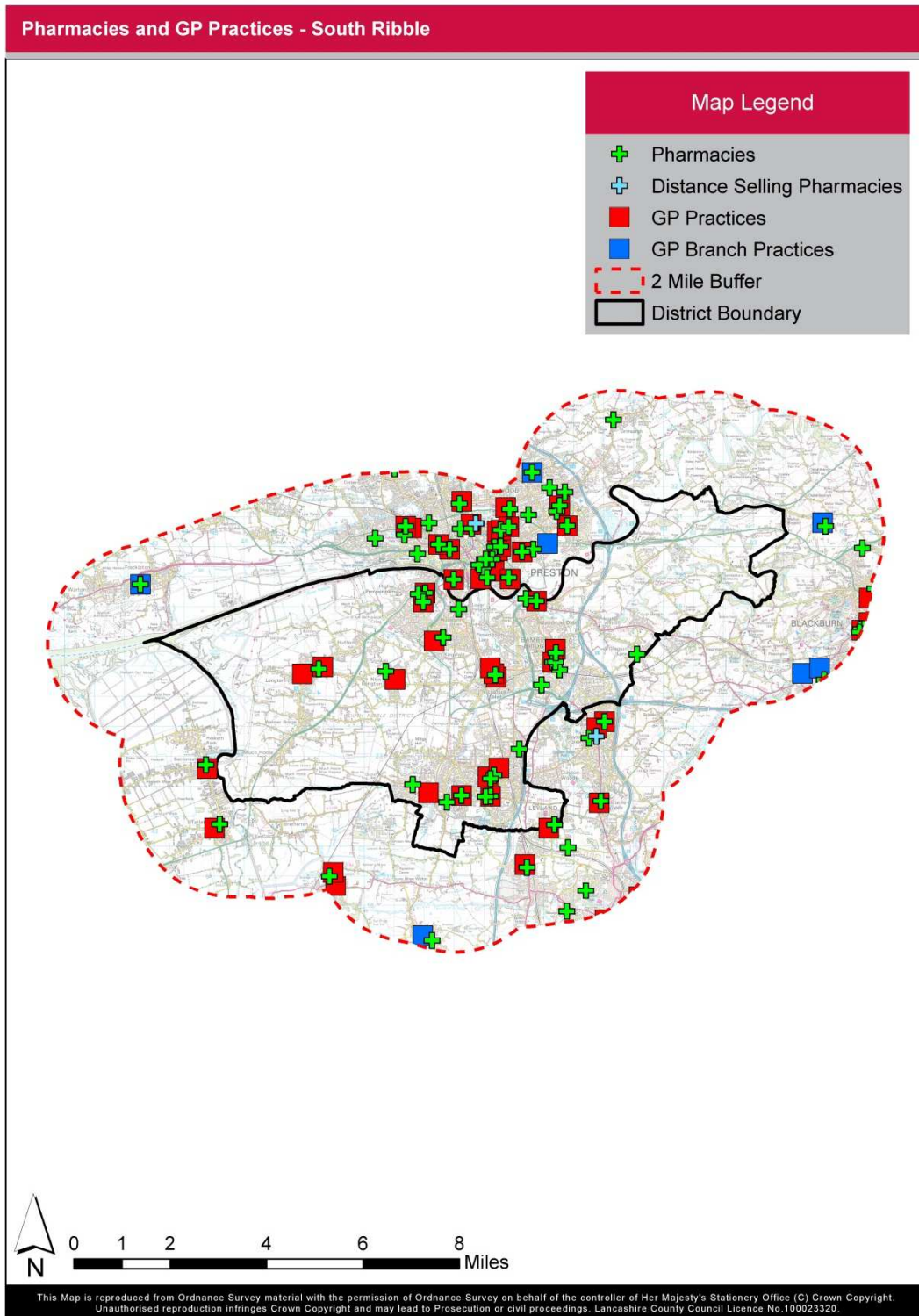
Map 6. Community pharmacies and GP practices in Chorley and over the border pharmacies within 2 mile buffer (Central locality)



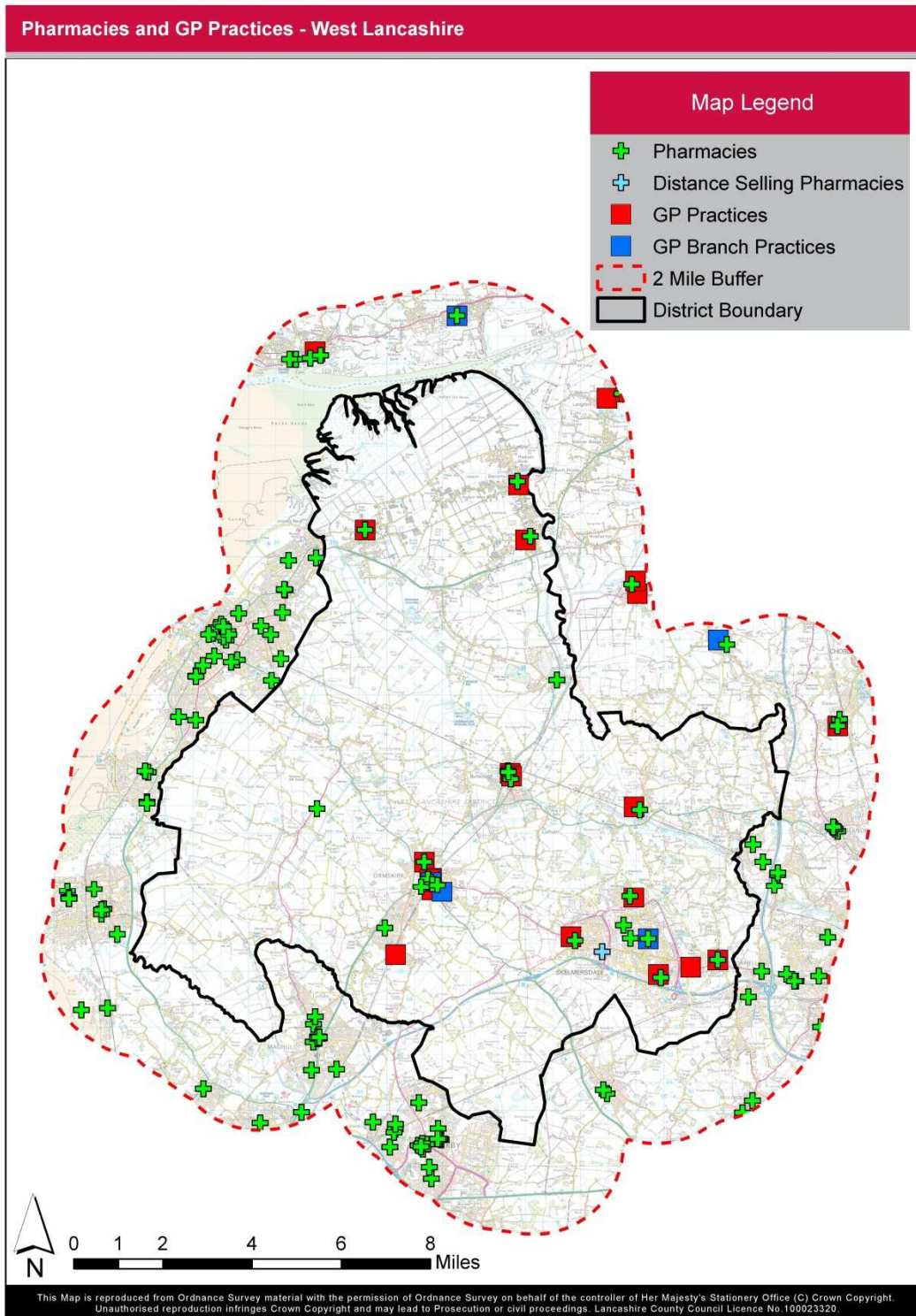
Map 7. Community pharmacies and GP practices in Preston and over the border pharmacies within 2 mile buffer (Central locality)



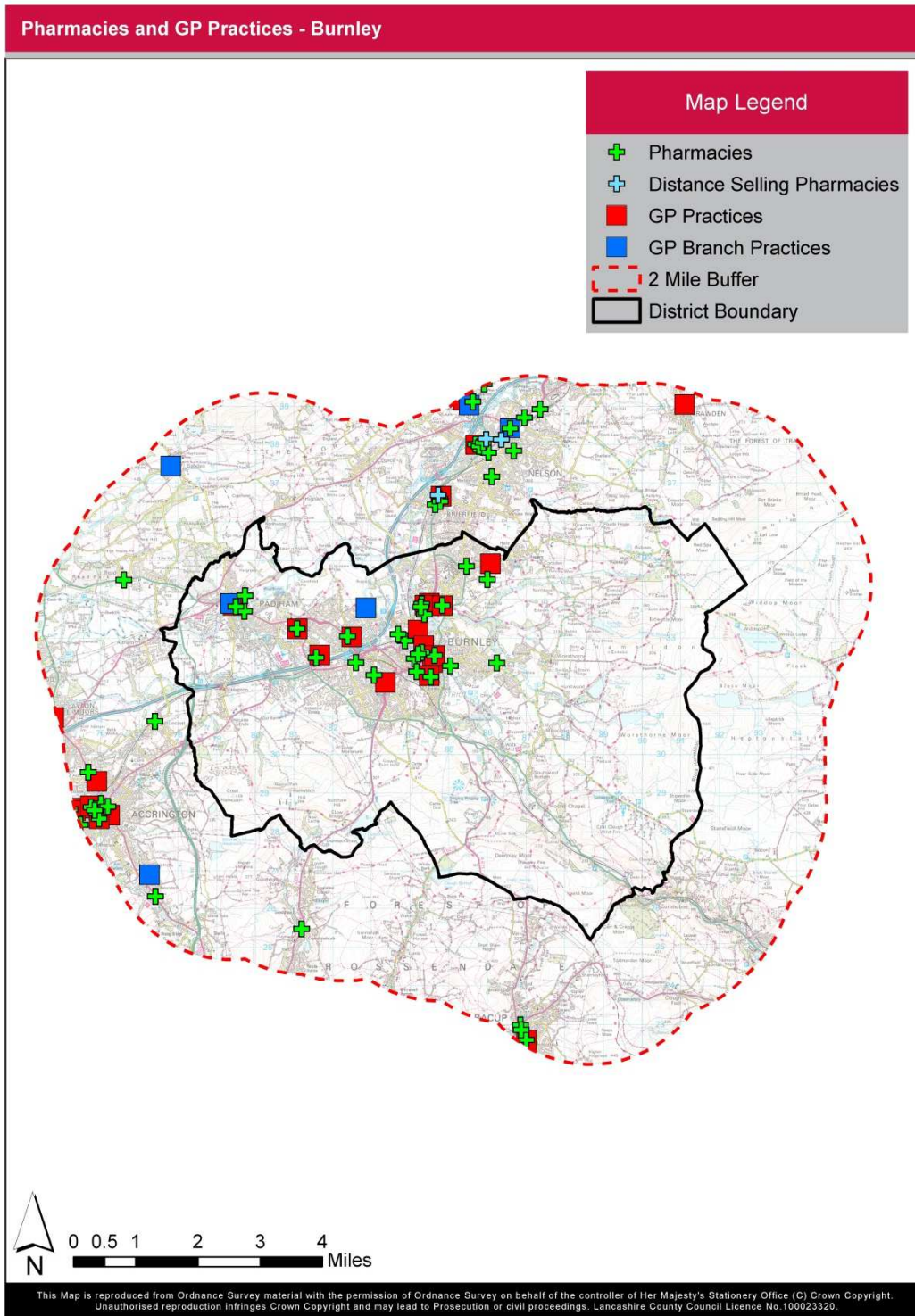
Map 8. Community pharmacies and GP practices in South Ribble and over the border pharmacies within 2 mile buffer (Central locality)



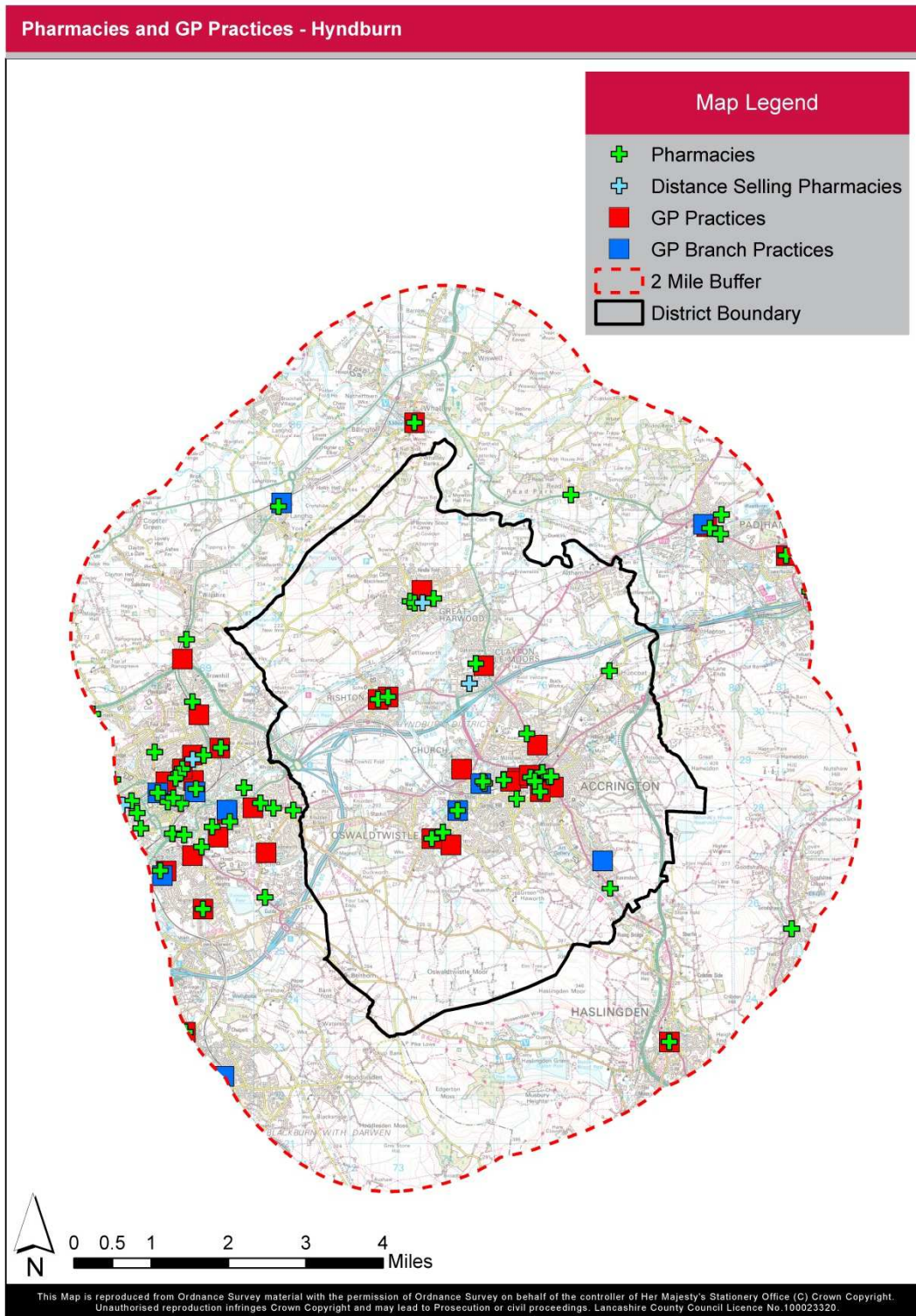
Map 9. Community pharmacies and GP practices in West Lancashire and over the border pharmacies within 2 mile buffer (Central locality)



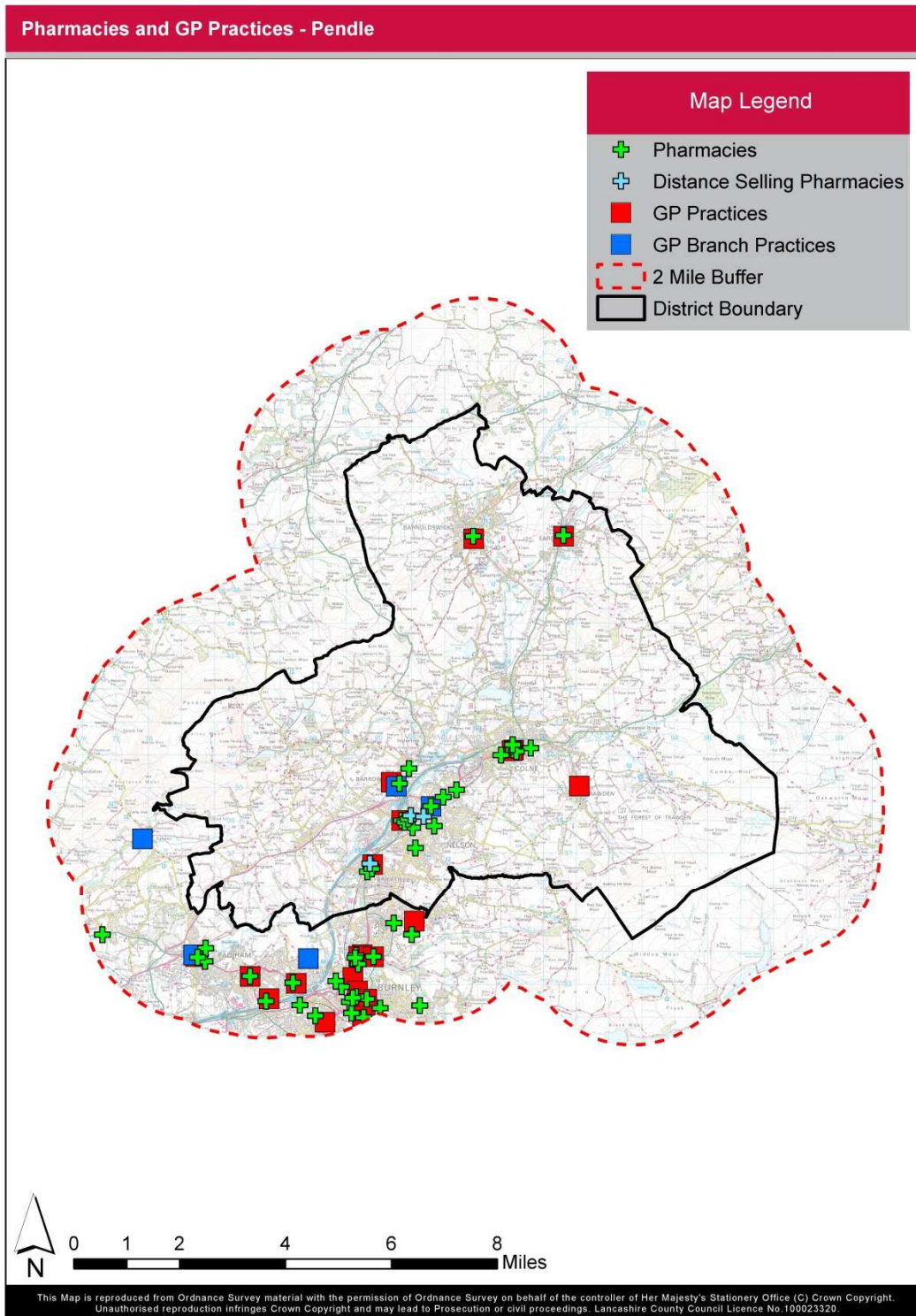
Map 10. Community pharmacies and GP practices in Burnley and over the border pharmacies within 2 mile buffer (East locality)



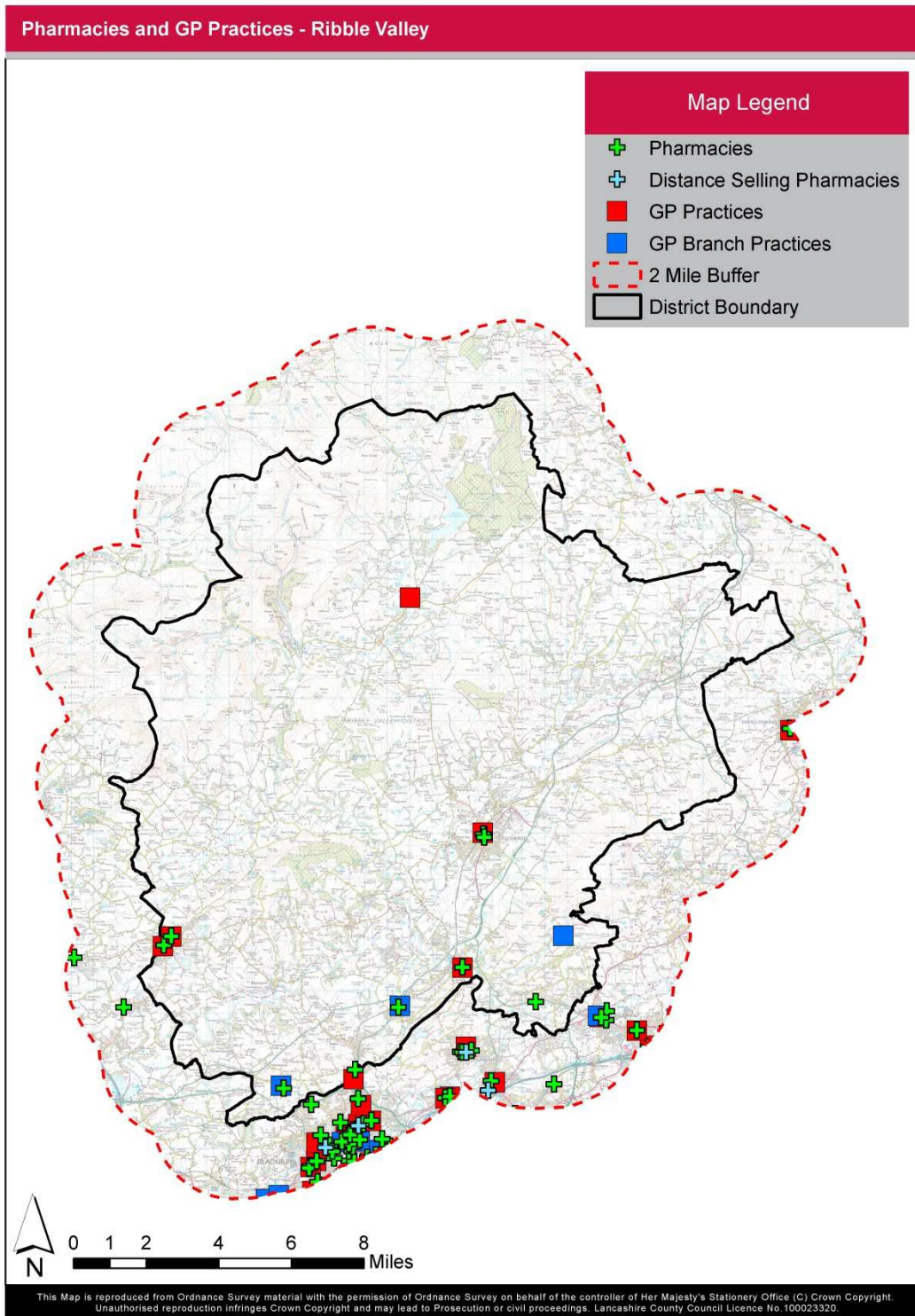
Map 11. Community pharmacies and GP practices in Hyndburn and over the border pharmacies within 2 mile buffer (East locality)



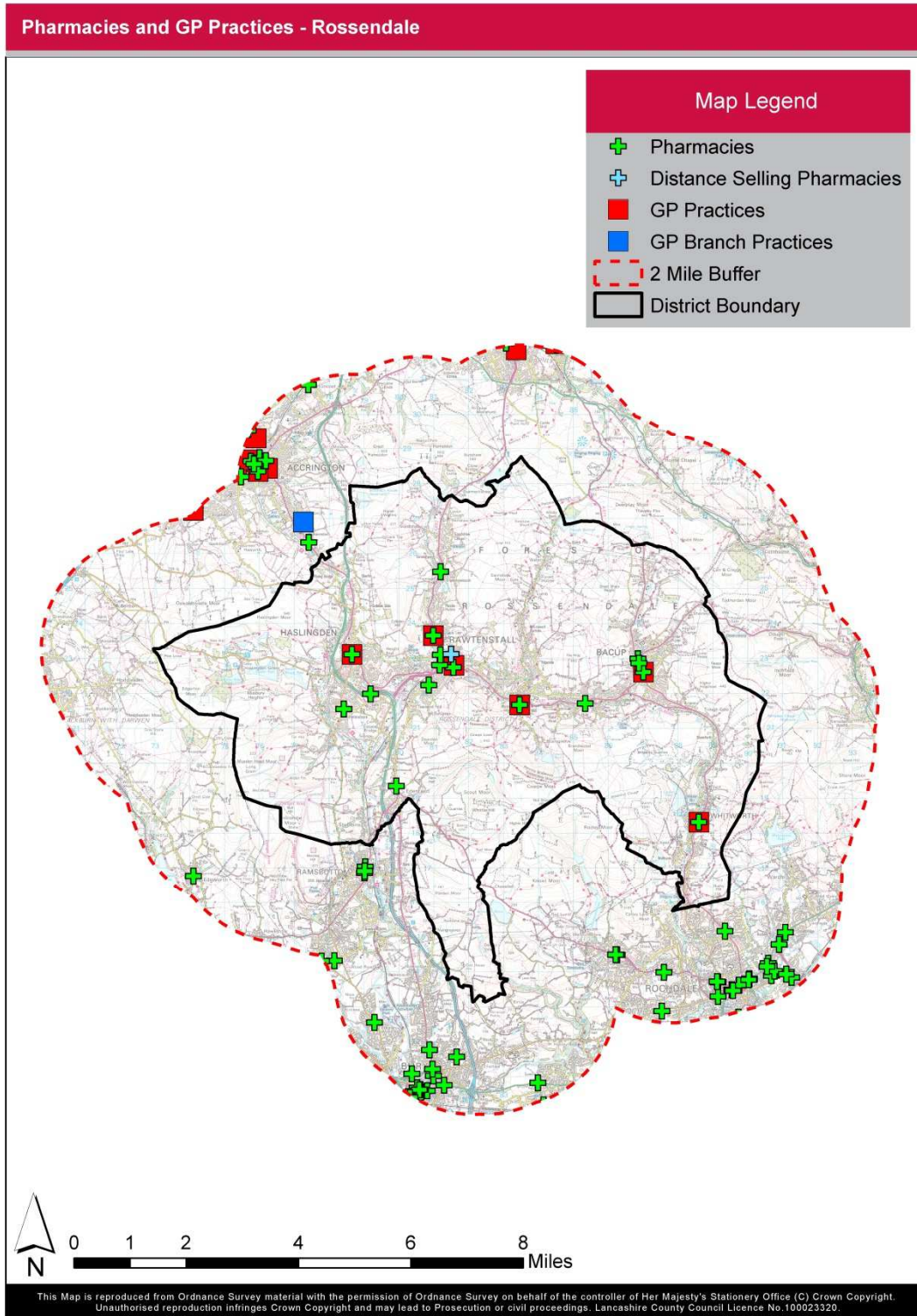
Map 12. Community pharmacies and GP practices in Pendle and over the border pharmacies within 2 mile buffer (East locality)



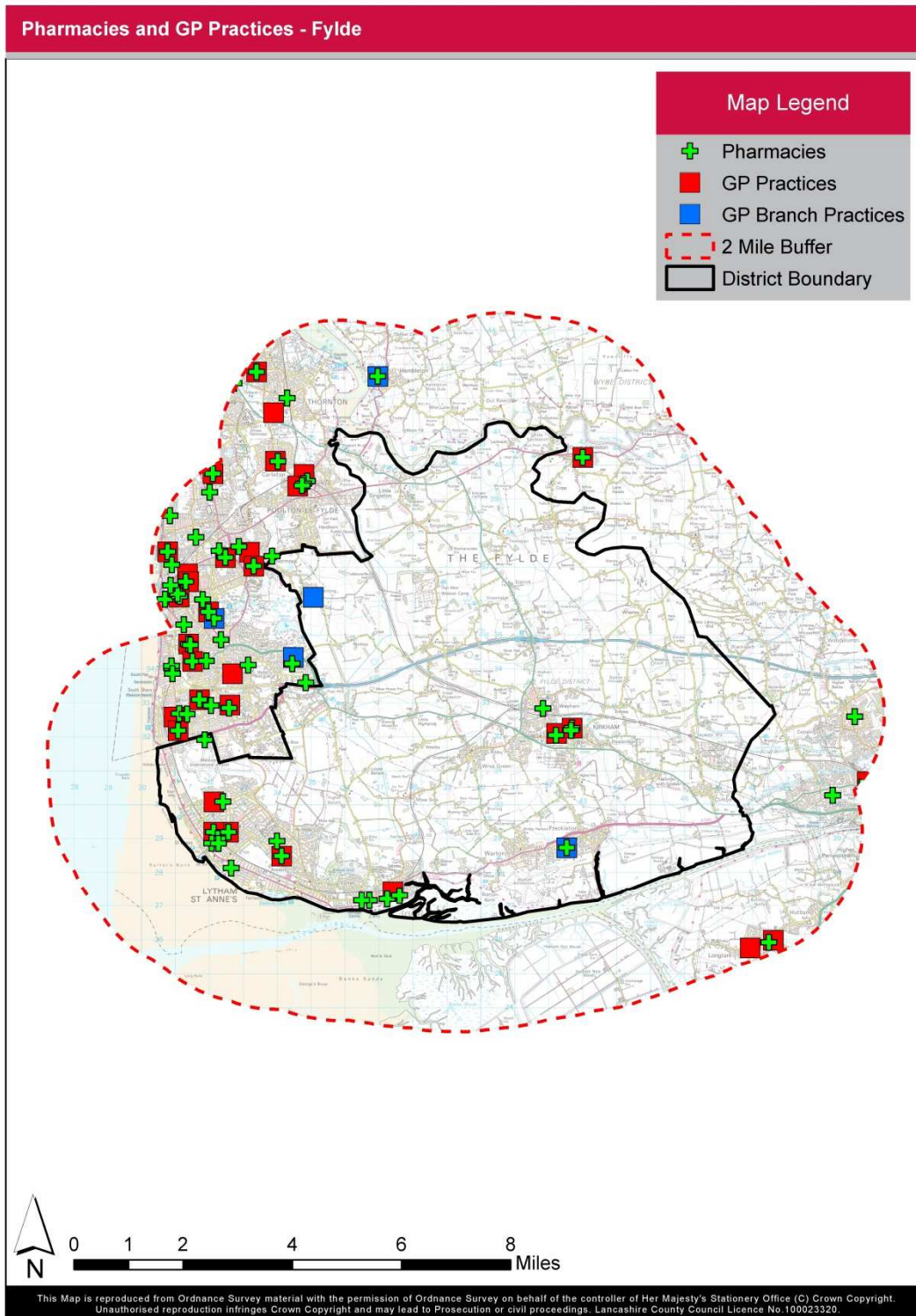
Map 13. Community pharmacies and GP practices in Ribble Valley and over the border pharmacies within 2 mile buffer (East locality)



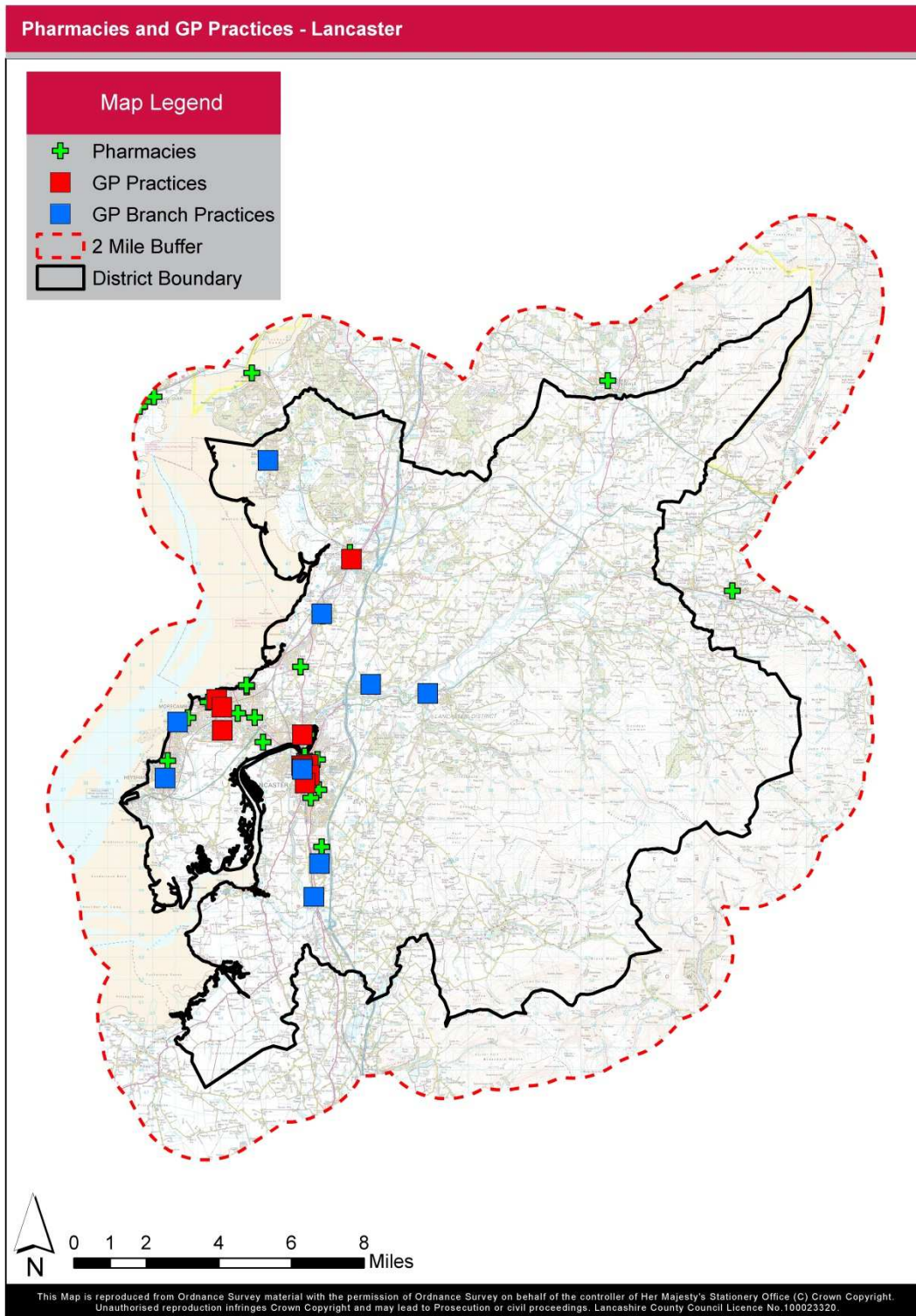
Map 14. Community pharmacies and GP practices in Rossendale and over the border pharmacies within 2 mile buffer (East locality)



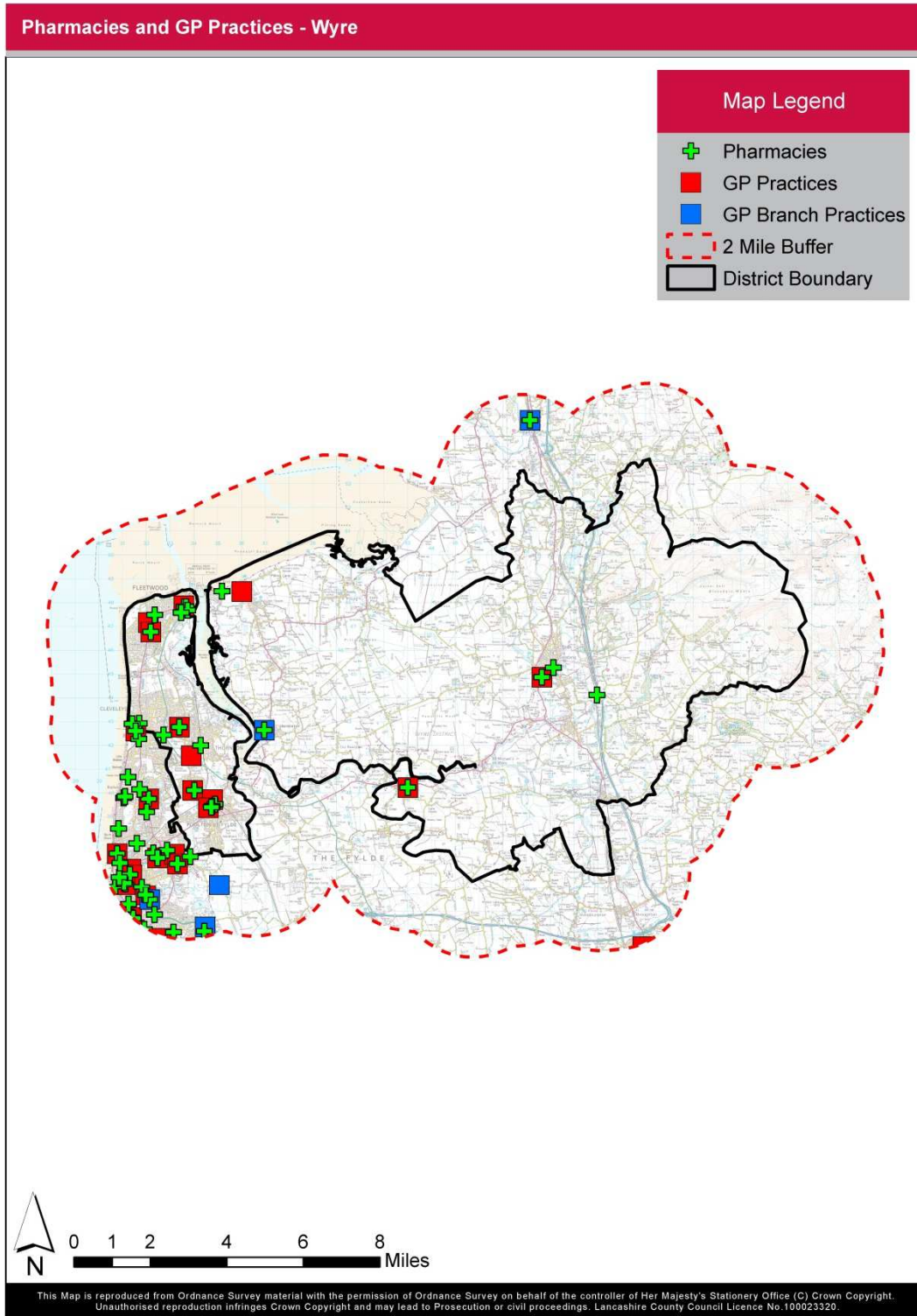
Map 15. Community pharmacies and GP practices in Fylde and over the border pharmacies within 2 mile buffer (North locality)



Map 16. Community pharmacies and GP practices in Lancaster and over the border pharmacies within 2 mile buffer (North locality)



Map 17. Community pharmacies and GP practices in Wyre and over the border pharmacies within 2 mile buffer (North locality)



4.1.2 Dispensing GP practices

The rurality in some areas leads to the existence of dispensing GP practices. Dispensing GP practices make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

There are 13 dispensing GP practices in Lancashire, unchanged from previous PNAs:

Central Lancashire – 2 (both in NHS Greater Preston CCG)

East Lancashire – 6

North Lancashire – 5 (4 in Lancashire North CCG and 1 in Fylde & Wyre CCG)

The names of the dispensing GP practices within Lancashire are listed in Appendix 5 and their locations shown in map 18.

Out of 1,181,407 people registered with a GP in Lancashire, 114,376 people (10%) were registered with a dispensing GP practice as at April 2014. It should be noted that some of these patients may have an address outside Lancashire, and similarly some patients with an address in Lancashire could be registered with a practice in another county.

Access to GPs in general (not only dispensing practices) doesn't appear to be as good compared to England. Lancashire has less full time GPs per 100,000 registered population than the England average, 61.9 compared to 66.5. Only NHS Lancashire North CCG has more than average with 77. For locations of GP practices across Lancashire districts see maps 6 to 17.

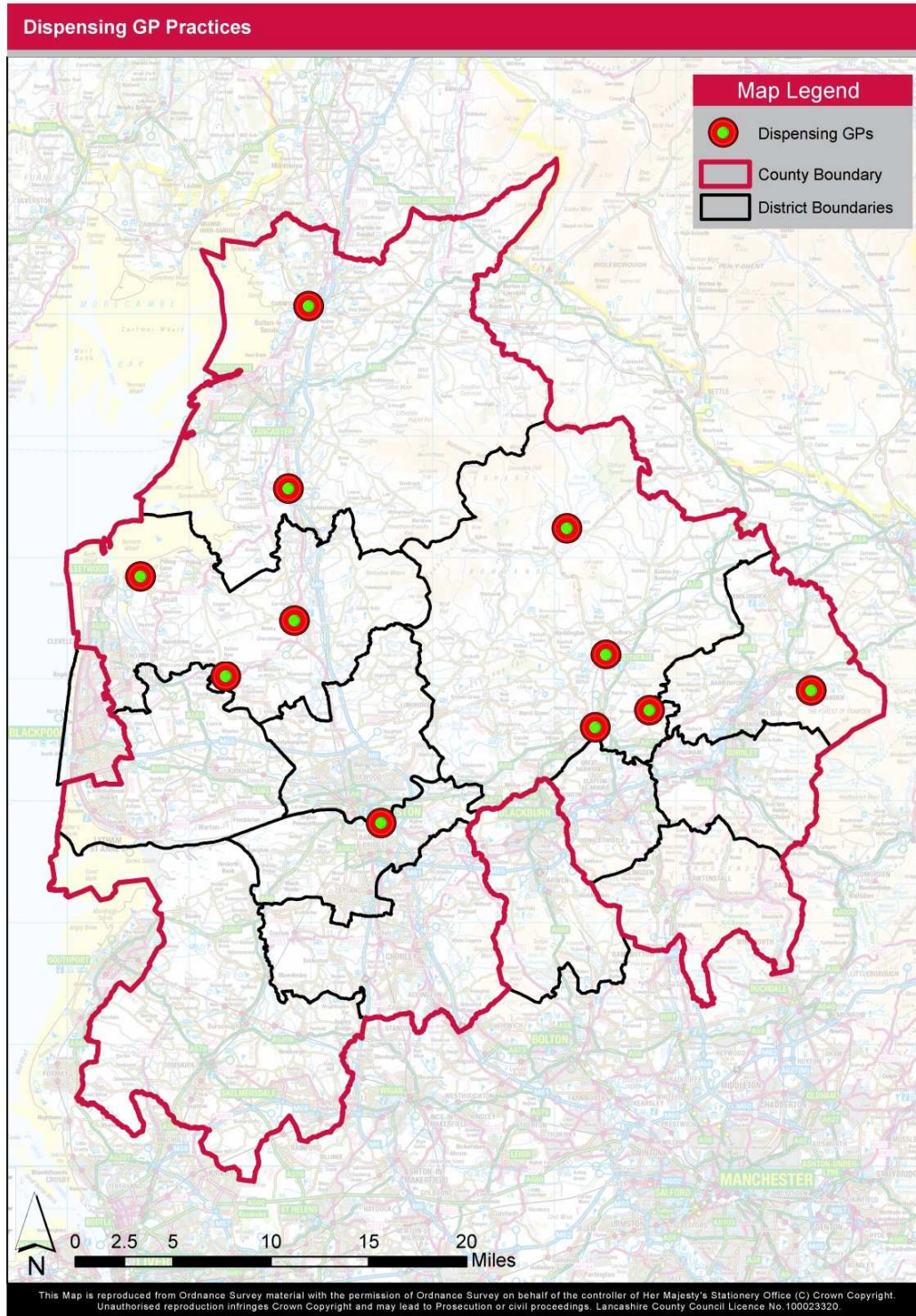
Table 2: Average number of full time equivalent GPs per 100,000 registered population, 2013

	All FTE GPs	Average no. FTE GPs per 100,000 population
England	32,075	66.5
Lancashire-14	848	61.9
NHS Chorley and South Ribble	92	58.4
NHS East Lancashire	204	57.3
NHS Fylde & Wyre	86	56.3
NHS Greater Preston	109	57.9
NHS Lancashire North	108	77.0
NHS West Lancashire	56	55.9

Source: HSCIC, General and Personal Medical Services, England - As at 30 September 2013 (Table 11c)

<http://www.hscic.gov.uk/searchcatalogue?productid=14458&topics=0%2fWorkforce&sort=Relevance&size=10&page=2#top>

Map 18. Dispensing GP practices in Lancashire



NB The map only shows 11 locations as some practices share the same site.

4.1.3 Distance selling pharmacies

There were 10 mail order/wholly internet pharmacy within Lancashire as of 01/06/14:

Central Lancashire – 4 (1 in Chorley and South Ribble CCG, 1 in Greater Preston CCG and 2 in West Lancashire CCG)

East Lancashire – 6

North Lancashire – 0

It is important to acknowledge that the pharmaceutical regulations does not permit mail order/wholly internet pharmacy providers to see patients face to face.

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice, provided it is not face to face and therefore can access any of the many internet pharmacies available nationwide.

4.1.4 Dispensing Appliance Contractors

Currently, there are 4 Dispensing Appliance Contractor (DAC) within Lancashire:

Central Lancashire – 1

East Lancashire – 1

North Lancashire - 2

Appliances are available from community pharmacies, dispensing GP practices and other DACs from outside the HWB.

From the questionnaires sent out to Lancashire pharmaceutical service providers, out of 188 pharmacies responding 166 (88.3%) reported that they provided all types of appliances. In addition, some pharmacies provide certain types of appliances.

4.1.5 Hospital pharmacies

There are seven hospitals within Lancashire which have a pharmacy on premises:

Central Lancashire

- Royal Preston Hospital
- Chorley and South Ribble Hospital
- Ormskirk and District General Hospital

East Lancashire

- Accrington Victoria Hospital
- Burnley Hospitals

North Lancashire

- Royal Lancaster Hospital
- Queen Victoria Hospital

4.1.6 Pharmacy services in prisons

There are five prisons in the area of Lancashire HWB and pharmacy services are available to all 5 prisons.

Central Lancashire

- HMP Preston
- HMP Garth
- HMP Wymott

East Lancashire

- None

North Lancashire

- HMP Kirkham
- HMYOI Lancaster Farms

4.1.7 Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) scheme

ESPLPS pharmacies offer the same essential, advanced and enhanced services as other community pharmacies but they dispense fewer than 26,400 items per year. The ESPLPS scheme, which involves giving extra support to some essential small pharmacies, is due to stop at 31 March 2015.

There are three Essential Small Pharmacy Local Pharmaceutical Services Schemes in Lancashire.

Central Lancashire

- Goosnargh Pharmacy, 859 Whittingham Lane, Goosnargh, Preston, PR3 2AU

East Lancashire

- Langho Pharmacy, 1a East View Terrace, Whalley Road, Langho, BB6 8BX

North Lancashire

- Lancaster University Pharmacy, Bailrigg House, Lancaster University, Lancaster, LA1 4YE

Should any of these pharmacies cease to exist this may lead to a gap in provision during core hours (9am–6pm, Mon-Fri).

4.1.8 Comparison with findings in the 2011 PNA

In 2011 a patient pharmacy questionnaire was developed for the PNA asking a range of questions. For this PNA we have engaged stakeholders in a variety of different ways and have asked varying questions. Therefore it is difficult to compare the responses.

As well as stakeholder and community engagement, questionnaires were sent out to community pharmacies. When the last PNA was carried out there was a higher return of questionnaires 85% as opposed to 64% this year.

The following changes to the numbers of providers were noted since the 2011 PNA:

- There were 271 pharmacies in Lancashire. This has increased to 295 pharmacies in June 2014.
- There were 13 dispensing GP practices within Lancashire. This was unchanged in June 2014.

As detailed above, in the introduction to this section, the number of pharmaceutical service providers per population is higher than in the previous PNA

- Central Lancashire (24 per 100,000 population from 20)
- East Lancashire (27 per 100,000 population from 20)
- North Lancashire (same - 24 per 100,000 population)

4.1.9 Comparison with pharmaceutical service provision elsewhere

Central Lancashire

In Central Lancashire there were 114 community pharmaceutical providers as at March 2014 which means there were 24 providers per 100,000 population (1 provider per 4,000 population). This is slightly lower than the overall Lancashire average of 25 per 100,000 but higher than the national average of 22 per 100,000 (table 3).

East Lancashire

In East Lancashire there were 104 community pharmaceutical providers as at March 2014 which means there are approximately 27 providers per 100,000 population (1 provider per 3,700 population). This is slightly higher than the overall Lancashire average of 25 per 100,000 and significantly higher than the national average of 22 per 100,000 (table 3).

North Lancashire

In North Lancashire there were 76 community pharmaceutical providers as at March 2014 which means there were approximately 24 providers per 100,000 population (1 provider per 4,100 population). This is slightly lower than the overall Lancashire average of 25 per 100,000 but higher than the national average of 22 per 100,000 (table 3)

Table 3. Average numbers of pharmaceutical providers (community pharmacies or dispensing GPs) per 100,000 registered population, 2012/13

	Average number of pharmaceutical providers (per 100,000 pop.)
England	22
North West	26
Lancashire	25
Central Lancashire	24
East Lancashire	27
North Lancashire	24

Significantly **HIGHER** / **LOWER** than the national average

Source: NHS Prescription Services of the NHS Business Services Authority, Population data - Office for National Statistics. Dispensing Practices in England from NHS Business Authority.

Information about pharmaceutical providers in other areas in England is shown in Table 4. In terms of community pharmacies, there were 22 pharmacies per 100,000 population in England in 2012/13 and the North West of England average was 26 per 100,000. The number of community pharmacies per 100,000 population ranged from 26 community pharmacies per 100,000 population in the North West to 18 per 100,000 population in South Central.

Table 4: Community pharmacies on a PCT pharmaceutical list at 31 March, prescription items dispensed per month and population by SHA in England 2012-13

	<i>Number of community pharmacies</i>	<i>Prescription items dispensed per month (000)s</i>	<i>Population (000)s Mid 2011</i>	<i>Pharmacies per 100,000 population</i>
ENGLAND	11,495	76,191	53,107	22
North East	606	5,095	2,596	23
North West	1,812	12,334	7,056	26
Yorkshire and the Humber	1,206	8,557	5,288	23
East Midlands	919	6,476	4,537	20
West Midlands	1,297	8,247	5,609	23
East Of England	1,148	7,625	5,862	20
London	1,846	9,644	8,204	23
South East Coast	857	5,767	4,476	19
South Central	756	4,898	4,177	18
South West	1,048	7,546	5,301	20

Sources: NHS Prescription Services part of the NHS Business Services Authority, Population data - Office for National Statistics

Within the North West of England, the lowest level was 22 pharmacies per 100,000 population in Bury, Central & Eastern Cheshire, Cumbria and Warrington (table 5).

Lancashire has a significantly high number at 25 per 100,000 in (table 3) and this does not include the dispensing practices of which Lancashire has 13. Across Lancashire there were on average 1.96 million prescription items dispensed per month, approximately 1.7 per person which is slightly higher than the national average of 1.4 per person.

Table 5. Community pharmacies on a PCT pharmaceutical list at 31 March 2012/13

		Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid 2011 ⁽¹⁾	Pharmacies per 100,000 population
	ENGLAND	11,495	76,191	53,107	22
Q31	NORTH WEST	1,812	12,334	7,056	26
5HG	Ashton, Leigh and Wigan	73	523	318	23
TAP	Blackburn with Darwen Teaching	52	278	148	35
5HP	Blackpool	44	350	142	31
5HQ	Bolton	73	494	277	26
5JX	Bury	40	291	185	22
5NP	Central & Eastern Cheshire	101	737	463	22
5NG	Central Lancashire	114	738	467	24
5NE	Cumbria	111	765	500	22
5NH	East Lancashire	104	646	383	27
5NM	Halton and St Helens	82	579	301	27
5NQ	Heywood, Middleton & Rochdale PCT	51	374	212	24
5J4	Knowsley	37	299	146	25
5NL	Liverpool	136	866	466	29
5NT	Manchester	134	817	503	27
5NF	North Lancashire	76	577	322	24
5J5	Oldham	56	394	225	25
5F5	Salford Teaching	61	461	234	26
5NJ	Seton	76	543	274	28
5F7	Stockport	70	504	283	25
5LH	Tameside and Glossop	64	455	253	25
5NR	Trafford	62	401	227	27
5J2	Warrington	45	316	203	22
5NN	Western Cheshire PCT	56	358	237	24
5NK	Wirral	94	570	320	29

Sources: NHS Prescription Services part of the NHS Business Services Authority, Population data - Office for National Statistics

It is clearly visible from Table 5 that all the neighbouring areas around Lancashire have the same as, or in some cases, a significantly higher proportion of pharmacies than the England average (per 100,000 population) and more than a third have higher than the North West average. This gives Lancashire adequate pharmacy provision should they need or wish to go to neighbouring areas.

4.1.10 Results of questionnaires sent to pharmacies and dispensing GP practices

64.0% of community pharmacies and 77.0% of dispensing GP practices in Lancashire responded to the PNA questionnaire about service provision. The findings of the PNA questionnaire are presented in Appendix 6.

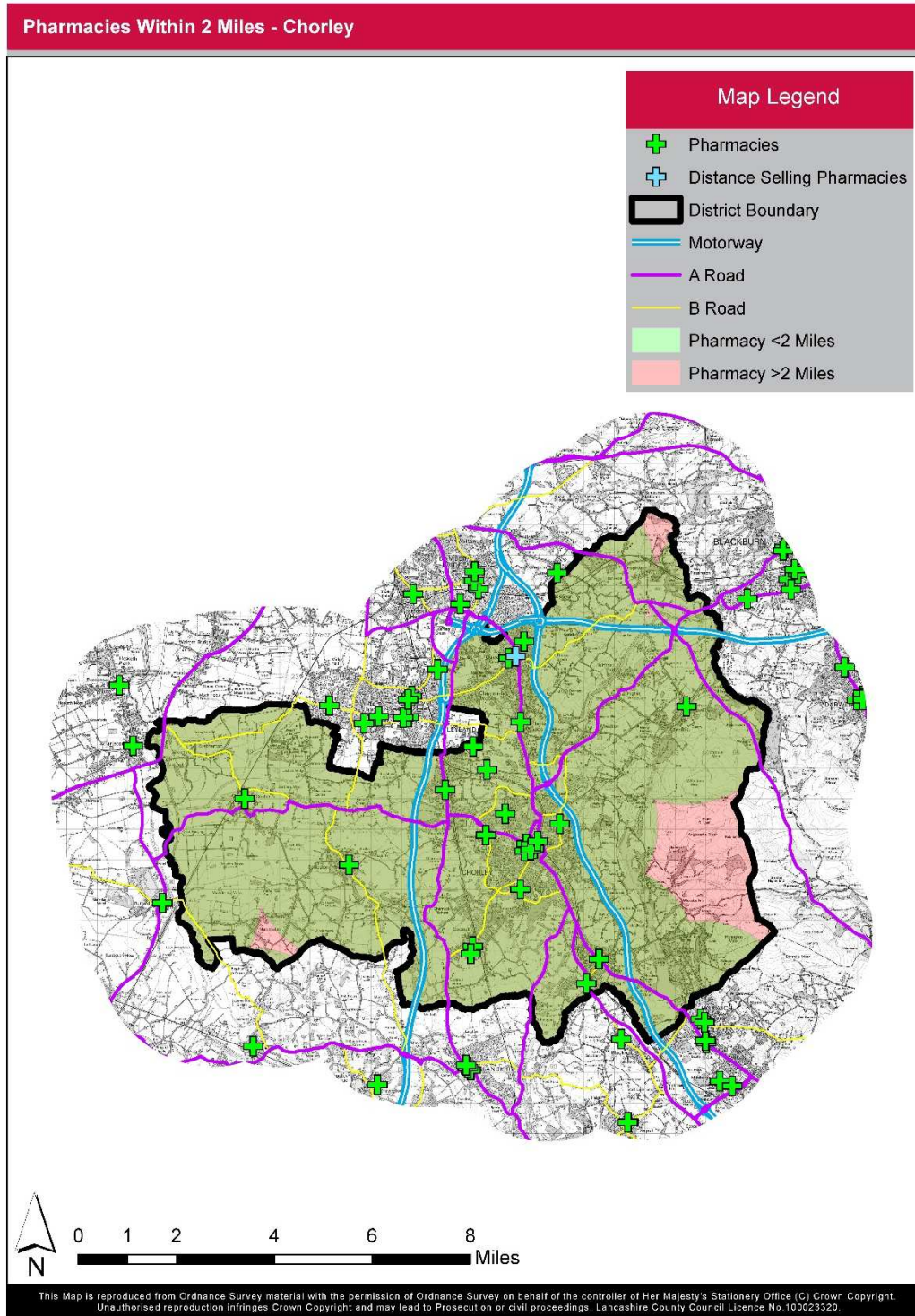
4.1.11 Considerations of service providers available

The distribution of pharmacies appears to cover the county well with pharmacies within every district of the county. Maps 19 to 30 show all areas within the Lancashire districts which are within 2 miles of a pharmacy; these include dispensing pharmacies. Access to services in these areas will be further discussed in section 4.2.

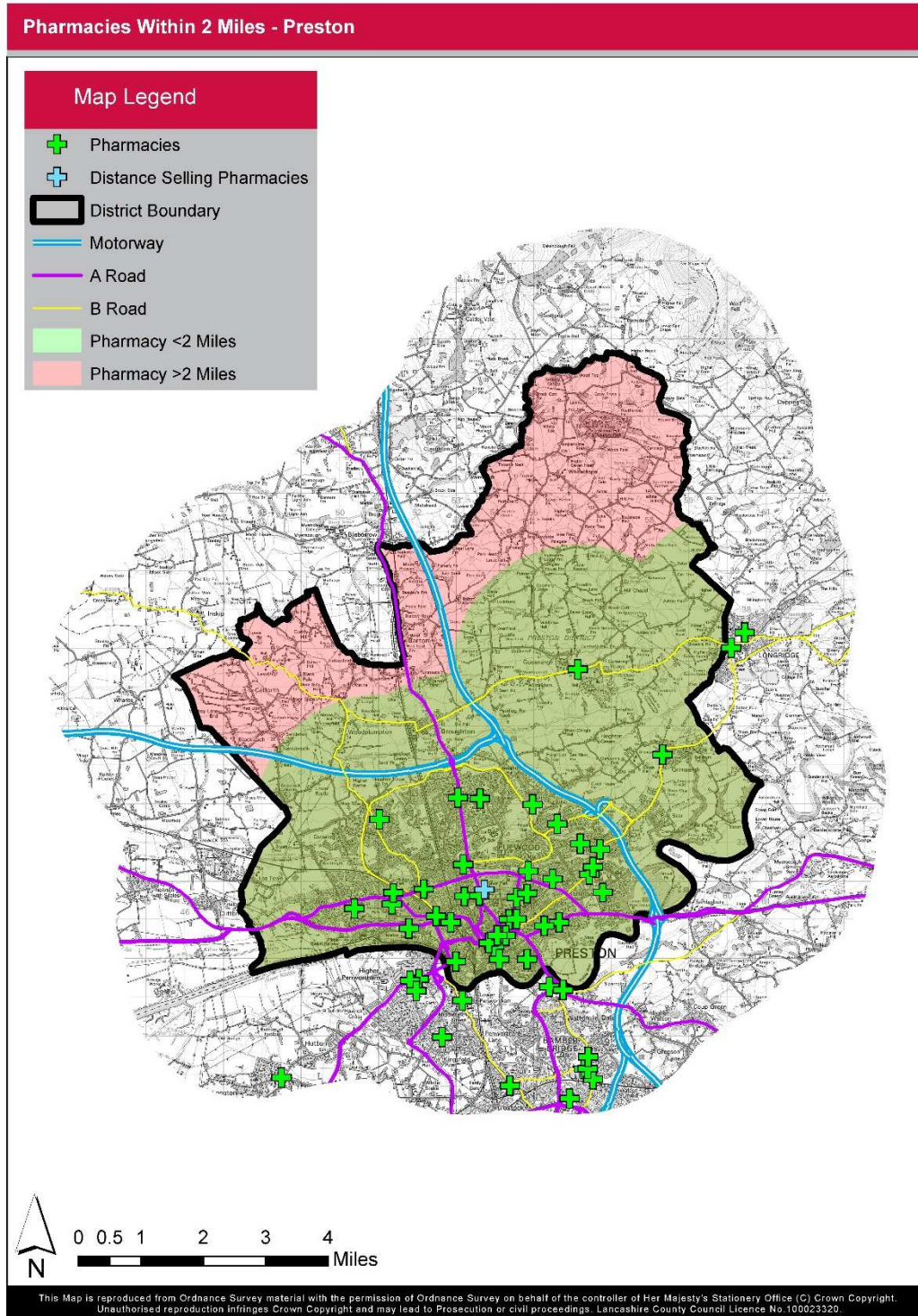
Taking into account information gathered for this PNA, pharmaceutical service provision in Lancashire appears to be adequate. There is no current need identified for more pharmaceutical providers at this time.

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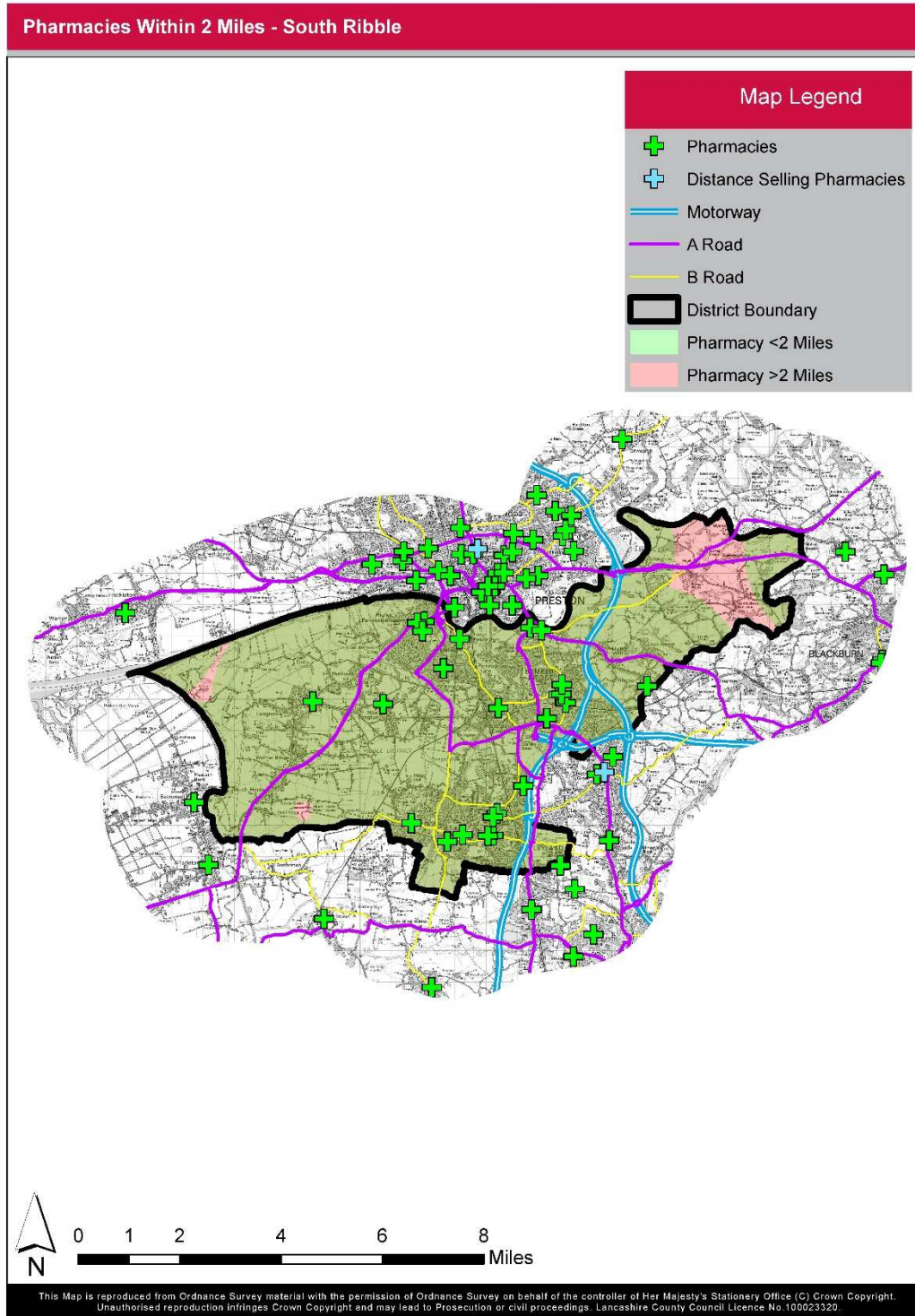
Map 19: Pharmacies within 2 miles of Chorley (Central locality)



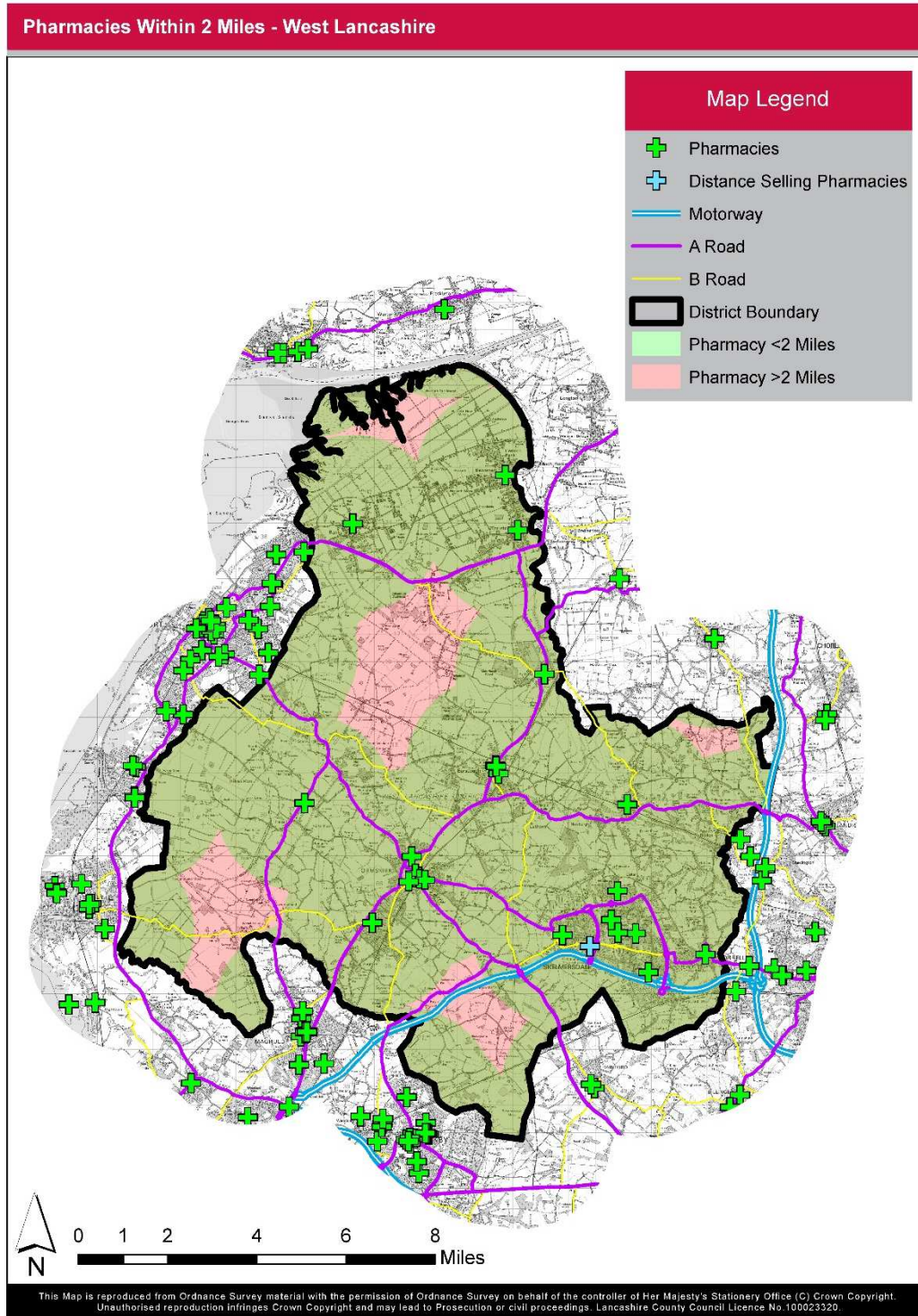
Map 20: Pharmacies within 2 miles of Preston (Central locality)



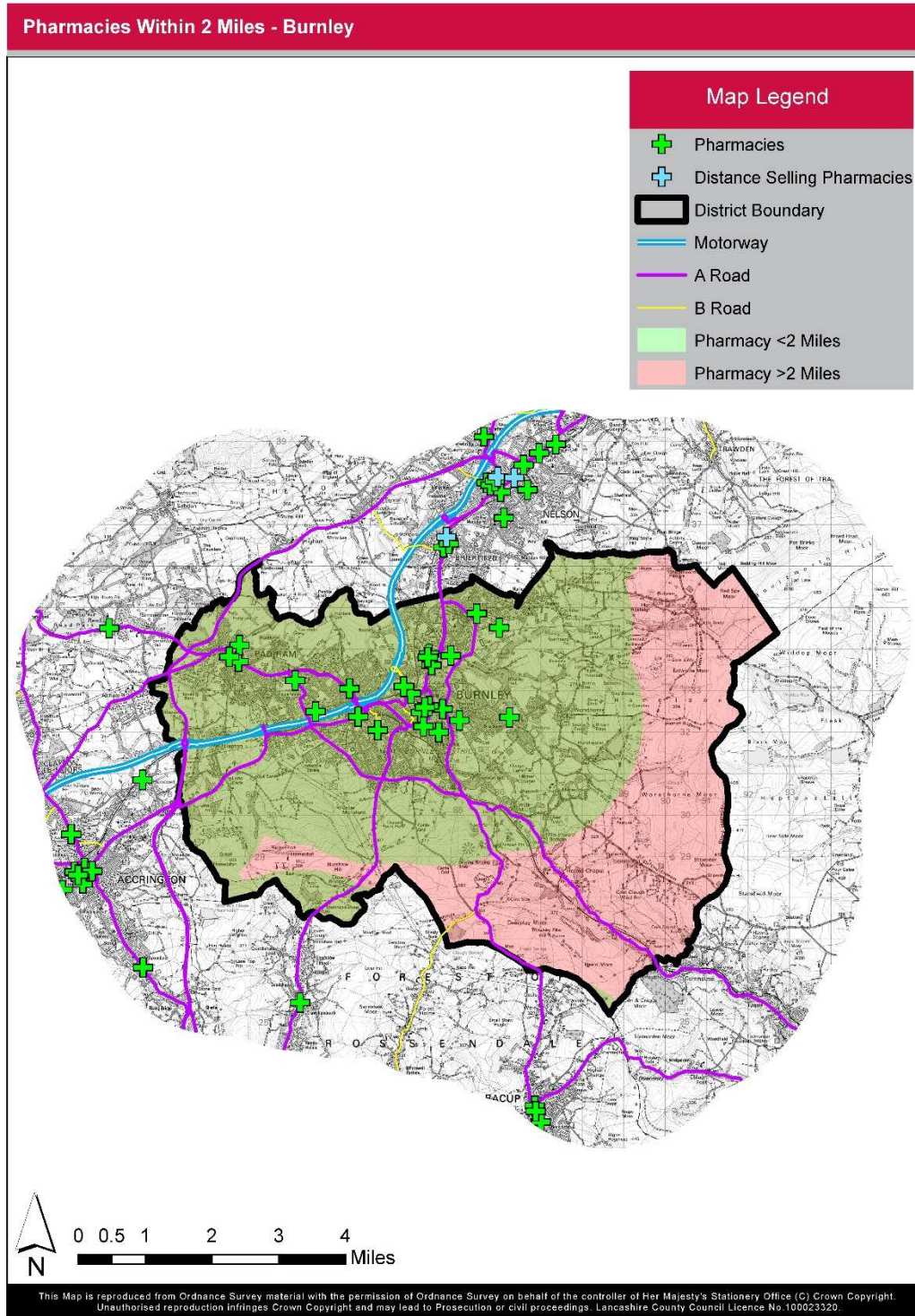
Map 21: Pharmacies within 2 miles of South Ribble (Central locality)



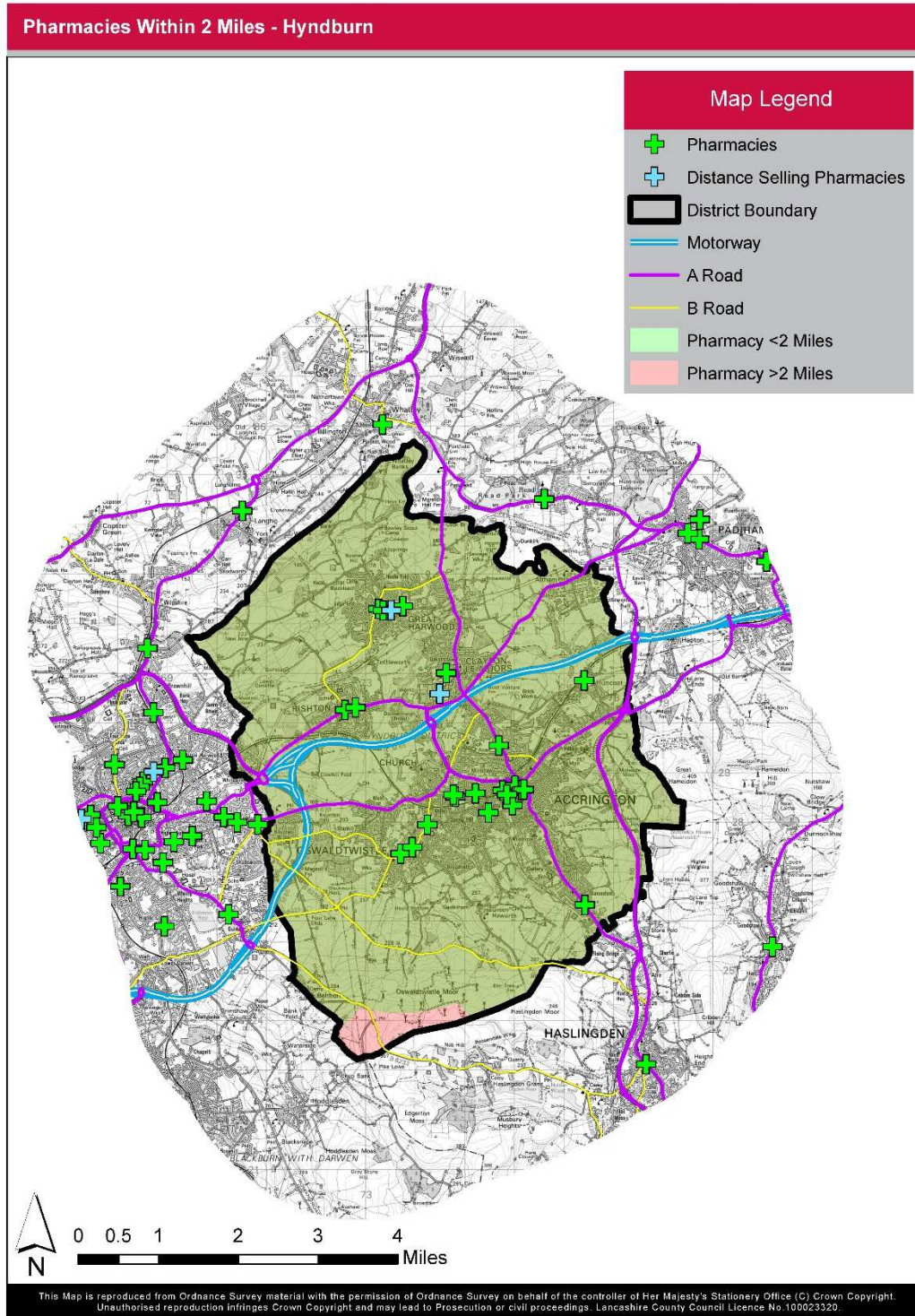
Map 22: Pharmacies within 2 miles of West Lancashire (Central locality)



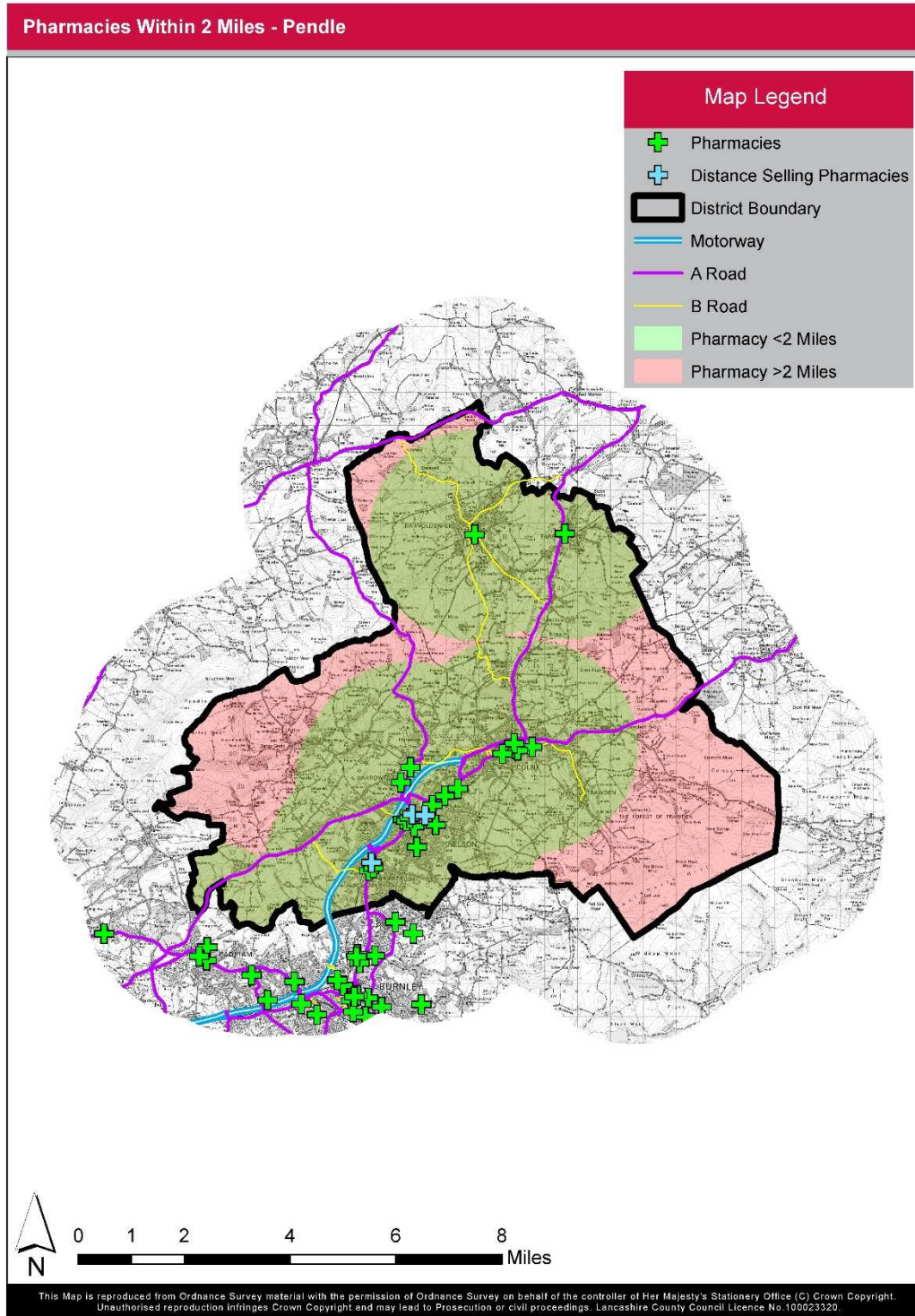
Map 23: Pharmacies within 2 miles of Burnley (East locality)



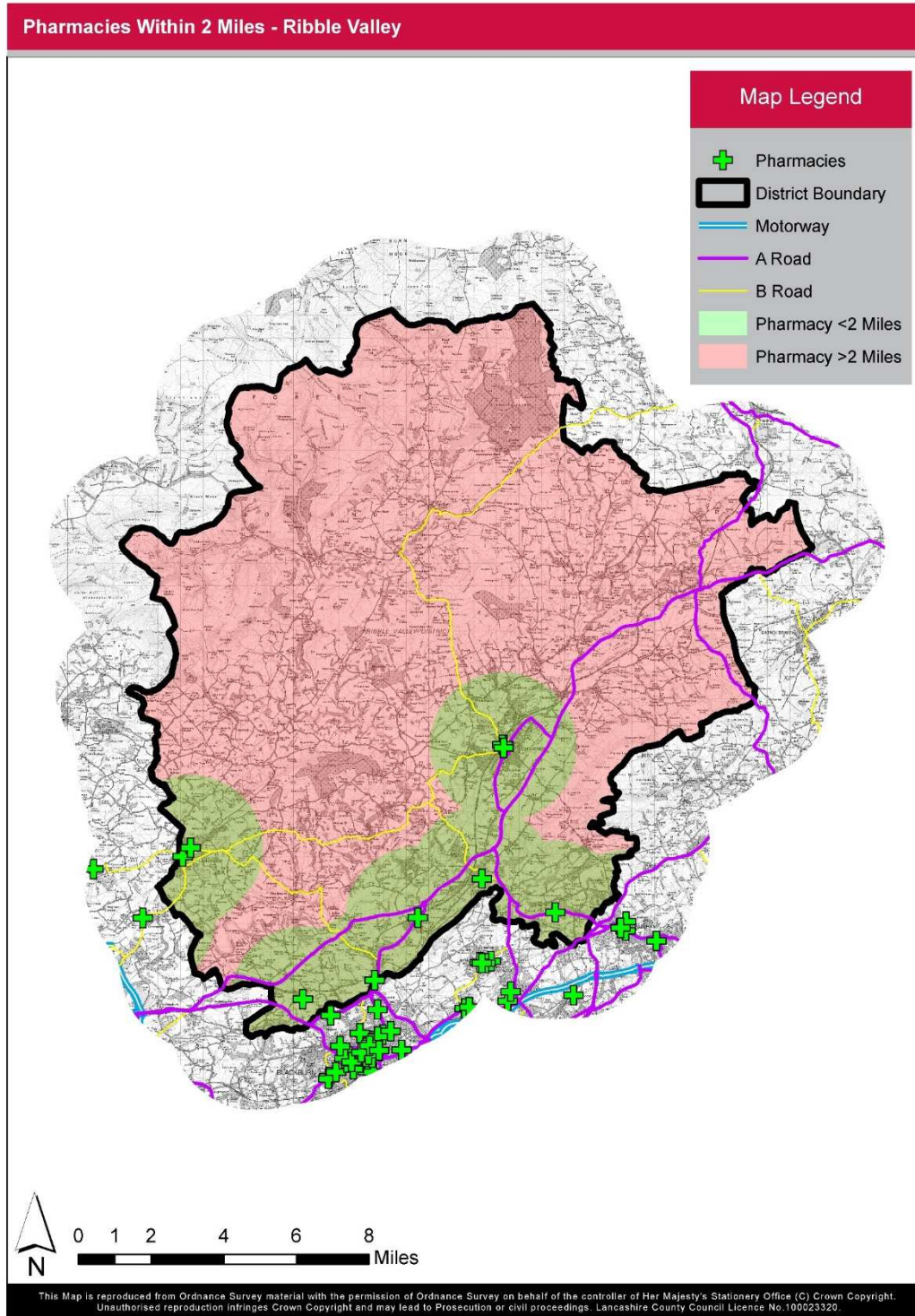
Map 24: Pharmacies within 2 miles of Hyndburn (East locality)



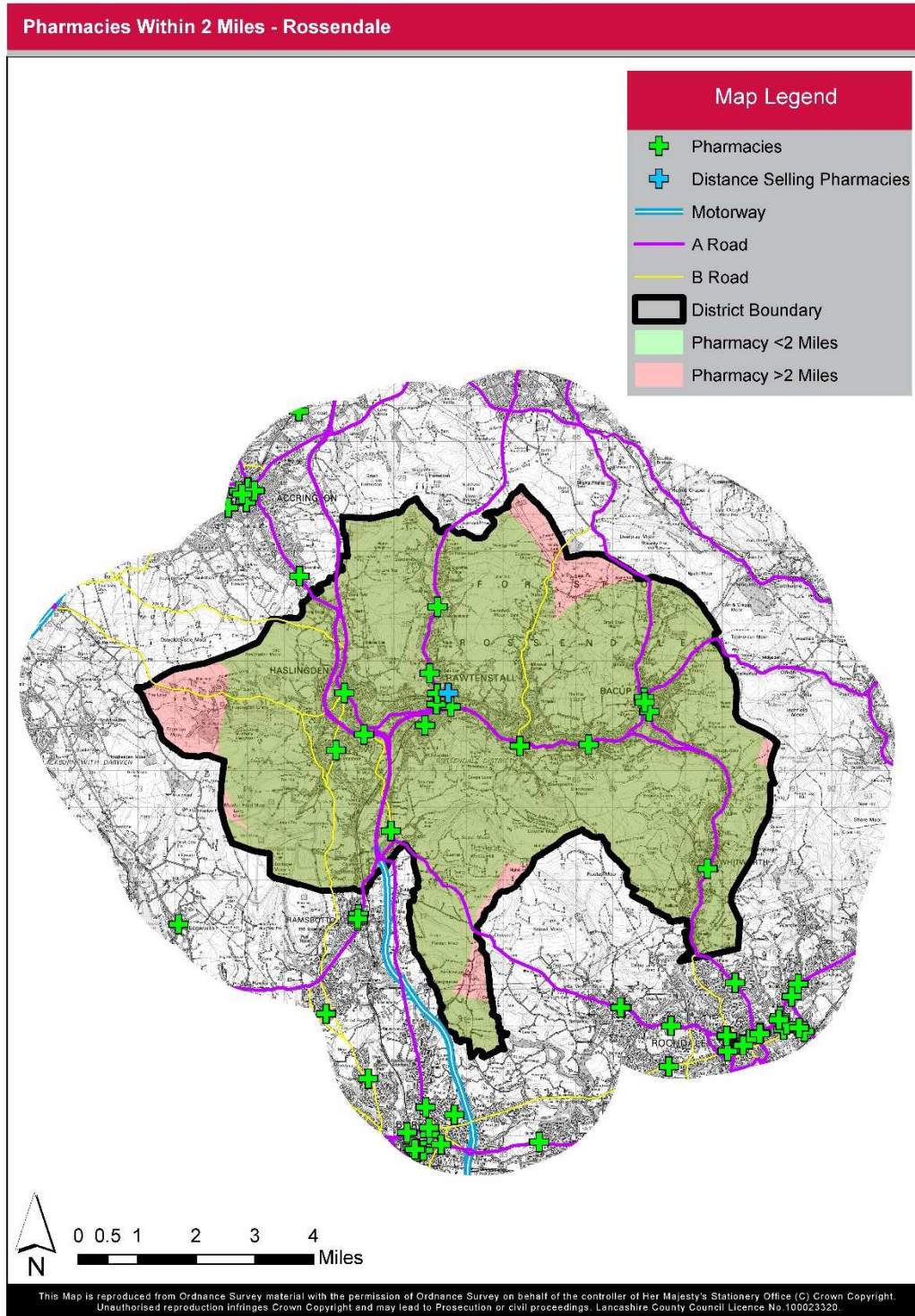
Map 25: Pharmacies within 2 miles of Pendle (East locality)



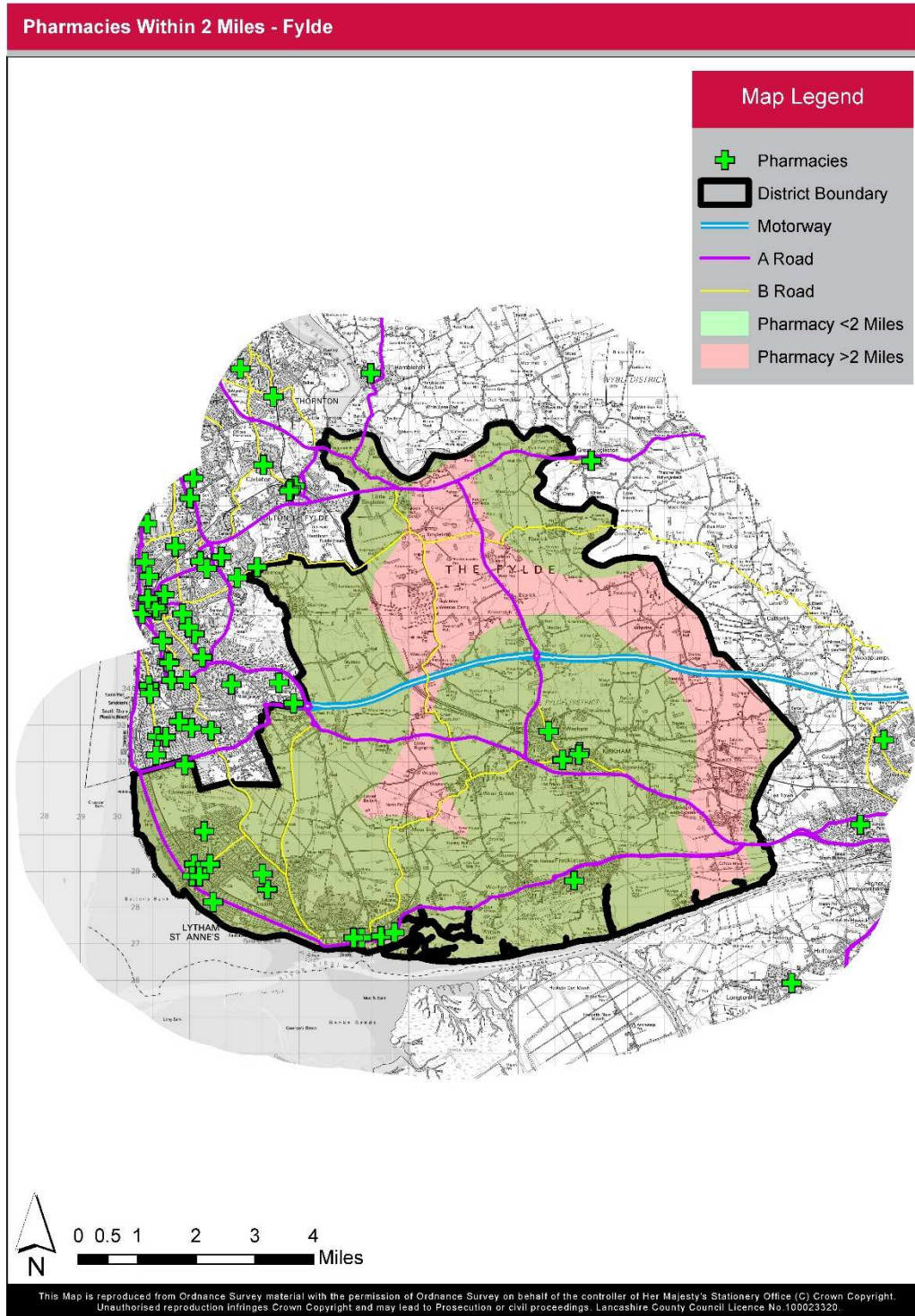
Map 26: Pharmacies within 2 miles of Ribble Valley (East locality)



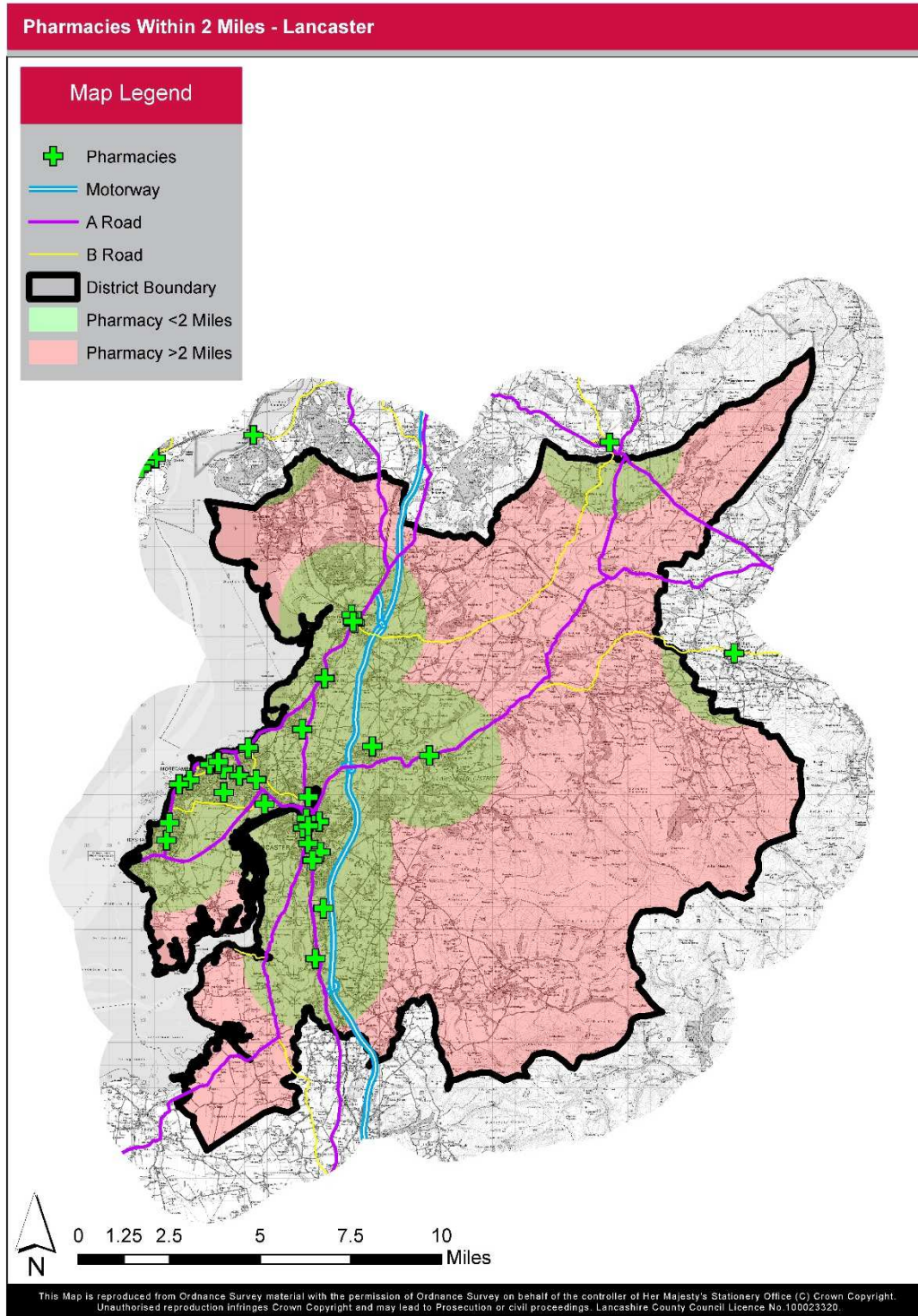
Map 27: Pharmacies within 2 miles of Rossendale (East locality)



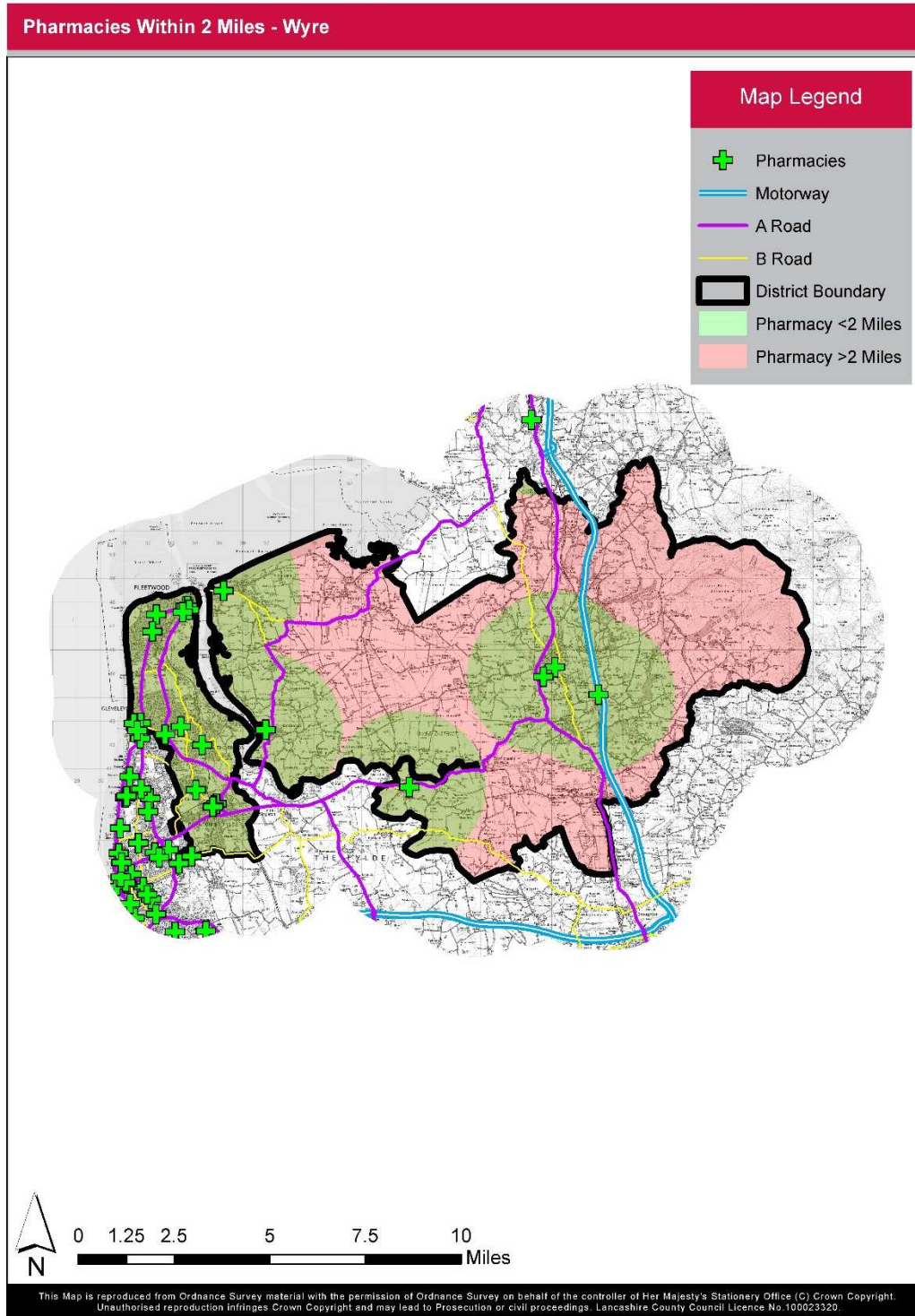
Map 28: Pharmacies within 2 miles of Fylde (North locality)



Map 29: Pharmacies within 2 miles of Lancaster (North locality)



Map 30: Pharmacies within 2 miles of Wyre (North locality)



4.2 Accessibility

Review of the accessibility of NHS Pharmaceutical Services in Lancashire in terms of locations, opening hours and access for people with disabilities, suggest there is adequate access. An Equality Impact Assessment has been carried out alongside this PNA (see appendix 6). Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical Services in Lancashire. There appears to be good coverage in terms of opening hours across the borough. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Further information can be seen in Appendix 6.

4.2.1 Distance, travel times, and delivery services

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future*^{xiii} states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.

Maps 31 to 42 (for each Lancashire district) were created to identify which areas (road networks) in Lancashire were within and which were not within a 20 minute driving time of a pharmacy. The maps present the locations of the pharmacies and road networks that are within 20 minutes' drive time (blue lines) of a pharmacy and are not within 20 minutes drive time (red lines) of a pharmacy. Road speed assumptions were made dependent on road type, and ranged from 67mph (for motorways) down to 22mph (for minor roads). Over the border pharmacies were included in the drive time analysis. As is clearly evident from the maps in the majority of the districts there are pharmacies within 20 minutes travelling time. This demonstrates that within the county there is good coverage of pharmacies across all districts.

However, it is recognised that not everyone has access to a car, and that those unable to access a car may be amongst the more vulnerable in society. The steering group considered creating maps to illustrate access through public transport, but found that this information could not easily be presented due to the complexity and constantly changing nature of public transport routes and service times.

There is the acknowledgment that not all individuals will have access to a car or be able to easily access public transport. To enable easy access for all individuals including those who can be deemed as the most vulnerable there is the option that pharmacies can provide home delivery services. Of the 188 pharmacies that responded to the patient questionnaires, all reported that they collected from GP Practices and 168 (89.4%) delivered dispensed medicines free of charge on request. Therefore, for those who may not be able to access the pharmacy there is the option of home delivery.

Pharmaceutical services are also available from internet pharmacies (located inside or outside of the county) that could make deliveries to individual homes. Finally, in addition to

delivery services, community transport schemes (eg car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

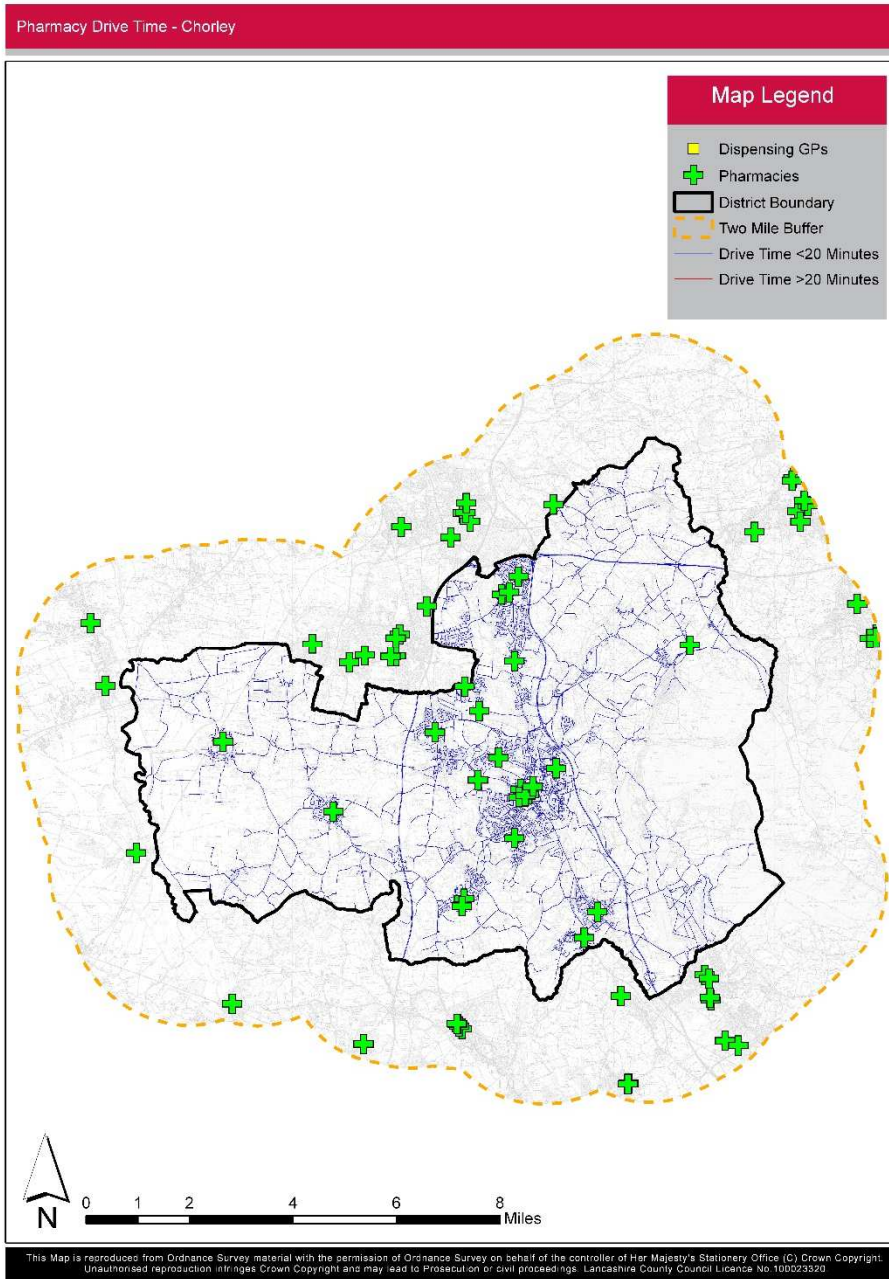
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Central Lancashire

Chorley

As is clearly evident from the map all of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies.

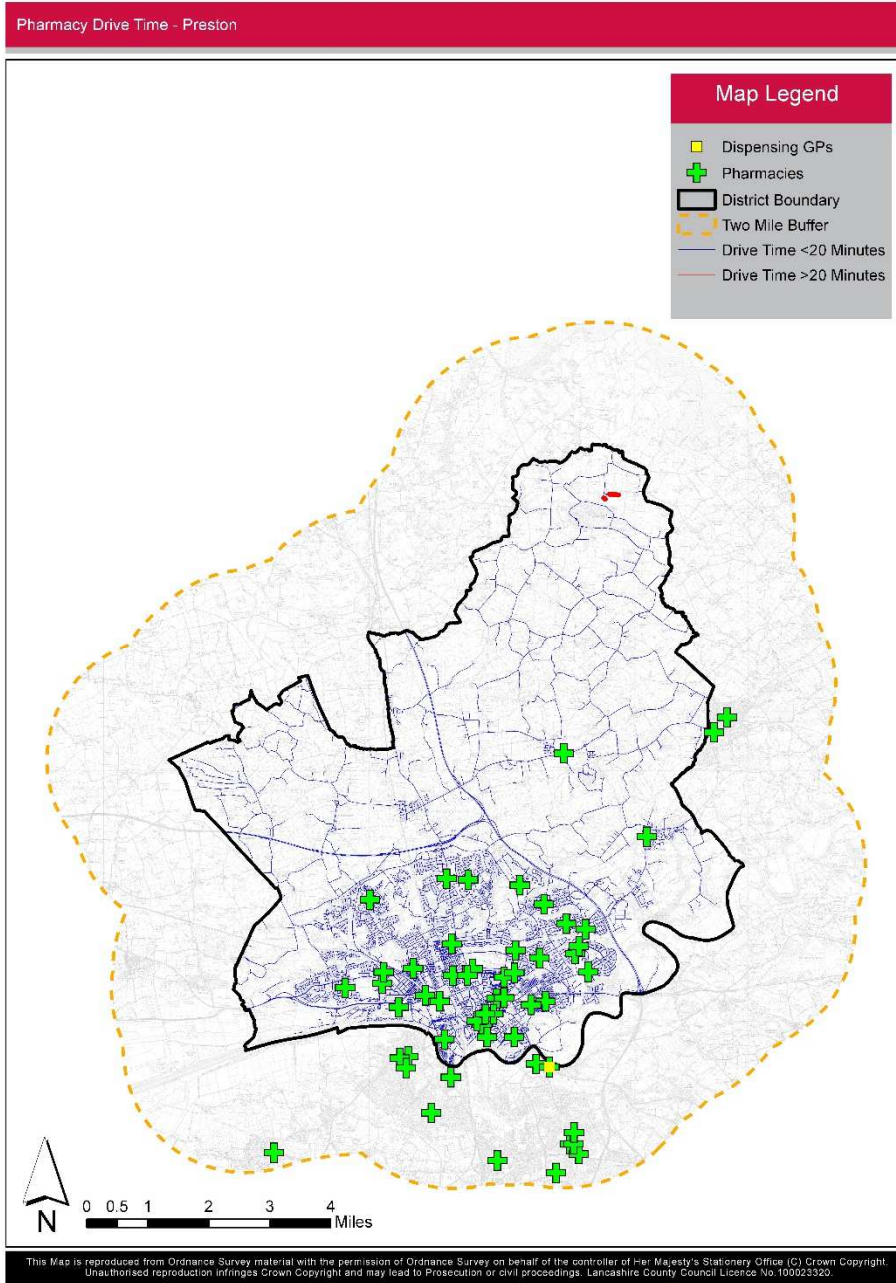
Map 31. Pharmacies within a 20 minute drive – Chorley



Preston

As is clearly evident from the map majority of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies. Note: While there is a small section of the road network more than 20 minutes away from a pharmacy or dispensing surgery by car, these are extreme rural areas and mainly uninhabited.

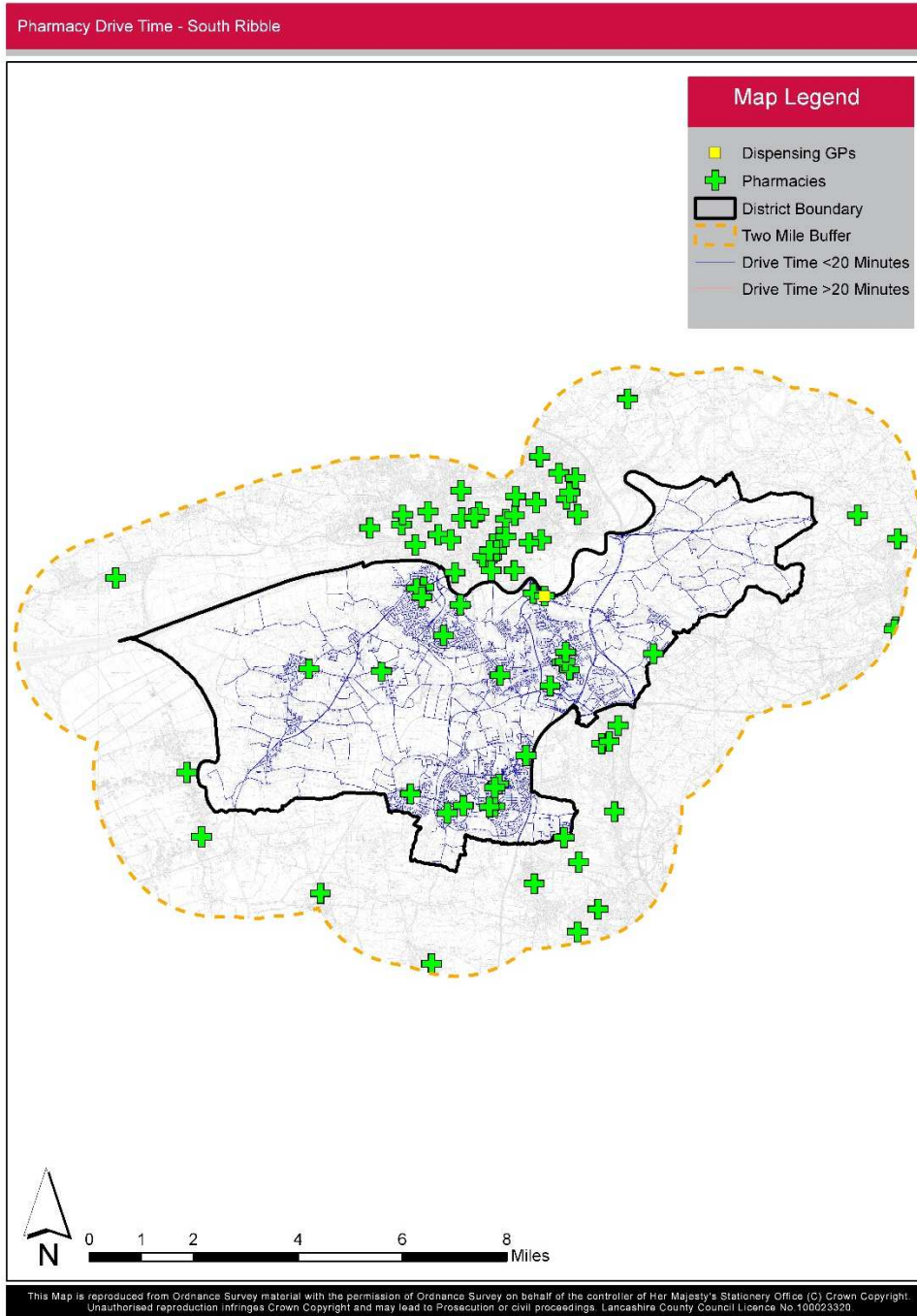
Map 32. Pharmacies within a 20 minute drive – Preston



South Ribble

As is clearly evident from the map all of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies

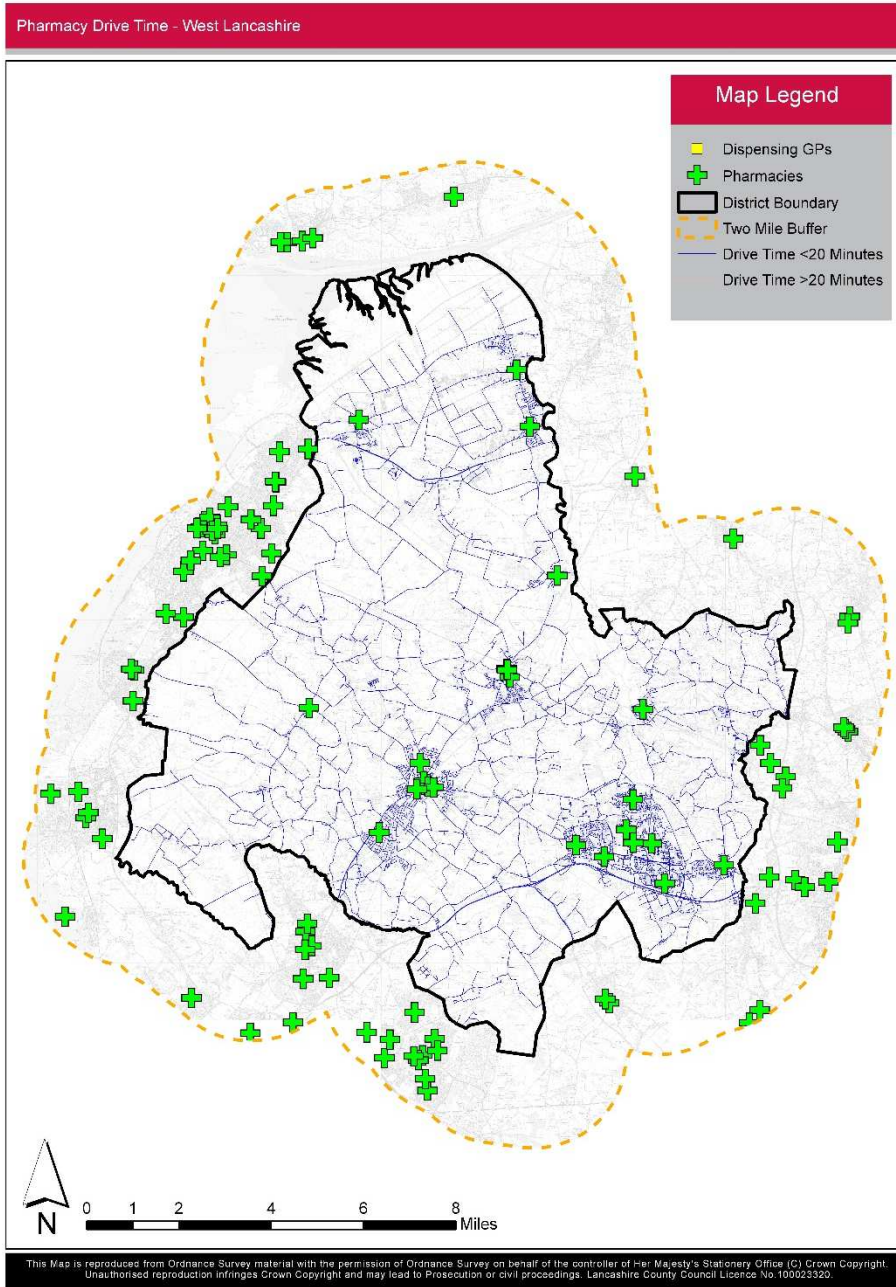
Map 33. Pharmacies within a 20 minute drive – South Ribble



West Lancashire

As is clearly evident from the map all of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies

Map 34. Pharmacies within a 20 minute drive – West Lancashire

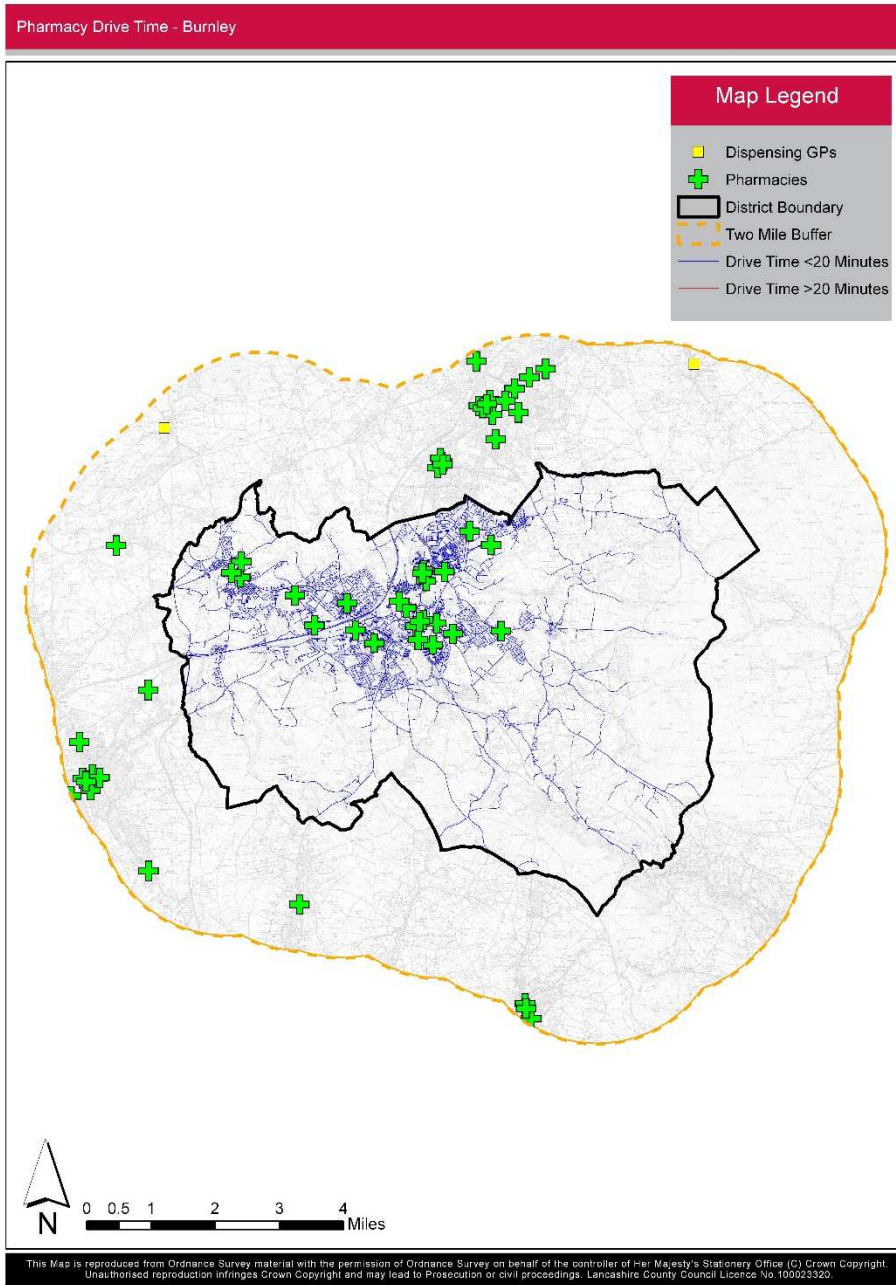


East Lancashire

Burnley

As is clearly evident from the map all of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies

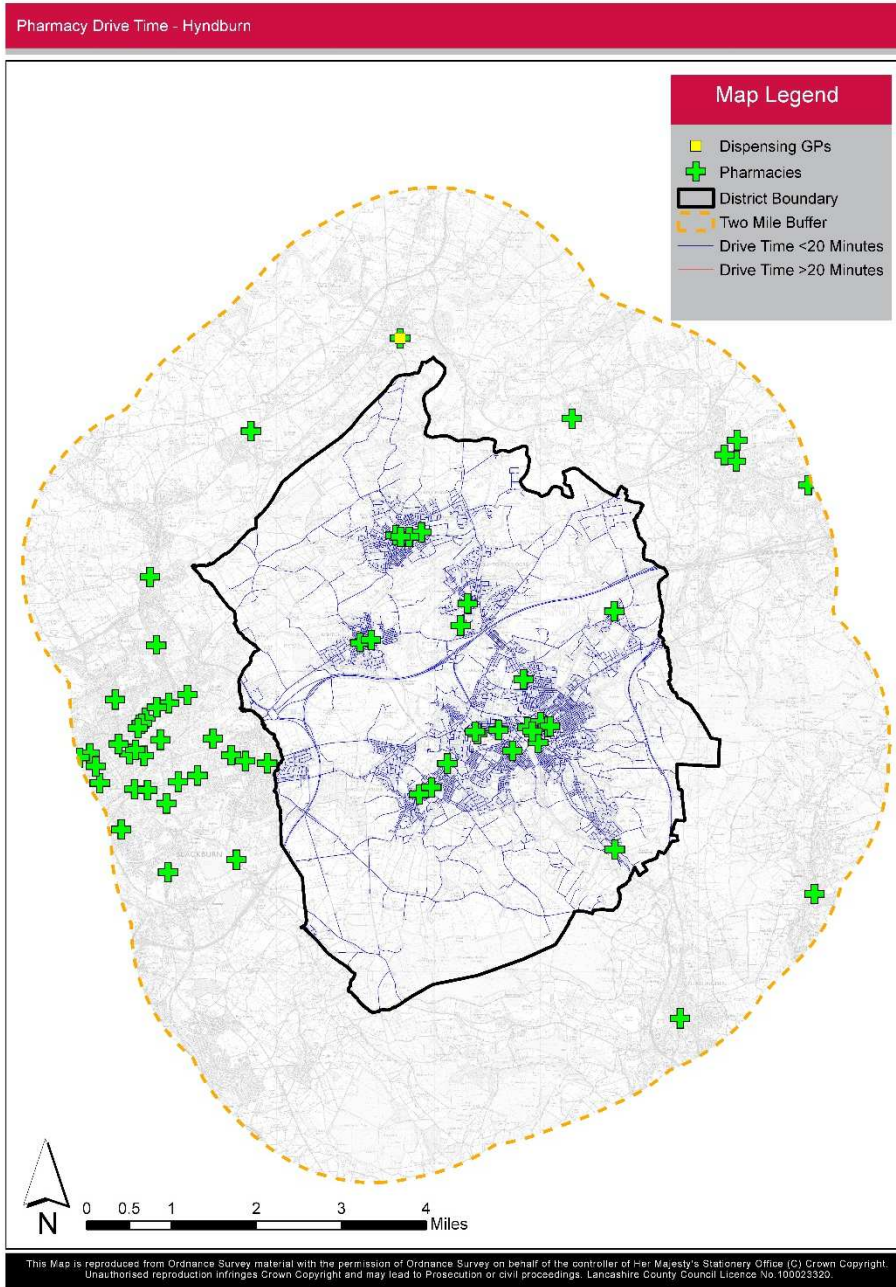
Map 35. Pharmacies within a 20 minute drive – Burnley



Hyndburn

As is clearly evident from the map all of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies

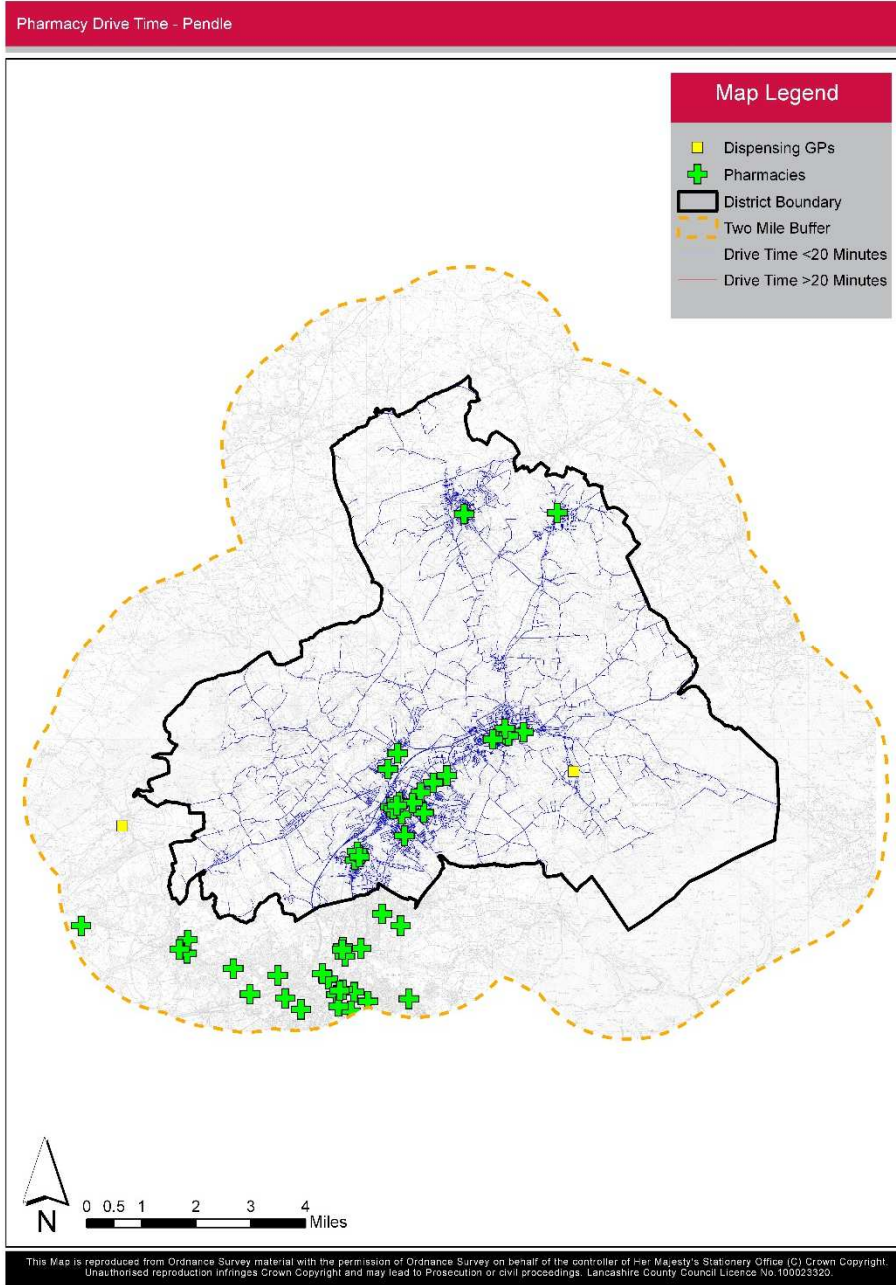
Map 36. Pharmacies within a 20 minute drive – Hyndburn



Pendle

As is clearly evident from the map all of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies.

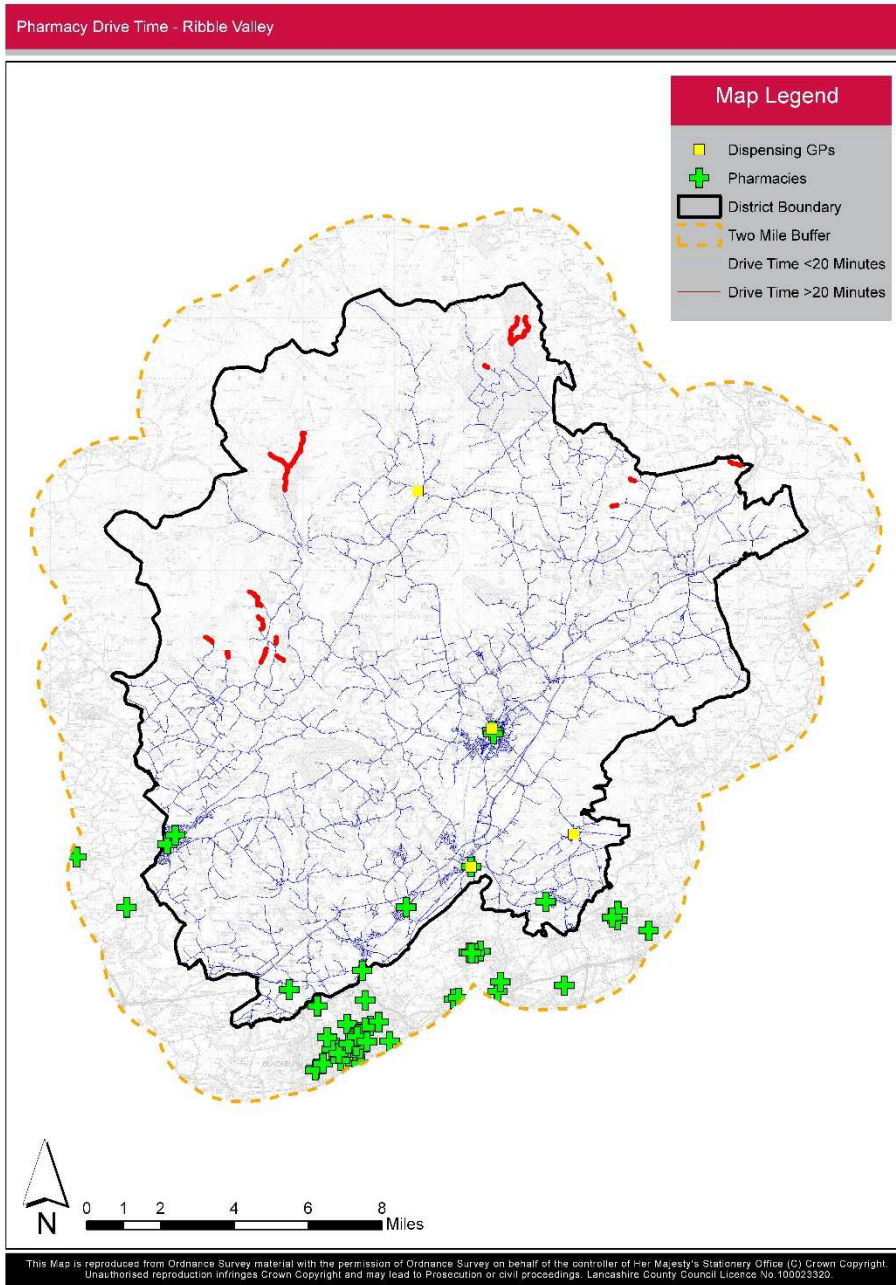
Map 37. Pharmacies within a 20 minute drive – Pendle



Ribble Valley

As is clearly evident from the map majority of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies. Note: While there are pockets of road networks more than 20 minutes away from a pharmacy or dispensing surgery by car, these are rural areas and mainly uninhabited.

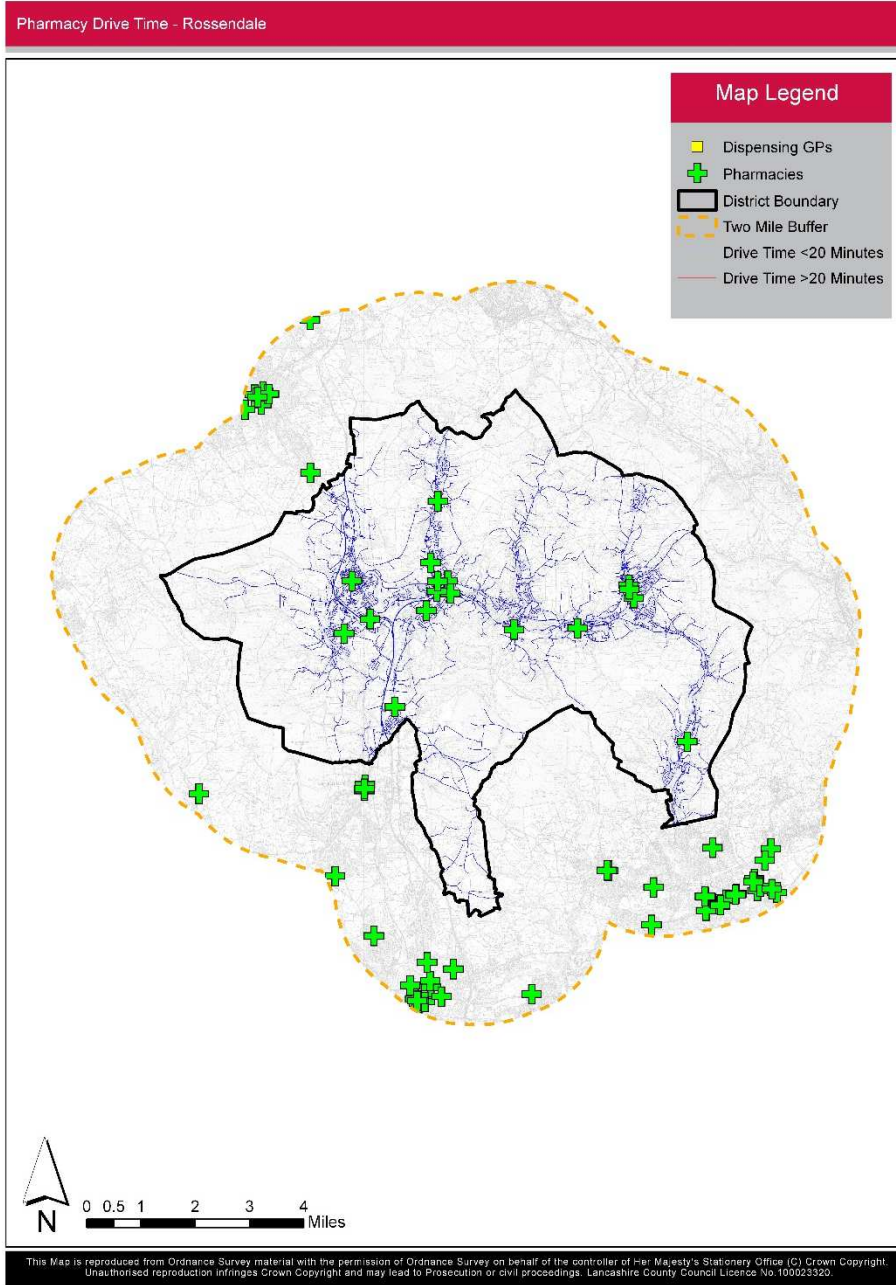
Map 38. Pharmacies within a 20 minute drive – Ribble Valley



Rossendale

As is clearly evident from the map all of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies

Map 39. Pharmacies within a 20 minute drive – Rossendale

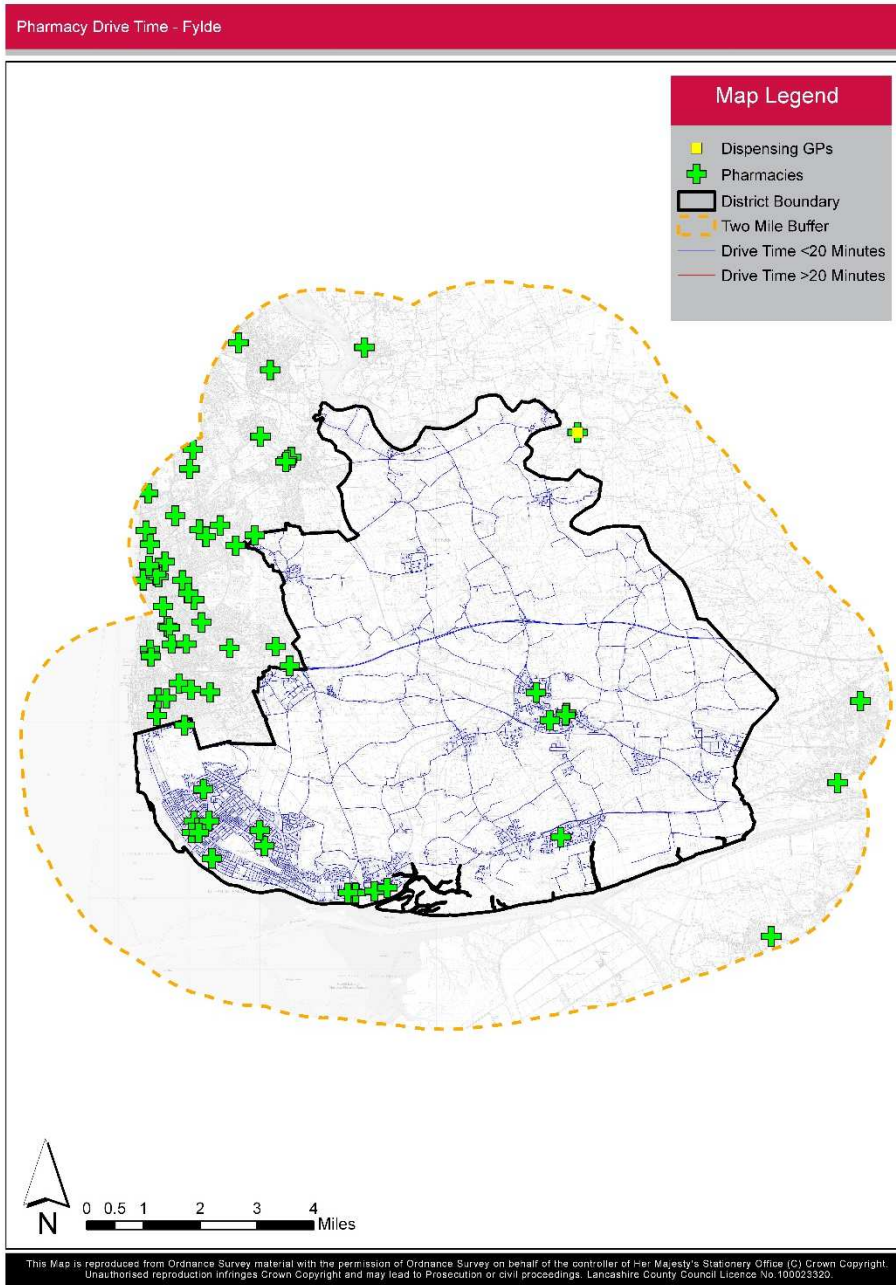


North Lancashire

Fylde

As is clearly evident from the map all of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies

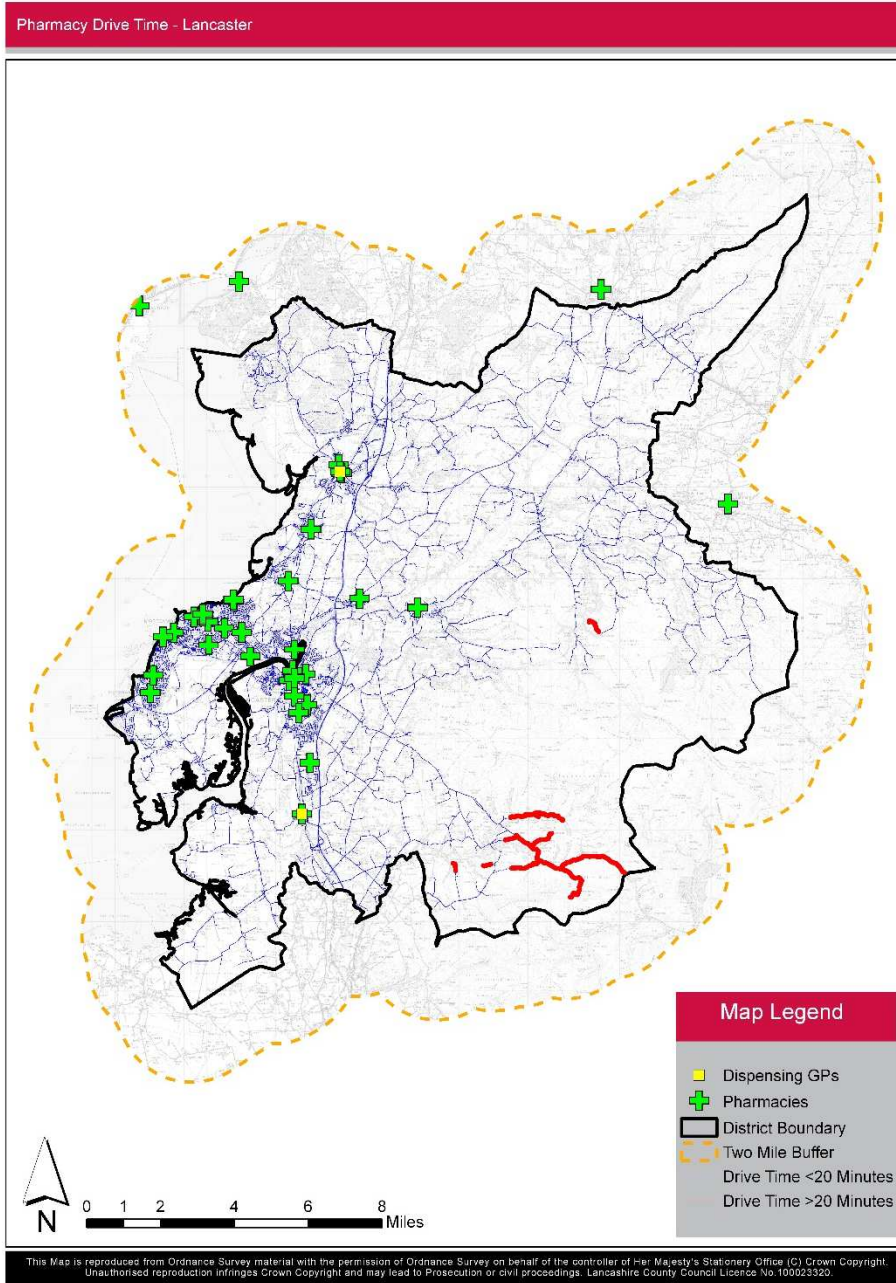
Map 40. Pharmacies within a 20 minute drive – Fylde



Lancaster

As is clearly evident from the map majority of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies. Note: While there are pockets of road networks more than 20 minutes away from a pharmacy or dispensing surgery by car, these are rural areas and mainly uninhabited.

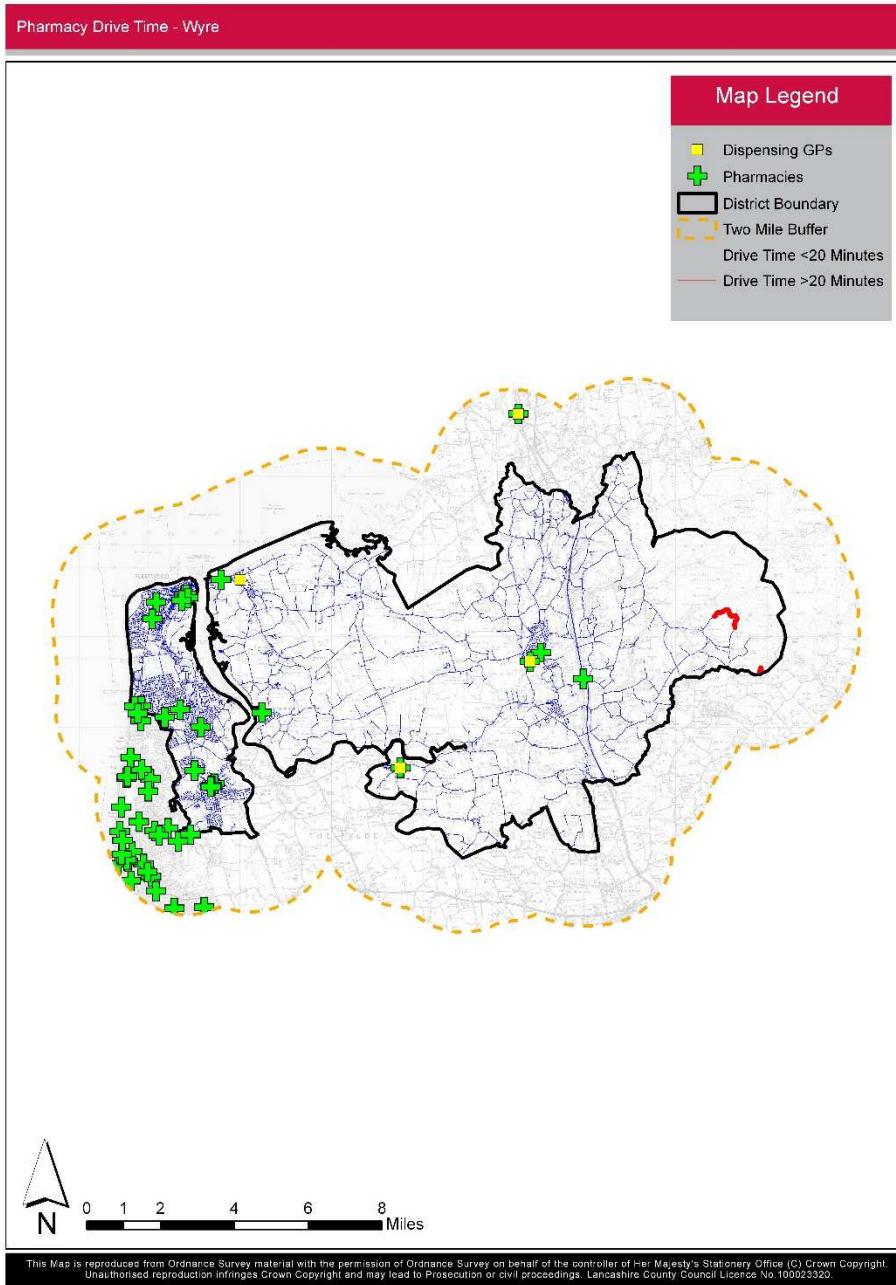
Map 41. Pharmacies within a 20 minute drive – Lancaster



Wyre

As is clearly evident from the map majority of the road networks are within 20 minutes travelling distance from a pharmacy. This demonstrates that within the district there is good coverage of pharmacies. Note: While there are pockets of road networks more than 20 minutes away from a pharmacy or dispensing surgery by car, these are rural areas and mainly uninhabited.

Map 42. Pharmacies within a 20 minute drive – Wyre



4.2.2 Border areas

There are 12 other HWBs with borders close to Lancashire. These areas have pharmacies that are accessible to the residents who live near the borders of the county.

Maps 6 to 17 show pharmacies which are over the border and within the 2 mile radius from East, Central and North Lancashire districts.

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4.2.3 Opening hours: community pharmacies

Central Lancashire

There are currently 95 Pharmacies open for 40 hours, 17 '100 hour' pharmacies, one ESPLPS contracts and four distance-selling contracts in Lancashire. The 100 hours contracts are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005;^{iv} premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

The 100 hour pharmacies are:

HBS Pharmacy	St Mary's Road	Bamber Bridge	Preston	PR5 6JD
HBS Pharmacy (Penwortham Healthcare Ltd)	St Fillans Medical Centre	1 Liverpool Road	Preston	PR1 0AD
Leyland Late Night Pharmacy	6 Hough Lane	Leyland	Lancs	PR25 2SD
MedicX	5 Acerswood Close	Coppull	Lancs	PR7 5EN
MedicX Pharmacy	13-17 Peel Street	Chorley	Lancashire	PR7 2EY
Sainsburys In-store Pharmacy	Cuerden Way	Bamber Bridge	Preston	PR5 6BJ
Tesco In-store Pharmacy	Tesco Extra	Ackhurst Industrial Estate, Foxhole Road	Chorley	PR7 1NW
Tesco In-store Pharmacy	Tesco Extra	Towngate, Leyland	Preston	PR25 2FN
Tesco stores Ltd	In store pharmacy, Ordnance Rd	Buckshaw Village	Chorley	PR7 7EL
Cottam Pharmacy	Cottam Lane Surgery	Ashton	Preston	PR2 1JR
HBS Pharmacy	Issa Medical Centre	St Gregory Road	Preston	PR1 6YA
M X Pharmacy	51-53 Longridge Road	Ribbleton	Preston	PR2 6RE
New Hall Lane Pharmacy	270 New Hall Lane		Preston	PR1 5XB
Ribble Village Pharmacy	200 Miller Road	Preston		PR2 6NH
Asda Pharmacy	Ingram	Skelmersdale		WN8 6LA
Aspire Pharmacy	9 Railway Road		Ormskirk	L39 2DN
Fishlocks Chemist	60 Liverpool Road North	Burscough	Ormskirk	L40 4BY

Overall, out of 117 community pharmacies, 49 (42%) are open after 6pm and 29 (25%) are open after 7pm on weekdays; 87 (74%) open on Saturdays; and 23 (21%) open on Sundays. These findings are similar to those in the previous PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in Maps 43 to 46.

While we have adequate coverage of 100 hour pharmacies across Lancashire, it needs to be better advertised as patients may find it difficult to find this information.

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East Lancashire

There are currently 79 Pharmacies open for 40 hours, 17 '100 hour' pharmacies, one ESPLPS contracts and six distance-selling contracts in Lancashire. The 100 hours contracts are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005,^{iv} premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

The 100 hour pharmacies are:

Accrington Late Night Pharmacy	188 Blackburn Road	Accrington		BB5 0AQ
Asda Pharmacy	Corporation Street	Colne		BB8 8LW
Asda Pharmacy	Hyndburn Road	Accrington		BB5 1QR
Asda Pharmacy	St Marys Way	Rawtenstall		BB4 8EL
Brierfield's Late Night Chemist	19A Chapel Street	Brierfield		BB9 5HJ
Burnley Late Night Pharmacy	36b Colne Road	Burnley		BB10 1LG
Nelson Pharmacy	41 Every Street	Nelson		BB9 7LU
Oswaldtwistle Pharmacy	300 Union Road	Oswaldtwistle	Accrington	BB5 3JD
Sainsbury's Pharmacy	Windy Bank	Colne		BB8 9HY
St Peters Pharmacy	St Peters Centre,	Church Street	Burnley	BB11 2DL
Tesco Instore Pharmacy	Queen Street	Great Harwood		BB6 7AU
Tesco Instore Pharmacy	Wyre Street	Padiham	Burnley	BB12 8DQ
Tesco Instore Pharmacy	Bury Road	Rawtenstall		BB4 6DD
Tesco Instore Pharmacy	2 Eagle Street	Accrington		BB5 1LN
Tesco Pharmacy	Haslingden Road	Haslingden		BB4 6LY
The Co-operative Pharmacy	13 Market Street	Colne		BB8 0LJ
The Co-operative Pharmacy	406 Blackburn Road	Accrington		BB5 1SA

Overall, out of 103 community pharmacies, 38 (37%) are open after 6pm and 21 (20%) are open after 7pm on weekdays; 73 (71%) open on Saturdays; and 22 (21%)

open on Sundays. These findings are similar to those in the previous PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in Maps 47 to 51.

North Lancashire

There are currently 68 Pharmacies open for 40 hours, six '100 hour' pharmacies and one ESPLPS contract in Lancashire. The 100 hours contracts are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005;^{iv} premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

The 100 hour pharmacies are:

Asda Pharmacy	Dock Street	Fleetwood	Lancashire	FY7 6NU
Kepple Lane Pharmacy	Kepple Lane	Garstang	Lancashire	PR3 1PB
Ash Trees Pharmacy	Market Street	Carnforth	Lancashire	LA5 9JU
Dalton Square Pharmacy	24 - 26 Great John Street	Lancaster	Lancashire	LA1 1NG
Sainsburys Pharmacy	Cable Street		Lancaster	LA1 1HH
Sainsburys Pharmacy	Christie Park	Morecambe	Lancashire	LA4 5TJ

Overall, out of 75 community pharmacies, 24 (32%) are open after 6pm and 9 (12%) are open after 7pm on weekdays; 48 (64%) open on Saturdays; and 14 (19%) open on Sundays. These findings are similar to those in the 2011 PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in maps 52 to 54.

Further community pharmacy opening hours on weekdays can be summarised as:

Currently 40 pharmacies are contractually obliged to open for 100 hours per week due to the conditions on their application. This inevitably means that they are open until late at night and at the weekend. There is a risk that if the regulations for these contracts were to change that they may reduce their hours. This could significantly reduce the availability of pharmacies within Lancashire that are available on late night and weekends.

Lancashire HWB has not identified needs that would require provision of a full pharmaceutical service for all time periods across the week. However, maintaining

the current distribution of 100 hour/longer opening pharmacies is important to maintain out of hours access for the population of the borough.

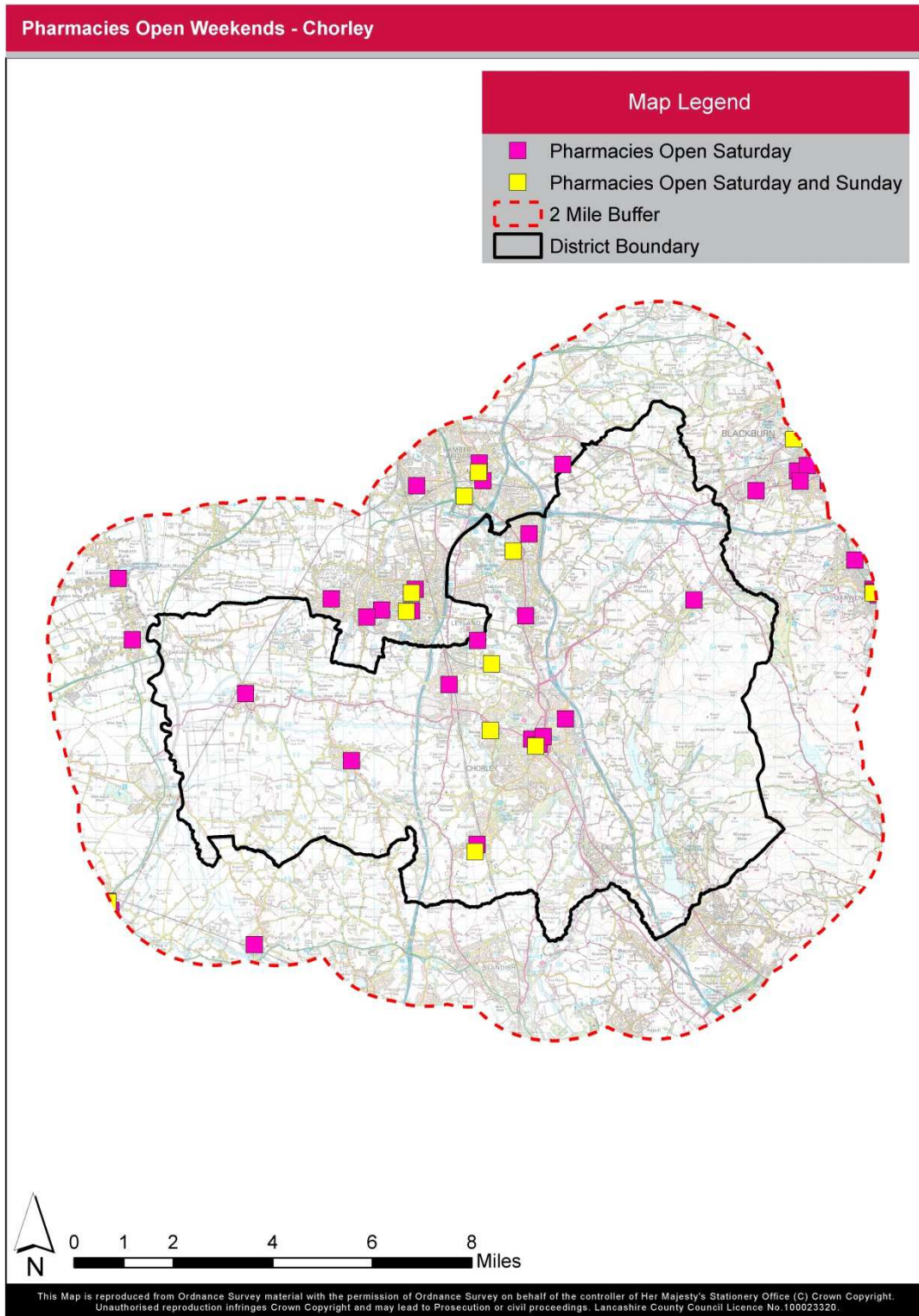
Since the introduction of the pharmaceutical contractual framework in 2005, community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies. Despite this, there can still be a gap in contracted hours to cover statutory holidays.

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays although they are not contractually obliged to do so. NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where pharmacies are still traditionally closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services. These arrangements are renewed every year.

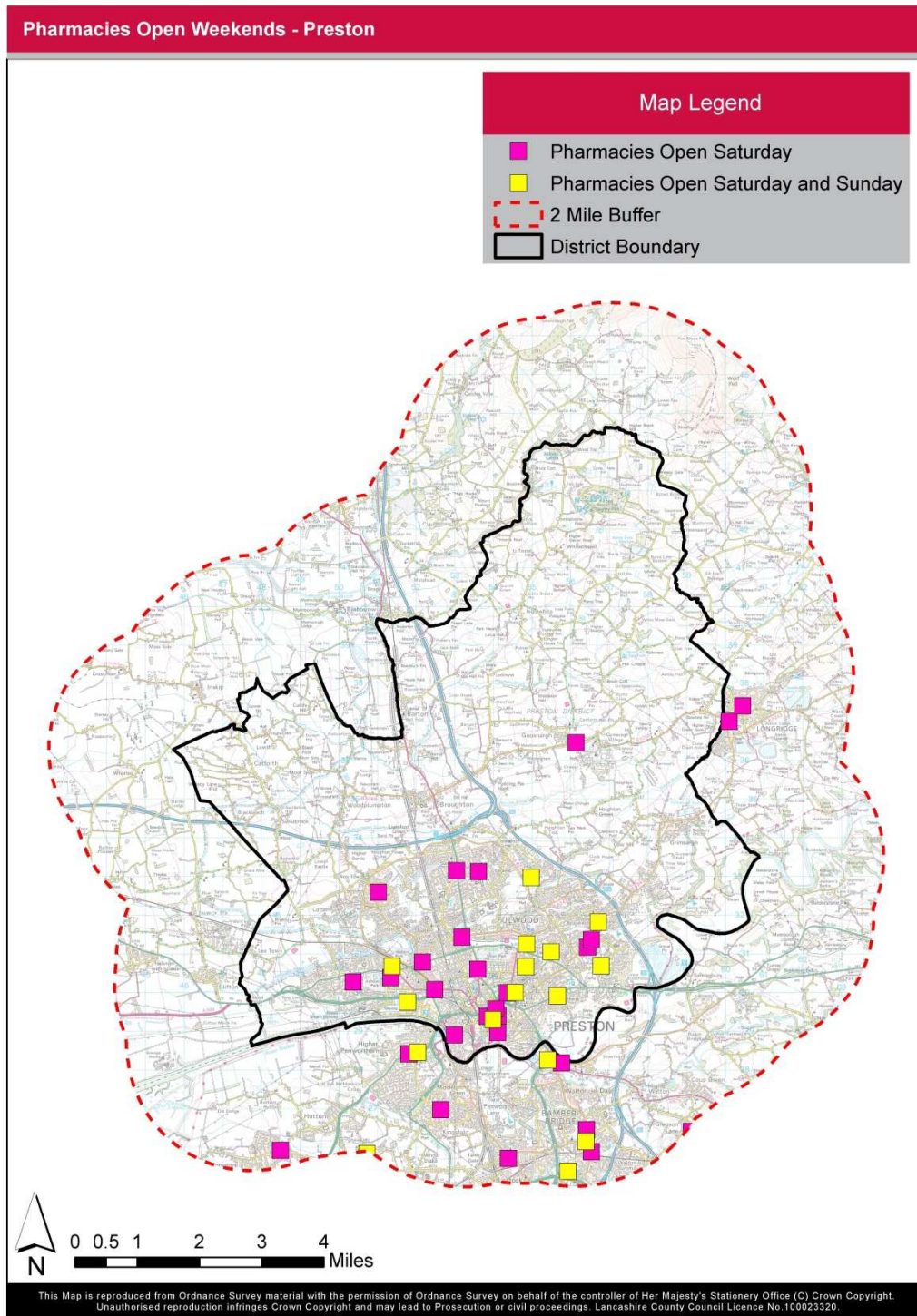
Maps 43 to 54 show the Saturday and Sunday opening times of pharmacies in the districts of the three localities.

- Map 43 to 46 show Saturday and Sunday opening times in the districts of East Lancashire
- Maps 47 to 51 show Saturday and Sunday opening times in the districts of Central Lancashire
- Maps 52 to 54 show Saturday and Sunday opening times in the districts of North Lancashire

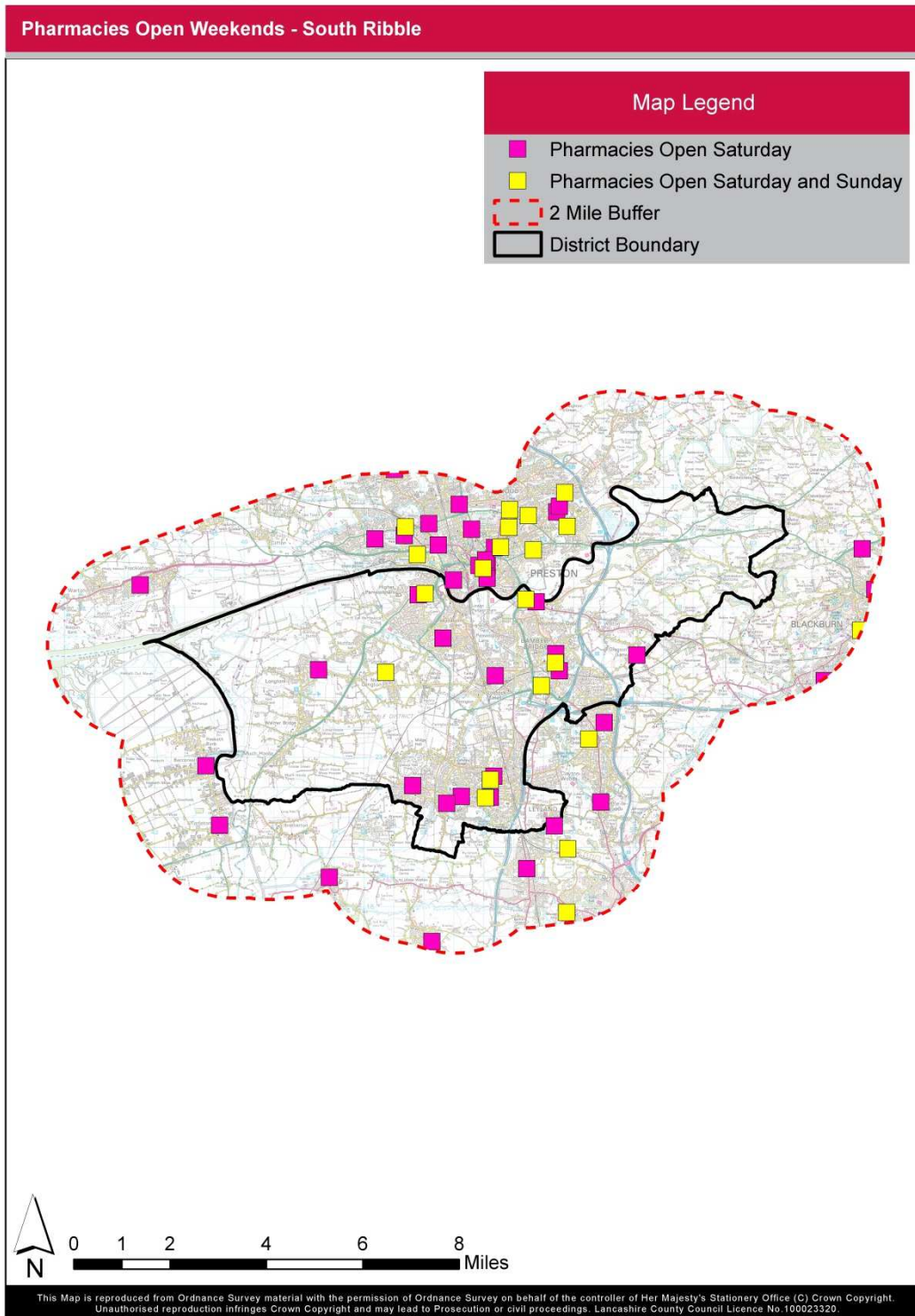
Map 43. Saturday and Sunday opening times of pharmacies located in Chorley



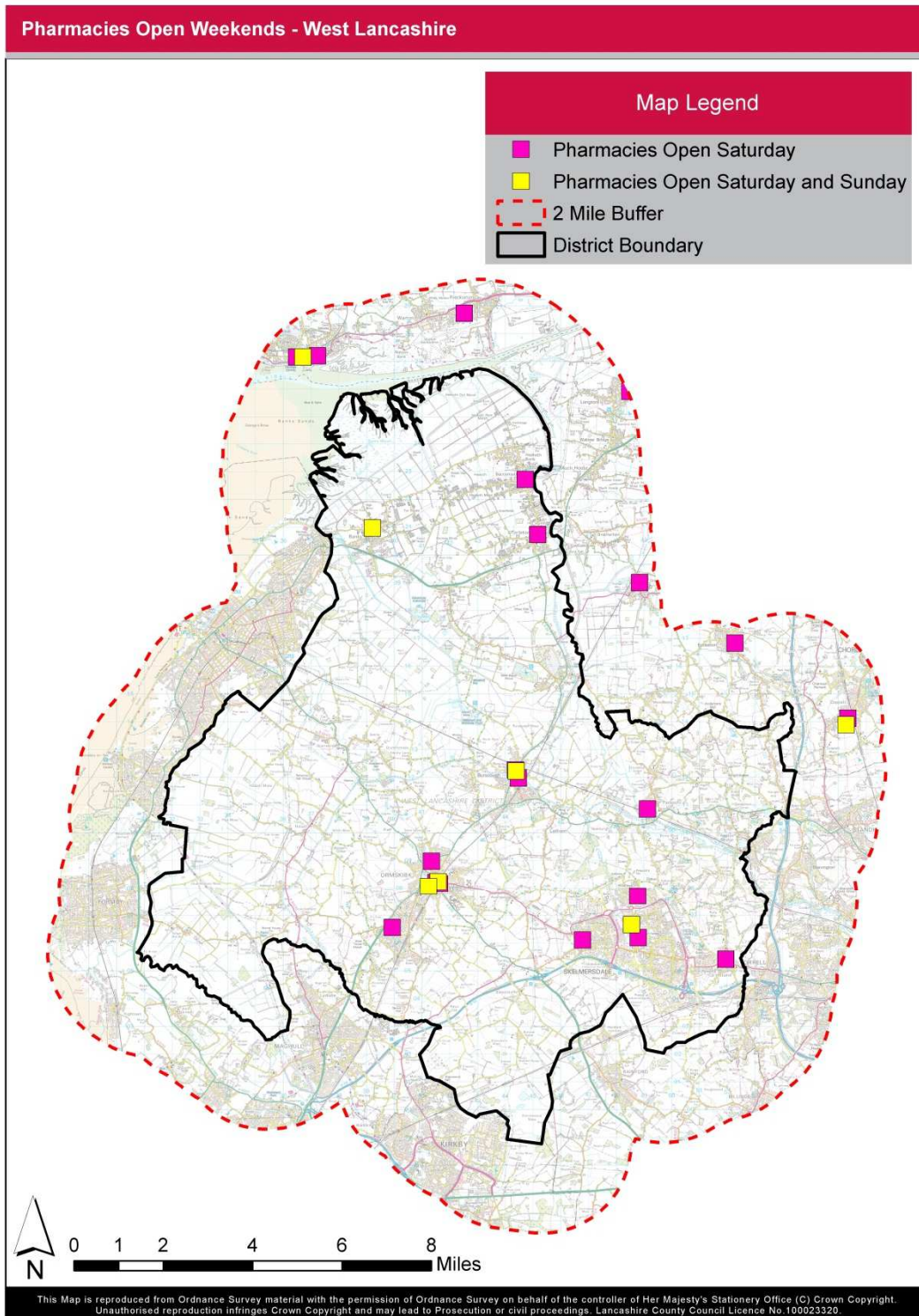
Map 44. Saturday and Sunday opening times of pharmacies located in Preston



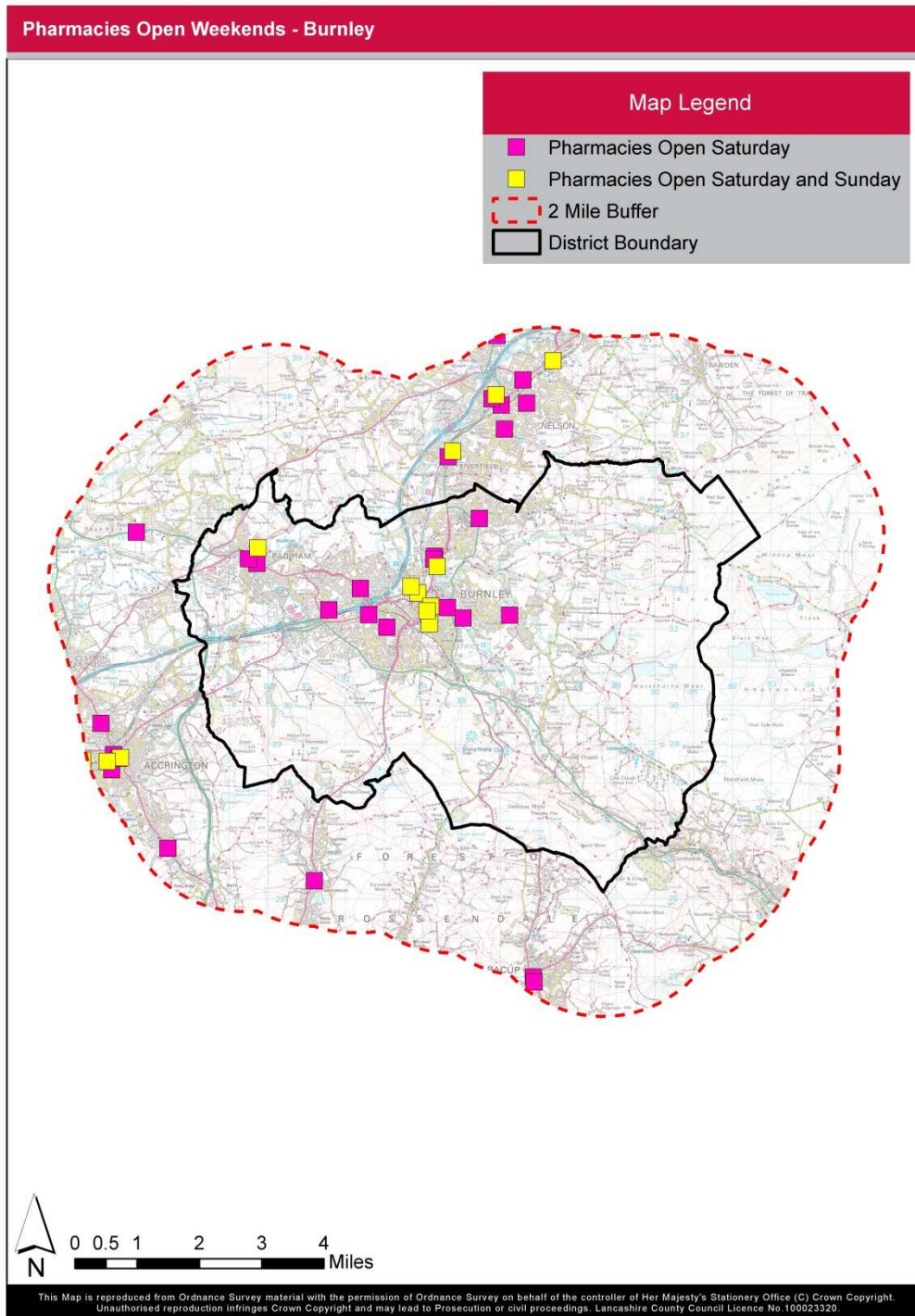
Map 45. Saturday and Sunday opening times of pharmacies located in South Ribble



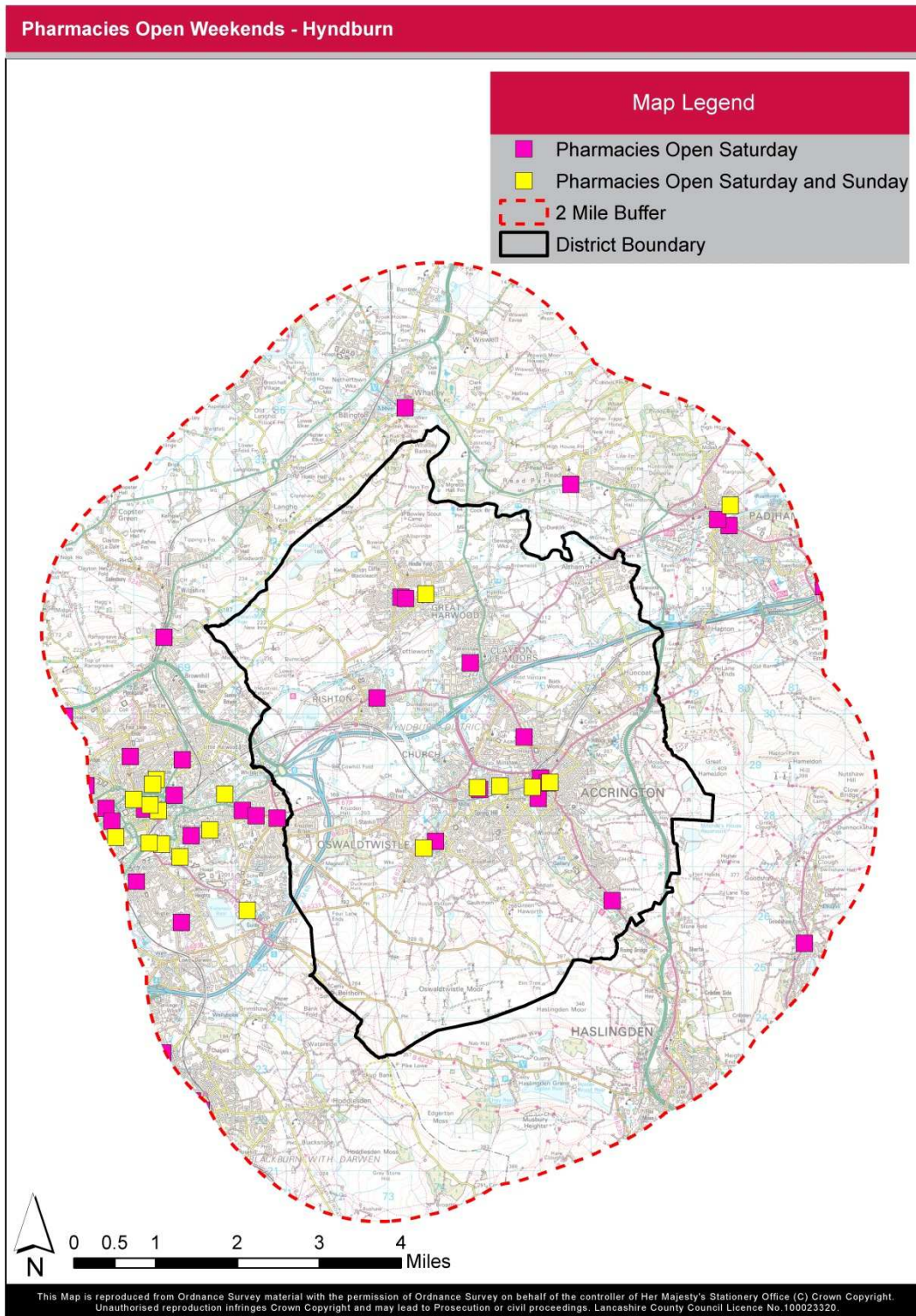
Map 46. Saturday and Sunday opening times of pharmacies located in West Lancashire



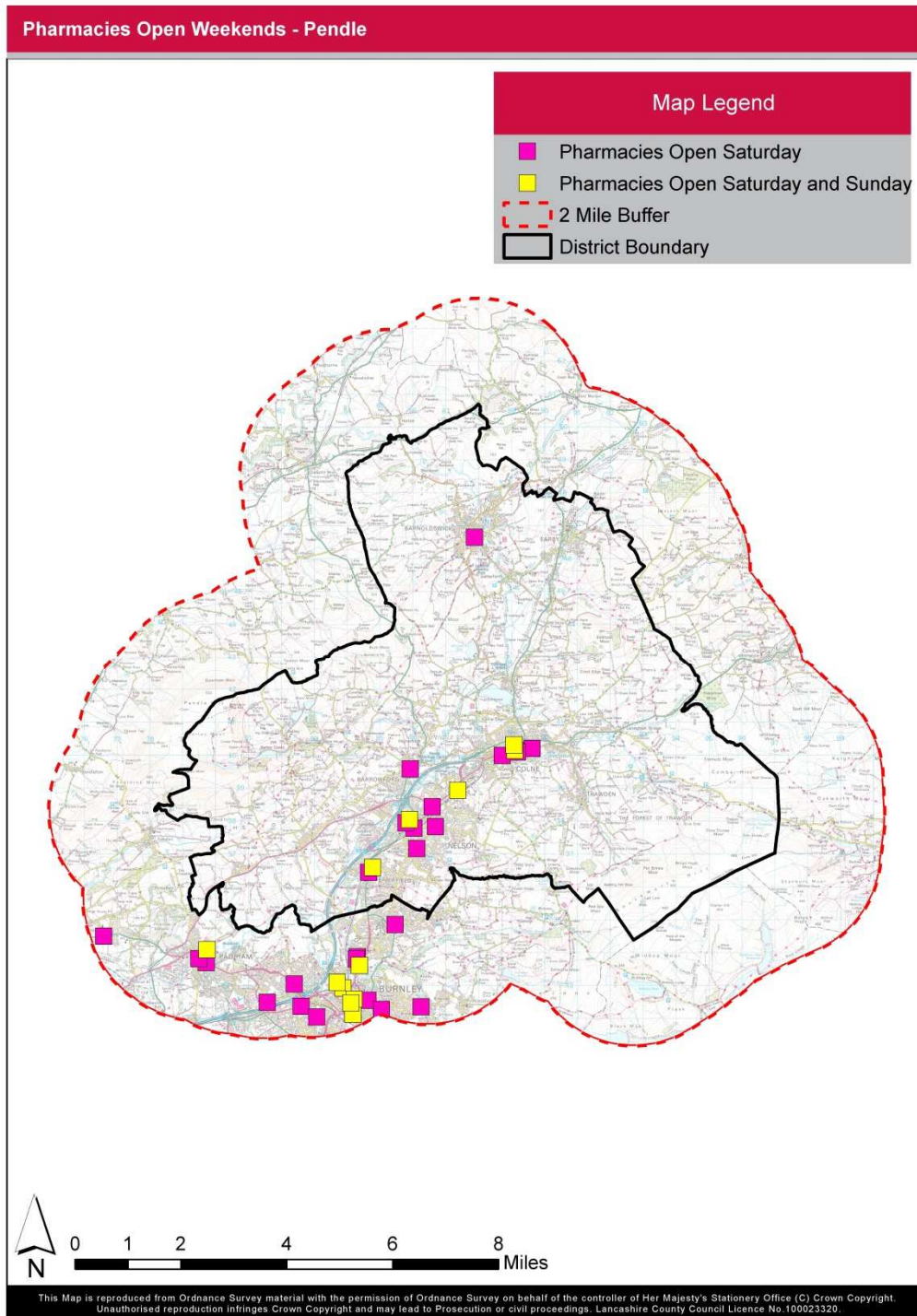
Map 47. Saturday and Sunday opening times of pharmacies located in Burnley



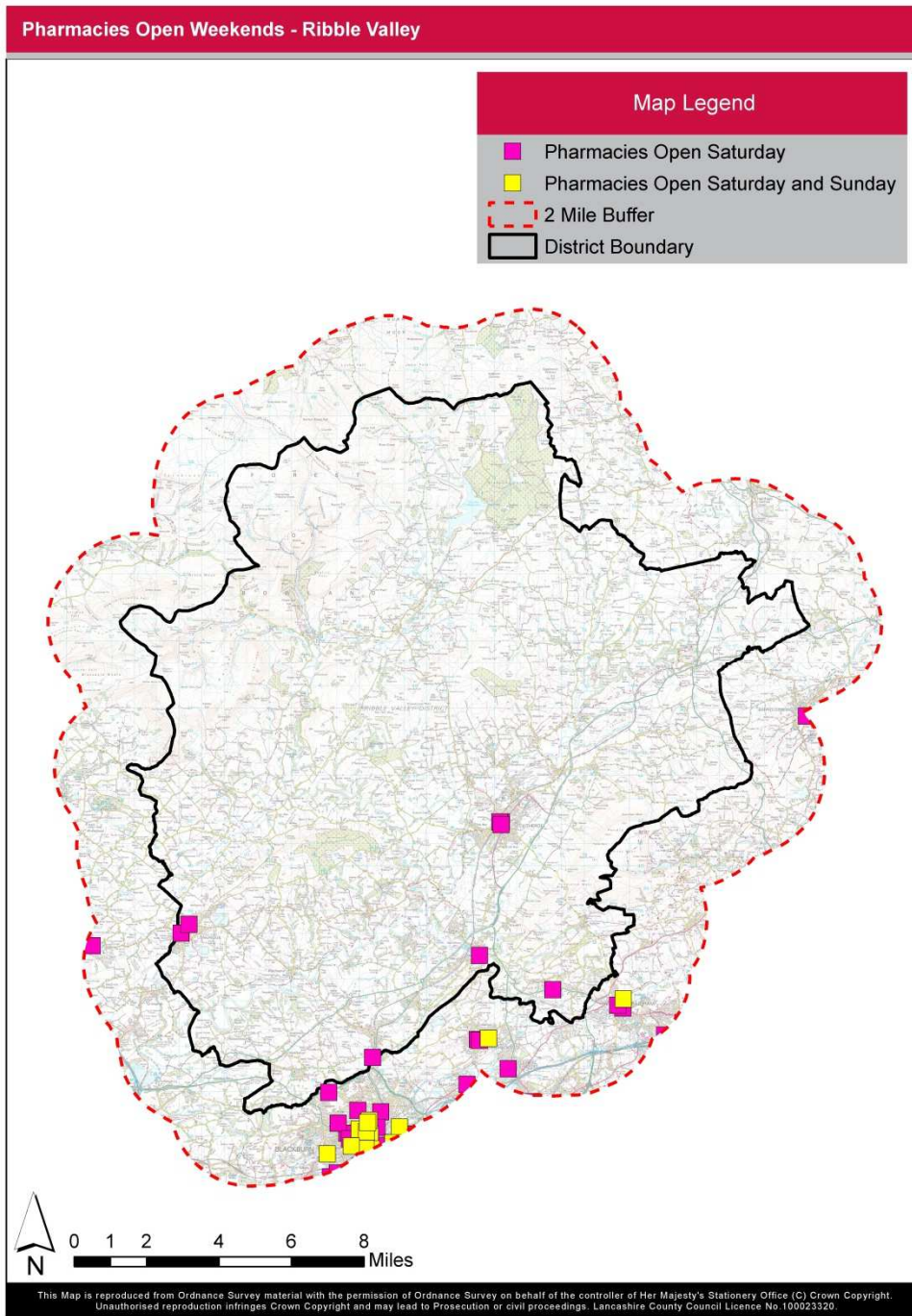
Map 48. Saturday and Sunday opening times of pharmacies located in Hyndburn



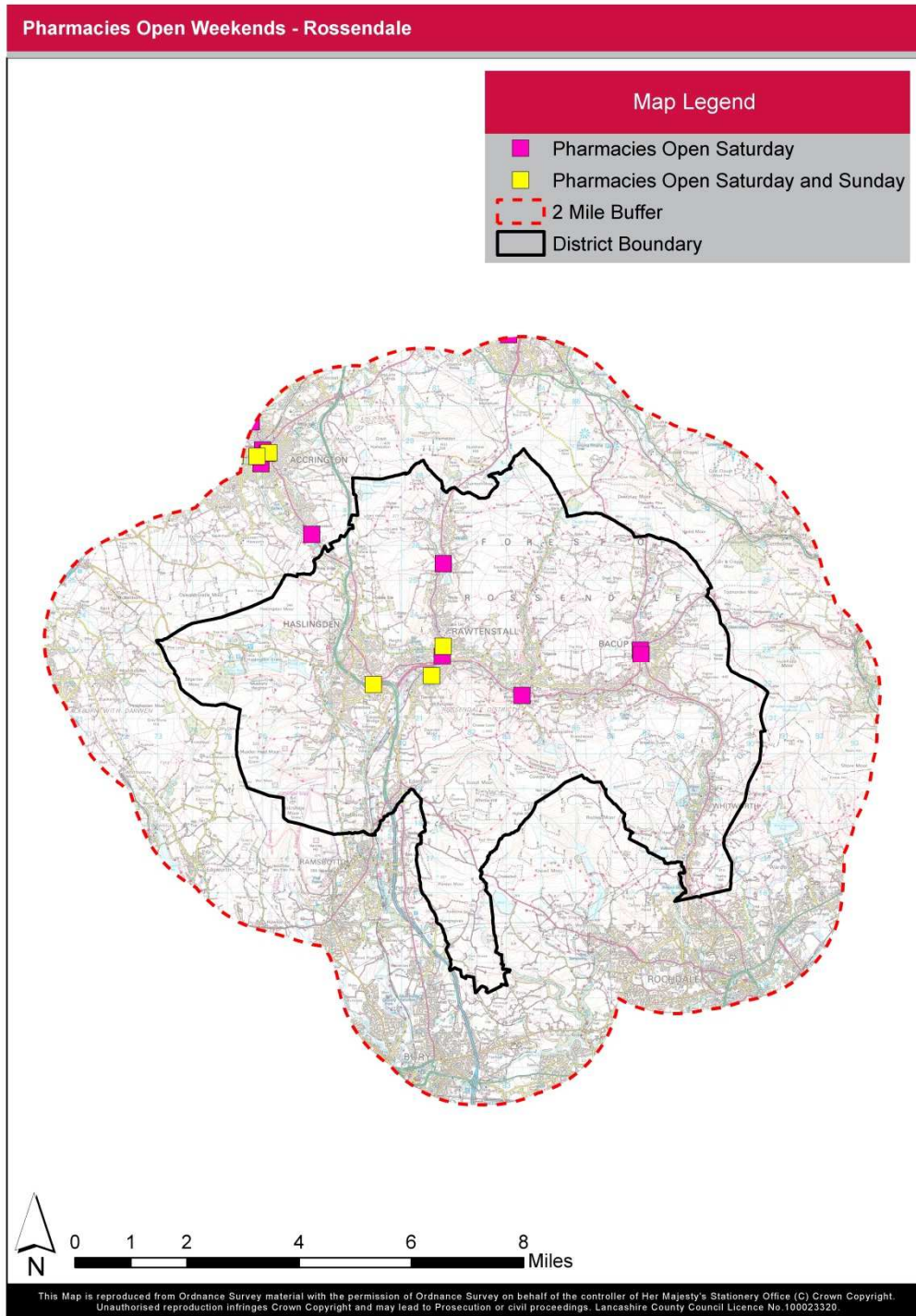
Map 49. Saturday and Sunday opening times of pharmacies located in Pendle



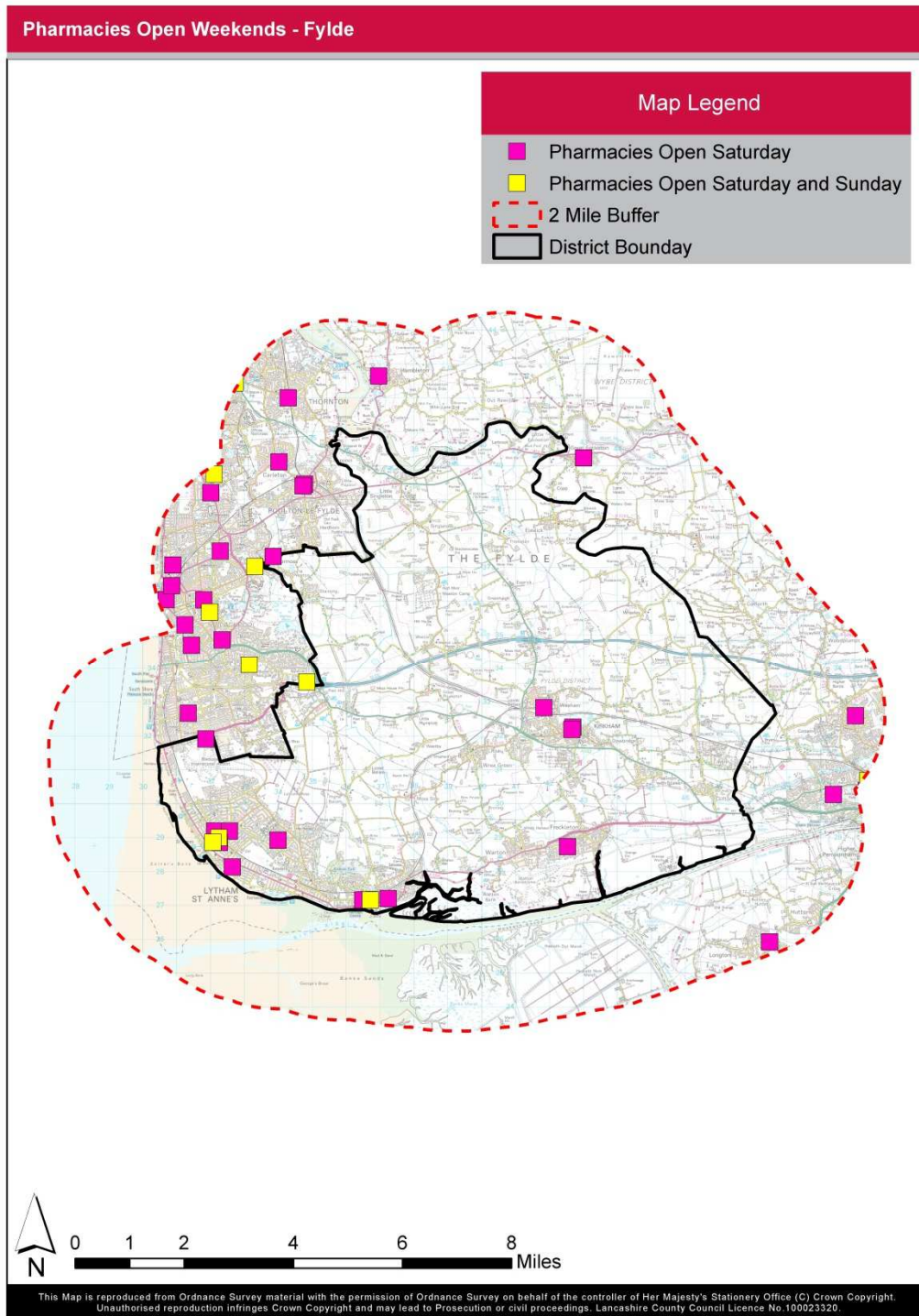
Map 50. Saturday and Sunday opening times of pharmacies located in Ribble Valley



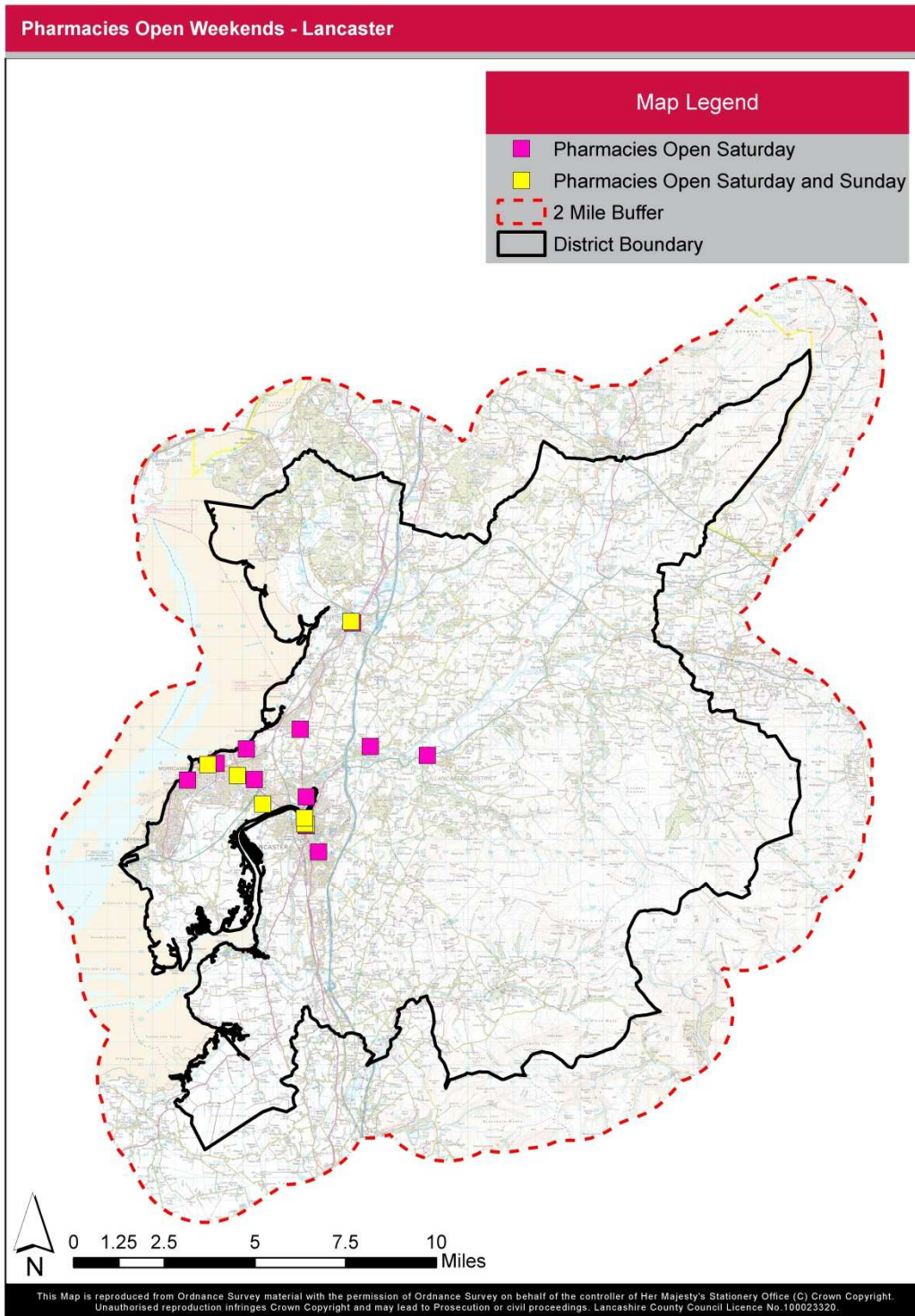
Map 51. Saturday and Sunday opening times of pharmacies located in Rossendale



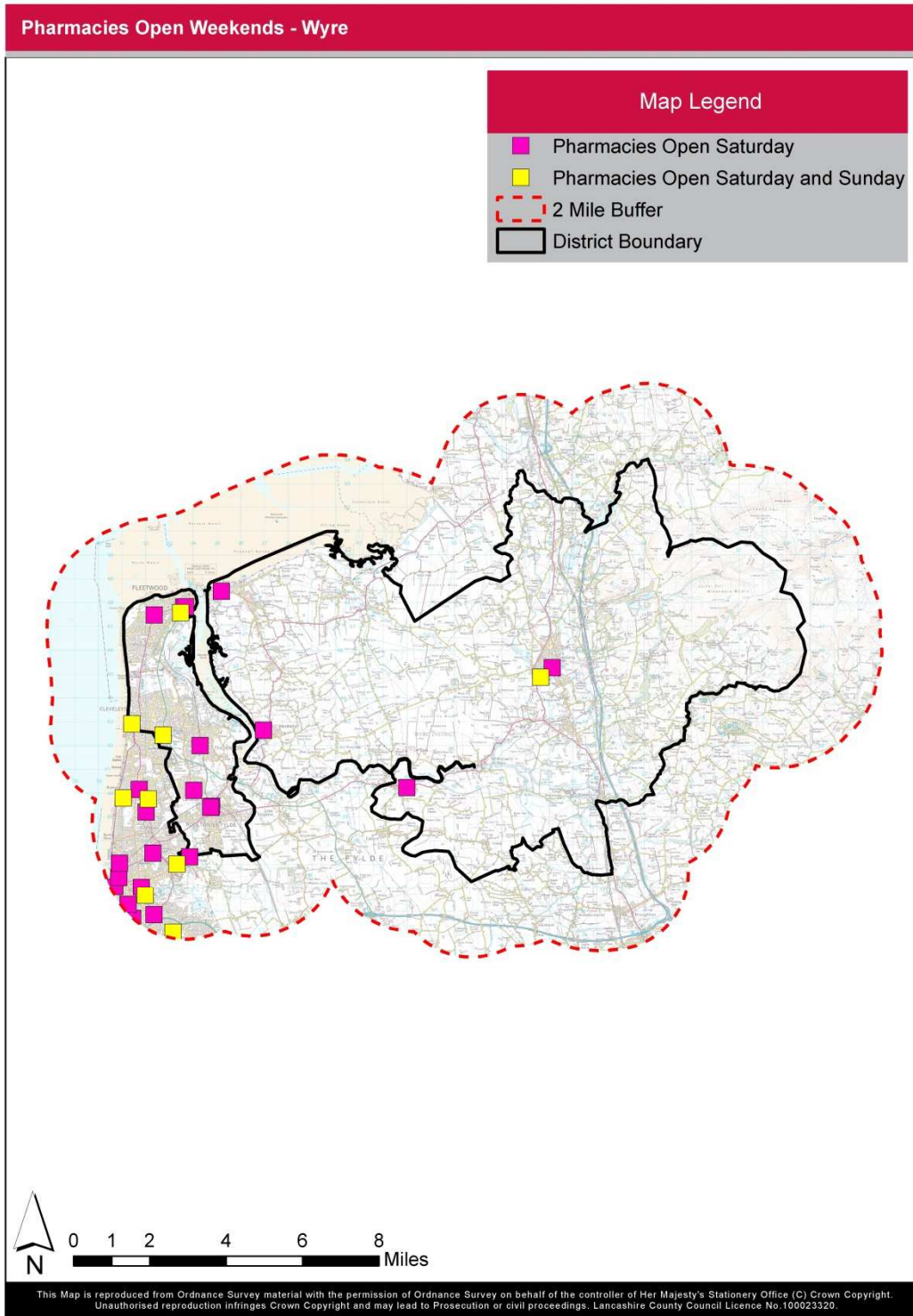
Map 52. Saturday and Sunday opening times of pharmacies located in Fylde



Map 53. Saturday and Sunday opening times of pharmacies located in Lancaster



Map 54. Saturday and Sunday opening times of pharmacies located in Wyre



4.2.4 Access for people with disabilities

The questionnaire sent to pharmacies included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that 155 of the 188 pharmacies (82.4%) have consultation areas with wheelchair access. 80 of the 188 (42.6%) stated they would be willing to undertake consultations in a patient's home or other suitable venue. 168 of the 188 (89.4%) stated they would deliver dispensed medicines free of charge on request.

4.3 Community Pharmacy Essential Services

Community Pharmacies provide three tiers of Pharmaceutical Services:

- Essential Services – services all pharmacies are required to provide.
- Advanced Services – services to support patients with safe use of medicines.
- Enhanced Services – services that can be commissioned locally by NHS England.

These types of services are briefly described below and are defined in the Regulations.^{iv}

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework.^{xiv} Essential services include dispensing appliances, repeat dispensing, clinical governance, public health (promotion of healthy lifestyles), disposal of unwanted medicines, signposting and support for self-care.

The essential services are specified by a national contractual framework that was agreed in 2005. All community pharmacies are required to provide all the essential services. NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. This is monitored by NHS England.

All community pharmacies in Lancashire are currently compliant with the contract to date.

4.3.1 Public health campaigns

At the request of NHS England, NHS pharmacists are required to participate in up to six campaigns each year to promote public health messages to their users.^{xv} Where requested to do so by NHS England the NHS pharmacist records the number of people to whom they have provided information as part of one of those campaigns.

The Community Pharmacy Contractual Framework identifies that pharmacies have to carry out 6 Public Health Campaigns over a 12 month period – this service provision is part of the overall pharmacy contract which is commissioned by NHS England. Historically the Public Health Campaigns delivered by community pharmacies were part of the contractual agreements with the Medicines Management Department supported by the Public Health Team in the Primary Care Trust.

To gain consistency, the 6 public health campaigns for 14/15 have been agreed across Pan Lancashire (Blackpool, Blackburn with Darwen and Lancashire County Council) as below:

- April-May – Lung Cancer awareness,
- June-July – Road Safety,
- Aug-Sep – Healthy Weight,
- Oct-Nov – Stoptober,
- Dec-Jan – Alcohol / Dry January,
- Feb-March – Mental Health /5 ways to Wellbeing

It is not stipulated that Public Health should provide the Pharmacies with the resources for each campaign. However for each campaign a briefing sheet of the key Public Health messages linked to pharmacies will be produced and links to where pharmacies can obtain posters and resources. For campaigns where we have resources available these will be distributed to the pharmacies.

It is expected that campaign material, either sourced by the contractor or provided by a commissioner should be displayed in a prominent area within the pharmacy. Pharmacists and pharmacy staff should actively take part in, and contribute to the campaigns for patients (and general pharmacy visitors) during the campaign period, including giving advice to people on the campaign issues.

4.4 Advanced Services

In addition to essential services the community pharmacy contractual framework allows for advanced services, which currently include Medicines Use Reviews (MUR), Appliance Use Reviews (AUR), New Medicines Service (NMS) and the Stoma Customisation Service (SCS). A pharmacy can choose to provide any of these services as long as they meet the requirements that are set out in the Secretary of State Directions.^{xvi}

Further guidance has been issued to community pharmacists to conduct MURs on patients who are taking medications known to increase the risk of hospitalisation through complications with their medications, including: Non-steroidal Anti-Inflammatory drugs, Warfarin, Methotrexate and other Disease-Modifying Anti-Rheumatic Drugs (DMARDs), Insulin, Anti-Epileptics and Parkinson's drugs.

New Medicines Service Review was commissioned in 2011 and is currently being reviewed nationally to identify if it will continue in 2015.

Central Lancashire

In 2013-2014, of the 117 pharmacies in Central Lancashire, 113 contractors provided the Medicines Use Review Service with the mean average of MURs undertaken being 259 per contractor per year. The maximum number of MURs per contractor per year is 400.

In 2013-2014, of the 117 pharmacies in Central Lancashire, 102 contractors provided the New Medicines Service Review with the mean average of NMS Reviews undertaken being 60 per contractor per year.

East Lancashire

In 2013-2014, of the 103 pharmacies in East Lancashire, 94 contractors provided the Medicines Use Review Service with the mean average of MURs undertaken being 271 per contractor per year. The maximum number of MURs per contractor per year is 400.

In 2013-2014, of the 103 pharmacies in East Lancashire, 80 contractors provided the New Medicines Service Review with the mean average of NMS Reviews undertaken being 85 per contractor per year.

North Lancashire

In 2013-2014, of the 75 pharmacies in North Lancashire, 69 contractors provided the Medicines Use Review Service with the mean average of MURs undertaken being 277 per contractor per year. The maximum number of MURs per contractor per year is 400.

In 2013-2014, of the 75 pharmacies in North Lancashire, 62 contractors provided the New Medicines Service Review with the mean average of NMS Reviews undertaken being 84 per contractor per year.

4.5 Enhanced Services

Such services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services or local improvement services.

The only pharmacy enhanced service commissioned from any willing pharmacy provider across the county, excluding distance selling pharmacies, is the seasonal flu vaccination service.

Central Lancashire

In 2013/14 21% (25) providers signed service level agreements to deliver the seasonal flu service. In total 682 patients were vaccinated from a total of 22 providers.

East Lancashire

In 2013/14 19% (20) providers signed service level agreements to deliver the seasonal flu service. In total 141 patients were vaccinated from a total of 18 providers.

North Lancashire

In 2013/14 15% (11) providers signed service level agreements to deliver the seasonal flu service. In total 116 patients were vaccinated from a total of 10 providers.

4.6 Local Improvement Services

In 2013/14 Public Health commission community pharmacies to deliver the following services;

- Needle exchange
- Supervised consumption
- Stop smoking service
- Nicotine replacement voucher scheme
- Emergency hormonal contraception

Not all pharmacies provide each service. Public Health commissioners provide service provision where there is the greatest of need.

These will be discussed in more detail in chapter 5.

DRAFT

5 Health Needs and Locally Commissioned Services

Key messages

Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services.

Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including motivational interviewing, providing information and brief advice, providing on-going support for behaviour change and signposting to other services.

Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

In Lancashire, commissioning from community pharmacy has been varied across the county and although work is on-going to try and standardise commissioned community pharmacy services across the county, for some services inequalities do remain.

Three of the four Lancashire Stop Smoking Services (East, Central and West) have been using a Pharmacy NRT Voucher Scheme since 2009. The scheme has recently been extended to North Lancashire in 2014/15 and community pharmacies are currently being recruited to the scheme.

Of the 295 pharmacies across Lancashire signed up to LIS agreements, 215 provide chlamydia testing and EHC.

Many pharmacies across the county provide dispensing for prescriptions issued for the management of substance misuse problems, supervised consumption of prescribed medication and needle and syringe exchange.

A Lancashire Healthy Living Pharmacy programme prospectus has been drawn up that local pharmacy contractors are invited to sign up to. Healthy Living Pharmacy is an identified priority in the Local Professional Network (Pharmacy)(LPN) work plan and is accountable to the LPN for roll out and delivery of the plan.

The Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with medicines use as they move between care settings. This could be particularly relevant for frail older people and those with multiple conditions.

There may be potential opportunities for pharmacies relating to the needs of the health of the population. However, it should be recognised that there could be other non-pharmacy providers who can also provide these services.

5.1 A focus on the role of community pharmacy in improving public health

5.1.1 Local contributions to improving health and reducing inequalities

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. There are opportunities for local service commissioning to build on the services provided as essential services. Pharmacies are able to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Lancashire HWB considers community pharmacies a key public health resource and recognises that they offer potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing, as recommended by the Local Government Association (LGA).^{xvii}

The Public Health Strategy for England (2010) states that “Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.”^{xviii}

LGA report Community Pharmacy: local government’s new public health role states that community pharmacy and local government share several common purposes:

- Public health – e.g. promoting good sexual health and reducing substance misuse.
- Support for independent living – through healthy lifestyle advice and support with using medicines correctly.
- Making every contact count – through health promotion intervention and signposting.
- Core business – investment, employment and training in local communities.

The LGA report recommends that local commissioners consider the Healthy Living Pharmacy model and how it could be used to help improve health and reduce inequalities (see section HLP section 5.19).

5.1.2 Evidence based approach

The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy*^{xx} recommends that a strong evidence base underpins commissioning of public health services from community pharmacy. The Department of Health recently invited the submission of research proposals to determine and evaluate the role of Community Pharmacy in public health. This invitation stated that “whilst the evidence for pharmacy’s contribution to public health is growing, there are gaps, and there is a clear requirement for good quality research to be carried out to determine and evaluate the contribution of a pharmacy where the evidence is missing or less strong.”^{xx}

5.1.3 Opportunities for integrated care

In the Royal Pharmaceutical Society (RPS) report *Now or never: shaping pharmacy for the future*^{xxi} RPS recommends that pharmacists must collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with the use of medicines as they move between care settings. The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy* also highlights the importance

of integrating the role of a community pharmacy with that of other elements of the health and public health system. The report emphasises the value of strong information flows between providers and commissioners. In developing commissioning and estate strategies, consideration could be given to how pharmacy services could be better integrated with health and social care and other public services, for example through co-location.^{xxii}

5.1.4 Developing the workforce

The LGA report suggests that health and social care workforce strategy includes consideration of the pharmacy workforce and its training needs, including its role as a potential employer in deprived and rural communities. It proposes that there may be opportunities for greater integration and joint workforce training, for example of healthcare assistants and health champions. RPS is also developing Professional Standards for Public Health Practice for Pharmacy^{xxiii} for pharmacy teams to promote the delivery of high quality public health services in pharmacy settings.

5.2 What will this chapter discuss?

This chapter considers local needs, local services and discusses the local services offered.

5.2.1 Local health needs

Children, adults and the elderly are all vulnerable to the risk factors that contribute to preventable non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.

Overall Lancashire has a favourable health profile but, compared to the national average, substantial local variation exists within the county. Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. The JSNA describes specific health needs in detail.

Table 6 shows male and female life expectancy at birth compared to the national average. Although there is wide variation, most of the districts in Lancashire have significantly lower life expectancy than the national average. For males, seven of the districts have significantly lower life expectancy than average and for females, eight districts are worse than average. Only Ribble Valley has life expectancy significantly better than average for both males and females and South Ribble has better than average life expectancy for males. In the most deprived areas of Lancashire life expectancy is 9.9 years lower for men and 7.6 years lower for women^{xxiv}.

Table 6: Life expectancy at birth by district (2010-12)			
	Significantly lower than England	Not significantly different from England	Significantly higher than England
Area	Male	Female	
Burnley	75.7		80.5
Chorley	79.0		81.9
Fylde	79.1		82.8
Hyndburn	76.5		81.0
Lancaster	77.4		82.2
Pendle	77.9		81.7
Preston	77.4		81.0
Ribble Valley	80.5		84.0
Rossendale	77.6		81.6
South Ribble	80.1		82.8
West Lancashire	78.7		82.5
Wyre	78.2		81.8
Lancashire	78.2		82.0
England	79.2		83.0

Source: Life expectancy JSNA
<http://www.lancashire.gov.uk/corporate/web/?siteid=6117&pageid=35407&e=e>

5.2.2 Overview of local services

These are a number of local services commissioned from community pharmacies by public Health LCC and CCGs to support the local public health agenda. However, it is to note that **commissioning from community pharmacy has been varied across the county** and although work is on-going to try and standardise commissioned community pharmacy services across the county, for some services inequalities do remain. Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Community pharmacies can contribute to the local public health agenda in a number of ways, including but not limited to:

- Motivational interviewing
- Providing education, information and brief advice
- Providing on-going support for behaviour change
- Signposting to other services or resources
- Long acting reversible contraception

A range of services are commissioned in Lancashire, including the following:

- NRT Voucher Scheme (commissioned by LCC)
- Chlamydia Screening and Treatment (commissioned by LCC)
- Emergency Hormonal Contraception (commissioned by LCC)
- Needle and Syringe Exchange Service (commissioned by LCC)
- Supervised Administration Service (commissioned by LCC)
- Minor Ailments Service (Chorley & South Ribble, East Lancashire, Greater Preston, West Lancashire CCG)

- Palliative care service (Chorley & South Ribble, East Lancashire, Fylde & Wyre, Greater Preston, West Lancashire CCG). East Lancashire CCG -stock holding & provision of specialists drugs in palliative care. Fylde & Wyre CCG - Just in Case Palliative Care Service.

Appendix 4 shows list of pharmacies (as at June 2014).

Some local services are not commissioned but are provided on 'goodwill', see below and link to site:

- Healthy Start is a UK - wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits.
<http://www.healthystart.nhs.uk/for-health-professionals/>

Community pharmacies are a provider of national NHS pharmaceutical services and must comply with the contractual framework introduced in 2005. The national contract for community pharmacy consists of 3 different levels of services: Essential services, advanced services and enhanced services.

All community pharmacies must provide essential services. Advanced services require pharmacists and their premises to be accredited in order for them to be able to provide the service and enhanced services are commissioned services in response to local population needs as part of an overall strategy to ensure, safe effective, fairer and more personalised care.

The range of services provided by community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

5.3 Smoking

5.3.1 Local health needs

Smoking remains the single, greatest cause of preventable illness and death from respiratory disease, circulatory disease and cancer, responsible for 1,673 deaths each year in adults aged 35 years and over in Lancashire alone^{xxv}. One in two lifelong users die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 16 years of life and experiences many more years of ill health than a non-smoker^{xxvi}.

Smoking rates remain higher in Lancashire than England as a whole in adults^{xxvii} (21.2% compared to 20%), pregnant women^{xxviii} (16.8% compared to 12.0%) and young people^{xxix,xxx} (16% compared to 11%). Within Lancashire smoking levels vary substantially across districts; from 13.4% in Fylde, to the highest, 30.1% in Hyndburn (see Table 7). In the districts of Burnley, Hyndburn, Lancaster, Pendle, Rossendale and West Lancashire, the rates of smoking are higher than the England average. the difference is only statistically significant for Hyndburn and Pendle. However, two-thirds of smokers (63%) want to quit and welcome support to do so^{xxxi}.

Table 7: Smoking status in adults in Lancashire and districts, 2012		
Significantly higher than England	Not significantly different from England	Significantly lower than England
Area	% adults smoking	
England	19.5	
Lancashire	20.6	
Burnley	24.7	
Chorley	14.2	
Fylde	13.4	
Hyndburn	30.1	
Lancaster	22.4	
Pendle	27.0	
Preston	18.4	
Ribble Valley	15.9	
Rossendale	21.0	
South Ribble	18.4	
West Lancashire	22.5	
Wyre	19.8	

Source: PHE Public Health Outcomes Framework <http://www.phoutcomes.info/>

The Tobacco Control Plan for England^{xxvi} reasserts the government's commitment to the provision of local Stop Smoking Services tailored to the needs of local communities, particularly groups which have high prevalence, as a contribution to reducing health inequalities in health. There is strong evidence, which demonstrates that Stop Smoking Services are highly effective both clinically and in terms of cost. Smokers are four times more likely to quit with support from a Stop Smoking Service than going it alone^{xxvii}. Further to this, Department of Health guidance recommends that all smokers should be routinely offered advice to quit and a referral to the Stop Smoking Service^{xxviii}.

5.3.2 Local services

Stop smoking support in Lancashire is provided by four Specialist NHS Stop Smoking Services (North Lancashire, West Lancashire and Quit Squad in Central and East Lancashire). Each service provides comprehensive and consistent smoking cessation treatment for all smokers aged 12 years and above in Lancashire who wish to quit. However, specific focus is targeted to geographical areas of high deprivation and to priority groups (routine and manual workers, long-term unemployed, pregnant women and BME groups) in order to reduce health inequalities.

From April 2013 to March 2014, the stop smoking services assisted 11,849 people to set a quit date and 5,929 (50%) to successfully quit.

Three of the four Lancashire Stop Smoking Services (East, Central and West) have been using a **Pharmacy NRT Voucher Scheme** since 2009. The scheme has recently been extended to North Lancashire in 2014/15 and community pharmacies who are expressing an interest (EOI) are currently being recruited to the scheme.

Stop Smoking Advisors issue clients with a voucher to obtain NRT from a Community Pharmacy to enable them to receive NRT on the NHS without the need for a prescription. This provides holistic care to the client whilst reducing the need for unnecessary visits to primary care and GP consultations. Clients exempt from prescription charges may receive

NRT free from participating pharmacies, whilst those clients who are not exempt from prescription charges may also receive NRT at the same cost as a prescription. Each voucher covers between one and four week's supply of NRT and can be issued for up to 14 weeks (2 weeks reduction, 12 weeks quit) per cessation attempt.

Varenicline and Bupropion are not available through the pharmacy enhanced service NRT voucher scheme because these are Prescription Only Medicines and the patient's medical history is required to ensure there are no contra-indications. Therefore the pharmacological assessment, decision for treatment and prescribing of these products is undertaken by the individual's GP practice.

200 pharmacies are currently operating the enhanced service in the Central and East localities. Each one has to complete the 'Stop Smoking – very brief advice' e-package (NCSCT version) and the accredited Centre for Postgraduate Pharmaceutical Education Stop Smoking training to participate in the scheme. They are reimbursed with the Drug Tariff price of each NRT product, plus VAT and a professional fee of £2.62 per voucher from the NHS Staffordshire and Lancashire Commissioning Support Unit (CSU) who manage the contract on behalf of Lancashire County Council.

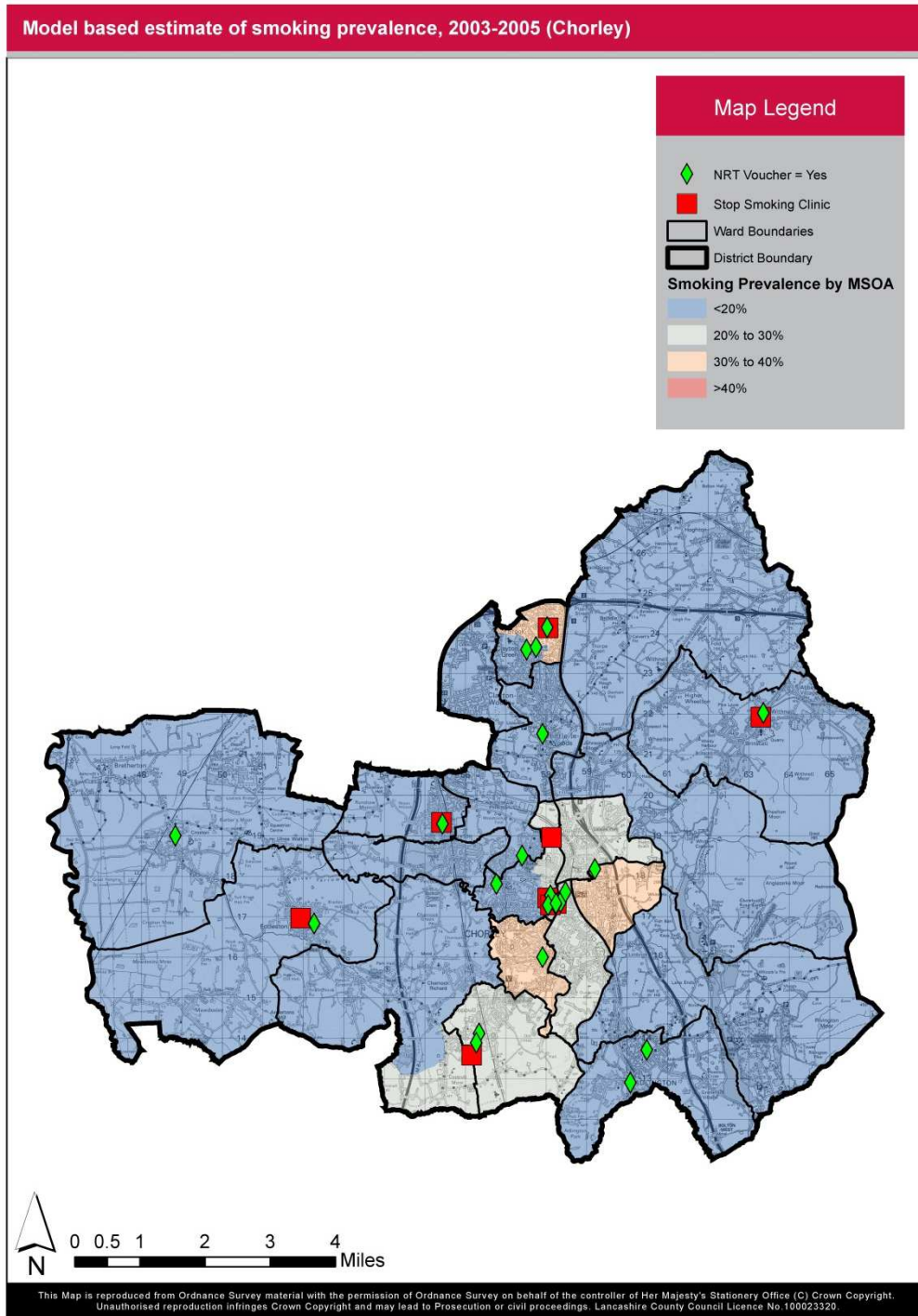
Maps 55 to 66 show the estimated prevalence of smoking, the location of the Stop Smoking Services and pharmacies which are providing or have expressed an interest to provide NRT voucher scheme.

Additionally some pharmacies in East Lancashire CCG are delivering smoking cessation support services. These are sub-contracted by the Specialist Stop Smoking Service, Lancashire Care Foundation Trust.

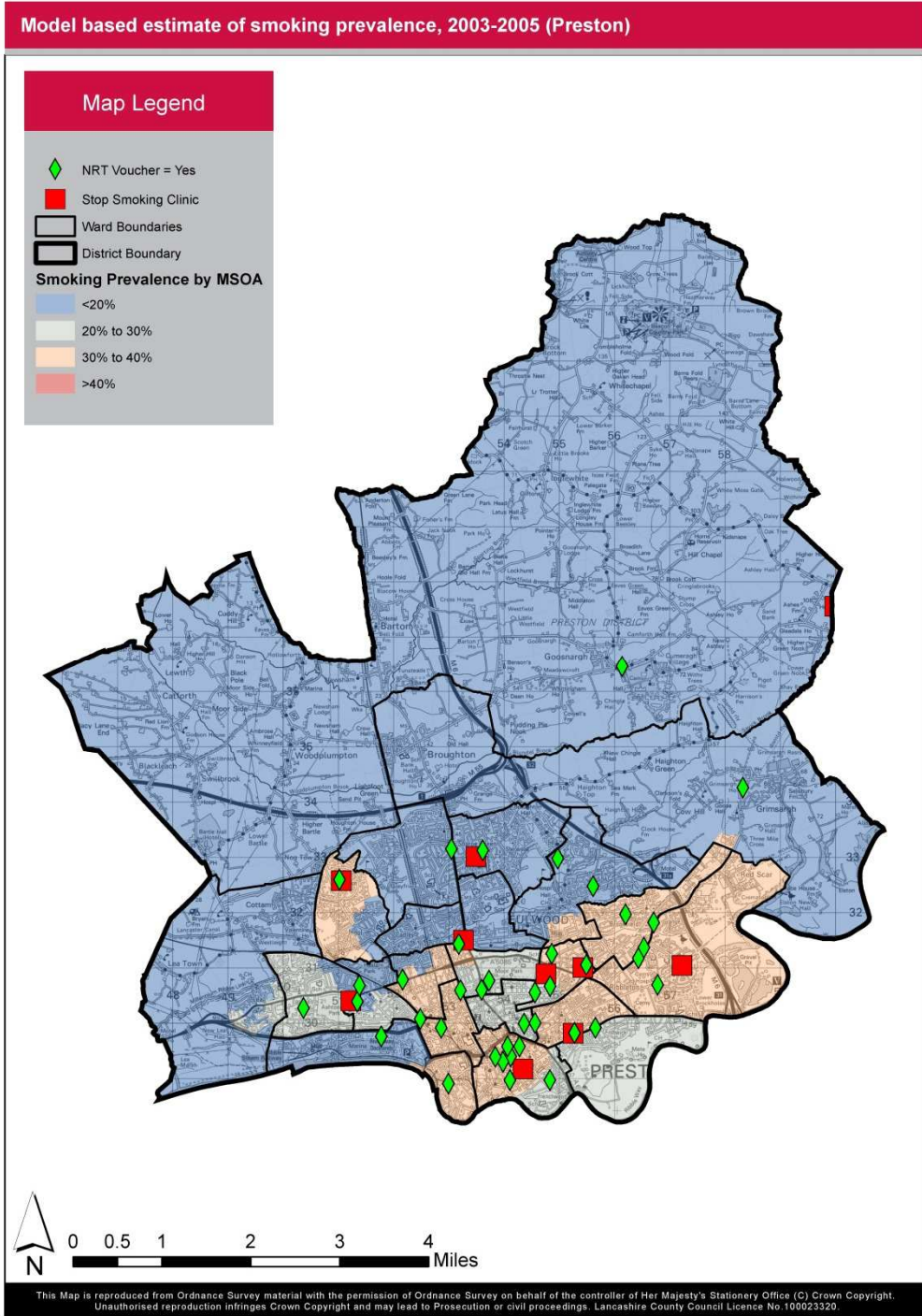
5.3.3 Consideration of services

Pharmacies are well placed to provide stop smoking services which are accessible and located in the community where people need them as part of a model of service which also includes provision in other settings within the community. The current priority for development of the Stop Smoking service is to continue to work with existing pharmacy providers in East Lancashire to market and deliver a high quality and accessible service through pharmacy settings. Other service development priorities over the next 12 months include extending the stop smoking service to pharmacies in Central Lancashire.

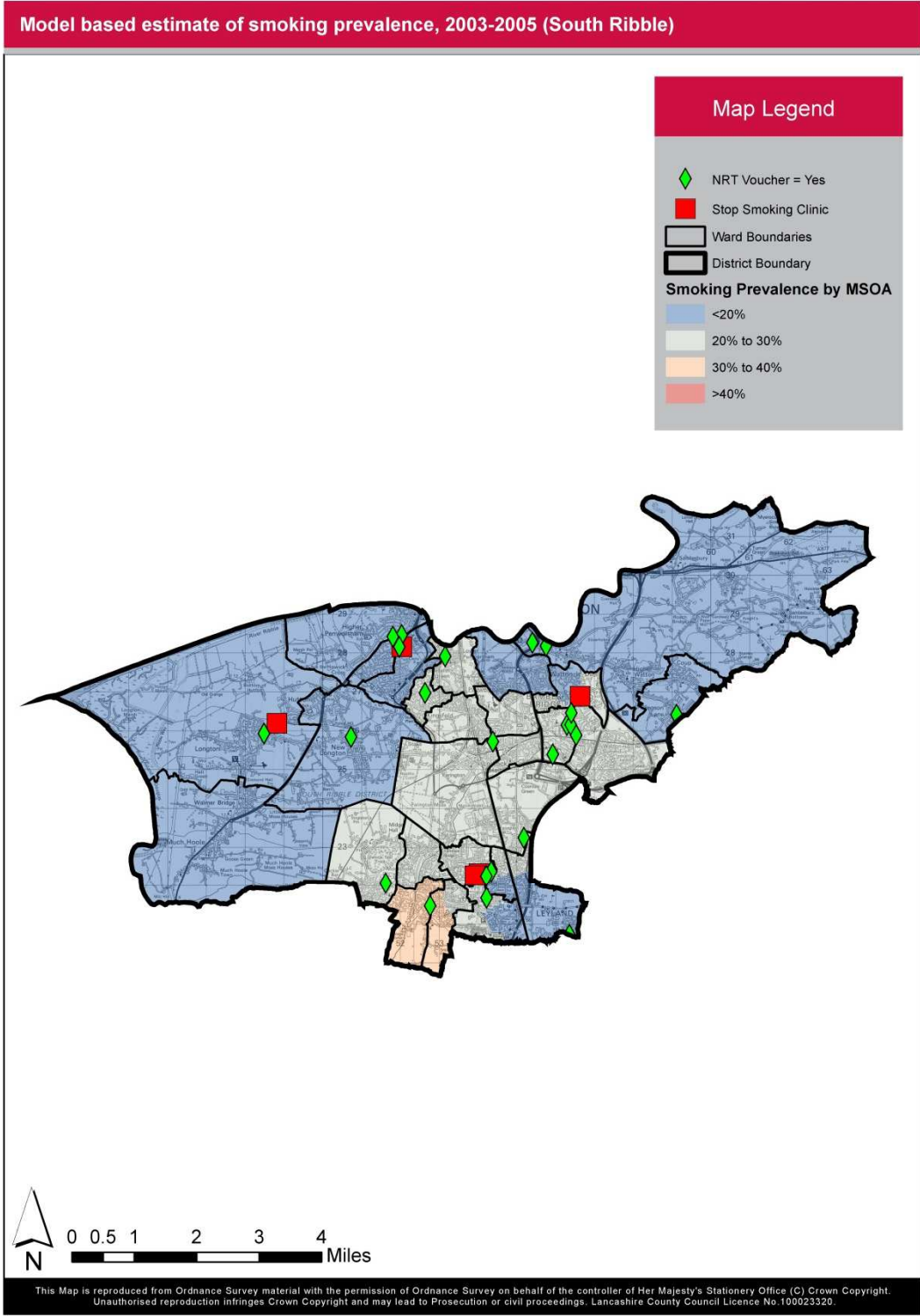
Map 55. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Chorley



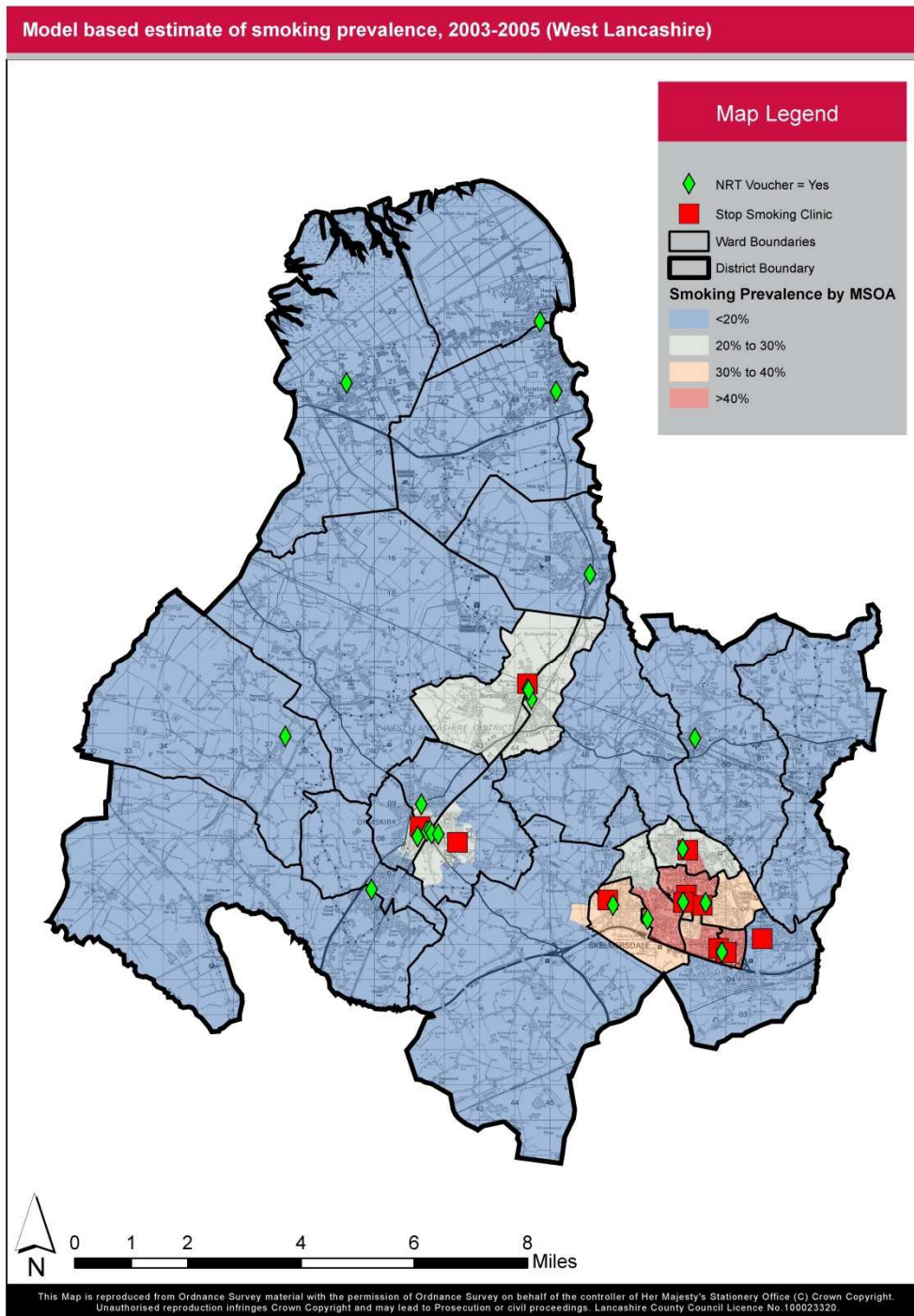
Map 56. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Preston



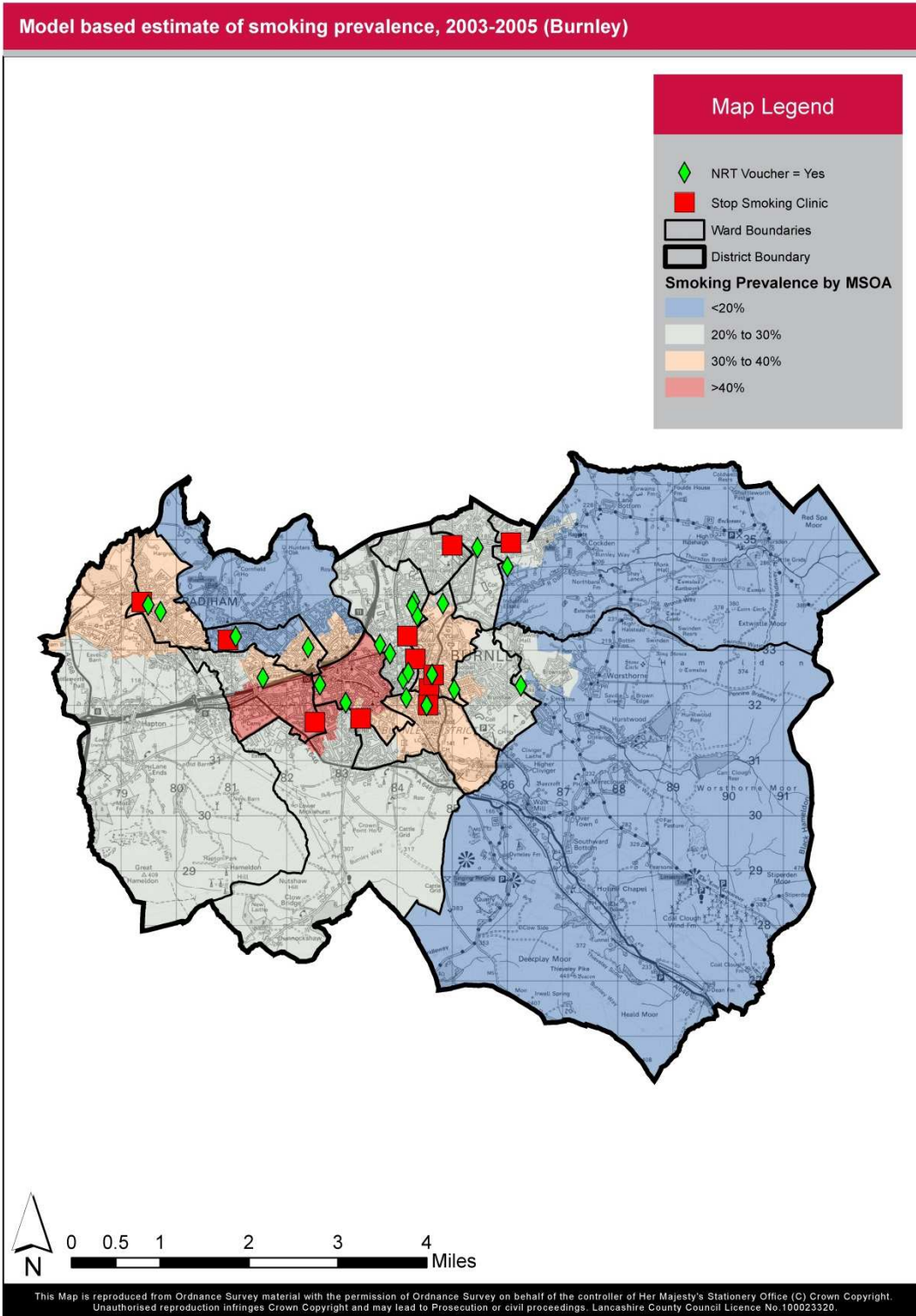
Map 57. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – South Ribble



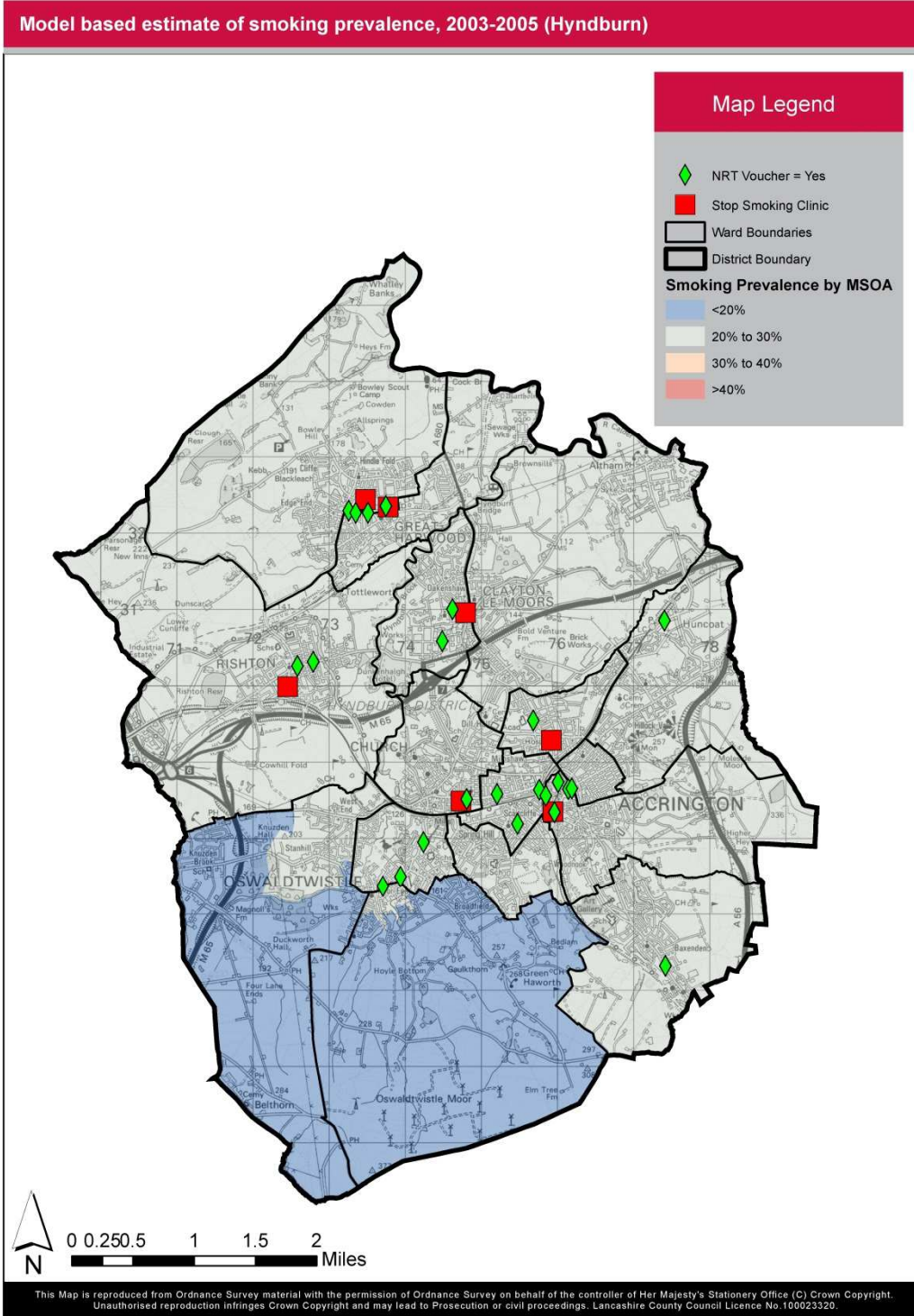
Map 58. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – West Lancashire



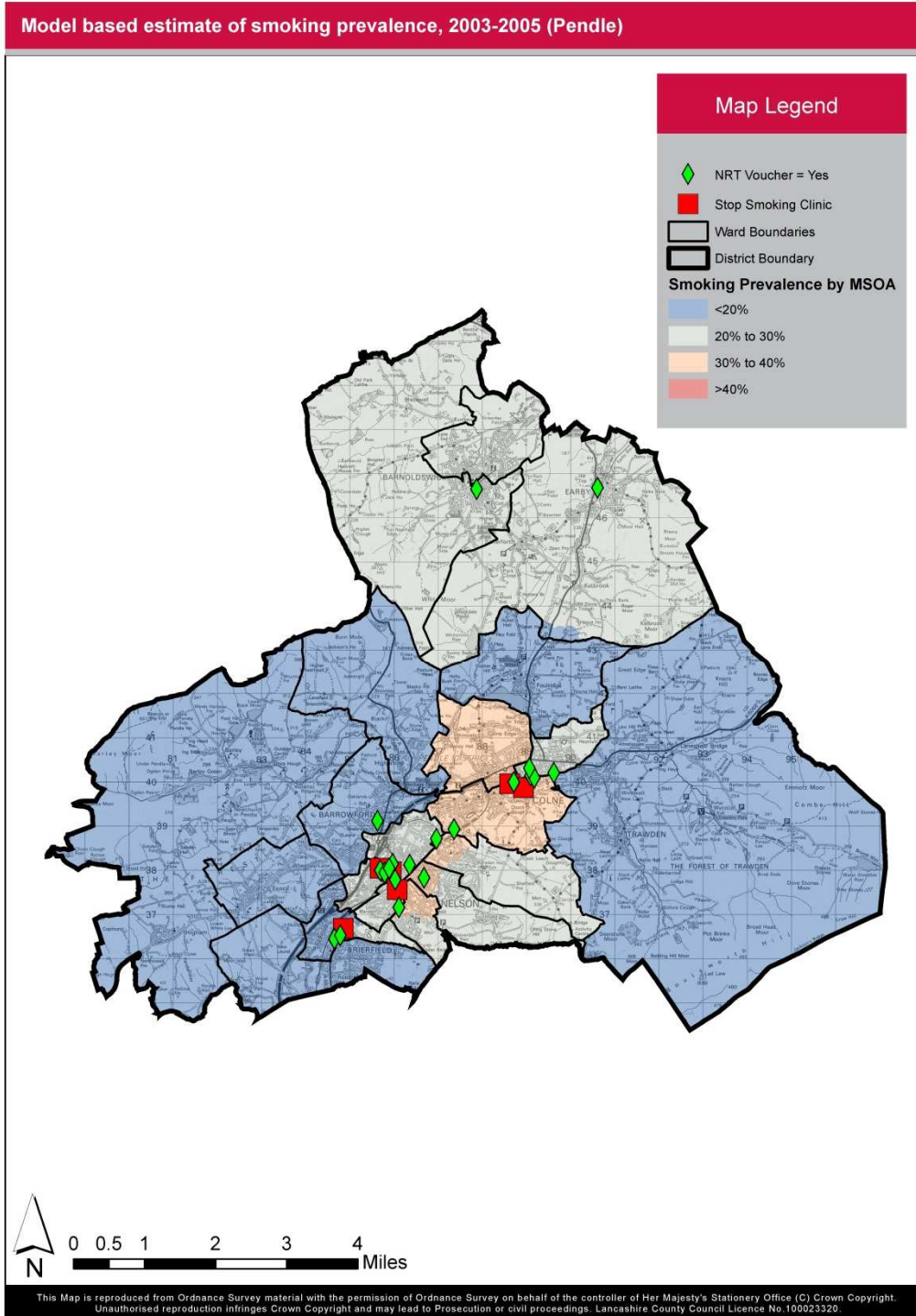
Map 59. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Burnley



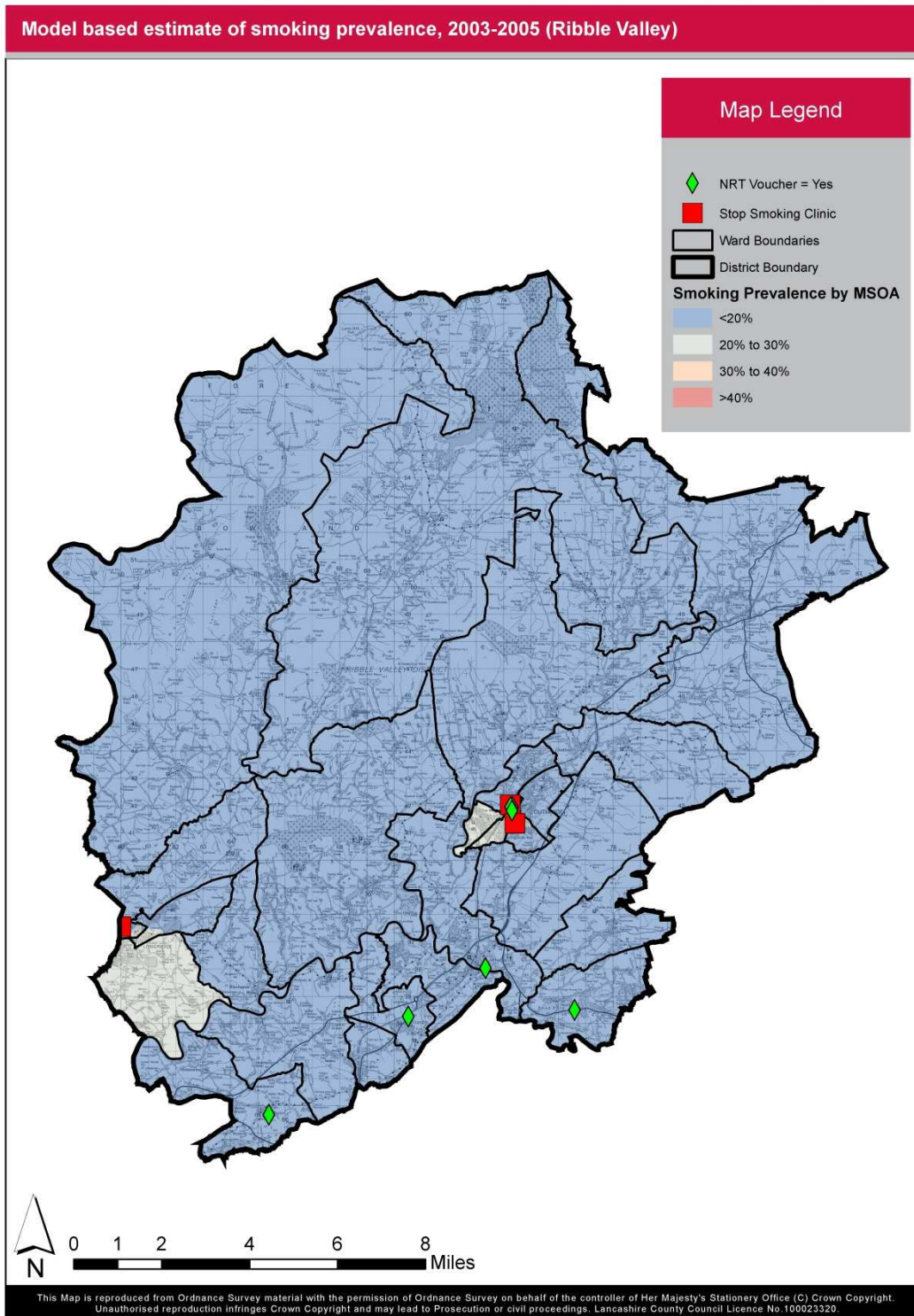
Map 60. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Hyndburn



Map 61. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Pendle

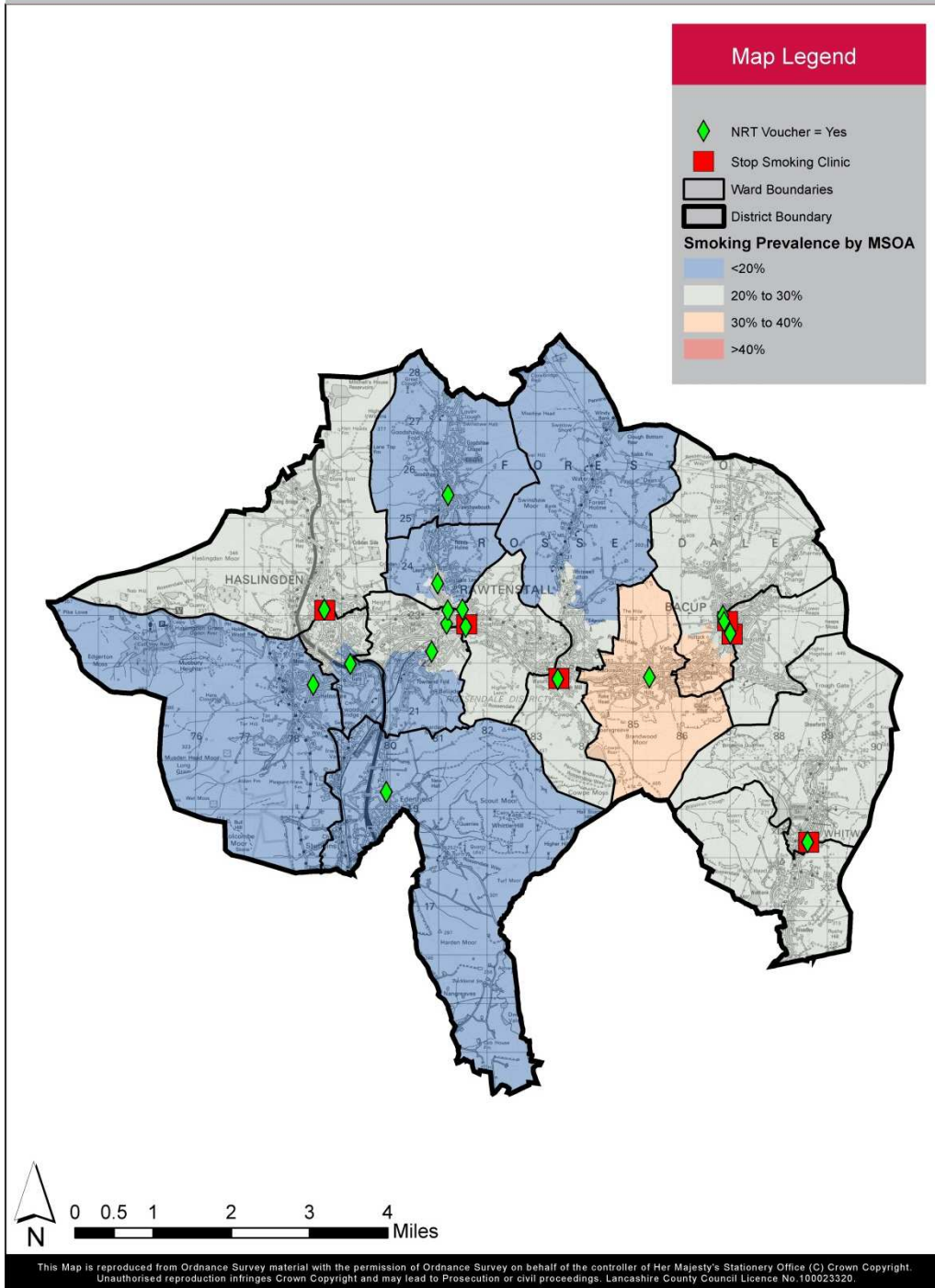


Map 62. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Ribble Valley

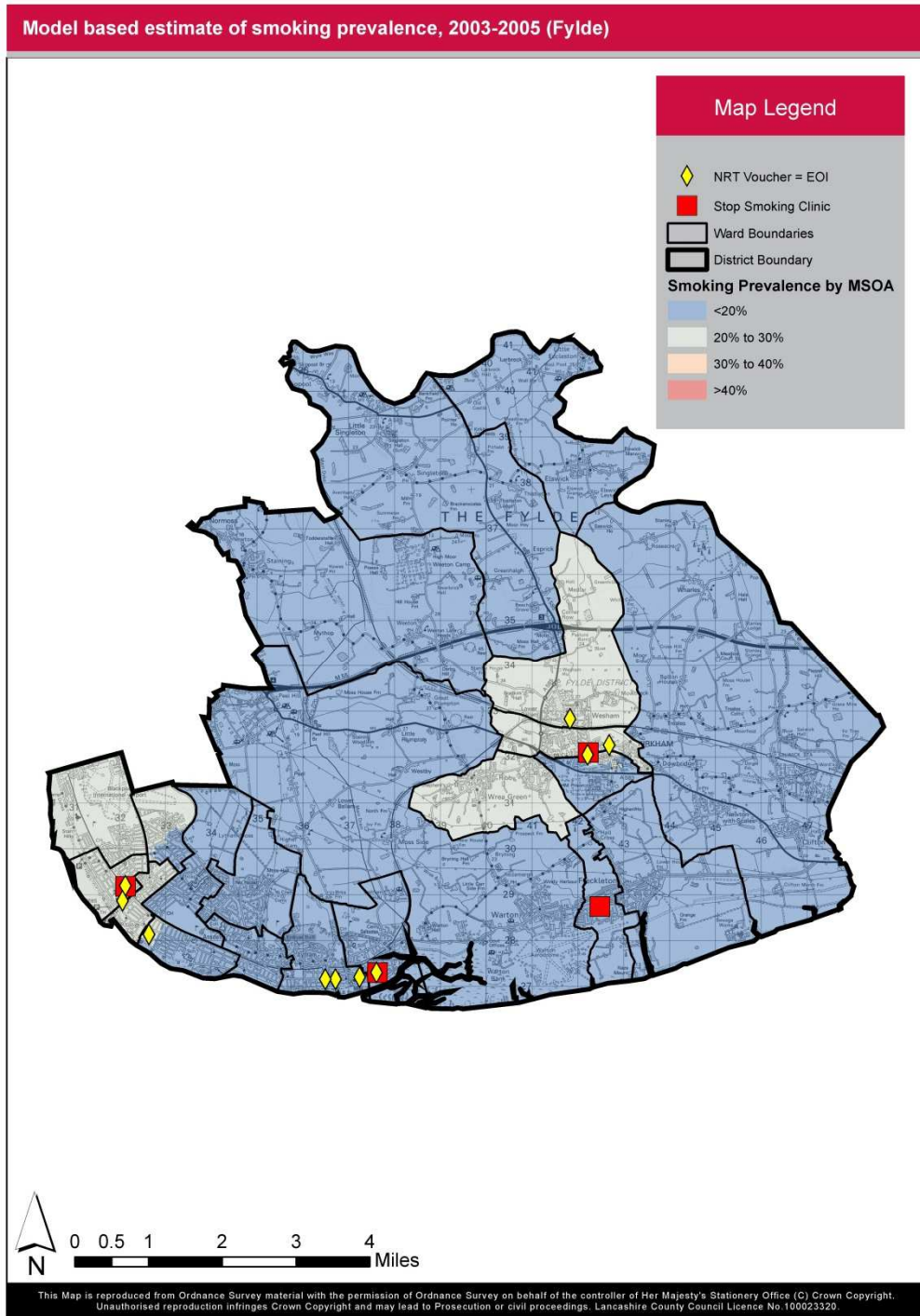


Map 63. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Rossendale

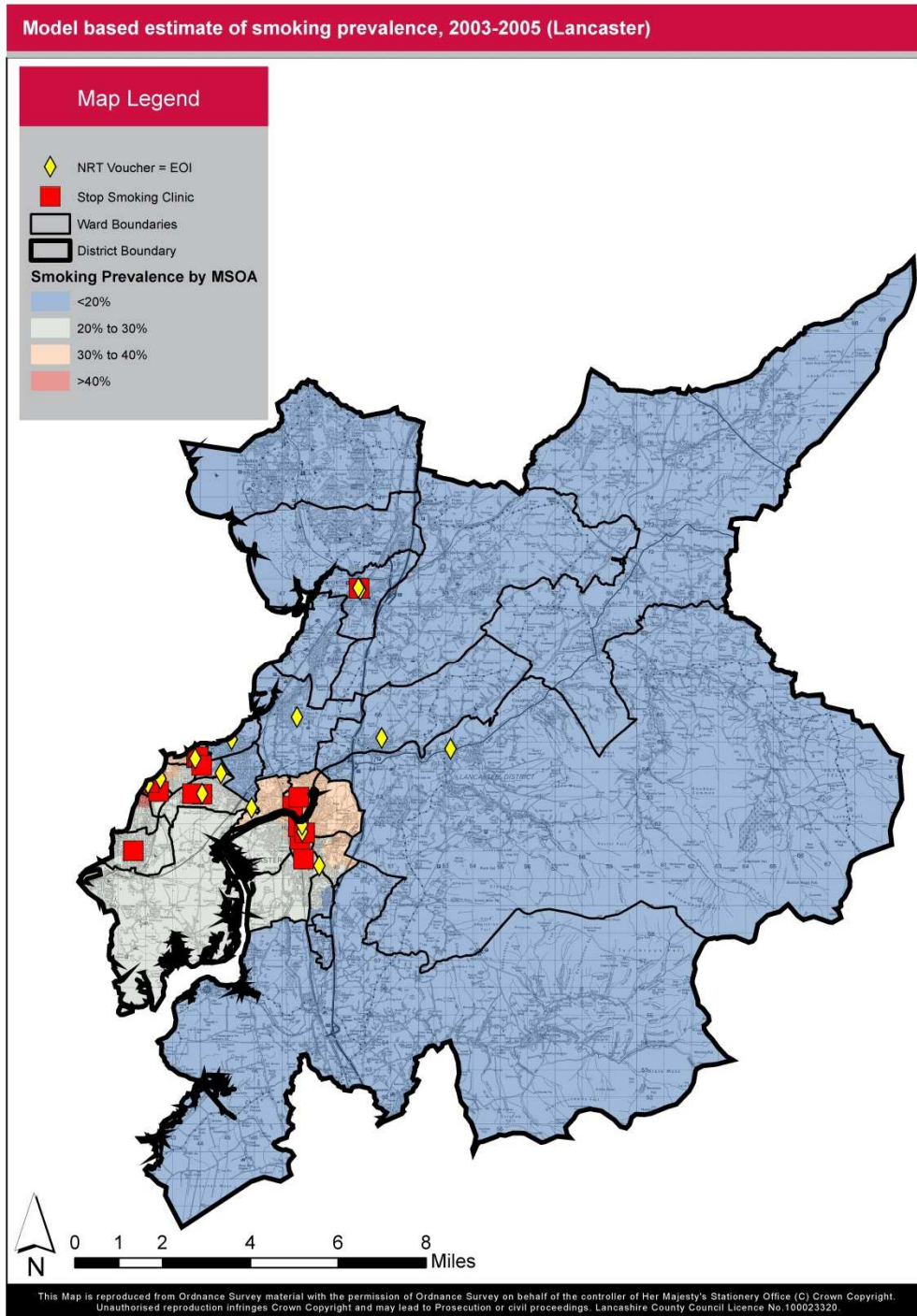
Model based estimate of smoking prevalence, 2003-2005 (Rossendale)



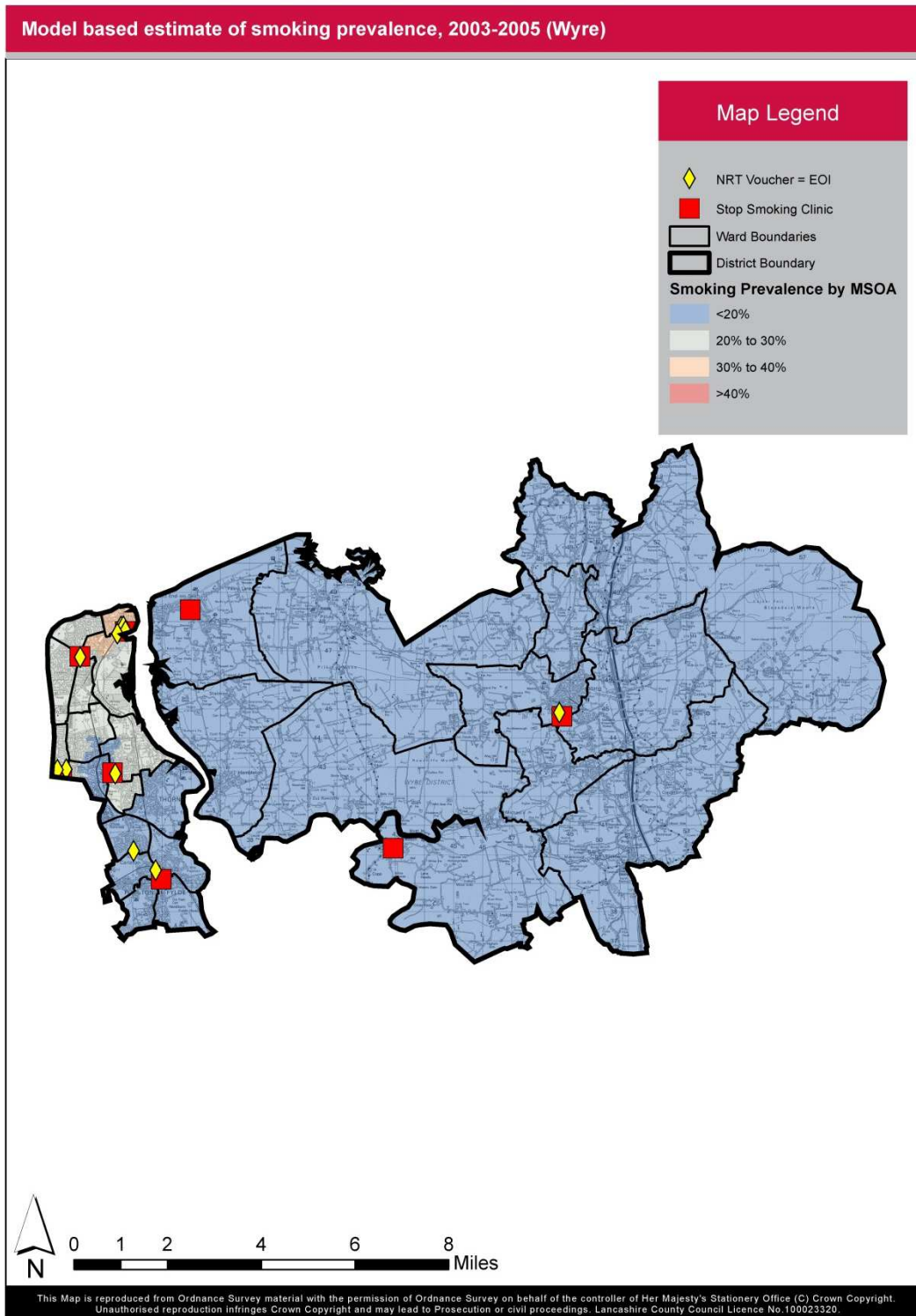
Map 64. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Fylde



Map 65. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Lancaster



Map 66. Smoking prevalence and location of pharmacies providing NRT Voucher Scheme and Stop Smoking Service locations – Wyre



5.4 Healthy weight

5.4.1 Local health needs

It is estimated that within Lancashire, Hyndburn district has the highest proportion of obese (defined as a body mass index above 30 kg/m²) adults, at 27.7% of the population. Six districts are higher than the national average of 23% but only Hyndburn and Wyre are statistically significantly higher. Lancaster (16.6%) and Ribble Valley (18.6%) have a significantly lower prevalence of obesity than the national average (see **Table 8**). These results, although encouraging, should be viewed against a background of generally increasing obesity rates both locally and nationally.

Table 8: Obesity prevalence in adults in Lancashire and districts, 2012		
Significantly higher than England	Not significantly different from England	Significantly lower than England
Area	% Obese adults (BMI 30+)	
England	23.0%	
Lancashire	22.9%	
Burnley	24.3%	
Chorley	23.4%	
Fylde	21.1%	
Hyndburn	27.7%	
Lancaster	16.6%	
Pendle	25.3%	
Preston	23.0%	
Ribble Valley	18.6%	
Rossendale	25.5%	
South Ribble	21.9%	
West Lancashire	22.5%	
Wyre	27.5%	
Source: Active People Survey 2012		

5.4.2 Opportunities in local services

The causes of obesity are complex. Obesity is the consequence of interplay between a wide variety of variables and determinants related to individual biology, eating behaviours and physical activity, set within a social, cultural and environmental landscape. In order to tackle the 'obesity epidemic' these causes must be recognised and addressed. There is a need to prevent the ongoing rise in obesity levels but also to provide services to support individuals who have become overweight or obese to reduce their weight.

Several opportunities exist such as providing advice, signposting services and providing ongoing support towards achieving behavioural change for example through monitoring of weight and other related measures. Opportunities for services to signpost to include:

- Exercise on Referral Programmes: supported physical activity interventions for people with moderate health conditions.
- Community Weight Management Programmes: there is provision throughout Central and East districts with provision currently being procured in the North of the County.

- Specialised services for specialist weight management and medical and surgical weight management interventions including bariatric surgery.
- NHS Health Checks: assess BMI and waist circumference in 40-75 years age.
- Whole population prevention activity: this includes a wide range of activity accessible to all the population and varies between districts e.g. chair-based exercise sessions, walking and cycling programmes, community food growing initiatives.
- Behaviour change support and advice through the national change for life website at <http://www.nhs.uk/Change4Life/Pages/why-change-for-life.aspx>

5.5 NHS Health Checks

The risk factors for vascular disease include diabetes, smoking, obesity, physical inactivity, high blood pressure and raised cholesterol levels. These risk factors can be identified and it is possible to try to manage them. The NHS Health Checks programme offers preventative checks to eligible individuals aged 40–74 years to assess their risk of vascular disease, followed by appropriate management and interventions. The Department of Health indicated that it would expect access to the NHS Health Checks Programme to be developed through a number of routes including community pharmacies and GP surgeries.

The NHS Health Checks programme in Lancashire is currently delivered by general practices. In Lancashire, 11.6% of eligible population aged 40-74 were offered an NHS Health Check in 2013/14. This is significantly lower than the England average (18.4%). There was a 52.7% take up rate by the people in Lancashire who were offered it; this is significantly higher than the England average (49%)^{xxviii}.

Public Health Lancashire is developing a LIS with community pharmacy, it is not yet in place but is anticipated to be in place during 2014/15.

5.6 Sexual health

5.6.1 Local health needs: Chlamydia

Genital *chlamydia trachomatis* infection is the Sexually Transmitted Infection (STI) most frequently diagnosed in Genitourinary Medicine (GUM) clinics in England, particularly among young people under 25. It often has no symptoms, but if left untreated it may have longer-term consequences including pelvic pain, infertility and ectopic pregnancy. Testing for chlamydia is quick and easy, and it is simple to treat with antibiotics.

It is difficult to assess changes in local chlamydia occurrence over the last decade for several reasons. The diagnostic definitions have changed during this period. More importantly, in the past two years the focus of the programme has changed from the absolute numbers being screened to diagnostic rates.

The 2012 and 2013 screening rates now available from the NCSP site (<http://www.chlamydia-screening.nhs.uk/ps/data.asp>) with the 2012 data being the first to be based on a new data collection system known as CTAD (Chlamydia Testing Activity Dataset). The published 2013 diagnostic rate for Lancashire is 2,292 per 100,000, which is

very close to the target of 2,300, and appears, at first glance, to be a slight improvement on the 2012 rate of 2,250.

In 2013, the proportion of 15-24 year olds tested in Lancashire (25.8%) was higher than national rate (24.9%) and similar to North West of England rate (25.7%).

There is a wide variation in screening rates in Lancashire with the rates in Lancaster (43%) Wyre (32%) and Preston (30%) being more than double those in most other districts. This high coverage rate in Lancaster and Preston may be due to both these areas being university towns and having a large proportion of young people who access the service.

Despite many changes to service configuration during 2013, the overall diagnosis and testing coverage rates for England have remained stable, and the proportion of total tests that are positive has increased from 7.7% in 2012 to 8.1% in 2013, indicating successful implementation of NCSP guidance on testing policy. In Lancashire, the proportion of total tests that are positive has increased from 8.1% in 2012 to 8.9% in 2013. Within Lancashire, the percentages of positive tests were higher than that seen nationally (8.1%) with the districts of Rossendale (11.4%), Pendle (10.3%) and Chorley (10.0%) reporting the highest rates.

Quarterly data is available on the National Chlamydia Screening Programme Website: <http://www.chlamydia-screening.nhs.uk/ps/data.asp>

5.6.2 Local health needs: HIV/AIDS, gonorrhoea, syphilis and other conditions

The prevalence of diagnosed HIV infection in Lancashire has increased by 15% from 2010 to 2012^{xxxiv}. This increase could reflect either that more people are being diagnosed, or that fewer people die from HIV/AIDS because drug therapies have become more effective.

Data from Public Health England indicate that between 2010 and 2012 there was an increase in diagnoses of gonorrhoea and syphilis (small numbers), while diagnoses of genital warts decreased.

5.6.3 Local services

Community pharmacies are easily accessible and are crucial for offering STI testing and can offer treatment of infections or signpost people to other sexual health services. Pharmacies are generally accessible via public transport links, available in rural areas and are possibly easier to access outside the hours of GP and sexual health services.

Increased HIV testing to prevent late diagnosis is one of the indicators within the Public Health Framework. This is essential as the earlier HIV is detected the better the outcome for the patient, early diagnosis and treatment will also prevent onward transmission. By providing HIV testing pharmacies could increase the rates of early diagnosis of HIV and other infections. If an individual knows they are infected they will benefit from treatment resulting in an improved prognosis.^{xxxv} As from April 2013 the local authority became responsible for the testing of HIV and NHS England is currently responsible for the treatment and care of those living with HIV. If diagnosed early a person diagnosed at the age of 20 can expect to live on average to 65 when prescribed antiretroviral drugs.^{xxxvi}

For chlamydia testing young people up to the age of 24 can request a self-administered postal kit via <http://www.best2know.co.uk> or by texting 82540 with their name, age and address. If their test is positive they are then offered advice and treatment which could be accessed at a local pharmacy, GP or sexual health service.

Pharmacies in Lancashire can provide free condoms and there is potential for pharmacies to offer advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs. Currently some pharmacies in Lancashire advertise free condoms by displaying Best2Know posters on their premises and there are various condom distribution schemes across the county.

In addition, there are examples of pharmacies issuing on going contraception for those accessing EHC, so called 'bridging contraception'.

There are much greater opportunities for Pharmacies to provide additional sexual health services, providing there is a willingness from pharmacists to undertake additional education and training.

5.6.4 Consideration of services offered

In some cases it can be challenging to offer testing in the pharmacy setting as not all pharmacies have the facilities required to enable patients to provide a urine sample for diagnostic testing on site. In addition, there is a need for clear and direct pathways of care for those diagnosed with an STI, particularly HIV. Of the 295 pharmacies across Lancashire signed up to LIS agreements, 215 provide chlamydia testing and EHC.

5.7 Emergency hormonal contraception (EHC)

5.7.1 Local health needs

Lancashire has an under 18 conception rate that is statistically similar to the national rate (28.7 per 1,000 population in Lancashire compared to 27.7 nationally), but Burnley (50.1) and Hyndburn (38.5) districts have rates that are significantly higher than the national average (2012)^{xxxvii}. Nearly all districts (apart from Ribble Valley) have seen their under 18 conception rates decrease from the previous year.

Maps 67 to 78 show Lancashire districts' wards with teenage conception rate (2009-11) higher than the National rate and location of pharmacies commissioned to provide EHC. Maps 55 to 59 show East Lancashire districts, maps 60 to 63 show Central Lancashire districts and maps 64 to 66 show North Lancashire districts.

5.7.2 Local services

EHC reduces the rate of unwanted pregnancies for women of all ages. The availability of EHC is also essential in reducing the teenage conception rate and also the number of unwanted pregnancies which result in abortion.

Studies indicate that making emergency hormonal contraception (EHC) available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception.^{xxxviii}

In Lancashire 215 pharmacies have agreed to LIS agreements and Patient Group Directives (PGDs) to provide EHC. Only accredited pharmacists can supply EHC and prescription counter staff must refer requests for EHC to the pharmacist. It is the responsibility of the pharmacy to ensure that all their pharmacists and locums are EHC accredited before supplying EHC. If the pharmacy does not provide EHC free to the patient they should refer to a pharmacy who has signed up to the EHC LIS agreement.

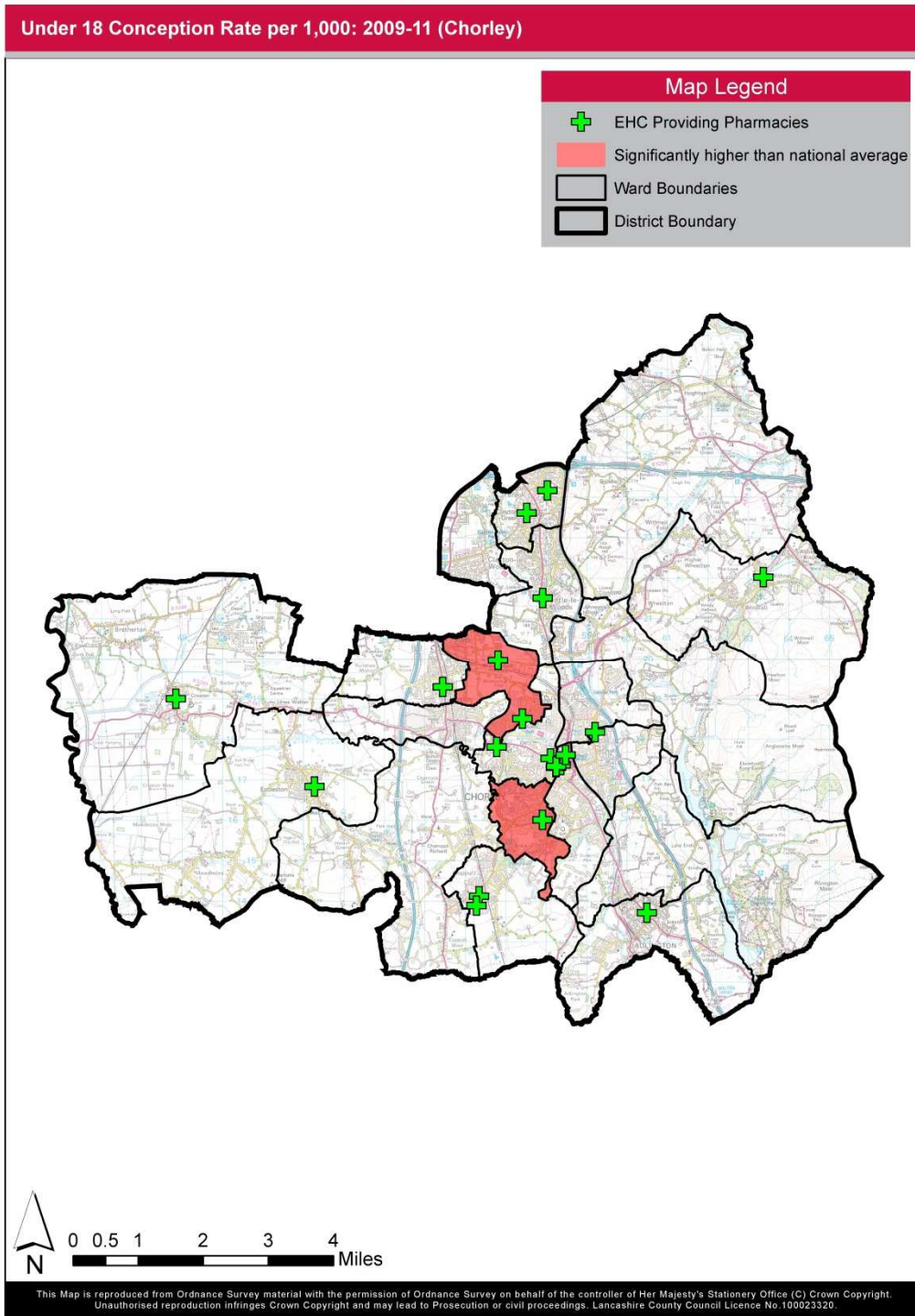
A list of pharmacies currently providing EHC across Lancashire is available via <http://www.best2know.co.uk>

5.7.3 Consideration of local services

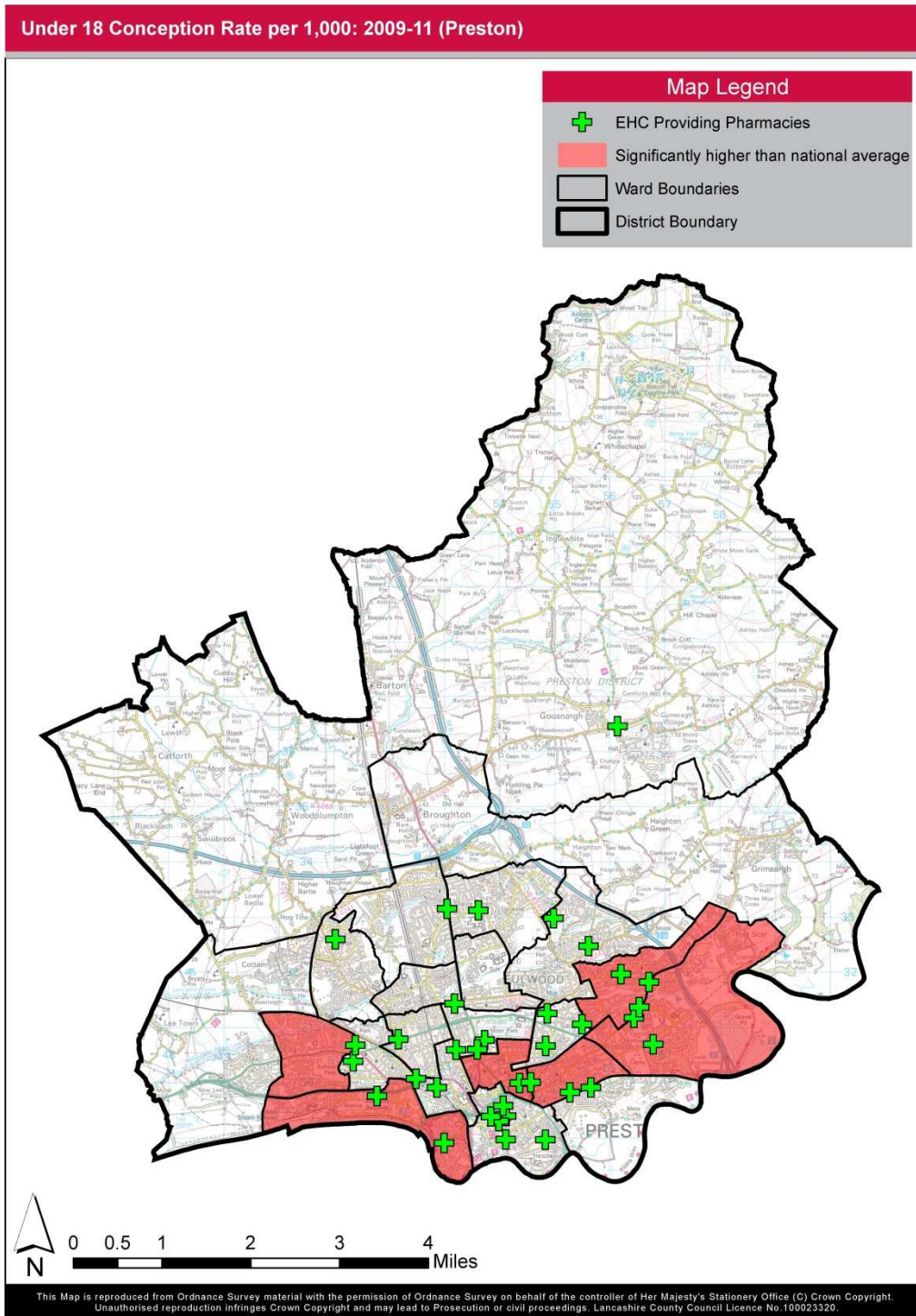
If a patient has requested EHC they should be tested for STIs as they are at increased risk of infection and therefore a further risk of onward transmission of the infection. It is important to note that due to incubation periods for infections, undertaking a test in conjunction with issuing EHC may not be appropriate.

Being unable to access EHC can result in unwanted pregnancies, abortion and repeat abortions. Pharmacies could offer contraception advice to reduce the need for future EHC and offer or signpost to a service providing Long Acting Reversible Contraception (LARC) again one of the indicators of the Sexual Health Outcomes Framework. In providing contraception pharmacies contribute towards the reduced rate of abortions resulting from unwanted pregnancies, whilst numbers since 2002 have reduced in women aged under 24, it has risen for those aged 28 and above.^{xxxix}

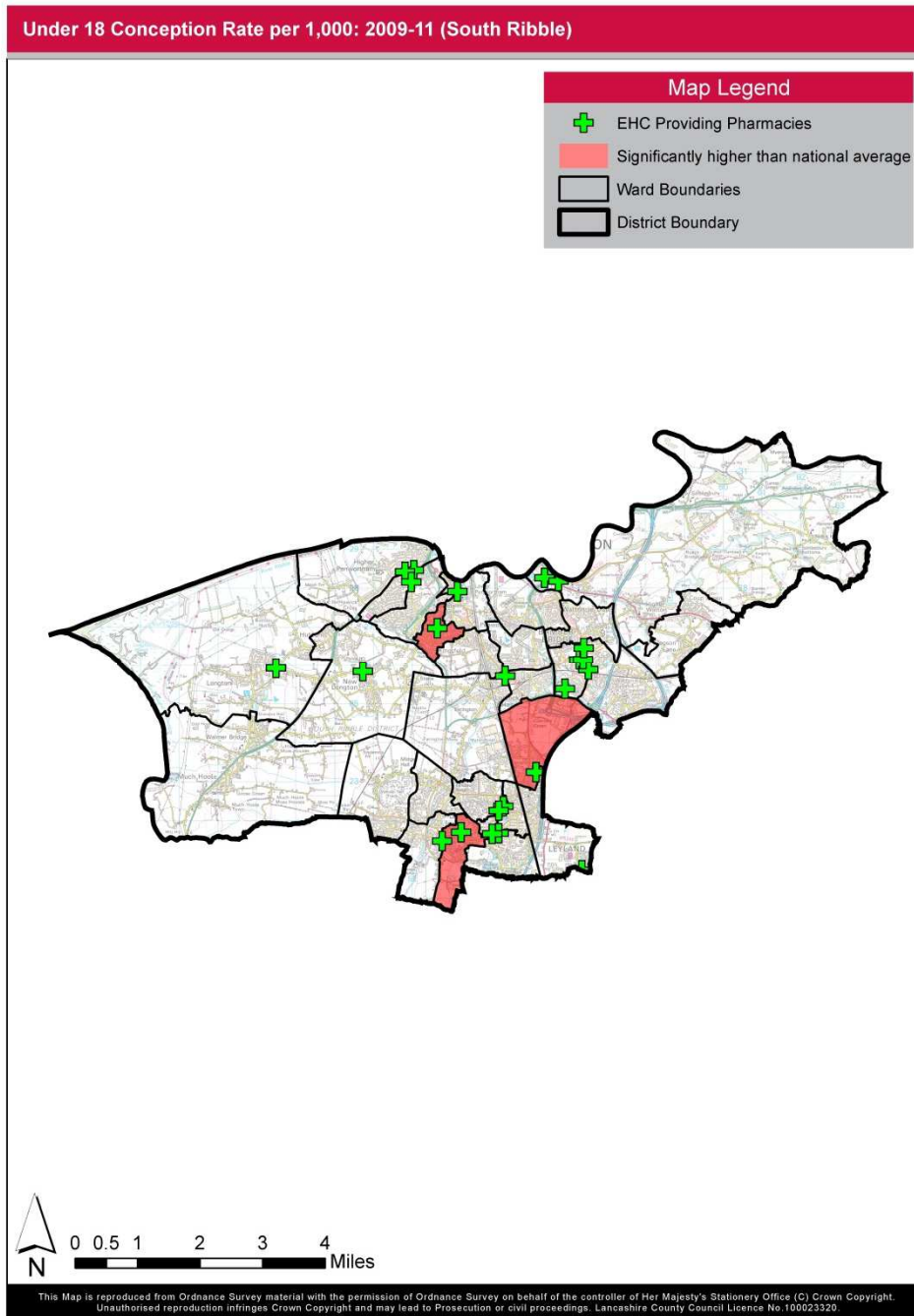
Map 67. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Chorley



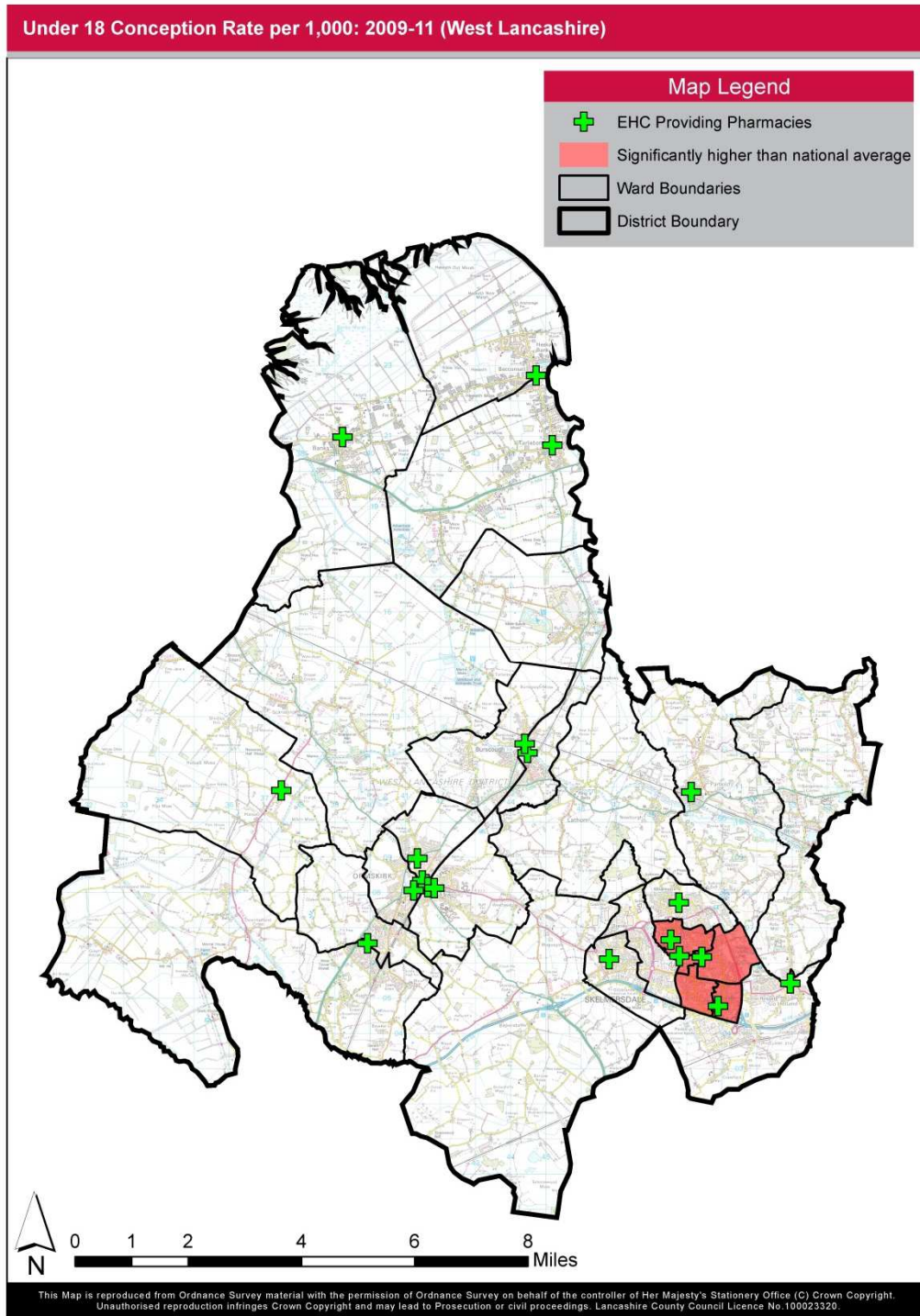
Map 68. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Preston



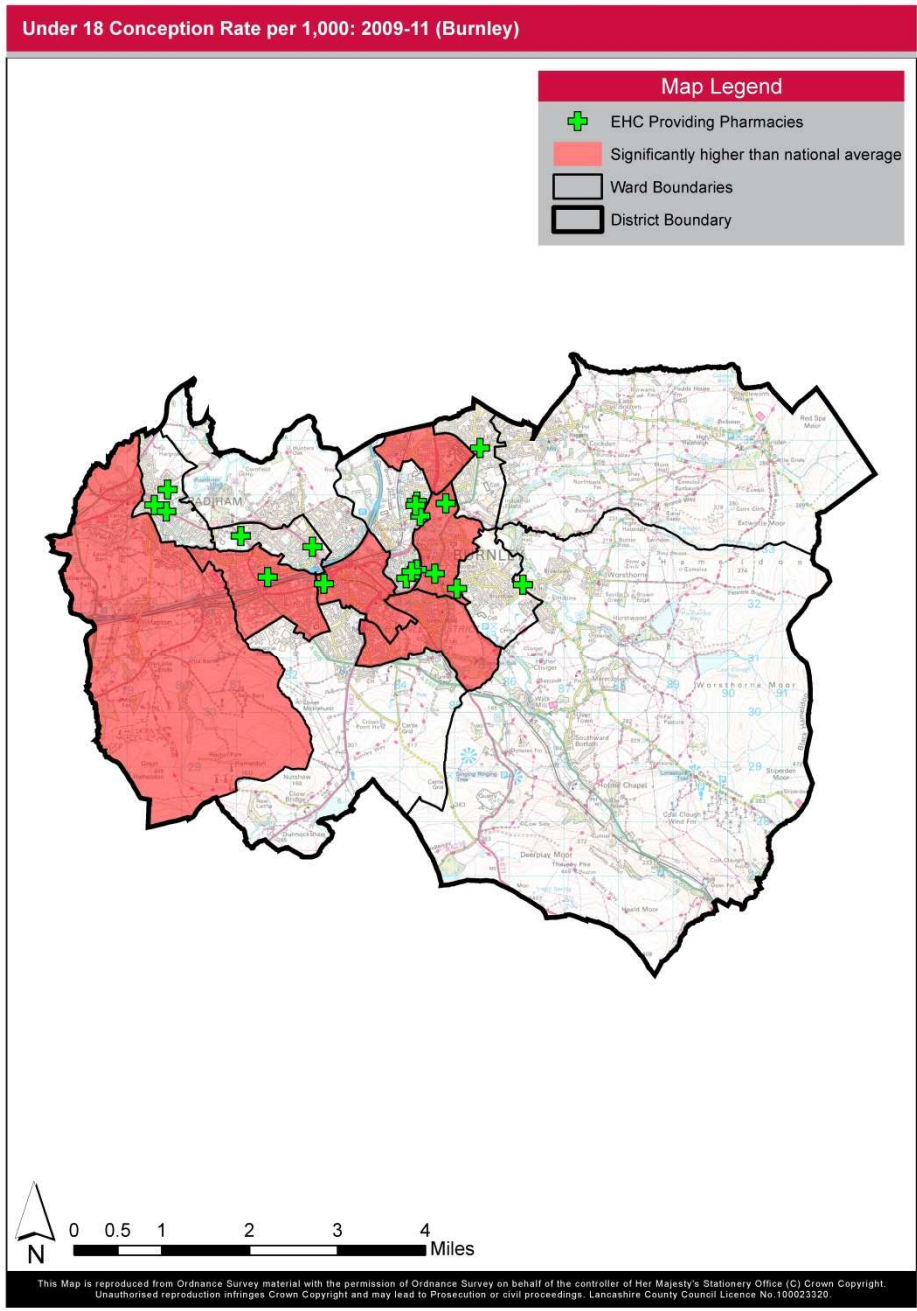
Map 69. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – South Ribble



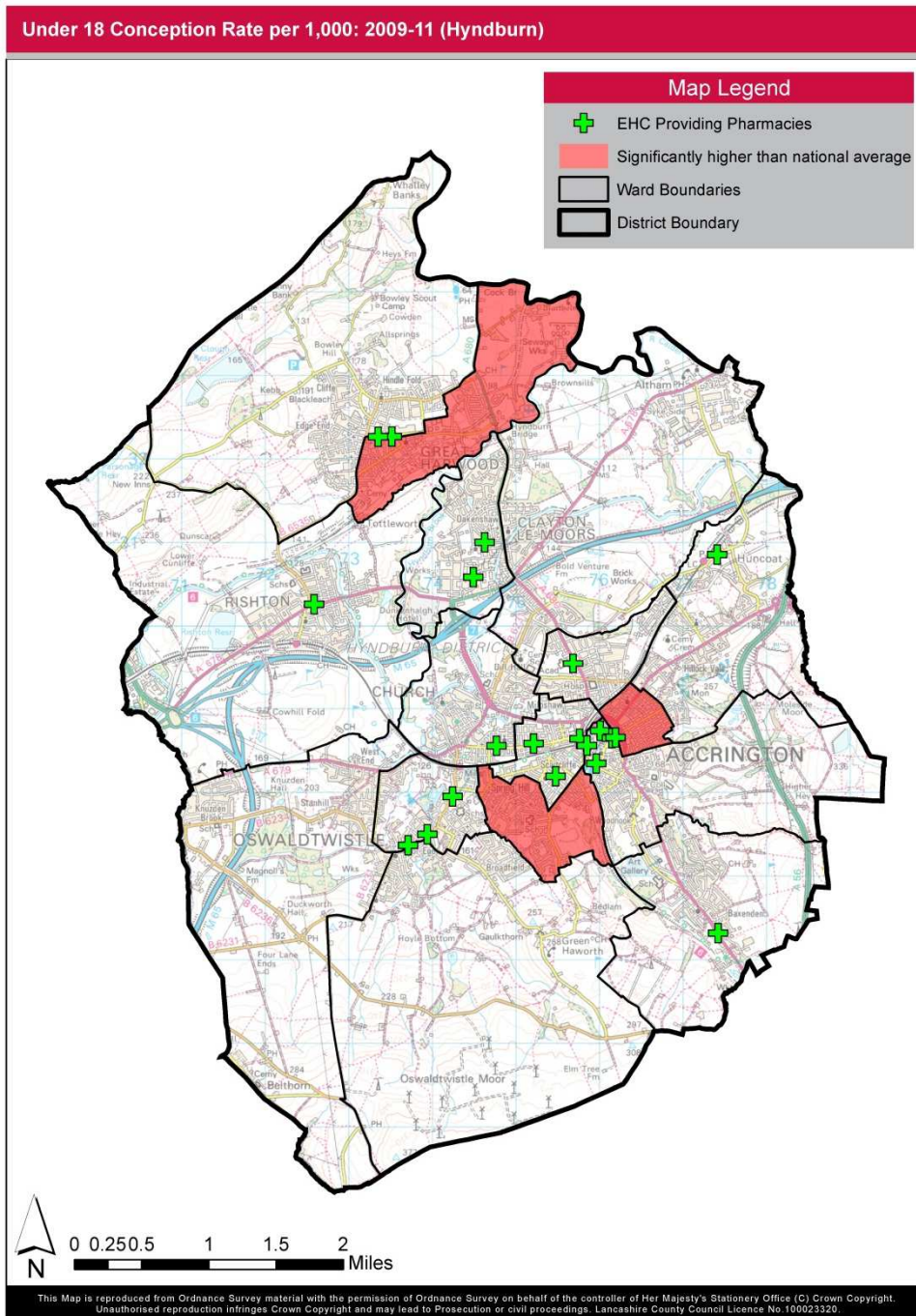
Map 70. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – West Lancashire



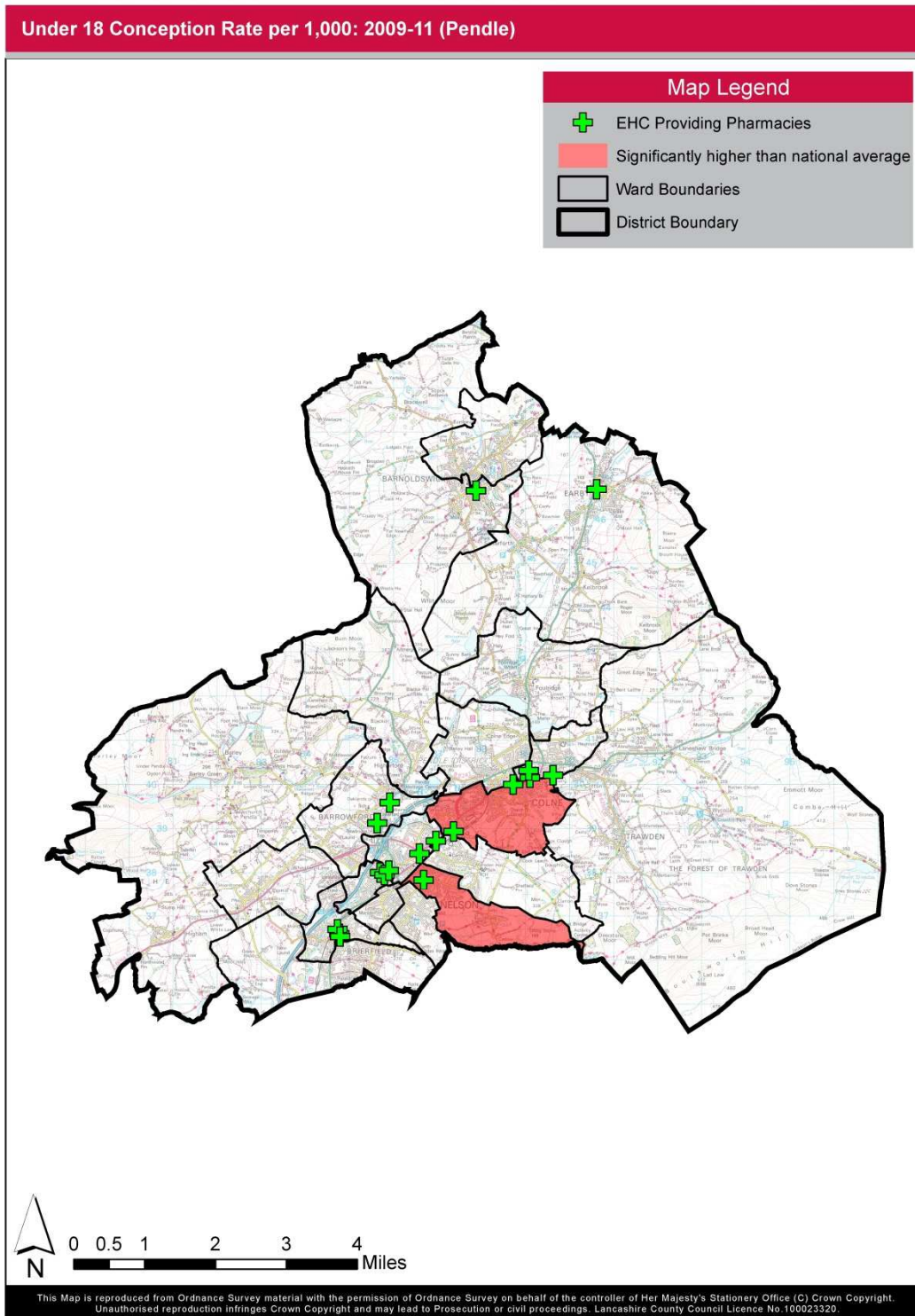
Map 71. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Burnley



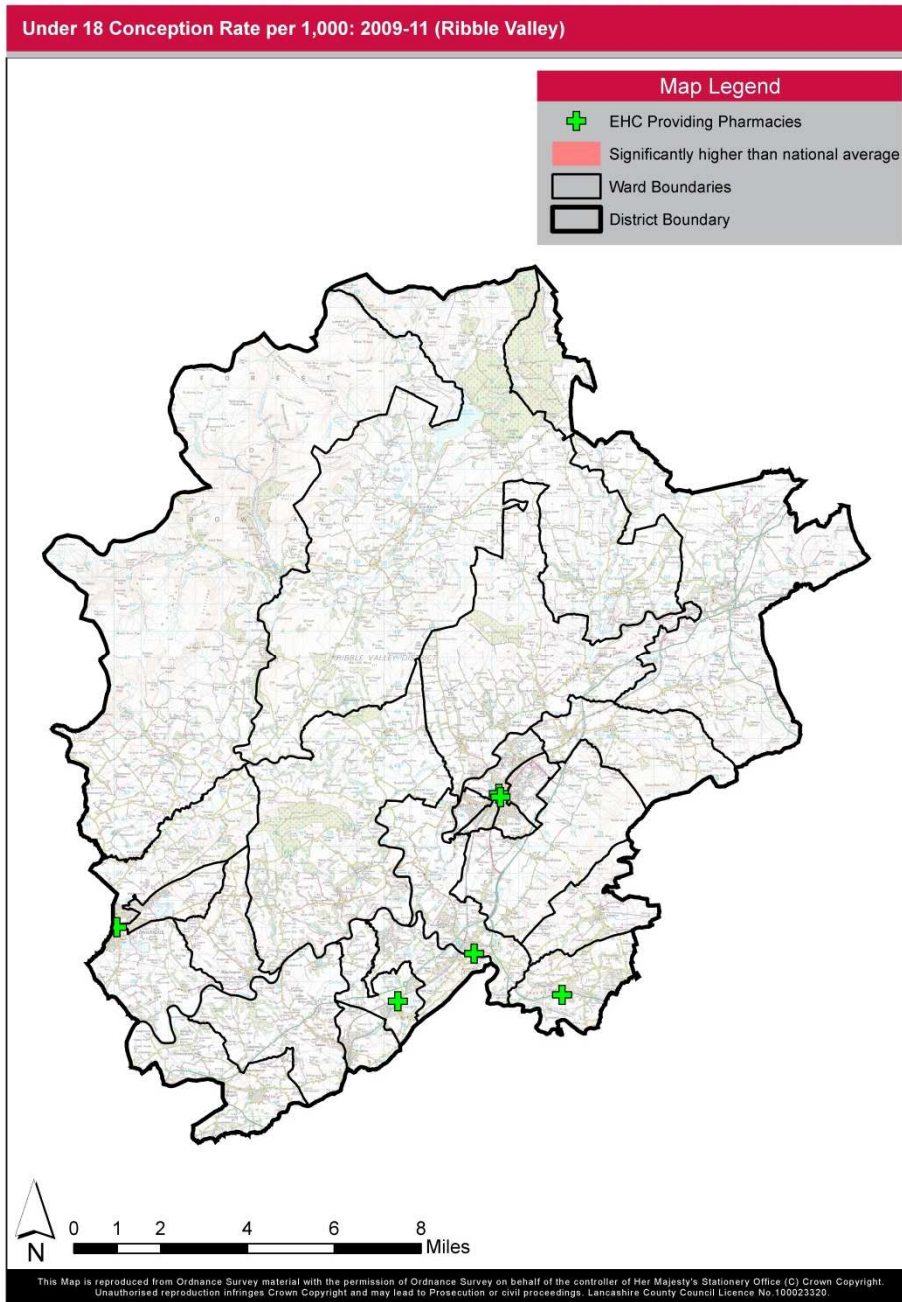
Map 72. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC –Hyndburn



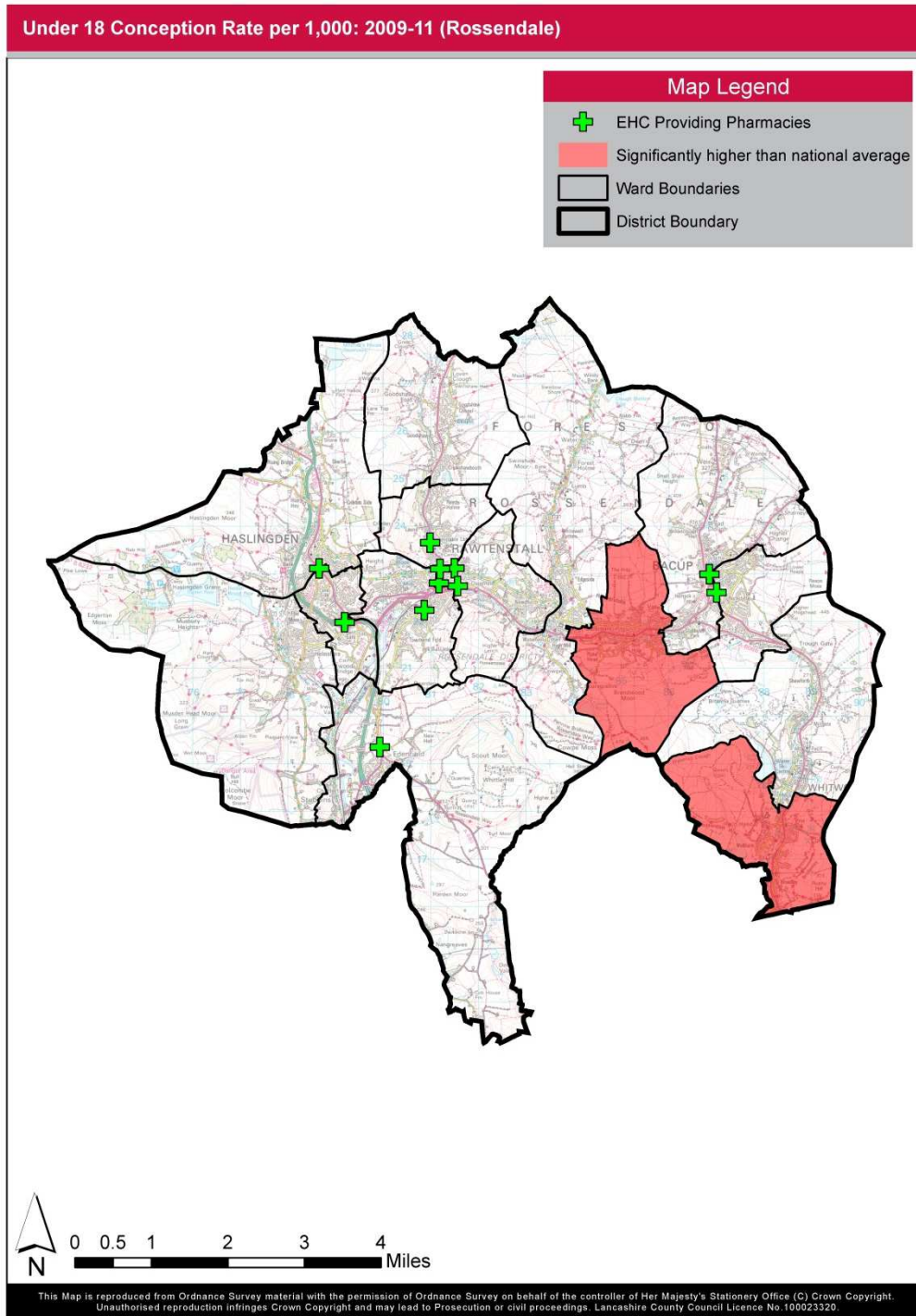
Map 73. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Pendle



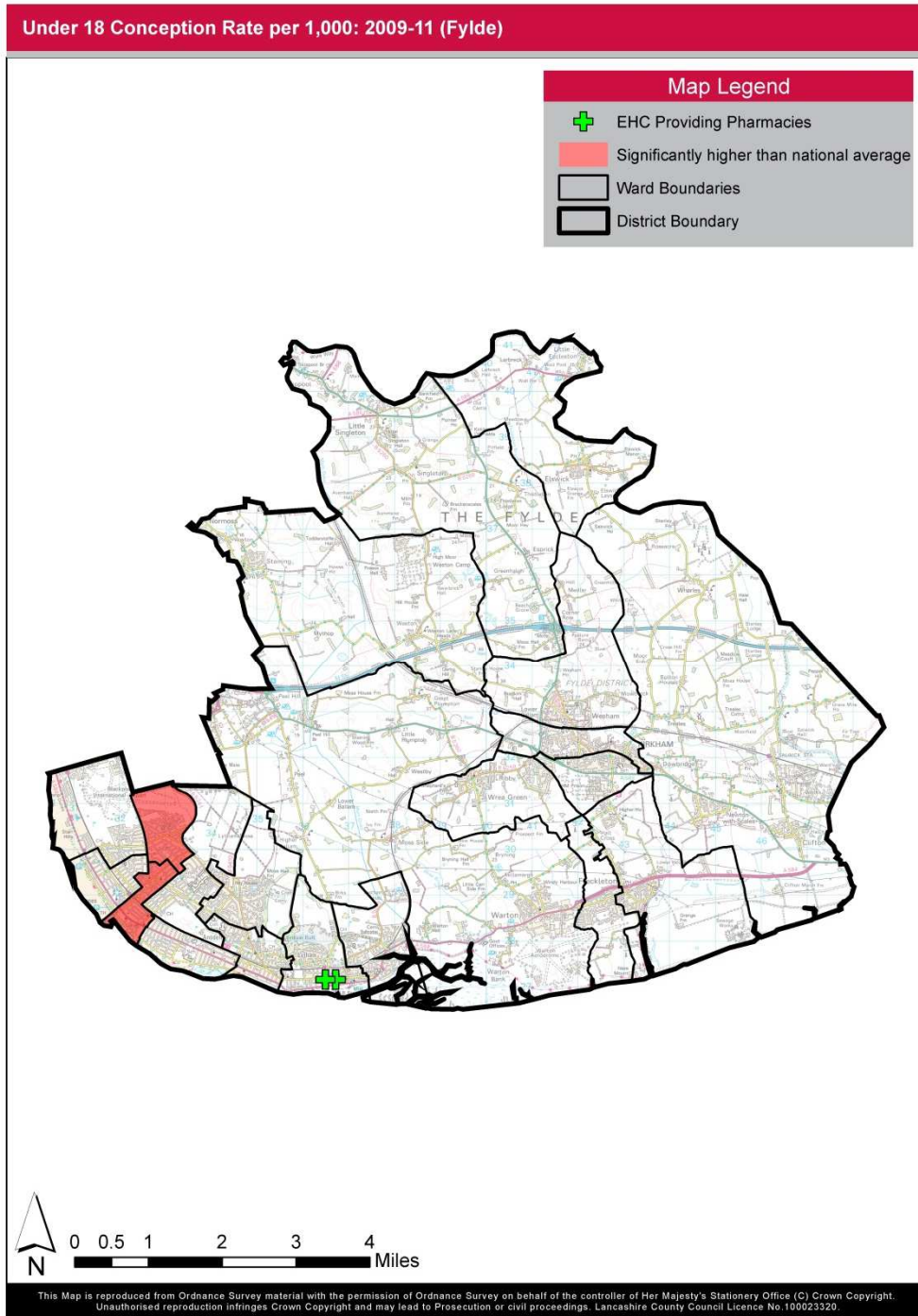
Map 74. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Ribble Valley



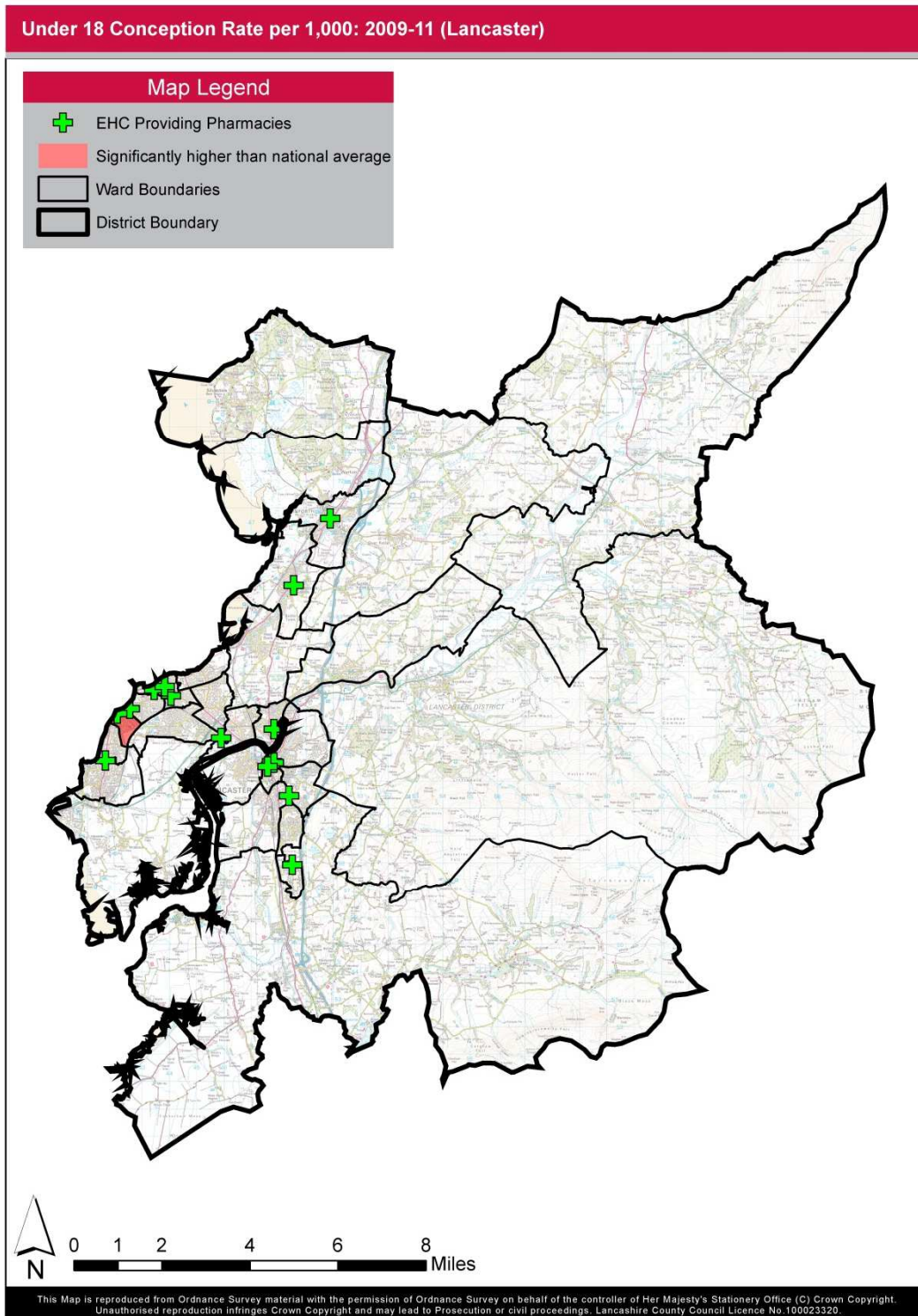
Map 75. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Rossendale



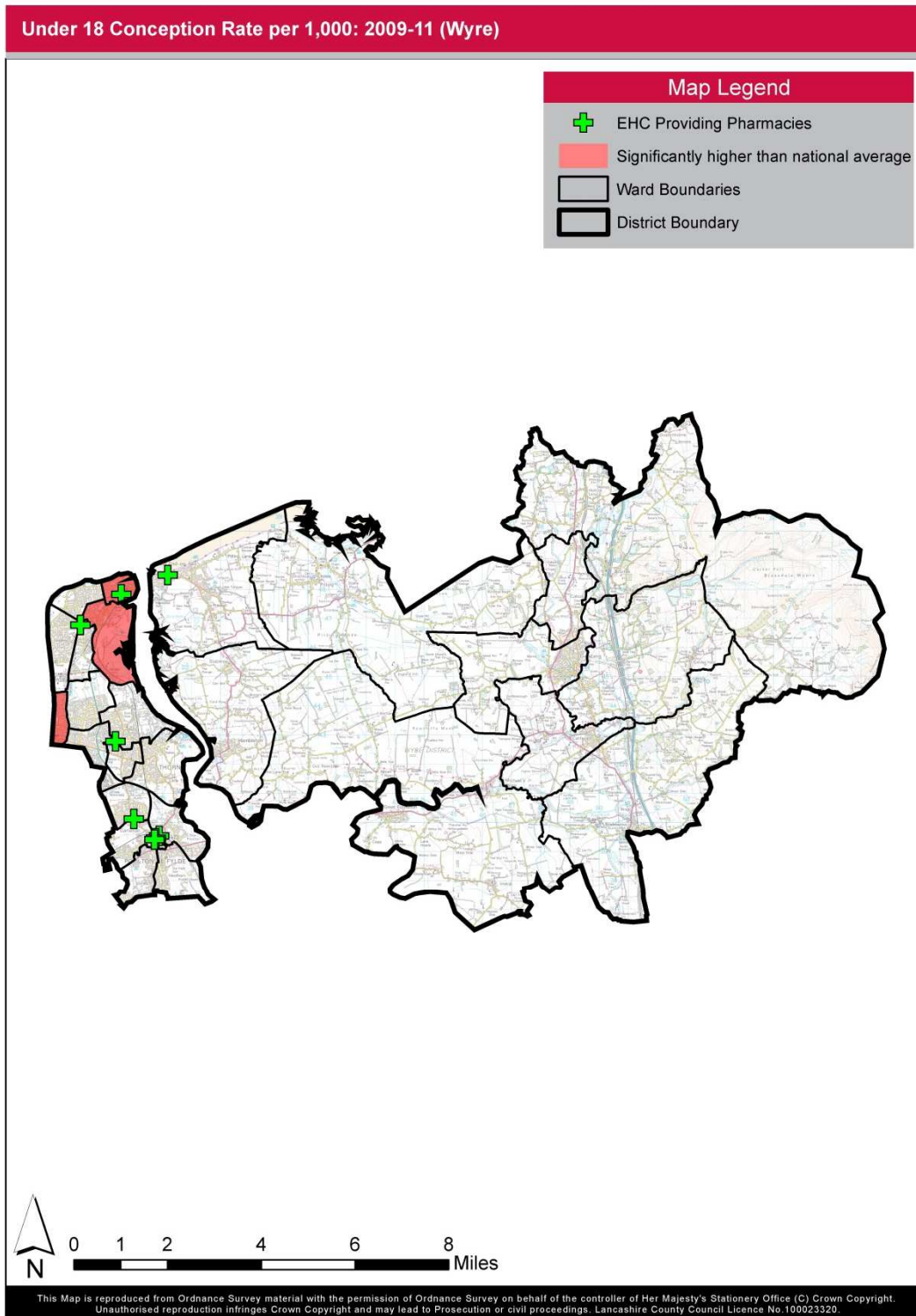
Map 76. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Fylde



Map 77. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Lancaster



Map 78. Teenage conception hotspot wards (2009-2011) and pharmacies commissioned to provide EHC – Wyre



5.8 Substance Misuse

Since April 2013 Lancashire County Council has been responsible for commissioning substance misuse (drug and alcohol) prevention and treatment services.^{xi} A wide range of services are commissioned in order to achieve this, generally as substance misuse services rather drug or alcohol; pharmacy specific services are described below.

Prior to April 2013 commissioning for substance misuse services led mainly by Lancashire Drug and Alcohol Action Team, with the three local Primary Care Trusts retaining responsibility for some areas of business.

5.8.1 Local health needs - Alcohol

Alcohol misuse has an impact on the whole community through crime, health and wellbeing, affecting families and the wellbeing of children, placing a strain on key health services and councils' resources.

The districts of Burnley, Hyndburn, Lancaster, Pendle, Preston, Rossendale and West Lancashire have a significantly higher, than national average, rate of alcohol-related hospital admissions (table 9). In Fylde, South Ribble and Wyre males the rate of alcohol-related hospital admissions is significantly lower rate than the national average. From **Figure 4**, it can be seen that rates are consistently lower in females than in males across all districts.

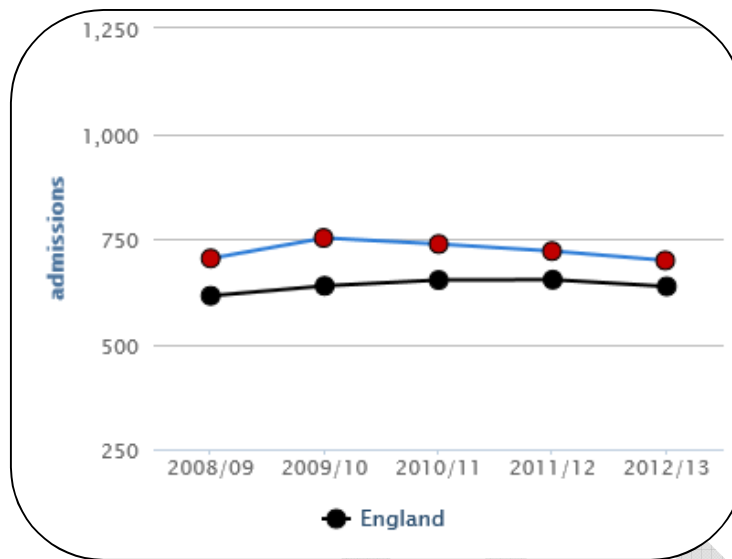
Table 9. Alcohol-related hospital admissions per 100,000 people in Lancashire, by district, 2012/13.

■ Significantly higher than England ■ Significantly lower than England □ Not significantly different from England

Area	Male rate per 100,000	Female rate per 100,000
Burnley	2297.44	1202.01
Chorley	1689.96	869.10
Fylde	1466.47	814.79
Hyndburn	2302.78	1224.16
Lancaster	1868.15	962.95
Pendle	1889.33	1010.85
Preston	1842.14	991.35
Ribble Valley	1546.81	738.45
Rossendale	1946.93	1001.98
South Ribble	1485.51	837.51
West Lancashire	1913.15	930.78
Wyre	1524.12	829.44
England	1676.33	831.84

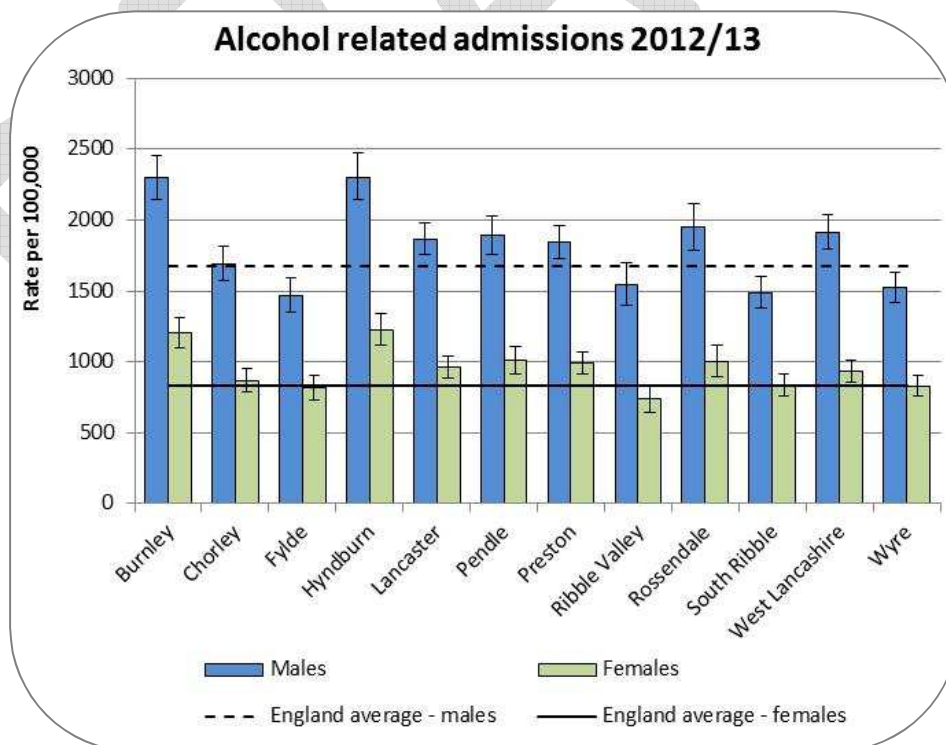
Source: PHE LAPE <http://www.lape.org.uk/> 2012/13

Figure 3. Alcohol related admissions to hospital, Lancashire compared with England, 2008/09 – 2012/13



Source: PHOF <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/4/par/E12000002/are/E10000017>

Figure 4. Alcohol-related hospital admissions per 100,000 people in Lancashire, by district and by gender 2012/13. Directly standardised rates.



Source: LAPE profiles <http://www.lape.org.uk/>

5.8.2 Local services – Alcohol

Local pharmacies are well connected to treatment services and are ideally placed to refer individuals disclosing harmful drinking to local treatment services.

Local pharmacies are involved in the dispensing of medications prescribed for the treatment of alcohol misuse in the community.

5.8.3 Local health needs - Drugs

Illicit drug use contributes to the disease burden both globally and in Lancashire. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale^{xlii}.

Table 10. Drug Strategy cases in 2012 (16 years and over) – number and rate per 100,000 population

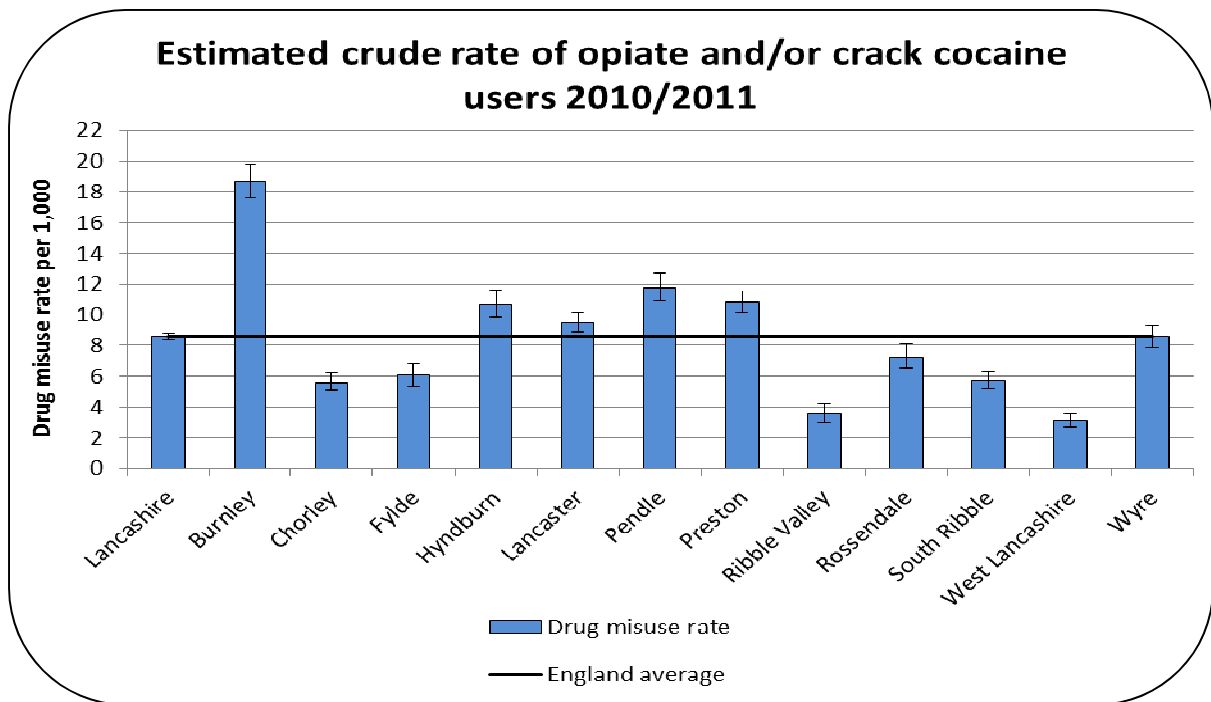
	Number and annual death rate per 100,000 population – usual area of residence		Number and annual death rate per 100,000 population – place of death	
	No.	Rate	No.	Rate
Lancashire	66	6.87	59	6.14

Source: Drug-related deaths in the UK: January-December 2012. http://www.sgul.ac.uk/research/projects/icdp/our-work-programmes/pdfs/drd_ar_2013.pdf

An overview of the current situation in the UK is given in the DH report *United Kingdom Drug Situation – 2012 Edition*^{xlii}. Between 2006/07 and 2010/11 the estimated lifetime use of any drug amongst 16 to 59 year olds remained stable (35.4% and 35.6% respectively). Over the same time period, recent and current drug use decreased. In 2006/07, reported use of any drug within the last year was reported as 10.2%, this decreased to 8.8% in 2010/11. A similar pattern was seen for reported use of any drug within the last month, which decreased from 6.0% in 2006/07 to 4.8% in 2010/11.

The estimated rate of drug misuse in Lancashire is not significantly different from the national average (estimated crude rate of opiate and/or crack cocaine users, per 1,000 aged 15-64 for both Lancashire and England is 8.6). The highest rate of estimated drug misuse in the county is in Burnley (18.7 users per 1,000) and the 2nd highest is in Pendle (see Figure 5).

Figure 5. Estimated crude rate of opiate and/or crack cocaine users, per 1,000 aged 15-64, by district. 2010/11.



Source: PHE Health profiles 2013. <http://www.apho.org.uk/resource/view.aspx?RID=126811>

5.8.4 Local services - Drugs

Many pharmacies across the county provide:

- Dispensing for prescriptions issued for the management of substance misuse problems, including pharmacy services in each of the 5 prisons in Lancashire (HMP Preston, HMP Garth, HMP Wymott, HMP Kirkham and HMP Lancaster Farms – newly reclassified from HMYOI).
- Supervised consumption of prescribed medication and
- Needle and syringe exchange.

5.8.4.1 Local service: Dispensing services

Lancashire has one of the largest treatment systems in the UK with approximately 5000 people in drug treatment services in any one year. A significant number of these will be offered substitute prescribing interventions as part of a wider holistic treatment package. The dispensing by local pharmacies is a key element of this treatment delivery and is largely focussed on methadone and buprenorphine dispensing, though other medications will be used. Pharmacies also play a key role in liaising with treatment providers around missed collections and or how well individuals appear to be doing in treatment between service appointments.

5.8.4.2 Local service: Supervised consumption

Many service users are placed on supervised consumption in community pharmacies for periods during treatment either as a safety measure or relating to broader issues such as safeguarding. The substances that supervised consumption is used for are methadone and buprenorphine.

Those pharmacies involved are contracted either by LCC via the CSU or by substance misuse treatment providers (depending on the locality).

5.8.4.3 Local Service: Needle and syringe exchange

Needle and syringe exchange is a key harm reduction measure in the prevention of Blood Borne virus (BBV) transmission. Equipment, including related legal paraphernalia such as swabs etc. should be supplied to all injectors regardless of the substance being used (e.g. not restricted to opiate users, but may also include stimulant and steroid users for example). Pharmacies are supplied via the substance misuse treatment providers around the county with the equipment required and are trained and encouraged to engage Needle Exchange service users in discussion around their health and substance misuse and offer referral into local services.

Those pharmacies involved are contracted either by LCC via the CSU or by substance misuse treatment providers (depending on the locality).

5.8.5 Consideration of services offered – Alcohol & Drugs

Pharmacies play a key role in the delivery of substance misuse treatment interventions in Lancashire, however further developments could be made around the prevention and screening agenda.

Further work is currently on going to standardise the specifications for the delivery of supervised consumption and needle exchange across the county with plans in place to devolve commissioning responsibility to substance misuse treatment providers as part of their contractual obligations.

Local pharmacies are well placed to offer more services to the population around alcohol use and misuse. A key area for expansion would be alcohol information and brief advice. Initial discussions between Public Health (LCC) and the pharmacy network have already been held and there is interest on both sides, but no plans are currently in place to take this further.

5.9 The health of older people

5.9.1 Local health needs

In Lancashire in 2011, there were 211,193 people aged 65 or over. People in Lancashire are living longer and in the county, the number of people over 65 grew by 12% between 2001 and 2011. This is a slightly higher rate than the national growth of the 65+ age group at 11%^{xliii}. In total, the over-65 population of Lancashire is projected to increase by 58% over

the next twenty years. This figure is in line with the national average (60%) but slightly above the regional (51%) projected increase. However, the over-85 population is estimated to grow considerably faster, with a 145% increase over the next 20 years. The Lancashire figure is above both the national (136%) and the regional (131%) projected increases^{xliv}.

Key stakeholders from across Lancashire put together priority topics for health and wellbeing issues in older people. The priority topics identified by the stakeholder group are:

1. Prevention and protection in a safe environment
2. Lifestyle
3. Mental health and wellbeing
4. Long term conditions and end of life care
5. Carers
6. Pathway of care and integration of services for older people

Further information regarding the health and wellbeing of older people can be found in the JSNA for older people in Lancashire (2013)^{xlv} and JSNA for Dementia (2014).^{xliv}

5.9.2 Local services

Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services.

Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended.^{xvi} Help with this, particularly for those who have complex medication regimens or have problems with taking their medication regularly, could be offered by a pharmacist working as part of a local clinical team whether in a pharmacy or doctors surgery, to give advice and support to the patients and their carers and to other healthcare professionals.

5.10 Long term conditions

Patients with Long Term Conditions (LTCs) are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Several types of interventions (e.g. reduced dosing demands as well as monitoring and feedback) may help in improving medication adherence^{xlvii}. Self-monitoring of medication taking can also potentially be facilitated by new technologies (e.g. automatic pill dispensers and home blood pressure monitors)^{xlviii}. It should be noted that, ideally, research in this field should consider not only patient adherence to medication but also patient outcomes.

Under NHS contractual arrangements community pharmacists already have the opportunity to carry out Medicines Use Reviews (MURs). As part of the Dispensing Services Quality Scheme (DSQS) dispensing staff are trained to discuss issues of concordance and compliance with patients during a Dispensing Review of Use of Medicines (DRUM). Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Both pharmacy MURs and dispensary DRUMs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the

reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber. There are opportunities to increase the uptake of MURs and in the future to target pharmaceutical care towards complex cases.

The HWB and its partners recognise the importance of improving awareness of the risks associated with LTCs. Health campaigns aimed at improving medicines-related care for people with LTC and therefore reducing emergency admissions could be provided through community pharmacies. In addition pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment.

Community pharmacists could be involved in monitoring the use of, for example: statins, blood pressure regulating medication and supplementary prescribing, making adjustments to the treatment being received by the patient.

Pharmacists are also involved in the early detection of some cancers, for example, through the provision of advice on skin care and sunbathing, and participating in the Be Clear on Cancer campaign^{xlix}, which aims to improve early diagnosis of cancer by raising awareness of symptoms and making it easier for people to discuss them with their GP.

5.10.1 Long term conditions (LTCs) in Lancashire

The prevalence of several LTCs across all Lancashire CCGs are significantly higher than the national average e.g. coronary heart disease, chronic obstructive pulmonary disease, asthma and depression.

Table 11. Long-term conditions disease registers and prevalence, by CCG. 2012/13

■ Significantly higher than England
 ■ Significantly lower than England
 ■ Not significantly different from England

Long-term condition	Number/ %	Chorley & South Ribble CCG	East Lancs CCG	Greater Preston CCG	Lancs North CCG	West Lancs CCG	Fylde & Wyre CCG	England
Coronary Heart Disease	Number on register	7,095	15,467	7,914	7,579	6,491	4,399	1,870,000
	Prevalence (%)	4.1	4.2	5.2	3.6	4.0	3.9	3.3
Hypertension	Number on register	24,633	50,639	25,572	27,341	21,253	17,178	7,660,000
	Prevalence (%)	14.1	13.8	16.9	13.0	13.1	15.3	13.7
Diabetes Mellitus (ages 17+)	Number on register	8,879	18,574	10,065	7,628	5,611	8,222	2,703,000
	Prevalence (%)	6.3	6.4	6.0	5.8	6.2	6.5	6.0
Chronic Obstructive Pulmonary Disease	Number on register	3,567	8,777	3,639	4,116	3,490	2,379	975,000
	Prevalence (%)	2.0	2.4	2.4	2.0	2.2	2.1	1.7
Cancer Register	Number on register	3,664	7,522	4,284	3,731	3,374	2,483	1,082,000
	Prevalence (%)	2.1	2.0	2.8	1.8	2.1	2.2	1.9
Mental Health	Number on register	1,283	3,591	1,331	1,858	1,382	784	471,000
	Prevalence (%)	0.7	1.0	0.9	0.9	0.9	0.7	0.8
Asthma	Number on register	11,064	25,787	10,184	13,793	10,654	7,213	3,359,000
	Prevalence (%)	6.3	7.0	6.7	6.5	6.6	6.4	6.0
Dementia	Number on register	1,050	2,197	1,251	1,169	1,189	748	319,000
	Prevalence (%)	0.6	0.6	0.8	0.6	0.7	0.7	0.6
Depression (ages 18+)	Number on register	10,024	17,741	13,282	9,980	6,062	9,389	2,582,000
	Prevalence (%)	7.2	6.2	8.0	7.7	6.8	7.6	5.8

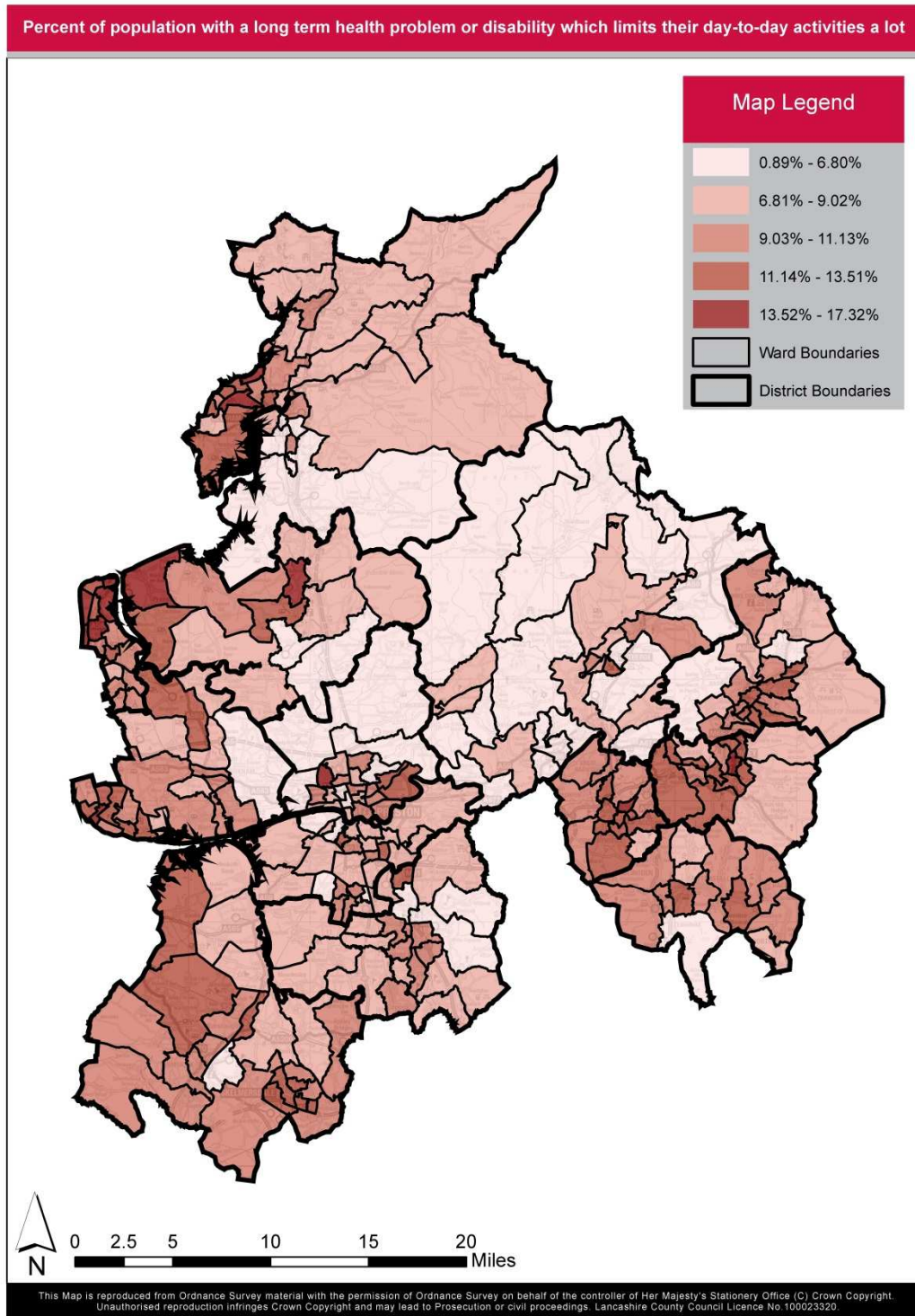
Source: Health and Social Care Information Centre. 2012/13

A bespoke JSNA for LTCs in Lancashire-14 has been completed¹ and focuses on the four main non-communicable disease groups identified by the World Health Organization in 2010:

- Cancer
- Cardiovascular disease
- Chronic respiratory diseases
- Diabetes

Map 79 shows the variation, across Lancashire, in the percentage of population reporting to have long-term health problem/disability which limits their day-to-day activities a lot, in 2011 Census.

Map 79. Percentage of population reporting long-term illness, by ward, 2011 Census



5.11.2 Consideration of services offered

Many patients with long term conditions receive a number of different medications for co-morbidities. Help with this, particularly for those with complex problems of concordance, could benefit from the intervention of a pharmacist working within a local clinical team, to give both them and other health professionals' advice and support.

Five priorities were identified in the Lancashire JSNA for long-term conditions. The priorities are listed in the table below along with, where applicable, the appropriate recommendations. A detailed report is available from the Lancashire JSNA website.¹ Not all of these priorities are relevant to pharmaceutical services.

Priority	Description	Recommendations
Intelligence	Intelligence for long-term conditions that is fit for purpose	Not applicable to pharmacies
Prevention	Greater emphasis on reducing the prevalence and impact of LTCs	<ul style="list-style-type: none"> • Health literacy should become integral to LTC, and developed throughout the whole population. This will ensure that people have the knowledge and power to make better health choices that could prevent or delay the onset of long-term conditions and prevent existing conditions from worsening or becoming a much larger burden on people's lives. • Policies concerned with wider determinants should be assessed for their impact on the development of LTCs e.g. urban planning and use of space and active transport (walking and cycling); housing renewal programmes; licensing; welfare advice. • Commissioners should focus on developing new models of delivery of effective and cost effective universal and targeted preventive interventions through collaborative approaches with all stakeholders. • Joint commissioning opportunities should be pursued between CCGs, local authorities, health and social care providers and the third sector to deliver value for money effective and cost effective health improvement interventions that are sensitive to the needs of different population groups. • Commissioners should ensure that service users are involved in the design, planning and evaluation of health promotion programmes. • Commissioned public health interventions targeted at children and young people should be recognised as part of a lifecourse approach to preventing the development of LTCs. • The evaluation of existing asset-based community projects associated with reducing risk factors for LTCs should focus on outcomes and identify key messages for future projects.
Urgent care	Improving the management of urgent care for people with chronic multiple conditions	<ul style="list-style-type: none"> • The high admission rates for chronic conditions and use of emergency bed days across Lancashire require further investigation. • Commissioners should focus on developing integrated approaches to managing urgent care that involve hospital, community, primary and ambulance services through joint service planning and sharing of clinical information through individualised care plans. • Commissioners should determine the patient and carer journey during urgent care episodes that encompass clinical pathways and patient flows in order to identify areas of inefficiency and ineffectiveness. • Healthcare staff in urgent care settings should be knowledgeable and competent in the required skills and attitudes for working with older people. Training should be provided where necessary to meet these requirements.
Long-term conditions model of care	Development of the LTC model of care	<ul style="list-style-type: none"> • Commissioners, working in partnership with all stakeholders, should seek to develop the LTC model of care locally in a way that builds on lessons learnt from those areas where development is already underway. • This LTC model of care requires providers to develop an integrated care response with the development of integrated neighbourhood teams based on a whole-person centred model of delivery.

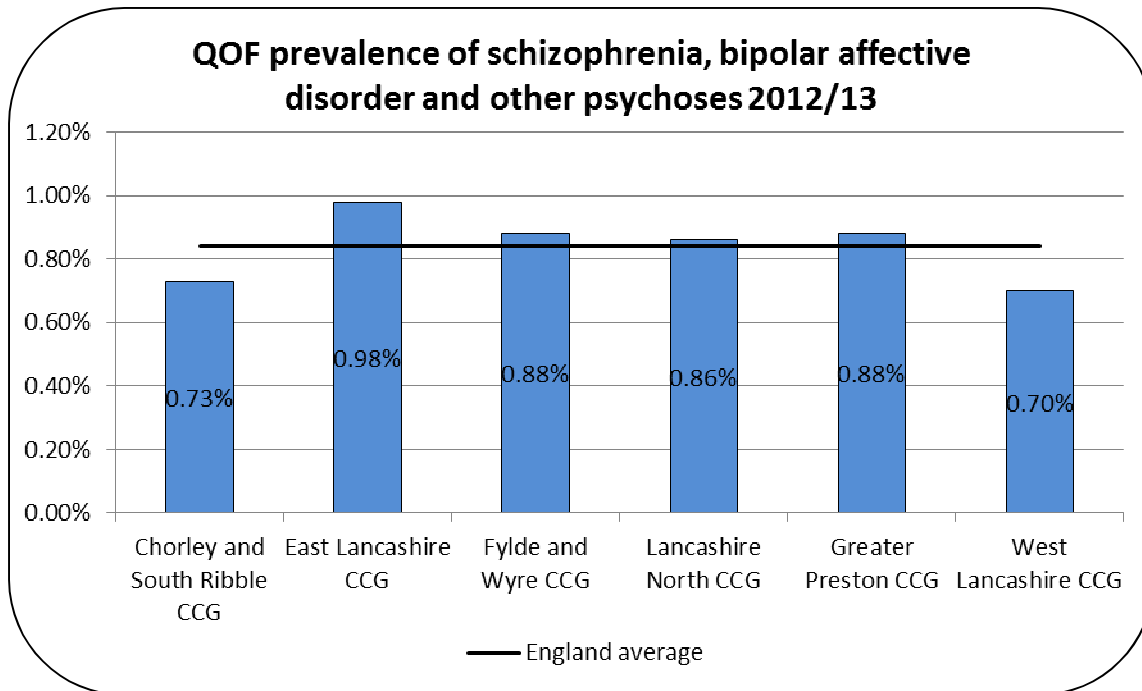
		<ul style="list-style-type: none"> • Development of the LTC model of care should occur within a whole systems framework that maximises opportunities for 'non-traditional' services to support self-management and shared decision-making. • The LTC model of care should encompass a single point of access underpinned with an individualised care plan that includes an emergency care plan. • Commissioners should take account of national developments surrounding the year of care currencies, and national pricing model and work with providers through the necessary contract processes to develop and implement a funding model that promotes a person-centred, self-care approach.
Empowerment	Empowerment of service users and carers	<ul style="list-style-type: none"> • Health literacy should become integral to LTC, and developed throughout the whole population. This will ensure that people with long-term conditions have the knowledge, health choices and power to better manage their own health and that of the people they care for. It will enable those who don't have long-term conditions to increase their resilience and to understand how their health behaviours can protect them from developing long-term conditions. • Commissioners should determine how self-management and shared decision-making link in with wider primary and secondary prevention structures and activities so that the 'whole system of prevention' sits within a broad strategic framework. • Working in partnership with stakeholders, commissioners should critically examine the balance of self-care delivery across traditional and other, non-traditional providers in order to determine the most optimal form of self-care provision. • Self-care should therefore be systematically coordinated through clearly determined pathways that can be delivered sensitively and appropriately, across and between a range of different organisations and groups. • Building on existing networks and partnerships with third sector bodies, local communities and other stakeholders commissioners should map available community assets for supporting self-care, particularly with vulnerable population groups. • Opportunities for service users and carers to use acceptable and accessible forms of technology and social media for education, condition management and/or support should be developed and their subsequent use evaluated. • The availability of MUR should be increased through community pharmacies particularly in those areas with a high prevalence of LTCs. • Any introduction of self-care should incorporate the necessary preparation and training for both health and social care professionals and service users.

5.12 Mental health

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc. Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended. If necessary the patient could receive medication by instalment dispensing or through supervised administration.

Lancashire CCGs have 10,229 patients on their mental health registers (QoF12/13). In Lancashire, the area with the highest prevalence of mental health patients is East Lancashire CCG (0.98%) (see Figure 6). West Lancashire (0.70%) has the lowest prevalence.

Figure 6. QOF prevalence of schizophrenia, bipolar affective disorder and other psychoses (%), by CCG. 2012/13.



Source: PHE general practice profiles.

5.12.1 Local Services

There is information on 5 ways to well-being and sign up to the website is encouraged – www.lancashirewellbeing.co.uk

Good levels of well-being in the population are in everyone's interest. People who report higher levels of wellbeing tend to be more involved in social and civic life, are more likely to behave in environmentally responsible ways, have better family and social relationships at home and are more productive at work. Lancashire County is encouraging individuals and organisations to adopt the five ways to improved wellbeing as identified by the New Economics Foundation:

- **Connect** with family, friends, colleagues and neighbours at home, work, school or in your local community
- **Be active** - discover a physical activity you enjoy and that suits your level of mobility and fitness
- **Take notice** - be aware of the world around you and what you are feeling
- **Keep learning** - learning new things will make you more confident as well as being fun
- **Give** - volunteering can be incredibly rewarding and creates connections with the people around you.

Social Prescribing

Social Prescribing is a mechanism for linking people experiencing, or at risk of experiencing, emotional health problems, with non-medical sources of support within the community – it

aims to look at the causes behind a person's distress and help them find solutions to address them.

A Social Prescribing programme provides an assessment and coordination function which identifies the needs and strengths of an individual and supports them to find their own solutions, linking them into and a range of community activities, such as: community groups focusing on self-management, skills development and building confidence and self-esteem; Computerised cognitive behavioural therapy; Arts and Health activity; promotion of physical activity; Bibliotherapy (self help books from participating libraries); supporting people to return to work, volunteering or vocational/further education; increasing social support and inclusion; Advice and information services (on finance, debt, housing etc.);

Social prescribing services currently sit within all the Help Direct services across Lancashire. To self-refer please contact the local service – details below:

Telephone: 0303 333 11 11 or email enquiries@helpdirect.org.uk

Or contact the local offices:

East Lancashire - <http://www.helpdirect.org.uk/east-lancashire>

Wyre and Fylde – No 3 Errigal House, Avroe Crescent, Blackpool, FY4 2DP - Open 9am - 5pm Monday to Friday

Can also be found throughout Fylde and Wyre at various outreach surgeries in the area - times dates and locations can be found on the What We Do page or contact for more details, email admin@fwhelpdirect.org

West Lancashire - The West Lancs team is based in Ormskirk and covers everywhere in West Lancashire. People can also drop in to their office on Moorgate, Ormskirk, L39 4RY (Opposite Happy Hippos).

Lancaster - The Help Direct Lancaster team is based at 7-11 Chapel Street, Lancaster which is the Age UK shop. [Click here for directions.](#)

Preston - 30 Cannon Street, Preston, PR1 3NS

Chorley - The Help Direct Chorley team is located in the Age UK building, 61-63 St Thomas Road, Chorley.

South Ribble - South Ribble within Roccoco Coffee Lounge, 41 - 45 Chapel Brow, Leyland PR25 3NH

Books on Prescription - <http://www.booksonprescription.org.uk/>

Cognitive behavioural therapy self-help books can provide very effective help and treatment for a range of common emotional and mental health problems such as depression, anxiety, phobias, low self-esteem, insomnia, panic and agoraphobia, obsessive compulsive disorder and eating disorders.

All of the books in the scheme are endorsed by health care professionals and have already helped thousands of people get better.

The above website features all 30 of the books in the [Reading Well Books on Prescription](#) scheme and *every library in Lancashire* has the full set of books available.

Improving Access to Psychological Therapy services (IAPT)

Self referral into IAPT services – Currently, only available in Blackburn and East Lancashire.

Lancashire Care NHS Foundation Trust (LCFT), Improving Access to Psychological Therapies (IAPT) Services.

Improving Access to Psychological Therapies (IAPT) is an initiative that aims to make psychological therapies (talking therapies) more accessible to people, especially those with stress, anxiety and depression. Lancashire IAPT Services offer a range of interventions such as:

- Groups
- Workshops
- Courses
- Computerised Cognitive Behavioural Therapy
- Supported Self-Help with a Psychological Wellbeing Practitioner
- Cognitive-Behavioural Therapy
- Counselling

For more information or to obtain a self-referral pack please contact your local IAPT Service:

IAPT East Lancashire: 01282 657116

IAPT Blackburn with Darwen: 01254 226037

IAPT Chorley and South Ribble: 01772 643168

IAPT Preston: 01772 773400

IAPT West Lancs: 01695 588254

IAPT Fylde and Wyre: 01253 655943

IAPT Lancaster and Morecambe: 01524 550550

5.12.2 Consideration of services offered

There are several ways that people can support their own mental; health, and self referral options for additional support as outlined above. Pharmacies can direct people to such forms of support and encourage uptake of self-help methods.

5.13 Healthcare associated infections

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.

Senior specialist antimicrobial pharmacists within hospitals, Medicines Management pharmacists within the CSU, Specialist Nurses Infection Prevention within Local Authority and microbiology must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy. Within the secondary care setting it is possible for pharmacists to lead on 'switching' policies to convert patients from intravenous therapy to oral drug therapy at the earliest appropriate opportunity.

Increasingly patients are treated with intravenous antibiotics at home and the patient's regular community pharmacy, together with hospital pharmacy services, should be aware of, and could be involved in their treatment.

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Associated Infections. In addition they are able to inform other primary care practitioners when an item prescribed is not normally available in the community.

5.14 Medication related harm

5.14.1 Local health needs

In their report *Safety in doses: improving the use of medicines in the NHS*, the National Patient Safety Agency reviewed medication incidents reported to the RLS in 2007ⁱⁱ. The most serious incidents reported included 100 medication incident reports of death and severe harm. Most serious incidents were caused by errors in medicine administration (41%) and, to a lesser extent, prescribing (32%). Three incident types – unclear/wrong dose or frequency, wrong medicine and omitted/delayed medicines – accounted for 71% of fatal and serious harms from medication incidents.

A prospective study of a random sample of residents within a purposive sample of homes in three areas found that two-thirds of residents were exposed to one or more medication errors. The authors concluded that "the will to improve exists, but there is a lack of overall responsibility. Action is required from all concerned"ⁱⁱⁱ."

5.14.2 Local services

Community pharmacy can further contribute to improving health outcomes and reduce health inequalities for local people for example, through the concept of Healthy Living Centres promoting and supporting healthy living and self-care or providing targeted help with medicines to improve health through for example Medicines Use Reviews, New medicines Service. CCGs will continue to work with existing pharmacies to develop and improve pharmaceutical services throughout Lancashire for the benefit of local people.

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system wide implementation of safety alerts – for instance NPSA alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc.

Through the provision of MURs, DRUMs, clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

5.14.3 Consideration of services

The CSU Medicines Management Team on behalf of the CCG are responsible for working with primary medical care contractors, providers of pharmaceutical services and social care partners to determine how medication errors in care homes for older people can be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. The team, consisting of Pharmacists and Technicians and working with local GP practices, attends nursing homes to carry out medication reviews to ensure patients are receiving the medications they should be and to reduce wastage.

5.15 Migration

5.15.1 Local needs

A JSNA for migration in Lancashireⁱⁱⁱ highlights that the reasons migrants come to the UK and to a particular area are varied. For some it will be to go to university; for others it will be because of the general availability of jobs or because work in a particular sector, such as tourism or agriculture, is available. Some may come to Lancashire because family or friends are already living here. They provide labour and skills for local business and public services. Many migrant workers are working below their skill level even if their skills are in areas where there are skill shortages.

The number of registrations in the county council area was 4,100 in 2009/10. This is a decrease of 1,740 on the number in 2008/09. This is the third annual decrease since figures were published and is similar to the decrease between 2007/08 and 2008/09 of 1,150^{iv}.

The wellbeing and integration of migrant workers is affected by their financial situation, access to adequate and affordable accommodation and access to English language courses designed to meet their needs. In 2009/10 there were 7,691 new GP registrations by international migrants within the county council area.

5.15.2 Consideration of services offered

From the local health data the populated areas where migrant workers reside have adequate provision of pharmacies and are easy accessible including pharmacies that speak a range of languages and have extended opening times.

There is a need to ensure the migrant worker population are aware of the services offered by primary care services, especially pharmacies, emphasising the health promotion and disease prevention elements and the provision of service given even if they are not registered with a GP Practice.

5.16 Community Pharmacy Minor Ailments Service

The White Paper *Pharmacy in England – Building on Strengths, Delivering the Future*^{iv} set out the introduction of minor ailments services that promotes pharmacy as the first port of call for people with minor ailments and complements GP and out-of-hours medical provision.

The service aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations. The service aims to encourage patients to self-refer to their local community pharmacy where appropriate. The community pharmacist will provide advice on specified minor conditions and supply medicines, according to the local formulary, free of charge for patients exempt from prescriptions charges (this includes patients with a prepayment certificate).

To register for the service, a person must be registered with a GP practice. Patients who are exempt from prescription payment will receive medication supplied under this scheme free of charge, patients who pay for prescriptions may choose to purchase over the counter medicines rather than pay a prescription charge for a medicine supplied under the Minor Ailments Service.

Patients attending the pharmacy in person will receive a consultation and if appropriate a supply of medication, in the same way they would be required to attend a GP appointment for a prescription. Patients will be referred on to the GP/other healthcare professional when they present with symptoms formulary medicines are not suitable for an individual patient or the symptoms require referral or when the patient is requesting a medicines to treat a condition not covered by the scheme.

No treatment is provided for children of less than three months of age. In some CCGs, where minor ailment scheme is provided, the pharmacist provides the patient with a unique number on a registration card.

The following minor ailments are an example of what may be included in some schemes (**these vary in different CCGs**):

- Allergies, Bites and Stings
- Hayfever
- Colds and Flu, temperature and fever (children only)
- Cold sores
- Constipation
- Nasal congestion
- Conjunctivitis
- Cystitis
- Diarrhoea
- Pain relief (including backache, toothache and sore throat)
- Headlice, Sore Throat, Earache
- Indigestion / Heartburn
- Coughs, Temperature, Nasal Congestion
- Fungal Skin Infections
- Vaginal Thrush

Chorley & South Ribble, Greater Preston and West Lancashire CCG provide the following:

- Constipation
- Diarrhoea
- Head lice, Sore Throat, Earache
- Hay Fever, Conjunctivitis, Indigestion and Infant Gripes, Thread Worm
- Coughs, Temperature, Nasal Congestion
- Fungal Skin Infections, Athletes Foot, Dermatitis, insect bites & stings, scabies
- Thrush, Cold Sores, Nappy Rash, Headache, mouth ulcers
- Cystitis
- Teething
- Verrucas / warts

5.17 Community Pharmacy Palliative Care Service

Palliative care is the care of any patient with an advanced, incurable disease. It involves the control of symptoms, such as pain and aims to improve quality of life for both patients and their families. Drug treatment plays a major role in symptom control in palliative care. The aim is to ensure that appropriate palliative care drugs are available in the community at the point of need.

The demand for palliative care drugs can be urgent and unpredictable. A number of drugs used in palliative care are rarely used in other circumstances and are therefore often not readily available from community pharmacies.

Designated community pharmacies hold essential palliative care drugs for easier access. The drugs that must be held in stock by pharmacies taking part in the scheme are listed in the essential list of palliative care drugs agreed with palliative care clinicians. For some CCGs (Chorley and South Ribble and Greater Preston) the Out Of Hours (OOH) provider holds a number of the palliative care drugs and will dispense to patients out of pharmacy hours, they do not hold the full stock list as detailed in the palliative care service specification.

In East Lancashire CCG, a community pharmacy locally commissioned service for stockholding and provision of specialist drugs in palliative care provides increased availability of such drugs to patients. The objectives of the scheme is to improve access and continuity of supply for patients, carers and healthcare professionals and support them by providing up to date information, advice and referral where appropriate

5.17.1 "Just In Case" Palliative Care Service (Fylde & Wyre CCG only)

Designated community pharmacies hold, "Just In Case," (JIC) palliative care drugs. JIC drugs are anticipatory and therefore prescribed in advance of the patient needing them and stored in the patient's home. The purpose of this is that the patient has access to essential palliative care drugs in case of deterioration in condition which can immediately be accessed. Health care professionals can access these drugs in the patient's home, out of hours, and therefore treat the patient in their own home.

5.18 Community Pharmacy Healthy Start Service

Healthy Start is the Department of Health's scheme to help pregnant women and children under four in low-income families eat healthily. Healthy Start replaces the welfare food scheme. It is active throughout Great Britain and Northern Ireland.

The scheme:

- Includes vouchers for fresh fruit and vegetables as well as milk and infant formula milk.
- removed
- Encourages earlier and closer contact between health professionals and families from disadvantaged groups.
- Provides coupons to swap for free vitamins suitable for:
 - pregnant women
 - breastfeeding women
 - children aged 6 months to 5 years old

Healthy Start vouchers aim to:

- Improve the nutrition of pregnant women
- Increase fruit and vegetable intake
- Initiate and maintain breastfeeding
- Introduce foods in addition to milk as part of a progressively varied diet when infants are six months old.

The scheme makes healthy start vitamin supplements available, and this is being achieved through arrangements with local community pharmacies. Pharmacy coverage is voluntary and unpaid.

5.19 Healthy Living pharmacies

Introduction

The political context for healthy living pharmacies (HLPs) was set out in the 2008 pharmacy white paper, 'Pharmacy in England: Building on Strengths, Delivering the Future'.^{lvi}

This described how, in time, community pharmacies would become healthy living centres, which would promote and support healthy living by offering healthy lifestyle advice and support on self-care and a range of pressing public health concerns.

The public while fully aware of pharmacy's core role in the supply of prescription medicines and providing medicines over the counter, had little awareness of the broader role pharmacists and their teams could play in looking after their health and wellbeing. Research commissioned in 2008 by the Department of Health (DH) showed that, while around one in 10 people received health advice from their pharmacy, very few used pharmacy to access other health-related services, such as regular monitoring of current health conditions and screening for things such as diabetes and cholesterol.^{lvii}

NHS Portsmouth were asked by Department of Health to develop a national framework for HLP in recognition of local innovation underway. A national reference group was formed and academic research and support commissioned.

The HLP framework developed involves a system-wide approach to support change across the profession and within the workplace, an organisational development tool, and a brand that unites community pharmacy while changing public perceptions about what community pharmacy can offer in supporting their health.

A national pathfinder commissioned to test whether the HLP framework developed in Portsmouth was transferable across demography and geography demonstrated similar positive results. Benefits have also been realised by commissioners, contractors and employees and significantly, the public welcomed the concept.

NHS Blackburn with Darwen and NHS East Lancashire were selected as a pathfinder site. That experience has proved very informative and beneficial in supporting the current HLP programme. Service outputs broadly by HLPs were increased compared to before the pharmacy became an HLP and in comparison to non-HLPs. This has now been extended to a Pan-Lancashire service.

In Lancashire the Healthy Living Pharmacy programme is co-ordinated by the HLP Strategic lead who chairs a steering group of senior Public Health leads and the Lancashire Local Pharmaceutical Committee. A Lancashire HLP prospectus has been drawn up that local pharmacy contractors are invited to sign up to. Healthy Living Pharmacy is an identified priority in the Local Professional Network (Pharmacy)(LPN) work plan and is accountable to the LPN for roll out and delivery of the plan.

What is a healthy living pharmacy?

Healthy living pharmacies put their local community's health and wellbeing at the core of everything they do. They consistently deliver a range of services to a high quality and are recognised with a HLP Quality Mark.

HLP enablers

Important HLP enablers to support delivery include:

- Workforce development
- Engagement with the community and other providers
- Premises that are fit for purpose and support health promotion.

All Lancashire HLPs have at least two health champions, usually members of the medicines counter team, who proactively engage with the public and create a health-promoting environment. The pharmacist or pharmacy manager will have undertaken leadership and change management training to support a team approach and lead a 'supply plus service' delivery model.

To achieve the HLP quality mark locally, pharmacies have to demonstrate that they:

- Consistently deliver a range of health and wellbeing services to a high quality
- Meet the HLP quality criteria requirements ^{lviii}
- Have a team that actively promotes health and wellbeing, proactively offers brief advice and signposts to relevant local and/or national support
- Have at least two trained health champions, who have achieved the Royal Society for Public Health's Understanding Health Improvement Level 2 Award

- Have a health-promoting environment with premises that are fit for purpose
- Proactively engage with the local community, and other health and social care providers and professionals
- Display the HLP logo

HLPs have a different skill mix and a team approach which enable staff to make every contact count.

Role of a pharmacy health champion

The accessibility and location of community pharmacies offer significant opportunities to make every contact count and provide individuals visiting the pharmacy with information, signposting them to the NHS and other local community services.

The health champion is an important member of the HLP team.

A pharmacy's health champion will undertake a number of activities including:

- Engaging proactively with individuals and the community on health and wellbeing issues, signposting them to relevant services within and outside the pharmacy
- Leading on health promotion activities
- Keeping the 'health promotion zone' up to date
- Supporting the delivery of local and national health promotion campaigns
- Working with the team to identify and implement community outreach activities
- Maintaining a signposting resource within the pharmacy
- Developing window displays to attract the public into the pharmacy to use its health and wellbeing services.

Other activities might include:

- Networking with other health champions to share ideas and see what works well
- Assist in the delivery of services such as stop smoking, weight management, chlamydia screening and other services not requiring the specific input of a pharmacist at every stage.

Within their HLP they may take a lead with their colleagues to ensure that the whole team is engaged in the concept.

Healthy Living Pharmacy and local priorities

Analysis of pathfinder reports indicated the value of HLPs for:

- Commissioners, showing that community pharmacies are able to deliver health and wellbeing services to meet local health needs.
- Public health teams who understood the potential for HLPs to deliver these types of health services effectively.
- Contractors - the results of the quantitative survey to assess the benefits of HLP status on contractors was positive for all contractor types and implementation of the HLP concept was seen as worthwhile for the business by over 70 per cent of contractors.

Healthy Living Pharmacy and commissioning intentions

Going forwards, the delivery of a pro-active approach and high quality services supports achievement of both Public Health England and NHS England outcomes. Identification of risk factors for life shortening diseases with appropriate signposting and/or referral helps prevent people dying prematurely; and targeted pharmaceutical support for patients with long term conditions provides enhanced quality of life.

The commissioning intentions for both Public Health England and NHS England would be to see as many HLPs as possible accredited throughout Lancashire, and to use these pharmacies as the platform from which to deliver high quality commissioned services within a setting where health and wellbeing information can be readily accessed. Initially that includes existing commissioned services but beyond that to develop, pilot and commission new services to improve capacity and extend access to healthcare within communities. All CCG areas have pharmacies working towards HLP accreditation.

Healthy Living Pharmacy has received widespread support from Ear Howe (minister for pharmacy), Professor Parish (PHE Advisory Board and former Chief Executive RSPH), Duncan Selbie (Chief Executive PHE), Professor Dame Sally Davies (Chief Medical Officer)

Text adapted from The Pharmacy Magazine CPD development programme Module 219 by Deborah Evans FRPharmS, pharmacy consultant, national HLP pathfinder work programme lead, and member of the Pharmacy and Public Health Forum. ^{lix}

5.20 Further opportunities

There is potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities. Possible examples include work around fuel poverty, falls prevention (this will be built into screening pathway in Huntingdonshire), supporting people at risk of domestic abuse, and behavioural change initiatives.

6 Future Population Changes and Housing Growth

Key messages

Over the coming years, the population in Lancashire is expected to grow but not substantially. Several large-scale housing developments are in progress and a number of factors may influence the potential need for additional pharmaceutical service providers.

Lancashire's projected growth between 2014 and 2024 comes to approximately 2.8%, compared with a rise of 7.1% in England as a whole.

To ensure that pharmaceutical services are commissioned in line with population need, the Health and Wellbeing Board partners will monitor the development of major housing

sites and if necessary provide supplementary statements in accordance with regulations.

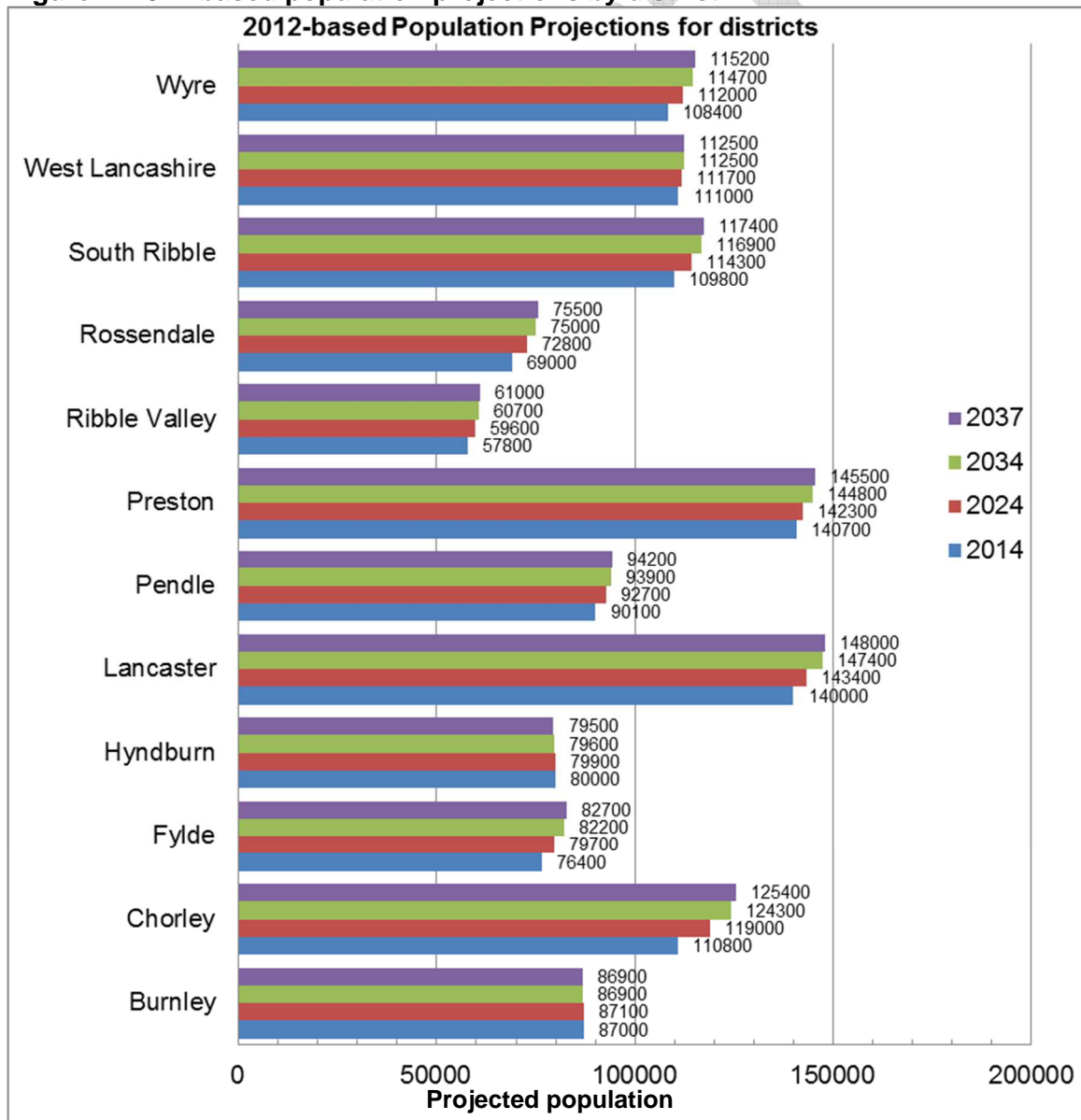
This section considers population changes and housing growth in Lancashire.

6.1 Population changes in Lancashire

The population of Lancashire was estimated 1,180,076 in 2013 and is expected to increase by approximately 34000 (3%) to 1,214,400 by 2024.

An overview of the population growth in Lancashire by district in the coming decades is shown in Figure 7.

Figure 7. 2012 based population projections by district



Source: <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/index.html>

The percentage increase is projected to be at 3% by 2024. The estimated increases for Lancashire are noticeably below the projected national rate of change.

For the projected growth rates at the district level over the 10-year period (2014 to 2024), Hyndburn district is expected to record a population decrease of just -0.1%. This is the only projected decrease in the County, but the rate is so small that it shows that the district population is expected to remain fairly static. Other districts with rates of increase below 3% are Burnley (0.1%), Lancaster (2.4%), Pendle (2.9%), Preston (1.1%) and West Lancashire (0.6%). The highest population growth rates are predicted in Chorley (7.4%), Rossendale (5.5%), Fylde (4.3%) and South Ribble (4.1%).

Table 12. 2012 based population projections by district

Area	2014	2024	2034	2037	2014-2024 % change	2014-2037 % change
Burnley	87000	87100	86900	86900	0.1%	-0.1%
Chorley	110800	119000	124300	125400	7.4%	13.2%
Fylde	76400	79700	82200	82700	4.3%	8.2%
Hyndburn	80000	79900	79600	79500	-0.1%	-0.6%
Lancaster	140000	143400	147400	148000	2.4%	5.7%
Pendle	90100	92700	93900	94200	2.9%	4.6%
Preston	140700	142300	144800	145500	1.1%	3.4%
Ribble Valley	57800	59600	60700	61000	3.1%	5.5%
Rossendale	69000	72800	75000	75500	5.5%	9.4%
South Ribble	109800	114300	116900	117400	4.1%	6.9%
West Lancashire	111000	111700	112500	112500	0.6%	1.4%
Wyre	108400	112000	114700	115200	3.3%	6.3%
Lancashire	1,181,000	1,214,400	1,238,900	1,243,800	2.8%	5.3%
England	54,227,900	58,072,600	61,315,100	62,166,000	7.1%	14.6%

Source: <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/index.html>

Table 13 details the population projections (both genders combined) by the available age-groups for the Lancashire County. Over the 10 year period, increases are projected in the 0-19 and 65+ years age group.

Table 13. 2012 projections by age group 2014-2037

Age group	2014	2024	2034	2037	% change between 2014 and 2024
0-19	273,500	280,000	272,800	270,400	2.4%
20-44	361,600	350,200	351,200	349,100	-3.2%
45-64	313,400	309,400	286,100	284,200	-1.3%
65+	232,500	274,800	328,700	339,900	18.2%

All ages	1,181,000	1,214,400	1,238,900	1,243,800	2.8%
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Source: <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/index.html>

6.2 Housing growth

Several major developments are expected to progress significantly during 2014 to 2026. There are developments in Central Lancashire which are underway and a number of other major developments are expected to begin.

6.3 Growth during 2014 – 2026

The information on house dwellings forecast in Lancashire has been compiled using a series of documents which have been adopted through the districts and are not the official figures. The series of documents, where the housing information has been extracted from, include local plans, strategic housing land availability assessments (SHLAAs), core strategies. These figures can change with time and any current information can be obtained from the district authorities' planning applications teams. Table 14 below shows a forecast of Lancashire's house dwellings, taken from the various documents.

Table 14: forecast of Lancashire's house dwellings

District	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025	2025 - 2026
Burnley	130	130	130	130	130	130	130	130	130	130	130	130	130
Chorley	417	417	417	417	417	417	417	417	417	417	417	417	417
Fylde	408	408	408	408	408	408	408	408	408	408	408	408	408
Hyndburn	154	154	154	154	154	154	154	154	154	154	154	154	154
Lancaster	523	41	41	41	41	41	405	405	405	405	405	405	405
Pendle	170	170	170	170	250	250	250	250	250	250	250	250	250
Preston	507	507	507	507	507	507	507	507	507	507	507	507	507
Ribble Valley	75	75	75	75	75	75	75	75	75	75	75	75	75
Rosendale	247	247	247	247	247	247	247	247	247	247	247	247	247
South Ribble	417	417	417	417	417	417	417	417	417	417	417	417	417
West Lancashire	257	257	257	257	257	257	257	257	311	311	311	311	311
Wyre	225	225	225	225	225	225	225	225	225	225	225	225	225
Blackpool	235	235	235	235	235	235	235	235	235	235	235	235	235
Blackburn	530	530	625	625	625	625	625	625	720	720	720	720	720
Lancashire-12	3765	3283	3283	3283	3363	3363	3727	3727	3781	3781	3781	3781	3781

The following tables outline any large scale development (200 houses or more) till 2026 which have been identified in local plans and strategic housing land availability assessments

(SHLAA); the tables also state whether the particular site has passed the planning permission phase.

Chorley - Allocated

Site Name	District	Dwelling Capacity	Deliverable Completions 2011- 2016	Deliverable Completions 2016 - 2021	Deliverable Completions 2021 - 2026	Planning Permission
Land south of Cuerden Farm, Wigan Road, Chorley	Chorley	300	90	210	0	Yes
Land North Of Lancaster Lane Clayton-Le-Woods	Chorley	700	45	255	400	Yes
Outline application for the redevelopment of the former Camelot Theme Park	Chorley	420	Not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local plan	No
Euxton Lane, Buckshaw Village	Chorley	761	120	312	329	No
Land of Moss Lane	Chorley	307	75	116	116	No

Chorley - Identified in SHLAA

Site Name	District	Dwelling Capacity	Deliverable Completions 2011- 2016	Deliverable Completions 2016 - 2021	Deliverable Completions 2021 - 2026	Planning Permission
Eaves Green, off Lower Burgh Way, Chorley	Chorley	304	0	152	152	No
Land at Sylvesters Farm, Euxton	Chorley	248	0	124	124	No

Fylde - Allocated

Site Name	District	Dwelling Capacity	Deliverable Completions 2011- 2016	Deliverable Completions 2016 - 2021	Deliverable Completions 2021 - 2026	Planning Permission
Land south of Queensway, Lytham, St Annes	Fylde	860	140	360	360	Yes
Pontins, Clifton Drive North, St Annes, Lytham	Fylde	275	200	75	0	Yes
Whyndyke Farm, Preston New Road, FY4 4XQ	Fylde	560	0	200	360	Yes
Land opposite Blackfield End Farm, Church Road, Bryning with Warton	Fylde	360	150	150	60	Yes
Former EDS, Heyhouses Lane, St Annes	Fylde	335	200	135	0	No
Former Marconi Factory, Lytham Road, Warton	Fylde	240	200	40	0	No
Total forecast dwellings in Fylde		6826	2391	2490	1945	

Fylde - Identified in SHLAA

No large enough sites identified in the Fylde SHLAA

Hyndburn - allocated

Site Name	District	Dwelling Capacity	Planning Permission
Central Huncoat	Hyndburn	391	No

Hyndburn – Identified in SHLAA

Site Name	District	Dwelling Capacity	Planning Permission
Land to north of Burnley Road, Huncoat	Hyndburn	470	No
Former Huncoat Colliery, Altham Lane, Huncoat	Hyndburn	223	No
Land at Moorside Farm, Altham	Hyndburn	693	No

Lancaster - Allocated

Site Name	District	Dwelling Capacity	Planning Permission
Lundsfield Quarry, Kellet Road	Lancaster	200	No
Luneside West	Lancaster	403	No
Land at Whinney Carr	Lancaster	900	No
Mossgate Park	Lancaster	395	Yes
Lancaster Moor Hospital	Lancaster	420	Yes

Lancaster - Identified in SHLAA

Site Name	District	Dwelling Capacity	Planning Permission
Brewers Barn, North Road, Carnforth	Lancaster	224	No
Land North East of Bailrigg Lane	Lancaster	750	No

Preston - Allocated

Site Name	District	Dwelling Capacity	Deliverable Completions	Deliverable Completions	Deliverable Completions	Planning Permission
			2011- 2016	2016 - 2021	2021 - 2026	
Former Whittingham Hospital	Preston	650	170	480	0	Yes
Haydock Grange, Hoyles Lane	Preston	450	300	150	0	Yes
Land at Lightfoot Lane	Preston	330	150	150	30	Yes
GOSS Graphics, Fylde Rd	Preston	358	0	0	358	Yes
Cottam (Hall & Former Brickworks)	Preston	1300	355	738	207	Yes
Avenham Car Park, Avenham Street	Preston	210	0	0	210	Yes
Land at Boyse's Farm & Eastway	Preston	460	300	160	0	No
Sandyforth Lane/Lightfoot Lane/Sandy Lane/M55	Preston	1400	450	400	550	No
Land off Whittingham Road, Longridge	Preston	280	50	230	0	Yes

Preston - Identified in SHLAA

Site Name	District	Dwelling Capacity	Deliverable Completions	Deliverable Completions	Deliverable Completions	Planning Permission
			2011- 2016	2016 - 2021	2021 - 2026	
LandChurch HouseFarm, Grimsargh	Preston	120	0	0	120	No
Land at Bank Hall Farm,Broughton	Preston	120	0	0	120	No
Bellway land to the East ofGoosnargh	Preston	120	0	0	120	No
West of Sandy Lane	Preston	350	0	0	350	No

Pendle - Allocated

Site Name	District	Dwelling Capacity	Planning Permission
Gib Hill, Nelson	Pendle	360	No
Knotts Lane, Colne	Pendle	230	No

Pendle- Identified in SHLAA

No large enough sites identified in the Pendle SHLAA

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Ribble Valley - Allocated

Site Name	District	Dwelling Capacity	Planning Permission
Agricultural land of Henthorn Road, Clitheroe, BB7 2QF	Ribble Valley	270	Yes
Land to south-west of Barrow and West of Whalley Road Barrow Lancashire	Ribble Valley	504	Yes
Land at Higher Standen Farm and Part Littlemoor Farm	Ribble Valley	1040	Yes
Land to the east of Clitheroe Road, Lawsonsteads, Whalley	Ribble Valley	260	Yes

Ribble Valley - Identified in SHLAA

Site Name	District	Dwelling Capacity	Planning Permission
Pimlico Road, Ribble Valley	Ribble Valley	514	No
Woone Lane, Primrose Road	Ribble Valley	217	No
Land of Mitton Road / Broad Lane	Ribble Valley	247	No
Land adj - The Bungalow, Queen Street, Low Moor	Ribble Valley	298	No
Hammond Ground, Whalley Road	Ribble Valley	702	No
Land of Longsight Road	Ribble Valley	908	No

Rossendale - Allocated

No large enough sites identified in Local Plan or passed planning permission

Rossendale - Identified in SHLAA

Site Name	District	Dwelling Capacity	Planning Permission
Land off Hurst Lane, Hurst Lane, Rawtenstall	Rossendale	233	No
Tong Farm, Bacup	Rossendale	405	No
Land off Cowtoot Lane, Bacup	Rossendale	252	No
Hutch Bank Quarry, Hutch Bank Road, Haslingden	Rossendale	222	No
Pike Law, Haslingden	Rossendale	324	No
Cowpe Quarry and Cragg Quarry, Cowpe Moss	Rossendale	469	No
Land around Sheephouses Reservoir, Bacup	Rossendale	480	No
Land adj Laund Slack Farm, Haslingden	Rossendale	212	No
Land off Broadway and Greens Lane, Helmshore	Rossendale	586	No

South Ribble - Allocated

Site Name	District	Dwelling Capacity	Deliverable Completions	Deliverable Completions	Deliverable Completions	Planning Permission
			2011- 2016	2016 - 2021	2021 - 2026	
Access off Wesley Street	South Ribble	200	Timescale not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local plan	Yes
Farington Business Park Wheelton Lane	South Ribble	234	Not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local Plan	Not mentioned in SHLAA or Local Plan	Yes
Land of Croston Road	South Ribble	400	Not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local plan	Yes
Land On The North Side Of Brindle Road Bamber Bridge Lancashire	South Ribble	315	0	150	165	Yes
Arla Dairies, School Lane	South Ribble	200	80	120	0	No
Vernon Carus Site, Factory Lane	South Ribble	450	50	175	250	No
Moss Side Test Track, Aston Way	South Ribble	850	80	325	425	No
Land between Altcar Lane/Shaw Brook, Road, Leyland	South Ribble	430	Not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local plan	Not mentioned in SHLAA or Local plan	No
Pickering's Farm, Penwortham	South Ribble	1200	150	475	575	No

South Ribble - Identified in SHLAA

Site Name	District	Dwelling Capacity	Deliverable Completions	Deliverable Completions	Deliverable Completions	Planning Permission
			2011- 2016	2016 - 2021	2021 - 2026	
Land of eastern part of Church Lane	South Ribble	227	0	150	77	No
Safeguarded site - Flensburg Way	South Ribble	600	200	200	200	No
Safeguarded Leyland Lane	South Ribble	200	0	0	200	No

West Lancashire – Allocated

Site Name	District	Dwelling Capacity	Planning Permission
Skelmersdale Town Centre	West Lancs	730	No
Yew tree farm, Burscough	West Lancs	500	No
Grove farm, Ormskirk	West Lancs	300	No
Land at Firwood Road, Skelmersdale	West Lancs	400	No
Henry Alty Ltd, Station Road, Hesketh Bank	West Lancs	275	Yes
Land At Whalleys, Whalleys Road Skelmersdale Lancashire	West Lancs	630	Yes
Edge Hill University, St Helen Road, Ormskirk	West Lancs	624	Yes

West Lancashire - Identified in SHLAA

No large enough sites identified in the West Lancashire SHLAA

Wyre – Allocated

Site Name	District	Dwelling capacity	Planning Permission
Land Off Bourne Road, Thornton Cleveleys	Wyre	273	Yes
Land At Bourne Road, Thornton Cleveleys, Thornton (Former ICI Works)	Wyre	558	Yes
Land To The West Of The A6, Bounded By Nateby Crossing Lane & Croston Barn Lane, Nateby, Garstang , PR3 1DY	Wyre	320	Yes

Wyre - Identified in SHLAA

Site Name	District	Dwelling Capacity	Planning Permission
Land at Fleetwood Docks	Wyre	263	No
Land at Poolfoot Farm, Thornton	Wyre	219	No
Land east of Railway, Hillhouse site	Wyre	399	No
Land at Poolfoot Farm, Thornton	Wyre	219	No
Land between Lambs Rd/Raikes Rd, Thornton	Wyre	428	No
Land at Bourne Road	Wyre	436	No
Land between Raikes Rd/Stanah Rd/Underbank Rd,Thornton	Wyre	473	No
Land at Kepple Lane	Wyre	314	No
Site bounded by Cockerham Road, Nateby Crossing Lane, and Croston Barn Road, Garstang	Wyre	235	No
Land at Fouldrey Avenue	Wyre	317	No
Land south of Carr Head Primary School, Brockholdes	Wyre	367	No
Land east of Little Poulton Lane, Poulton	Wyre	951	No
Land north of Fairfield Road	Wyre	2121	No

6.4 Monitoring of housing developments and needs for pharmaceutical services

6.4.1 Monitoring of housing developments

Each District in Lancashire has a plan for community growth and development and these plans are under regular review.

In addition to monitoring individual housing sites it may be necessary to monitor cumulative developments across several sites; i.e. if a number of smaller developments are built in an area then future completions may be worth monitoring by town/village/vicinity to pharmacies as well as just by individual housing developments. This might be particularly relevant where the ratio of pharmacies to people is already above or below average.

6.4.2 Factors to consider in relation to needs for pharmaceutical services

The HWB is also not aware of any measure of the extent to which existing local pharmaceutical service providers can accommodate the increase in need for pharmaceutical services created by an increase in local population size. An increase in population size will likely generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

Considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. Such factors may include:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e. the proportion of affordable housing at the development.
- Existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise existing local pharmaceutical service provision.
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.
- Developments in pharmaceutical supply models (e.g. delivery services, robotic dispensing, and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix and the number of pharmacists working in local pharmacies.
- Considerations of health inequalities and strategic priorities for Lancashire

In conclusion, over the coming years the population Lancashire is expected to both age and grow substantially in numbers. Several housing developments are in progress. The Lancashire HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

Appendix 1: Legal requirements for PNAs

This section contains an extract from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Please note that the HWB takes no responsibility for the accuracy of the extract. The full text of the Regulations is available at: <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

1. These regulations may be cited as the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and come into force on 1st April 2013.

2. Interpretation (long – see website)

3. The pharmaceutical services the PNA must cover are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for:

- a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
- b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
- c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NSH services that may be provided under arrangements made by the NHSCB with a dispensing doctor)

4. Information to be contained in PNA

- (1) Each PNA must contain the information set out in Schedule 1.
- (2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement)

5. Date by which the first HWB PNAs are to be published

Each HWB must publish its first PNA by 1st April 2015.

6. Subsequent assessments

- (1) After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication.
- (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular changes to –
 - a) the number of people in its area who require pharmaceutical services;
 - b) the demography of its area; and
 - c) the risks to the health or wellbeing of people in its area,

unless it is satisfied that making a revised assessment would be a disproportionate response.

- (3) Pending the publication of a statement or a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services (..) where –
 - a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or(ii) of the 2006 Act; and
 - b) the HWB –

- (i) is satisfied that making its first or revised assessment would be a disproportionate response, or*
- (ii) is in the course of making its first or revised assessment and is satisfied that immediate notification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.*

7. Temporary extension of PCT PNAs and access by the NHSCB and HWBs to PNAs

Before the publication by an HWB of the first PNA that it prepares for its area, the PNA that relates to any locality within that area is the PNA that relates to that locality of the PCT for that locality immediately before the appointed day, read with

- a) any supplementary statement published by the PCT (..)*
- b) any supplementary statement published by the HWB (..)*

Each HWB must ensure that the NHSCB has access to –

- a) the HWB's PNA (including any supplementary statements) (..)*
- b) any supplementary statement that the HWB publishes (..)*
- c) any PNA of a PCT that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations*

Each HWB must ensure that, as necessary, other HWBs have access to any PNAs of any PCT that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on PNAs

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);*
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);*
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;*
- (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;*
- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and*
- (f) any NHS trust or NHS foundation trust in its area;*
- (g) the NHSCB; and*
- (h) any neighbouring HWB.*

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—

(a) must consult that Committee before making its response to the consultation; and
(b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—

(a) is treated as served with the draft by virtue of paragraph (5); or

(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

(a) the demography of its area;

(b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;

(c) any different needs of different localities within its area;

(d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—

(i) the need for pharmaceutical services in its area, or

(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and

(e) any other NHS services provided in or outside its area (which are not covered by subparagraph

(d)) which affect—

(i) the need for pharmaceutical services in its area, or

(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—

(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and

(b) having regard to likely changes to—

(i) the number of people in its area who require pharmaceutical services,

(ii) the demography of its area, and

(iii) the risks to the health or wellbeing of people in its area.

SCHEDULE 1 Regulation 4(1)

Information to be contained in pharmaceutical needs assessments

Necessary services: current provision

1. A statement of the pharmaceutical services that the HWB has identified as services that are provided—

(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and

(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Necessary services: gaps in provision

2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other relevant services: current provision

3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Improvements and better access: gaps in provision

4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,

(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other NHS services

5. A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

How the assessment was carried out

6. An explanation of how the assessment has been carried out, and in particular—

(a) how it has determined what are the localities in its area;

(b) how it has taken into account (where applicable)—

(i) the different needs of different localities in its area, and

(ii) the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

Map of provision

7. A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Appendix 2: Characteristics of Localities

Defining localities

The PNA regulations requires the PNA to define 'localities' to use during this process. Twelve districts are commonly used by Lancashire to sub-divide the county.

In considering how to define localities within Lancashire, it was decided to use the 12 district council areas already aligned to three localities (East, Central and North Lancashire). These 3 localities are also aligned to the Clinical Commissioning Groups (CCGs).

The districts used in the PNA have an average population of 98,340 (range, 57,858 to 140,575) (ONS, 2013 population estimates).

The 12 district council areas in Lancashire are aligned to 3 localities, East, central and North.

- Central locality – districts of Chorley, Preston, South Ribble and West Lancashire
- East locality – districts of Burnley, Hyndburn, Pendle, Ribble Valley & Rossendale
- North locality - districts of Fylde, Lancaster and Wyre

There was also a practical decision to be made to ensure that the document remained manageable in terms of size. However it was recognised that the district level data could mask "need" in smaller areas. Therefore it was agreed that wherever possible data would be mapped to other small geographies to identify any pockets of need and inequalities.

As **Better Care** funds develop, localities may change as health economies change.

District council areas

District council areas are well understood by many people and enables comparison of routine data. In Lancashire the 12 districts are aligned to 3 localities, East, Central and North.

Clinical Commissioning Group (CCG)

There are 6 CCGs across Lancashire County and it is intended that the CCGs can use the PNA to inform their commissioning decisions.

Electoral wards

These are key building blocks of UK administrative geography. However, they have limited relevance to commissioning of pharmaceutical services, and are subject to change. The population size can vary from 100 to 30,000 residents.

Super Output Area (SOA)

This is a way of collecting and publishing small area statistics developed by the Office of National Statistics (ONS).^{ix} They are of a more consistent size than electoral wards, which facilitates an assessment of needs for the local populations. They are not subject to frequent boundary change, so may be more suitable for comparisons over time. In addition, they will build on the existing availability of data for census output areas. SOA data are increasingly used for health needs assessment, health planning and assessing health inequalities.

SOAs come in two levels. Lower Layer Super Output Areas (LSOAs) have a minimum population size of 1,000 people and the average size is 1,500 people. Additionally, LSOAs can

be grouped into Middle Layer Super Output Areas (MSOA). The MSOAs population size is minimum 5,000 people and the average is 7,200 people. All MSOAs are contained within a local authority (LA) and do not cross LA boundaries.

Sources of data for small areas

A good source for a wide range of socio-economic data for small areas is the Office for National Statistics' Neighbourhood Statistics website (contains information on e.g. age structure, housing, long-term illness and deprivation and other data from 2011 Census): <http://www.neighbourhood.statistics.gov.uk>

Health profiles for the area can be found at: http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Some insight into the health needs of the local population can be gained from the Quality and Outcomes Framework data of the local GPs. Entering a postcode at <http://www.qof.ic.nhs.uk/search.asp> returns a list of GPs in the proximity of the postcode.

Comparing the prevalence of common conditions of the practices within the CCG or England average gives an indication of the health of the local population. A more convenient way of viewing individual practices are the practice profiles at <http://www.apho.org.uk/pracprof/>

Appendix 3: Methods used to identify providers

This section outlines the methods used for identifying providers of pharmaceutical services.

1. Identification of pharmaceutical service providers

Pharmacies within Lancashire

A list of pharmacies as of 30/06/2014 including postcodes and other information was obtained from NHS England Local Area Team, who maintains the registration database of pharmacies in Lancashire.

Pharmacies outside of Cambridgeshire

Pharmacies in surrounding counties were obtained from the Health and Social Care Information Centre Organisation Data Service (ODS).

Dispensing doctors (GP) surgeries

NHS England Local Area Team confirmed that there are 13 dispensing doctors in Lancashire.

Distance selling pharmacies

A list of distance selling pharmacies was obtained from NHS England Local Area Team.

Dispensing appliance contractors

NHS England Local Area Team confirmed that there are 3 distanced Dispensing Appliance Contractors in Lancashire.

2. Creation of maps

The maps show the location of the pharmaceutical service providers in each of the 12 districts.

Maps indicating locations of premises providing pharmaceutical services

Maps showing the locations of premises providing pharmaceutical services were created in ArcGIS by the BTLS G.I.S. team.

Maps indicating travel distance

Maps showing access to pharmaceutical services by travel distance were created using ArcGIS by the BTLS G.I.S. team. ArcGIS Network Analyst was used to create drive time maps.

Appendix 4: List of pharmacies

Below is a list of the pharmacies in Lancashire as of June 2014. Source: NHS England LAT.

District	CCG	Pharmacy Code	Pharmacy Name	Postcode	Type
Burnley	East Lancashire	FH896	"your local Boots pharmacy"	BB11 3BT	40 Hr
Burnley	East Lancashire	FLJ29	"your local Boots pharmacy"	BB11 3ND	40 Hr
Burnley	East Lancashire	FQD43	Asda Pharmacy	BB12 0EQ	40 Hr
Burnley	East Lancashire	FFL68	Bailey & Garrett	BB12 6HX	40 Hr
Burnley	East Lancashire	FPK28	Bailey & Garrett	BB12 6LH	40 Hr
Burnley	East Lancashire	FXF47	Boots	BB11 1QL	40 Hr
Burnley	East Lancashire	FX858	Brunshaw Pharmacy	BB10 3JU	40 Hr
Burnley	East Lancashire	FLF27	Burnley Late Night Pharmacy	BB10 1LG	100 Hr
Burnley	East Lancashire	FA464	Cohens Chemist	BB11 5AL	40 Hr
Burnley	East Lancashire	FCE64	Cohens Chemist	BB11 4NW	40 Hr
Burnley	East Lancashire	FK190	Cohens Chemist	BB12 6PR	40 Hr
Burnley	East Lancashire	FRN38	Cohens Chemist	BB10 4DX	40 Hr
Burnley	East Lancashire	FXN00	Colne Road Pharmacy	BB10 1LG	40 Hr
Burnley	East Lancashire	FCT10	Ian G Todd	BB12 8BA	40 Hr
Burnley	East Lancashire	FVM08	Keirby Pharmacy	BB11 2DE	40 Hr
Burnley	East Lancashire	FYT29	Lloydspharmacy	BB12 8BL	40 Hr
Burnley	East Lancashire	FY454	Peak Pharmacy	BB10 1QR	40 Hr
Burnley	East Lancashire	FR451	Rowlands Pharmacy	BB10 2NZ	40 Hr
Burnley	East Lancashire	FEM21	Sainsbury's Pharmacy	BB11 1BS	40 Hr
Burnley	East Lancashire	FPH18	St Peters Pharmacy	BB11 2DL	100 Hr
Burnley	East Lancashire	FD131	Tesco Instore Pharmacy	BB12 8DQ	100 Hr
Burnley	East Lancashire	FRW31	Tesco Instore Pharmacy	BB11 2HE	40 Hr
Burnley	East Lancashire	FD070	The Co-operative Pharmacy	BB10 3BF	40 Hr
Burnley	East Lancashire	FQ161	Village Pharmacy	BB10 2HJ	40 Hr
Chorley	Chorley & South Ribble	FAW39	Asda Pharmacy	PR6 7JY	40 Hr
Chorley	Chorley & South Ribble	FKC77	Astley Village Pharmacy	PR7 1XA	40 Hr
Chorley	Chorley & South Ribble	FVM56	Bamfords Pharmacy	PR6 9LP	40 Hr
Chorley	Chorley & South Ribble	FY618	Boots Uk Limited	PR7 1DE	40 Hr
Chorley	Chorley & South Ribble	FLG75	Cohens Chemist	PR7 3QG	40 Hr
Chorley	Chorley & South Ribble	FA307	Cohens Pharmacy	PR7 2SQ	40 Hr
Chorley	Chorley & South Ribble	FX305	Croston Pharmacy	PR26 9RL	40 Hr
Chorley	Chorley & South Ribble	FJ369	Fishlocks Chemist	PR7 5SZ	40 Hr
Chorley	Chorley & South Ribble	FC827	Lloydspharmacy	PR7 5BY	40 Hr
Chorley	Chorley & South Ribble	FCX84	Lloydspharmacy	PR7 2BY	40 Hr
Chorley	Chorley & South Ribble	FKG45	Lloydspharmacy	PR7 2DJ	40 Hr
Chorley	Chorley & South Ribble	FRC14	Lloydspharmacy	PR7 2EE	40 Hr
Chorley	Chorley & South Ribble	FVK72	Lloydspharmacy	PR6 0ET	40 Hr
Chorley	Chorley & South Ribble	FCC14	MedicX	PR7 5EN	100 Hr
Chorley	Chorley & South Ribble	FEM48	MedicX (Rotherem Ltd)	PR7 2EY	100 Hr
Chorley	Chorley & South Ribble	FVW38	Pharmalogic	PR6 7EN	Internet
Chorley	Chorley & South Ribble	FV389	Rimmers	PR7 6JW	40 Hr
Chorley	Chorley & South Ribble	FWV78	Rowlands Pharmacy	PR7 4HE	40 Hr
Chorley	Chorley & South Ribble	FHL63	Tesco In-store Pharmacy	PR7 1NW	100 Hr
Chorley	Chorley & South Ribble	FCN66	Tesco stores Ltd	PR7 7EL	100 Hr
Chorley	Chorley & South Ribble	FFC49	Whittle Brook Pharmacy	PR5 8ES	40 Hr
Chorley	Chorley & South Ribble	FPH17	Whittle Brook Pharmacy	PR6 7HW	40 Hr
Chorley	Chorley & South Ribble	FAK76	Withnell Pharmacy	PR6 8RX	40 Hr

District	CCG	Pharmacy Code	Pharmacy Name	Postcode	Type
Blackpool	Fylde & Wyre	FVN33	Cleveleys Health Centre Pharmacy	FY5 3DZ	40 Hr
Fylde	Fylde & Wyre	FFG28	Alexandria Pharmacy	FY8 1JF	40 Hr
Fylde	Fylde & Wyre	FVC41	Ansdell Pharmacy	FY8 4GW	40 Hr
Fylde	Fylde & Wyre	FG789	Boots	FY8 5EW	40 Hr
Fylde	Fylde & Wyre	FN789	Boots	FY8 1SB	40 Hr
Fylde	Fylde & Wyre	FVV65	Cairns Pharmacy	PR4 2AU	40 Hr
Fylde	Fylde & Wyre	FVJ83	Cohens Chemist	FY8 2RW	40 Hr
Fylde	Fylde & Wyre	FDX51	Cohens Pharmacy	FY8 2EP	40 Hr
Fylde	Fylde & Wyre	FWE96	Medicx Pharmacy	FY8 5EE	40 Hr
Fylde	Fylde & Wyre	FYV63	Melling Pharmacy Ltd	FY8 3PU	40 Hr
Fylde	Fylde & Wyre	FX017	Rowlands Pharmacy	FY8 1QS	40 Hr
Fylde	Fylde & Wyre	FFK77	Sainsburys Pharmacy	FY8 2JE	40 Hr
Fylde	Fylde & Wyre	FR338	St. Annes Pharmacy	FY8 1UR	40 Hr
Fylde	Fylde & Wyre	FET66	The Co-operative Pharmacy	PR4 2AU	40 Hr
Fylde	Fylde & Wyre	FQ168	The Co-operative Pharmacy	PR4 2SD	40 Hr
Fylde	Fylde & Wyre	FTC77	The Co-operative Pharmacy	PR4 1RY	40 Hr
Fylde	Fylde & Wyre	FPH13	Tomlinsons Chemist	FY8 5LW	40 Hr
Fylde	Fylde & Wyre	FW538	Wesham Pharmacy	PR4 3AD	40 Hr
Fylde	Fylde & Wyre	FVR79	Whittle Pharmacy (Smiths Pharmacy)	FY8 5HA	40 Hr
Fylde	Fylde & Wyre	FC027	Whitworths Chemist	PR4 2SE	40 Hr
Hyndburn	East Lancashire	FWT37	"your local Boots pharmacy"	BB6 7QQ	40 Hr
Hyndburn	East Lancashire	FQE18	Accrington Late Night Pharmacy	BB5 0AQ	100 Hr
Hyndburn	East Lancashire	FXK55	Accrington Pharmacy	BB5 5AD	40 Hr
Hyndburn	East Lancashire	FRP19	Asda Pharmacy	BB5 1QR	100 Hr
Hyndburn	East Lancashire	FC783	Aston Pharmacy	BB5 1RP	40 Hr
Hyndburn	East Lancashire	FQX86	Baxenden Pharmacy	BB5 2RG	40 Hr
Hyndburn	East Lancashire	FCF32	Boots	BB5 1EX	40 Hr
Hyndburn	East Lancashire	FAF01	Cohens Chemist	BB1 4LD	40 Hr
Hyndburn	East Lancashire	FTG60	Cohens Chemist	BB5 3JD	40 Hr
Hyndburn	East Lancashire	FVW68	Cohens Chemist	BB5 3JD	40 Hr
Hyndburn	East Lancashire	FAT95	Dialachemist Ltd	BB5 5JB	Internet
Hyndburn	East Lancashire	FGQ96	Eccles Chemist	BB5 3DD	40 Hr
Hyndburn	East Lancashire	FW349	Holden E B Pharmacy	BB6 7QL	40 Hr
Hyndburn	East Lancashire	FTK15	Huncoat Pharmacy	BB5 6LS	40 Hr
Hyndburn	East Lancashire	FAR39	Lloydspharmacy	BB5 0AA	40 Hr
Hyndburn	East Lancashire	FKP72	Lloydspharmacy	BB5 1EA	40 Hr
Hyndburn	East Lancashire	FJL20	My Pharmacy	BB6 7AL	Internet
Hyndburn	East Lancashire	FC705	Oswaldtwistle Pharmacy	BB5 3JD	100 Hr
Hyndburn	East Lancashire	FF609	Paradise Street Pharmacy	BB5 2EJ	40 Hr
Hyndburn	East Lancashire	FV197	Rishton Pharmacy	BB1 4LA	40 Hr
Hyndburn	East Lancashire	FKD22	Superdrug Pharmacy	BB5 1EX	40 Hr
Hyndburn	East Lancashire	FCW00	Tesco Instore Pharmacy	BB6 7AU	100 Hr
Hyndburn	East Lancashire	FWQ17	Tesco Instore Pharmacy	BB5 1LN	100 Hr
Hyndburn	East Lancashire	FC859	The Co-operative Pharmacy	BB5 5NS	40 Hr
Hyndburn	East Lancashire	FER29	The Co-operative Pharmacy	BB5 0AQ	40 Hr
Hyndburn	East Lancashire	FVJ59	The Co-operative Pharmacy	BB5 1SA	100 Hr
Hyndburn	East Lancashire	FY047	The Co-operative Pharmacy	BB5 0RS	40 Hr

District	CCG	Pharmacy Code	Pharmacy Name	Postcode	Type
Lancaster	Lancashire North	FAJ19	"your local Boots pharmacy"	LA4 4UZ	40 Hr
Lancaster	Lancashire North	FV127	"your local Boots pharmacy"	LA2 9QW	40 Hr
Lancaster	Lancashire North	FAM03	Asda Pharmacy	LA1 5JR	40 Hr
Lancaster	Lancashire North	FVM37	Ash Trees Pharmacy	LA5 9JU	100 Hr
Lancaster	Lancashire North	FKF58	Bare Pharmacy	LA4 6BY	40 Hr
Lancaster	Lancashire North	FGA51	Boots	LA1 1NB	40 Hr
Lancaster	Lancashire North	FGT42	Boots	LA4 5DW	40 Hr
Lancaster	Lancashire North	FV089	Boots	LA5 9JX	40 Hr
Lancaster	Lancashire North	FPF67	Bowerham Pharmacy	LA14DS	40 Hr
Lancaster	Lancashire North	FA044	Cohens Chemist	LA3 1DA	40 Hr
Lancaster	Lancashire North	FCL21	Cohens Chemist	LA4 5TE	40 Hr
Lancaster	Lancashire North	FDT25	Cohens Chemist	LA1 3PS	40 Hr
Lancaster	Lancashire North	FHC75	Cohens Chemist	LA3 2LE	40 Hr
Lancaster	Lancashire North	FHM56	Cohens Chemist T/A Morecambe H/C Pharmacy	LA4 5LU	40 Hr
Lancaster	Lancashire North	FLC47	Dalton Square Pharmacy	LA1 1NG	100 Hr
Lancaster	Lancashire North	FLH34	Fox & Medcalfe	LA1 1RE	40 Hr
Lancaster	Lancashire North	FFH19	Halton Pharmacy	LA2 6PU	40 Hr
Lancaster	Lancashire North	FX944	Kings Chemist	LA4 6RL	40 Hr
Lancaster	Lancashire North	FNF05	Lancaster University Pharmacy	LA1 4YE	40 Hr
Lancaster	Lancashire North	FDT30	Lloyds Pharmacy	LA4 5LY	40 Hr
Lancaster	Lancashire North	FLA47	Lloyds Pharmacy	LA3 2BJ	40 Hr
Lancaster	Lancashire North	FG035	Morecambe Bay Chemist	LA3 1QN	40 Hr
Lancaster	Lancashire North	FJ938	Murray's Pharmacy	LA1 2BU	40 Hr
Lancaster	Lancashire North	FTC57	Rosebank Pharmacy	LA2 0NB	40 Hr
Lancaster	Lancashire North	FN335	Rowlands Pharmacy	LA1 4JT	40 Hr
Lancaster	Lancashire North	FT649	Rowlands Pharmacy	LA4 6BX	40 Hr
Lancaster	Lancashire North	FV563	Rowlands Pharmacy	LA1 1PL	40 Hr
Lancaster	Lancashire North	FW818	Rowlands Pharmacy	LA1 4ST	40 Hr
Lancaster	Lancashire North	FQD68	Sainsburys Pharmacy	LA1 1HH	100 Hr
Lancaster	Lancashire North	FLR12	Sainsburys Pharmacy	LA4 5TJ	100 Hr
Lancaster	Lancashire North	FME05	Slyne Pharmacy	LA2 6JY	40 Hr
Lancaster	Lancashire North	FGY83	Superdrug	LA1 1NB	40 Hr
Lancaster	Lancashire North	FD284	The Co-operative Pharmacy	LA5 9JX	40 Hr
Lancaster	Lancashire North	FFR06	The Co-operative Pharmacy	LA5 8DH	40 Hr
Lancaster	Lancashire North	FFT70	The Co-operative Pharmacy	LA1 1RE	40 Hr
Lancaster	Lancashire North	FM390	Westend Pharmacy	LA3 1DA	40 Hr
Pendle	East Lancashire	FGM92	Asda Pharmacy	BB8 8LW	100 Hr
Pendle	East Lancashire	FE218	Barkerhouse Pharmacy	BB9 9EU	40 Hr
Pendle	East Lancashire	FG310	Boots	BB9 9SA	40 Hr
Pendle	East Lancashire	FQ019	Boots	BB8 0HS	40 Hr
Pendle	East Lancashire	FFK28	Boundary Pharmacy	BB9 8RP	40 Hr
Pendle	East Lancashire	FM334	Brierfield Pharmacy	BB9 5NP	Internet
Pendle	East Lancashire	FGE39	Brierfield's Late Night Chemist	BB9 5HJ	100 Hr
Pendle	East Lancashire	FM816	Chapelhouse Pharmacy	BB9 0QW	40 Hr
Pendle	East Lancashire	FKR21	Colne H C Pharmacy	BB8 0LJ	40 Hr
Pendle	East Lancashire	FAN20	Direct2Chemist	BB9 7NB	Internet
Pendle	East Lancashire	FDY09	Leedams' Pharmacy	BB8 0QF	40 Hr

District	CCG	Pharmacy Code	Pharmacy Name	Postcode	Type
Pendle	East Lancashire	FFT88	Nelson HC Pharmacy	BB9 7SR	40 Hr
Pendle	East Lancashire	FW106	Nelson Pharmacy	BB9 7LU	100 Hr
Pendle	East Lancashire	FX511	Newbridge Pharmacy	BB9 8NT	40 Hr
Pendle	East Lancashire	FMG88	Pharmadrug Direct	BB9 9UA	Internet
Pendle	East Lancashire	FRH65	Rowlands Pharmacy	BB9 5SQ	40 Hr
Pendle	East Lancashire	FWD90	Rowlands Pharmacy	BB8 0RY	40 Hr
Pendle	East Lancashire	FWA37	Sainsbury's Pharmacy	BB8 9HY	100 Hr
Pendle	East Lancashire	FJL94	Taylor's Chemist	BB9 8EH	40 Hr
Pendle	East Lancashire	FF644	The Co-operative Pharmacy	BB18 5DR	40 Hr
Pendle	East Lancashire	FGQ81	The Co-operative Pharmacy	BB9 5PH	40 Hr
Pendle	East Lancashire	FPN15	The Co-operative Pharmacy	BB8 0LJ	100 Hr
Pendle	East Lancashire	FFW12	Village Pharmacy	BB9 6EW	40 Hr
Pendle	East Lancashire	FAW09	Whitworth Chemists	BB18 6UN	40 Hr
Pendle	East Lancashire	FJR48	Whitworth Chemists	BB9 7LS	40 Hr
Pendle	East Lancashire	FXV04	Whitworth Chemists	BB18 5DR	40 Hr
Preston	Greater Preston	FQN23	Alliance Pharmacy	PR2 6NH	40 Hr
Preston	Greater Preston	FKV08	Asda Pharmacy	PR2 9NP	40 Hr
Preston	Greater Preston	FN226	Ashton Pharmacy	PR2 2PP	40 Hr
Preston	Greater Preston	FQT05	Avenham Pharmacy	PR1 3TS	40 Hr
Preston	Greater Preston	FMR67	Boots	PR2 1HN	40 Hr
Preston	Greater Preston	FEC01	Boots Uk Limited	PR1 3QA	40 Hr
Preston	Greater Preston	FJP66	Boots Uk Limited	PR1 6QY	40 Hr
Preston	Greater Preston	FTJ77	Boots Uk Limited	PR2 2LP	40 Hr
Preston	Greater Preston	FPK67	Broadway Pharmacy	PR2 9UP	40 Hr
Preston	Greater Preston	FME86	Cohens Chemist	PR2 6UE	40 Hr
Preston	Greater Preston	FWF05	Cottam Pharmacy	PR2 1JR	100 Hr
Preston	Greater Preston	FLM00	DDL Davies Ltd	PR1 7EN	40 Hr
Preston	Greater Preston	FK268	Frenchwood Pharmacy	PR1 4NA	40 Hr
Preston	Greater Preston	FG571	Goosnargh Pharmacy	PR3 2AU	40 Hr
Preston	Greater Preston	FNE92	Grimsargh Pharmacy	PR2 5JQ	40 Hr
Preston	Greater Preston	FDE38	HBS Pharmacy	PR1 6QB	40 Hr
Preston	Greater Preston	FJH26	HBS Pharmacy	PR1 6YA	100 Hr
Preston	Greater Preston	FKD99	HBS Pharmacy	PR1 6AS	Internet
Preston	Greater Preston	FXW27	Imann Pharmacy	PR1 1DD	40 Hr
Preston	Greater Preston	FJR29	Kadri Pharmacy Ltd	PR1 1TS	40 Hr
Preston	Greater Preston	FDH29	Lloyds Pharmacy	PR1 4ST	40 Hr
Preston	Greater Preston	FJ030	Lloyds Pharmacy	PR1 5NE	40 Hr
Preston	Greater Preston	FQ428	Lloyds Pharmacy	PR2 8JE	40 Hr
Preston	Greater Preston	FRE71	Lloyds Pharmacy	PR1 5AR	40 Hr
Preston	Greater Preston	FP556	M X Pharmacy	PR2 6RE	100 Hr
Preston	Greater Preston	FRN37	Moor Park Pharmacy	PR1 1LA	40 Hr
Preston	Greater Preston	FT104	Morrisons In-store Pharmacy	PR2 2YN	40 Hr
Preston	Greater Preston	FAL78	New Hall Lane Pharmacy	PR1 5XB	100 Hr
Preston	Greater Preston	FAJ46	Pomfret Pharmacy	PR1 1DA	40 Hr
Preston	Greater Preston	FRW79	Rainbow Healthcare	PR2 9PS	40 Hr
Preston	Greater Preston	FVJ04	Ribble Village Pharmacy	PR2 6NH	100 Hr

District	CCG	Pharmacy Code	Pharmacy Name	Postcode	Type
Preston	Greater Preston	FJE48	Ribbleton Pharmacy	PR2 6QN	40 Hr
Preston	Greater Preston	FC537	Rowlands Pharmacy	PR2 2RL	40 Hr
Preston	Greater Preston	FM831	Rowlands Pharmacy	PR2 6RD	40 Hr
Preston	Greater Preston	FQX15	Rowlands Pharmacy	PR2 7DS	40 Hr
Preston	Greater Preston	FWM31	Rowlands Pharmacy	PR2 1NT	40 Hr
Preston	Greater Preston	FMX25	Sainsburys In-store Pharmacy	PR1 6PJ	40 Hr
Preston	Greater Preston	FDK88	Sharoe Green Pharmacy	PR2 9HD	40 Hr
Preston	Greater Preston	FPV77	Smithson's Pharmacy	PR1 8DN	40 Hr
Preston	Greater Preston	FPV26	Superdrug Pharmacy	PR1 2NR	40 Hr
Ribble Valley	East Lancashire	FYQ04	Boots	BB7 2BT	40 Hr
Ribble Valley	East Lancashire	FKA00	Langho Pharmacy	BB6 8BX	40 Hr
Ribble Valley	East Lancashire	FEP07	Lloydspharmacy	BB7 9SL	40 Hr
Ribble Valley	East Lancashire	FFP28	Lloydspharmacy	BB7 2EU	40 Hr
Ribble Valley	East Lancashire	FJ612	Mellor Pharmacy	BB2 7ER	40 Hr
Ribble Valley	East Lancashire	FQY67	Peter Buckley Ltd	BB7 2EU	40 Hr
Ribble Valley	East Lancashire	FK895	Read & Simonstone Pharmacy	BB12 7PN	40 Hr
Ribble Valley	East Lancashire	FEQ95	The Clitheroe Pharmacy	BB7 1EU	40 Hr
Ribble Valley	Greater Preston	FXP51	Lloydspharmacy	PR3 3JJ	40 Hr
Ribble Valley	Greater Preston	FT428	The Co-operative Pharmacy	PR3 3AN	40 Hr
Rossendale	East Lancashire	FPA62	"your local Boots pharmacy"	BB4 7PL	40 Hr
Rossendale	East Lancashire	FAT09	A J Nuttall	OL12 8QS	40 Hr
Rossendale	East Lancashire	FTP61	Asda Pharmacy	BB4 8EL	100 Hr
Rossendale	East Lancashire	FM618	Boots	OL13 9NH	40 Hr
Rossendale	East Lancashire	FTM61	Boots	BB4 6QS	40 Hr
Rossendale	East Lancashire	FP156	Cohens Chemist	BB4 5SL	40 Hr
Rossendale	East Lancashire	FP211	Cohens Chemist	OL13 0UJ	40 Hr
Rossendale	East Lancashire	FJ067	Helmshore Pharmacy	BB4 4HD	40 Hr
Rossendale	East Lancashire	FLJ49	Lloydspharmacy	OL13 9NR	40 Hr
Rossendale	East Lancashire	FV079	Lloydspharmacy	OL13 0AD	40 Hr
Rossendale	East Lancashire	FL479	NHS Pharmacy	BB4 7QX	Internet
Rossendale	East Lancashire	FMR19	Rowlands Pharmacy	BB4 8HH	40 Hr
Rossendale	East Lancashire	FHL56	Strachan's Chemist	BLO 0JQ	40 Hr
Rossendale	East Lancashire	FH654	Tesco Instore Pharmacy	BB4 6DD	100 Hr
Rossendale	East Lancashire	FL635	Tesco Pharmacy	BB4 6LY	100 Hr
Rossendale	East Lancashire	FAJ76	The Co-operative Pharmacy	BB4 5SL	40 Hr
Rossendale	East Lancashire	FG858	The Co-operative Pharmacy	BB4 7DN	40 Hr
Rossendale	East Lancashire	FPK37	Theiam Chemists	BB4 8AJ	40 Hr
South Ribble	Chorley & South Ribble	FCK86	Boots Uk Limited	PR25 2SA	40 Hr
South Ribble	Chorley & South Ribble	FDP74	Boots Uk Limited	PR5 4AW	40 Hr
South Ribble	Chorley & South Ribble	FGD18	Boots Uk Limited	PR5 6LD	40 Hr
South Ribble	Chorley & South Ribble	FJ391	Clayfields Chemist	PR5 0AD	40 Hr
South Ribble	Chorley & South Ribble	FL817	Cohens Chemist	PR25 4YU	40 Hr
South Ribble	Chorley & South Ribble	FQK68	HBS Pharmacy	PR5 6JD	100 Hr
South Ribble	Chorley & South Ribble	FDG70	HBS Pharmacy (Penwortham Healthcare Ltd)	PR1 0AD	40 Hr
South Ribble	Chorley & South Ribble	FR111	Kingsfold Pharmacy	PR1 9BY	40 Hr
South Ribble	Chorley & South Ribble	FPE56	Leyland Late Night Pharmacy	PR25 2SD	100 Hr
South Ribble	Chorley & South Ribble	FD373	Lloydspharmacy	PR5 6TE	40 Hr

District	CCG	Pharmacy Code	Pharmacy Name	Postcode	Type
South Ribble	Chorley & South Ribble	FJG96	Longton Pharmacy	PR4 5PB	40 Hr
South Ribble	Chorley & South Ribble	FK888	Lostock Hall Pharmacy	PR5 5RU	40 Hr
South Ribble	Chorley & South Ribble	FKM84	MD Rimmer	PR7 7AR	40 Hr
South Ribble	Chorley & South Ribble	FWN77	Middleforth Pharmacy	PR1 9QJ	40 Hr
South Ribble	Chorley & South Ribble	FVK31	Peter Buckley Ltd	PR5 6QS	40 Hr
South Ribble	Chorley & South Ribble	FGV21	Pomfret Pharmacy	PR5 4AY	40 Hr
South Ribble	Chorley & South Ribble	FFX74	Rowlands Pharmacy	PR25 2FN	40 Hr
South Ribble	Chorley & South Ribble	FJ570	Rowlands Pharmacy	PR1 0DQ	40 Hr
South Ribble	Chorley & South Ribble	FJF38	Rowlands Pharmacy	PR25 1HR	40 Hr
South Ribble	Chorley & South Ribble	FR084	Rowlands Pharmacy	PR1 0SR	40 Hr
South Ribble	Chorley & South Ribble	FX445	Rowlands Pharmacy	PR25 1TB	40 Hr
South Ribble	Chorley & South Ribble	FT725	Sainsburys In-store Pharmacy	PR5 6BJ	100 Hr
South Ribble	Chorley & South Ribble	FMQ71	Tesco In-store Pharmacy	PR25 2FN	100 Hr
South Ribble	Chorley & South Ribble	FHT46	Village Pharmacy	PR4 4AA	40 Hr
South Ribble	Chorley & South Ribble	FFA80	Wise Pharmacy	PR5 3SN	40 Hr
West Lancashire	West Lancashire	FWP24	Asda Pharmacy	WN8 6LA	100 Hr
West Lancashire	West Lancashire	FHH39	Aspire Pharmacy	L39 2DN	100 Hr
West Lancashire	West Lancashire	FAL89	Banks Pharmacy	PR9 8ET	40 Hr
West Lancashire	West Lancashire	FH903	Boots Uk Limited	L39 2AA	40 Hr
West Lancashire	West Lancashire	FK531	Boots Uk Limited	WN8 6ND	40 Hr
West Lancashire	West Lancashire	FPQ59	Chemist-4-U	WN8 9SA	Internet
West Lancashire	West Lancashire	FHG54	Fishlocks Chemist	L40 4BY	100 Hr
West Lancashire	West Lancashire	FKL68	Greenhey Pharmacy Ltd	WN8 9SA	Internet
West Lancashire	West Lancashire	FJ533	Halsall Pharmacy	L39 8RW	40 Hr
West Lancashire	West Lancashire	FPG01	Hesketh Bank Pharmacy	PR4 6SN	40 Hr
West Lancashire	West Lancashire	FE703	J Halton	WN8 7HA	40 Hr
West Lancashire	West Lancashire	FTD78	Morrisons In-store Pharmacy	L39 3RB	40 Hr
West Lancashire	West Lancashire	FRQ00	Ormskirk Pharmacy	L39 2AU	40 Hr
West Lancashire	West Lancashire	FC861	Rowlands Pharmacy	WN8 6DS	40 Hr
West Lancashire	West Lancashire	FCT61	Rowlands Pharmacy	L39 1NL	40 Hr
West Lancashire	West Lancashire	FD431	Rowlands Pharmacy	L40 5TJ	40 Hr
West Lancashire	West Lancashire	FDF12	Rowlands Pharmacy	PR4 6TU	40 Hr
West Lancashire	West Lancashire	FDY91	Rowlands Pharmacy	L39 5DZ	40 Hr
West Lancashire	West Lancashire	FG210	Rowlands Pharmacy	L40 0SA	40 Hr
West Lancashire	West Lancashire	FHQ20	Rowlands Pharmacy	WN8 6UH	40 Hr
West Lancashire	West Lancashire	FLA57	Rowlands Pharmacy	L39 2ES	40 Hr
West Lancashire	West Lancashire	FQT26	Rowlands Pharmacy	L39 3BW	40 Hr
West Lancashire	West Lancashire	FR772	Rowlands Pharmacy	WN8 0EN	40 Hr
West Lancashire	West Lancashire	FT195	Rowlands Pharmacy	WN8 8LP	40 Hr
West Lancashire	West Lancashire	FXF02	Rowlands Pharmacy	WN8 9HR	40 Hr
West Lancashire	West Lancashire	FGL38	Rufford Pharmacy	L40 1SB	40 Hr
Wyre	Fylde & Wyre	FJM07	"your local Boots pharmacy"	FY5 1AS	40 Hr
Wyre	Fylde & Wyre	FY672	Albert Wilde Pharmacy	FY7 8GU	40 Hr
Wyre	Fylde & Wyre	FNV73	Asda Pharmacy	FY7 6NU	100 Hr
Wyre	Fylde & Wyre	FDA58	Boots	FY7 6DS	40 Hr
Wyre	Fylde & Wyre	FLP98	Boots	FY5 1BS	40 Hr
Wyre	Fylde & Wyre	FMH99	Carleton Pharmacy	FY6 7NH	40 Hr

District	CCG	Pharmacy Code	Pharmacy Name	Postcode	Type
Wyre	Fylde & Wyre	FN702	Fleetwood Health Centre Pharmacy	FY7 6HD	40 Hr
Wyre	Fylde & Wyre	FCD37	Hambleton Pharmacy	FY6 9AH	40 Hr
Wyre	Fylde & Wyre	FGD14	Johns Chemist	FY7 7LA	40 Hr
Wyre	Fylde & Wyre	FJD50	Kepple Lane Pharmacy	PR3 1PB	100 Hr
Wyre	Fylde & Wyre	FE908	Lloyds Pharmacy	FY6 7AA	40 Hr
Wyre	Fylde & Wyre	FEF13	Lloyds Pharmacy	FY6 OAE	40 Hr
Wyre	Fylde & Wyre	FJL19	Lloyds Pharmacy	FY5 5HT	40 Hr
Wyre	Fylde & Wyre	FT574	Lloyds Pharmacy	FY5 2TZ	40 Hr
Wyre	Fylde & Wyre	FTL58	Lloyds Pharmacy	FY6 7DF	40 Hr
Wyre	Fylde & Wyre	FAV22	The Co-operative Pharmacy	PR3 1EL	40 Hr
Wyre	Fylde & Wyre	FLD45	The Co-operative Pharmacy	FY6 7AP	40 Hr
Wyre	Fylde & Wyre	FCK08	Warburtons Pharmacy	FY7 6JZ	40 Hr
Wyre	Fylde & Wyre	FPE53	WM Morrisons Pharmacy	FY5 3TS	40 Hr
Wyre	Greater Preston	FTC27	Great Eccleston Health Centre	PR3 0ZA	40 Hr

Appendix 5: List of Dispensing Practices

CCG	Practice code	Practice name	Location
East Lancashire	P81017	Sabden and Whalley Medical Centre	Whalley
East Lancashire	P81017	Sabden and Whalley Medical Centre	Sabden
East Lancashire	P81069	Pendleside Medical Practice	Clitheroe
East Lancashire	P81100	Castle Medical Group	Clitheroe
East Lancashire	P81620	Slaidburn Medical Centre	Slaidburn
East Lancashire	P81732	Harambee Surgery	Trawden
Fylde & Wyre	P81087	Over Wyre Medical Centre	Preesall
Greater Preston	P81059	Great Eccleston Health Centre	Great Eccleston
Greater Preston	P81185	Riverside Medical Centre	Walton-le-Dale
Lancashire North	P81006	The Windsor Road Surgery	Garstang
Lancashire North	P81029	Dr D H F Kopcke and Partners	Carnforth
Lancashire North	P81056	Dr R G Jackson & Partners	Lancaster
Lancashire North	P81190	The Landscape Surgery	Garstang

Source: NHS England, 2014

Appendix 6: Results of pre-consultation questionnaires

Results of the Community Pharmacy questionnaire

A questionnaire was sent to all 295 Community Pharmacies in Lancashire. There were 188 returned questionnaires (64%). In the table below 'Blank' denotes the number (percentage) who returned the questionnaire but did not respond to the specific question.

	Question	Response
Consultation facilities	Are consultation facilities on site and do they include wheelchair access?	Out of 188 returned questionnaires 155 (82.4%) Have consult. areas with wheelchair access 28 (14.9%) Have consult. areas w/o wheelchair access 4 (2.1%) No consultation rooms available 1 (0.5%) Blank
	Where there is a consultation area, is it a closed room?	Out of 188 returned questionnaires 179 (95.2%) Have the consult. area in a closed room 2 (1.1%) Don't have the consult. area in a closed room 7 (3.7%) Stated NA
	Have access to off-site consultation area?	Out of 188 returned questionnaires 13 (6.9%) Don't have access to off-site consultation area 95 (50.5%) Stated that None apply
	Willing to undertake consultations in patients home, or other suitable site?	Out of 188 returned questionnaires 80 (42.6%) Willing to undertake consultations in Patient's home/ other suitable site
	During consultations are there hand washing facilities?	Out of 188 returned questionnaires

		<p>124 (66.0%) Hand washing facilities in cons. area</p> <p>30 (16.0%) Hand washing facilities close to cons. area</p> <p>34 (18.1%) No hand-washing facilities</p>
	<p>Patients attending for consultations have access to toilet facilities</p>	<p>Out of 188 returned questionnaires</p> <p>48 (25.5%) Have toilet facilities available for patients</p>
IT facilities	<p>Electronic Prescription Service:</p> <p>Release 1 enabled, or</p> <p>Release 2 enabled, or</p> <p>Intending to become Release 1 enabled within the next 12 months, or</p> <p>Intending to become Release 2 enabled within the next 12 months, or</p> <p>No plans for EPS at present</p>	<p>Out of 188 returned questionnaires:</p> <p>6 (3.2%) No current plans to provide EPS R2</p> <p>10 (5.3%) Planning to become EPS R2 enabled in the next 12 months</p> <p>13 (6.9%) Release 1 Enabled</p> <p>159 (84.6%) EPS R2 enabled</p>
	<p>Facilities for opening documents</p>	<p>Out of 188 returned questionnaires:</p> <p>152 (80.9%) Word</p> <p>140 (74.5%) Excel</p> <p>0 (0%) Access</p> <p>167 (88.8%) PDF</p> <p>3 (1.6%) Unable to open or view any file formats</p> <p>13 (6.9%) Blank</p>
Services	<p>Essential</p> <p>Does the pharmacy dispense appliances?</p>	<p>Out of 188 returned questionnaires:</p> <p>166 (88.3%) Yes - All Types</p> <p>7 (3.7%) Yes, just dressings</p> <p>6 (3.2%) Yes, excluding stoma appliances</p> <p>2 (1.1%) Yes, excluding incontinence appliances</p> <p>3 (1.6%) Yes, excluding stoma and incontinence appliances</p>

		1 (0.5%) Other: dressings and stoma and incontinence no space to measure and fit items 3 (1.6%) None
	Advanced Medicines Use Review	177 (94.1%) Yes 6 (3.2%) No 5 (2.7%) Soon
	New Medicine Service	173 (92.0%) Yes 6 (3.2%) No 9 (4.8%) Soon
	Appliance Use Review	151 (80.3%) No 18 (9.6%) Yes 19 (10.1%) Soon
	Stoma Appliance Customisation	134 (71.3%) No 38 (20.2%) Yes 16 (8.5%) Soon
Non NHS Funded Services	Collection of prescription from surgeries	Out of 188 returned questionnaires: All (100%) collect prescriptions from surgeries
	Delivery of dispensed medicines – free of charge on request	Out of 188 returned questionnaires: 168 (89.4%) deliver dispensed medicines free of charge on request 18 (9.6%) don't deliver dispensed medicines free of charge on request 2 (1.1%) blank
	Delivery of dispensed medicines – selected patient groups	51 (27.1%) deliver to selected patient groups. Selected patient groups stated include: care homes, elderly, disabled or housebound and other patients specifically requesting the service.
	Delivery of dispensed medicines – selected areas	47 (25.0%) deliver to selected areas.

		Areas ranged from immediate and local to nationwide.
	Delivery of dispensed medicines – chargeable	9 (4.8%) deliver medicines – chargeable.
Other	Does your pharmacy supply medicines etc. to care homes?	Out of 188 returned questionnaires: 33 (17.6%) Currently providing 2 (1.1%) Willing to provide if commissioned but would need training and currently providing a private service 113 (60.1%) Willing to provide 40 (21.3%) Blank
	Home Delivery Service (not-appliances)	Out of 188 returned questionnaires: 107 (56.9%) Currently Providing NHS funded service 22 (11.7%) Currently providing private service 7 (3.7%) Willing to provide if commissioned but would need training 32 (17.0%) Willing and able to provide if commissioned 3 (1.6%) Willing to provide if commissioned but require facilities adjustment 17 (9.0%) Blank

Results of Dispensing Practice questionnaires

A questionnaire was sent to all 13 (Check with Mark) dispensing practices in Lancashire. There were 10 returned questionnaires (77%). In the table below 'Blank' denotes the number (percentage) who returned the questionnaire but did not respond to the specific question.

	Question	Response
Consultation facilities	Are consultation facilities on site and do they include wheelchair access?	Out of 10 returned questionnaires 9 (90.0%) Have consult. areas with wheelchair access 1 (10.0%) Blank
	Where there is a consultation area, is it a closed room?	Out of 10 returned questionnaires 8 (80.0%) Have the consult. area in a closed room 2 (20.0%) Blank
	Have access to off-site consultation area?	Out of 10 returned questionnaires 3 (30.0%) willing to undertake consultations in patient's home / other suitable site 4 (40.0%) blank 3 (30.0%) NA
IT facilities	Electronic Prescription Service: Release 1 enabled, or Release 2 enabled, or Intending to become Release 1 enabled within the next 12 months, or Intending to become Release 2 enabled within the next 12 months, or No plans for EPS at present	Out of 10 returned questionnaires: 2 (20.0%) Intending to become release 1 enabled within next 12 months 4 (40.0%) No plans for EPS at present 3 (30.0%) release 1 & 2 enabled 1 (10.0%) release 1 enabled
Services	Essential Does the pharmacy dispense appliances?	Out of 10 returned questionnaires: 6 (60.0%) yes 1 (10.0%) None

		3 (30.0%) Yes, excluding stoma appliances
Advanced Medicines Use Review		3 (30.0%) DRUMs 2 (20.0%) No - not intending to provide 1 (10.0%) No not intending to provide 4 (40.0%) yes
New Medicine Service		2 (20.0%) DRUMs 2 (20.0%) No - not intending to provide 2 (20.0%) No not intending to provide 1 (10.0%) Not Intending to Provide 1 (10.0%) Yes 2 (20.0%) Blank
Appliance Use Review		2 (20.0%) DRUMs 1 (10.0%) Intending to begin within next 12 months 2 (20.0%) No - not intending to provide 2 (20.0%) No not intending to provide 1 (10.0%) Not Intending to Provide 2 (20.0%) Blank
Stoma Appliance Customisation		2 (20.0%) DRUMs 1 (10.0%) Intending to begin within next 12 months 2 (20.0%) No - not intending to provide 2 (20.0%) No not intending to provide 1 (10.0%) yes 2 (20.0%) Blank
Delivery of dispensed medicines – free of charge on request		9 (90%) Yes 1 (10%) blank
Delivery of dispensed medicines – selected patient groups		1 (10%) Over 60s 9 (90%) Blank

Appendix 7: Consultation report

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